



# Effects of psychological counseling on social acceptance of persons living with HIV/AIDS in Kenya (PLWHA)

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## ABSTRACT

The problem of HIV/AIDS is not only a medical issue, but it is also a psychosocial issue. Infection as well as stigma presents the victim with a broad range of personal psychological experiences to negotiate. The purpose of this study was to investigate the effects of psychological counseling on social acceptance of PLWHA. The target population of this study was 1000 (690 counseled and 310 not counseled) PLWHA. Out of the 1000 PLWHA a 30% was obtained and a total of 300 (208 counseled and 92 not counseled) PLWHA was selected through stratified sampling and simple random sampling. A total of 35 psychological counselors were identified using purposive sampling. The research instruments used were questionnaire and interviews. Quantitative data was analyzed using SPSS (14.0) by use of means and One-way ANOVA. Qualitative data was analyzed using selective coding, percentages and chi-square. The study established that psychological counseling has significant effect social acceptance of PLWHA. The findings may be useful in sensitizing the infected and affected persons on the significance of psychological counseling in enhancing psychosocial wellbeing of PLWHA. The results can be used to mobilize the Ministry of Health, NGOs, CBOs to employ psychological counselors to help in psychological counseling PLWHA.

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## Introduction

Social effects refer to the factors that can affect other members of the society. The effects of HIV/AIDS have been seen to affect the members of the society in various ways. The HIV pandemic impact greatly in the society because the PLWHA is a source of livelihood in the society. When one member is sick, the society will be affected. Many people have changed the roles of taking care of the PLWHA who are sick as well as their taking care of the orphans (UNAIDS, 2008). This will make face the burden of providing financial support, emotional support and psychological support and this in turn will drain their energy level. This new trend of taking care of the orphans and the PLWHA who are weak make the older people be socially isolated from their peers (Bisson, 2007). The social network is also affected because people are no longer having time of socialization as they spend most of their time attending to the sick PLWHA or the orphans. The resources in the society are also strained like the health facilities and finances. The hospitals are the medical full of PLWHA who may be feeling well but are unable to offset the medical bills (UNAIDS, 2006). The members of the society also feel the impact when the PLWHA die because they are to organize for funeral services and these are usually very costly in terms of hospital bills, mortuary bills, purchasing of coffin, providing transport and even food for those who are to the burial services. These social effects are felt in the economy of the Nation because of the loss of a productive person in the society which in turn can affect the production and economic development.

Before the onset of HIV/AIDS pandemic, socialization process was viewed as one way of bringing the members of the society very close to each other. They could share ideas; responsibilities were able to disseminate information to other

members of the society particularly the younger generation (Transler, 1994). In the modern society, the HIV pandemic is now depriving the society the chance of engaging in fruitful socialization due to the fact that the PLWHA who are sick require more attention from the family members. The children are left with no direction because their parents die of HIV/AIDS when the children are still young (UNAIDS, 2008). This forces the children to move out of their home to live with grandparents or relatives. Some of them are taken to orphanage where they will meet caregivers from other tribes or cultures and so they will not be able to inculcate their cultural values (UNAIDS, 2008). The marital issues are also affected by HIV/AIDS pandemic. The spouses always stay in a suspicious state and when the HIV pandemic is established in the home, the family is likely to be dissolved (UNAIDS, 2010). In most the men run away from home leaving the women and children in a state of devastation. When the mother dies, the children remain in a state of devastation with nobody to give them guidelines and directions on how they are expected to behave (WHO, 2006). The children will be institutionalized in orphanage far from their familiar society and this in turn is a form of making them anti-socialized individuals.

## Literature Review

### *Effects of HIV/AIDS in the Family*

The toll of HIV/AIDS has a lot of impact on the immediate family of PLWHA. The family will go through a lot of challenge in terms of relationship and financial issues. For instance if one of the parents is found to be having a virus, the blame game sets in and none of the spouses is ready to accept that he/she is the cause. Even as the blame game progress, their way of relating is distorted and the family will continue heading to ruin (Lane, 2000). The family is robbed of their assets and income so as to

sustain their health status. The children in most cases are in the losing end because in the cause of time the two parents will die and the children to fend for themselves. It was established by the UNAIDS (2006) report that when the parents die, the children are forced to abandon their education and in some cases the girls are forced to turn into prostitution in order to get money to sustain their siblings. These girls are also at a higher risk of contracting HIV virus if no intervention is accorded to them. In most cases the children are left in the hands of their grandparents who are in old and poor. So their resources are strained and their economic state is driven to devastation. They end up being depressed since they are unable to cater for the grandchildren unless some organizations like CBOs or NGOs come to their rescue.

