

Assessing the Role of Counseling on Quality Of Life among HIV Pregnant Mothers In werabe Comprehensive Hospital.

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ABSTRACT

Psychological stress of clients with HIV/AIDS has a direct impact on individual with disease and indirectly affects families, school and other social relationship. Addressing psychosocial issues of pregnant women is very important as non-biological or non- medical factors may influence physical or mental health and may directly contribute to poor pregnancy outcome. The objective of this study was to determine the role of psychological counseling on quality of life and emotional distress among HIV pregnant mothers at Werabe Comprehensive Hospital Institutional based cross-sectional study design was conducted. Study participants were selected by convenient sampling technique. Quasi-experimental study design was employed to compare impacts of pre and post training. Kessler psychological distress scale was used to determine emotional distress of the clients. The difference of mean and standard deviation was calculated. Regular supervision and follow up was made. Data was entered and analysis by SPSS version 20 computer. The questionnaire was administered to a total of 30 HIV positive pregnant mothers both during pre and post training. Half of the clients were found between the age group of 31-40 years and the mean age of respondents was 32.36. Majority of patients had moderate mental disorders both during pre and post counseling. Generally, psychological counseling has positive impacts on quality of life and emotional distress among pregnant women who live with HIV/AIDs. Therefore, it was strongly recommended to provide adequate counseling for all pregnant mothers with HIV/AIDS and the counselors should be committed to pre and post counseling sessions to equip the clients with relevant information, to improve quality of life and to reduce emotional distress.

Keywords:- Counseling, Quality of life, Emotional distress, Mother and child health clinic, Werabe Comprehensive Hospital.

1. INTRODUCCION

1.1 Background and justification of the study

Counseling in its literal and informal meaning has an old history in Ethiopia. Traditional healing practices by older people like Priests and Sheiks carried out solving problems like marital and tribal conflicts(Hamma & Ferré-D'Amaré, 2004). Various potential mechanisms have been postulated to connect psychological stress and infertility. These psychological stresses may result in emotional distress or stressful life events which are associated with poor pregnancy outcomes(Bajunirwe et al., 2004; Harvey et al., 2004; Sherman, Jones, Coovadia, Urban, & Bolton, 2004). Beyond ensuring the difficulties of HIV testing and follow-up of infants in such settings, little is known about the proportion of mother and infant pairs that were lost to follow-up(Buyon et al., 2005). Thus, the role of psychological counseling to reduce number of pregnant mothers who lost to follow up because of psychological distress is paramount(Buyon et al., 2005).

Psychological stress of clients with HIV/AIDS has also a direct impact on individual with disease and indirectly affects families, school and other social relationships(Harris, Coombe, Scheuermann, & Lastra, 2002). For

many women, psychosocial problems may directly contribute to poor pregnancy outcome, or impede effective care for medical or obstetric problems. A care given during pregnancy should begin with a comprehensive risk assessment and development of a plan to respond to psychosocial problems or identified risks(Dal-Bó et al., 2015).

Pregnancy is always associated with changes in psychological functioning of pregnant women. It is usually associated with ambivalence, frequent mood changes, varying from anxiety, fatigue, exhaustion, sleepiness, and depressive reactions to excitement. During pregnancy, changes include body appearance, affectivity and sexuality, whereas the position and role of women attains a new quality. Even thoughts of pregnancy can bring about numerous worries about its course and outcome, and especially of the delivery itself, which may be so intense that they acquire features of phobia (which may be the reason for avoiding pregnancy)..

Psychological distress during and after pregnancy can have adverse outcomes for the mother and her infant, including behavioral problems and impaired cognitive development of the child, as well as disruption in the relationship between the mother and her child(Kotzé, Visser, Makin, Sikkema, & Forsyth, 2013). An HIV clients were more likely to experience psychological distress in the form of loss of interest in life, feelings of worthlessness, suicidal ideation and anxiety as well as considering terminating their pregnancy, when compared to pregnant women who had prior knowledge of their HIV-positive status(Dal-Bó et al., 2015).

