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Challenges Faced By Counsellors in Home Based HIV Counselling and Testing in Kibera Slums, Kenya

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Abstract: In the absence of a cure for the Human Immunodeficiency Virus (HIV), several countries have implemented HIV-prevention programmes including HIV Counseling and Testing (HCT) to curb the spread of the deadly epidemic and assist infected people to lead a comfortable and fulfilling life. HCT has proved to be essential in enabling masses to know their HIV serostatus. Despite the importance of HCT, its uptake remains low, particularly in developing countries and this has compelled stakeholders in the fight against the deadly bug to reinvent apposite strategies to reverse the trend by introducing Home Based Counseling and Testing (HBTC). Under this programme, counsellors reach out to the community; provide counseling and testing within clients' homes. Although the programme has proved to be fundamental in the fight against HIV spread, there exists scanty literature on the challenges facing HBTC especially in Kenya. This paper therefore examines the challenges that the HBTC providers in Kibera slums face in their work. The authors conclude that it's imperative for organizations implementing HBCT programs in the slums to mobilize required resources and to address the challenges facing counsellors to promote efficient service delivery.
Keywords: Home Based Counseling and Testing, HIV Testing, HIV/AIDS, Kibera Slums.

INTRODUCTION

The Acquired Immune Deficiency Syndrome (AIDS) pandemic is one of the worst human epidemic and the greatest challenge that the world is currently facing. Its impact is felt not only on the level of the physical health of infected individuals, but also on that of their identity and the psychological and social levels of the societies they inhabit [1]. More than two-thirds of the estimated 34 million persons living with HIV reside in sub-Saharan Africa, the region hardest hit by the pandemic [2]. In the absence of a cure for the Human Immunodeficiency Virus (HIV), several countries, including Kenya, has implemented HIV-Preventive Programmes including HIV voluntary counseling and testing (VCT) program [3]. HIV voluntary counseling and testing is the gateway to prevention, care and treatment since these interventions depend on individuals seeking HIV testing and knowing their HIV status [4]. VCT provides people with an opportunity to learn and accept their HIV serostatus in a confidential environment with counseling and referral for ongoing psychosocial support [5]. Additionally, studies have suggested that early initiation of HIV treatment may have important prevention benefits [6, 7]. People who have been tested seropositive can benefit from earlier appropriate medical care and interventions to treat and/or prevent HIV-associated illnesses. Studies have shown that VCT is a relatively cost-effective intervention in preventing HIV transmission [5].

Despite the importance of HIV Counseling and Testing (HCT), its uptake remains low, particularly in developing countries [3]. It remains one of the greatest challenges to current HIV/AIDS policy in the World [8, 9]. Over 60% of HIV-infected individuals remain unaware of their serostatus [10]. For instance, in Sub-Saharan Africa, it is estimated that 80% are unaware of their status and nearly 90% are unaware of their partner's status [3].

Global concern over the gulf between the needs and the reality has led to urgent calls for increased access to HCT services [11]. Recent years have witnessed new initiatives to increase access, including

incorporating HCT into routine healthcare and providing HCT within people's homes (Home-Based HIV Counseling and Testing) [3]. Home-Based HIV Counseling and Testing (HBHCT) provide a new opportunity to reach more people, removing logistical barriers and stigma often associated with facility-based HIV Counseling and Testing [12]. The program also has the potential to reach many who do not consider themselves to be at risk for HIV and who would not seek out testing. In generalized epidemics, home-based HTC represents a remarkable opportunity to test couples, children, and families; to increase early identification of HIV-positive cases; and to identify first-time testers [12].

Within HBHCT model, providers reach out to the community, providing counseling and testing within clients' homes [3]. HBHCT has made testing convenient [13]. It has been commended for its success in increasing uptake, with acceptance rates of over 90% [14]. The high uptake of HBHCT is associated with the elimination of costs for clients travelling to VCT centres and the removal of stigma associated with going to such centres [15]. Door-to-door HBHCT has reached many first-time testers, including couples and children, and enhanced early identification of HIV infection [16].

