Assessment of Knowledge and Skill of Counseling among Counselors of Sexually Transmitted Disease (STD) Urban Project

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Abstract :

Introduction : Counselors in STI clinic have roles of educating and counseling for clients of STI clinic. They can help in prevention of STI by their counseling services among attendees of STI clinic. Current study was done to assess pre defined micro- macro counseling skills and knowledge practice gap among counselors working with STI project of city. **Method:** Total 25 counselors working at STI clinics of Urban Health Centers were observed and interviewed for their skill assessment. To assess counseling skills, counselors were observed in a session of counseling with real STI patient. Counseling was rated based on the performance of skill ranges from Worst, Very Poor, Poor, Average, Good and Excellent. Counselor then interviewed to assess their knowledge. **Result:** Majority of the counselors had average and good rate for micro and macro component of counseling. Wide gap of knowledge and practice was noted for use of Information Education and Communication tool and risk assessment. All counselors could mention risk group population for STI/HIV, but only 60% practiced risk assessment in a new diagnosed case of STI. All counselors were able to describe condom as component of STI prevention but 76% actually talked regarding condom in counseling session. Around 92 % of the counselors could introduce investigator's presence during the session to the client. **Conclusion:** There is definite knowledge practice gap among counselors of the urban project. Counselors were having satisfactory micro – macro skills for counseling, but core component of STI like risk assessment and condom promotion were lacking in practice.

Key Words : Counselor, Counseling, STD, STI

Introduction :

'SMC STD Care Project' was introduced in the year 2002 with the objective of providing Sexually Transmitted Infections(STI) services in the city through Urban Health Centers (UHC).Under this project, STI services are integrated with existing urban health set up consist of 43 UHCs/ Maternity Homes and a Medical College and hospital.[1] Initially the project was executed in 25 UHC clinics and eventually all the UHCs were included for providing services of STI under the project. It was a unique joint venture of Surat Municipal Corporation (SMC) and National AIDS Control Organization (NACO) through state society. Since then SMC keep up the promise to deliver services as sustainable model of health service delivery. Currently the project gets funds from RCH services of Government of Gujarat.

This project enrolled a new cadre of counselors, who were given job of educating &counseling clients of STI clinic. A counselor is a motivated, paid female or male with a minimum level of education background with Master in psychology or sociology. A counselor is a person trained in the particular skills for the given job. Research has already proved that counseling reduces the occurrence of STDs; increases concern for sexual partners and increases knowledge about use of condoms.[2] Counselors can help in prevention of STI/HIV by their counseling services among beneficiaries of STI clinic.

Counseling is a confidential dialogue between a client and a counselor aimed at enabling the client to cope with stress and take personal decisions. Counseling has become one of the core services for the prevention, treatment and care for STIs and diseases like HIV/AIDS. Counseling involves 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. Counselor's work via their counseling skills can help a lot for prevention of STI/HIV transmission in this urban area. As counseling is one of the main cornerstones to provide education to clients and prevent further infection like STI, it is necessary to assess the comfort and communication skills of counselors.

The present study was undertaken with the objective of assessing the counseling skills and knowledge-practice gap among counselors working at urban project of city. Study also notes variety of technical issues and practices observed during counseling.

Method :

Ethical permission from the institute was obtained after getting written permission from Commissioner for observation and data collection. Study objectives were discussed with project staff including counselors before data collection. The investigator had received training on counseling components and skills by Center for Operations Research and Training(CORT) – STRC center, Vadodara supported by Gujarat State AIDS Control Society (GSACS).

Sampling:. Initial 25 UHCs which were originally started with the project were selected for evaluation as it was expected that these clinics would be better performing units after 10 years of continued services and there would be no other barriers for STI services like availability of clinician, drugs and lab services. These clinics were selected due to better resources availability and having reasonably good STIs client load. This type of sampling would give the best possible information on counseling skill. All 25 counselors working at UHC - STI clinic were observed and interviewed for their skill assessment. Their knowledge regarding counseling and counseling skills was assessed in two phases for each clinic. First phase was observation based in which counseling skill of the counselor was observed during a session with newly diagnosed STI patient. In second phase, counselors were interviewed to assess their knowledge about counseling skills.

