

A Study on Social Work Interventions of Counseling on People Living with HIV/AIDS

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ABSTRACT

This Research Article is about the Social Work Interventions of Counseling on people Living with HIV/AIDS. The counselling in HIV/AIDS field has a greater importance. HIV infection often brings a sense of meaning to people. It is common for people to gain counselling for small pleasures in life and capacity for ignoring minor hostels. A sense of meaning among people living with HIV/AIDS is often achieved through efforts to live each day to its fullest. Counselling can help people to take decision where HIV fits in with other life concerns. Acquired Immune Deficiency Syndrome (AIDS) is caused by Human Immune-deficiency Virus (HIV), a virus which kills or impairs cells in the immune system. Destroying the body's ability to fight infections and cancers. The virus is transmitted horizontally and vertically. "Horizontal" transmission occurs during heterosexual intercourse and between men who have sex with men (MSM) when no barrier method (*i.e.*, condom) is used during intercourse with an HIV-infected persons. It is also transmitted between injecting drug users (IDU) from sharing infected needles. "Vertical" transmission occurs between mothers and their children during or after pregnancy. Approximately one in three children (0-2 years) will contract HIV from infected mothers. The most typical mode of transmission varies within regions and countries but the regional trends do highlight something of the scale of the problem. (USAID, USAID Concept Paper: 2000). The first cases of AIDS are believed to date as far back as the 1930's but only in the 1980's did it reach global proportions. According to recent estimates about 43.3 million people around the world are living the HIV/ AIDS and over 5 million people are newly infected each year and a more than 6 thousand lives are lost every day to the disease; 3.8 million children (aged 0-14) have died since 1980 and nearly 13 million children have been orphaned as a result of the epidemic. The horrifying situation is most starkly apparent in Sub Sahara Africa (SSA), which accounts for over 70 percent of people infected globally.

Key Words : HIV/AIDS, IDU, Social work

INTRODUCTION

Whilst strategies to combat HIV/AIDS are improving and recent medical advancements in prevention and care have been considerable, there is a long way to go to limit further spread of the disease and help those most crippled by the epidemic (Tarantoala and T.W. Netter. Boston. MA, 2000).

AIDS infects people irrespective of economic background but the epidemic is most keenly felt by those with the least resources to tackle it. One-third of the world's populations lack access to basic medication, let

alone the specialized treatments required for HIV/AIDS. Something little short of miracle is required to cope with the enormous battle ahead. And for SSA in particular only a concerted international effort is going to have any kind of impact. HIV/AIDS has severely undermined the development of many countries, in terms of individual suffering and loss, as well as knock-on effects to families' communities, economies, medical services, businesses, public services and society as a whole. At the macroeconomic level, the epidemic has impacted national economic growth in number of countries, e.g., Tanzania has experienced a 15 to 25 per cent as in GDP as a

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result of the AIDS epidemic. This is due to a number of reasons (Tarantoala and T.W. Netter. Boston. MA: 2000).

Guidance and Counselling for people living with HIV/AIDS:

HIV counselling is a confidential dialogue between a client and a counselor aimed at enabling the client to cope with stress and take personal decisions relate to HIV/AIDS. The counselling process includes evaluating the personal risk of HIV transmission, and discussing how to prevent infection. It concentrates specifically one motional and social issues related to possible or actual infection with HIV and to AIDS. With the consent of the client, counselling can be extended to spouses, sex partners and relatives (WHO, 1995).

WHO (1995) review committee has interviewed to evaluate actual and future risk, its underline the importance of the test. It prepare the announcement and avoid a choke and psychological effects. It help to take a decision It focus on the level of information and helps to modify wrong ideas Pre-test counselling is particularly important in health reproduction services, for pregnant woman testing, in prevention of STD and MTCT An important moment for the client to have enough time for active listening Full information about HIV pregnancy and the risk of vertical transmission Clear understanding of the implication of being tested Prepare for the result of the HIV test.

Advantages of testing and counselling:

- Strengthen primary and secondary prevention efforts
- Provide spaces for dialogue, trust, and confidentiality
- Reduce discrimination and stigmatization
- Compliance to the treatment
- Stimulate community based approaches to support and care
- Contribute to family coping strategies development
- Better understanding of the nature of the spread of HIV, MTCT, STD..
- HIV testing and counselling helps to behavior changing in the community
- Reinforce the prevention
- Is an important activity in the fighting of the epidemic which must be more consider by leaders and governments

HIV counselling has as its objectives both prevention and care. A counselor is a person trained in the skills of the : listening to the client, asking supportive questions, discussing options, encouraging the client to make his or her own informed decisions, giving practical information and suggesting follow-up. Counselling should be a process involving a series of sessions as well as follow-up. It can bed one in any location that offers peace of mind and confidentiality for the client (WHO, 1995).