Psychological distress has been found to have a negative effect on the health of HIV-positive women, including poor antiretroviral (ARV) adherence, poor attendance at health care, and poor relationship with spouse and faster disease progression. Pre and posttest counseling has been part of global health plan to reduce new HIV infections and to improve quality of individual or family life. However, the coverage of HIV interventions for children and pregnant women were still remain low(Tadele & Worku, 2007).In Ethiopia, there was still low level of awareness and knowledge about the possibility of HIV transmission from infected mother-to-child which showed that utilization of HIV counseling and testing in pregnant women is poor (Tadele & Worku, 2007). Newly diagnosed HIV-infected patients may have little knowledge or distorted picture about HIV disease. A commonly held belief is that one would have to give up any plan hence; this manuscript was helpful to assess psychological distress in pregnant mothers who lives with HIV and AIDS so that it enables them to reduce their psychological stress and anxiety during pregnancy thereby to improves quality of life.

2. Study Area and period

The study was conducted in Mother and child health clinic at Werabe Comprehensive Hospital. Werabe is administrative city of Silte zone which is located at ---- Km away from Addis Ababa along the main highway that leads Hulbaregia Hosanna. It has a total area of 4,541km² and is composed of 5 woreda and 1 registered towns. It is approximately 2000 meters above sea level and its altitude ranges from 700-2900 meters. The area in Wolaita zone is divided into three ecological zones: Kola (lowland <1500m), Woina-Dega (mid-altitude 1500-2300m) and Dega (highland > 2300m). Most of the area lies within the mid altitude zone. There five governmental hospitals in Wolaita Zone of WSTRH is one of those hospitals and located to the eastern part of municipality and it is approximately 2km from the centre of the town. It was established in 1920 E.C. The hospital serves about three million people with a very wide catchments area of about 250km radius. It has 150 beds and four operational theatres and have four major departments; Obstetrics and Genecology, paediatrics, Internal medicine and surgery and four minor department, Psychiatry, ophthalmology, dentistry and follow – up clinics for chronic illness like TB, HIV/AIDS, diabetes mellitus the main diagnostic modalities in the hospital are: routine laboratory investigation, radiological service, Genecology and Obstetrics has maternal and child health (MCH) clinic, where pregnant women are having follow- up. The data was collected from from February to March 2017

2.1. Study Design

Quasi-experimental study design was used to compare pre and post training results.

2.2. Population

2.2.1. Study Population

All available pregnant mothers diagnosed to have HIV from February to March 2017 in Mother and child health clinic at Werabe Comprehensive Hospital, Southern Ethiopia

2.2.2. Source Population

All mothers in reproductive years of age who diagnosed to have HIV and/ AIDS.

2.3. Sampling size and sampling techniques

Convenient sampling techniques was used to select all available pregnant mothers diagnosed to have HIV from February to March 2017 in Mother and child health clinic at Werabe Comprehensive Hospital, Southern Ethiopia

2.4. Data Collection tools and procedure

Data was collected using pretested structured questionnaires by three Nurse Degree holders and supervised by one health officer. Data collected was collected before training to look for the existed psychological status of clients. Then, after onemonth of training, again data was collected to see if training has an impact on psychological status of the clients. To determine emotional distress of the clients mean and standard deviation were calculated by using Kessler psychological distress scale. Kessler Psychological Distress Scale (K10) is a 10-item questionnaire intended to yield a global measure of distress based on questions about anxiety and depressive symptoms that a person has experienced in the most recent 4 week period.

2.5. Data Quality Assurance, data analyzing and processing

The structured questionnaire was prepared in English first and translated to the local language, Amharic and again back to translation to English was made to ensure that the consistency of the question. Data collectors and supervisors were trained on each items included in the study tools, objective, relevant of study, right of respondents. During data collection, regular supervision and follow up was made. Investigator cross checked for completeness and consistency of data on daily basis. The data was entered and analyzed by SPSS version 20 computer program. Descriptive statistics was used to summarize data, tables and figures for display results. Paired sample t test was used to determine mean differences and significance of association. A p-value of 0.05 was used as a cutoff point to determine presence of association.