Home-based HTC is an important component of Kenya's National Health Sector Strategic Plan II (2005–2010), which emphasizes strong community engagement in health [17]. The ministry of Health has implemented home based HTC for two or more years, many of which have developed effective strategies for dealing with some of the Challenges relating to HIV prevention in the country [17]. Based on the Kenya's National Health Sector Strategic Plan II, most participants in the health sector mostly non-governmental organizations have initiated HBHCT program in Kibera slum to enable residents know their serostatus and acquire necessary support to facilitate behavior change and management of the virus for seropositive people.

Despite the important contributions of HBHCT in prevention and control of HIV in Kenya, it is critical to understand the challenges faced by HBHCT counselors in providing HIV counseling and testing to the client, and in establishing networks of social support for the clients. This paper explores the challenges faced by HBHCT counselors in Kibera slum, Nairobi.

METHODOLOGY

This paper is the outcome of a study in Kibera slums Nairobi County, Kenya. The study involved all the 45 counselors from different organizations undertaking HBCT programme in the area. Unstructured interviews were conducted for all counselors and 5 managers of the organizations were purposively selected. No sampling technique was employed to select the respondents for interview since all the counselors in the organizations involved in HBCT were drawn into the sample. The unit of analysis was the HBCT programme counselors in Kibera slums. The Interviews were conducted at convenient time for the counselors. Descriptive statistics was employed to analyze data which was presented in graphs and pie charts. Kibera slums have witnessed a large number of organizations undertaking the programme due its high HIV/AIDS prevalence and vulnerability of residents to HIV infections as a result of high poverty levels. These two factors attracted stakeholders against the fight against HIV/AIDS to initiate the programme to curb the spread of the virus. This paper critically examines the challenges faced by counselors in Home Based Counseling and testing, attitude of the residents on HBCT services provided by counselors, factors affecting the uptake and provision of HBTC services, and effect of home based counseling and testing programme on HIV spread in the slums. The paper concludes by giving recommendations to the government, organizations implementing HBCT programme in Kibera slums and other stakeholders in the fight against HIV/AIDS on how to strengthen the programme to enhance control and management of the epidemic.

FINDINGS AND DISCUSIONS

Factors Affecting Uptake of HBTC Services in the Slum

The study established that uptake and provision of HBTC services in Kibera slums are hampered by myriad factors. Figure 1 provides responses.

