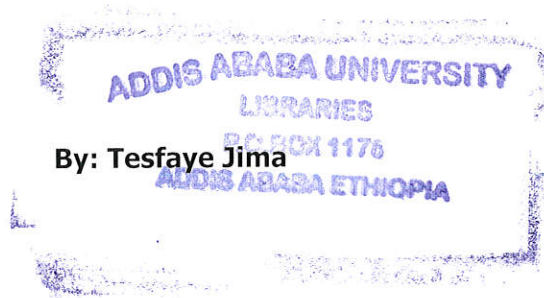


**The Analysis of Counseling Principles
Application in the case of some selected
Voluntary Counseling and Testing Centers for
HIV | AIDS in Addis Ababa.**



A thesis Submitted in Partial Fulfillment of the Requirements for the degree of
Master of Arts in Counseling Psychology.

Addis Ababa University
School of Graduate Studies
Department Of Psychology



June 2006
Addis Ababa

Acknowledgments

First of all I would like to express my deepest gratitude to my advisor Professor Venkat for his constructive comments and suggestions during my work.

Next, my thanks goes to my friends, Mengistu Tullu, Kabtamu Ayale, Kebede Chemedda and S/r Yodit Arega for their unreserved encouragements for the accomplishment of this thesis.

Finally, I would like to extend my great thanks to those counselors at the target VCT centers for their great cooperation to provide the relevant data.

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ACRONYMS

- AIDS - Acquired Immune Deficiency Syndrome
- AGOS-Abebech Gobena Orphanage and School
- CDC-Center for Disease Control
- CRDA - Christian Relief and Development Association
- CSA - Central Statistic Authority
- DPCD- Disease Prevention and Control Department, Ethiopia
- FGAE- Family Guidance Association of Ethiopia.
- FHI- Family Health International
- GO-Government Organization
- HC-Higher Clinic
- HIV - Human Immunodeficiency Virus
- MCDP-Multi-purpose Community Development Project
- MOH - Ministry of Health
- NACS -National AIDS Council Secretariat
- NGO-Non-Governmental Organization
- OSSA -Organization of Social Services for AIDS
- PLWHA-People Living With HIV/AIDS
- UNAIDS - Joint United Nations Program on HIV/AIDS
- USA-United States of America
- VCT- Voluntary Counseling and Testing for HIV/AIDS.
- WHO-World Health Organization

ABSTRACT

Being a fatal disease, AIDS is one of the most global agenda. It has been seriously threatening the social, psychological, health, and economic situations of the contemporary society. In order to pave the way to mitigate the expansion of the pandemic, different strategies have been designed. One of these strategies is the establishment of VCT Centers. Counseling service rendering has been considered as prominent for whose live is directly or indirectly touched with HIV/AIDS. Through the counseling services the client's life can be enhanced and in parallel to this the expansion of the pandemic could be prevented. In order to analyze the application of counseling principles at the VCT centers, twenty-four (24) sampled VCT centers were selected by using quota and systematic random sampling methods from government hospitals, private higher clinics and NGO VCT centers. Then, all counselors at the sampled VCT centers (totally 62 respondents) were selected for the study. In order to collect the relevant data, interview, observation, and pilot tested self-rating questionnaire methods were used. To analyze the gathered information, percentage method of data description was employed. The finding of this study revealed that many counselors at VCT center don't appropriately apply the counseling principles. Hence, the finding indicated the evidences for the inappropriate application of counseling principles. This inappropriate application includes misconception of the underlying counseling theories and its assumptions, inappropriate consideration of legal and ethical issues. Additionally, as rated on effective counselor's characteristics application checklist the finding demonstrated that some of the counselors were found ineffective. They rather observed providing advice and support (which is more of non-psychological help). Finally, based on the finding, it can be concluded that the training in counseling (HIV) skill was unsatisfactory. Thus, it could be reasonable to recommend intensive training by relevant professional persons for the VCT counselors.

CHAPTER ONE

INTRODUCTION

This study is mainly concerned with the analysis of the application of counseling principles in the field of HIV infection. In analyzing the counseling principles application in HIV counseling services at some selected VCT centers in Addis Ababa, the researcher is mainly focused on the applicability of counselor's characteristics, ethical and legal aspects, counseling processes and procedures.

1.1. Background

All countries over the world are directly or indirectly affected by the pandemic, HIV/AIDS. Its problem becomes one of the most global agenda. This is related to its serious health, social, psychological and economical problems causing to the contemporary society.

HIV/AIDS tragic effect is very severe in Sub-Saharan African Countries that doubled the problems with the backwardness and deep-rooted poverty. From Sub-Saharan African countries Ethiopia is one of the most affected countries by the pandemic even in the world (MOH, 2002; UNIAIDS & WHO, 2001).

The problem of the pandemic has left various communities of Ethiopia with broken homes and broken economic ties that have resulted in exposure of many families to destitute life and illiteracy and the living standard of the

people afflicted with level even below. Hence, Ethiopia has more poor than ever and more people afflicted with HIV/AIDS. As a result many children are living without parental care and support and even the children have left school to care for dying parents (FHI, 2001).

Generally, human being is suffering of many complicated problems; particularly the HIV/AIDS pandemic has brought with its reorganization in many segments of contemporary social life (Perakya, 1995).

One of the social responses to the HIV pandemic has been the setting-up of counseling services for the people whose lives directly or indirectly touched with HIV and AIDS. In the case of Ethiopia, HIV/AIDS policy was prepared in 1998 and in this policy voluntary counseling and testing for HIV and AIDS is agreed on as one of the strategy to prevent the expansion of the pandemic. In the policy's general strategy to prevent HIV/AIDS, it was stated as "Testing and screening shall be voluntary and shall be encouraged along with counseling services." (FDRE, 1998)

Currently, it is recommendable that counseling should be given to anyone having an HIV antibody test (Perakya, 1995). In practice, professionals such as: social workers, health advisers, clinical psychologists, and medical doctors are undertaking the counseling service. As Chester, (1987) (cited in Perakya, 1995) agreed the activity of these professionals consists of three different types of activity i.e. advice, support and personal counseling. These

professionals are differing in the area and intensity of focus to the activity type.

In terms of the typical environments for HIV/AIDS counseling, there are three categories of counseling. These are Pre-test, post-test and ongoing counseling in which the aims of counseling in pre-test is to ensure the client's consent to testing, in post-test to provide the test result and address its implication, and in ongoing counseling for HIV positive patients to enhance the psychological, social, and medical management of the illness.

To serve as a counselor for any psychological problems let alone HIV/AIDS (the fatal disease) case, skills of applying counseling principles is essential. To apply effectively the principles of counseling, a counselor should have effective counselor's characteristics, aware of legal and ethical issues including the matters of confidentiality and know how to apply counseling theories and techniques (Gerald C. 2001; Shertzer S. 1980). However, in the case of Ethiopia, usually nurses and medical professionals are serving as VCT counselor by taking two weeks HIV counseling training (MOH, 2003; UNAIDS, 2002).

As discussed before, HIV/AIDS is one of the most problematic pandemics in this world. It is causing many social, psychological, health and economical sanction to the society. Despite such increasing problems, access to voluntary counseling and testing is less available for developing countries. The

inaccessibility of quality voluntary counseling and testing (VCT) facilities may contribute to: the further spreading of the virus because of being unaware of one's serostatus and/or may not receive an appropriate counseling support that is required to improve one's life condition and to limit further transmission (Perakyla, 1995).

Therefore, to avert this trauma which resulted from ignorance /unknowing of one's serostatus, many governmental and non-governmental organizations have designed their strategic plan and are implementing different programs. One of these strategies is voluntary counseling and testing for HIV/AIDS (VCT). Regarding the quality of counseling at VCT center especially in the developing countries; Bennett and Erin (2001) argued that though counseling has become a catchword with HIV infection and AIDS, its services are less available for the majority of people in high prevalence developing countries.

However, it is clear that through effective counseling (in pre, post-test, and ongoing HIV counseling sessions), a client gets understanding of self and his/her environment, shows behavioral changes, and gets a possible solution to action in the face of ignorance and uncertainty, access to it is not sufficient (Hublay, 2002).

1.2. Statement of the Problem.

According to UNAIDS (2002) report, there are about 6 non-governmental organizations that provide HIV counseling services for an average of 8 years

in Addis Ababa. These counseling centers provide individual, couple, family, and group counseling services by health professionals. However, among these 6 centers only one organization (OSSA) was reported that it employed psychologist counselor to serve in the center. In almost all these VCT centers, medical doctors, nurses, teachers, sociologists and others non-psychologist counselors reported as HIV counselor. Therefore, the following basic questions stated to be answered.

1. Do the counselors apply the appropriate ethical and legal issues?
2. Do the counselors apply the effective counselor's characteristics?
3. How do the counselors handle their client's psychological problems?
4. What do the counselors contribute in serving as VCT counselor?

1.3. General Objective

The general objective of this research is to analyze the application of counseling principles at some selected VCT centers in Addis Ababa to achieve this objective the researcher has the following specific objectives. These are:

1. To analyze whether the VCT counselors apply the appropriate ethical and legal issues for HIV counseling.
2. To know how counselors handle the client's psychological problems.
3. To identify whether the counselors apply the effective counselor's characteristics.
4. To identify what services do the counselors provide.

1.5. Significance of the Study

HIV/AIDS is one of the most serious Psychological, health, social, economical and political problems of the contemporary society. To prevent and control this pandemic, many countries have wasted their human and financial resources. Voluntary Counseling and Testing for HIV (VCT) is considered to be one components of the strategic plan in the policy of the Federal Democratic Republic of Ethiopia since 1998 (FDRE, 1998; MOH, 2003). As indicated under the statement of the problem, how and by whom the counseling services at different VCT centers have been given? And do the "counselors" are applying the counseling principles? In answering such questions the researcher intends to contribute to:

1. reconsideration of the application of counseling psychology's principles at VCT centers.
2. identify the counselor's limitation to apply counseling principles effectively, which is believed to mitigate the expansion of the pandemic.
3. suggest constructive comments on how counseling principles have been and should be applied in HIV counseling.
4. the existing research growth in Ethiopia especially in the field of HIV counseling.

1.6. Limitation of the Study

To study whether counselors apply psychological principles at VCT centers, it was better if the researcher used direct observation or audio video recording

methods. However, due to high demand for ethical and legal issues or confidentiality consideration while HIV counseling, this method was not possible for the researcher. Thus, getting data through direct observation or any other means such as tape and audio video recording were not possible. Besides, the counselors and head of the VCT centers were not voluntary to make direct observation. For these reasons, the researcher was forced to collect the data by using counseling principles applications questionnaire, observation (not direct), and interview methods. Thus, the errors of socially desirable factors may affect the result of the research.

Moreover, in this research, it was intended to study the most applicable counseling theories and techniques in the Ethiopian context. However, since almost all of the respondents were Nurses, or co counselors, its identification was not possible for the researcher.

1.7. Delimitation

This study was delimited to only twenty-four VCT centers (six governmental Hospitals, eight NGO VCT centers, and ten private higher clinics) due to time and financial constraints and thus it is very difficult to generalize to all Ethiopian VCT centers.

1.8. Operational Definition of terms

Counseling: is a confidential helping relationship between a client and a counselor that is aimed at enabling clients to take personal decisions and maintain their psychological well being on problems touched with HIV/AIDS.

Voluntary HIV counseling and Testing (VCT): is the process by which a person knows his/her HIV serostatus through voluntary counseling and testing.

Counseling Principles: implies the legal and ethical considerations, the effective counselor's characteristics, and counseling theories and techniques application while providing HIV counseling.

Legal Consideration: implies what counselors are required to perform their profession in accordance with general law /policy of a country or institution as well as HIV/AIDS policy.

Ethical Consideration: implies professional ways of behaving in providing HIV counseling services.

Effective counselor's characteristics: implies the good personal qualities of a counselor.