2.6. Ethical Consideration

Ethical clearance and approval was obtained from ethical review Werabe University and Permission to conduct was obtained from Werabe Comprehensive Hospital. Informed Verbal consent was secured from every study participants. The obtained data was only used for study purpose. Confidentiality and anonymity were ensured.

3. RESULT

3.1. Socio-demographic characteristics

3.1.1 Age of respondents

A total of 30 clients were enrolled in the study of which 50 % of the clients were between the age group of 31-40 years while 40% and 10% of patients were found between the age group of 18-30 and 41-50. The mean age of respondents was $32.36 \pm SD (10.012)$, (minimum 21 and maximum 46) (Table 1).

Variables	Category	Frequency	Percentage
Age	18-30	12	40
	31-40	15	50
	41-50	3	10
	Total	30	100

Table 1. Age of pregnant mothers diagnosed with HIV in Mother and child health clinic at Werabe Comprehensive Hospital Referral Hospital Hospital from February to March 2017, Southern Ethiopia.

3.1.2 Marital status of HIV patients

Over two fifth of patients (40%) were married. The percentages of single, widowed and divorced patients were about 6.7% %, 20% and 33.3 %, respectively. This showed that a significant number of patients were

divorced. These result may also indirectly indicated that there were a lot of children who were living either with their father or mother alone (Table 1).

Variables	Category	Frequency	Percentage
Marital status	Single	2	6.7
	Married	12	40
	Divorced	10	33.3
	Widowed	6	20
	Total	30	100

Table 2. Marital status of pregnant mothers diagnosed with HIV in Mother and child health clinic at Werabe Comprehensive Hospital from February to March 2017 Southern Ethiopia.

3.1.3 Educational level of HIV patients

Over half of the respondents attend education until 9-12 grade level while only one of them had degree holder and followed by 13.33% certificate, 20% primary school, 10% diploma and 3.33% degree and above. This may indicate that most of the respondents have educational background with different categories (Table 3).

Variables	Category	Frequency	Percentage
Education status	Primary school	6	20
	9-12 completed	16	53.33
	Certificate	4	13.33
	Diploma	3	10
	Degree and above	1	3.33
	Total	30	100

Table 3. Education status of pregnant mothers diagnosed with HIV in Mother and child health clinic at Werabe Comprehensive Hospital Referral Hospital Hospital from February to March 2017, Southern Ethiopia.

3.1.4 Occupation status of HIV patients

Regarding the occupation composition of the sampled respondents, half of them were house wife while 7(23.3%) were merchant, 6(20%) were government employee and 2(0.7%) were others (Figure 1).

