



ORIGINAL RESEARCH ARTICLE

OPEN ACCESS

IMPACT OF REMEDIAL COUNSELING ON PSYCHOLOGICAL MODULATION OF HIV POSITIVE MENOPAUSAL SEX PROVIDERS: A CRITICAL APPRAISAL OF STATUS OUTCOME

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ARTICLE INFO

Article History:

Received 09th November, 2017
Received in revised form
23rd December, 2017
Accepted 17th January, 2018
Published online 28th February, 2018

Key Words:

Interventional study,
Remedial counseling,
Stress level of HIV positive
menopausal sex providers,
Status outcome.

ABSTRACT

Objective: To analyse the impact of remedial counseling on stress level of HIV positive menopausal sex providers.

Methodology: This interventional study was carried out between 1st October 2015 to 31st December 2017 in Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha on 236 HIV positive menopausal sex providers belonging to 4 talukas of Wardha district with the help of 2 social workers and 1 clinical psychologist after the approval of institutional ethics committee. The stress levels of participants were ascertained by using stress scale inventory (SSI) before initiation of remedial counseling. Remedial counseling was given by clinical psychologist of the institute. 2 to 5 sessions were provided to participants depending upon severity of problem and compatibility of individuals. After counseling, modulation in stress levels of participants was appraised by SSI.

Results: The stress level before remedial counseling was High in 40.68% (Group A), Moderate in 43.22% (Group B) and Low in 16.10% (Group C) of participants. After counseling, participants in Group A were 02.02%, Group B 47.47% and Group C 49.49%.

Conclusion: Remedial counseling, if given at proper time, in adequate manner for required duration along with antiretroviral and hormonal therapy can decrease stress level of HIV positive menopausal sex providers and contribute to better quality of life.

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Citation: Dr. Priyanka B. Aglawe, Dr. Rajesh K. Jha, Dr. Vedprakash Mishra, 2018. "Impact of remedial counseling on psychological modulation of HIV Positive menopausal sex providers: A critical appraisal of status outcome", *International Journal of Development Research*, 8, (02), 18879-18882.

INTRODUCTION

HIV positive menopausal sex providers suffer from hormonal changes, intense fear of uncertain future and multi dimensional stressors. Due to these three perspectives, there are changes in attitude, behavior and hence quality of life of this section of emotionally ill treated women fraternity. Menopause is in itself a complex distressing transition which has various clinical manifestations; vasomotor symptoms such as hot flushes and night sweats; sleep disturbances and insomnia; urogenital

Symptoms such as dyspareunia, vaginal dryness, vaginal itching; urinary symptoms such as incontinence, increased frequency, burning micturition; psychological symptoms such as mood swings, depression, dementia and alteration in cognition; decrease in sexual desire and decreased libido; musculoskeletal symptoms such as osteoporosis and myalgia.

Psychological modulation in menopause may be directly associated with hormonal changes or indirect consequences of various trigger factors leading to stress. Hormonal imbalance results into troublesome physical and psychological symptoms making the transition stressful. Stress affects not only the health but also the relationships, work performance, general sense of well being and quality of life.

