

THE IMPORTANCE OF COUNSELLING IN THE IDENTIFICATION OF THE RISK FACTORS OF HIV INFECTION

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ABSTRACT: HIV/AIDS is a disease with a unique stigma. On different many times, only the idea that a person has HIV risk infection or that he/she is infected, is enough to affect any medical act or social treatment. Consciously, sometimes, but often for lack of knowledge, when it comes to HIV/AIDS, people take a step back, refusing any discussion about this subject and categorizing it as “taboo”. So, what other illness might have a more terrible impact than the infection with HIV? Such a diagnostic can shake the solidity of a family; can lead to the loss of affective, religious and cultural support. Even the persons with HIV risk infection find it hard to identify symptoms or risk factors at an early stage, because by admitting their personal risk for HIV, it means that they have to confront their own prejudices and attitude regarding people infected with HIV and associate this attitude with them. This is why counselling represents an efficient strategy for the prevention of this disease, in order to promote an adequate behaviour, especially among the young people, as they are considered to be the most exposed.

KEYWORDS: HIV/AIDS, risk of infection, risk factors, counselling, prevention

1. INTRODUCTION

1.1 Counselling – definitions, forms

Counselling represents the process through which a specialized person called “counsellor” offers support, in a well-defined methodological frame, to a person (client) who is thus helped to adopt certain decisions regarding his own personal and professional life.

Counselling can be also defined as the verbal and non-verbal communication resulted as a response to and in the presence of feelings. It is a method to help a person make decisions when desires or abilities to act are affected by emotions. Efficient counselling can help a person explore, express himself, understand and accept his feelings, in order to be able to make decisions.

The efficiency of the counselling results also from the fact that it is “client – centred” – which means it is “designed” in accordance to behaviour, to circumstances and special needs that the client/person presents.

Counsellors can be found in a multitude of social roles, in schools, as practitioners in the private sector, in industrial companies, in (non)-governmental organizations etc. The counsellors work with individuals and with groups, the use of evaluation instruments applicable to the client’s personality, project and implement individual and institutional development plans, offer career orientation services, consultancy, training etc. – for all categories of age.

In professional literature, the term “counselling” rarely appears alone – and most of the times in relation with the specialization field: scholar/educational counselling (counselling in schools, colleges and universities), family and couple counselling, rehabilitation (and integration) counselling, career counselling, religious counselling, crisis counselling, multicultural counselling, organizational counselling etc. (Mihai, 2009, p. 25)

1.2 Counselling for HIV – Characteristics

Counselling for HIV is a client – centred exchange, used to help individuals modify their behaviour and make them reduce the risk of infection and / or HIV transmission. There are two important components of this definition: client – centred, which refers to counselling based on behaviours, specific situations and needs of a person, and counselling regarding the reduction of infection risks and/or HIV transmission: which aims to design a personalized plan to reduce these risks. (Iliuta, 2006, p. 10).

The author A. Streinu (2005) defined counselling for HIV as being “a dynamic and continuous dialogue between the client and the counsellor, in order to prevent infection spreading and to provide mental, social and medical help to the infected person”.

Counselling offers clients the possibility to access new behavioural strategies for the development of an existing potential, together with the identification of new adaptive sources.

Counselling for HIV develops in two stages:

- Counselling prior to testing (pre-testing counselling)

- Counselling after testing (post-testing counselling)

1.2.1 *Counselling prior to testing*

For the client who demands an HIV test, counselling prior to testing has a special role. Apart from the general information about the HIV virus, its transmission and methods to avoid transmission, about AIDS and the difference between AIDS and HIV, the client, together with the counsellor, identifies risk factors and symptoms that may indicate an infection with HIV.

Counselling must be focused on the client and centred on his needs and preoccupations. There are several risk factors and of course a client will not have them all. That is why the risk factors that are not applicable for a certain client will be just enumerated, without insisting on them, describing in a few words the way in which that behaviour might provoke an HIV risk infection. The messages for risk reduction must be focused on the risk factors that are specific for the client and his behavioural, mental and social behaviour.

Even though the person who wants to be tested refuses to consider an unfavourable (positive) result, during the pre-testing counselling session, in addition to aspects related to privacy, identification of the risk factors and elaboration of a real plan in order to reduce the risky behaviour, discussions about implications of a negative or positive result, as well as the client's reaction to the result should also be included.

During the pre-testing counselling session, the client will also be guided to think if he has a trustworthy friend, who he can speak about HIV testing. By involving a trustworthy person in his decision to be tested, the client will have someone to discuss results of the test – especially in the case of a positive one.

1.2.2 *Post-testing counselling*

Post-testing counselling is applied when the result is received. Before receiving the result, it is important to evaluate the person subjected to HIV testing, in order to prepare him/her for a mental acceptance of a result. Clients who have received counselling prior to testing will already know what HIV is and what are the risk factors, in case of contamination with HIV. For them, post-testing counselling aims to strengthen behaviour in order to prevent HIV contamination, to ensure that the plan of measures set in the pre-testing counselling session is understood and applied, to consolidate knowledge about the AIDS / HIV infection. Clients who have not been counselled prior to testing will be evaluated from the point of view of

their knowledge about HIV and the counsellor will underline ways in which the virus is transmitted or not, as well as the advantages of HIV medical monitoring.

It is not ethical and in some countries it is even illegal to test someone for HIV without being informed and without obtaining consent. There is a possibility that the person involved might know nothing about HIV and therefore might not be mentally prepared to receive the result. In such cases, the patients can be angry or shocked when they receive results for the not-demanded analysis.

No matter if the client was or not informed about HIV testing, if s/he was or not counselled before the test, post-testing counselling must be held in a quiet and confidential place, taking into account the client's needs and worries. The result of the test can be negative, positive or irrelevant. Before providing the result, the client will be informed (or reminded) about the meaning of each variant.

2. OBJECTIVES AND HYPOTHESES

2.1 Objectives

The objectives of HIV counselling are:

1. to prevent HIV transmission among people, through promoting counselling and voluntary testing;
2. to prevent a vertical transmission of the HIV infection (from a mother to her unborn baby) through promoting counselling and the testing of pregnant women;
3. to increase the population's level of information regarding the HIV infection;
4. to register HIV positive people to multidisciplinary specialized services.

2.2. Hypotheses

Starting from the objectives presented, the following hypotheses can be formulated:

1. Counselling prior to HIV testing has an important role in the education on HIV virus transmission and in reducing a risky behaviour.
2. Counselling after the test is essential as it offers efficient support to the patient who receives the result for HIV testing.

Nowadays, the test for HIV is an analysis provided by any medical laboratory, using various techniques. Nevertheless, there are few centres that offer counselling before and after the HIV testing, even though it represents an abusive practice that does not respect the patients' rights (decision no. 889/1998, decision no. 584/2002).

3. METHODS

3.1. Participants/subjects

Counselling represents an important part of HIV testing and of the results providing. According to the recommendations of the CDC (Centre for Disease Control and Prevention), the following people must receive counselling and testing for HIV:

- Persons who receive treatment for infections with sexual transmission;
- Patients of the clinics / centres that fight drug consumption;
- Partners of people who use injection drugs;
- Persons with multiple partners;
- Persons who practice unprotected sex (vaginal, anal, oral);
- Patients with tuberculosis;
- Persons who received blood transfusions;
- Women at a fertile age;
- All pregnant women.

From the point of view of people's behaviour in case of risk, which can be easily infected with the HIV virus, the following categories can be mentioned (Streinu, 2005, p. 15):

- People who practice unprotected sex;
- Sexual partners of people who are included in a risk group;
- People with multiple partners;
- People who practice commercial sex;
- People with STI (sexually transmitted infections);
- People in jail;
- Victims of sexual abuses;
- People with mental illnesses;
- People who live in endemic areas or residents who have lived for more than six months in a country with high risks of HIV;
- Drugs users;
- Haemophilic people, with antecedents of blood transfusions;
- People who are under dialysis or who received many transfusions;
- Medical staff in surgical units, maternities and paediatric clinics, Emergency Units, infective and contagious diseases wards.

3.2. Materials used

In HIV counselling, emphasis is on the dialogue, using a form for the evaluation of HIV risk infection. This form contains questions that help the counsellor stay focused on the client. The open questions, as well as the closed questions, are useful in various points of the interaction regarding the counselling. The scope of the questions is, on one hand, to obtain

important information from the client regarding his own risk factors, and on the other hand it helps the client analyze himself, think of alternatives or admit conflicts.

3.3. Procedure

3.3.1. Counselling before testing

The counselling session before testing has several stages (Iliuta, 2006, p. 22-30):

- Presentation of the counselling session and making the patient comfortable with the session;
- Identification of behavioural risks and of risky situations that the client may encounter;
- Identification of objectives in order to reduce the risk;
- Sustaining the client to develop an action plan;
- Referring to other services and offering support.
- Conclusions and ending the session.

1. Presentation and making the patient comfortable with the session: description of the counselling session objective, duration and expectations, discussions about the privacy issues.

2. Identification of the behavioural risks

During the pre-testing counselling, discussions regarding the problems and reasons for which the client came to the office, using open questions, should take place. Type of questions to be used:

- What makes you think that you are exposed to a risk of infection?
- If you are infected, how do you think you have been infected?
- Have you been tested before? What was the result?
- With how many different people have you had unprotected sexual contacts?
- What was the last time you found yourself in a risky situation?
- What are the most risky things that you are exposed to? Etc.

