CHAPTER

4

DISCUSSION

Chapter 4

Discussion

An Overview

The present research examined HIV counseling practices, HIV counseling process, behavior change processes among the clients and counselors' experiences of providing HIV counseling services to the most at-risk population (MARPs) through targeted interventions (TIs) in the Gujarat State of India. This final chapter provided a discussion of the results by integrating findings with relevant literature. The chapter is divided into five sections. Section I presents an evaluation of constructivist grounded theory that has emerged from the research. Section II discusses cultural features of HIV counseling in TI context. Section III discusses theory and practice in terms of learning from ground practices, linking key features of the theoretical models of counseling process, behavior change process and counselors' experiences with established theories and counselors' perspectives on counseling. Section IV, summary, provides an integrated summary of key issues discussed in the chapter.

Section I

Evaluation of Constructivists' Grounded Theory: An Exercise of Self-Scrutiny

Glaser (1992) proposed that solid, scientifically inducted theories must be parsimonious while still having sufficient scope; the theory must account for as much behavioral variability as possible with the least number of theoretical elements. The purpose of presenting the evaluation is to describe the measures that have been taken into consideration while gathering and analyzing the data. This ensures credibility of the

theory and theoretical frameworks developed through the research. The researcher evaluated present theory using two models for evaluating a theory, namely, evaluation based on Charmaz (2005) and evaluation based on Glaser (1992).

Since the researcher has used constructivist grounded theory approach proposed by Charmaz, it was appropriate to match the merit of the research with the criterion purported by Charmaz. The researcher did not want to restrict the credibility of the research to Charmaz's set guidelines to evaluate the theory. Hence the measurement of credibility of the research was extended using Glaser's criteria of grounded theory. Glaser, co-originator of the grounded theory, first proposed the criterion of evaluating grounded theory. The researcher used Glaser's criteria to evaluate the theory to satisfy the criterion of "credibility check," to demonstrate the researcher's interest in reflexivity and self-scrutiny, and to provide the framework for others to draw their own conclusions about the quality of the present research work.

Evaluation based on Charmaz's (2005) Criteria

 Different disciplines adhere to different standards for conducting the research and for acceptability of evidence (see for example, Conrad, 1990; Thorne, 2001). Glaser (1992) proposed criteria of fit, work, relevance and modifiability as first criteria to evaluate grounded theory. Since the researcher adopted constructivist grounded theory proposed by Charmaz's in 2001, the researcher first utilized Charmaz's (2005) four criteria namely,

credibility, originality, resonance and usefulness to evaluate present grounded theory.

The evaluation is presented in Table 7.

Table 7

Evaluation of Theory as per Charmaz's (2005) Criteria

Criterion	Evaluation
Credibility	
Has the research achieved intimate familiarity with the setting of the topic?	Yes. The research has explained the HIV counseling practices in TI context. It also familiarized with various concepts, indigenous skills and techniques used by participants.
Are the data sufficient to merit the research's claim? Consider the range, number, and depth of observations contained in the data.	Yes. The researcher has used multiple methods, in-depth interviews, review of counseling documents, participant observation and field observations to gather the data. The researcher conducted three rounds of interviews with 14 participants. He reviewed counseling documents to get glimpse of documentation practice and observed 5 counselors' counseling session as participant. Total 23 counseling sessions (that include observation of up to 4 follow-up counseling sessions with the same client of each counselor) were observed and recorded. Protocol for each research method was developed and followed. See Annexure A to D for details of research protocols.
Has the researcher made systematic comparisons between observations and between categories?	The researcher has maintained process journal, which included total core categories, categories, sub-categories, elements and sub-elements. It also included memos and researcher's notes. The researcher has made comparisons between observations and categories. For example, main domain, counseling practice was compared with 5 categories, 23 sub-categories, 73 elements and 98 sub-elements. Each category, which included sub-categories, elements and sub-elements, was compared with each other to identify overlapping concepts. Further, categories were compared with field observations. Throughout the analytic process, the researcher has maintained process journal, which included an account of memos, researcher's observations and notes.

