

## **Risk Behaviour and Psychosocial Stressors of Clients Attending Integrated Counseling and Testing Centre (ICTC) of a Rural Community Health Centre, Tamil Nadu**

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### **Abstract**

India has the third largest HIV epidemic in the world, with an adult (15-49 years) HIV prevalence of 0.22%. Lack of knowledge and social taboos related to sex issues are major contributing factors to the spread of HIV/AIDS. The present study is aimed to assess risk behaviour and psychosocial stressors of voluntary attendees of ICTC, towards HIV/AIDS in a rural community health centre in Tamil Nadu. A total of 184 attendees at ICTC, either attending voluntarily or referred from different primary health centres were included. A pre-designed structured questionnaire was self-administered to each client to evaluate risky behaviour and psychosocial stressors about HIV/AIDS. Heterosexual risky behaviour 133(72.3%) was the most common risky sexual behaviour among the study subjects. Among primarily anticipated psychosocial stressors financial burden 60 (32.6%) was the most common concern among the attendees followed by the fear of Serious illness 58 (31.5%). The present study identifies the various risk behaviours which might be responsible for the occurrence of HIV infection among the study participants and the present study also brought out the various psychosocial stressors faced by the clients attending ICTC, so that counseling techniques to tackle such stressors can be incorporated in the training module of the counsellors to impart better counseling services. Health education can be given to the clients to reduce the risk behaviour and also to allay the misbeliefs regarding HIV/AIDS.

**Keywords:** HIV/AIDS, Risk Behaviour, Psychosocial Stressors.

### **Introduction**

**Integrated Counseling and Testing Centre [ICTC]:** An ICTC is a place where a person is counselled and tested for HIV, of his own free will or as advised by a medical provider. The main functions of an ICTC are:

1. Conducting HIV diagnostic tests.
2. Providing basic information on the modes of HIV transmission and promoting behavioural change to reduce vulnerability.
3. Link people with other HIV prevention, care and treatment services.

4. As on 31st August 2016 in India, there are 20,756 Integrated counseling and Testing Centres (ICTC), mainly located in government hospitals [1]. Fig 1 shows the functioning model of Counseling in an ICTC centre.

### **Risk Behaviour**

Risk behaviour is one's purposeful participation in some form of behaviour leading to negative consequences such as social problems, monetary loss, disability or death [2].

It is important to study the risky behaviour of clients attending ICTC because education regarding these risky behaviours influences the awareness level of HIV/AIDS and help them in preventing the vulnerability to HIV infection.

### **Psychosocial Stressors**

It is defined as a major life-influencing event causing intense stress contributing to development or aggravation of psychological disorder and worsening of physical health and social relations of a person [3].

### **HIV in India**

According to UNAIDS (2020) estimates, the people living with HIV/AIDS (PLHIV) are about 37.7 million worldwide [4] while they are around 2.3 million in India as per National AIDS Control Organisation (NACO) (2020) estimates [5]. The human immunodeficiency virus (HIV) infection will not develop into the Acquired Immunodeficiency Syndrome (AIDS) immediately. It takes approximately 5-7 years for the manifestation of signs and symptoms of AIDS. The Integrated counseling and Testing Centre (ICTC) helps its attendees to get aware of their HIV status so that they adopt healthy lifestyles and prevent the transmission of HIV to others, and also to access life-saving care and treatment. These centres are a key entry point to prevention of HIV infection and to treatment and care of people who are infected with HIV [6-7]. Even though, there has been a steady decline in the estimates of HIV prevalence in India from an estimated peak level of 0.54% in 2000–2001 through 0.33% in 2010 to 0.22% in 2020, this rate of decline is still not at par with the rate of decline envisioned in the sustainable Development Goals (SDGs) [8].