3. Identification of safe behavioural objectives:

During the pre-testing counselling session those behaviours / actions that reduce the risks must be identified, and if the client is willing to try and assume his/her situation.

Examples of questions to be used:

- Was there a time in your life when you could practice protected sex / use sterile equipment for injections? What were you doing back then? What is different now?
- What are you doing, in order to protect yourself?
- What can you do, in order to reduce the risk of infection?

Affirmative statements to underline the positive change that is taking place should be used:

- It is extraordinary that you are here!
- The fact that you are preoccupied with the HIV is very important!

4. Helping the client in developing the plan to reduce the risks:

Questions that can be used during this stage:

- What do you think / did you think are the disadvantages of adopting this new type of behaviour?
- What do you think / did you think are the advantages of adopting this new type of behaviour?
- What are the major obstacles that stop you from adopting this type of behaviour?
- What would help you adopt it?
- Who do you think would be against adopting this new type of behaviour (single person or group)?
- Who do you think would help you adopt this new type of behaviour (single person or group)?

5. Developing a personalized working plan

The plan to reduce risks of an HIV infection must be a realistic one, addressed to a certain behaviour that the client identified during the evaluation of risks.

It is useful to draw up a back-up plan, taking into account the person's needs and the benefits of the newly adopted behaviour. Suggestions of useful questions to explore the client's capacity, his/her personal barriers and the benefits of the newly adopted behaviour:

- Was there a time in your life when you could use / used condoms, sterile equipment for injections? What happened back then? How did it make you feel?
- What are you doing, in order to protect yourself?
- What would you like to do, in order to decrease your risk of infection with HIV?
- What would be the most difficult thing?
- Who could support you to adopt the new behaviour?

Suggestions of open questions to assist the client in developing a personalized plan to reduce the risks:

- What could you do in this moment to reduce the risk – one single thing that you could do?
- What different things could you do, by comparison with what you are doing now?
- What practices should be changed, in order to stay healthy?
- What would be easy for you to do, in order to take these steps?
- What would be the most difficult part for you?
- How are things going to change for you?

6. Referring and offering support

During this stage, the support that the client can receive from people like him or from the community / family / friends must be identified, but there are also discussions about the professional services for specific needs that the client identified.

Suggestions of questions:

- Today we have talked about many subjects. Who do you think could help you and how?

- Would you like to talk to someone who is a specialist in this field?

- Is there a ward that you would like to go?

7. Conclusions of the pre-testing counselling session

At this point, the counsellor should make a short summary of the problems and plans that have been discussed, and to identify the steps that the client agreed to take. In addition, he should establish a schedule when the client must return to the office to find out the result of the HIV test.

3.3.2 After-testing counselling

During this session the client / the patient finds out the result of the HIV test. Post-testing counselling is different, depending on the result of the test: therefore, one can talk about the post-testing counselling for a negative result, for an irrelevant result or for a positive result.

During the after-testing counselling session, for a negative result, the counsellor must focus on the meaning of the negative result and on the immunologic window (the period that passed from the moment of infection until the formation of a relevant quantity of antibodies against HIV, to be detected in any screening test). A negative result does not mean that the person tested is immune to HIV.

This is also the moment to discuss again about the plan to reduce a risky behaviour as it was identified, and the period of application. If the client is involved in a relationship, he must be encouraged to bring his / her partner to take the same test.

In case of an irrelevant result, the client must be convinced of the need to be re-tested using a new blood sample. The counsellor must underline the need to apply the behaviour to reduce the risk of infection with HIV.

In the case of a positive result, the post-testing counselling will be focused on:

- Offering the necessary emotional and psychological support, in order to face the result;
- Explaining the difference between infection with HIV and AIDS, and the fact that the treatments nowadays maintain the state of health and the quality of life, even if they still do not cure the infection with HIV;
- Resuming the ways of transmittance and how the transmission of the infection with HIV to other people can be prevented;
- Guidance to multidisciplinary medical services, including mental and social support;

- Discussing the advantages and disadvantages when communicating the diagnostic to family, partner, friends; there should be a discussion about social discrimination and at the client's place of work;

- Discussions regarding the pregnancy and contraceptive means, in case of sero-positive women; In the case of a pregnant woman who is HIV positive, apart from all of the above, during the post-testing counselling there should be a discussion about the following aspects:

- The possibility of transmitting the HIV virus to the foetus;
- Ways to prevent transmission of the HIV virus to the foetus, by assuming a set of measures: antiretroviral treatment applied to the pregnant woman before giving birth, during and after giving birth, and to the newborn, caesarean delivery, avoiding the natural lactation, using the artificial alimentation for the newborn
- A decision regarding the interruption or continuation of the pregnancy if the gestational age is less than twelve weeks.
- Guiding the pregnant woman to refer to one of the special services implied in prenatal assistance and in the prevention of the vertical transmission of the infection with HIV (family doctor, obstetrician, infective diseases doctor).