#### **Effects of HIV/AIDS on Education and Employment sectors**

HIV/AIDS pandemic affects education in many ways such as the reduction of teachers as they die of HIV/AIDS, the decrease in the number of students as they drop out of school after the death of their parents or poor academic performance due to stress caused by the death of their parents (UNAIDS, 2006). If there is no recovery in the society from HIV/AIDS pandemic the education sector will continue being affected adversely. The schools will continue registering low enrolment since the children are forced to drop out of school either to take care of their ailing parents or to cater for food when the parents have died (UNAIDS, 2010). Some children are also infected with HIV virus and so they drop out of school to take care of their health or to avoid stigma from their peers or because they are too weak to attend school. Some of the children also die of HIV pandemic and so this adversely affected the education sector (NASCOP, 2002). Employment sector just like education sector is also affected by the HIV/AIDS pandemic. This pandemic has claimed many productive people in many countries and this has impacted negatively on the economy of the Nation through provision of health care (NACC, 2005). It has been established that many PLWHA fall at the age bracket of 25-45 years which is the productive age which is dependent upon by the younger and older generation (ILO, 2001).

#### **Effects of HIV/AIDS on socio-economic factors**

HIV/AIDS is more prevalent among the economically active part of the population, thus affecting the economic activity through loss of manpower (Evian, 1995). Labour productivity will decrease owing to absenteeism and illness of workers, and unit labour costs will increase as firms pay more for medical aid or group life or disability coverage. AIDS as a disease unlike of any other is a social issue and it is targets young adults who are the most productive economically (UNAIDS, 2001). It does to society what it does to the human body-reduces resilience and weakens capacity, hampers development and threatens society. Declining life expectancy and job losses in families will also affect the dependency ratio (the ratio of nonworking age population to the working population). More orphaned children and children-headed families, combined with fewer economically active people, will burden family support systems, with implications for the future development of any country's social security system (NACC, 2006). The PLWHA is an all round person; family member, consumer, producer and community member and he/she will eventually affect the four disciplines. In some cases respected people in the society become the laughing stock mainly because the scourge is associated with unfaithfulness and promiscuity (Bisson, 2007). Stable families have been turned into overnight beggars where in most cases the infected person was the sole breadwinner in the family. Some of their children fail to get

good education, adequate health care and even enough food. Any PLWHA has a role to play in socioeconomic development of a nation.

The HIV pandemic usually robs the nation of the most productive individuals who could have brought a difference in the society. These PLWHA are both producers and consumers of economic necessities and so their absence poses a great challenge to the entire nation. According to WHO (2006), the whole world is in crisis of losing the most productive individuals. THIV/AIDS weakens the body of the infected, leaving him/her an unproductive member of the society. Their illness and death lead to loss of skills and experience while their savings become an investment loss (WHO, 2003).

#### **Objective of the Study**

i) To investigate the effects of psychological counseling and social acceptance of persons living with HIV/AIDS.

#### **Hypothesis of the Study**

Ho1: Psychological counseling has no statistical significant effect on social acceptance of persons living with HIV/AIDS.

#### **Methodology**

This study was carried out in Kericho County in Rift Valley Province, Kenya. This study employed ex post facto (causal comparative) research design. Ex post facto is design in which the independent variable is not manipulated but it is only measured to determine its effects on the dependent variables, which had already occurred by the time the data was collected (Kothari, 2003). It is also referred to as causal comparative design because it involves comparing two groups the PLWHA and those who have no HIV/AIDS. Population of the study was 1000 PLWHA; 640 were females while 360 were males. Research samples were selected the four organizations the PLWHA were stratified into two categories; those who had been attending psychological counseling for over 12 sessions and those who had gone for VCT and had not attended psychological counseling sessions. From these four organizations, 30% of the 1000 (690 counseled and 310 not counseled) PLWHA who had been identified were selected from the population and a total of 300 (208 counseled and 92 not counseled) PLWHA were selected. Purposive sampling was used to select a total of 35 psychological counselors who had been in that organization for over one year to take part in the study. Since this study used a mixed research method, the instruments which were used for collecting data were questionnaire and interviews.

#### **Data Collection Procedures**

The research permit was obtained from the Ministry of Higher Education, Science and Technology through the National Council for Science and Technology. The selected participants were informed of the objectives of the study and they were requested to participate in the study. In addition, the researcher gave them the informed consent letter to read. The questionnaires were administered to participants by the researcher and they were given two hours to answer all the questions. Then after completing the questionnaire the researcher collected them one by one as she crosschecked them to ensure that all items had been responded to.

The researcher conducted the interviews based on interview guides at the convenient time when the participants were available. On the day of interviews in different organizations, the researcher with the assistance of psychological counsellors was given a private room where the interview was conducted without or with minimal disturbances. There was privacy and the participants were first made to relax and they were assured of dire confidentiality during and after the interview sessions. The data obtained from participants was written down after

seeking consent from the participants. The data could not be tape recorded since the participants objected the idea. The writing down of data was to assist during selective coding of common themes in relation to the objectives of the study. Thereafter data analysis was done to establish the findings of the study.