Do categories cover a wide range of empirical observations?	Yes. Categories covered a wide range of empirical observations. For example, counseling practice covered all counseling practice areas emerged from in-depth interviews, counseling documents, observations of counseling sessions and field observations.
Are there strong logical links between gathered data, researcher's argument and analysis?	Yes. The research has maintained logical flow of the data, theoretical frameworks, and interpretation of the data and researcher's arguments.
Has the research provided enough evidence for researcher's claims to allow the reader to form an independent assessment and agree with researcher's claim?	Responses from the research participants have been highly affirming of the validity of the theory. Moreover, research participants have indicated that they feel validated and listened to when this theory was presented to them. In addition, the researcher has maintained the "process journal," which included memos and researcher's notes. Also, the researcher has preserved a list of key categories which included sub-categories, elements and sub-elements. Thus, there is sufficient evidence and opportunities for the reader to assess the researcher's claims.
Originality	
Are research categories fresh? Do they offer new insight?	Yes. Categories emerged from the data are fresh and provide new insights in HIV counseling in Indian cultural context. The process categories emerged from the data that represents counselors' voices as well as observations of counseling that enable the process of behavior change in clients. Thus, the theory as a whole incorporates and represents the primary concerns expressed by participants which were validated by observations.
Does researcher's analysis provide a new conceptual rendering of the data?	Yes, it does. Various concepts emerged from the data provide new knowledge. Data were treated objectively and analysis provided new conceptual understanding of the topic. For example, theoretical frameworks of counseling practice, counseling process, behavior change process among clients and counselors' experiences provided new conceptual understanding of the HIV counseling practice in Indian cultural context. It raised various reflective questions, which were presented under the title, end reflections, in the discussion chapter.

What is the social and theoretical significance of the work?	The research is significant in many ways. The present theoretical models of counseling process and behavior change process can be used by counselors to enhance their counseling practice. Practical suggestions provided from the result would be useful to counselors in general. As supplementary, based on the results, the researcher has proposed modification for existing counseling training module developed by the Department of AIDS Control, Government of India.
How does this grounded theory challenge, extend, or refine current ideas, concepts, and practices?	The research validates counselors' practices. It challenges present counseling practices in Indian cultural context against counseling programming in the TI, counselors' training module and professional standard. The present study has brought out the thin line between best versus good practice. In addition, grounded theory developed from the research can be further explored by conducting future research in the area. The researcher has planned to conduct post-doctoral research to extend, validate and test theoretical framework of counseling process and behavior change process among clients.
Resonance	
Do the categories portray the fullness of the studied experience?	Categories portray each aspect of HIV counseling practices in TI context. All categories, relevant as well as irrelevant to the topic were included in the analyses. The purpose was not to miss any latent meaning exist in the data. Please check, annexure G to know categories, sub-categories, elements and sub-elements emerged from the research, which provides the depth of information.
Has the researcher revealed both luminal and unstable taken-for-granted meanings?	Yes. It revealed both luminal and taken-for-granted meanings. The researcher has revealed overt as well as latent meanings of the category. To accomplish this, categories were broken into sub-categories, elements and sub-elements in order to ascertain latent meanings. Meanings of each category were further refined by constant comparison of categories.
Has the researcher drawn links between larger collectivities, or institutions and individual lives, when	Researcher has ample opportunities to connect with participants during and after the study. Researcher received participants' feedback on analysis and research results through peer debriefing and member-check. With

the data so indicate?	these, the researcher attempted to draw link between TI program, counseling practices within TI and factors that shaped counselors' experiences.
Does the grounded theory make sense to research participants? Doe the research analysis offer them deeper insights about their lives and worlds?	Theoretical frameworks of counseling process and behavior change processes provide intuitive sense to them. Participants shared that counseling skills and techniques revealed from the study would be the most useful and look forward use them and see the changes in the present counseling training module.
Usefulness	
Does the analysis offer interpretations that people can use in their everyday world?	Yes. Participants can use counseling skills and techniques revealed from the study. Further, theoretical frameworks of counseling process and behavior change processes can be used for training counselors as well as used for further exploration.
Do the analytic categories suggest any generic processes? If yes, has the researcher examined these processes for tacit implications?	The researcher has designed the constructivist sense-making structure used to represent HIV counseling practices, counselors' experiences, counseling processes and behavior change among clients to be able to accommodate revisions, substitutions, and additions to the process categories.
Can the analysis spark further research in other substantive areas?	The researcher has written descriptions of each of the process categories and, indeed, even the category that provides the temporal/experiential dimension, in a manner that is conducive to modification based on and required by the new data. Following areas require further in-depth exploration: • Professional identity development • Counseling process • Behavior change process • Self-efficacy of counselors • Counselors' style • Counseling characteristics These are discussed in the recommendations section of the chapter 5, conclusions and recommendations.
How this work does contribute to the knowledge? How does it contribute to making a better world?	The research provides theoretical frameworks of counseling practices, counseling process, behavior change processes and counselor's experiences. The research offered the constructivists' grounded theory of HIV counseling practices in targeted intervention.

Evaluation based on Glaser's (1992) Criteria

As outlined in Chapter Two, Glaser (1992) suggested four specific criteria that theories claiming to have demonstrable 'merit' must meet. The researcher has adjudicated the theory generated through the current research with respect to each of the criteria proposed by Glaser, and the returns from this evaluation are presented in Table 8.

Table 8

Evaluation of Theory as per Glaser's (1992) Criteria

Criterion	Evaluation
Fit	
The consonance between the grounded theory and the phenomenon as understood by the participants and other researchers in the content area.	Researcher received participants' feedback on analysis and research results through peer debriefing and member-check. Responses from the research participants have been highly affirming of the validity of the theory. Moreover, research participants have indicated that they feel validated and listened to when this theory was presented to them. Past and present colleagues (including academicians, counselors, psychologists, public health professionals, and human development professionals) have indicated that the theory emerged from the data represents HIV counseling practices in TI context. Theoretical frameworks of counseling process and behavior change processes provide intuitive sense to them.
Work	
The ability of the theory to explain the major variations of behavior in the content area, in the context of the primary concerns expressed by the	The primary concerns expressed by participants were as follow: • participants have found themselves burdened with activities other than counseling (such as

participants.	documentation, advocacy etc.);
	• trainings on counseling provided reference and resources to practice counseling as per the NACP III norms;
	• organizational context, trainings, peer-interactions influenced their counseling practices and help conceptualize knowledge about HIV, TIs and counseling;
	• they entered each course of counseling with certain ambiguity about counseling processes, challenges and expectations (to bring change in client's risky sexual behaviors) from counseling;
	• based on these ambiguity, challenges, and expectations, they evaluated their competency as counselors;
	• interactions with staff members, peers (counselors from other organizations implementing TIs), official from GSACS, team, mentors, evaluators provide meaningful experiences to enhance counseling services;
	• based on the process of meaning-making, knowledge conceptualization, counseling services are delivered;
	• evaluation of targets achieved, counseling process and behavior change among clients validate counseling practices;
	The process categories were counselors' conceptualizations based on their practices, and experiences. Thus the theory as a whole incorporates and represents the primary concerns expressed by participants.
Relevance	
Achieved when the theory both fits and works.	Based on researcher's proposition that the theory both fits and works, by definition, it meets the criterion of relevance.

Modifiability	
The theory is not to be 'written in stone' and should be modifiable, to accommodate new data that suggest a need for variations in the structure of the theory.	The researcher has designed the constructivist sense-making structure used to represent HIV counseling practices, counselors' experiences, counseling processes and behavior change among clients to be able to accommodate revisions, substitutions, and additions to the process categories. Researcher has written descriptions of each of the process categories and, indeed, even the category that provides the temporal/experiential dimension, in a manner that is conducive to modification based on and required by new data.

The present research adhered to the principles of the Charmaz's constructivist grounded theory as well as Glaser's grounded theory. Hence, the theory "the constructivists' grounded theory of HIV counseling practices," meets the merits of grounded theory and demonstrates that the theory has emerged from the data.

