

TUBERCULOSIS PATIENTS' PERSPECTIVES ON HIV COUNSELLING BY LAY COUNSELLORS VIS-À-VIS COUNSELLING RENDERED BY NURSES: AN EXPLORATORY STUDY IN TWO DISTRICTS OF THE FREE STATE PROVINCE, SOUTH AFRICA

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ABSTRACT

Due to the high rates of HIV/AIDS and TB, and the subsequent burden placed on the healthcare system that is further accompanied by severe shortages of nurses, the role of lay counsellors has become increasingly important in South Africa. This article reports about TB patients' perspectives on counselling rendered by lay counsellors vis-a-vis counselling rendered by nurses.

Structured exit interviews were conducted with a convenience sample of 600 patients across 61 primary healthcare facilities in the Free State province. Data were subjected to both descriptive and inferential statistical analyses. Except for coverage of the 'window period' topic, patients' perspectives on HIV counselling by lay counsellors compared with nurses did not significantly differ in respect of duration of counselling, coverage of other HIV counselling topics and conduct of counsellors. However, 55.0% (n=126) of patients counselled by a lay counsellor would have preferred a nurse, while 42.9% (n=48) of those counselled by a nurse would have preferred a lay counsellor.

The findings suggest relative satisfaction with counselling provided by both types of counsellors. Expanded use of lay counsellors in TB/HIV programmes could help mitigate the human resource crisis that has resulted primarily from shortages of nurses. National TB and HIV/AIDS policies need to acknowledge and clarify the role of lay counsellors to facilitate their extended utilisation in TB/HIV services.

KEYWORDS: Free State Province, HIV counselling, HIV testing, lay counsellors, nurses, tuberculosis

INTRODUCTION

Counselling and testing for the Human Immunodeficiency Virus (HIV) remain the mainstays of the prevention, detection and treatment of the disease among high-risk groups such as tuberculosis (TB) patients (Chimzizi et al., 2004:584; Harries et al., 2009:7–9). According to the South African TB Control Programme Guidelines NDoH, 2000:39), “pre-test counselling is provided to enable the patient to make an informed decision on whether to test or not”. The main issues for discussion during such pre-test counselling include the assessment of the patient’s likelihood of having acquired HIV infection, knowledge about HIV, and ability to cope with the HIV-test result. Pre-test counselling is followed by post-test counselling, a stage where the HIV-test results are interpreted, more information (for example, on how to access antiretroviral therapy if the test is positive) provided, psychological support given, and where safe sexual behaviours are discussed and encouraged.

The provision of quality service in resource-poor settings such as South Africa might be compromised by a high rate of disease cases and severe shortages of professional healthcare workers (WHO, 2006:2). There are marked shortages of professional nurses who provide HIV counselling (Evans & Ndirangu, 2009:723). As a result, the role of lay counsellors has become increasingly important in HIV/AIDS programmes in South Africa (Leon et al., 2010:9; Schneider et al., 2008:5) and elsewhere in sub-Saharan Africa (Baiden et al., 2007:730).

At the same time, concerns have been raised regarding lay counsellors’ capabilities (Ginwalla et al., 2002:711; Ndabishimye, 2004; Schneider et al., 2008:5). Findings have documented deficiencies in respect of lay counsellors’ skills and their reported inability to address clients’ diverse needs (Ginwalla, et al., 2002:712; Ndabishimye, 2004). There appears to be some reluctance among nurses to delegate HIV counselling to lay counsellors, who might be regarded as being inadequately trained and inexperienced (Schneider et al., 2008:5).

Despite these concerns, some studies have established that the quality of service provision is not dependent of whether counselling was conducted by a lay or a professional (nurse) service provider (Chopra et al., 2004:3; Kamanga & Gumbo, 2006). In some instances, both lay and professional counsellors have been implicated as delivering poor counselling services (Chopra et al., 2004:3), while in others, both groups have been evaluated positively (Kamanga & Gumbo, 2006). These evaluations involved either objective observations or assessments of clients’ satisfaction levels or both.

