

ASSESSMENT OF KNOWLEDGE AND SKILLS OF COUNSELLING AMONG LINK WORKERS OF LINK WORKERS' SCHEME FOR HIV/AIDS IN RURAL AREAS OF SURAT DISTRICT

Desai Binita¹, Parmar Rohit¹, Kosambiya JK², Solanky Priti³, Prajapati Shailesh⁴, Kantharia SL⁵

¹Assistant Professor, ²Professor (Addl), Department of Community Medicine, Govt. Medical College, Surat ³Assistant Professor, Department of Community Medicine, GMERS Medical College, Valsad ⁴Assistant Professor, Department of Community Medicine, GMERS Medical College, Gotri ⁵Professor and Head, Department of Community Medicine, Govt. Medical College, Surat

ABSTRACT

Background: The Link Worker Scheme envisioned a new cadre of worker, the Link Worker (LW), that was introduced at rural level. Link Workers was a motivated, community level, paid female and male youth workers with a minimum level of education. They can help in prevention of HIV by their counselling services among rural areas.

Methodology: Due to few vacant posts, total 183 participants from 70 villages had taken part in the study; Their knowledge regarding counselling and counselling skills were assessed in two stages as counselling was the one of the main cornerstone of HIV prevention programme. In first part all participants were assessed for knowledge of counselling in a pre designed proforma while later on 25% of the participants were assessed for their counselling skill. Majority of the participants had average knowledge for almost all domains related to skills of counselling.

Result: Around 65% of the study participants preferred the isolated place for counselling. 37.65 of participants reported that they were comfortable while talking to Female Sex Workers, Man having Sex with Man and Transgender. 51.3% reported that they had difficulty in counselling clients for referral services.

Recommendations: It is essential to refresh training of counselling after induction training to enhance and up date their knowledge and skills of counselling. Exposure visits to HIV care centres can also improve the same.

Key Words: Link Worker, HIV, Counselling

INTRODUCTION

District Surat is considered shows consistently high positivity of HIV/AIDS among high risk group as well as among general population reflected in HIV sentinel surveillance for high risk groups and in antenatal clinic attendees respectively.¹ Around 57% of total HIV infected people are living in rural areas.² The estimated HIV prevalence among adults aged 15 to 49 years is 0.38% in the Gujarat.³ India has the third highest burden of HIV after South Africa and Nigeria with an adult HIV prevalence 0.36%.^{4,5} Therefore various efforts were consistently made to decrease the transmission of HIV. Link Worker Scheme as one of this effort for HIV

prevention by Gujarat state. The Link Worker Scheme envisioned a new cadre of worker, the Link Worker (LW), that were introduced at rural level. Link Workers was a motivated, community level, paid female and male youth workers with a minimum level of education. A Link Worker is someone who is not "alien" to the neighbourhood, is accepted by the village community, and who can discuss intimate human relations and practices of sex and sexuality and help equip high risk individuals and vulnerable young people with information and skills to combat the pandemic. The Link Workers covers highly vulnerable villages in Districts selected through mapping exercises,

using criteria such as size of the population, number of sex Workers residing and practising sex work in the village and number of People Living With HIV/AIDS (PLWHA) in the village. They are working in each cluster of villages around a 5,000+ population village which will serve as the node for this subgroup intervention.² Link Worker scheme is implemented in the state of Gujarat covering 164 villages since 2008 by Gujarat State AIDS Control Society (GSACS) and supported by UNICEF.

Counselling is one of the important services for the prevention of HIV and Link Worker can perform their work with effective counselling. HIV counselling is a confidential dialogue between a client and a counsellor aimed at enabling the client to cope with stress and take personal decisions related to HIV/AIDS. A counsellor is a person trained in the skills of the job: listening to the client, asking supportive questions, discussing options, encouraging the client to make his or her own informed decisions, giving practical information and suggesting follow-up. counselling should be a process involving a series of sessions as well as follow-up. It can be done in any location that offers peace of mind and confidentiality for the client.⁶ As counselling in the context of HIV has become important in the provision of prevention, treatment and care services over the past years.⁷ Link Workers works via their counselling skills can help a lot for prevention of HIV transmission in rural areas. So it is essential for HIV care takers to have the strong knowledge and best skills of counselling. So the study was conducted to know their knowledge regarding counselling of HIV and their skills of counselling by actual demonstration to strengthen their knowledge, skill and to make them empower enough. The present study was undertaken with the objective of assessing the knowledge and skills regarding counselling of Link Workers of the scheme and to understand issues and any outstanding concern for the better functioning of the scheme. Thus it will be helpful in the capacity building of the workers. Surat district including Tapi is currently having 17 stand alone ICTCs, 62 Facility based ICTCs, 2 Blood Banks ,3 ART centres and 2 link ART centres.

METHODOLOGY

The district Surat was separated in two districts Surat and Tapi recently. But for the exercise both the districts are considered as a unit as it was during the implementation time of the scheme. Total 14 Blocks of old Surat district were covered for the evaluation purpose. Total 70 villages of 14 blocks were having this scheme. It was decided to assess all 140 Link Workers(LW), one male and one female from each village (70 Volunteers) for the study. A pre designed semi structured proforma was used by the trained investigators to assess the knowledge of LWs. The study has two parts. In first part knowledge of counselling of all participants were assessed by self administered proforma in a close group. The knowledge was assessed in a pre designed semi structured proforma. In the second part counselling skills of 25% of Link Workers were assessed. For assessing the skills of counselling in detail participants were given a hypothetical case scenario related to HIV services. Total 5 case scenarios were fixed. scenario of ANC mother, Teenage boy with burning micturition, Young girl having Lower Abdominal Pain, Demonstration of condom to Female Sex Workers and Man having Sex with Man (MSM) were allotted. Each participant was given a case scenario by lottery method. Each was then observed in detail for their counselling abilities and skills by the team of two investigators. Based on their performance they were ranked on a score based tool. Scoring was performed for each of the domain of counselling service.

RESULTS AND DISCUSSION

Total 117 out of 140 posts of Link Worker was filled at the time of study, so 117 participants were enrolled for the study. All Link Workers had received long term residential training immediately after their recruitment while they also had received it during their second year of job.

Knowledge of Counselling

Around 65% of the study participants preferred the isolated place for counselling, while 20% preferred to do counselling at clients home. Rest preferred NGO office, Public place or some other place for it. All the participants reported that they gave enough time to their clients for counselling. Due time should be given to all clients is essential for counselling. 98.3% participants were comfortable to counsel their

client in local language. Out of total 117 participants 76% reported that they are always comfortable while talking to STI/HIV with their client while 20.5% reported that they feel sometimes not comfortable on this issues. It was interesting that 3.5% were reported that they were not at all comfortable all time on talking to STI/HIV. Around 80% counsellors were managing to modulate their voice during conversation while talking to their clients. 46.2% study participants preferred open ended questions while 45.3% preferred close ended questionnaires. 37.65 of participants reported that they were comfortable while talking to Female Sex Workers, Man having Sex with Man and Transgender, while 62.5% reported that they were feel comfortable only sometimes with this group. almost 18% of the participants were able to manage clients' confidentiality all the time, 80% were able to manage it some time while the rest were not able to manage clients' confidentiality.76% of the participants said that they were comfortable while discussing sex and sexuality topics all the time. 21% replied that they were comfortable only sometimes while discussing these.65.8% of the participants told that they can able to show IEC material comfortably to clients. Around 52% were comfortable in demonstrating condom on penis model all the time while 45% replied that they

were comfortable only sometimes. Majority(62.4) participants recorded their interaction on their daily diary immediately after conversation, 22.2 % preferred to record it during interaction. Out of total 57.3% were reported that they follow up the patient in less than 7 days while 30.8% reported that they did follow up usually after 14 or more days. From 117 participants, 51.3% reported that they had difficulty in counselling clients for referral services. Around 28.2% participants reported that it was difficult for them to convince clients for partner notification. Around 24% participant felt that they need more training pertaining to communication skill while 9.4% felt that they need training on issues of Sexually Transmitted Diseases and HIV basics.9.4% participants reported that annual training should be conducted regularly to improve their knowledge. When they were asked about how to handle the situation while clients breakdown in between counselling,66.7% reported that they give courage, support and built confidence among them, 12.8% said that they counsel the client that they would surely not going to disclose any confidentiality,9.4% reported that advise them to keep calm and 4.3% reported that they explain them all information of HIV and referral services and encourage them to opt it while 4.3% did not reply to the question.

Table 1: Proportion Distribution of Participants according to their Skills:

Domain	Worst	Very Poor	Poor	Average	Good	Excellent
Make Client and Himself Comfortable	5.1	12.8	15.4	35.9	28.2	2.6
Ensure privacy and confidentiality	5.1	12.8	25.6	38.5	10.3	7.7
Tone and language	2.6	0	17.9	28.2	38.5	12.8
Asking question in local language	0	2.6	28.1	23.1	38.5	7.7
Sensitivity in asking question	7.7	10.3	20.5	38.5	23	0
Adequate time given to understand and answer the question	5.1	2.6	23.1	30.8	30.8	7.6
Paraphrasing and rephrasing	35.9	23.1	25.6	0	15.4	0
Able to keep conversation alive	7.7	20.5	17.9	20.5	23.1	10.3
Demonstrating empathy and concern	0	20.5	33.3	23.1	23.1	0
Encouraging for availing services	2.6	12.8	12.9	17.9	35.9	17.9
Giving hope	7.7	15.4	23.1	30.8	15.3	7.7
Listening attentively and actively	0	5.1	20.5	28.2	41.1	5.1
Discussing safe practices and preventive measures	15.4	20.5	15.4	15.4	25.6	7.7
Comfortable about talking sex and sexuality	10.3	10.3	23.1	30.8	17.9	7.7
Checking comprehension	15.4	25.6	41	12.8	2.6	2.6
Observation of clients verbal/non verbal commands to assess satisfaction	17.9	28.2	33.3	12.8	5.1	2.6

Demonstration of Skills of Counselling: It was prefixed to observe the demonstration of skills of counselling of 25% of total study participant. Total 39 (25% of 117) study participants were observed for their counselling skills by giving them hypothetical case scenario. The selection of these participants out of total Link Workers' was random. Lottery method was adopted for the random selection. Total 6 case scenario were fixed out of them each participant has to choose one scenario by a lottery method. Maximum half an hour was allotted for each participant. Their performance on various domains of counselling were observed by the two members of team and scored from worst to excellent in total 0-6 scales. Score 0 denote worst, 1-Very poor, 2-poor, 3-Average, 4-Good, 5-Excellent. The participants were assessed for rapport building, their tone and language, command over local language and their various verbal and non verbal skills of counselling. Specific observations of team investigator were also noted for each of the participant. The scoring for each domain of counselling was in table number 1. Majority of the participants had average knowledge for almost all domains related to skills of counselling. Only few participants had above average skills for majority of the skills. Skills for checking comprehension, use of non verbal commands, demonstration of sympathy and concern towards client was observed poor or below poor among majority of the participants.

Perception of Investigators on Skills of Counselling: It was noted by investigators that almost all Link Workers could able to greet clients and initiate talk satisfactorily but they were not enough comfortable while talking to topics of sex and sexuality and skip hesitantly this issue while counselling. Commands of non verbal communication while counselling was not used enough. They tried best to keep the conversation alive.

RECOMMENDATIONS

Basic knowledge on counselling and its skill is the cornerstone of the Link Worker scheme. All LWs already had received induction training after their selection. This was reflected in their knowledge component regarding counselling, but ongoing refresher training is required as few were found not comfortable with one or the other domain of counselling. The skills which need to be refreshed on priority in refresher

training are checking for comprehension, paraphrasing and rephrasing. The other issues which need to be taken in detail are making comfortable on discussion regarding sex and sexuality because it is essential that all care taker of HIV prevention services should be able to talk on these issues comfortably with each group. Regular and supportive supervision by supervisors and District resource persons may help them in gaining knowledge and make them confident in counselling. Exposure visits to ART center, Integrated Counselling and Testing Center (ICTC) and targeted Intervention (TI) projects may be helpful for them in building their counselling skill.

ACKNOWLEDGEMENT

We acknowledge the Gujarat State AIDS Control Society (GSACS) and UNICEF, Gujarat for Technical and Financial support, District Resource Persons (DRPs) and Supervisor ICTC Surat for field level coordination as well as support and faculties of Department of Community Medicine, Govt. Medical College, Surat Dr. Sukesha Gamit, Dr. Mamta Verma, Dr. Anjali Modi and Dr. Prakash Ghoghra (All Assistant Professors) for field level supervision

REFERENCES

1. Gujarat State AIDS Control Society. HIV Sentinel Surveillance report. Gujarat State AIDS Control Society, Ahmedabad; 2007.
2. National AIDS Control Organization. Link Workers Scheme, Operational Guidelines. New Delhi, India: NACO; Oct 2007. p. 13-14.
3. National AIDS Control Organization. HIV Sentinel Surveillance and HIV Estimation in India 2007. A Technical Brief; MOHFW and GOI: 2008. p. 22.
4. Annual report. NACO and Department of AIDS Control, Ministry of health and Family Welfare, Government of India; 2008-09. p. 3.
5. Joint United Nations Programme on HIV/AIDS. Second independent evaluation, 2002-08. UNAIDS; 2008. p. 2
6. Joint United Nations Programme on HIV/AIDS. Counselling and HIV/AIDS, UNAIDS Update, UNAIDS; 1997. p.5.
7. National AIDS Control Organization. HIV counselling training modules. New Delhi, India: NACO; 2006. p.1.

Corresponding contributor:

Dr. Binita H. Desai (Assistant Professor)
Dept. of Community Medicine,
Govt. Medical College, Surat
Email Id: drbinitadesai@yahoo.co.in