Section II

Indigenous HIV Counseling Practices in TI Context

Indigenous counseling is a field that is not as established as cross-cultural or multicultural counseling but equally relevant. Gerstein Leung and Norsworthy (2009) define indigenous counseling as "psychological knowledge that is native, not transported from another location, and constructed for its people by scholars from the culture in consideration. The authors mentioned psychological knowledge as strategies and activities aimed at the process of helping others to reach individual, group, organizational

and system goals. The present research has brought forth psychological knowledge of HIV counseling in TI context.

Counseling in Indian cultural context. An understanding of the cultural context in which counseling methods are used and assess application of Western counseling philosophies is imperative (Arulmani, 2009; Gerstein et al, 2009; Langugani, 2005; McGuiness, Alfred, Cohen, Hunt, & Robson, 2001). The notion that counseling theories and approaches can be transported across cultures is based on certain assumptions: that human beings are similar regardless of their race, ethnicity, or culture; that theories of counseling are fairly culture-free and can be applied to most individuals; and that if therapeutic strategies are used correctly, they can work for any individual (Pope-Davis & Coleman, 1997) is challenged by findings of the present research. Arulmani (2009) mentioned that in order to make counseling services effective in a cultural context, it would be necessary to examine subjective versus objective epistemologies of counselors as well as clients with a view to build bridges the gaps between counseling and existing cultural, religious beliefs and norms. A systemic examination of subjective versus objective epistemologies of counselors provide an understanding of counseling practice in a given cultural context that will help to understand whether universal or objective elements of Western counseling methods are relevant to the Indian cultural context and the Indian psychosocial orientation.

Features of Indian culture. The key features of the Indian psyche have an important bearing on the counseling models and practices. The Figure 56 illustrates features of Indian culture in HIV counseling.
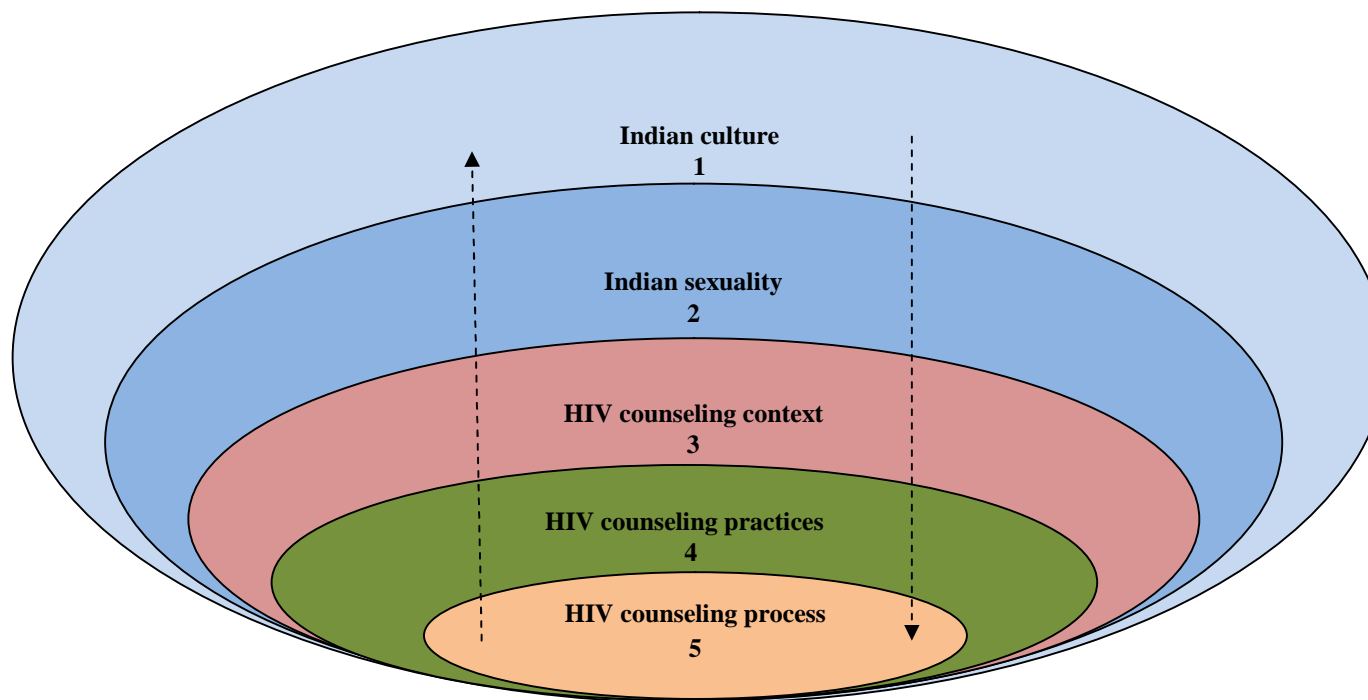
Figure 56. HIV counseling in Indian Cultural Context: Key features

1	Features of Indian culture are: coexistence, collectivism and individualism, pragmatism, dividualism and centrality of religion and spirituality.
2	Features of Indian sexuality are: social organization of sexuality (creating sexual space where private sexual life harbors within broad socially accepted norms), sexual culture (socially inhibited and prohibited sexuality is expressed within private sexual culture) and sexual grammar (cultural meanings and language associated with sexual practices)
3	Features of counseling context: education and qualification of counselors, lack of regulatory body, professional relationship (relationship between counselor and client), counseling orientation (client's perception of counseling, counselors' definition of counseling and their perceived role)
4	Features of counseling practice are: types of counseling, venue of counseling and culture specific counseling strategies (advice giving, labeling and judgements, opportunistic information sharing, opportunistic decision making, storytelling, demonstration, and giving other's example)
5	Features of counseling process are: counseling styles, counselors' characteristics, and pathways of cultural process in counseling (counseling relationship, stages of counseling process and behavior change process)
↑ ⋮ ↓	Influence each other

The first characteristic is that Indians have learnt to "coexist" that has resulted in a cultural context that invites relationships to be shaped despite disagreements and an atmosphere filled with contradictions (Arulmani, 2009, p. 256; Chaudhary, 2011). Indians are fundamentally interconnected and interdependent (Chaudhary,2004). This is very relevant to sexual behaviors of most-at-risk populations. Homosexual activities, sex work, multiple sexual partners exist dominantly despite social and cultural prohibitions. The second characteristic is that Indians are collectivistic and individualistic at the same time (Sinha, Sinha, Verma, & Sinha, 2001). Family and caste and kinship bonds could be examples of collectivistic orientations while being independent, moving from one place to another in search of job, preferring sexuality as an agency to fulfill sexual needs or earn money could define individualism (Arulmani, 2009). Further, Indian people hold cultural values that promote respect toward authority figures and tend not to question or challenge authority (Raney & Cinarbas, 2005). Therefore, disconnecting the individual from his/her family and community (such as group of female sex workers, men who have sex with men, injecting drug users where they explore sexuality and risk behaviors secretly) in counseling "...will most likely fail to address the felt need" of the clients (Arulmani, 2009, p.260). The third cultural feature is pragmatism (Chong & Liu, 2002; Kakar, 1997; Kakar & Kakar, 2007). It reflects that Indian people value practical help. Often, Indian seeks advice and guidance from their immediate social network such as elders, friends and teachers. Counseling is preferred when they do not or cannot seek advice and guidance from their immediate social networks. With the advice seeking tendency and emphasis on pragmatism, Indian clients prefer counseling to be short, goal-oriented, effective and directive. They seek advice and direct suggestions with a desire to

gain immediate benefits from counseling. As a result, Indian clients are passive and dependent. The fourth feature of Indian culture is dividualism (Marriott, 1990). Indians can be better characterized as 'dividuals' and not individuals, due to the fundamental 'otherness' of community life around hierarchy –which imply that individuals are defined by whom they are related to and whom they spend time with (Dumont, 1970; Marriott, 1990). As a result, Indian often seeks counseling in pair, clients bring their friend, spouse, or lover and expect them to accompany during the counseling process, which implies a sense of relatedness with other people. The fifth feature is the centrality of religion and spirituality (Arulmani, 2009). India is a religiously diverse country. Each religion has its own set of beliefs, celebrations and norms and therefore effects "common cultural practice." Rather than identifying boundaries between different religions and counseling, it is important to "...derive principles that could be integrated into a counseling approach..." (Arulmani, 2009, p.255).