#### Data Analysis

The objective was to determine the effects of psychological counseling on social acceptance of persons living with HIV/AIDS. From the interview which was conducted, a total of 61% (N=31) of PLWHA who had attended psychological counseling reported that they are accepted by members of their family and the community at large. They have a sense of personal dignity and they affirmed that they have been accommodated by other members of the society. In contrast, 76% (N= 19) of PLWHA who had not attended psychological counseling felt that they are not accepted by their significant others and this feeling make them to be so much depressed and they have lots of irrational thoughts. They often contemplate of committing suicide and they are so paranoid.

The PLWHA who were interviewed reported that they were rejected by their significant others when they were diagnosed as HIV positive by members of the family, friends, co-workers, employers and other members of the society. The above observation was justified by the following summarized information from one of the participants during the interview

*I can recall that fateful day when I visited the clinic for prenatal check up. I had to visit VCT as it is nowadays mandatory for all pregnant mothers. I was not suspecting anything serious. When the results were ready, the VCT counselor started talking to me and giving assurance that life has to continue even when one is infected with HIV virus. It took me some time to recollect and understand that I was HIV positive. As if the world drastically closed its doors on me, I became blind and could not know where to go. I found myself in hospital in the ward and I saw my husband seated but could not raise his head to see me. He then left and went forever leaving me in the hospital. No family member from his family came to see me save for my mother. I wanted to die and vanish from this planet for ever without trace but my two children and the one I was expecting gave me hope to live for their sake.*

As they go through this state of rejection, they tend to develop irrational thoughts like attempting suicide. This concurs with what 48% (N=12) of the psychological counselors reported that the PLWHA who have not undergone psychological counseling feel they are being discriminated and rejected in the society. But after going through several psychological counseling sessions, about 84% (N=42) of them begin to realize that they are fit to be members of the community. The psychological counselors reported that the newly diagnosed PLWHA do not want to join support groups because they still feel that they are not being accepted as they are by other people. It was reported by one of the psychological counselors that it takes them time to be convinced to join support groups because they have perceived audience who are not ready to accept them. This is because it takes quite a long time for them to believe that they are important people in the society.

In order to ascertain the effects of psychological counseling on social acceptance of PLWHA, the third hypothesis which states that there is no statistically significant effect of psychological counseling on social acceptance of persons living with HIV/AIDS was tested. To test this hypothesis, PLWHA were requested to complete the questionnaire and they were then categorized into two groups; those who had been counseled and those who had not been counseled. Their mean scores on social

acceptance were computed and the results of the two groups are reported in Table 1 below.

**Table 1. Effects of Psychological Counseling on Social Acceptance of PLWHA**

Psychological counseling	Social Acceptance means scores				
	High	Neutral	Low	Mean	SD
Counseled	48.65(N=119)	32.96(N= 48)	25.48(N=41)	35.70	3.18
Not counseled	36.19(N=13)	29.77 (N=16)	19.56(N=63)	28.51	6.87
Total	42.42(N=132)	31.37(N=55)	22.52(N=113)	32.11	5.03

From, the above results it was established that PLWHA who had attended psychological counseling had high social acceptance as compared to those who had not attended psychological counseling. But these results were not sufficient to conclude that psychological counseling help in changing the negative social acceptance to positive and so one-way ANOVA was performed in order to test whether or not psychological counseling had significant effect on social acceptance of persons living with HIV/AIDS. The results of this analysis are shown in the table 2 below.

**Table 2. Effects of Psychological Counseling on Social Acceptance of PLWHA**

Source	SS	d.f	ms	Fob	Fcrit
Between groups	185580.36	2	92790.18	521.10*	3.04
Within groups	52885.84	297	178.07		
Total	238466.20	299			

\* Significant at  $\alpha = 0.05$  (refer to Abbreviation pg. V for ss, d.f, ms, Fob, Fcrit and  $\alpha$ )

The above results showed that the calculated value (Fob = 521.10) is greater than the critical value (Fcrit = 3.04) and so the null hypothesis was rejected. It was therefore concluded that psychological counseling has significant effect on social acceptance of persons living with HIV/AIDS. This means that psychological counseling increase the social acceptance of PLWHA in the society. This is because psychological counseling plays the role of correcting faulty assumptions of PLWHA that the members of the society are hold against them and that they have of no use in the society.

