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SOCIAL WORK WITH HIV-POSITIVE CLIENTS AND THEIR SEXUAL PARTNERS

The theoretical and practical regulations concerning social work with HIV-positive clients and their sexual partners are analyzed. The main problems of discordant couples, including an analysis of the main obstacles for the social support of this category of social work clients are highlighted. The basic principles of providing social assistance to HIV-positive clients and their sexual partners are determined.

The specific steps of the social work algorithm with HIV-positive clients and their sexual partners are identified. The attention is focused on correcting the partners behaviors taking into account the possibilities of mutual support.

Key words: *HIV; AIDS; discordant couples; HIV-status.*

Introduction. The crisis in the Ukrainian society, unstable political situation, socio-economic difficulties of the population contributed to the deterioration of their life quality. As a result, there was a reduction of motivation to a healthy lifestyle and increase in the number of people who are HIV-positive and AIDS patients.

According to the Ukrainian center of control over socially dangerous diseases under the Ministry of Health of Ukraine as of 1.01.2017 under medical supervision is almost 133 thousand HIV-infected persons, of whom one third have a diagnosis of AIDS. Since 2008, the Ukrainians were most often infected through unprotected sex. If in 2005 through sexual contacts became infected 33% of people who have been diagnosed with HIV, then in 2016 this figure was 61%. Most HIV infections in Ukraine are now being documented in young people from 15 to 30 years [1].

Therefore, the organization of social work with patients for HIV/AIDS is one of the main tasks that stood in front of a modern state. Now at the legislative level a number of steps that are designed to reduce the spread of HIV/AIDS, among which stands out the Laws of Ukraine «About prevention of disease on AIDS and social protection of population» (No. 1973–12 from 12.12.91) «About protection of population from infectious diseases» (№ 1645–III of 06.04.2000), «About ensuring sanitary and epidemic wellbeing of population» (No. 4004–12, revision dated 28.12.2005), «About approving the National target social program for prevention HIV-infection/AIDS for 2014–2018» (№1708–18, version: 20.10.2014), «Fundamentals of legislation of Ukraine on health care» (№2801–12, the editors from 01.01.2016). Despite attempts by the state to overcome the problem

HIV/AIDS still takes on a significant scale, mainly due to the reduction in international funding of preventive programs and lack of state capabilities to compensate expenses on prevention, diagnosis and treatment of HIV/AIDS.

The main range of issues related to the HIV/AIDS epidemic concentrated in the need of people living with HIV (PLHIV), to adapt to the new conditions of life with a positive status. However, their nearest environment (parents, children, relatives, sexual partners) also to some extent forced to adjust their lives. It should be emphasized the need for the inclusion of social care of PLHIV to their sexual partners because in most cases such relationships are crucial in adjusting personal behaviors of HIV-positive clients and may effectively influence the performance of social work.

The problem of the HIV/AIDS development epidemic in Ukraine, studied E. Purik, O. Yaremenko and O. Balakireva. V. Rudyi has analysed Ukrainian legislation in the field of HIV/AIDS. Also B. Lazarenko, D. Guskov study the ways to prevent HIV infection among vulnerable groups. The analysis of scientific sources indicates that they to a certain extent highlight the issues of modeling and implementation of programmes on healthy lifestyle and prevention of HIV/AIDS among young people, socio-psychological support for HIV-infected children and their families in the community, factors in the spread of HIV and the vulnerability of adolescents and youth to HIV-infection (O. Bepalko, A. Capska, M. Lukashevich). The problem of socio-psychological factors of HIV/AIDS risk highlighted in the works of L. Amgalina, I. Gnibidenko, N. Maximova) etc.

Problems of social work organization with HIV-positive clients and their sexual partners researched by T. Semihina, N. Mitina, M. Stelmach, E. Purik etc.

An analysis of studies in sociology, social pedagogy, psychology, law gives grounds for the conclusion that in spite of the considerable theoretical and applied domain, the vast majority of aspects of social work and HIV/AIDS prevention among the population (especially in the context of relationships of PLHIV and his/her sexual partner) are investigated insufficiently.

The purpose of the article is to substantiate theoretically the features of social work with HIV-positive clients and their sexual partners.

Discussion. It should be noted that the example of Ukraine confirms the international experience that in case of insufficient intensity of prevention measures for the population, the epidemic of HIV infection outside of «risk groups» and entering it in wide layers is only a matter of time [2]. Now we have a situation where 61% of PLHIV received their status through sexual contact, and therefore the youth of reproductive age becomes the «conductor» of HIV in the general population. From this it follows that the object of social work on HIV/AIDS must also be the nearest environment of people living with HIV (PLHIV), especially their sexual partners.