### **The Current Study**

In order to understand the causes for this slow rate of decline in prevalence rate of HIV in India, it is important to study the risk behaviour of the clients, that influence the awareness levels of HIV/AIDS which in turn

affects their attitude in preventing the disease. Psychological stressors are the primary anticipated fears that might arise in the event of being diagnosed as HIV positive [9]. Very few studies have been conducted in India so far to understand these psychological stressors. Hence, this study was conducted to assess the risk behaviour and the psychosocial stressors of clients attending the ICTC of a Community health centre during the pre-test Counseling so that better Counseling techniques can be incorporated in training module of an ICTC counsellor to give better Counseling service and improve health education to people regarding HIV/AIDS.

## **Material and Methodology**

### **Methodology**

This is a cross-sectional, health facility-based study performed in an ICTC located in a community health centre in a rural part of Tamil Nadu. Approval has been taken from the institutional ethics committee and nodal officer for leprosy and AIDS. A sample population of 184 voluntary participants between the age group of 15-65 has been included among which 52.2% were females, 42.9% were males and 5% were trans genders, clients who were psychologically unsound have been excluded.

### **Study Participant's Rights**

The study participants were informed that they may decline to take part in the study or withdraw consent at any time and decline to answer any question in the interview that he/she does not wish to answer. The participants were also made aware of the fact that their participation was voluntary. The benefit of the study was explained and informed written consent was also obtained.

### **Confidentiality**

The study participant's identifiers were not mentioned in the questionnaire. Study Subjects were assigned a PATIENT ID on the

questionnaire. The subject's participation and data provided were kept confidential.

### Procedure

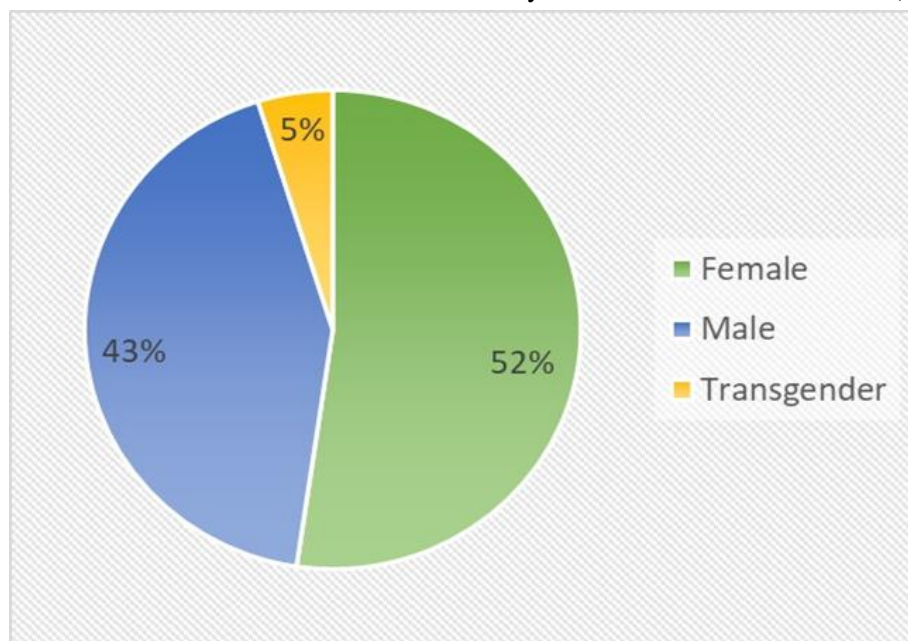
All the clients coming to ICTC and willing to participate by giving their informed consent during the study period were interviewed anonymously by using a pre-tested and pre-designed questionnaire at the time of pre-test counseling i.e., before they gave their blood for HIV testing. To identify risk behaviours questions regarding sex practices like being homo/heterosexual, needle sharing, reuse of injection drugs, and blood transfusions have been included. To identify the psychosocial stressors, the clients were asked two questions. The first question was asked to list the worries coming to their mind. The second question was asked to list the fears in the event of a positive test result.