Religious and spiritual notions also regulate clients' sexual behaviors of which counselors should be aware of. Many counselors' mentioned that clients don't engage into sexual activities in certain religious festivals such as Ramzan Id – a festival when Muslims fast throughout the day and eat only at night prayers; Muharram –the first month of the Islamic calendar and is held to be the most sacred of all the months and some Muslims observe fast these days except Ramzan; Christmas – an annual commemoration of the birth of Jesus Christ; paryushana –a festival where Jains observe fast for 8 or 10 days; and during fasting –observing fast during the month such as Ekadasi or Purnima and fasting during certain religious festivals such as Mahashivratri . Sexual activities

occur more frequently before and after these mentioned festivals and other Hindu festivals such as Navratri (a festival for nine nights and ten days dedicated to the worship of nine forms of Shakti – source of energy or power and Devi – goddess. In Gujarat, garba – a group dance in circle is performed for nine nights as worship to goddess Amba); Ganesh chaturthi –ten days long Hindu festival celebrated on the birthday (rebirth) of the lord Ganesha; Diwali – the festival of lights, is an ancient Hindu festival celebrated in autumn every year. This highlights that religious and spiritual context regulates risk behaviors of most-at-risk populations. As Hirsch (2003) observes, rather than seeing people who make these choices as promiscuous, irrational, or uneducated slaves to culture and tradition, it is more accurate to see them as reacting sensibly to the circumstances in which they live. HIV counseling in TI thus operates in these nuanced religious and cultural contexts. Examples of dealing with diverse religion and spiritual orientations include the practice of group educations sessions with clients (from religious groups) in the field; reaching clients though peer educators representing religious groups, religious reference to condom use by explaining how condom use in (often secret) sexual activities saves the person and protects religion assexual activities with multiple partners before and after marriage and sex work are largely prohibited in many groups and condom use can be justified by keeping such activities secretive if their health is protected. Further this context is also relevant to the client's cultural perception of safe sex. Clients' perceive disclosure of secret sexual activities to be dangerous, as it is enough to cause social risks to themselves as well as their families; safe sex thus means sex that can be safely hidden, rather than sex that carries no risk of an infection (STIs/HIV).

Indian sexuality. Based on the review of relevant literature, Indian sexuality, in the context of HIV prevention, can be better explained by three concepts such as, social organization of sexuality, sexual culture and sexual grammar.

Social organization of sexuality. Sexuality, as reflected by more number of sexual partners, sex with sex workers, sex work and same sex relationship, is prohibited in the Indian culture. As a result, sex and sexuality are not discussed openly in the society and sexual acts are practiced secretly without adequate knowledge. Men and women maintain publicly acceptable (heterosexual) relationship (within marriage) while keeping their other sexual relationships (extra marital, homosexual relationships and sex work) confined to clearly a articulated spatial context within which they are socially safe (Hirsch, 2003; Hirsch, Wardlow, Smith, Phinney, Parikh, & Nathanson,2009; Pandya, Pandya, Patil, & Merchant, 2011). Sexuality in the Indian context thus represents social division between the private and public spaces in which men and women strive to perform socially-sanctioned sexual ideals, uphold heteronormativity in one context, and express homosexuality or infidelity in another (Pandya, Pandya, Patil, & Merchant, 2011). This social organization of sexuality represents the range of meanings and behaviors that occur in both private (inhibited sexualities are nurtured) and public (expression of socially acceptable sexuality) contexts. In each context men and women use sexuality to generate pleasure as well as to nurture specific kinds of social and sexual relations (Hirsch et al., 2009). The social organization of sexuality is an intricate balance between socially acceptable sexuality and privately nurtured sexuality that creates a risk for HIV and other STIs for specific groups of people (for example, most-at-risk populations).