Two types of counselling, according to site, are practiced. Clinic-based counselling is counselling provided in a formal session-in a hospital, health centre or clinic-by a trained professional, such as a doctor, social worker, nurse or psychologist. Community-based counselling is given in a non-formal environment, in a village or urban neighborhood-by one community member trained in counselling to another community or family member.

Pre-Test Counselling:

HIV counselling is often given in connection with a voluntary HIV test. Such counselling helps to prepare the client for the HIV test, explains the implications of knowing that one is or is not infected with HIV, and facilitates discussion about ways to cope with knowing one's HIV status. It also involves a discussion of sexuality, relationships, possible sex- and drug-related risk behaviors and how to prevent infection. It helps correct myths and misinformation around the subject of AIDS. Whenever resources permit, pre-test counselling should be made available to those who desire it. People who do not want or do not have access to pre-test counselling should not be prevented from taking a voluntary HIV test however. In contrast, informed consent is always required before an HIV test where the individual's name will be linked to the result (Voluntary Counselling and Testing (VCT) (2001).

Post-Test Counselling:

Post-test counselling helps the client understand and cope with the HIV test result. Here, the counselor prepares the client for the result, gives the result and then provides the client with any further information required, if necessary referring the person to other services. The two usually discuss ways to reduce the risk of infection or transmission. HIV test result should always be given with counselling. The form of post-test counselling will depend on what the test result is. Where it is positive, the counselor needs to tell the client clearly, and as gently and humanly as possible, providing emotional

support and discussing with the client on how best to cope, including information on relevant referral services (Voluntary Counselling and Testing (VCT) 2001).

Ongoing counselling will help clients accept their HIV status, and take a positive attitude to their lives. Through ongoing counselling the infected person may choose to invite a trusted family member to share confidentiality and participate in the counselling-enabling the family to start practicing family level counselling. Counselling is also important after a negative result. While the client is likely to feel relief, the counselor must emphasize several points. First, because of the “window period”, a negative result may not mean absence of infection, and the client might wish to consider returning for a repeat test after three-six months. Second, counselors need to discuss HIV prevention, providing support to help the client adopt and sustain any new safer practices (Voluntary Counselling and Testing (VCT) 2001).

Counselling for Behavioural Change:

The availability of HIV counselling, even without HIV testing, may create a private environment for discussing sexual matters and personal worries. Counselling augments AIDS education by making HIV related information personally relevant. Counselling of this type for behavioral change has been successfully provided in the Medical Research Council project in western Uganda. Here, community-based counselling in a small rural community increased condom use from 2,000 to 7,000 per month (Voluntary Counselling and Testing (VCT) 2001).

Counselling for children:

In many places, children are increasingly affected by the epidemic. Apart from those themselves infected with HIV, they include children where one or both of the parents are either living with HIV or AIDS or have died of AIDS. These children have special counselling needs, such as the emotional trauma of seeing their parents being ill or die discrimination by other children and adults, and emotional worries about their own continuing illness. Older children may need counselling related to sexual issues, and on the avoidance of risk behaviour (Voluntary Counselling and Testing (VCT) 2003).

Counselling for pregnant women:

Counselling can benefit pregnant women-or women wanting to become pregnant who are either HIV- positive

or unaware of their HIV status. It facilitates their making informed decisions about whether to become pregnant Counselling and HIV/AIDS Technical update if HIV-infected; whether to take a test before pregnancy; and, if pregnant, whether to terminate the pregnancy, where abortion is legally available.

For those already pregnant, counselling can also discuss the use of zidovudine (ZDV, also known as AZT), where available, to reduce the risk of transmitting HIV to the unborn child, and breast-feeding and other infant feeding options. Where possible, and when the women agree, it is advantageous to involve her male partner in the counselling sessions. Ideally, women should have counselling available to them before they become pregnant (VCT-2003).

Couple counselling:

This is sometimes provided to a pair of sex partners, who agree to attend sessions together. It can help resolve misunderstandings between the two people-such as over worries when one of them is tested HIV- positive-that can lead in some cases to violence, particularly against women. Couple counselling can also be given to a client and his or her sex partner or spouse, before or after an HIV test. It is also provided as part of premarital counselling (VCT-2003).