Data Collection: Selected UHCs were visited for real time data collection. New case of STI diagnosed by UHC clinician was followed from clinician throughout counseling. One counseling session was observed at counseling room per clinic. No interference was made during ongoing counseling session. Clinic attendees were contacted at clinic exit and referred back to cover deficient counseling components and treatment if found any. After observing the STI client counseling session, the counselor was interviewed with semi-structured questionnaire to assess knowledge regarding STI counseling and to explore barriers of its care components.

Data collection Tool: The counseling was observed for pre-defined domain of counseling skills. [3] The domains were classified as rapport building, macro-component and micro-components of counseling. Macro components included whether they discussed safe practices and preventive measures, comfort in talking about sex and sexuality, checking comprehension, observation of clients' verbal/non verbal commands to assess satisfaction and condom demonstration. Domains of micro components included ensuring privacy and confidentiality, tone and language, sensitivity in asking question, adequate time given to understand and answer the question, paraphrasing and rephrasing, able to keep conversation alive, demonstrating empathy and concern, encouragement to availing services, giving hope,

Results:

Table 1 : Profile of Counselors working at STI clinic

Parameter	**Groups**	**Frequency (n=25)**
Age in completed years	Less than 30	5 (20 %)
	30-40	13 (52 %)
	40-50	7 (28 %)
Mean age = 35.32 years, Median age = 35 years, Mode = 43 years		
Sex	Male	16 (64 %)
	Female	9 (36 %)
Experience in STI counseling (in years)	More than 10	11 (44 %)
	5-10	7 (28 %)
	Less than 5	7 (28 %)
Duration of work in the same UHC (in years)	More than 5	16 (64 %)
	1-5	8 (32 %)
	Less than 1	1 (4 %)
Comfort in counseling for different clients as per responses of Counselor (Separate response for each category were collected)	With opposite sex clients	25 (100 %)
	With clients of all age group	25 (100 %)
	With clients of all language	21 (84 %)
	With clients of core group	20 (80 %)

listening attentively and actively. A score based tool was prepared to measure these defined skills. Each of the domains of counseling skill was assessed with Likert scale ranging from Worst, Very Poor, Poor, Average, Good and Excellent. Score 0 denotes Worst, 1 denotes ''Very poor'' 2 denotes ''Poor'', 3 denotes ''Average'', 4 denotes “Good” and 5 denotes “Excellent”. Investigator rated these score while observing counseling session.

Table 1 describes the profile of counselors included in the study. Among the counselors, 62 % were males. Approximate half of (52%) the Counselors were in age group 30 to 40 years followed by 28% in 40-50 age group and 20% in 20-30 age group. Less than half (44%) of the Counselors were engaged in STI counseling for more than 10 years followed by 28 % for 5 to 10 years and 28 % was for less than 5 years. Around 64% of Counselors were working in the same UHC for more than 5 years, 32% for 1 to 5 years and few of them (4 %) for less than 1 year.

Counselors were assessed for rapport building, their tone and language, command over local language and their various verbal and non verbal

Table 2 : Proportion distribution of Counselors according to their counseling- skills (n=25)

Domains	**Worst (%)**	**Very Poor (%)**	**Poor (%)**	**Average (%)**	**Good (%)**	**Excellent (%)**
Rapport Building						
Make Client and Himself Comfortable	0	0	4	44	32	20
Micro Components of counseling						
Ensure privacy and confidentiality	0	0	28	60	8	4
Tone and language	0	0	4	28	28	40
Sensitivity in asking question	0	0	4	40	44	12
Adequate time given to understand and answer the question	0	4	4	24	52	16
Paraphrasing and rephrasing	0	12	36	32	8	12
Able to keep conversation alive	0	0	8	40	40	12
Demonstrating empathy and concern	0	0	12	40	32	16
Encouraging for availing services	0	0	0	20	56	24
Giving hope	0	0	4	20	52	24
Listening attentively and actively	0	0	8	56	36	4
Macro Components of counselling						
Discussing safe practices and preventive measures	0	0	12	20	44	24
Comfortable about talking sex and sexuality	0	0	4	56	28	12
Checking comprehension	0	0	8	60	24	8
Observation of clients verbal/non verbal commands to assess satisfaction	0	0	12	44	20	24
Condom demonstration	92	0	0	4	4	0

skills of counseling. Specific observations were also noted for each of the participant. The scoring for each domain of counseling is given in table 2. Majority of the participants had average knowledge score in all domains related to skills of counseling. Only few participants had above average skills for majority of the skills. Comprehension skills, use of non verbal commands, demonstration of sympathy and concern towards client was observed to be poor or below average in majority of the participants.