As far as clients’ preferences are concerned, some research (Baiden et al., 2007:727) revealed that clients prefer lay counsellors to professional (nurse) counsellors. Studies have further established varied preferences in respect of HIV counsellors’ socio-demographic characteristics such as age, sex, language and place of residence (Baiden et al., 2007:727; Ginwalla et al., 2002:713).

The *Tuberculosis Strategic Plan for South Africa, 2007–2011* (NDoH, 2007:24) maintains that HIV testing should be done on all TB patients but, the policy does not explicitly elaborate on the role of lay counsellors regarding this. However, international policy increasingly calls for the shifting of counselling services from nurses to lay counsellors (WHO, 2007:3). Although in South Africa HIV counselling may be provided by lay or nurse counsellors (Leon et al., 2010:4), little is known about the quality of services provided by either. The present study sought to ascertain TB patients' perspectives and their actual preferences on HIV counselling services provided by lay counsellors vis-à-vis those offered by nurses in four sub districts in the Free State province.

RESEARCH METHOD

Study sites

Two districts (Thabo Mofutsanyana and Lejweleputswa) were randomly selected from the five districts in the province. Two subdistricts – one largely rural and the other largely urban -- were purposively selected from each district. In Thabo Mofutsanyana District, Maluti-a-Phofung sub district represented the urban site while Nketoana sub district represented the rural site. In Lejweleputswa District, Matjhabeng sub district represented the urban and Masilonyana sub district the rural site. Purposive selection of the sub districts was done in an attempt to improve sample representativeness within the resource constraints of the study. Included in the survey were all 61 primary healthcare (PHC) facilities that had provided concurrent TB and HIV-testing services to at least 10 TB patients during the preceding year.

Sampling of respondents

Probability proportional-to-size sampling was used to determine the numbers of patients to be selected from individual PHC facilities. After obtaining informed, voluntary consent, trained interviewers conveniently recruited TB patients aged 18 years and older as these patients were exiting TB consultation rooms. A total of 600 TB patients were interviewed during February and March 2008. Out of the 600 interviewed patients, only 65.8% (n=395) had undergone HIV counselling and thus comprised the sample for this study.

Research instrument

A structured interview schedule, developed from literature on HIV counselling and testing (Ndhlovu et al., 2003; Van Dyk, 2008) was employed to gather information on patients' socio-demographic particulars, self-reported HIV testing, duration and experience of pre- and post-test HIV counselling and preferences for the type of counsellor (lay or nurse). The instrument used for data gathering was pre-tested for practicality at a PHC facility beyond the study areas. Clinical information, including treatment category (new/re-treatment) and type of TB (pulmonary/extra-pulmonary), was obtained from patients'

clinic files and TB registers. Where available, clinical records were utilised to verify patients' self-reports on whether or not they had undergone HIV counselling and testing.

The structured interview schedule was available in both English and Southern Sesotho, and was administered in each patient's language of choice. In-field quality control on the data collected was performed by fieldwork managers.

Data analysis

Data were subjected to descriptive and inferential statistical analyses. Frequency counts were conducted for each variable and chi-square tests of independence were used to establish differences between, respectively, lay-counselled and nurse-counselled patients in respect of discrete dependent variables (topics covered during pre- and post-test counselling, patients' rating of the quality of counselling, as well as their preference of an HIV counsellor). T-tests of independence were used to detect any differences between TB patients' perspectives on lay counsellors and nurses regarding the one continuous dependent variable, that is to say, time spent on counselling sessions.

Ethical considerations and study approval

The study was cleared by the Ethics Committee of the Faculty of Humanities, University of the Free State. Permission to conduct fieldwork was granted by the Free State Department of Health's managers at the provincial, district and sub districts, as well as facility levels.

Participation in the interviews was on an informed and voluntary basis. Written consent was obtained from each participant. Patients were also informed about their rights to refuse to participate, terminate the interview, or choose not to respond to specific questions without any repercussions. Patients were also assured about the confidentiality of all information gathered and that privacy would be guaranteed during interviews.