Obstacles of HIV counselling:

UNAIDS, 2001 has reported that various obstacles stand in the way of HIV counselling being provided effectively wherever necessary. An underlying problem is the fact that counselling may not be given its proper due by policymakers and service managers-in part, because of the inherent difficulty of measuring its quality and impact on psychological stress reduction and behaviour change. Because of this, priority is often not given to the proper planning of counselling services and counselors may not receive the official approval and resources they need to do their job effectively. Another major constraint is the lack of good counselling training schedules that are applicable to local circumstances.

Poor selection of trainees for counselling:

People are sometimes put on training courses simply because they are “due” for another course, or to fill up the course, and not because they will be taking up positions as counselors. This is one reason why those trained in counselling often do not continue to practice it.

Importance of HIV counselling:

One way counselling can be accorded its proper respect is by conducting studies on its delivery, quality and impact. Research findings on counselling can help convince decision makers and service managers to endorse and provide resources in support of counselling services. In Uganda, TASO (The AIDS Service Organisation) conducted a study on 730 HIV-positive clients to whom it had given long-term counselling. Counselling appeared to help these clients cope with their infection. Of the clients sampled, 90 per cent had revealed the fact of their infection to another person, with 85.3 per cent telling relations. The study also showed a high level of acceptance of HIV-positive people with in families (79 per cent) and in communities (76 per cent), as reported by the TASO clients who had received regular counselling. After results were discussed at each hospital where TASO operated, the hospital managers provided more space for counselor and encouraged doctors to refer clients to TASO counselors (Dhaliwal *et al.*, 2003).

In 1992, a study in Rwanda examined the impact of preventive counselling. It was shown that for the women whose partners were also tested and counseled, the annual incidence of new HIV infections decreased from 4.1 per cent to 1.8 per cent. Among women who were HIV positive, the prevalence of gonorrhoea decreased from 13 per cent to 6 per cent, with the greatest reduction in those using condoms. As a result of these findings, counselling was recognized as a mainstream intervention and the founders of the study established a project for counselling and discordant couples in Zambia.

Review of literature:

The Review of literature gives an overview of the main focus areas, trends and findings nationally and internationally pertaining to HIV/AIDS counselling. Some of the key issues highlighted in the literature are:

Short of a medical breakthrough, and even if and when such a breakthrough is achieved, counselling will be an important intervention in dealing with the cultural, social and behavioral concomitants of HIV/AIDS. HIV/AIDS counselling encompasses a diverse set of activities and it is influenced by a multitude of assumptions, approaches, operations and procedures; there is no agreed form of HIV/AIDS counselling, nor a set of best practice guidelines for counselling processes or counselling services. HIV/AIDS counselling, as a concept, is used in two senses in the literature: firstly, to describe one or

more planned interpersonal encounters which combine the elements of advice, support and counselling; and, secondly, as a structural concept, to refer to a range of preventative and supportive services.

This dual identity gives rise to incompatible expectations about counselling outcomes in that outcomes can refer to a wide range of educative, psychological, welfare and other services, many of which cannot be achieved through counselling as a set of interpersonal encounters. In South Africa and other resource-poor countries without planned and coordinated education and awareness campaigns, HIV/AIDS counselling carries an undue burden of responsibility for the education of the population about HIV/AIDS.

There are few exemplary studies, worldwide, which permit clear-cut conclusions about counselling efficacy. There have been, however, two major reviews of studies on the effects of HIV/AIDS counselling on risk behavior. These reviews indicate that voluntary counselling and testing (VCT) is an effective secondary prevention strategy for HIV-positive individuals and discordant couples and, as such, that VCT can significantly affect infection rates in communities.

Currently, there is insufficient evidence to suggest that VCT is an effective primary prevention strategy to limit the spread of infection to those people not yet infected.

Further research is needed to examine the effectiveness of different counselling approaches, including different counselling contents, different culturally appropriate counselling models, and modes of delivery and levels of intensity.

There is a need to develop diverse and flexible means of delivering counselling services, and justification for greater reliance on family and community support systems.

METHODOLOGY

Need and importance of the study:

Counselling is a helping process where one person explicitly and purposefully, gives his/her time, attention and skills to assist a client to explore his/her situation, identify and act upon solutions within the limitations of the given environment.

Social worker undoubtedly plays an important role as counselor in health care. All of us are aware of that in a hospital as well as community setting the client requires cure and care. As caring people, social workers are perceived as reliable sources of health information and

people often feel more comfortable discussing personal matters with them than with others.

