TBIOMD491

Dual Dimensions of Care: Exploring Practical and Emotional Counseling in Delhi, India

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Background

In India, cultural stigma from the caste system (Figure 2) and healthcare infrastructure are fundamental factors that affect how individuals seek healthcare support services. Traditional Volunteer Counseling and Testing Centres (VCTCs) and Prevention of Parent-to-Child Transmission (PPTCT) programs struggled with stigma, long wait times, and counselor shortages.[1] In response, Integrated Counseling and Testing Centres (ICTCs) were developed to combine testing, education, emotional support, and treatment to increase uptake and effectiveness of public health outreach.

After this implementation, most clients understood core concepts like HIV transmission and prevention, however, clients still lacked awareness about STIs, maternal HIV care, and antiretroviral therapy (ART). Myths and stigma continued to affect behavior (Figure 3).[2] These gaps indicate the importance of offering access to accurate information which reinforces the need for culturally inclusive counseling. I studied abroad in Delhi, India, where I interviewed counselors from five organizations across diverse public health sectors—including HIV testing, addiction recovery, and palliative care—to observe how integrated counseling practices in India compare to the U.S.

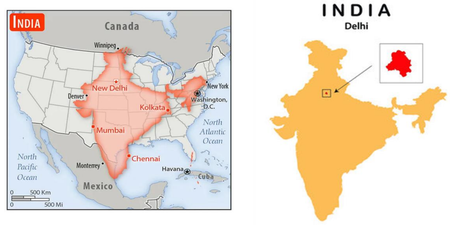

Figure 1. Map of India with proportion of the capitol, Delhi. Overlay of India's size with United States to scale relative area.[3,4]

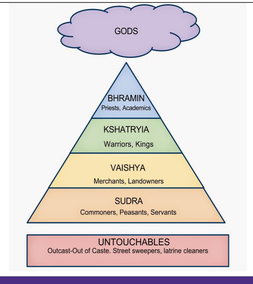

Figure 2.
Pyramid diagram labeling India's caste system which shows classification based on occupation.[5]

India's caste system

- Inequity among individuals classified in lower divisions.
- Stigma, poverty, segregation, and discrimination.

India's health disparity is based on this system.

Integrated Counseling in India's Healthcare [2]

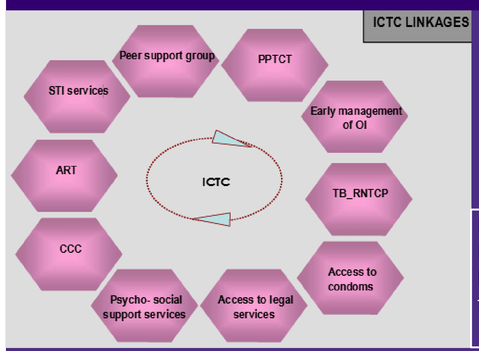

Figure 3. Diagram of ICTC network to patient resources.

- More than 75% of clients understood core concepts like HIV transmission, prevention and treatment.
- ~50% of clients lacked adequate knowledge about STI symptoms, infant feeding for HIV positive mothers, the utility of Nevirapine and the long-term use of ART.
- 22.5% of clients still believed HIV spreads through casual contact or mosquito bites.

Methods

CFHI Program

- Participate in public health program abroad in Delhi, India for 3 weeks.

Interview Counselors

- Record observations & discussions with counselors from non-governmental organizations.
  - 3 days with CanSupport
  - 2 days with SPYM De-Addiction Centre for Boys & Girls
  - 3 days with Dr. Shroff's Charity Eye Hospital
  - Opioid Substitution Therapy (O.S.T.) Centre
  - ICTC located at bus station

Observations

CanSupport

Home Visits with team including doctor, nurse, and counselor

- Counselor and nurse would take the patient's hand, sit on their bed while talking, pet their head. Subtle **physical contact** as a source of comfort & presence.

SPYM (BE YOUR OWN LIGHT)

90-day program, Just for Today & **12 Step Program**

- Child's detoxification (first 5-7 days), Screening and Assessment
- Counseling, Group Therapy & Family Therapy
- Art, Music, and Dance Therapy
- Yoga and Meditation
- Games and Sports for Development Vocational Training (Computer Typing Classes) Life Skills Education

NACO (National AIDS Control Organisation)

ICTC Counselor: pre-test: education + post-testing counseling: treatment plan, prevention, & emotions

- Patients can **message/call counselor directly** via personal phone number if in crisis.

Cataracts Counselor: Education, Emotion, and **Finances**

- Educating patients on the purpose of suggested treatment/surgery.
- Financial counseling for payment plan and eligibility for assistance.

O.S.T Centre

Team including data manager, counselor, nurse, and doctor

- Counselor will guide patient through testing. **Family members can be counseled with patient** if brought along to appointment.

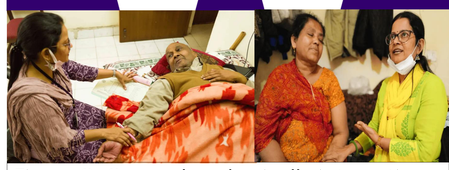

Figure 3. Counselor physically interacting with patients during home-visits.[6]

Figure 4.
Meditation circle at Centre for Boys.[7]
Playing games with the girls at De-addiction Centre for Girls.

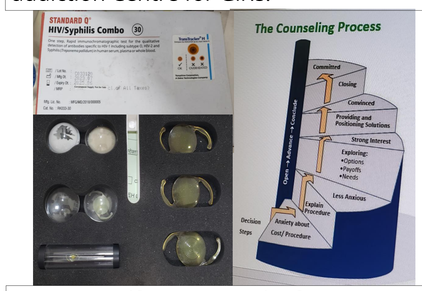

Figure 5. Self-testing HIV kit from MITR LGBTQ+ Centre. PowerPoint presentation made by cataracts counselor for patients. Education materials to explain cataracts surgery.

Figure 6. Pictures of the start of the O.S.T Centre with the workers. From left to right, team photo with Sangeeta, Hema, counselor, me, doctor, nurse, and data manager from O.S.T Centre.

Conclusions

This experience helped me understand the value of quiet presence and empathy as a source of support in healthcare. I learned how combining counseling in other fields allows the opportunity for more attuned treatment for patients.

Despite similarities in cognitive behavioral therapeutic methods, India's counseling was more inclusive and personable. Emotional counseling was also embedded in communicable disease testing centers and financial management.

Acknowledgements

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Sources: