

RESPONSE TO COUNSELLING OF HIV CARRIERS AND AIDS PATIENTS IN ETHIOPIA

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SUMMARY: Since 1987, the DAC has been counseling sero-surveys participants who are AIDS patients, students tested positive for HIV, females involved in MPSC (multi-partner sexual contacts) and long distance truck drivers. By 1990 nearly 7000 individuals had received counseling on AIDS and HIV infection. The DAC counselors noted a variety of reactions to HIV test results and attitudes towards condoms. Education appeared to be a determining factor in understanding the test results.

INTRODUCTION

Counseling for AIDS patients in Ethiopia began in 1987 when two social workers from the Ministry of Health were assigned to the Department of AIDS Control (DAC) to counsel AIDS patients from different hospitals in Addis Ababa. Later on the counselling services were placed under the Clinical Diagnosis and Management division of DAC.

The primary functions of the counselors were to carry out pre-test counselling for persons involved in HIV sero-surveys, and post-test counseling for those testing positive for HIV, as well as their close relations and sexual partners. The sero-surveys conducted to date have focused on those considered as high risk groups: females involved in multi-partner sexual contacts (MPSC) and long distance truck driver. Post-test counseling has also been offered to AIDS patients. The experiences gained by the DAC counseling team are shared in this paper.

PRE-TEST COUNSELLING

To conduct the HIV sero-survey, a team consisting of a team leader, a social worker, interviewers, and laboratory technicians was assembled. The team leader and the social worker organized and supervised the administration of the survey questionnaire and the acquisition of the blood samples. Before blood was drawn, a counseling session was conducted both in large groups and individuals. In the 24 urban centers where the sero-survey was conducted, group counselling was given to all females as soon as they were assembled. The DAC counselors delivered a presentation on the cause of AIDS, modes of transmission, preventive measures, and the reasons for testing. The group discussion was followed by private individual interviews for those who had agreed to take part in the survey. After the individual counselling, blood was drawn with the individual's consent. Reactions observed during the pre-test The females appeared to be fearful when they first arrived at the counselling sites. They had heard rumors that they might be arrested or killed if they happened to be HIV positive. Due to a variety of traditional beliefs, the women expressed negative sentiments to having their blood drawn. After the presentation and the

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discussion, most of the women overcame their fears and agreed to participate in the project. The majority of the women were irritated when they learned that they were being

labeled as "High Risk Group" since others in the respectable categories in the community were also practicing high risk-behaviour . Reactions to the pre-test message The objective of the sero-survey became apparent to most of the women: after the group counseling session. Many misconceptions and fears were then cleared up. During the individual counseling sessions the majority of the women were frank and open in answering the, questions. They also expressed an interest in learning the test results.

A negative attitude toward the use of condoms was expressed by most of the women because they stated that men refuse to use condoms. Also, the women expressed a lack of confidence in the usefulness of condoms.

POST TEST COUNSELING

For the post-test counseling, the staff of DAC have been dealing mainly with three groups of individuals affected by HIV as follows:

- MPSC females who have participated in the sero-survey programme.
- Hospital patients who developed signs and symptoms of AIDS/ARC.
- Students who have either won a scholarship competition for studies abroad or those who have been deported from other countries after being found to be HIV positive.

The turn out of the MPSC females for post-test counseling never exceeded 50% .This was due primarily to-the high mobility of the target population. A total of 6569 MPSC females in 23 urban centers of Ethiopia, as well as 73students and 285 AIDS/ ARC patients have been counselled and tested (see Table1). The first MPSC females called for the post-test counselling were frightened as rumors had spread about the purpose of the sero- survey. These rumors contributed to the low turn out during the first two days of work in each

Table 1- Number of persons counselled in ethiopia I
by DAC, 1987-1989 1

Population Group	No. Towns	No. Hospitals	No. Persons Counselled
MPSC Females			
pre-test counselling	23		6569
Post-test counselling	23		3016
HIV Positive Students			73
AIDS Patients			14 285

town. However, after the first arrivals were counselled, the nature of the exercise was spread verbally among other females and participation increased.

Reactions observed during the post-test counselling During the post-test counselling, the DAC counselors observed a range of reactions which varied according to the level of education, marital status, and age of the persons.

Following the disclosure of negative results, the majority appeared happy, although some felt indifferent. Those who appeared indifferent were generally older or had a lower educational level.

Reactions of HIV infected persons varied. Educated, married and young people reacted negatively; many appeared shocked, burst into tears or expressed denial. Some expressed guilt over their past behaviour and others expressed a fear of death. Most of the HIV positive individuals asked that their condition be kept confidential because they feared being stigmatized (isolated) by their family, friends and the community at large. A small percentage of MPSC females, however, even after being counselled on the importance of confidentiality, discussed their condition with others.

An individual's level of education seemed to affect the type of response observed. Almost all of those who were illiterate or had a low educational level, did not understand the results or did not take the results seriously.

This was the case whether their status was HIV positive or negative. Few of them appeared disturbed by positive results. Individuals with higher levels of education usually appeared shocked when told they were HIV positive. They immediately asked questions about what behaviour they needed to adopt in order to live longer .

Reactions towards condoms At the initial stages of the surveillance, condoms were available only commercially at high prices and of uncertain quality. The lack of an affordable product created problems for the counselors in persuading the target group to use condoms.

Reactions to condom use varied from individual to individual depending on his/her level of understanding of the advantages of condom use.

The MPSC females working in bars complained that most of their male partners did not want to use condoms. The men said condom use decreased sexual satisfaction or gave them no satisfaction. In addition, the women themselves expressed dislike for condoms because they were shy about putting the condom on and were concerned that the condom would enter their uterus. Females who sold tella or tej, older women, and illiterates did not show any interest in using condoms.

CONCLUSION

The marked difference in behaviour exhibited by those with higher levels of education and those semi-literate or illiterate highlights the need for education programmes aimed at non-literates in the general population. Likewise, the need to provide the public with inexpensive, quality condoms became evident.

Counseling those with AIDS or who test positive for HIV is an essential service of any AIDS control programme. In addition to providing the individual with a rational source of information, counselling through the initial stages and further follow up, facts on curbing the spread of HIV are discussed in detail.

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