All the Counselors were able to greet and start the session along with satisfactory rapport with the client with skills for ensuring privacy. During observation, it was seen that majority of counselors made use of tone and language effectively. They were also found to be sensitive in asking questions. They provided enough time for the client to understand the question and answer. They were able to keep the conversation alive. Important counseling skills like demonstration of sympathy and concern, encouragement to avail services, giving hope, listening attentively and actively were in a range of excellent, good and average. Paraphrasing-rephrasing skills of the counselors as observed was very poor and poor respectively. The discussion about safe practices and preventive measures were found to be excellent, good and average among majority of the counselors (44%, 20% and 24%). More than half (56%) of the counselors were comfortable in talking about sex & sexuality. Around 60% of the counselors obtained an average score for their comprehension skills in counseling. Use of verbal and non-verbal commands by counselor was found to be 12%, 44%, 20%, 24% in the range of poor, average, good and excellent respectively. In spite of good/ average performance in most of the domains of counseling, only 20% of the counselors assessed client's knowledge on condom and only 8% practiced condom demonstration. It was observed that use of non-verbal communication during counseling was poor. (Table 2)Counselors tried their best to keep the conversation alive.

Table 3 shows the proportion distribution of counselors according to their knowledge and against which practices were observed. All the Counselors were aware of STI and HIV in general. Almost 96 % of the counselors talked about HIV but only 60 % talked about STI. On observation, only 24 % of the counselors were found to discuss preventive measures against four modes of transmission. Almost 92 % of the counselors were able to mention at least three symptoms of STI under 'Syndromic Case Management'. Counselors were noted talking on symptoms and brief sexual history in one third (76%) of the sessions observed. All counselors could mention risk group population for STI/HIV, but it was noted that 60% practiced risk assessment in a newly diagnosed case of STI. All counselors were able to describe condom as component of STI prevention, but 76% actually talked regarding condom in counseling session and only 8% practiced condom demonstration for the session. All counselors had knowledge of syndromic case management and drug categories and all were well versed with drugs in explaining it to the client to explain drug to client. Around 88% of counselors could mention partner treatment component in complete package of STI treatment while 80% were found practicing advising partner treatment. All counselors were aware of importance of using IEC materials for counseling session but only 36 % of the counselors were found using any form of IEC material for client's education. Out of total 25, 20% of the counselors used IEC for STI and 16% of them use IEC material for HIV education.

At the time of interview with counselor, 80% counselors said that they were able to maintain clients' confidentiality all the time while 20% said that they were able to maintain it only sometime. As observed during the session, 92% of the counselors introduced the investigator present during the session to the client. More than half (68%) Counselors recorded the session findings based on interaction during conversation while 32 % preferred to record it immediately after interaction. Out of 25 clinics, in 9 clinics compromised on the privacy of the clients (auditory, visual) due to the heavy load of patients as the next client was waiting

Table 3 : Gap of Knowledge and Observed Practice

Knowledge of Counselors		**Observed Practice**	
Parameters	Frequency (%) (n=25)	Parameters	Frequency (%) (n=25)
STI in general	25 (100%)	Talk regarding STI #	15 (60%)
HIV in general	25 (100%)	Talk regarding HIV #	24 (96%)
Modes of Transmission	25 (100%)	Discussing full range of Safe Practices *	6 (24 %)
Symptoms of STI	23 (92 %)	Talking on Symptoms	19 (76%)
Risk Groups	25 (100%)	Risk assessment through sexual history	15 (60%)
Condom as component of Preventive measures	25 (100%)	Talk regarding condom	19 (76%)
Syndromic Case management Treatment of STI	25 (100%)	Explain for drugs given	25 (100%)
Partner treatment Component	22 (88%)	Advice for partner treatment	20 (80%)
Importance of IEC use while counseling	25 (100 %)	IEC used in counseling	9 (36%)
		IEC used for STI education	5 (20%)
		IEC used for HIV education	4 (16%)
Referral service centres	25 (100%)	Supported for needed referral	25 (100%)
Auditory and Visual Privacy as component of counseling	25 (100%)	Compromised privacy	16 (64%)

#Talk Regarding STI/HIV: What is STI/HIV? How it is spread?