Before determining the possibilities of social work with HIV-positive clients and their sexual partners is necessary to outline a number of challenges facing specified target audience.

HIV-positive clients and their sexual partners like the other citizens have equal rights and opportunities in our country, including the right to privacy and family. Building relationships where one partner is HIV-positive, has a number of difficulties and very often such couples require special attention from social workers.

In our opinion, the organization of social work with PLHIV and their sexual partners requires taking into account the specificity of each pair according to the following criteria: belonging to a risk group (IDU, FSW); the presence/absence status in a partner.

According to the first criterion may be different combinations of pairs, presented in Table 1.

Table 1

Combinations of pairs of PLHIV and their sexual partners affiliation to a particular risk group

Combination	Features
PLHIV+PLHIV	Each (or one) of the sex partners is HIV positive
PLHIV+IDU	One (or each) of the sex partners is HIV positive are injecting drug users
PLHIV+FSW	One (or each) of the sex partners is HIV positive and the girl/woman is engaged in sex-business
PLHIV+IDU+FSW	One (or each) of the sexual partners has a positive status and are injecting drug users and the girl/woman is engaged in sex-business

In our classification it is not considered this group as MSM, as it is quite closed to provide the services and different kind of research.

It should be emphasized that the identity of the sexual partner to a «risk groups» carries a number of factors that make an HIV-positive client, and should be taken into account when planning further work. To such factors we include: rare work with a specialist caused by drug dependency; possible lack of reactions, lack of motivation for strengthening of own health presence of other partners (who use the services of FSW); violence between partners and etc.

According to the criterion of the presence or absence of the status of the partner couples can be divided into pairs of PLHIV (where both partners are HIV-positive) and discordant couples. A discordant couple is a couple or partners in which one of them is infected with HIV, and other is healthy [3]. It couples will be subject of our further theoretical analysis. Overall, it can be noted that 90% of all difficulties faced by couples are no different from the problems of all other couples, however, there are another 10% of problems that require understanding and support from social workers.

The study of social problems of HIV-infected clients and their sexual partners in Ukraine shows that the majority of them concentrated in areas such [4; 5; 6; 7]:

- mystery diagnosis positivity (HIV-positive clients are able to disclose their status with progression of the disease and only those people that are able to cause the least harm, most often their sexual partners);
- psychological relationships with family members, relatives, friends and acquaintances (the behavior of HIV-positive clients may have frequent mood changes, poor concentration, apathy, alienation, also can occur in the internal conflict against the background of the disease. All of this leads to frequent conflicts with others);
- means of subsistence and housing (financial issue can be a problem when the positive partner cannot bring financial income, which conflicts can arise in a couple, and a feeling of worthlessness);
- legislation and relations with government and legal bodies;
- medicines and medical care in general (HIV-positive partner, can be a protest against the treatment prescribed by the doctor, visiting the hospital and receiving ART);
- financial and physical assistance from various organizations and services (HIV-positive partner can take a consumer position on cooperation with public organizations, requiring comprehensive financial support with no apparent desire to address its own problems).

Despite of the wide informing of the population about HIV, PLHIV and their sexual partners suffer from a comprehensive stigma and discrimination. This situation is caused by the fact that in the minds of most citizens, there are myths and stereotypes regarding the fact that HIV can only people who lead anti-social and immoral lifestyle. Stigmatization includes not only HIV-infected clients and their partners, since HIV-positive status is automatically «credited» healthy partner. Stigma can be external (aggression, condemnation, exclusion, violence), and manifest internal conflicts through self-isolation and disengagement couples from public life. The emergence of internal stigma provoked by the attitude and actions of the environment, but, however, internal stigma reinforces exterior [8].

Discrimination of HIV-positive clients and their sexual partners suggests the restriction of the rights on such grounds as the existence of HIV status. Such a restriction in our country the majority is based solely on the lack of reliable information on HIV/AIDS and the previously formed fear of this disease [9]. Another fact which points to the need for social work with the sexual partner of PLHIV is family discrimination, which aims to humiliate the sexual partner, limit law. An example of this can be violence against women, which was confirmed HIV positive.

It must be remembered that couples need the support of others, because their experience is a step towards creating a tolerant society and the education of the citizens of sensitivity to diversity.

We carried out a diagnosis of the specialists of organizations working in HIV-service in Cherkassy (PLWH «Heart to heart», CF «Insight», Cherkasy regional branch of all-Ukrainian charitable organization all-Ukrainian network of PLHIV), which was designed to determine the peculiarities of providing social services for HIV-positive clients and their sexual partners. In the survey of experts of the fund took part 48 social workers, 5 psychologists, 3 lawyers, 3 consultants VCT, 3 nursing sisters, 4 case managers.