Regardless of the test results, tested persons must be offered information on the reduction of personal HIV infection risk or on the HIV transmission to other people. Prevention messages will refer to the risk factor of the person involved and to his/her desire and capacities to change his/her behaviour, or the risky situations.

4. RESULTS

Counselling for the HIV testing represents a prevention intervention that offers the client the opportunity to analyze, in a confidential manner, the risks of HIV infection and to find out what are the results of tests.

Most people who have an HIV test are not infected, but clients who receive counselling before and after the test become ambassadors for HIV prevention, because they reduce their own risks and encourage their partners, members of their families and their friends to have this test.

Counselling before the HIV test aims to reduce the risks of infection and the transmission of the HIV virus, by offering information about the risk of transmission and the ways in which the infection with HIV can be prevented. Everybody knows that the main ways of transmission of the HIV virus are:

- Unprotected sexual contact; which is the most frequent way to spread the infection among adults;

- Through blood – using needles / syringes that have not been sterilized, or invasive affected medical / non-medical equipment, or other infected sharp objects.

- From a mother to her baby during pregnancy, birth or breastfeeding (vertical transmission).

Means of prevention the HIV virus infection are:

- Using a condom in a protected sexual act with the partner;

- Using sterile / unique medical / non-medical equipment (in any medical / non-medical intervention: injections, surgery, dental treatments, piercing, tattoos – including the ink for tattoos etc.);

- Using unique syringes by the drugs addicts;

- Sexual education, especially among teenagers, young people;

- Testing pregnant women from the first trimester of pregnancy.

The prevention of the HIV infection from a mother to her baby can be achieved as follows:

- Reducing the maternal viral load (administration of antiretroviral treatment to the mother);

- Reducing the exposure of the newborn at the end of the pregnancy and during the partum (programmed caesarean delivery);

- Post-exposure prophylaxis (the newborn must start the treatment with antiretroviral medicines);

- Removal of postnatal exposure (artificial alimentation, interdiction for breastfeeding).

Starting from this information, one can make a personalized evaluation of the risk of exposure to HIV. The client is helped to identify his personal risk and the factors that contribute to a risky behaviour. There must be established a mutually agreed plan in order to reduce the personal risk of exposure to the HIV infection, and the way to apply it in daily life. As well, the client receives information about other medical services and regarding the mental and social support, to address.

During the post-testing counselling, the focus is on:

- Reminding the information that allow a tested person adopt a less risky behaviour;

- The counselled person receives the result of the test and information about its meaning;

- The client is motivated to stick to the plan of reduction of the risk, as it was set in the session of pre-testing counselling, in order to maintain his HIV status and therefore to protect his own health.

In case of a positive result, the tested person is helped to accept his/her new situation, by discussing in a detailed and clear way about the implications that such a situation involves. The client receives

information about the disease, ways of transmittance, with a special focus on his needs and worries. The counsellor identifies the client's capacities to deal with the result and to identify the sources of support (family, husband, and wife). The patients are encouraged and helped to face the problems and the pressure of the disease, they are taught to protect their partners through a correct sexual behaviour, they are guided to address to the special services and to ask for medical, mental and social support in order to be able to live in a "positive" manner.

5. CONCLUSIONS

The counselling can be considered as a guide for:

- Normalizing the perception of people regarding the infection with HIV / AIDS;
- Diminishing the stigmatization and social exclusion of the infected persons;
- Facilitating the changes of risky behaviours;
- Precocious framing in the medical antiretroviral schemes;
- Facilitating interventions for the prevention of HIV virus transmission to a foetus from his mother;
- Guidance to the mental and social assistance services;
- Accepting the situation of being a seropositive, self-cure, planning the future.

The HIV/AIDS epidemic is a complex problem, with devastating general impact on communities and families. Many physical effects of HIV/AIDS are felt by people who suffer from this disease and from the complementary infections associated to it; but the most profound effects of the HIV infection are on the mental, social and economic health of a person, his family and the entire community to which he/she belongs. From the beginning of the epidemic, HIV puts a stigma and marks the fear on many people who live with and die from AIDS / HIV, and on the people who love and take care of them. The dimension of these mental and social affects can be found in the discussions about the efforts to prevent the infection

with HIV, the treatment of the people with HIV and the reaction of the communities to the loss of people in their most productive ages.

Every country should have more instruments to fight against this epidemic.

Counselling against HIV is an efficient instrument of intervention in the field of prevention of the HIV virus among the common population, but also an instrument that can help people infected with HIV, by facilitating the access to health and assistance services.

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