

Counseling Resources for People Living with HIV/AIDS in Gaborone, Botswana

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Abstract

Considering the neurocognitive changes and stress-related issues associated with HIV/AIDS, more focus needs to be paid to the mental wellbeing of individuals following a positive diagnosis. Literature on the topic advocates for counseling interventions to provide resources for HIV-positive individuals in order to learn coping skills, to develop social support networks, to adhere properly to drug treatments and to be able to manage psychologically daily living with their disease. The purpose of this research was to find long-term counseling resources in Gaborone for people (adults and children) affected or infected with HIV/AIDS and to assess the accessibility and availability of these services by way of an auto-ethnography. Reflection of my experiences found that while HIV specific counseling resources do exist, very few focus specifically on long-term psychosocial wellbeing and the services are difficult to find. Further research should be done to determine the effectiveness of the existing services and greater attention must be paid to advertising such services to the HIV+ population living in Gaborone, Botswana.

Counseling Resources for People Living with HIV/AIDS in Gaborone				
NAME	INFO MEDIUM	TYPE/SERVICES	LOCATION	CLIENTEL
Village Clinic	Asking	ARV Clinic, PMTC & Adherence counseling	(A) Across the street from Thopong Art Center	Adults
Bontleing (Extension 8)	Asking	Clinic ""	(B) Off of Kaunda Road	Adults
Broadhurst 3	Asking	Mobile Clinic (Thursdays) ""	(C) Broadhurst	Adults
Phase 2	Asking	Clinic ""	(D) Bus Rank	Adults
Broadhurst Traditional	Asking	Clinic ""	(E) Broadhurst Industrial	Adults
Marina Caravan	Asking	Clinic ""	(F) Princess Marina Hospital near Pediatric Ward	Adults
Baylor Children's Clinical Center for Excellence	Asking and Other	Children and family clinic, ARV, counseling, psychotherapy, tutoring, activities	(G) Princess Marina Hospital	Children + Families
Tebelope	Research and Asking	HIV testing center, Pre + Post Test counseling	(H) Main Mall	Open
BOCAIP	Asking, Research, and Other	HIV testing + Counseling	(I) Methodist Church near UB campus	Adults
Lifeline	Research	Counseling	(J) Neighborhood near BOCAIP	Adults
National Blood Transfusion Center	Other	Blood test + post results counseling	(K) Main Mall	Adult blood donors
CeYoHo	Other	Psychosocial support group, some counseling	(L) Tlokweng (outside Gaborone)	Open

Introduction

While HIV/AIDS has been on the global health agenda for a number of years, mental health issues have seen very little international recognition until recently. Managing HIV/AIDS requires focus "not only on physical ailments due to a suppressed immune system, but psychological problems as well" considering the neurocognitive changes and stress-related issues associated with the virus (Remien & Mellins, 2007) (Gifford, Lorig, Lawrent, & Gonzales, 2000). A Botswana specific study conducted by the Center for Study of HIV and AIDS at the University of Botswana in 2009 showed a positive correlation between HIV status and negative affective disorders like depression as well as a lack of correct diagnosis and thus a lack of necessary care. (Kathy Lawler, 2009). A number of other mental health issues faced by HIV+ individuals include "shock, fear and anxiety, depression, anger and frustration, as well as guilt" upon learning their positive status (Chippindale & French, 2001). Much of the literature on the mental health and wellbeing of people with HIV/AIDS demonstrates that people are greatly affected psychologically beyond simply the initial pre & post testing stages and should be considered for greater care and attention of their mental wellbeing on a continuous basis following diagnosis. Further literature on the issue advocates for counseling interventions to provide resources for HIV-positive individuals in order to learn coping skills, to develop social support networks, to adhere properly to drug treatments and to be able to manage psychologically daily living with their disease. The purpose of this research was to investigate available counseling and mental health support services for people living with HIV/AIDS in Gaborone, Botswana. The intent was to compare the two on both a quantitative and qualitative (what services are provided and how available are they) basis. Results from surveying the available resources were expected to show that very little continues to be done about the mental health of people living with HIV/AIDS which will hopefully bring attention to the need for more relevant counseling services.

