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

Abstract

Socioeconomic status, health literacy, and stigma hinder access to support for communicable diseases like HIV/AIDS & Tuberculosis. India's caste system, which shapes how health education is distributed across communities, serves as a significant social determinant influencing the prevalence of communicable diseases in this large population. By exploring how counseling is implemented in public health initiatives for communicable diseases in a large population, we can improve cultural competence while promoting equity in a variety of healthcare practitioners that utilize counseling skills on a regular basis. I participated in Child Family Health International's (CFHI) three-week public health program in India to immerse myself in a different cultural framework and public health system. During the program, I interviewed six counselors from various non-governmental organizations (NGOs) to discuss their mechanism of impact in their respective sectors of public health. This included an HIV/AIDS testing center, an opioid substitution therapy center, a cancer palliative care center, and a de-addiction center for children. While I expected to find differences in counseling methodology between the United States (US) and India, I was surprised to find numerous similarities in how India and the US use mental health diagnostics and therapeutic theories. However, India's counseling approach emphasizes personal connection between counselor and patients. Additionally, they implement integrated counseling when addressing communicable diseases. US healthcare systems can benefit from adopting similar models by embedding trained counselors to support patients navigating the emotional and informational challenges of disease testing, diagnosis, and treatment.