

HOW GOOD IS THE COUNSELING PROVIDED TO PATIENTS RECEIVING HIGHLY ACTIVE ANTIRETROVIRAL THERAPY (HAART) IN THE MINISTRY OF PUBLIC HEALTH FACILITIES IN NORTHERN THAILAND?

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CONCLUSIONS

To increase adherence to HAART and reduce drop-out rates, health providers need further training that develops their skills, confidence, and motivation to provide counseling that better responds to patients' needs.

BACKGROUND

Thailand has recently introduced the Access to Care (ATC) Project, but faces problems with patient adherence to HAART and drop out. For example, according to hospital records in northern Thailand, 30 percent of the people who enrolled in the ATC project dropped out after six months. To help identify strategies for increasing adherence and reducing dropout, an investigation of ATC's counseling program was undertaken as part of a rapid Situation Analysis study.

METHODS

Between May and July 2002:

- ◆ Interviews with 42 care providers from 15 hospitals participating in the ATC Project in northern Thailand.
- ◆ Observations of 12 clients after their first month on HAART as they interacted with different service providers, including six doctors, 12 nurses, and 11 pharmacists.

RESULTS

There were three distinct phases of counseling: during the preparation phase (about 2 weeks before clients started HAART), during the first month on HAART, and after the first month. During all phases, counseling was predominately undertaken by nurses and pharmacists. All hospitals provided individual counseling/education and five also offered group counseling.

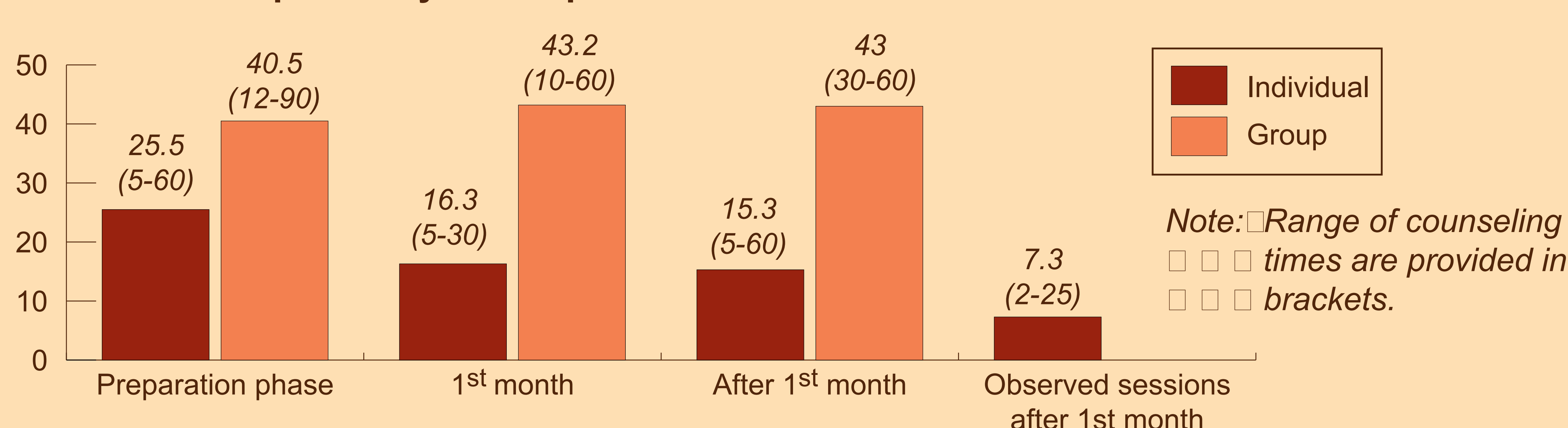
Providers noted that the first month was the most difficult period for counseling. Nearly three-fourths of care providers (28/38) had difficulties in providing counseling on drug side effects. This included 14 of 18 nurses and 6 of 10 pharmacists interviewed. When asked about their counseling confidence, less than half of the nurses and professional counselors were confident about providing drug counseling or counseling on side effects. Pharmacists were least confident in counseling on safer sex and general health (Table 1).

Table 1: Number of care providers who felt confident about providing services

Service	Nurses	Pharmacists	Professional counselors	Total n/N
Side effects counseling	6/18	7/10	0/5	13/33
Safer sex counseling	12/18	1/10	4/5	17/33
Drug counseling	7/18	9/10	2/5	18/33
General health counseling	11/18	5/10	5/5	21/33

Health providers reported that individual counseling sessions were the longest in duration before patients started HAART. They also noted that far fewer clients needed counseling after the first month because they had few side effects from HAART. Observed counseling during this period was on average only seven minutes (Figure 1).

Figure 1: Mean number of minutes of individual and group counseling/education as reported by health providers or from observations



The observations show that problems raised by patients were not discussed in detail. Providers showed little initiative to identify patients' problems or provide them with information. Questions tended to require yes/no answers and if patients were not forthcoming, the discussion quickly ended. There was little emphasis during this phase on motivating clients to adhere to their medication.

For more information about this study, visit the Horizons booth (#70) in the exhibition hall.