#### Discussion of the findings

This study investigated effects of psychological counseling on social acceptance of persons living with HIV/AIDS. The findings revealed that 80% (N= 167) of PLWHA who had gone for psychological counseling have high social acceptance as compared to 32% (N=29) PLWHA who had not attended psychological counseling. This showed that psychological counseling has a significant effect on the social acceptance of PLWHA. This result concurs with those of Rogers (1980) who advocated that individuals have vast resources for self-understanding and for altering their self-concept, basic attitudes and self-directed behaviour. These potentials of these individuals are only possible if they are given a warm climate by the counselor. So PLWHA can alter their negative self-concept to positive depending on their willingness to unleash their capabilities that contrast the way other members are viewing them. The attitude of people in the society towards the PLWHA affects their social status with their peers, their participation in the society and their psychological development. Effective socialization can be achieved through reduction of the stigmatizing effects of HIV status and in building positive self-image.

The PLWHA who are cut off from socialization environment are capable of exhibiting emotional or behavioural disorders, which are not in accordance with social norms (WHO/UNAIDS, 2000). They withdraw completely from the rest of the people and they do not participate in any activity in the society. Psychological counseling is one of the psychological strategies that can be used to return these PLWHA to the community, to foster their self-help potentials, enhance their social skills and rectify unbecoming behaviour. It was advocated by Kazdin (1994) that relieving people from behaviours that interfere with living fully is consistent with democratic value that individual should be able to pursue their goals freely as long as these goals are consistent with the general social good. This in brief means that the way PLWHA behave should in a manner that is socially accepted in the society. Counselor can be able to realize that these PLWHA are changing their way of behaving in accordance with the socially accepted norms.

The psychological counselors who were interviewed emphasized that psychological and social impacts of psychological counseling can be enhanced positively by providing the PLWHA with conducive, humane environment. They need to be accepted and given warm emotional support by counselor, parents, siblings, peers and other significant persons. This will help them to have positive self-perception and be able to accommodate the HIV pandemic. PLWHA may be confronted with having to reexamine their sexual identity and the behavioral choices they have made in support of that identity. This is only possible when they have learned to view themselves as individuals who can bring about transformation of their lives. Rogers (2004), believe that there is power in a group and so the feedback from group members have far reaching force of helping one to reflect upon his/her feelings about oneself in any situation they may find themselves in. This means that the PLWHA need to give themselves chance to interact with other members of the society as well as the members of their support group so that they may know what they have known about their nature. This will help them to transform the maladjusted personality 'I am not OK and you are not OK' to a well adjusted personality of 'I am OK and you are OK'.

When PLWHA associates HIV/AIDS with what society has traditionally considered immoral, then the counselor will have to assist them to work through their feelings in order for them to reaffirm themselves in an acceptable manner. Without counseling these PLWHA may live unhappy lives due to discrimination or stigma from other members of the society. This in itself is an emotional situation that can cause PLWHA to be withdrawn, not willing to disclose their feelings, and become socially isolated and this may lead to an emotional breakdown because these feelings continue to be suppressed (Watstein and Chandler, 1998). This emotional situation can only be corrected through psychological counseling. The psychosocial goal of psychological counseling persons with HIV is to help restore the person to their highest level of coping and functioning in behavioral, emotional, and interpersonal areas of their life, both during and after a crisis (Winnicott, 1965b).

The results revealed that psychological counseling has significant effect on social acceptance of PLWHA. This is due to the fact that the PLWHA get opportunity to appreciate their health status and allow other people to compliment their efforts of trying to make their lives better despite the HIV infection. It was obtained that about 61% (N= 31) of those who had attended psychological counseling reported that they were only able to engage in social interactions after they had been assisted to view life positively. To them, other members of the society can only

involve them in any social function when they have seen them living happily and talking to them freely. It is amazing to note that those who have not accepted their health status still entertain the idea that people are against them and friends are running away from them. But this is due to their wild behaviour of shutting their doors and not willing to accept reality of HIV pandemic. It is only through self-acceptance that others will also socially accept them. When the PLWHA are socially well adjusted in the society, the other members of the society will find it very easy to associate with them and they can help them in whichever way they can. Psychological counseling helps them to realize their roles of changing maladaptive personality 'I am not OK and you are not OK' to a well adjusted personality 'I am OK and you are OK' (Glassier (2000).

### Conclusion

The study established that the PLWHA who had gone for psychological counseling had high positive social acceptance as compared to those who had not been counseled. This is attributed to the fact psychological counseling helps the PLWHA to transform their state of on social acceptance and social expectations. This means that psychological counseling help the PLWHA to overcome the rejections, discriminations and stigma which the society usually hold about those who are HIV positive. It is through psychological counseling that PLWHA are to realize that what is affecting their social acceptance is their irrational beliefs and distorted thoughts that they hold about their current health status. As they continue attending psychological counseling sessions, they begin to realize that they need to rectify their own beliefs and thoughts before focusing on what people are thinking about or on how other people are treating them.

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