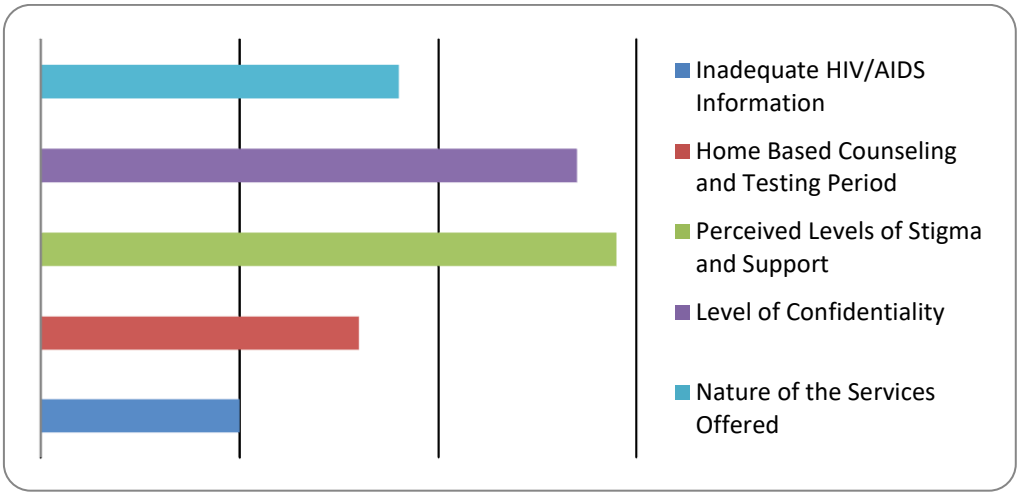

Fig-1: Factors Affecting Uptake of HBTC Services in Kibera Slum

As depicted in figure 1 ten percent(10 %) of the respondents argued inadequate HIV/AIDS information affect uptake of Home Based Counseling and Testing services in the slums, sixteen percent (16%) said that Home Based Counseling and testing period is hinder uptake of the services, twenty nine percent (29%) asserted that the perceived levels of stigma and support hinder people from utilizing the services, twenty seven percent (27%) said that level of confidentiality affect uptake of the services, and Eighteen percent (18 %) said that the nature of the services offered affect uptake of Home Based Counseling and Testing services the slums

The above data indicates that perceived levels of stigma and support greatly influence uptake of Home Based Counseling and Testing services in study area. This implies that HIV/AIDS social stigma and discrimination remains a major hurdle in HIV/AIDS management in Kenya despite investment of colossal resources and enormous efforts by stakeholders in the fight against the pandemic to create awareness in society. According to Nuwaha *et al* [18] stigma deters individuals from finding out about their status and inhibits those who know they are infected from sharing their HIV test results and from seeking treatment and care for themselves. Therefore, positive HIV results will culminate in discrimination making residents spurn the HBCT services.

The level of confidentiality emerged as a factor affecting uptake of Home Based Counseling and Testing services in the slums. Most of the respondents expressed their fear that the services especially HIV test lack of confidentiality although the government policy on HIV testing states otherwise. This is due to provision of services in the family setting hence there is a possibility of family members to status of each other. Even though the information is kept confidential by the counselor and the client (family member) enrolment of the latter to support services like medication, psychosocial support group etc become a clear indicator of the HIV status of such individual and this limits uptake of the services to avoid stigmatization and discrimination. The finding supports a study by Helleringer *et al* [19] that established that the reasons for low HTC services is distance to the testing center and lack of confidentiality.

The other factor affecting uptake of HBCT services according to respondents is the period the services are offered. The study established that counselors mostly conduct the program during the day when most people are out for their daily errands and as such few people access the services. Furthermore, quality of services provided affects uptake of HBCT services in the slum. Some people view the services provided as lowly and therefore opt not to take the services.

Lastly, inadequate HIV/AIDS information was also cited as a factor affecting uptake of Home Based Counseling and Testing services in Kibera. Despite Kibera slums located in the capital city of Kenya, most inhabitants possess low western education. As a result, their knowledge about the epidemic is little and thus clings to cultural myths and misconceptions about the virus including attribution of HIV/AIDS to witchcraft, which hinder uptake of the services. These findings concur with studies by Sanga *et al* [20], Wringe *et al* [21], and Mbopi-keou [22] that indicated that the rate of VCT uptake was also found to increase with the level of education. In conclusion, perceived levels of stigma and support determine and affects uptake of HBCT services in Kibera Slums.

Effect of Home Based Counseling and Testing Programme on HIV Spread in Kibera Slums

The study was also interested to unearth the effect of Home Based Counseling and Testing Program

on HIV Spread in Kibera slums. Twenty five percent (25%) of respondents argued that Home Based Counseling and Testing programme has reduced HIV infection rates in the slum, seventeen percent (17%) said that the programme has made people to access HIV/AIDS services easily, thirty six percent (36 %) asserted that Home Based Counseling and Testing programme in Kibera has made residents know their HIV status, and eighteen percent (22%) of respondents argued the programme has enhanced HIV/AIDS awareness in the slums.

The above data indicates that Home Based Counseling and Testing in Kibera slums has tremendously increased the number of people knowing their HIV status (36% response). This is because testing in carried out at homes and therefore most people initially lacking such services due to distance, travel expenses, time constraints, etc are currently able to conveniently access the services compared to past scenarios where people obtained the service from VCT centres that were kilometers away. The findings agree with a study by Nuwaha *et al* [18] in Uganda established that HBCT increase in the proportion people knowing their HIV status. During interviews a key informant asserted that most organizations undertaking Home Based Counseling and Testing in Kibera slum are employing rapid test which is accurate and enables clients to have test results between 15 and 30 minutes thus most people can know their HIV status within the shortest time possible.

Reduction of HIV spread emerged as the second effect of Home Based Counseling and Testing in Kibera slums (25% response). This study attributed the decline to the HIV testing services that enable people to know their HIV status and psychosocial support during the delivery of the services leading to behavior change and adoption of HIV preventive measures including use of condoms to avoid contracting the deadly virus. During Key informant interviews, a project coordinator of one the NGOs undertaking HBCT in the slum lamented that:

> *"Counseling during HIV testing assist infected people obtain emotional support and information on stigma and spread of the virus thus reducing HIV spread in Kibera slums" (Female, 42 years).*

It is evident from the key informant that HBCT services in the slum have changed people's perceptions towards the epidemic due to psychosocial support services. The study also established that HBCT provide access to prevention services such as vertical transmission information which has drastically reduced HIV spread in the area. According to Nuwaha *et al* [18] HBCT programme provide good opportunity for those who test positive to be referred to local care providers offering basic preventative care, palliative care and anti-retroviral treatment.

Furthermore, the other effect of HBCT in Kibera slums is creation of HIV/AIDS awareness (18% response). Since HIV/AIDS counseling, ranked among the most important component of HIV testing, help people to access information on spread and prevention of the deadly virus. It also reduces stigma and provides vital information on the social services available for People Living with HIV/AIDS that are essential in management of the epidemic. The findings support Salam *et al* [23] argument that HBCT increase HIV awareness and risk reduction interventions that are effective in improving knowledge, attitudes, and practice outcomes.

Easy access of HIV/AIDS services was another effect of Home Based Counseling and Testing in Kibera slum (22% response). According to key informants, the program helps the residents to acquire HIV/AIDS services such as antiretroviral, condoms, psychosocial support and care etc that are crucial in prevention and management of the virus. Therefore, HBCT in Kibera slum has increased the number of people knowing their HIV status.

Challenges Faced by Counselors in Home Based Counseling and Testing in Kibera Slums

Challenges faced by counselors in HBCT in Kibera slums were the main objective of this study. Responses were given as shown in figure 2.

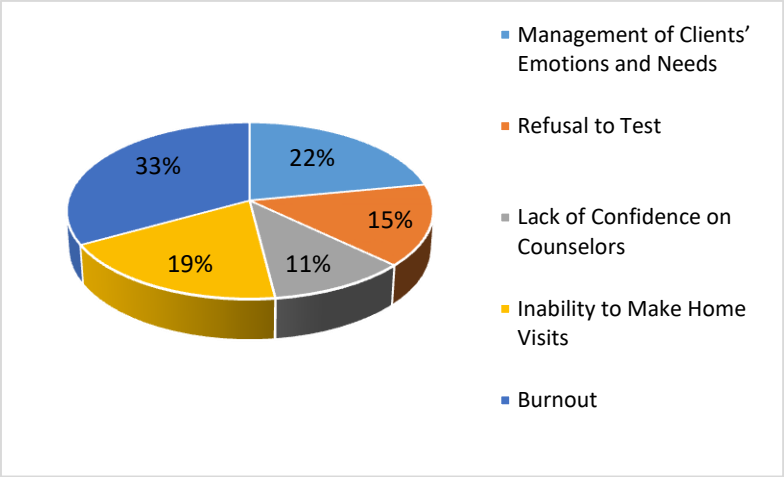

Fig-2: Challenges faced by counselors in Home Based Counseling and Testing in Kibera Slums

According to figure 2, twenty two percent (22 %) of the respondents mentioned management of clients' emotions and needs as the challenge facing counselors offering HBCT services in Kibera slum, fifteen percent (15%) said refusal to test, eleven percent (11%) argued that lack of confidence on counselors, nineteen percent (19%) inability to make home visits while thirty three percent (33%) said burnout is the challenge.