Objectives of the study:

1. To understand the socio demographic details on people living with HIV/AIDS.
2. To study the Psycho-social and economic status of people living with HIV/AIDS.
3. To understand the extent of the awareness level about HIV/AIDS among people living with HIV/AIDS.
4. To explore the effectiveness of counselling to the people living with HIV/AIDS.
5. To understand the ways in which facing economic trouble due to the HIV/AIDS.

Hypotheses of the study:

In the present research design the following hypotheses were formulated.

1. Positive people are facing difficulties from the family as well as society.
2. Positive people need counselling for their moral support.
3. Counselling is the only way for positive people to lead their life with effectively.
4. Counselling is an impressive to the HIV AIDS people in cope with society.
5. Counselor need to have the quality of good counselling.

Research design:

For the purpose of the present study descriptive research design has been adopted.

Universe of the study:

The researcher has selected three *i.e.*, Haveri, Ranebennur, Hirekerur taluks for field survey.

Sampling:

For the purpose of drawing sample, the researcher has chosen simple random sampling method.

Table 1 : Sampling			
Sr. No.	Name of the Taluk	Number of tests conducted	Number of Positives identified
1.	Haveri	4471	1239
2.	Ranebennur	597	150
3.	Hirekeruru	1417	170
	Total	6485	1559

As per the sources, about 597 tests are conducted in Ranebennur taluk and also identified about 150 positives. About 4471 tests are conducted in Haveri taluk and also identified about 1239 positives about 1417 tests are conducted in Hirekerur taluk and identified about 170 positives. The HIV/AIDS positive people of all the three taluks have been chosen for the study on the basis of interest of the researcher among these taluks. The researcher has also find out the severity of the disease and need of the counselling among these taluks. He has chosen 36 respondents from each taluk by adopting simple random sampling method to know the effectiveness of counselling on people living with HIV/AIDS.

Sources of data:

Data used in the study have been collected both from primary and secondary sources.

Methods of data collection:

To collect the primary data, the researcher used the following methods in order to make the data more relevant.

1. Interviewing
2. Observation

Tools of data collection:

Structured Interview Schedule was used.

FINDING

Majority of the respondents have the land holdings of dry land (60.18%). Majority of the respondents *i.e.*, 54.62% have the monthly income between Rs. 1000 to 5000. Majority *i.e.*, 51.85% of the respondents opined that their main source of income is Coli, People are must be doing hard work; otherwise there is no income for their lively hood. And they are also working for low payment. This is the only main cause for why the people interesting to earn the money without putting the effort.

The researcher wants to know about the economic status of people living with HIV/AIDS. The respondents 95.37% opined that they are in trouble due to HIV/AIDS .04.62% so, it can be concluded that HIV/AIDS is troubling the economic status of the respondents. According to 85.43% of the HIV/AIDS people they are spending money for fulfilling nutritious food for maintaining their regular health care. According to 62.13% of the respondents they are facing economic trouble because HIV/AIDS disease needs proper dietary habits. According to 72.81% of the respondents opinion, HIV/

AIDS disease needs proper care and treatment so they are facing economic troubles and 76.69% of the respondents opined that HIV/AIDS disease reduce the immunity power for earning money hence, they are facing economic trouble. According to the survey, majority *i.e.*, 81.55% of the HIV/AIDS people they are taking debt due to the disease. People living with HIV/AIDS are facing so much economic troubles but it is not only impact of his/her personality but also it impact on the family, children education condition and other familial livelihood. Hence, the researcher wanted to know about what are the other impacts of the respondents' normal living life due to the economic burden. Majority *i.e.*, 43.51% of the respondents' opined economic burden is the main cause of impact of educational condition of the respondent's children to a great extent. According to 37.96% of the respondents they are not celebrating festivals and other occasions due to the economic burden from HIV/AIDS disease to great extent and 50.92% of the respondents are not allowed to leading a normal life due to economic burden to great extent. The researcher wants to know about the psychological depression status of people living with HIV/AIDS. Majority *i.e.*, 96.29% of the respondents opined that they are in psychological depression due to HIV/AIDS.

HIV/AIDS infected people are always facing psychological depression from various aspects. In cultural countries like India it is very difficult to surviving people who have infected with HIV / AIDS. People doubted the chastity and character of people living with HIV / AIDS. They don't have more analysis work regarding the infected persons. From the above aspects the infected persons are facing many psychological depressions in the society. In the light of the above knowledge the researcher wanted to know the psychological issues if the respondents are facing their day to day life. According to the result 33.65% of the respondents feeling loss of self respect due to the infection always and also 39.42% of the respondents feeling loss of self respect sometimes due to the infection.