RESEARCH FINDINGS

The demographic characteristics of patients who received counselling are presented in table 1. Of these patients 55.9% (n=221) were females and 48.1% (n=187) were aged 31–45 years. A total of 63.8% (n=252) had attained secondary school education. Most respondents were unmarried (75.2%; n=297), unemployed (88.6%; n=350), and had been diagnosed with pulmonary TB (91.0%; n=355). Out of all the respondents, 42.9% (n=168) were undergoing re-treatment for TB. Although patients' HIV status was not established in the present study, repeated episodes of TB could be indicative of an HIV-positive status (Panjabi et al.,2007).

Table 1: Patients' socio-demographic characteristics

Characteristic	Number	Percentage
Sex		
Male	174	44.1
Female	221	55.9
Age*†		
18–30	110	28.3
31–45	187	48.1
46 and older	92	23.6
Education		
None	24	6.1
Primary	111	28.1
Secondary	252	63.8
Tertiary	8	2.0
Marital status		
Married	98	24.8
Unmarried	297	75.2
Employment status		
Employed	45	11.4
Unemployed	350	88.6
Type of TB*		
Pulmonary	355	91.0
Extra pulmonary	30	7.7
Other (multi-drug resistant)	5	1.3
Patient category*		
New	224	57.1
Re-treatment	168	42.9

*n <395 owing to missing values; †mean age 37.7 years, range 18–73 years

Counsellor type and duration of counselling

Of the patients who reported having undergone pre-test counselling (n=338), 65.1% (n=220) received counselling from lay counsellors and 34.9% (n=118) from nurses. In respect of post-test counselling, 64% (n=171) and 36% (n=96) were respectively counselled by lay counsellors and nurses. Table 2 indicates similarity in the reported duration of both pre- and post-test counselling by both types of counsellors with patients reporting that slightly more time was spent on pre- than on post-test counselling. The reported duration of HIV counselling by the two types of counsellors did not differ significantly.

Table 2: Patients' accounts on duration of HIV counselling

Type of counselling	Type of counsellor		t-value	Degrees of freedom	p-value
	Lay counsellor	Nurse			
Pre-test counselling					
Mean duration (minutes)	37.70	37.10	0.17	329	0.87
Standard deviation	23.99	33.33			
n	217	114			
Post-test counselling					
Mean duration (minutes)	32.80	29.40	0.97	263	0.33
Standard deviation	26.07	29.70			
n	170	95			

Coverage of standard HIV-counselling topics

Patients' accounts of lay counsellors' and nurses' coverage of standard pre-test counselling topics are reflected in table 3. Overall, patients gave favourable accounts of HIV counselling conducted by both lay counsellors and nurses. The majority affirmed that their counsellors – whether lay or nurses had discussed all the standard topics of pre- and post-test counselling. However, among the prescribed topics, the 'window period' was reportedly ($p < 0.1$) more regularly covered by lay counsellors than by nurses.

Patients' ratings of the quality of counselling

Further analysis established higher positive (very good/good) than negative (poor/very poor) ratings of both lay counsellors and nurses' conduct during pre- and post-test counselling. No statistically significant differences were identified in patients' perspectives of lay counsellors and nurses in terms of basic counselling skills such as listening, responding, answering of questions, respecting patients' choices and provision of information.

Patients' preferences for a specific type of counsellor over another

Overall, 229 patients had received either pre- or post-test or both these types of HIV counselling from lay counsellors. Of these, 55.0% ($n=126$; $p < 0.001$) would have preferred a nurse. However, 42.9% ($n=48$; $p < 0.001$) out of the 112 patients counselled by nurses would have preferred lay counsellors. In respect of other counsellor socio-demographic characteristics, 48.6% ($n=72$; $p < 0.001$) of those who had received counselling from younger counsellors would have preferred older counsellors, while 53.7% ($n=101$; $p < 0.001$) of those who had been counselled by counsellors of the opposite sex would have preferred counsellors of the same sex. Concerning counsellors' residential areas, 38.3% ($n=46$; $p < 0.001$) of patients who received counselling from HIV counsellors residing within their home areas would have preferred counsellors residing beyond their home areas.