### Statistical Analysis

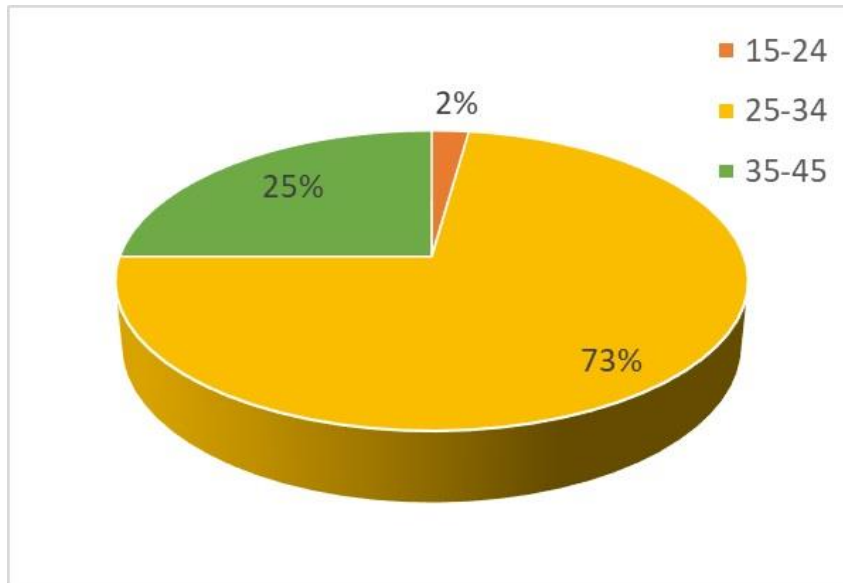
Data was collected and tabulated using MS EXCELL and analysed using SPSS.V21 software applying appropriate statistical tests to assess various risk behaviours and psychosocial stressors.

## Results

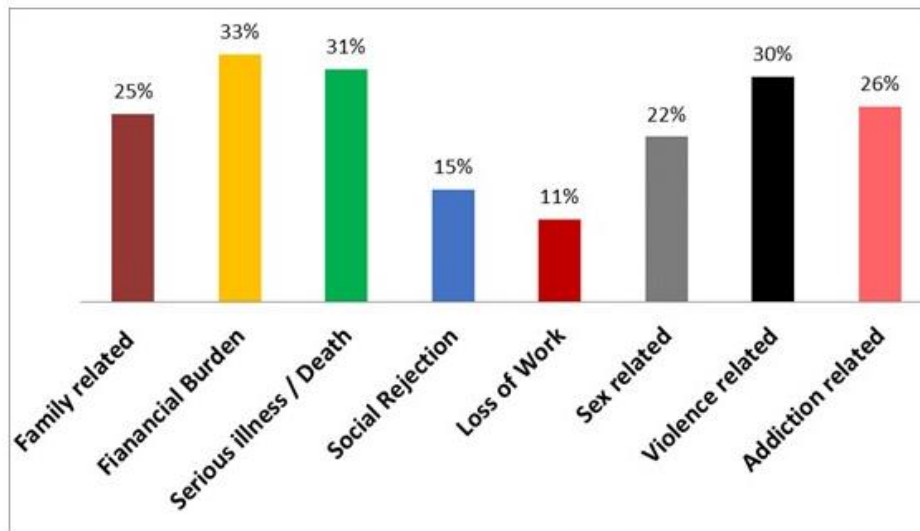
The present study involved a total of 184 ICTC attendees of which 13 (7.1%) were seropositive and the rest 170 (92.4%) were seronegative. Among the clients, 96 (52.2%) are females and 79 (42.9%) are males and 5% are transgenders (Figure 1). Of the clients being married 86 (46.7%) and 68 (37%) are single, among them 85(46.2%) are primary school dropouts, 42 (22.8%) are secondary school dropouts and about 29(15.8%) had a college degree. The occupation of the study subjects was mostly non-agricultural labourers like construction workers, industrial workers etc., 118 (64.1%) followed by agricultural labourers, Housewives, and local transport workers 9 (4.9%) each (Figure 2). Heterosexual risky behaviour 133 (72.3%) was the commonest risky sexual behaviour among the study subjects which is in line with another related study by Chauhan et al, [10] (Figure 3) while among homosexuals\bisexuals, the risky sexual behaviour was found to be 21%. Among primarily anticipated psychosocial stressors financial burden 60 (32.6%) was the most common concern among the attendees followed by the fear of Serious illness 58 (31.5%).