CHAPTER TWO

REVIEW OF LITERATURE

This part of the study deals with the review of previous studies regarding HIV/AIDS and counseling. In the past, people feared realistically the catastrophes of nature, such as plague, drought, and famine (Shertizer, 1980). But in the contemporary times, human being faced a frightening paradox of HIV/AIDS (UNIAIDS, 2001). It constitutes a serious health, social and economical problem, with a potential for disrupting family, community and society to an extent few other disease have paralleled.

Hence very few diseases have demanded such complex psychosocial and medical support to the individual from his/her family, relatives, friends and associates as the HIV/AIDS problems have done (MOH, 2003). Generally, though human being is not only suffering of HIV/AIDS pandemic, nothing in this world has challenged the life existence of the contemporary society like HIV/AIDS since yet no cure has been found for it (Perakyla, 1995).

One approach to struggle with the pandemic is the setting-up of counseling services for the people whose lives directly or indirectly touched with it. Hence, VCT has been considered as one of the strategic plan to prevent and control the expansion of the pandemic in the national policy of the federal democratic of Ethiopian Government since 1998. While testing for HIV, the necessity of counseling service needs due attention, in all sessions such as

pre-test, post-test and ongoing HIV counseling sessions. Thus, in this literature review, the previous studies regarding the applications of counseling principles in the field of HIV/AIDS will be presented (FDRE, 1998).

2.1. History of HIV Test

Though no cure has been found for AIDS, many doctors have tried to make instruments to test the presence of HIV in the blood before the disease (AIDS). In 1979 and 1980, doctors in the US observed clusters of previously extremely rare diseases. The first case was among homosexual men. At that time the disease was called Gay- Related Immune-Deficiency syndrome (GRID) (Stine, 2002; Kirton, 2001; Granich and Mermin, 2001).

However, the disease was not restricted only to homosexual men. It was seen also among others who were hemophiliacs and recipients of blood transfusions. Subsequently, the syndrome was identified among injecting drug users, and infants born to mothers and used drugs. As a result, the disease was renamed Acquired Immune deficiency-syndrome (AIDS)(Nichols, 2002; Stine, 2002; Kirton, 2001; Granich and Mermin, 2001).

In 1983, a group of researchers in France found a virus, HIV, in people with AIDS. However, the virus could only be found by using expensive tests (Stine, 2002; Kirton, 2001; Granich and Mermin, 2001). Then, the researchers raced to make a cheaper test that could tell if people had HIV before they become sick with AIDS. Finally; in 1985, the Enzyme Linked Immunosorbent

Assay (ELISA) test, Western Blot (WB) assay, and Indirect immunofluorescence Assay (IFA) were invented (Granich and Mermin, 2001; Nichols, 2002).

2.2. Approaches to Testing

Based on the points of an epidemiological nature of the disease (AIDS) and the negative consequences that may follow the discovery of seropositivity, the modes of HIV screening programmes are viewed differently by different people (Stine, 2002 and Kirton, 2001).

2.2.1. Mandatory Vs. Voluntary Testing

The study conducted by CDC (1992) shows that the mandatory testing for certain population had been widely debated in the popular press and professional literature (cited in Durham and Lashley, 2000). Some states or governments require all or certain group of people to be tested for HIV antibody so as to get information upon the prevalence of HIV/AIDS. Further, another authors explained that those who emphasis on the epidemiological nature of the disease advocate the necessity of knowing the evolution of the pandemic. Besides, these individuals support that the citizen need to have accurate information of the prevalence of seropositives, and that people must avail their selves (Bennett and Erin, 2001).

However, as Bennett and Erin (2001) commented on the mandatory modes of screening, it is questionable because of individual rights. This is because

the individual rights to undergo a test or not and his/her rights to keep the HIV test result confidential should need to be respected.

Thus, depending upon the drawbacks of mandatory testing, Durham and Lashley (2000) suggested that voluntary HIV testing should be encouraged. These authors argued that even though knowing one's HIV seropositivity status has the benefits at individual as well as community level, the decision to seek testing must remain an individual right. Supporting this idea Bennett and Erin (2001) asserted that any coercion for HIV testing is improper. Thus, a voluntary HIV testing is imperative and so the necessary decisions should be left to the individual her/him-self.

2.2.2. Anonymous Vs. Confidential Testing.

Granich and Mermin (2001) described that anonymous and confidential testing are the two ways of protecting people from different social, psychological and health problems that may arise of disclosing the test result. Anonymous Testing is offered to individuals without a client's identity being known to those providing such services. To do so a number of false name is given to the person being tested, and the same number or name is attached to the blood sample. This is to protect the person from risks of discrimination or adverse impact (Durham and Lashley, 2000).

Apart from its advantages, some authors commented that, this way of testing has its own drawbacks. Concerning this Granich and Mermin (2001) stated

that since the individual who make the test is unknown to everybody, he/she couldn't obtain precise information on any aspects of the disease. Further, as Bennett and Erin (2001) argued, these individuals cannot get a follow-up medication.

On the other hand, confidential Testing is done with the client's identity known but protected. The health worker keeps the name of the person being tested and the results private. So, the results are /may be/ shared with the health worker who is involved with the person's health care (Durham and Lashley, 2000).

However, as Durham and Lashley (2000) stated that confidential testing is only confident if it is absolute. As the same authors argued, these data (the individual's identity and test result) may known to an employer, a school, an insurance company, etc. and danger the client

2.3. Reasons for HIV Testing.

Nichols and (2002) stated that many people are reluctant to HIV testing. People fear the social, psychological and health consequences of being discovered HIV positive serostatus (Durham and Lashley, 2000). Thus, whenever such people think to undergo HIV test, the question that springs to their mind are the question of health, social relations, and the psychological impacts that may arise of being seropositive.

Regarding the reasons some people undergo HIV testing, the study conducted by Nichols, J. (2002) shows that most people make HIV test due to; Requirements, HIV/AIDS symptoms, awareness of personal risk, and Incidental to other complaints.

Some people take HIV test for their test results are needed for many purposes. The purposes of requirements include: employment, citizen (immigration), military service, etc. (online) ([http:// travel, state, gov/HIV testing reqs, htm/2003](http://travel.state.gov/HIV_testing_reqs.htm)). An increasing number of countries require their foreigners to be tested for HIV prior to entry. According to these countries' measure, those who will be long-term visitors, i.e. students and workers, or change in residence status, including citizenship applications should be HIV negative test. In case if the applicants are HIV positive he/she will be automatically denied for his/her application (online) ([htt://www.sfaf.org/aids 101/hiv –testing htm/2003](http://www.sfaf.org/aids101/hiv-testing.htm)). Thus, in our case (in Ethiopia) HIV test due to migration especially for Diversity Visa is mostly observed (MOH, 2003).

In addition, there are some people who take the test due to AIDS symptoms. With regard to this, Nichols, J. (2002) expressed that some people know their being infected after the symptoms of the disease are manifested. As the same authors found, most often this can be known when the health care providers recognized that their symptoms as potentially related to AIDS (MOH, 2000).

Further, some people take HIV test due to the awareness of personal risk. Nichols, J., (2002) indicated that this can be identified as voluntary HIV testing. The individuals who cognizant of their risk of exposure, either through their high risk behavior or having contact with some one found to be HIV positive may be initiated to undergo the test.

Moreover, Nichols, J. (2002) reported that HIV test could be done due to incidental to other complaints. Such people are not intentionally making HIV test for their suspiciousness contracting HIV/AIDS. Rather they know their being infected by HIV in the course of being diagnosed for complaints not associated with HIV infection (UNIAIDS, 2002).

2.4. Benefits and Drawbacks of undergoing HIV Testing.

Regarding the benefits and drawbacks of HIV testing at individual level and community level, different people give emphasis to different issues. Some people give emphasis to the importance of preventing and controlling the expansion of HIV/AIDS. According to such people, this may be possible when they have tangible information about the prevalence of HIV/AIDS (Bennett and Erin, 2001).

On the other hand other people give emphasis so the individual rights. Based on the modes of HIV screening, the individual can be affected either positively or negatively. Thus, the advocators of the individual right argue

that the test should be given for voluntaries and the test result should remain strictly confidential (Bennett and Erin 2002).

2.4.1. At the Individual Level

According to Bennett and Erin (2001), there are three groups at individual level for which the benefits or drawbacks are different from one to another. These groups include: the 'no-risks' individuals, Individuals who take risks and test seronegative; and individuals found seropositive.

Individuals who have less probability of contracting HIV (eg. abstinent of sexual contact) will reap no benefits what so ever from testing. If screening is established on a voluntary basis, we may expect that they will not resort to it. If it is imposed, it will be a totally arbitrary measure for them, causing only harms (Bennett and Erin, 2001). The harms may include being mistakenly classified among positive tests-false positive due to high sensitivity of the testing tools and the negative psychological effects that arise from this false positive.

The second group is those who have faced a potential risk, but found seronegative. Regarding this Granich and Mermin (2001) reported that such group would be free of the negative psychological impacts. Thus by making HIV test, a great weight will be lifted from their minds and their future prospects and plans will be clarified. However, the relief may foster the opposite reaction (Bennett and Erin, 2001). This group may think that they

had taken the risks but they had caught nothing; thus they may decide to carry on as before.

Moreover, the third group is those individuals who are grouped under asymptomatic individuals found seropositive. For these individuals the benefits/harms require the most attention (Bennett and Erin, 2001; NACS, 2000).

Therapeutic benefits: Granich and Mermin (2001) stated that the one who found to be seropositive could get early treatment so that it delays the appearance of clinical symptoms. Furthermore as Bennett and Erin (2001) suggested, the affected individuals can be followed up, lead a more regular and healthier life. In addition if they have some addictions to tobacco, alcohol and drug consumption; they can be motivated to diminish them. Further they can take advantage of medical supervision of some associated diseases, such as Tb, and so on.

Benefits linked to prevention: The knowledge of one's seropositivity leads to personal protection (safe intercourse, personal injecting devices, etc. avoid re infection). Above all it leads to a protection of contacts: spouses, sexual partners, co-drug users. Another argument in favour of testing is that a pregnant woman can be offered a voluntary termination of pregnancy (Bennett and Erin, 2001).

The negative effects of knowing one's seropositive according to Bennett and Erin (2001) are the following.

Negative psychological effects: Bennett and Erin (2001) argued that the test might suddenly transform a healthy individual into a diseased individual. Consequently this individual reacts negatively to hearing that he/she has HIV infection. With regard to this Hubley (2002) explained that the one who has realized that he is infected with HIV may face the psychological problems such as depression, despair, suicide, hopeless prospects, sinking future, shortens a normal life by a few years etc.

Negative Social Effects: These include withdrawal from society, a break from the work environment and family (Bennett and Erin, 2001), Further, the positive test result challenges the usual social life. Most of all, there is a potential stigmatization if the result becomes known, which may result in extremely serious consequences.

2.4.2 At Community Level.

The discovery of HIV detection tests and their usage since 1985 has been a very important tool in the understanding of the infection rate (Bennett and Erin, 2001). According to the same authors HIV testing has some benefits at community level. These benefits involve that it helps to discover the evolution of the disease, to know the epidemiological nature of the disease and to find ways of prevention and control.

2.5. HIV Counseling

2.2.1. Counseling in the field of HIV/AIDS infection.

AIDS pandemic, because of its total outcome or its being deadly disease, creates feelings of fear and resentment. Moral breakdown accompanied with ideas of guilt and punishment related to social norms or religious perspective is the initial response to the disease. Stigmatization, ostracism, rejection and discrimination will exacerbate the already heavy stress that the victim has developed. As a result counseling is considered as a catchword associated with HIV infection (Bennett and Erin, 2001). Many of these problems may be resolved or at least minimized through psychological help if it is properly given.

