Counselling in the management of STIs, including HIV

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What is counselling?

Goal-oriented interaction

Counselling is an interaction between a counsellor (helper) and another person or persons whom the counsellor

- offers the time,
- attention, and
- respect necessary to explore, discover, and clarify ways of dealing with a problem.

In the context of STIs and HIV, counselling is a confidential dialogue between a client or patient and a counsellor aimed at enabling the client to **cope with stress and make personal decisions related to STIs including HIV**

What is counselling?

Counselling is based on a set of techniques and skills that the counsellor brings to the interaction to help the client to:

- explore and better understand a problem,
- deal with related feelings and concerns,
- evaluate alternatives,
- make choices, and
- take action.

Effective counselling helps another person to be autonomous (able to choose, decide, and be responsible for his or her own actions).

HIV testing and counselling

Client-initiated testing and counselling (CITC, commonly known as voluntary testing and counselling (VCT)

Provider-initiated testing and counselling (PITC)

- HIV test recommended for all patient whose clinical presentation suggests HIV infection, irrespective of epidemic setting
  - (e.g. TB or medical symptoms indicating possible HIV infection);
- Part of standard medical care for all patients attending health facilities in generalized HIV epidemics
  - STI care, Substance Use, family planning and antenatal services
- Selectively in concentrated and low-level epidemics

Every effort must be made to ensure voluntary informed consent to HIV testing and to ensure confidentiality of test results is maintained.

Source: WHO/UNAIDS, 2007. Guidance on provider-initiated HIV testing and counselling in health facilities

Where is counselling for HIV provided?

HIV testing and counselling may be offered in a diverse range of settings including:

- Free-standing testing and counselling centres
- Integrated into hospitals
- Sexual health centres
- Churches
- Outpatient clinics
- Blood donation centres
- Drug treatment centres
- Family planning clinics
- prisons
- Community health centres
- Outreach or community-based programmes

Who can provide HIV counselling?

The wide range of people who may play a role in providing HIV counselling services includes:

- nurses, doctors, social workers, and other care providers who have been specially trained in HIV counselling;
- full-time counsellors (including psychiatrists, psychologists, and family therapists) who have been trained in HIV counselling;
- community-based workers whose work consistently entails appropriate handling of confidential information and emotional issues; and
- people living with HIV (PLHIV)

It is essential, however, that counsellors have the specific training needed to support the different services they will have to provide.

Benefits of HIV testing and counselling

- Early access to treatment and care
- Ability to make family planning choices
- Possibility to make lifestyle changes
- Ability to change behaviour to avoid transmission to partners
- Ability to prevent transmission to infants
- Option of making choices about child custody
- Planning for possible health problems
- For pregnant women, new mothers, and their partners
  - to reduce mother-to-child transmission:
    - use of ARVs;
    - safe obstetric practices; and
    - infant-feeding options and support

Testing and counselling for STIs (other than HIV) IMPACT

- High-intensity interventions delivered through multiple sessions, most often in groups, with total durations from 3 to 9 hours show impact
- Little evidence suggests that single-session interventions or interventions lasting less than 30 minutes are effective in reducing STIs
- More data or trials needed to evaluate behavioural counselling interventions directed at adults or adolescents who are not at increased risk for STIs.

Source: 1. Lin J, et al. Behavioral counseling to prevent sexually transmitted infection. *Ann Intern Med* 2008;149:497-508

Testing and counselling for STIs (other than HIV)

Populations for consideration

- All sexually active adolescents are at increased risk for STIs and should be offered STI counselling services
- Adults with current STIs or infections within the past year because they are at increased risk of reinfection

Benefits

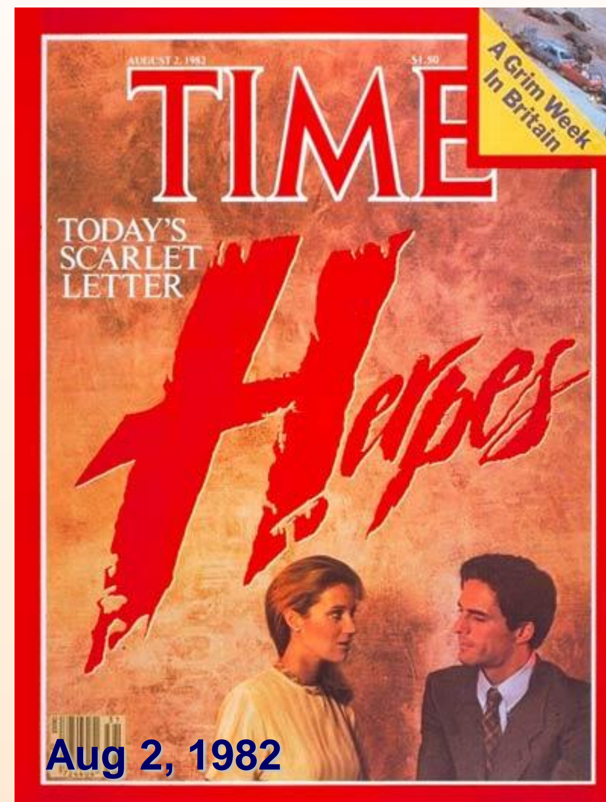
- Significant reductions in biologically confirmed STIs at 6 and 12 months after the interventions
- Insufficient evidence to estimate the balance of benefits and harms for nonsexually active adolescents and adults who are not at increased risk for STIs
- Insufficient information on psychological effects of the diagnosis of STI

Specific situations in need of counselling for STIs

1. Herpes simplex virus infections
2. Chlamydia screening programmesHSV-2 infections
3. Syphilis screening programmes
4. HPV interventions
   - Pap smear procedure
   - HPV vaccination programmes
   - Cervical cancer screening programmes

Herpes simplex virus infection

- Common infection ranging from 8% in Europe to 25% of people 14 to 49 years of age in the USA
- Affects up to 80% of people age 14 to 49 years in Africa
- Globally 536 million people age aged 15-49 years who were living with HSV-2 infection worldwide in 2003
- People newly infected with HSV-2 in 2003 is estimated to be 23.6 million
- Most individuals have no or only minimal signs or symptoms from HSV-1 or HSV-2 infection.



Aug 2, 1982

Source: Looker KJ, Garnett GP, Schmid GP. An estimate of the global prevalence and incidence of herpes simplex virus type 2 infection. *Bull World Health Organ* 2008 Oct;86(10):805-12

F, Benin [13]
M, Benin [13]
F, Cameroon [13]
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F, Gambia [17]
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F+M, Uganda [21]
F, Zambia [13]
M, Zambia [13]
M, Zimbabwe [11]
M, Zimbabwe [22]

A

Prevalence (%)

Age (years)

A= non–high-risk and B = higher risk populations

F, Nigeria [104, 105]
M, South Africa, Genital Ulcer Disease [106]
M, South Africa, Urethritis [106]
M, Tanzania [107]
M, Zimbabwe [11]

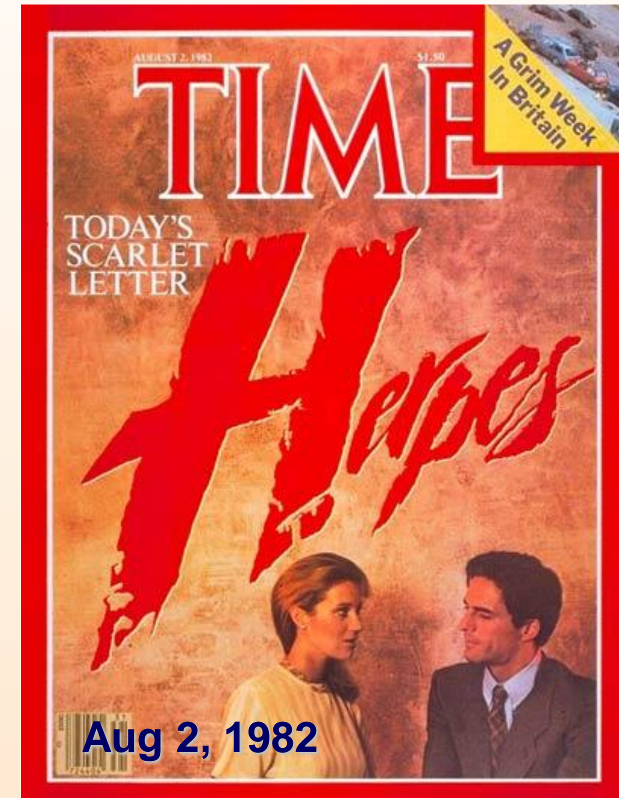
B

Prevalence (%)

Smith JS and Robinson NJ. Age-Specific Prevalence of Infection with Herpes Simplex Virus Types 2 and 1: A Global Review. *J Infect Dis* 2002;186(Suppl 1):S3–28

Herpes simplex virus infection

- Transmission can occur from an infected partner who does not have a visible sore and may not know that he or she is infected
- Most people infected with HSV-2 are not aware of their infection.
- There is no treatment that can cure herpes, but antiviral medications can shorten and prevent outbreaks during the period of time the person takes the medication.
- Daily suppressive therapy for symptomatic herpes can reduce transmission to partners
- Correct and consistent use of latex condoms can reduce the risk of genital herpes.



Chlamydia screening programmes

- Sexually active adolescents with diagnosed chlamydia on screening may experience:
  - shock and upset initially on positive test
  - most difficult and fear-inducing consequences of the need to inform current and recent sexual partners
  - concern about the possibility of having other undetected infections
  - anxieties regarding infertility
  - stigma

Anecdotal reactions to chlamydia screening

"When it came back I was [pause] absolutely [pause] devastated. Absolutely devastated. … I think after having the results I was just so upset and I sort of I don't know I can't remember a lot after that. I think I was just so sort of god I've got this disease um how have I got it? Where have I got it? Who have I given it to?…. I, I think I was in such a state…. I was just so sort of shocked about the results and everything." [F aged 24, pos]

"There's still so many questions that I'd like to ask, things like, because I know it can affect my chances of having children and no one said anything about how I could find out or who I should speak to about finding out or whether it's just a case of you have to wait and see. So that's still kind of hanging over my head and I just think well I may never be able to have children now." [F aged 21, pos]

"There's still sort of stuff that I want to ask ….what damage has it caused, if any, to myself and on sort of the infertility side like what does it actually do to your body? It says it can make you infertile but it doesn't say it kills your eggs but you can have IVF treatment or do you know what I mean? So now I'm absolutely petrified that I can't have kids [starts to cry]…. there's been no follow up to say you can go for further tests or you can do this. So that's my main concern at the moment." [F aged 24, pos]

Source: Mills N, et al. Population screening for Chlamydia trachomatis infection in the UK: a qualitative study of the experiences of those screened; *Family Practice* 2006; 23: 550–557.

Stigma
- gender differences -

Men and women reacted differently to having contracted chlamydia: it was more upsetting for women than men.

"I got home [after given results] and I phoned [partner] and I said it's bad news and he came straight home. I think I sat in the front room I had the lights off I didn't have the tele on and I was just crying [starts crying] and I [pause] hhhh I was absolutely petrified that he was gonna turn round and say what have you got? Who have you slept with? I've been with you for nearly three years get your stuff, get out, that's it. Um I really didn't know how he was gonna react. I know him well but when you sort of come across a situation like this, it's something you don't ever expect to have to deal with especially for how long I've been with him. I was petrified. I think I phoned my mum and I said what am I gonna do? I was, I was just so scared." [F aged 24, pos]

Stigma
- gender differences -

Men and women reacted differently to having contracted chlamydia: it was more upsetting for women than men.

"I told loads of people [about having chlamydia]. In the pub me and [friend] come in together pissed up like, “so what have you caught then” you know, “oh we got the big C haven't we! We bloody contracted all these diseases and that”. It was a joke, see it wasn't a problem for me……. It was a laugh. We even went down town to celebrate that we got it, we was chatting about it all night long. It was a good topic of conversation really for that night. It was all part of the fun." [M aged 22, pos]

STI-related Stigma

Much of what women described can be categorized as ‘felt stigma’—that is a feeling of shame and fear of discrimination

There were very few examples given of instances of actual discrimination (`enacted stigma') as a result of having contracted chlamydia

- fear of being judged, as a result of having had an STI, was more damaging than any actual passing of judgment on their behaviour

STI-related Stigma

‘felt stigma’

Stigma is an issue common to the diagnosis of other STIs.

Goffman described it as ‘an attribute that is deeply discrediting’, associated with emotional distress, including guilt, embarrassment, isolation and fear.

Source: Goffman E. *Stigma. Middlesex: Penguin Books; 1963.*

Barriers to counselling for STIs

- Insufficient provider knowledge with respect to STI management and follow-up;
- Discomfort and lack of confidence in one's counselling skills;
- Inaccurate perception of STI prevalence in the target patient population;
- time constraints;
- clinicians' personal STI-related attitudes
  - low confidence in the efficacy of STI counselling
  - Judgmental attitudes (stigma)
  - embarrassment
- Lack of data on issues of psychological impact and quality of life in persons diagnosed with an STI

Concluding remarks

- High-intensity behavioural counselling for STIs should be strengthened, and can be given at the primary care setting
- Counselling for STIs should not be only about measuring the impact on biological markers but also on the psychosocial and psychosexual elements of sexuality
- The psychosocial impact of screening strategies for STIs, including chlamydia, HSV-2 and syphilis, needs to be taken into account to ensure that the benefits outweigh the harms
- Health professionals providing counselling services must be suitably trained to provide quality, non-judgmental counselling and information

THANK YOU