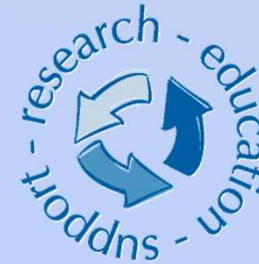


15<sup>th</sup> Annual Conference of the  
National HIV Nurses Association (NHIVNA)




National HIV Nurses Association

# Agatha Benyera-Mararike

Canterbury Christ Church University, Medway

*27-28 June 2013- The International Convention Centre, Birmingham*



# Evaluation of Fitness for Purpose in provision of an innovative culturally sensitive HIV counselling approach: an Interpretive Phenomenological Analysis

**Presenter: - Agatha Benyera-Mararike**

**BSc (Hons); RM; MSc; ENB 934; PGCLT; Post MSc Dip; DCPsych Researcher**

**Terrence Higgins Trust**



# The Presentation

- Overview of presentation
  - Background, purpose and historical development of AES
  - Implementing Evidence Based Practice
  - NICE guidance: anxiety, depression, PTSD, life transitions
- The Research (component of the Doctorate)
  - Introduction and the focus on women
  - Literature Review and Gaps in Literature
  - Ethics
  - Research design
  - Questions
  - Rationale for IPA
  - Data analysis and preliminary results
  - Preliminary conclusion



# Acknowledgement

- RCM (HSA) major scholarship
- NHIVNA/Boehringer Ingelheim Awards
- Canterbury Christ Church University support
- Terrence Higgins Trust and Participants
- Supervisors- Academic and Clinical
  - Prof Pamela James and Dr Joel Swaine.
  - Dr Brigitte Friedrick and Mr Antony Clarke



# **Ethical Approval Granted**

And Site specific risk assessment  
by the New School of Psychotherapy and  
Counselling and Middlesex University





# Research objectives

- Gain in-depth understanding through exploration of the lived experiences of 15 HIV positive African childbearing women
- Compare and explore the experience of receiving two different counselling models
- Investigate and evaluate differences in efficacy between AES and Classical Western counselling model and inform policy.



# Background and why women

- Passion: - women's health, academia, research, impact on the world outside academia
- HAART transformed the outlook to chronic manageable illness- but not without its challenges
- Greater incidences of major depressive disorders and anxiety in PLHIV cf HIV negative counterparts (Sherr et al 2011; Lovett 2012)
- Importance of talking therapies in mental health: anxiety, depression, PTSD, life transitions (DH 2005)- applies to HIV<sub>v</sub>



# Why focus on women

- Almost 90% of HIV positive women in the UK are of childbearing
- Age range 15-49 defined by WHO : -this was 87% in 2010
- About 60% of PLHIV are women
- Childbearing women being disproportionately affected; More Africans
- Women access service more – diagnosed mainly through routine antenatal screening
- Their experiences are crucial in planning and delivering services that are fit for purpose (Anderson and Doyal 2003; 2004)





# The AES

Working creatively, responsively and appropriately with African/Afro-Caribbean communities where socio-political complexities compound the stress of living with HIV

(Rogers- Saliu and Lipman (2005); Cox (2010))

Elicited service user views; Track record  
Perception of counselling, flexibility, language  
Relationship driven;  
The African Self concept

BACP in 2004; dramatic increase in uptake 7-47% ; anecdotal evidence that it works

No standardised research-based post-test counselling protocols



## African Self concept

Focus is on:-

Emphasis is on interconnectedness between people, the natural world and self in interrelationships with others.

c.f western self model

The adage:- “I am because we are and because I am therefore we are”.  
(Mbiti 1992 in Omonzejele 2004).



# Culture and HIV Counselling

Therefore “within the context of HIV, the problem is not African cultures but the misunderstanding and misinterpretation of cultures” (Mararike, 2010)



# The research question

What is the meaning, experience and impact of the African Emotional support (AES) provision to the HIV migrant African woman service-user?

# Process

- Systematic Literature review; strongest evidence; Hierarchies of evidence
- Key words-Africans with HIV; HIV/AIDS and women; migrants; existential work on HIV; culturally sensitive counselling; HIV counselling
- Gaps in literature and research rationale-African migrants in UK; Focus of available work; scant HIV counselling work
- Recommendations (Green et al 2004; Doyal 2009; McMahon and Ward 2012)



## Tenets of culturally-sensitive counselling

- What we have long known about HIV counselling-Chaava (1990); Green (1994); Bor and Elford (1995)
- Tenets of culturally sensitive counselling
  - WHO (1978); Lowenthal and Rogers (2004); Baloyi (2008) - 3 decades of work
- Recent evidence and NICE guidance “are patient's ethnic and cultural backgrounds considered?” MHF (2005); Flowers et al (2009); Solomon (2004)



# Research design

- Homogenous sample- inclusion criteria
- Arm 1 (CWC then AES); Arm 2 (AES)
- 5-8 participants per Arm- 8 per ARM interviewed; semi-structured 45min-1hr
- Qualitative; verbatim transcripts; Thematic analysis (Clarke and Braun 2013)
- Rationale for IPA- sample size; question; rigour; process; issues in context





# Results and conclusion

- Confidentiality
- Existential issues- loneliness.....
- Cultural sameness- relational depth
- Tension, links and paradoxes
- Space to explore feelings
- Need for long term c.f time limited work
- Raise more awareness of AES
- Situation specific counselling
- Sense of African heritage
- Training in intercultural work for therapist
- Issues for effective cross-cultural
- Inform BHIVA-BPS standards for psychological care



# Concluding Remarks

- Effective cross- cultural counselling
- Service user voice
- Adapt practice
- Framework for policy change
- Model transferable to other domains
- **“The world needs to be educated and the education best comes from people living the experience” Thandi Haruperi - in Women to women positively speaking.**



# Culture and HIV counselling

“ the uncritical application of western models ..... applied without rigorous attention to the long standing critiques concerning the necessity for cultural appropriateness and for contextual factors, therefore has questionable efficacy and renders them at best ethnocentric (and at worst tantamount to being) oppressive” (Solomon, 2004).



Thank you for  
listening

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