In the case of Ethiopia HIV/AIDS counseling and testing started at the end of 1987 with two social workers in the ministry of health (MOH, 2003). According to MOH (2003), the focus of this counseling was on the serosurvey participants (commercial sex workers, and long distance truck drivers) conducted in 1988 and 1989. Later in line with high demand for the test, HIV counseling trainings for health professionals and social workers were given. According to NACS (2001), HIV counseling trainings were conducted by the Ministry of Health (MOH), Christian Relief and Development Association (CRDA) and Organization of Social Services for AIDS (OSSA) for nurses and social workers from all regions. The training manual was not standardized.

Based on this in the strategies of The National AIDS Council Secretarial (NACS) plan includes:

- ☐ Standardizing the training in counseling methods
- ☐ Standardizing the HIV testing protocols in VCT centers, according to national guidelines
- ☐ Establishing new VCT centers where they are needed.
- ☐ Training of staff for counseling and testing and
- ☐ Establishing a referral system for care and support.

To this effect in 2003, MOH-E prepared a standardized HIV/AIDS counseling training manual, standardized referral system and counseling protocol.

2.5.2. HIV Counseling Defined

According to Hubley (2002), HIV counseling is defined as a helping relationship based on discussion between a counselor and the infected or potentially at risk individual. It is non-threatening, non-judgmental and unconditionally accepting relationship with the client. As stated by UNAIDS (2000), HIV counseling is defined as a confidential dialogue between a person and a care provider. Besides, according to MOH (2003), HIV/AIDS counseling is a confidential communication between a client and a care provider aimed at enabling the client cope with stress and take personal decisions relating to HIV/AIDS.

HIV counseling as a process is purposeful working relationship to help clients explore and clarify their concerns, find their resources and plan some actions to be taken. Regarding this Green and McCreaner (1989) argued that HIV counseling is about promoting and maintaining the physical and mental well-being of all those whose lives are touched directly or indirectly with HIV virus, people with AIDS, those with HIV infection, those at risk, their lovers, family and other care givers.

UNAIDS (2000) explained that counseling includes an evaluation of personal risk of HIV transmission and the emotional support of those who wish to consider HIV testing, both to help them make a decision about whether or not to be tested, and to provide support and facilitate decision-making following testing.

Furthermore, UNAIDS (2000) indicated that counseling is aimed at enabling the person to cope with stress and make personal decisions related to HIV/AIDS. Further Hubley (2002) explained that particularly pre- and post – test counseling is to assist the person having the test accept the possibility of and/or a positive diagnosis. The object of counseling is on the other hand to encourage people to be tested in order for them receive help, and start providing the care reserved for positive diagnosis. The reserved help for the positive diagnosis include medical care and food along with facilitating motivation, reducing the stressful impact of HIV/AIDS on the individual,

preventing transmission of HIV infection, understanding, problem solving and decision-making.

2.5.3. The role of HIV Counseling

Counseling is an important approach to use with any person who is worried about HIV/AIDS and to reduce the risk of becoming infected with HIV (MOH, 1996). Further it is believed that counseling has played its own role for behavior change, provide coping strategy, help to reduce stress, manage feelings of distress and help for information transfer, and as a possible solution to action in the face of ignorance and uncertainty (UNAIDS, 2000).

2.6. Legal and Ethical issues in HIV Counseling.

2.6.1. Legal Aspects

Green and McCreaner (1989) put the legal aspects of HIV as; suppose that a man is told that he is HIV positive. Embittered by this news, he decides that he will revenge himself on humanity by having unprotected sexual intercourse with as many partners as possible, hoping that he will hereby infect others with the virus. Is he guilty of any crime? Crime of like rape, unlawful sexual intercourse with a girl under 16 or homosexual acts with a man under 21 also carries the risk of infecting the victim with HIV.

The spread of HIV through purposeful transmission has given rise to many legal problems about which so far there has been no time for courts to give specific guidance. What follows is an attempt to give answers in the context

of what has gone before and taking into account recent judicial procedures (Green and McCreaner, 1989; Corey G., 2001)).

According to Ethiopian HIV/AIDS policy (1998), no person should be forced to undergo mandatory HIV screening test for job recruitment purpose unless the nature of the job requires it such as Pilots-civil aviation and air force. However, if people living with HIV/AIDS (PLWHA) are unresponsively involved in reckless transmission to the community, they shall be imposed to punitive legal measures (MOH, 2003).

2.6.2. Confidentiality from legal and ethical point of view.

Confidentiality, which is central to developing trusting and productive client counseling relationship, shows both a legal and ethical issue (Corey G, 2001). It enhances their relationships and improves the chance that the client will act decisively on the information. As indicated in MOH (2003), confidentiality forbids any reference to, or discussion about a client, except within the professional relationship, and only with the consent of the client. Counselors have an ethical responsibility to discuss the nature and purpose of confidentiality with their clients early in the counseling process (Corey G, 2001; NACS, 2000).

However Corey G. (2001) argued, confidentiality cannot be considered as an absolute. Hence there are many circumstances in which confidential information must be divulged, and there are many instances in which

whether to keep or to break confidentiality becomes a cloudy issue. According to the same author confidentiality must be broken and legally reported by counselors in the following circumstances.

- ☐ When clients pose a danger to others or themselves.
- ☐ When clients request that their records be released to themselves or to the third party.
- ☐ When the therapist believes a client under the age of 16 is the victim of incest, rape, child abuse, or some other crime.
- ☐ When the therapist determines that the client needs hospitalization.
- ☐ When information is made an issue in a court action.

In FDRE policy of HIV/AIDS (1998), it was stated that PLWHA shall be encouraged through repeated counseling to accept the need for notifying his/her serostatus to others. However in the cases of altered state of conscious or of difficult cases where a person refuses to notify after adequate counseling and his partner is at risk of infection, based on the circumstances the endangered partner shall have the right of direct access to the information regarding the serostatus of the partner. Furthermore, in almost similar ways to Corey G. (2001), MOH (2003) puts the following circumstances that forces a counselor to violet the confidential nature of counseling.

- ☐ When a client presents a clear danger to himself or to others.

- ☐ When a client communicates clear threat to cause physical harm to self or others.
- ☐ When a client has a history of physical violence known to the counselor and the counselor reasonably believes that there is a clear danger the client will kill or cause serious physical harm to a reasonably identified persons.
- ☐ When a counselor believes that a child under 18 years old or a person with disabilities is suffering from serious physical, sexual and emotional injury resulting from abuse or neglect.
- ☐ When physicians or counselors are committing misconduct, due to court orders
- ☐ When a client requests the result.

2.6.3. Ethical Aspects

Codes of ethics in providing counseling describe minimal standards of behavior and identify and prohibit those behaviors that are unethical. According to Corey G. (2001), there is a real difference between merely following the ethical codes and making a commitment to practicing with the highest ideas. The same author further indicated two levels of practicing counseling ethics. First, Mandatory ethics, which entails a level of ethical functioning at which counselors simply act in compliance with minimal standards. Second, Aspirational ethics is pertained to striving for the optimum standards of conduct.

Counselors who are committed to aspiration ethics are primarily concerned with doing what is in the best interests of their clients. Furthermore the same author recommended that because ethics codes are creations of human beings, and because they are evolving documents that are modified over time, some degree of flexibility is essential in applying them. Generally according to the author no code of ethics can delineate what would be the appropriate or best course of action in each problematic situation a professional will face. HIV counselors are expected to view ethical responsibilities in various contexts and situations.

Regarding this, some of the key codes of ethics that are expected of a counselor are summarized as follows (MOH 2003; Corey, G. 2001)

- ☐ Maintaining high standards of conduct.
- ☐ Should be professionally competent and responsible.
- ☐ Should not engage in any action that violates the legal rights of clients.
- ☐ Should respect the privacy of the clients.
- ☐ Should not participate in condone or be associated with dishonesty, fraud, deceit, or misinterpretation.
- ☐ Should not misrepresent professional qualifications.
- ☐ Should not act inhuman or discriminatory practices against any person or group.
- ☐ Should not exploit professional relationships for personal gains.

In response to what should be the base to judge some act is ethically right or wrong in most moral problems and dilemmas encountered by counselors Green J. and McCreaner A. (1989) put three major moral principles: first, beneficence and non-maleficence which requires that good should be done and harm avoided to clients. Second, respect for autonomy (or self determination), which requires that the wishes as well as the interests of the client should be respected. Third, respect for justice, which requires that the competing interests and wishes of different individuals should be judged fairly.

Ideally all of these principles should be satisfied. The professional that should do well and avoid harm to the client, in a way which is in accordance with the latter's wishes, and also is agreed to be fair to and by everyone else involved. If all of these conditions were satisfied, indeed, there would no longer be a moral problem. However, unfortunately very often it is not possible to satisfy all of these principles on the same occasion (Green J. and McCreaner A. 1989).

2.7. HIV/AIDS Counseling Process

Counseling is a science and art. As a science it requires knowledge, techniques and skills. As an art, it calls for intuition, some talents and creativity (Shertizer, 1980). The counseling work involves some certain

processes, procedures and techniques depending on the client, the problem, the circumstances and the experiences of the counselor (MOH, 2003; White, 2001).

On the other hand, counseling as a process is purposeful working relationship to help clients explore and clarify their concerns, to find their resources and plan some actions to take. According to MOH (2003), usually two people (a counselor and a client) meet to resolve a crisis, solve problems, or make decision involving highly personal and intimate matters and behavior. Counseling is about helping people, and as all people are different, there is no universally or predetermined methods of counseling. Besides the importance of counseling techniques, it must be used in a context (what the problem is, who the client is, and the overall situation) (MOH, 2003; Redman, 1996).

2.8. Components of HIV Counseling and Testing.

The process of Voluntary Counseling and testing for HIV consists at least two sessions, pretest and posttest counseling. Follow up or ongoing counseling can be offered based on client's demand and nature of their cases.

2.8.1. Pre-test Counseling.

The counseling service an individual gets (receives before HIV test has a great influence on the client in helping to make decision about HIV testing (Hubley, 2002). If the person entered in to HIV test with out getting an

adequate pre-test counseling and discovered to be HIV positive, he/she may face serious consequences.

With respect to pre test counseling, Granich and Mermin (2001) suggested that before an individual enters to HIV testing, the counselor should help him/her to develop a plan of action for whatever the probable of HIV result. In this session the client is not only helped in plan of action, but also on the decision making whether or not to be tested for HIV.

A counselor here will discuss and decide on the issues such as; the reason for attending, assessment of personal risk profile, meaning of seropositive and seronegative results and possible implications, how to cope with seropositive results, potential needs and available support and etc with the client. (Lampsey and Gayle, 2001).

Concerning how decision about the need for HIV test should made, Hubley (2002) expressed some groups for whom HIV test should be given (appropriate) include: persons who are at risk of contracting HIV, injecting drug users, unscreened blood receivers, couples wishing to get married, migrant required HIV test result, and etc. However, the same author argued that if a person definitely wants to have the test he/she should be allowed and this decision should be respected. Hence, the counselor should not impose the client to undergo the test.

Regarding steps and contents of pretest counseling sessions MOH (2003) indicated the following.

Introduction and orientation: it includes greeting, self-introduction, discussing about the roles of counselors and clients, reasons for the test, the testing procedures, confidentiality, and ascertaining client's knowledge about HIV/AIDS.

Risk Assessment: it includes discussing about client's sexual behavior, blood transfusion, and contaminated sharpened tools sharing with the duration of the incidences.

Exploring options for risk reduction: it shows exploring how the client has been coping with the crisis and thinking to find the best way to resolve the probable problem.

Preparation for HIV testing: This includes the Assessment of the client's understanding of the possible benefits and risks that he/she may face following the result and making decision for the test.

2.8.2. Post-test counseling

Lamptey and Gayle (2001) suggested that whatever the result, post-test counseling should always be given. In this session, together with the client, the counselor discuss on the meaning of the result (either positive or

negative), share information and encouraging safer sex practices, reviewing immediate plans, intentions and actions and follow-up plans.

Another author argued that if a positive result is confirmed, the first counseling session usually concentrates on breaking the news and providing specific information (Hubley, 2002). Then, the counselor needs to help the client on the decision of whom they should tell about their serostatus. In addition, the same author discussed that the counselor need to help the person on how to reduce the risk of further infections and on ways of caring to others (JHPJEGO, 2001).

Furthermore, as Hubley (2002) explained the posttest counseling sessions can provide a valuable opportunity to address both psychological issues and health care needs. These also provide valuable opportunities to share feelings and concerns and to overcome the sense of isolation.

2.9. Common Counseling Errors.

HIV counseling service is different from traditional advice giving. In traditional advice giving, often times counselors are trying to persuade a person to follow a particular course of action (Hubley, 2002). In addition, according to MOH (1996), some errors in counseling include, directing and leading, judging and evaluating, moralizing, preaching and patronizing,

labeling and diagnosing, encouraging dependence and etc. Such errors are commonly observed on the traditional advice-givers.

Furthermore, Hubley (2001) suggested that counseling should go beyond simply giving information. It should involve helping people to make decisions and giving them the confidence to put their decisions in to practice. The counseling should help a client to relief of their psychosocial problems.

CHAPTER THREE

METHODOLOGY

This part of the study deals with indicating sampling procedures, methods of data collection and data analysis and interpretation used in this research.

3.1. Target Population.

The population about which this study focused on is VCT counselors in 14 hospitals, 22 private higher clinics and 16 NGO VCT centers in Addis Ababa. The total numbers of the counselors at these 52 VCT centers according to AAHB and FHI (2006) is 116 (45 in NGO`s, 39 in private higher clinics, and 32 in Government hospitals). Besides, AAHB was consulted for the further information. The researcher got some of the list of these VCT centers from the manual prepared by UNAIDS (2002).

3.2. Sampled population and Sampling Procedure

By using quota method followed by systematic random sampling method 6 government hospitals, 10 private higher clinics and 8 NGO VCT centers were selected for the study. Hence from the total lists of the 52 VCT centers every even number on the list i.e. totally 24 centers were involved. All counselors (62) in the sampled VCT centers were included in the study. Here, the respondents were 18 from private higher clinics, 27 from NGO VCT centers and 17 from government hospitals. Different institutions i.e. governmental, private and NGOs VCT centers were considered simply by hoping that

counselors from different educational or training backgrounds could be involved in the research.

All sampled VCT center's settings (physical and psychological settings) were observed for the study. Hence the inside counseling settings were observed at the time out of counseling sessions undergoing.

To include sampled VCT centers for interview, quota methods were used and then simple random sampling method was used to select participants from each sampled VCT centers for interview. Accordingly, ten counselors from ten VCT centers (from 5 NGO VCT centers, 3 private higher clinics and 2 government hospitals) were interviewed.

3.3. Variables in the Study

3.3.1. Independent Variables

The educational level & background and HIV counseling trainings & experiences can determine the counselor's application of counseling principles. Besides, the characteristics of counselors may have relationship with the application of counseling principles for HIV counseling.

3.3.2. Dependent Variable

The application (practices) of counseling principles for HIV counseling may correlate with the counselors' educational level and training background, their experience and intensity of the trainings and personal characteristics. Thus,

the application of the principles can be rated on the respondents' response to counseling principles application, given cases, interview questions and observation.

3.4 Instrument Development.

In order to carry out the research, a questionnaire containing 55 closed ended and 8 open-ended items was prepared by reviewing different counseling psychology reference books and national HIV counseling training manual that was prepared by MOH (2003). The questionnaire was prepared in English language since all the respondents were diploma holders. In addition interview and observation methods were used see some points of observation and interview attached.

Finally the questionnaire was distributed to the selected sampled population. To collect the questionnaire the respondents were allowed to take home the questionnaire. This was because the researcher thought that the participants could fill the questionnaire appropriately when they got enough time. Then by being oriented by the researcher/data collectors on how to fill the questionnaire, the participants filled the questionnaire and returned it (the home take questionnaire).

The questionnaire items were categorized into four major parts:

- ☐ Participants` background Information
- ☐ The application of effective counselor's characteristics.

- ☐ The application of ethical and legal issues in HIV counseling.
- ☐ The analysis of counseling process application.

The first part contains 11 items, which deals with respondent's personal data such as sex, age, marital status, educational background and level, experiences, and trainings. The rest two parts are presented in close ended forms in which the participants were expected to choose one from Yes, No or Uncertain options given for each statements. Accordingly the second and the third parts of the questionnaire were concerned with effective counselor's characteristics and appropriate ethical and legal issues assessments for HIV counseling including the issues of confidentiality respectively.

The final part dealt with presenting different HIV associated cases in open-ended forms that could be faced in pretest, posttest and ongoing counseling sessions. This was believed that it could help the researcher to analyze the counseling process the participants apply.

In addition, Interview methods and Observation were also used to collect the data. The Interview part pertained with asking the participants about the professional background that they believe effective for HIV counseling. In addition, the challenging cases that the participants had been faced along with how they handled the case(s) and the limitations they had observed in them were assessed through this method.

The observation part was mainly concerned with observing the inside and outside counseling room's environment that could have impacts on the psychological relationship establishment. These include the in-out of the counseling rooms destruction, the filing system or securing confidentiality, the size of the counseling rooms and it's setting in the compound, the using of counseling protocols or records and the sitting arrangement.

3.5. Pilot Testing

In order to check the reliability of the instrument, the researcher conducted pilot study in the study area. Accordingly, totally 18 VCT counselors at 7 VCT centers (3 hospitals, 2 private higher clinics, and 2 NGO`s VCT centers) were responded to the questionnaire. All of these counselors were females and all of them were diploma holders in nursing. While administering the questionnaire the participants were oriented on how to fill it and informed to ask for clarification whenever they faced difficult to understand items in the questionnaire.

To conduct the pilot study on whether the participants apply counseling principles or not, the items were dichotomized. Here Kuder Richardson (KR 21) formula was applied to analyze its reliability.

Hence KR 21 reliability value result showed 0.65 for ethical and legal issues consideration, and 0.71 for counselor's effective characteristics. As stated above all of the participants of this pilot study were diploma holder nurses,

and thus due to this homogeneity of the respondents in their educational level and background or the small sample size, the reliability of the items might become lower than the expected. Accordingly, based on the respondents' comments and the item analysis, five items (2 from legal and ethical issues analysis items, and 3 from counselor's characteristics analysis) were found defective and rejected.

3.6. Data Collection Procedures

Before the consultation of the respondents, permission from the administration office of each center was secured. Almost all counselors (respondents) were busy to fill the questionnaire. Thus, the questionnaire was given in the take home form. Brief orientation on the purpose of the study and on how to fill the questionnaire was given for the respondents so as to fill it when they get free time within the given range of time. It required some respondents more than a week to fill the questionnaire.

With regard to data collection through interview method, 10 VCT counselors from 10 VCT centers (from 5 NGO VCT centers, 3 private higher clinics and 2 government hospitals) were interviewed.

The counseling settings i.e. outside and inside the counseling room conditions were observed. To observe the settings, the VCT centers administrations were consulted for admission. The data collectors observed the inside room counseling settings when the rooms were free of counseling session.

3.7. Data Presentation and Analysis

To present and analyze the collected responses from the respondents, percentage method was applied. This method of data description was used since this study is more of descriptive type. In addition the developed instrument (questionnaire) is designed to identify whether the counselors apply (practice) counseling principles or not at VCT centers, and thus the researcher believe that percentage is more applicable than other methods.

CHAPTER FOUR

PRESENTATION OF THE DATA

In this chapter, the gathered data is organized in such a way that it could help for further discussion and interpretation. In order to achieve the desired objective of the study, the gathered data regarding the application of counseling principles at some selected VCT centers were organized and presented. The responses or results for the questionnaire items are categorized as follows:

- 4.1. The participants` background Information
- 4.2. Effective counselor's characteristics application.
- 4.3. Counseling ethics and legal issues application and
- 4.4. The analysis of counseling process application.

4.1. Background Information of the Participants

The following Table shows Lists of VCT centers and total number of the respondents selected from each of the centers for the study. All counselors at 24 sampled VCT centers were the participants of this study. Accordingly totally 62 respondent counselors, 18 (29%) from private higher clinics, 27 (44%) from NGO

VCT centers and 17 (27%) from government hospitals were involved in the study. The educational level of all participants in the study were diploma holders in nursing and they had been trained for about 15 days in HIV

counseling skill by different institutions such as OSSA, FHI, MOH, CDC, and FGAE. As the respondents reported, health professionals such as Medical doctors, Psychiatrists, and nurses gave the HIV counseling training.

Items	Responses of the participants							Total	
	VCT Centers								
		NGO		Private		Government			
		N	%	N	%	N	%	N	%
SEX	Male	9	33	10	55	8	47	27	44
	Female	18	67	8	45	9	53	35	56
AGE	20-35	12	44	8	45	8	47	28	45
	36-45	10	37	2	11	3	18	15	24
	46-55	5	19	4	22	2	12	11	18
	Above 46	-	-	4	22	4	23	8	13
Experiences	1-2	10	37	8	45	4	23	22	36
	3-4	9	33	6	33	8	47	23	37
	5-6	8	30	4	22	5	30	17	27

Table 1: The Participants' Background Information.

As indicated in Table 1, 27(44 %) male and 35 (56%) female participants were involved in the study. Regarding the age distribution of the participants, the Table shows us that its 45% falls in between the range of 20 and 35. With regard to the respondents' experiences in serving as VCT counselor, 73% of them had less than 4 years.

4.2. The Analysis of the application of Effective counselor's Characteristics

No	Items	Participants' Response					
		Yes		No		Uncertain	
		N	%	N	%	N	%
1	Do you tolerate your client's denial of his/her risky sexual practice?	40	65	21	34	1	1
2	Do you patiently listen to your client's irrelevant talks?	39	63	22	36	1	1
3	Do you listen passively to your client's issue/case?	24	39	38	61	0	0
4	Do you try to persuade your client to follow holly - water (Tebal) so as to be healed of HIV/AIDS?	0	0	61	98	1	2
5	Do you let your HIV positive client to express his/her anger at his/her sexual partner?	10	16	52	84	0	0
6	Do you encourage your HIV positive client to develop aggressive behavior towards his/her partner?	0	0	62	100	0	0
7	Do you let your client to express bad self-feelings?	27	44	35	56	0	0
8	Do you confront your client on his/her failure to accomplish the agreed tasks?	20	32	40	65	2	3
9	Do you blame your client on his/her inconsistent standing about issues agreed on?	3	5	59	95	0	0
10	Do you judge your client's failure to meet the standards set for the improvement of his/her health status?	19	31	41	66	2	3
11	Do you tell your HIV positive client on how he/she ought to behave or lead positive live?	51	82	10	16	1	2
12	Do you divert your client's attention from his/her dangerous thoughts?	59	95	2	3	1	2
13	Do you tell your client the category (stage) of his/her HIV infection?	27	43	29	47	6	10
14	Do you encourage your HIV positive client to depend up on you continuously?	21	34	39	63	2	3
15	Do you preach your client to follow your religion to be healed of HIV/AIDS?	20	32	42	68	0	0
16	Do you view your client's problems from your own point of view?	6	10	45	72	11	18
17	Do you impose your client to be tested for HIV in order to get earlier medication?	30	48	29	47	3	5

Table-2 The analysis of Effective Counselor's characteristics application.

Table 2 shows the percentages of the participants' response on their application of effective counselor's characteristics. As indicated in the Table, from 62 total participants, 40 (65%) reported that they tolerate their client's denial of sexual practices. Most often people who voluntarily consider for HIV/AIDS testing are observed denying of their sexual practices especially in pretest counseling sessions and they may disclose when they diagnosed HIV positive in post test counseling session. As we can see from the Table, 21 (34%) of the respondents' reported that they don't tolerate such ambiguity. In almost equal to tolerance, 39 (63%) of the respondents reported that they patiently listen to their client's irrelevant talks and the other 36% reported that they have no patience to listen such talks.