According to 51.92% of the respondents they are feeling about loneliness in their life due to infection sometimes. But the same opinion gave by 26.92% of the respondents always. It can be concluded that infected persons feeling loneliness from the society. 64.42% of the respondents are facing the psychological depression of fear of illness and death this is because their mind set about HIV/AIDS is a cause for immediate death there is

no medicine for the treatment.

HIV/AIDS infected persons often facing social stigma by the society to a great extent. In this view the researcher wanted to know about stigma and discrimination that are facing by the infected persons in different sectors of the society. Majority *i.e.*, 56.48% of the respondents facing stigma and discrimination from the family members to a great extent, 61.11% of the respondents facing stigma and discrimination from the relatives to a great extent, 56.48% of the respondents facing stigma and discrimination from the health care professionals to a some extent, 73.14% of the respondents are not facing any stigma and discrimination at work place, 45.37% of the respondents facing stigma and discrimination from the community to a some extent, 29.62% of the respondents gave the same opinion to a great extent, 60.18% of the respondents facing social stigma and discrimination by self to a great extent.

HIV infected people are facing many problems *viz.*, social, self, economic and others these are interrelated. In the light of the above knowledge the researcher wanted to know respondents have family problems due to HIV/AIDS. Majority *i.e.*, 75.92% of the respondents have opined that their family facing financial problems due to the disease, 62.96% of the respondents have opined that their family facing detachment from relatives due to the disease, 71.29% of the respondents have opined that their family facing detachment from friends due to the disease, 66.66% of the respondents have opined that their family restricts from social relationships due to the disease. It is also existing truth that before every crisis there is a solution. In this view the researcher need to know the person who has provided great support to the respondents during their crisis situation. According to field survey majority *i.e.*, 70.30% of the respondents obtained support from their spouses, 63.88% of the respondents obtained support from their parents, 37.03% of the respondents obtained support from their older brothers. It is very difficult to know the level Understanding of People living HIV/AIDS about the Counselors quality. The researcher wanted to know the respondents level of understanding Majority *i.e.*, 73.14% of the respondents' opined that STDs are curable, but there is cure for AIDS 55.55% of the respondents' negatively opined that Recognize an infected person by looking him or her. 59.25% of the respondents' opined that three ways HIV is transferred through simen, veginal fluids and blood. 42.59% of the respondents' opined that One can get HIV

if he or she has sex once, without a condom and the same opinion given as a false by 18.51% Respondents. 55.55% of the respondents' opined that One can not get HIV by hugging or touching the infected person who has HIV/AIDS 40.74% of the respondents' opined that they Response negatively to the opinion of A person get HIV by giving (Donating) blood 51.85% of the respondents' opined that Having sexual contact with more persons *i.e.* true to chance of getting infection. 42.59% of the respondents' opined negatively to the statement *i.e.*, STI is a greater risk of getting HIV /AIDS. 50.92% of the respondents' opined negatively to the statement *i.e.*, boys become weak due to wet dreams. 44.44% of the respondents' opined that necessary for adolescent boys and girls to have knowledge regarding sexuality including sexual intercourse. 41.66% of the respondents' opined negatively to the statement *i.e.*, Sucking or manual handle of breast lead HIV infection. 50.92% of the respondents' opined negatively to the statement *i.e.*, Mother determines the sex of baby. 58.33% of the respondents opined that they are motivated by the doctors for having counselling sessions, 14.81% of the respondents opined that they are motivated by NGOs. It can be concluded that majority of the respondents are going to counselling centers from the advice of doctors and Non Governmental Organizations only.

60.18% of the respondents are facing lack of familiarity with the counselor, 65.74% of the respondents are facing lack of knowledge about confidentiality, 44.44% of the respondents are facing fear of counselors about misusing the respondents' opinion, 63.88% of the respondents are facing fear of expressing their views openly.