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Females are forced to be sex providers to acquire money for the better living hood of herself, non earning male partner and kids. A study by *Hongjei Liu* revealed that women belonging to mid age enter into sex work in their late 30s because of financial adversity which could occur due to various reasons such as becoming unemployed, divorced, family burden or migrating from rural to urban areas (*Liu, 2017*) which coincides with the findings of the study by *Coetzee et al.* which shows that low level of education, gender inequality, violence and poverty in addition to the above adversities may force these women to enter into the sex work profession (*Coetzee et al., 2017*). Therefore, sexual dysfunction after menopause may hamper their earnings further worsening their living quality, leading to stress, negative thoughts, feeling of worthlessness, feeling of empty nest which may eventually lead to distressing psychological problems. A study carried out by *Zhu et al.* in china showed that the female sex workers and their male clients are a high risk population for HIV infection in China owing to their significant role of commercial sexual transmission in the HIV epidemic, (*Zhu et al., 2017*) which draws a parallel conclusion with the study done by *Liu* suggesting that commercial sex is a major transmission mode for sexually transmitted diseases (STDs) including HIV/AIDS. This may be due to practicing unprotected sex, use of injectable drugs, partner violence, infections or other STDs and lack of HIV testing on frequent intervals. (*Shen et al., 2014*) Epidemics of sexually transmitted infections (STIs), including HIV/AIDS, have spread into the older adult population over 50 years old in both developed and developing countries. (*Liu, 2017*) *Hao et al.* suggested that sex workers belonging to lower class; which was based on where the sex workers solicit their clients, the socioeconomic status of the clients and the price of sex transaction, were more likely to engage in unsafe sex and had higher prevalence of HIV and sexually-transmitted infections (*Hao et al., 2014*). Because prostitution is illegal, sex providers has to face social adversity; including stigma, discrimination and vulnerability to violence. Due to this stigma related to sex work, they usually conceal their sex-work identity and gets more vulnerable to HIV/STIs (*Liu, 2017*). These complex issues of social stigma, multiple clinical symptoms, failure to show up for medical support and thoughts about unpleasant outcome of this difficult to cure disease, increase their stress and may worsen their psych.

The 3 domains; menopause, HIV infection and sex work may affect the pattern of perception, analysis, control and utilization of emotions which ultimately affects the physical, mental, social and environmental health of a woman. They affect the attitude, behavior, thought process, responses and ultimately the quality of life. Remedial counseling is a most widely used evidence based psychosocial intervention which focuses on the development of coping strategies to solve alarming problems and changing negative patterns in cognitions (*Fujimoto, 2017*). It is a need based counseling which varies according to the nature of problem and duration of problem, It is used to improve mental health and sense of well being by modulating unwanted behaviour, beliefs, compulsions and negative thoughts or emotions to solve teasing problems (*Fujimoto, 2017*; Nonhormonal management of menopause-associated vasomotor symptoms: 2015 position statement of The North American Menopause Society). A study by *Chilcot et al.* reveals that remedial counseling can effectively reduce hot flushes and night sweats which are the common symptoms during menopause (*Chilcot et al., 2014*). There are several evidence based studies which reveals the positive impact of

remedial counseling on menopausal symptoms (*Duijts et al., 2009*; *Fujimoto, 2017*; Nonhormonal management of menopause-associated vasomotor symptoms: 2015 position statement of The North American Menopause Society) A study by *Hunter MS et al.* 1996. Suggests that four sessions of counseling to be as beneficial in the reduction of vasomotor symptoms as hormone replacement therapy (HRT) in women undergoing natural menopause, and more effective than HRT in improving mood (*Hunter and Lih-Mei Liao, 1996*). Personality problems and major depression are very common with HIV infected patients. Remedial counseling have been the mainstay for the treatment of this disease, as it may help them by giving a view of better future, a focus on their strengths and how those strengths can be exploited to improve their quality of life (*Angelino and Treisman, 2001*).

OBJECTIVE

To analyse the impact of remedial counseling on stress level of HIV positive menopausal sex providers

MATERIALS AND METHODS

Study design: An Interventional Study

Locus of Study: 4 talukas of Wardha district; Wardha, Deoli, Seloo and Arvi

Locus of administrative control: Department of Pharmacology, J.N.M.C., Sawangi (Meghe), Wardha

Locus of Counseling: Students Guidance Clinic, D.M.I.M.S. (DU), Sawangi (Meghe), Wardha

Study Population: HIV positive menopausal sex providers from Wardha, Deoli, Seloo and Arvi

Sample Size: 236

Duration of Study: 1st October 2015 to 31st December 2017

Inclusion criteria: 1) HIV positive menopausal sex provider swilling to participate in the study