According to the study only 4.9% of the specialists noted that they often turn PLHIV and their partners. 31.8% of PLHIV seek help with their men/women very rare. Accordingly, 63.3% of the customers visit the organization on their own. This situation may be due to several factors: first, ignorance of partner's positive status of PLHIV, and secondly, the lack of appropriate forms of work, which included the inclusion of a partner. Table 2 presents the percentages of problems that PLHIV and their partners turn to AIDS service organizations.

Table 2

Problems of HIV-positive clients and their sexual partners

The issues of PLHIV and their partners	%
Lack of knowledge about their rights	34,8%
Lack of knowledge about access to health services	74,2%
Unformed skills of adherence to ART	51,5%
Unformed skills of child care	42,4%
Not awareness of own needs	77,2%
Lack of motivation (self/partner) to undergo rehabilitation	37,8%
The lack of motivation in relation to their own health or the health of the partner	62,1%
Social decapitate and disintegration	68,1%
Consumer attitude of customers to the services of the project	54,5%
Alcohol addiction, drug addiction, gambling	57,5%
The lack of identity documents	22,7%
Fear of disclosure of HIV status to partner/PLHIV-stigma	74,2%
Psychological/mental disorders	36,3%
Excessive/distorted religiosity	25,7%
Conflicts in the family	87,8%

As you can see, the practical results of the survey on the main problems that we treat HIV-positive clients and their partners are identical to those that we have identified on the basis of theoretical analysis.

Among the priority forms and methods of work of PLHIV and their sexual partners experts noted: counseling (77,2%), information sessions (25,7%), interviews (37,8%), self-help groups (51,5%). It should be noted that these forms and methods, though effective, but do not provide for active involvement of partners of PLHIV for resolving the problems.

Thus, the analysis of social problems, which often occurs with couples suggests that social work with PLHIV should be involved in providing help to their immediate environment.

Analyzing the scheme of social assistance T. Seminoji [9], we developed an algorithm of social work with a couple where one partner has HIV-positive status, which provides for the implementation of four successive stages (Fig. 1).

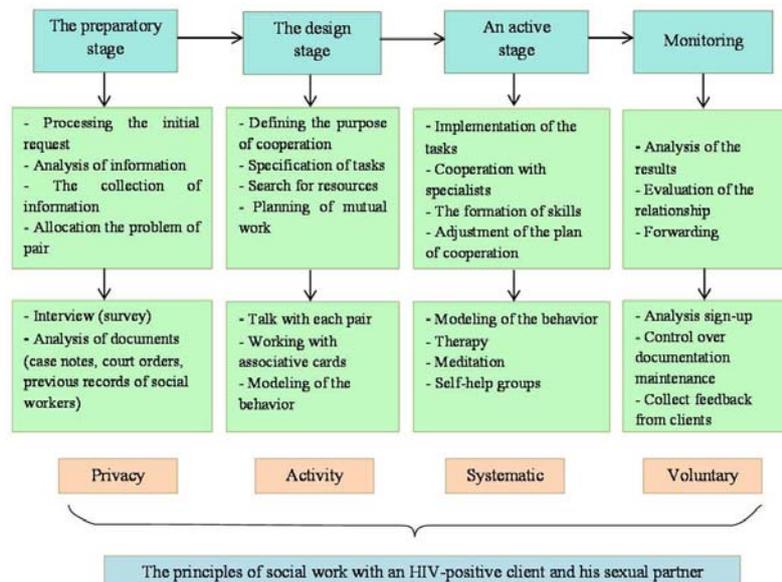


Fig. 1. The algorithm of social work with HIV-positive client and his sexual partner

At the preparatory stage is the acquaintance with the couple. Ideal for social worker, who will conduct the counseling is an independent appeal couples for help. The task of this stage is to establish contact with steam and collecting initial request. On the basis of the information received, the social worker should highlight a major problem that requires immediate intervention. It should be emphasized that interviews with partners is best done separately, because this way there is a possibility to learn more information on the basis of the principle of confidentiality.

An important task for the design stage is to obtain consent from the couple to the joint activity and to elaborate the cooperation plan. Based on the principle of voluntariness, the couple must decide whether to continue interaction with the social worker, given the obligations that they assume. Design of joint activities will involve the analysis of resources that can be brought in to solve specific problems. The possible resources we can include: charitable organizations, religious communities, professionals, family, medical institutions, sponsors and the like. The plan further work should take into account risks or problems to couples that can complicate the process of granting social assistance. Such risks include: stigma, alcohol/drug addiction, distorted religious beliefs, lack of work and permanent residence, the presence of opportunistic diseases in HIV-positive client, work in commercial sex partner, having children with HIV positive status, violence etc.