The above data suggests that burnout (33%) is the major challenge facing Home Based Counseling and testing counselors in Kibera slums. According to Blazer and Escobar, (2012) home-based HTC provider's job is complex and emotionally and physically demanding. Home-based HTC providers too in Kibera reported being overwhelmed with the work. The slums that have over 350000 people eligible for the services are served by forty-five counselors employed by organizations implementing the HBCT programme. The psychosocial support experts are overwhelmed leading to stress and burnouts leading to poor quality service delivery. The findings are supported by Kabamba [24] who asserts that organizations and donors expect to see good statistics in terms of the people who undergo counseling and testing putting excessive demand on the counselors.

Furthermore, management of clients' emotions and needs (22% response) emerged as a challenge facing the counselors. HBCT counselors play a critical role in preparing the clients and providing them with information on the technical aspects of the test, as well as exploring the possible personal, social, psychological, medical, legal and ethical ramifications of being tested and possibly receiving a positive result. During interviews the counselors said that in cases where clients turn positive it becomes difficult to make them accept reality thus it requires a concerted effort from the counselors. The respondents also said that sometimes they go beyond their stipulated duties to meet clients' whims with the intention upholding normalcy and to ensure effective management of the virus. The findings supported an argument by Azwihangwisi, Mavhandu, Vhonani, Netshandama and Mashudu [25] who maintained that giving an HIV-positive result is the greatest challenge faced by HIV/AIDS counselors in their attempt to address emotional devastation of clients and to explore the issues relevant to obtaining a better understanding of the clients' lifestyles.

Inability to make home visits (19% response) was mentioned as challenge facing counselors in Home Based Counseling and testing me in Kibera slums. During key informants interviews the study established that it is sometimes difficult for counselors to undertake their work due to inaccessibility of some areas within the slum. In addition, interviews established that follow ups for clients who test positive was hampered by insecurity in the slum. The study also established that some clients were uncooperative (15% response) during HBCT service delivery. Fear and stigma associated with HIV/AIDS affect uptake of the services especially among individuals with spartan knowledge on the pandemic instigated the frosty relations. Moreover, Kibera being slums where substance abuse is high compared to other estates in Nairobi hence the probability of a person under influence of substances to fail to cooperate is lofty.

Lastly, lack of confidence on counselors (11% response) affects service delivery in HBCT programme. During interviews with counselors it emerged that some Kibera residents feel that counselors will reveal their HIV status which can result in discrimination and stigmatization thus avoid uptake of the services. According to UNAIDS [26] HIV/AIDS counseling and testing site must ensure an environment that guarantees the confidentiality of all information shared, and that upholds the privacy of the client, so that an ethical

process for conducting the testing and providing the counseling can be followed. Thus, inadequate knowledge by Kibera residents on ethical standards of counseling profession make them believes that their HIV status could not be kept secret. From the data the study can conclude that burnout due to excessive workload is the major challenge facing counselor in HBCT program in Kibera.

CONCLUSION

Home Based Counseling and Testing has proved to be a major remedy to shortcomings of voluntary counseling and testing a popular HIV-Preventive Programme in most developing countries. Studies have shown that the rate of uptake of voluntary counseling and testing in the countries is low since one in 10 eligible people have access to VCT services. Furthermore, difficulties of getting to testing sites is a drawback of VCT uptake a phenomenon that has witnessed stakeholders in the fight against HIV/AIDS to introduce Home Based Counseling and Testing. Home Based Counseling and Testing programme as HIV-Preventive Programme provide people not only without a chance to know their HIV status but also to acquire knowledge about HIV and AIDS helping them undertake necessary behavioral change. Although stigma and discrimination remains an obstacle to reducing HIV/AIDS prevalence in society, people have positive attitude towards HBCT services. Strengthening the program will enable populace to get acquainted with information about the deadly virus, its management and prevention. It is imperative therefore for stakeholders in the fight against HIV/AIDS to mobilize required resources to address the challenges facing counsellors to promote efficient service delivery and implement HBCT in various parts of the developing world.

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