Table 3: Patients' accounts of coverage of standard HIV-counselling topics

Topic discussed	% confirmed coverage of topic		p-value
	Lay counsellor (n=220)	Nurse (n=118)	
Pre-test counselling			
Sex partners	80.5	80.5	1.00
HIV transmission	95.5	95.8	0.90
Benefit of taking an HIV test	95.5	94.9	0.82
Meaning of HIV-positive/negative test result	96.4	94.1	0.33
How HIV tests are done	95.5	95.8	0.90
'Window period'	76.4	66.9	0.06*
Link between TB and HIV	84.5	86.4	0.64
Post-test counselling			
Implication of test result	86.5	92.7	0.66
Follow-up counselling	91.2	91.7	0.13
Sharing test result with sex partner	88.3	90.6	0.90
CD4 count	87.1	88.4	0.60
Antiretroviral treatment	88.9	89.6	0.76
Need to re-test	86.5	92.7	0.86

*p<0.1

This finding aligns with the findings of Baiden et al. (2007:725–727) who established that clients tend to perceive lesser social distance from the lay counsellor than from the nurse. Patients' confidence in lay counsellors in the present study could serve to substantiate their potentially effective role in South Africa's TB/HIV programmes. In fact, recent research in the Lusikisiki subdistrict in the Eastern Cape province found the substantial increase in uptake of HIV testing to be attributable to the intensified use of lay counsellors (Bedelu et al., 2007:S466). However, even amidst critical shortages of nurses (Lehmann, 2008:166), the use of lay counsellors in South Africa has, until recently, been comparatively sparse (Heunis et al., 2009:23). Similar findings were reported by Baiden et al. (2007:727) in a study among community members in Ghana, and also by Ginwalla et al. (2002:713) in a study among mineworkers in South Africa.

CONCLUSION

No statistically significant differences regarding patients' accounts of HIV counselling provided by lay counsellors or by nurses could be established. Results also indicate relative satisfaction with the counselling offered by both groups of counsellors. The present findings accentuate lay counsellors' capability to counsel satisfactorily, thus corroborating research by Kamanga and Gumbo (2006) in Malawi, that the quality of counselling does not depend on whether the counsellor is non-clinically (lay counsellor) or clinically (nurse) trained.

Both lay counsellors and nurses reportedly spent more than 30 minutes on pre-test counselling. This is five times the average time reported by a Kenyan study among

pregnant women (Delva et al., 2006:190). Although nurses in the present study spent less time on post-test counselling than lay counsellors, the difference was not statistically significant.

Most patients in the present study reported that standard HIV-counselling topics had been covered by both lay counsellors and nurses. However, a substantial number of patients maintained that the “window period” was the topic least discussed during pre-test counselling, but reportedly lay counsellors often held more discussions with TB patients about the ‘window period’ than nurses.

Some of the patients counselled by nurses would have preferred lay counsellors and vice versa. No clear-cut conclusions could be reached about other demographic aspects of counsellors such as age, gender and place of residence.

RECOMMENDATIONS

Policy calls for provider-initiated HIV testing for TB patients (NDoH, 2007:24) and for task shifting to community healthcare workers (WHO, 2007:3) could lead to the increased use of lay counsellors in TB/HIV programmes, as more of them will in future be required to service the growing numbers of TB patients. However, the lack of clear guidelines on the recruitment, selection, training and role of lay counsellors needs to be addressed urgently. The utilisation of more lay health counsellors could help to alleviate the acute shortage of nurses in South Africa, provided these persons are well trained and supervised.

LIMITATIONS OF THE STUDY

Some participants might have given “desired” responses because they did not wish to portray themselves in negative terms to the service providers. However, the outcomes do reflect positively on the comprehensiveness of the HIV counselling rendered by both the clinically-trained and the non-clinically trained providers in the Free State Province.

Ethical restrictions prohibited the actual observation of counselling sessions. A further limitation of the study is its use of convenience sampling (TB patients).

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