With regard to the reflection of personal values in counseling profession, the response to item that says "Do you persuade your client to follow holly-water in order to be healed of the pandemic?" The response shows that almost all i.e. 98% reported that they don't. Besides, with regard to the imposing of personal beliefs, 20 (32%) of the respondents reported that they tell their clients to follow their religion to be healed of the pandemic but others don't do such.

Regarding the analysis of letting their clients to release their emotions towards one's or others either negatively or positively, the same Table shows that most respondents reported that they don't let. Concerning this the Table

indicates that 52 (84%) of the respondents were not willing to let their client to release negative emotional release to others or self. This also is reflected in the response to the item "Do you encourage your HIV positive client to develop aggressive behavior towards his or her partner?" Here all of the respondents reported that they don't. Besides, for the items that ask the respondents whether they impose their clients to undergo HIV testing for earlier medication, 48% of the respondents replied yes.

Regarding challenging (confronting) their clients, 65% of respondents reported that they do when their clients fail to accomplish the set plan of action that was agreed on in order to improve the client's condition. However, with regard to discouraging, blaming or judging client's performance to meet the set standards, the responses to items such as do you blame (95%) and do you judge (66%) shows they respect their client's morality. As it can be seen from the Table, 72% of the respondents view or understand their client's problem emphatically.

However, when we see the responses to items pertaining to diverting client's attention from unnecessary thoughts, 95% of the respondents reported that they do. Some of the counselors (43%) reported that they tell (label) the category or stages of their client's AIDS infection.

4.3. Ethical and Legal Issues in HIV counseling.

4.3.1. Responses to the Practice of Ethical Issues.

No	Items	Participants' Response					
		Yes		No		Uncertain	
		N	%	N	%	N	%
1	Do you tell your client that multi sexuality is sin?	14	23	48	77	0	0
2	Do you tell your client who has definite religious persuasion that there is no cure for HIV?	15	24	42	68	5	8
3	Do you respect your HIV positive client's decision to commit suicidal?	12	19	46	74	4	7
4	Do you discuss with your client about the disadvantages of HIV testing such as stigma and discrimination in pretest counseling session?	48	77	14	23	0	0
5	Do you discuss about the fatality of HIV/AIDS infection in pretest counseling session?	14	23	44	71	4	6
6	Do you discourage your HIV positive client from having any sexual intercourse?	10	16	50	81	2	3
7	Do you respect your HIV positive client's decision to have a child?	4	7	56	90	2	3
8	Do you respect the decision of HIV positive client to take revenge on people who discriminate against him/her?	4	7	56	90	2	3
9	Do you tell the AIDS patient client that his/her date to die is approaching?	4	6	57	92	1	2
10	Do you laugh at your client's disclosing funny issues?	18	29	43	69	1	2
11	Do you condemn your client's homosexual practice?	12	19	48	78	2	3
12	Do you comment your client who are non abstinent that he/she violets his/her religious principle?	7	11	55	89	0	0
13	Do you tell your client that though he/she had knowledge of HIV/AIDS he/she did not protect oneself from contracting HIV?	20	32	40	65	2	3
14	Do you tell your HIV positive client that he/she will sooner to develop AIDS?	0	0	61	98	1	2

Table 3. The Analysis of the Application of Counseling Ethical Issues

Regarding the application of ethical issues in providing HIV counseling, Table 3 summarizes the percentages of the responses to each item. As one can see from the Table, with regard to ethical issues consideration pertaining to counselor's values versus client's, particularly in relation to imposing personal beliefs, it provides some evidence for its misuse.

As reported by the respondents, 23% of them tell their clients that multi-sexuality is sin, 19% reported that they condemn their client when they report their homosexual practices, 11% tell their non abstinent clients that they violated their religious rules.

On the other hand 24% of the respondents reported that they discourage their client from following their religion to be cured of the pandemic. 29% reported that they laugh at their client's disclose of funny issues whether it is tragedy or comedy type. Besides, the respondents reported that when they faced the client who have knowledge about HIV but found HIV positive, they comment on their careless.

With regard to counselor's respect for their client's decision, whether it is important or damaging for their client improvement, the responses of the respondents shows that only 7% of the respondents respect their client decision to have child and decision to take revenge on others. In addition, 19% of the respondents respect their client's decision to avoid agonizing long

living with HIV/AIDS that they observed from their friends by committing suicidal.

Concerning the application of counseling ethics in relation to client's right to informed decision making only 23% of the respondents raise the fatal nature of HIV/AIDS in pretest counseling sessions. On the other hand 77% don't raise the issues of the deadly nature of the pandemic. 23% of the respondents don't discuss with their clients about the disadvantages of undergoing HIV testing particularly the negative consequence following HIV positive result in pretest counseling sessions.

Regarding the counselors view of the future pessimistically, which may reflected in counseling relationship, the response to the items pertained to it shows that 92% of the respondents reported that they don't tell their AIDS patients clients about the seriousness of their health condition or 98% don't tell about their client's approaching to develop AIDS.

4.3.2. Legal Issues from Confidentiality point of view Analysis

No	Do you violate your client's confidentiality when:	Participants' Response					
		Yes		No		Uncertain	
		N	%	N	%	N	%
1	He/she showed a plan to pose a danger to others or themselves?	30	48	28	45	4	7
2	Your client's age is under 16 and is the victim of rape by HIV positive person?	28	45	22	36	12	19
3	Personal conflict is occurred between you and your client?	4	7	56	90	2	3
4	Your staff or friends need to know the HIV test result?	8	13	52	84	2	3
5	You believe that the client needs hospitalization?	17	27	38	61	7	11
6	Information is needed in a court trial?	30	48	24	39	8	13
7	Your client's prospective sexual partner/friend need to know the result?	27	44	35	56	0	0
8	Your client requests that his/her records be disclosed to a third party?	54	87	8	13	0	0
9	Your boss requests the result?	15	24	46	74	1	2
10	The client's relatives or parents need the client's HIV test result?	7	11	53	86	2	3
11	Supportive organizations request the client's HIV positive test result for care and support provision?	30	48	28	45	4	7
12	A police officer required the result for an investigation purpose?	26	42	34	55	2	3
13	Any organization needs the result for a decision of job opportunity for your client?	5	8	55	89	2	3

Table 4- The Analysis Legal Issues (confidentiality) Application

The participants' responses for the items pertaining to legal issues or confidentiality are summarized in Table 4 are presented as follows:

Regarding to the items pertaining to whether the counselors (respondents) disclose their clients' HIV result to others or not when they realized their client's plan to cause danger to others or themselves, 45% of the

respondents don't disclose. 48% of the respondents reported that they report the result to the concerned body whether it is helping for the client or to the potential victims. Besides when child client whose age is under 16 and the victim of HIV positive person, 45% of the respondents reported that they report to the concerned body so as to prevent further child abuse. The other 36% said they don't report while the rest 19% reported that they were uncertain what they do.

With regard to the patient client's confidentiality who needs hospitalization, the response to these item shows that 27% of the respondents disclose the result to the medical professional that they believe he/she can help the client. Though this professional person could help, 61% of the respondents reported that they don't report.

Concerning the client's confidential issues (cases) that related to legal procedures, 48% of the respondents reported that they report the result when their client's information is needed for court trial. 39% don't report though it is required in the court trial and 13% reported that they were uncertain whether they report or not. Regarding client's information needed for the investigation purpose by police officer, 42% of the respondent reported that they report, while the other 55% reported that they don't.

As reported by the respondents, they don't report their client's HIV result to third body whether they are the counselor's friends or staffs (84%) or the client's parent or relatives (86%), or to any supportive organizations (45%) or to organizations that need for decision making about client's employment (89%) or to client's prospective sexual partner/friend (56%). 87% of the respondents reported that they disclose their client's seropositive status when their client required doing so.

4.4. The Analysis of Counseling Process.

4.4.1. Responses to the given Cases

No	Cases	Responses	No	%
1.	The Decision not to be tested for HIV by understanding its possible consequences.	1.Convincing/persuading on its advantages	30	48
		2. Respecting the decision.	20	33
		3. Telling the probability of being negative.	2	3
		4. No response	10	16
2.	A client who showed a plan to commit suicidal following positive result	1.Assesing the reason behind	6	10
		2. Convincing by using model person.	24	38
		3. Respecting the decision.	2	3
		4.Forbiding from testing	14	23
		5.No response	16	26
3.	A client who deny accepting HIV positive result.	1.Reminding the decision made in the pretest	6	10
		2. Explaining the meaning of the result.	4	6
		3. Convincing/Persuading.	18	29
		4. Telling to check at other VCT center.	8	13
		5. Referring to psychologists/ psychiatry.	2	3
		6. No response	24	39
4.	Highly frustrated HIV positive client.	1.Persuading on positive living	16	26
		2. Reminding the decision made in the pretest	6	10
		3. Reffering to psychologists/ psychiatry.	6	10
		4. Encouraging for follow up counseling.	12	19
		5. No response	22	35
5.	Depressed and Substance addicted HIV positive client.	1.Advising not to do so	28	45
		2. Referral to psychologists/psychiatry	18	29
		3. No response	16	26

Table-5. Analysis of the application of counseling procedures to handle client's case

In order to analyze the counseling procedures and counseling theories and techniques the respondents may apply, some cases in pre-post tests, and ongoing counseling sessions on how they do handle were given. In response to such cases some respondents didn't fill this part of the questionnaire while the following result shows only the obtained responses.

For the question that says discuss how do you handle your client's decision not to be tested for HIV by understanding his/her high possibility of being positive, 48%(30) out of the total 62 respondents reported that they persuade/convince by telling the advantages knowing one's serostatus. The advantages that the respondents tell their clients include early medication, good diet, and protecting the family and others from the pandemic. The other 33%(20) respondents reported that they respect their client's decision. 2 respondents (3%) reported that they try to convince by telling the client that there is the probability of being negative. While the rest 10 persons did not indicate how they handle.

Besides there was a question that asks the respondents what they do when their clients showed a plan to commit if their HIV result turn out to be positive in pretest counseling session. Here 38% (24) of the participants reported that they try to convince the client by telling the meaning of positive and negative results that being positive is not to mean that he will die now. Moreover, by taking HIV positive people but lead positive live as a model,

respondents reported that they convince them to be tested. The others 6(10%) reported that they ask or assess the reason behind and the others 14(23%) of the respondents reported that they don't allow them to undergo testing. While 2 respondents (3%) expressed that they let him/her do so. For this question 16 participants did not responded.

The result of response from the cases presented to the participants in posttest counseling sessions, 29%(18) respondents responded that they try to convince their client on the accuracy of the testing equipment and its procedures and focus on providing reliable information on their clients suspecting to accept or denial of HIV positive result. The others 13%(8) participants reported that they recommend their client who doubt about his/her HIV positive result to conform at other place if he/she wants. According to response by some other participants when clients doubt about the accuracy of the result, 6(10%) agreed that they remind the client to remember what was agreed on in pretest especially about risks identified by the client. 4 participants said they tell the meaning of the result. 2 persons said they refer to psychologist. The rest 24 participants were not responded to this item.

The other question for the participants was to discuss how they handle a client who is highly frustrated due to bad news (being HIV positive) disclose by the counselors. 16(26%) reported that they calm them by telling about

positive living. Others 6 participants reported that they refer to psychologist, reminding the decision made in pretest counseling session (6), and others responded that they encourage the client to follow ongoing counseling (12). The rest participants from the total didn't responded.

Finally, the response for the question that says discuss how do you handle when your client is depressed of HIV positive and addicted to different substances shows that 28 (45%) of the respondents said they give advise to the client that it has many health, economical and social problems. The other 18 reported that they use referral system to psychologists or psychiatrists. The rest participants didn't respond.

For the open ended questions that deal with asking whether the respondents apply any counseling theories or techniques, all of the respondents responded that they don't follow any theoretical perspective while providing counseling.