Each and every infected person needs support from other human beings. These supports could be in financial, moral or some other ways. Although, the support can given to infected persons through by giving better information regarding their disease. In this point of view the researcher has collected data regarding support received of respondents during counselling. According to survey report, majority *i.e.*, 51.85% of the respondents received support by people regarding information about the difference between HIV/AIDS to a great extent, 61.11% of the respondents received support by people regarding information about mode of transmission of HIV/AIDS to a great extent, Counselling helps to the persons in various aspects of his psycho-social problems. Hence, there is a need of counselling to the infected person to

overcome their stress, discrimination and to learn maintaining healthy life in the society. In the view of this knowledge the researcher wanted to know the importance of counselling to the infected persons in various aspects. Majority *i.e.*, 45.37% of the respondents opined counselling helps me purposeful interaction with the persons to some extent, 52.77% of the respondents opined counselling helps me to the moral support to some extent. Counselling helps to the persons in various aspects of his psycho-social problems. Hence, there is a need of counselling to the infected person to overcome their stress, discrimination and to learn maintaining healthy life in the society. In the view of this knowledge the researcher wanted to know the importance of counselling to the infected persons in various aspects. Majority *i.e.*, 44.44% of the respondents opined counselling nearly detection and treatment of health problems to some extent, 50% of the respondents opined counselling helps for care and support and regular treatment to some extent, Counselling is depending upon the person who has very good knowledge about counselling and he should be a good practitioner and well experienced while working with infected persons then only the effort of counselling sessions can fulfill the objectives of counselling with HIV/AIDS infected persons. From the light of the knowledge the researchers has collected data from the respondents regarding their feeling about the quality of counselors in giving good counselling to them. 68.51% of the respondents opined that counselling is an intentional talk which goes on between two persons, 85.18% of the respondents opined that they are getting mental support by counselling, 70.37% of the respondents opined that they are getting social satisfaction or peace from the counselling, Counselling is depending upon the person who has very good knowledge about counselling and he should be a good practitioner and well experienced while working with infected persons then only the effort of counselling sessions can fulfill the objectives of counseling with HIV/AIDS infected persons. From the light of the knowledge the researchers has collected data from the respondents regarding their feeling about the quality of counselors in giving good counselling to them. 61.11% of the respondents opined that counselling is not helping any adjust mental problem between counselors and the respondents, 70.37% of the respondents opined that counselling is helping to the respondents in shyness in expressing his/her normal nature of the disease.

Suggestions:

– Counselling has greater importance in the field of HIV/AIDS. It is important to give major importance to counselling in every health centers.

– It is evident from the research work that people living with HIV/AIDS have seriously suffering from social stigmas, result in discrimination, prejudice and isolation and they have limiting in social support and assistance for coping with HIV/AIDS. Hence the effective counselling can overcome this type of social towards conducting individual and group sessions.

– Support groups and group counselling can be vital forums for addressing people living with HIV/AIDS. The counselor must be work towards achieve it.

– The role of social worker with regard to given need based directions to counselor's is important. Hence, the social worker should conduct many refreshing activities for counselor to make them very effective.

– The counselor must perform this towards identifying a number of challenges facing HIV positive people and he must give counselling to them to accept the reality, make clear this wishes for proper medical treatment.

– Counselling is extremely useful in helping people living with HIV/AIDS to discover ways to reduce stress. Here the researcher's suggestion is ; Give effective reinforcement to all the counselor to enhance their knowledge and ability to work without loosing this hopes.

– The counselling situation is an excellent place to explore the pros and cons of disclosure. Hence, it is necessary to provide proper facilities to the counselling hall to explore the client feelings.

– The Government of India, NAACO and other Governments and NGOs should work together for improving the importance of counselling in HIV/AIDS sector.

– It is necessary to give counselling people living with HIV/AIDS at gross root level. The local government should take necessary steps towards fulfilling counselling requirements.

– It is important to conduct awareness programs regarding safe sex methods, proper care and treatment, importance of counselling at gross root level. The Government should involve effective communication with the coordination or Department of information and broadcasting.

The counselling in HIV/AIDS field has a greater

importance. HIV infection often brings a sense of meaning to people. It is common for people to gain counselling for small pleasures in life and capacity for ignoring minor hostels. A sense of meaning among people living with HIV/AIDS is often achieved through efforts to live each day to its fullest. Counselling can help people to take decision where HIV fits in with other life concerns.

Conclusion:

Counselling help the people in reframing their planning processes. In this regard the research work is fulfilling the requirement of effective ways of counselling towards respondent's opinion. The research work the requirement of effective ways of counselling towards respondents opinion. The research work showing that planning for future includes a will. Many of the coping responses are observed by the research effort. All these observations are needed to be considered as positive information for people living with HIV/AIDS. It has seeing many people's attentions and opening wider opportunities to counselors in terms of understanding the ways and means of counselling practice in solving people living with HIV/AIDS problems effectively.

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