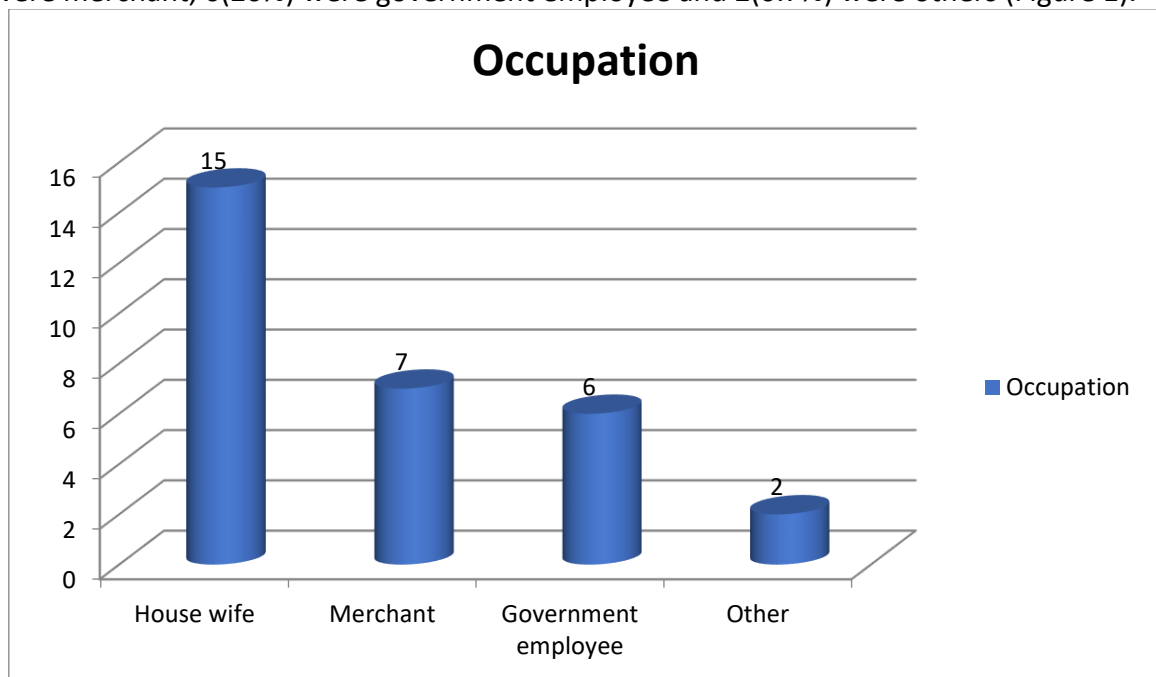


Figure 1. Emotional disorder before and after counseling of pregnant mothers diagnosed with HIV in Mother and child health clinic at Werabe Comprehensive Hospital Referral Hospital Hospital from February to March 2017, Southern Ethiopia

3.2. Kessler Psychological Distress Scale (K10) as a measure of mental disorder before and after counseling

Thirteen patients were included both in pre and post counseling of which majority of patients had moderate mental disorders both during pre and post counseling. However, after counseling session number of moderate mental disorders were reduced from 19 to 16 while number of patients who were mentally well increased by twice (Figure 2).

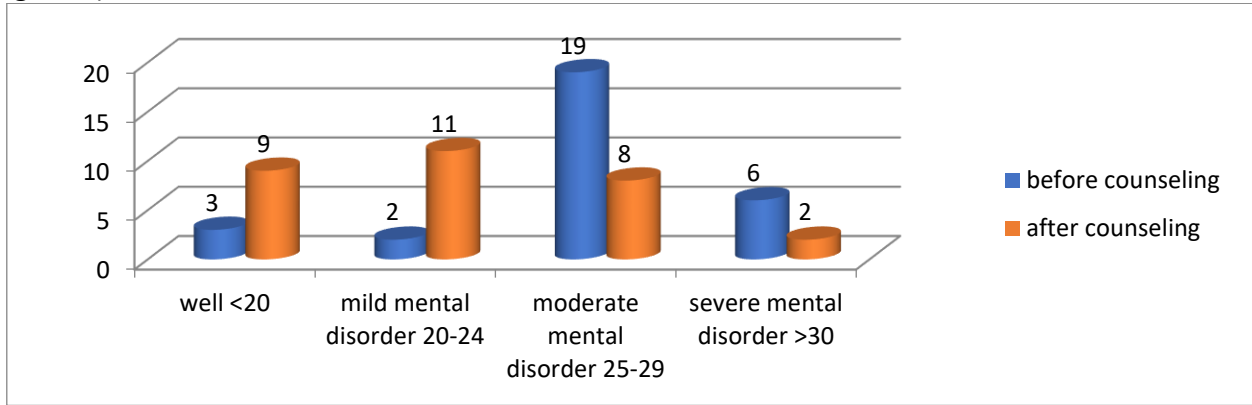


Figure 2. Emotional disorder before and after counseling of pregnant mothers diagnosed with HIV in Mother and child health clinic at Werabe Comprehensive Hospital Referral Hospital Hospital from February to March 2017, Southern Ethiopia

3.3 Paired sample t test on measures of quality of life

In this analysis, it was found that material comforts of home, food and convenience, health - being physically fit and vigorous, relationships with parents, siblings & other, recreation, independence, and doing for you, relationship close friends, helping and encouraging others, learning- attending school, and improving had significantly associated with improved quality of life at p-value of less than 0.05.