Age group – 45 – 55 years

Exclusion criteria: 1) Subjects suffering from any other psychiatric conditions

Ethical clearance: Ref. DMIMS (DU)/IEC/2015-16/1553

Modus Operandi

Step 1: Approval of Research Proposal from the Institutional Ethics Committee (Ref. DMIMS (DU)/IEC/2015-16/1553)

Step 2: Evaluation of stress level of study sample by Stress Scale Inventory (Dr. Tejinder Kaur, Dr. Perna Puri Nee Kumar and Manju Mehta) © APRC 2008

Step 3: Categorization of participants on stress level
Group A : High stress level (HSL)
Group B : Moderate stress level (MSL)
Group C : Low stress level (LSL)

Step 4: Remedial counseling of Group A: HSL
Remedial counseling of Group B: MSL

Step 5: Impact analysis of remedial counseling by clinical psychologist

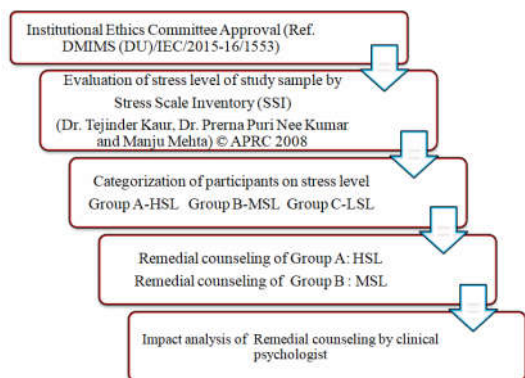


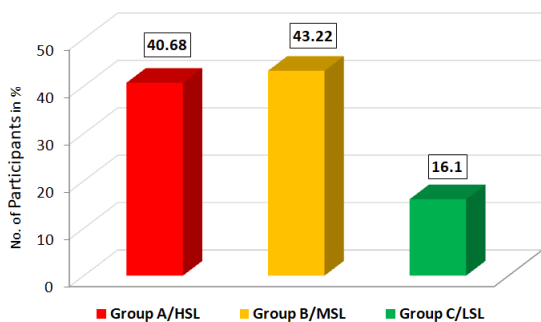
Figure 1.

RESULTS

Table 1. Stress level of HIV positive menopausal sex providers before remedial counseling

Group A/HSL		Group B/MSL		Group C/LSL	
(n)	(%)	(n)	(%)	(n)	(%)
96	40.68	102	43.22	38	16.10

χ^2 -value = 20.37, p-value = 0.0001, Significant

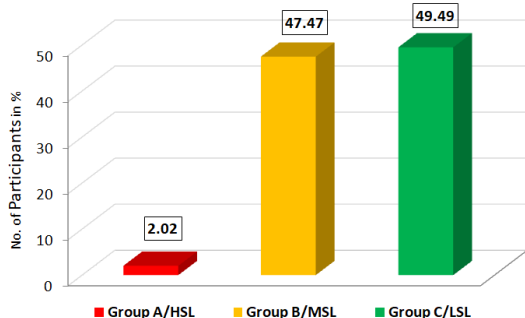


Graph 1. Stress level of HIV positive menopausal sex providers before remedial counseling

Table 2. Modulation in stress level of HIV positive menopausal sex providers after Intervention

Group A/HSL		Group B/MSL		Group C/LSL	
(n)	(%)	(n)	(%)	(n)	(%)
04	02.02	94	47.47	98	49.49

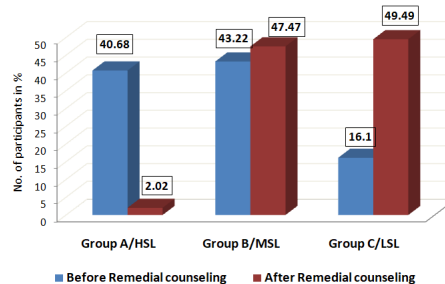
χ^2 -value = 64.23, p-value = 0.0001, Significant



Graph 2. Modulation in stress level of HIV positive menopausal sex providers after intervention

Table 3. Comparison in stress level of HIV positive menopausal sex providers before and after intervention

	Group A/HSL	Group B/MSL	Group C/LSL
% of participants before remedial counseling	40.68	43.22	16.10
% of participants after remedial counseling	02.02	47.47	49.49
χ^2 -value	45.06	0.32	24.82
p-value	0.0001,S	0.56,NS	0.0001,S



Graph 3. Comparison in stress level of HIV positive menopausal sex providers before and after intervention

DISCUSSION

In the present study, out of 236 participants enrolled in the study, 96 (40.68 %) had High Stress, 102 (43.22 %) had Moderate Stress and 38 (16.10 %) had Low Stress levels. Maximum participants had high and moderate stress before intervention of remedial counseling. A study by Duff et al. revealed that sex workers suffered from a high stress due to multiple stressors such as poor work conditions, violence, policing and lack of safe work spaces (Duff *et al.*, 2017). Also a study by Fujimoto et al. revealed that menopausal women suffer from a variety of psychological symptoms (Fujimoto, 2017). After remedial counseling, participants with High stress were only 04 (02.02 %), with Moderate stress were 94 (47.47 %) and with Low stress level were 98 (49.49 %). Stress level of maximum participants lowered and only few participants were left with high stress. A study carried out in Kenya by Opiyo et al. suggested that remedial counseling for HIV positive women in Kenya lowered their stress and improved their quality of life. The findings of our study which also showed increased ability of participants to cope with stress are in consonance with the findings of the study by Opiyo *et al.* (Opiyo *et al.*, 2016). A recent meta-analysis of various treatment outcomes for a variety of psychiatric disorders concluded that cognitive behavioral therapy (CBT) which is a type of remedial counseling is effective for adult depression (Butler *et al.*, 2006). A number of studies have also revealed that remedial counseling, particularly CBT, is as effective as standard medications of depression (McBride *et al.*, 2006). A study conducted by Faramarzi et al. revealed that remedial counseling was superior to the standard drug fluoxetine to treat or reduce depression and thus the psychological symptoms in the infertile women which was in contrast with several other studies which suggested that remedial counseling was no more effective than the pharmacotherapy or control groups in the treatment and prevention of depression (Faramarzi *et al.*, 2008). Secondary outcome was psychological well being of the participants, which was in consonance with the study conducted by Takamatsu K et al. which showed that counseling not only improved the psychological symptoms but also the

physical symptoms (Takamatsu *et al.*, 2001). Similar findings were seen in the study conducted by Fujimoto *et al.* in Japan which showed counseling enhanced the psychological well being of the menopausal women (Fujimoto, 2017). Large sample size and follow up studies are required to generalize the findings of this present study.

Conclusion

From the results of the present study we can conclude that remedial counseling, if given at proper time, in adequate manner for required duration along with antiretroviral and hormonal therapy can decrease stress level of HIV positive menopausal sex providers and contribute to better quality of life. It is recommended that counseling of this group of women fraternity should be carried out for their better psychological health and better quality of life. Public health awareness camps at a regular interval should be carried out for the awareness of distressing psychological symptoms of HIV positive menopausal sex providers, so that a proper and prompt treatment can be approached and prophylactic measures can be practiced. It has become a mandate to break the social stigma and attitude towards this profession of sex providers and HIV infection, so that more and more suffering women can show up without hesitation and get medical help on time. Also, remedial counseling should be considered a must do intervention in the treatment protocol of every women suffering from such psychological symptoms of any of these origin.

ACKNOWLEDGEMENT

We are very much thankful to Staff research society of DMIMS (DU) for permission and financial assistance; all the counsellors of Students Guidance Clinic for remedial counseling; all the members of Student welfare cell; all the teaching and non teaching staff members of examination cell; Dr. Bhushan Waghmare, Dean faculty of Interdisciplinary sciences; Dr. Adarshlata Singh, Dean faculty of medicine; Dr. Alka Rawekar, Director Students welfare cell; Dr. Sunita J. Vagha, Director SHPER for guidance motivation and moral support during all ups and downs in carrying out this atypical brainstorming venture.

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