**Figure 1.** Gender Distribution Among Participants



**Figure 2.** Age Group-Wise Distribution of Study Subjects



**Figure 3.** Presence of Psychosocial Stressors

## Discussion

The risk behaviour and psychosocial stressors of voluntary attendees of ICTC, towards HIV/AIDS in a rural community health centre in Tamil Nadu the concern relating to the future of the family in the present study was 47 (25.5%) which is in contrast to another study by Nag VL et al, [9] which states the psychosocial stressor of the Future of family members, as the commonest concern (46.4%). The other Psychosocial stressors mainly noted were violence-related concern 54 (29.4%), sex-related concern 40 (21.7%), fear of *social rejection* 28 (15.2%), and loss of work 21

(11.4%). Multiple stressors (two or more stressors) were observed in almost all the study participants.

Males and Females were almost equal in the present study. Transgenders accounted for 5% of the total study participants. The majority of the study participants were in the age group of “15-24” years of age; followed by “35-44” years of age. Heterosexual risky behaviour was the commonest risky sexual behaviour among the study subjects followed by homosexuals/bisexuals behaviour. Financial burden was the most common concern among

the attendees followed by the fear of Serious illness.

Nayak et al. explored [11] over six years, 45,066 individuals visited the ICTC, with females comprising 61.6% and males 38.4% of the total attendees. Among the women, 55% were antenatal mothers. Of all clients tested, 99.75% received post-test Counseling. A total of 669 clients were found to be HIV seropositive, with the majority (61.7%) being male. The overall HIV positivity rate among the attendees was 1.48%, and 47 clients were co-infected with TB. Kumar et al. [12] More than half of the respondents indicated that depression is caused by biochemical imbalances. Additionally, 71.60% and 79.59% believed that depression is prevalent among PLHIV and requires immediate intervention. A majority (92.60%) of counsellors agreed that a combination of counseling and medication would be an effective treatment for depression. Furthermore, 86.98% of counsellors were confident in their ability to screen for depression in PLHIV, with 81.95% actively doing so, and 78.11% having access to a psychiatrist. However, one-third of participants reported challenges in working with PLHIV, and 55.56% felt that addressing depression in PLHIV should be left to mental health professionals. ICTC counsellors possessed sufficient knowledge of depression and its symptoms. However, limited awareness of intervention strategies, along with time constraints and work targets, posed significant challenges. These results indicate that providing training on mental health screening and brief intervention techniques could enhance counsellors' ability to support PLHIV in managing depression-related issues [13-20].

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## Conclusion

The present study identifies the various risk behaviours which might be responsible for the occurrence of HIV infection among the study participants. Heterosexual risky behaviour was the commonest risky sexual behaviour among the study subjects followed by homosexuals\bisexuals behaviour. Financial burden was the major psychosocial stressor observed among the study participants followed by fear of social illness. The other stressors observed among the participants in decreasing order are violence-related concern, concern related to the future of the family, sex-related concern and fear of social rejection.

## Recommendations

The present study would also help to assess the various psychosocial stressors so that Counseling techniques to tackle such stressors can be incorporated into the training module of the counsellors to impart better Counseling services. Health education can be given to the clients and high-risk communities to reduce the risk behaviour and also to allay the misbeliefs regarding HIV infection.

## Acknowledgement

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## Conflict of Interest

The authors hereby declare that there is no conflict of interest in this study.

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