On the other hand, participating in organizations and public affairs, socializing - meeting other people, readings, listening to music, or observing, close relationships with spouse or significant, attending school, and improving understanding, work - job or in home, understanding yourself - knowing your assets and limitations, work - job or in home and expressing yourself creatively had not significantly associated with p-value of less than 0.05 (Table 4).

Paired Samples Statistics

	Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Quality of Life(pre-counseling)	53.6667	11.45406	2.09121
	Quality of Life(post-counseling)	67.1000	17.25938	3.15112

Paired Samples Correlations

	N	Correlation	Sig.
Pair 1 Quality of Life(pre-counseling) & Quality of Life(post-counseling)	30	.770	.000

Paired Samples Test

	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Pair 1 Quality of Life(pre-counseling) - Quality of Life(post-counseling)	-13.43333	11.16239	2.03796	-17.60144	-9.26523	-6.59	29	.000

Table 3 Paired sample t test on measures of quality of life of pregnant mothers diagnosed with HIV in Mother and child health clinic at Werabe Comprehensive Hospital Referral Hospital Hospital from February to March 2017, Southern Ethiopia

	Mean	N	Std. Deviation	Std. Error Mean
Pair 1 Emotional distress (pre-counseling)	27.5667	30	10.31130	1.88258
Emotional distress (post-counseling)	21.8000	30	6.41335	1.17091

Paired Samples Correlations

	N	Correlation	Sig.
Pair 1 Emotional distress (pre-counseling) & Emotional distress (post-counseling)	30	.819	.000

Paired Samples Test

	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Pair 1 Emotional distress (pre-counseling) - Emotional distress (post-counseling)	5.76667	6.25153	1.14137	3.43231	8.10103	5.05	29	.000

Table 6 Paired sample t test on measures of emotional distress of pregnant mothers diagnosed with HIV in Mother and child health clinic at Werabe Comprehensive Hospital from February to March 2017, Southern Ethiopia with HIV in Mother and child health clinic at Werabe Comprehensive Hospital from February to March 2017, Southern Ethiopi.

3.4 Paired sample t test on measures of emotional distress

To determine emotional distress of the clients Kessler psychological distress scale was used. There were non-zero mean differences among all results which showed that counseling had an impacts on emotional distress. It was found that, how often did you feel tired out for no good reason, how often did you feel hopeless, how often did you feel restless or fidgety, how often did you feel depressed, how often did you feel that everything was an effort, how often did you feel so sad that nothing could cheer you up and how often did you feel worthless. On the other hand how often did you feel nervous, how often did you feel so nervous that nothing could calm you down and how often did you feel worthless were strongly associated with emotional distress at p-value of less than 0.05 (Table 5).

5. DISCUSSION

Psychological counseling is emerged as one of the predominant psychological method of treating mental illness (US Bureau of Justice, National Institution of Correction, 2007). Pre and post counseling therapy for HIV clients becomes popular due to its focus on observable client characteristics which is thinking and behavior, its ability to be delivered by non-clinician counselors and social workers who have trainings and confrontation of harmful behaviors makes good sense to clients (Van Voorhis, 2009).

According to the result of the present study, HIV clients who didn't get counseling service had no good relationship with their spouse, participating in organizations and public affairs, socializing - meeting other people. On the other hand, clients who got counseling service become self-aware about their quality of life by bringing behavioral change and adapting to the situation. This study also found that number of clients who became well by their mental status was increased by twice after counseling services. Similarly, another study also found there was an improvement in mental status of clients as anxiety, depression, denial, plan of revenge, disagreement with families, lack of assertion and communication were problems solved by the counseling service (Bizuwork, 2010).

Currently pregnant women are advised to make counseling and testing for HIV and other sexually transmitted infection even though women have the right to accept or refuse the test. However, in most of the surveyed health centers, only elementary information which didn't enable the clients to make informed decision was quickly addressed and the counseling service was not given by well trained counselors (Organization, 2010). The most reasons for declining the test were no perceived risk, administrative scheduling difficulties, history of previous testing, and lack of good counseling (Colell, Fernández, & Fernández-Checa, 2009).

In this study, it was found that majority of patients had no good quality of life and had moderate mental disorder during pre-counseling session. However, there were significant improvement both in quality of life and mental disorders as compared to pre-counseling session which was consistent with other similar studies (Wilson & Baker, 2009).

Even though health care providers tried to provide counseling before testing for HIV, many of the counselors were making hustle and failed to cover all the clients and topics. Moreover, it was observed that only group pre-test counseling was given and the clients were not given the chance to express their ideas, to consent or to decline the blood testing. All clients should undergo posttest counseling with the depth of the information and the adequate time allotted for the counseling session (Wilson & Baker, 2009).

This study also found that HIV positive pregnant mothers had no good relationships with parents, siblings and they didn't satisfy with rearing children of their own. Similarly, another study found that most of pregnant mothers have no good relationship with parents and other social activities which was consistent with another study (Grant et al., 2010).

In addition, early counseling has a positive effect on their quality of life and mental health especially on maintaining their own health, preventing transmission; planning for treatment and follow-up, eating proper

nutrition, using treatment of sexually transmitted infections, reducing emotional distress and rearing for their children. If a woman is negative, she and her partner can be counseled on risk reduction. This may be particularly important in areas where sexual activity might cause a man to seek other partners, thereby placing a woman at-risk when she resumes sexual activity with her partner(Mohamed, 2012).

According to the result of the study majorities of the clients had no good quality of life before counseling session. Another similar study revealed that quality Voluntary Counseling Tests services act as a link connecting prevention, care and treatment programs as clients learn their status and look for their future plans which may reduce its effectiveness and finally leads to poor quality of life and emotional distress(Chopra, Doherty, Jackson, & Ashworth, 2005; Grant et al., 2010).

Even though in this study, only included pregnant mothers with HIV were included, it is very important to incorporate all clients, counselors and client's family to get depth of information. Similarly, another study found that initiation of counseling sessions was acceptable both to the counselors and antenatal attendees(Chopra et al., 2005). Therefore, providing adequate pre-test counseling is vital for pregnant women to ensure the implications of a negative or positive test result for themselves, their partners and their children. It is also an opportunity to educate mechanisms of transmission to others, to reduce personal HIV risk behaviors and to clarify information provided by counselors(Organization & Control, 2004).

4. Conclusion and Recommendation

4.1 Conclusion

The finding of the study showed majority of the patients had poor quality of life during pre-counseling session as there were higher level of positive mean difference. It was also found that majority of patients had moderate mental disorders both during pre and post counseling. Number of patients who became well after psychological counseling was increased by twice. Generally, psychological counseling has positive impacts on quality of life and emotional distress among pregnant women who live with HIV/AIDS.

4.2 Recommendations

In order to improve the contribution of counseling service for improving quality of life and reducing emotional distress; this study has a number of potential implications. Based on the findings of the study and conclusions the following recommendations are given to improve the counseling services in Werabe Comprehensive Hospital.

As it was indicated in the finding of the study, the large numbers of clients had significant values of emotional distress and poor quality of life a head of counseling service. Therefore, every patient should get adequate pre-counseling and post-counseling services by well trained counselors.

The counselors should be committed and devoted to pre and post counseling sessions to equip the clients with the necessary and relevant information to make the women to improve quality of life and to reduce emotional distress.

This study implies that, HIV positive mothers are suffering from different psycho-social problems like, anxiety, depression and others. For this reason, health professionals and health policy makers should deeply assess the best strategies that could help mothers for the positive mental health outcomes.

Future interested researchers were recommended to conduct a study which has a large sample size and included parents of children with pregnant mothers with HIV/AIDS who were not included in this research, but which were very important to shape psychological status of HIV clients.

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