The social worker must help the coupler to specify the problem and to simulate their behavior, which would be planned to address the difficult issue. In the implementation of the tasks, a specialist can use exercises with associative cards.

On activity stage, according to the principle of regularity and activity of the couple that asked for help must implement the designed action plan. At this stage there is involvement of different specialists according to customer needs (social worker, psychologist, mediator, lawyer, infection disease doctor, TB doctor, etc.). It is important at this time to invite partners to attend self-help groups in public organizations, to support the personal resource and motivation. Important at this stage is to develop new model of behaviour in a couple.

At the stage of monitoring is the analysis of the results obtained with the help of customer reviews and a comparison of the performance of the project. A social worker with the steam needs to perform the obstacles, gets in the way of implementation of the action plan and managed to overcome them. It should be noted that in case of no result in collaboration or focus change problem can be applied re-addressing of the pair to another specialist or organization.

Conclusions. Thus, HIV-positive clients and their sexual partners have a number of social problems are mostly concentrated in the sphere of their personal relationships and their unresolved status has a significant impact on the process of treatment of PLHIV (the use of ART treatment in the clinic, etc.). Outlined the scope of professional activities requires social workers to introduce new forms of work with HIV-positive clients and their sexual partners to practice new model of behavior in a couple that are based on mutual respect and mutual support. The prospect for further research would be: the issues of improving the organization of systematic work with sexual partners of PLHIV, development of psycho-pedagogical methods to support HIV-positive clients and their sexual partners, the study of foreign experience of social work with partners PLHIV, as well as possibilities of adaptation of this experience in Ukraine.

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SOCIAL WORK WITH HIV-POSITIVE CLIENTS AND THEIR SEXUAL PARTNERS

Abstract. *The crisis in the Ukrainian society, reducing the motivation for a healthy lifestyle, low sexual culture help to increase the number of HIV-positive people in Ukraine.*

One of the central tasks facing modern state is the organization of social work with clients with HIV-AIDS.

The purpose of the article is to substantiate theoretically the features of social work with HIV-positive clients and their sexual partners.

Methods: analysis of scientific sources on the programs implementation on healthy lifestyles and HIV/AIDS among young people; summarize the experience of social work with HIV-positive clients, survey specialists organizations working in HIV services; statistical analysis of research results; comparison of theoretical analysis and survey.

Results. Despite a widespread public awareness about ways of HIV transmission in the minds of most people, there are myths and stereotypes about HIV, causing people living with HIV and their sexual partners suffer from stigma and discrimination.

The main problems, according to the survey, which refer HIV-positive clients to social institutions in Cherkassy (PLWH «Heart to heart», CF «Insight», Cherkasy regional branch of all-Ukrainian charitable organization all-Ukrainian network of PLHIV) are: conflicts in the family – 87.8%; Fear of disclosure of HIV status to partner/PLHIV-stigma – 74.2%; Alcohol addiction, drug addiction, gambling – 57.5%; social exclusion and disintegration – 68.1%; lack of motivation to preserve their own health or partner – 62.1%; not understanding their needs – 77.2%; ART adherence immature skills – 51.5%; Knowledge about the lack of access to health services – 74.2%.

Analysis of survey experts of social sphere made it possible to distinguish priority forms and methods of social work with people living with HIV and their sexual partners, counseling, self-help groups, information sessions, interviews, persuasion, mediation, and others.

The success of social work depends not only HIV-positive and their sexual partner to participate in the socio-psychological rehabilitation, but also involvement in helping their immediate environment.

An algorithm of social work with a couple where one partner has HIV-positive status, which provides for the implementation of four successive stages: at the preparatory stage is the acquaintance with the couple; the design stage (analysis of resources to solve the problem, study the risks taken every particular case, the same stigma alcohol/drug distorted religious beliefs, lack of work and residence);

an active stage (the expertise to meet the needs of customers, involving various professionals, according to customer needs, attend self-help groups to support personal motivation and resources); at the stage of monitoring (via analysis of customer feedback and performance comparison of project evaluation, if necessary, change the focus of the problem and develop a new action plan).

Originality. The analysis of the needs of HIV-positive clients and social problems specialists providing social services in the field of HIV services.

Conclusion. Thus, HIV-positive clients and their sex partners have a number of social problems are concentrated in their personal relationships, unresolved which has a great impact on the treatment of people living with HIV. Designated sphere of professional activity of social workers needs to introduce new forms of work with HIV-positive clients and their sexual partners, based on mutual respect and support.

Key words: *HIV; AIDS; discordant couples; HIV-status.*

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