4.4.2. Responses to Interview Questions.

In order to get some detailed information on the application of counseling principles at VCT centers totally 10 counselors were interviewed randomly from 10 centers. The first question was about the professional background they think more effective at VCT centers in providing Counseling. 6 respondents responded that medical background professionals who are trained in HIV counseling skill should give it. The other two replied that any person who is trained in HIV counseling can provide. The rest two

respondents replied that it should be from social sciences particularly psychologists.

When these respondents were asked to justify for their response to educational background, those who said counseling should be given by health professionals replied that the problem of HIV/AIDS is the health matters and in order to address clients` needs they should handle it. Those who argued it should be provided by any body said that following the counseling protocols, which is standardized by MOH is not as such difficult since most people come to VCT with prior information and readiness. The third part is those who argued that the problem of HIV/AIDS causes a great psychological problem and thus the one who to serve, as counselor should have the concept of counseling. Thus, since it is sometimes difficult to handle some psychological problems particularly in the case of HIV positive diagnosed clients, those who are trained in psychology should handle.

Furthermore, for a question that asks whether the clients had faced some difficult cases, four respondents said that they had encountered discordant couple cases. The others two reported that they had faced difficulty to handle chronic psychological problems, two persons reported that they faced clients who deny accepting the positive test result and the rest two responded that they faced difficulties that related to economic problems. Almost all of these

respondents used referral system to psychiatrists and other supportive organizations.

Based on the challenging cases stated above the interviewer asked the respondents what limitations they could observe on themselves to provide HIV counseling. Most of the respondents (7) said that they felt less to handle client's case that is more of psychological problem. As a result some of them reported that they had suffered of burnout syndrome.

Finally the respondents were asked for any suggestions regarding HIV counseling. Most of them commented that they had got HIV counseling training only once and they need to be refreshed or updated. Besides, others responded that HIV counseling training given to them is not intensive and sufficient to provide the counseling and thus the training time or days should be extended.

Besides some of the respondents responded that the number of clients for which they provide counseling per a day is more than their capacity. They said that sometimes they provide counseling for about 15 clients per day. Moreover, some participants responded that they play double role such as counselor and other jobs (medical treatment or administration).

4.4.3. Results Obtained Through Observation

As observed, there are two types of VCT centers. The first type is VCT center that has separate waiting, counseling and laboratory rooms and the second is the VCT center that has no separate waiting, counseling, and laboratory rooms. In the case of the first type of VCT center, there is less observed distraction than the second one like distraction from people who are waiting for pretest or posttest counseling. Through the observation from the total 24 VCT centers involved in the study, only 7 (4 NGOs, 2 Governments, and 1 private HC) have independent VCT centers. The counselors in the rest VCT centers (17) play double role.

With regard to the place of VCT or counseling rooms in the compound, they haven't got special attention at all sampled centers. Some are placed at the place where the people are crowded, which is not sound proof, or not helping to keep confidentiality. With regard to the sitting arrangement, most of them are face to face in more than three by three meters sized counseling rooms. The counselors had used coding system to keep their client's confidentiality.

When the counseling protocol is observed, it has no contents of counseling principles though it is standardized by MOH and applies for all centers.

CHAPTER FIVE

DISCUSSION

This part of the research is pertaining to discussing the implication of the main findings in line with the review of related literature or prior findings. As indicated in the data presentation in chapter four all of the participant counselors involved in this research were diploma holder nurses. They all took training on HIV counseling skill and they believed to be effective to provide the counseling.

As some participants responded to interview questions they argued that the matters of HIV is related with problems arisen of medical problems and it is relevant that the counseling should be given by health professionals. While, other respondents argued that the issues to be addressed through counseling are more of psychological and whatever the root causes for the problems may be, it needs psychological help.

However, it should be noticed that counseling in general and HIV counseling in particular should be viewed as saving life as in medical cases. As some mistakes in applying medical principles (procedures) can cause damage to client's life, so does mistake in counseling principles application. Based on this premise, the main discussion focus is on the areas that need improvement.

This discussion part is presented under the following headings.

☞ The Analysis of the application of ethical and legal issues.

- ☐ The Analysis of the application of effective counselor's characteristics.
- ☐ The Analysis of the application of counseling procedures.
- ☐ The Identification of VCT counselors` contribution for HIV counseling services.

5.1. The Analysis of the Application of Ethical and Legal issues.

One main question of this research was assessing to what extent the counselors apply the ethical and legal issues in their provision of HIV counseling. To this effect, the items prepared by reviewing different prior findings concerning how should (not) counselors treat their clients were presented to the respondents and the results which are presented under chapter four are discussed under the following subtopics.

5.1.1. Ethical Issues

Regarding the application of ethical issues particularly the consideration of counselors` personal values as compared with their client's, the result showed some evidence that the counselors impose personal believes on their clients. As indicated in Table 3, 23% of the respondents reported that they tell their clients that multi sexuality is sin. In almost similar way, the result shows that the counselors condemn clients who expressed their homosexual practices.

As Shertizer (1980) argued, counselor's influence on the values of his/her client's has ethical implications. The author further argued that it is neither possible nor desirable for counselors to be scrupulously neutral with respect to values in counseling relationship. On the other hand counselors should guard against the tendency to assume either of two extreme positions. At one extreme are counselors who hold definite and absolute beliefs and see it as their job to exert influence on clients to adopt their values. These counselors tend to direct their clients toward the attitudes and values they judge to be "right". At the other extreme are counselors who maintain that they should keep their values out of their work. They ideally strive for value free counseling. Because these counselors are so intent on remaining "objective" and because they are so anxious not to influence their clients, they run the risk of immobilizing themselves.

Moreover for Shertizer (1980), it seems arrogant and probably inaccurate to assume the counselor knows what is best for their clients. Such imposition seems more serious in the case of HIV matters. Therefore, counselors would do well to avoid equating their psychological help with pushing people to confirm to certain "acceptable" standards. Thus since counseling is a process whereby clients are challenged to honestly evaluate their values and decide for themselves in ways that would help to modify those values and their behaviors, counselors should encourage their client's understanding of their

values and let them decide. Besides, counselors should not exploit professional relationship for personal gains.

While providing HIV counseling, the counselor's function is not to persuade or convince clients of the proper course to take but to help them assess their behavior so that they can determine the degree to which it is working for them. Accordingly it is recommendable to respects clients decisions to follow his/her own religion as far as it doesn't have any negative impact on the client's life improvement. This is more important in the case of counseling HIV positive clients. One reason for this is to help the client develop hope of living through spiritual life. The other is to easily assign a client the responsibility of limiting further transmission of the pandemic to others.

However response of 24% of the participants to the questions "do you tell the incurability of HIV/AIDS to your HIV positive client who belief that some super natural (like God or Allah) can heal him/her?" was yes. 29% of the respondents reported that they laugh at their client when they express funny issues whether it is tragedy or comedy type. Thus, when we view such errors the respondents is misusing the principles of counseling.

The other point of discussion is about counselor's standing when their client showed the decision (plan) to commit suicidal particularly to avoid agonizing long life death. 19% of the respondents reported that they respect their client's decision. Regarding this the counselor's standing should go in line

with the legal standing of the institutions or country in which the counselor is licensed or his service is operational. In Ethiopian policy of HIV/AIDS, FDRE (1998) and HIV/AIDS counseling training manual, MOH (2003), the confidentiality of HIV result should be disclosed when the counselor realized that the client has a plan to cause danger to him/her self.

Thus whether it is reasonable or not, it is not recommendable to permit the client to commit suicide. Rather the application of brainstorming with clients on various possible courses of actions, enumerating the consequences of various decisions, and reflecting on the implications of each course of action are important.

Most observed errors in HIV counseling in this research is the provision information only on the advantages of undergoing HIV testing with out raising the issue of its disadvantages. Here 23% of the respondents reported that they don't discuss about stigma and discrimination that may follow the possible positive results in pretest counseling sessions. 77% of the participants don't discuss with their clients about the deadly nature of HIV/AIDS.

According to Bennett and Erin (2001), the risk-benefit analysis should be should be done in pretest counseling sessions so as to help client to make a decision to be tested or not for HIV. As discussed before (see literature review) undergoing HIV testing has both advantages and disadvantages at

individual and community (national) level. Thus it should be the topic of discussion in order that the client makes informed decision.

For the items that deal with assessing whether the respondents label and categorize their client's problem, more than 98% responded that they don't. With this regard it is encouraging.

In general in rating the respondents' application of counseling ethical principles based on the developed instrument, it seems difficult to conclude that they consider the ethical issues. As discussed earlier, counseling should not be seen as independent of life saving. Little errors in some aspects of applying counseling principles can damage many clients' life. The errors committed by a counselor per day (remembers that one counselor counsel about 15 clients per day in the VCT centers) should be seen with the number of life damaged per day and its implication to the concept of counseling. Hence it is not the matter of statistical value or result that showed below average but it should be considered with the how accuracy is needed as in the case of medical procedures.

5.1.2. Legal Issues

The matter of confidentiality in HIV/AIDS counseling has both legal and ethical implications. However, how to judge some thing is ethically and legally right or wrong depends up on the circumstances, the counselor's perception

and the legal and ethical standards of the institution (country) in which these issues are operational.

The response to the item that asks the respondents whether they disclose or not about their client's HIV positive serostatus, by realizing their client's plan to harm others, 45% of the respondents reported that they don't disclose. In addition, 36% of the respondents reported that they don't report to any body when they encountered rape cases (child abuse) by HIV positive youths/adult. 61% of the respondents reported that they don't report their client's HIV positive result to a medical professional though they believe that the client needs medication.

However, Corey G. (2001) and MOH (2003) argued that confidentiality should be broken when clients pose a danger to others or themselves, when a child under age 16 is the victim of rape, and the counselor determines the client needs hospitalization. Such type of issues is critical in the case of HIV positive people who purposely did the act to transmit HIV to the community. Here the counselors need to know the non-absolute nature of confidentiality. Besides the respondents need to know how to handle such cases for instance the need to prior information on the limitations of confidentiality.

As discussed above some the issues of confidentiality has legal implications. So as to assess the applicability of legal issues the participants were asked what they do when their client's information is needed for court trial. Here

39% responded that they don't disclose. For the question that says, "What do you do when your client's information is needed by police officers for investigation purpose?" 42% of the participants responded that they disclose. Sometimes the information of clients may be required for court trial or for police investigation. While this, counseling principles should be applied safely.

Regarding the legal issues Corey G. (2001) and MOH, (2003) argued that when client's information is required for court case the confidentiality should be violated. However it should not be for the policeman. Thus as we observe the result obtained from respondents response, most of the participants do not know about the legal implications and ways to apply confidentiality. Though many respondents don't know when to break or not, it is discussed in the national HIV/AIDS training manual prepared by MOH (2003) on which the counselors were trained.

5.2. The Analysis of the Application of Effective Counselor's Characteristics.

Some of the effective counselor's characteristics can be more influenced by innate nature that the counselor born with or it can be correlated with the personality of the counselor. While some can have effective counselor's characteristics because of trainings and still others can be by both. From whatever the source to the characteristics may be, its effective application is very influential if clients have to get benefit from the counseling service.

As Shertizer (1980) discussed, in order to assess the application of the characteristics of effective counselor, the counselor's general counseling performance, professional attitude, counseling behavior, and counseling knowledge should be focused. The same author indicated that effective counselor is the one who has tolerance to ambiguity, patience to client's talk, open minded, belief in each individual, and commitment to individual human values.

Table 2 in chapter four shows that 34% of the respondents reported that they don't tolerate when realize their clients deceiving. 36% of the participants responded that they don't have patience to hear their client's irrelevant talk.

The issues of imposing personal values as discussed under ethical issues are also reflected under this topic. Hence 32% of the respondents reported that they advise client to follow their own religion such as following holly water (Tebel) so as to be healed of the pandemic. As discussed earlier this is the imposition of personal values on others. Besides the respondents were asked whether they impose their client to be tested for HIV so that they get earlier medication, here 48% of the respondents responded that they do. This shows that the counselors are providing advice or information rather than counseling.