Methods

The purpose of this research was to find long-term counseling resources in Gaborone for people (adults and children) affected or infected with HIV/AIDS and to assess the accessibility and availability of these services. Therefore, I decided the best approach to data collection was by way of a systematic auto-ethnography whereby I used a journal to record and analyze my experiences. The various methods of data collection enlisted include passive observation, active inquiry, online and other research, as well as site visits. Data was collected between February and April of 2011. Data was interpreted according to my personal reactions in each of these situations according to the theme of an auto-ethnography.

Works Cited

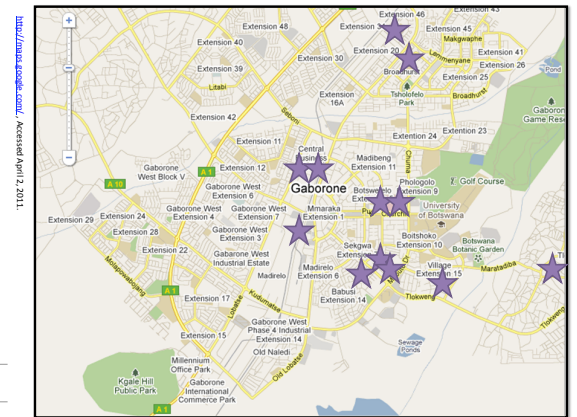
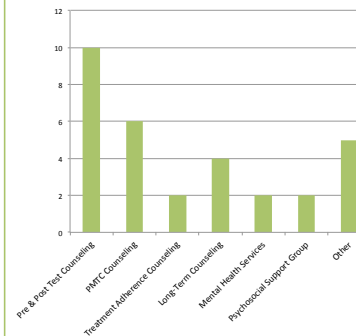
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Results

Attempting to find services proved to be frustrating and slow work in general. However, through my experiences including passive receipt of information, active questioning, research, and multiple site visits, I was able to compile a list of some services. I limited my results to the organizations I came across specifically providing long-term counseling for HIV/AIDS and recorded them in an excel spreadsheet. Included in table is the medium through which I learned of the organization, the location of each place, the specific services provided, and the population serviced. (see table at left)

Furthermore, I found many of the organizations to be centrally located as can be seen on a Google map of Gaborone demonstrating possible issues with accessibility.

Number of Entries for Gaborone Counseling Services in Google Search



During my online and other research I performed a Google search for specific phrases including "HIV/AIDS Counseling Botswana," "HIV/AIDS Counseling Gaborone," "HIV/AIDS Support Group Gaborone," "HIV+ Counselling Gaborone," "HIV+ Mental Health Gaborone," "HIV/AIDS Mental Health Gaborone," and "HIV/AIDS psychological resources Gaborone." I recorded the number of counseling resources found on the first page of each search according to the type of services offered. (See bar graph to left) Some organizations may have overlapped. I disregarded prevention counseling programs and unrelated service organizations. Many sites and a majority of the contact information was outdated. There was rare mention of the need to provide long-term emotional support and a major focus on pre & post-test counseling overall.

Conclusion

Through my experience, I found HIV/AIDS counseling services to be difficult to find in Gaborone. Services were not well advertised nor were they well known about among health care providers, locals, testing agencies, or even other counseling agencies. Overall, pre & post-test counseling were most widespread followed by PMTC counseling. Furthermore, there were only two organizations offering child-specific counseling services. Long-term counseling services for HIV+ individuals were not known about nor were they a major focus among a majority of the mediums I researched. This lack of long-term counseling specifically is problematic because of the time gap between Post-test counseling and ARV adherence counseling. More must be done to increase availability of counseling services for people with HIV/AIDS to reduce the risk of mental health issues which may further complicate the health of such individuals. As my research was limited in time, resources, and certain circles available to locals, it is very likely that I was unable to obtain certain relevant information regarding these services. Therefore, further research could be done to create a more comprehensive list. Additionally, future research should focus on the quality of counseling offered and the utilization of said services among the HIV+ population.

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