* Includes Safe sex, Safe injection, blood transfusion and mother to child transmission

for his/her turn. Counseling room building was good and spacious in 23 centres. Only in 2 clinics separate counseling room was not available and temporary arrangement was made in the waiting room by covering it with a curtain.

All (100%) the counselors expressed that they were comfortable to counsel opposite sex clients and all age groups. About 16 % Counselors were uncomfortable in counseling clients from Orissa as language was a barrier. Around 20 % of the counselors were not comfortable in counseling core group (FSW, MSM and IDU) clients counseling. Most of the counselors (96 %) said that they were satisfied with the job and type of work. Out of total, 32 % of the counselors mentioned that they were over burdened and out of them, 87.5 % of the counselors think that they could not devote enough time in counseling. The main sources for their motivation were appreciation received from clients, doctors, co-coordinators and in review meetings. Around 24% of the participant felt that they needed more training pertaining to communication skill while 9.4% felt that they needed training on complex issues of STIs and HIV. Few (9.4%) participants expressed that annual training should be conducted regularly to update their knowledge.

Discussion:

Profile of counselors is reported in Table 1, around 42 % of counselors were engaged in STI services for more than 10 years. More than half (64%) of the counselors were working at the present clinics for more than 5 years. This could give better accountability and familiarity of working area. Around 16% of the counselors faced language barrier in dealing with clients from Orissa and Maharashtra. IEC materials in Oriya and Marathi language can be provided to make conversation easier and simpler. Though job satisfaction was found among most of counselors, reasonable numbers of the counselor were feeling overburdened and not able to do justice to all clients. These things can jeopardize the quality of counseling. In spite of high burden, appreciation from the staff and clients keeps the counselors high motivated.

Studies done at different set-ups have found improvement in partner treatment by counseling session but only 80% of the counselors talked about partner treatment with the STI clients.[4-6]Partner treatment being the key component in complete STI case management, this parameter needs constant strengthening under STI counseling.

In a study in Cape Town, Mathews et al finds that only 21% of male and 37% of female patients received some education about STD transmission during the clinic visit, and only 25% of male and 36% of female patients received education about condom use.[7]In the present study, only 76 % of counselors took sexual history in brief and talked about condom in counseling session. Almost 96 % of the counselors talked about HIV but only 60 % talked about STI, which is higher in contrast to the study done by Mathews.[7] While IEC utilization is crucial in counseling, only 36 % of the counselors were found to use any form of IEC for client's education and only 24 % of the counselors educated the clients about the preventive measures against the four modes of transmission. A study done by Parmar R et al in 2012 documents considerable gap of counseling and basic disease knowledge among link workers, where as in the present study, basic knowledge of counselors was reasonably good.[8] This could be due to stringent selection process and regular monthly meeting of counselors. Most of counselors were having average and good counseling skills as performance based score card (Table 2). In the counseling sessions observed, 92% of the counselors didn't practice condom demonstration. A study published in 1997 by Sharma V, Dave S, Sharma A et al finds great proportion of errors in condom use by male in Guajarat.[9] Condom demonstration during counseling session for STI clinic attendees can serve as best opportunity to educate right method of condom use.

Preventive counseling is of great use and finds an interesting concept of patient centered care, as

discussed by Rietmeijer CA in 2007.People are more likely to adopt STI/HIV preventive behaviors if they are well informed. Reietmeijer CA states that the STI clinic may benefit greatly from the extensive experience of HIV prevention counselors. [10] Current study finds gap in practices of counselors which needs to be addressed at the earliest to get successful results in program.

Conclusion and Recommendations:

Counselors were having satisfactory micro – macro skills for counseling, but core component of STI like risk assessment and condom promotion were lacking in practice. There is wide gap of knowledge and practice among counselors of the urban project. More such sessions can be observed to generalize results, as counseling is a continuous process.

Basic knowledge on counseling and its skill is the cornerstone for counseling. All counselors already had received induction training after their selection. This was reflected in their knowledge component regarding counseling, but regular refresher training is required as few were found to be uncomfortable with one or the other domain of counseling. Regular and supportive supervision by project supervisors may help to reduce the knowledge practice gap.

Declaration:

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Conflict of Interest: Nil

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