Moreover, letting clients to release their positive or negative emotion to one self or others in the process of counseling is the one that give clue to identify effective counselor. The obtained response to item "do you let your client to release negative feeling to oneself or others?" shows that 84% reported that they do not. Here some respondents don't understand the importance of emotional release.

5.3. The Analysis of the Application of Counseling Process.

While counselors are applying counseling theories and techniques, it should be noted that they should not tend to look for the best "right" techniques to get the sessions moving. This means that relying on techniques too much can lead to mechanical counseling. However, it is essential and should not be forgotten the necessity to understand the theoretical rationale for each technique used and to be sure the techniques are congruent with the goals of theory. Again this does not mean that counselors need to restrict themselves to drawing on "accepted" techniques and procedures within a single model. Nevertheless, effective counselors avoid using techniques in a hit-or-miss fashion: to fill time, to meet their own needs, or to get things moving.

Thus, in order to answer the basic question, "How do the counselors handle their client's psychological problems?" which needs the concept of counseling, some cases were given to the respondents and the responses were analyzed.

Hence it is important to analyze the concept of counseling (counseling process) in respondents' response to the way they handle some given cases along with the theoretical techniques application.

Besides the given cases, the respondents were interviewed whether they apply any counseling theory and techniques in order to handle their clients' cases. All of the respondents replied that they have little concept about counseling theories and techniques and thus it is very difficult to conclude that they can apply. This can also be assured from the responses of the respondents to the presented cases.

For the case that says "how do you handle when your client's decision is not to be tested by understanding the possible negative consequences of being identified HIV positive," most respondents reported that they try to convince or persuade the clients by telling the advantages of undergoing the test (48%). Some others responded that they tell their client the probability of being HIV negative. Others responded that they respect their decision.

In general, as it can be seen from Table 5 of chapter four, most respondents' response to the presented cases expressed by using terms like advising, convincing, forbidding, telling, teaching, and informing the clients. However, as counseling principles indicates, such terms imply the act of errors in counseling. For instance, Hubley (2002) argued that most of the times, traditional advise givers unlike professional counselors observed persuading

people to follow a particular course of action. Hence counseling goes beyond giving information. Further according to MOH (2003), directing and leading, preaching, labeling and diagnosing, encouraging, etc are some errors in counseling.

The evidence for such errors in counseling was also showed in Table 2 (see chapter four) that some respondents reported that they categorize and tell their client about their stage of HIV infection (43%). Some respondents also reported that they judge their clients` failure to meet the set standards expected of them to achieve their desired improvement (31%).

The responses to interview question that asks the respondents to tell the limitations they had observed to serve as VCT counselors had also showed that they had faced difficulty to handle the psychological problems of their client.

In general, all these errors in counseling indicate that the counselors at VCT centers are professionally not enough to apply counseling principles appropriately. Hence, it seems that the counselors at VCT centers lost the concept of counseling.

5.4. The Identification of VCT counselors` Contribution for HIV counseling services.

As it has been discussed, based on the criteria "what counseling is and not (errors in counseling)", the respondents were not observed adequate to apply the counseling principles appropriately. Thus, the question here is, if the VCT counselors are not effective to apply counseling principles and the concept of counseling is lost, what services do the counselors provide? Hence simply from the view point of the concept of counseling, which shows counseling is not: persuading, convincing, teaching, providing information, advice giving, directing and leading, judging and evaluating, moralizing, preaching and patronizing, labeling and diagnosing, encouraging dependence and etc we can analyze the respondents` service.

Accordingly, the counselors` role or services at VCT centers can be viewed in either of these three types i.e. Advise, support and personal counseling (Chester 1987; cited in Perakyla, 1995). Advice involves delivery of information, explanation and guidance. Support involves encouragement, enhancement of morale and maintenance of sociability; and personal counseling is the skilled and principled use of relationship to facilitate self-knowledge, emotional acceptance and growth, and the optimal development of personal resource.

Lets again consider the responses of the respondents` to the given cases. Most of them reported in the way it fits with the first two types of their roles or services i.e. advice and support. However, on the part of personal counseling which needs more skill of counseling to handle clients` case, the respondents were observed ineffective. Hence, in personal counseling, counselors exercise the professional skills that could be acquired through training to facilitate personal change (Perakyla, 1995). The personal changes include alleviation of distress or activation of personal resources for coping with difficulties in the client and which is more closely associated with counseling.

Thus, the respondents were observed that they don't apply appropriately the principles of counseling particularly counseling theories and techniques (concepts of counseling). Rather they were understood that they provide advice and support, which do not require necessary high counseling profession (skills).

CHAPTER SIX

Summary, Conclusion and Recommendation

This chapter pertains with summarizing the major points of each chapter, providing its conclusion and recommending the possible solutions based on the research finding.

6.1. Summary

Human beings are suffering of many complicated man made and nature caused problems. Above all, the problem of HIV/AIDS is severe particularly to sub-Saharan countries. As one of the interventions strategies, many countries have designed VCT to control and prevent the expansion of the pandemic.

Counseling which is the major activity of most VCT centers has been given to person who seeks HIV test. This service has given by different persons from different educational (training) background. As found in this research, all of the counseling service providers are medical persons.

However, from the professional point of view, providing counseling service for people who manifested psychological problems needs the skill to apply counseling principles. This is mainly important in the case of handling HIV/AIDS related cases.

Therefore, the major purpose of this study was to analyze the application of counseling principles at VCT centers.

Based on this, the following basic questions were formulated.

1. Do the counselors apply the appropriate ethical and legal issues?
2. Do the counselors apply the effective counselor's characteristics?
3. How do the counselors handle their client's psychological problems?
4. What do the counselors contribute in serving as HIV counselor?

To get the appropriate data on the above questions, sixty-two (62) respondents were selected from twenty-four (24) sampled VCT centers. To collect the data, a pilot tested questionnaire, observation and interview methods were used. Through the questionnaire method, counseling principles application was conducted. Here how the respondents apply effective counselor's characteristics; the legal and ethical principles application; and application of the counseling process to handle some given cases were analyzed.

Observation method was used to assess the counselors' application of securing both physical and psychological environments while undergoing counseling sessions. Furthermore, structured and unstructured interview methods were used to collect information on the counseling services.

Then the collected data were analyzed by using percentage and the following results were obtained.

- The percentage of the respondents' response, which ranges from 20-40% shows that some VCT counselors do not properly consider the legal and ethical principles of counseling.
- Similarly the respondents' response (which ranges 20-40%) showed that some VCT counselors do not apply the effective counselor's characteristics.
- The majority of the respondents don't have adequate concept of counseling principles to apply. On top of this, the respondents do not have adequate concepts on what counseling is and not and sufficient concept of counseling theories and techniques as well as counseling process.
- Most respondents were found in the VCT centers providing advice and support services, which are more of non-psychological help for clients.

6.2. Conclusion

Counseling in general and HIV counseling in particular should be seen from the viewpoint of saving life. It is through effective counseling that a client gets psychological relief. Counseling service can be likened with medical services. Hence, as the effective application of medical principles or procedures could help a patient to be healed of his/her health problems so do the effective application of counseling principles enable client relief of his/her psychological problems. Conversely, as a few errors in medical principles application could warn the life of a patient so do inadequate application of counseling principles.

Apart from the above premise, what could be concluded from the finding are presented as below:

1. Almost all of the respondents were from health professions. They also trained in HIV counseling skill by health professionals. In addition, the national HIV counseling training manual's content gives more emphasis to the medical aspects of HIV/AIDS. This probably because of the writers' educational background effect i.e. health profession. Besides, the training time, which is fifteen (15) days on average, is not enough to cover the basic concepts and principles of the counseling.

Thus, from the viewpoints of areas of emphasis and educational background of the trainers (medical profession), we can conclude that such reason can be responsible for most errors to apply the principles of counseling.

2. The concept of counseling is lost while the counselors are rendering HIV counseling. Hence, they were assessed providing information on HIV/AIDS, persuading, leading, and convincing, the clients to follow what they set as standards, which could not represent counseling. Therefore, the service could be considered as advice giving /guiding rather than counseling.
3. In some aspects of legal and ethical issues consideration, the respondents found violating. This is particularly observed when they don't practice appropriate confidentiality. This could be attributed to lack of sufficient

training and up to dated information on the legal and confidentiality issues.

4. Though nature can have its own contribution to determine personal quality of a counselor, developing counseling skills through training and experiences is very important. As found in this study, some respondents were ineffective in their counseling characteristics. This, to some extent could be ascribed to the insufficient training and experiences in counseling skill.

6.3. Recommendation

Based on the findings and conclusion made, the researcher would like to forward some valuable recommendations. Since most of the gaps found through this study are mainly associated with insufficient trainings on the skill of counseling, the focus of this recommendation is mainly on the need for the training. Accordingly the researcher proposed the following recommendations.

1. As found in this study, non-psychologists (non-professional counselors) provide HIV counseling training. Thus professional counselors should provide the training in intensive. To this effect, the Ethiopian Psychologist Association (EPA) should take the mandate to provide the training.
2. This study result showed that the training duration allotted is not sufficient to cover even the concept of counseling. Therefore, the VCT

- centers should arrange for extended training so as to build their counselors` capacity and provide them with update information.
3. In practice, it was found that diploma holder nurses are acting as VCT counselor with out taking any Counseling Psychology courses in college. So, different Health Science colleges better add the course "Introduction to Counseling Psychology" in their syllabus.
 4. As the respondents reported, when they face difficulty to handle psychological problems, which are beyond their ability they reported that they refer to psychiatrists at Amanuel hospital. Based on this, it is recommendable that at each VCT center there should be at least one competent psychologist (professional counselor) so as to handle the cases through within the organization referral.
 5. The National HIV/AIDS counseling training manual focuses on the care and support or medical aspects. Thus, it should be revised in such a way that it gives more emphasis to counseling principles.
 6. As control in quality of education and health services are important, so should be for the quality control of counseling principles application. For this both Ethiopian psychologist association and Ministry of Health should incorporate ways of control.

REFERENCES

- AAHB and FHI. (2006). Feedback on Supervision of Non- Governmental and private VCT Services: Addis Ababa, Unpublished Document
- Bennett, R. and Erin, Ch. (2001). HIV and AIDS: Testing, Screening, and Confidentiality, New York, Oxford University Press
- COFAP. (2002). Profile of Reproductive Health NGOs in Ethiopia.
- Corey G. (2001). Theory and Practice of Counseling and Psychotherapy (6th ed.), California State University, Brooks/Cole, USA
- Durham, J and Lashley, F. (2000). The Person with HIV/AIDS (3rd ed). Nursing Perspectives, U.S.A, Springer Publishing Company, Inc.
- FDRE (1998). Policy on HIV/AIDS of the Federal Democratic Republic of Ethiopia, Master Printing Press, Addis Ababa.
- FHI (2001). HIV Care for Orphans, Children Affected by HIV/AIDS and Other Vulnerable Children: A strategic Framework. HIV/AIDS Prevention and Control Department.
- FHI (2001). HIV Care and Support: A strategic Framework. HIV/AIDS Prevention and Control Department.
- Frumkin, L. and Leonard, J. (1997). Questions and Answers on AIDS (3rd ed.). California, Health Information Press.
- Granich R. and Mermin J. (2001). HIV, Health and Your Community: a Guide for Action, U.S.A, The Hesperian Foundation Press.
- Green I. and McCreaner A. (1989). Counseling in HIV Infections and AIDS, Blackwell scientific publications Ltd: London.
- Horn of Africa Journal of AIDS (2004). Palliative Care and Support, Addis Ababa,
[http:// WWW. Sfaf Org/ aids 101/hiv-testing gtm/2003](http://WWW.SfafOrg/aids101/hiv-testing/gtm/2003)
[http:// travel. State. Gov/HIV testing reqs, htm/2003](http://travel.State.Gov/HIVtestingreqs,htm/2003)
- Hubley, J. (2002). The AIDS Handbook (3rd ed): a guide to the Understanding of AIDS and HIV, New York, Macmillan Publishers Limited.
- Johns Hopkins University (2001). Voluntary Counseling and Testing for HIV: Counseling and Testing Protocol Booklet, JHPIEGO
- Kirton C. (2001). Handbook of HIV/AIDS Nursing; Mosby, London.
- Lamprey, P. and Gayle, H. (2001). HIV/AIDS Prevention and Care in Resource-Constrained Settings: a Handbook for the Design and Management of Programs, U.S.A., FHI AIDS Institute.
- McElrath, K. (2002). HIV and AIDS: A Global view: London, Green wood Press.

- MOH (2004). AIDS in Ethiopia: Technical Document for the Fifth Report, Disease Prevention and Control Department, Addis Ababa
- MOH. (2003). Guidelines for HIV/AIDS Counseling Training Manual. DPCD; Addis Ababa.
- MOH. (2002). AIDS in Ethiopia (4th ed.) DPCD, Addis Ababa.
- MOH. (2001). Guideline on Community Home Based Care for AIDS Patients in Ethiopia, Addis Ababa.
- NACS. (2001). Strategic Framework for the National Response to HIV/AIDS in Ethiopia. Addis Ababa.
- NACS.(2000). National Guidelines for Voluntary HIV Counseling and Testing In Ethiopia, Addis Ababa.
- Nealson Jones R. (2001). Theory and Practice of Counseling and Therapy (3rd. ed). London and New York.
- Nichols, J. (2002). Aging with HIV: Psychological, Social, and Health Issues, London, Academic press.
- Perakyla, A. (1995). AIDS Counseling: Institutional Interaction and Clinical Practice: Great Britain, Woolnough Bookbinding Limited, Irthlingborough, Northants.
- Redman W. (1996). Counseling Your Staff, KOGANPAGE, New Delhi.
- Robertson, Sh. and Brown. R. (1992). Rehabilitation Counseling. Approaches in the Field of Disability: Chapman and Hall, London.
- Shertizer B. and Stone Sh. (1980). Fundamentals of Counseling (3rd ed.). Purdue University, Houghton Mifflin Company Boston, USA.
- Stine G. (2002). AIDS Update; An Annual Overview of AIDS, University of North Florida, Jacksonville Prentice Hall.
- UNAIDS and WHO (2001). AIDS Epidemic update, Joint United Nations Program On HIV/AIDS, Geneva.
- UNAIDS. (2002). Assessment Report on services Available in Addis Ababa to Diagnose, Screen, and Manage People Living with HIV/AIDS, and provide Anti – retroviral Treatment and Treatment of Opportunistic Infections; Un work place and Education Taskforce of UN Theme Group on HIV/AIDS Addis Ababa, Ethiopia.
- UNAIDS. (2002). Guidelines on Construction of Core Indicators; Monitoring the Declaration of Commitment on HIV/AIDS, Geneva.
- UNAIDS. (2001). Sources and Prices of Selected Drugs and Diagnostics for People Living with HIV/AIDS, Switzerland, Geneva.
- UNAIDS. (2000). Collaboration with Traditional Healers in HIV/AIDS Prevention and Care in sub Saharan Africa: A Literature review; Geneva, Switzerland.

Venkatachalam R. (2004). HIV Counseling: An Indian Experience (a paper presented At EPA - national Conference): department of Psychology, AAU.

White C. (2001). Cognitive Behavior Therapy for Chronic Medical problems: A Guide to Assessment and Treatment in practice, John WILEY & Sons, LTD, New York.

Yusuf Omer Abdi. (1998). Gender Sensitive Counseling Psychology: A Handbook for Ethiopian High school counselors; AAU. Addis Ababa.

በኢትዮጵያ ፌዴራላዊ ዲሞክራሲያዊ ሪፐብሊክ አገር አቀፍ የኤድስ መከላከያና መቆጣጠሪያ ምክር ቤት (1993) ፣ አዲስ አበባ

የጤና ጥበቃ ሚኒስቴር. (1997). በኢትዮጵያ የኤች ኤይ ቪ/ኤድስን ዘርፈ ብዙ እንቅስቃሴ ማጠናከሪያ ስትራቴጂክ ዕቅድ፣ አዲስ አበባ

የጤና ጥበቃ ሚኒስቴር. (1996) ኤድስ በኢትዮጵያ አምስተኛ ሪፖርት፣ አዲስ አበባ

APPENDIX-A

Addis Ababa University
College of Education
Department of Psychology
Postgraduate studies in the field of counseling psychology

Title: **The Analysis of Counseling Principles Application in some selected VCT Centers in Addis Ababa.**

General Direction

The objective of this survey is to study the application of counseling principles at some selected VCT centers in Addis Ababa. Your authentic account in filling the questionnaire has a great value for the achievement of a desired objective. For the sake of confidentiality matters, please don't write your name on this questionnaire.

**Thanks for your
Unreserved cooperation
The researcher**

Part I: Personal Information

Please Mark (✓) Where appropriate

1. **Sex** Male Female
2. **Age** 15-25 26-35 36-45 46-55 Above 56
3. **Marital Status** Single Married Divorced Widowed Other _____
4. **Educational Level** 9-12 Certificate Diploma Degree Master
5. **Field of Training (if any)** Nursing MD Psychology Sociology
Other Specify _____
6. **Your Organization's Name** _____
7. **Type of the organization** NGO Governmental Private CBO
8. **Your Total years of Experiences serving as VCT counselor, specify** _____
9. **Have you been trained in HIV Counseling** Yes No **Name of the Organization that provided you the training** _____
10. **The HIV counseling trainer's Professional background (if you know)** _____

Part II: Application of an Effective counselor's Characteristics

Direction: Put a right mark (✓) on the column "Yes" if you think the statement depicts your counseling characteristics (practices), "No" if you think it does not characterize, and "uncertain" if you are not sure while he/she is rendering HIV counseling services.

No	Items	Yes	No	Uncertain
1	Do you tolerate your client's denial of his/her risky sexual practice?			
2	Do you patiently listen to your client's irrelevant talks?			
3	Do you listen passively to your client's issue/case?			
4	Do you try to persuade your client to follow holly -water (Tebal) so as to be healed of HIV/AIDS?			
5	Do you let your HIV positive client to express his/her anger at his/her sexual partner?			
6	Do you encourage your HIV positive client to develop aggressive behavior towards his/her partner?			
7	Do you let your client to express bad self-feelings?			
8	Do you confront your client on his/her failure to accomplish the agreed tasks?			
9	Do you blame your client on his/her inconsistent standing about issues agreed on?			
10	Do you judge your client's failure to meet the standards set for the improvement of his/her health status?			
11	Do you tell your HIV positive client on how he/she ought to behave or lead positive live?			
12	Do you divert your client's attention from his/her dangerous thoughts?			
13	Do you tell your client the category (stage) of his/her HIV infection?			
14	Do you Encourage your HIV positive client to depend up on you continuously?			
15	Do you preach your client to follow your religion to be healed of HIV/AIDS?			
16	Do you view your client's problems from your own point of view?			
17	Do you impose your client to be tested for HIV in order to get earlier medication?			

Table 1. Effective Counselor's characteristics checklist.

3.2. Legal Issues or (Confidentiality)

Direction: Put a right mark (✓) on the Column "right" if you think it is a right circumstance to violet the confidentiality of your client's HIV positive result, on the "Wrong" if you think it is a wrong circumstance and on the "Uncertain" if you are not sure.

Items				
No	Do you violet your client's confidentiality:	Yes	No	Uncertain
1	When he/she showed a plan to pose a danger to others or themselves?			
2	When your client's age is under 16 and is the victim of rape by HIV positive person?			
3	When personal conflict is occurred between you and your client?			
4	When your staff or friends need to know the HIV test result?			
5	When you believe that the client needs hospitalization?			
6	When the Information is needed in a court trial?			
7	When your client's prospective sexual partner/friend need to know the result?			
8	When your client requests that his/her records be disclosed to a third party?			
9	When your boss requests the result?			
10	When the client's relatives or parents need the client's HIV test result?			
11	When supportive organizations request the client's HIV positive test result for care and support provision?			
12	When a police officer required the result for an investigation purpose?			
13	When any organization needs the result for a decision of job opportunity for your client?			

Table 3. Counseling legal issues (confidentiality) application checklist

Part III. Application of Ethical and Legal Issues in HIV and AIDS Counseling

3.1. Ethical Issues

Direction: Put a right mark (✓) on column "Yes" for ethically correct statements if it depicts your practices "No" if you don't and "uncertain" if you are not sure.

No	Items	Yes	No	Uncertain
1	Do you tell your client that multi sexuality is sin?			
2	Do you tell your client who has definite religious persuasion that there is no cure for HIV though he/she follows Holly water (Tebal) heals from HIV/AIDS?			
3	Do you respect your HIV positive client's decision to commit suicidal to avoid agonizing long life.			
4	Do you discuss with your client about the disadvantages of HIV testing such as stigma and discrimination in pretest counseling session.			
5	Do you discuss about the fatality of HIV/AIDS infection in pretest counseling session.			
6	Do you discourage your HIV positive client from having any sexual intercourse?			
7	Do you respect your HIV positive client's decision to have a child?			
8	Do you respect the decision of HIV positive client to take revenge on people who discriminate against him/her?			
9	Do you tell the AIDS patient client that his/her date to die is approaching?			
10	Do you laugh at your client's disclosing funny issues?			
11	Do you condemn your client's homosexual practice?			
12	Do you comment your client who are non abstinent that he/she violets his/her religious principle?			
13	Do you tell your client that though he/she had knowledge of HIV/AIDS he/she did not protect oneself from contracting HIV?			
14	Do you tell your HIV positive client that he/she will sooner to develop AIDS?			

Table 2. Counseling Ethical Issues application Checklist

Part IV: HIV and AIDS counseling in pre-test, post-test, and Ongoing Sessions

Direction: Discuss the way you can handle the following cases

Pre-test Counseling Sessions

1. When your client's choice is not to be tested for HIV by understanding his/her high possibility of being positive? -----

2. A client who explained that he is ready to commit suicide if the result is HIV positive? -----

Post-test Counseling Sessions

3. A client who completely denied accepting HIV positive test result? -----

4. A client who is highly frustrated due to unexpected HIV positive test result? -----

Ongoing Counseling Session

5. A client who is depressed of HIV Positive result or addicted to different substances? -----

Part V HIV and AIDS Counseling Theories and Techniques application assessment

1. Do you apply Counseling Theories and techniques? -----
2. If yes Which counseling theory do you usually apply for HIV and AIDS counseling-----

3. The specific Techniques of the theory you usually use-----

4. The reasons for your Choice of the theory along with its specific techniques-----

Appendix B

Interview

1. Which professional background do you think is very helpful to apply counseling principles at VCT? -----Why? -----

2. Do you think that anyone can apply Counseling principles at VCT? -----
Why? -----

3. Have you been faced challenging cases in rendering HIV /AIDS counseling? -----If yes what kind of case you have encountered-----

How you had handled the case? -----

What limitations do you think that you have in applying counseling principles for HIV / AIDS counseling? -----

Any Suggestions regarding the application of counseling principles for HIV counseling -

Appendix C

Points of Observation

1. Place of the counseling room in the compound-----

2. The size of the counseling room-----

3. Sitting arrangement-----

4. Arrangement of Psychological Setting (distraction) from in and out of the room-----


5. Contents of the Counseling Protocols-----

6. Ensuring Confidentiality (Filing and keeping records)-----

Declaration

This thesis is my original work and has not been presented for degree in any other University and that all sources of materials used for the thesis have been duly acknowledged.

Name: Tesfaye Jima Biru

Signature: 

Place: Addis Ababa

Date of submission June 23/2006

This thesis has been submitted for examination under my approval as a research advisor.

Name R. VENKATACHALAM

Signature R. Venkateshwar

Date 23.06.06