Sexual culture. Culture shapes sexuality (e.g. Hirsch, 1990; Goldstein 2003; Gregg 2003; Hirsch et al., 2009; Hogan, 1982; Parker, 2009; Parker & Barbosa, 1996; Parker & Gagnon 1995). Socially inhibited and prohibited sexuality is expressed within private sexual culture where sexuality is exercised for fulfilling unspoken desires or economic needs or both, thereby introducing flexibility in sexual practices, possibilities for unsafe sex and multiple partners. As mentioned earlier Indian sexual culture includes men who have sex with men, men with diverse sexual and gender identities, female sex workers who are categorized as street based, brothel based, hotel/dhaba based, home based, beauty /massage parlor based sex workers, transgenders/hijra and men in sex work. Such sexual culture normalizes risky sexual practices that heighten HIV risks.

HIV counseling training context. The counseling context in the present study includes education and qualification of counselors, lack of governing body, lack of proper counseling infrastructure, professional relationship and counseling orientation. Many scholars and professional bodies emphasize adequate qualification and training as pre-requisites for counseling and mental health practice (for example, American Psychological Association and British Psychological Association). However, in the context of TI, most counselors are not qualified. They are graduates or post-graduates in social work, commerce or other fields. Some are from the community (i.e., most-at-risk populations). They are trained in HIV counseling but are not extensively trained in counseling, in general. Further it is important to note that community counselors had very good rapport and acceptance from the clients. Community counselors, who were neither educated nor qualified, were doing well in term of dealing with psychosocial problems, sexuality issues and bringing change in risky behaviors of clients. An advanced training

in counseling may enhance community counselors' counseling practice. In this context the question that arises is as follows: What kind of educational background is adequate to practice counseling?

In addition to issues related to education and qualification of counselors, there is no regulatory system or mechanism for the counseling profession in India. Due to the lack of accreditation of counselors in India and the lack of a governing body, counseling is not systematized and counseling practice varies from region to region (Smoczynski, 2012). As a result, there is no standard counseling training curriculum. Counseling training in India varies from five days counseling skills training, two weeks certificate course and six months diploma course to a two-year Masters in counseling and clinical psychology. Each of these educational backgrounds qualify one to practice under the title counselor (Arulmani, 2009). There is no supervised counseling practice in either the short-term training courses or the full time two-year long course or the accredited mandatory continuing professional development courses. Hence, each counselor practices counseling on his/her own terms. In a way, the absence of accreditation of counselors and governing body provides the opportunity to accommodate nuanced cultural practices which are effective in reaching out to the clients. With reference to training for counseling it is thus important to recognize nuanced cultural practices and incorporate them in the counselors' training programs.

The TI lacked adequate infrastructure necessary for counseling. As a consequence, the counseling sessions were conducted primarily at STI Clinic, DIC, and

office and in the field (under the tree, client's home, open ground etc.), where ideal conditions for maintaining privacy are absent, thereby violating c recommended professional standards. TI program does not have the budgetary allocation for developing a counseling room with audio-visual privacy. Counseling in the field appears to work as many clients fear facing people or are hesitant to access HIV prevention services. Thus counseling them at their convenient place is programmatically functional; however, this does not minimize the need for safe space for clients. Many counselors expressed the need for a counseling room and minimal requirements such as a round table and three similar chairs (one for counselor and two for counselee) for informal seating arrangements, table and chair for counselors to attend to everyday documentation, a cupboard for keeping general counseling documents, and a lock and key cabinet to store confidential documents). Adequate budgetary allocation for such facilities is thus required for any public program that involves counseling as important component should have adequate budget allocation for minimal infrastructure and requirements for counseling set-up. There is a lot of research within counseling psychology and psychotherapy about the importance of the relationship between counselor and client (Larsson & Tryggved, 2010). Building professional relationship is crucial for effective counseling (Ponton, 2006). Because of cultural values promoting respect toward authority figures, counselors are perceived as authority figure, more knowledgeable and wise by clients. Therefore, Indian clients prefer directive and action-oriented counseling approaches (Mocan-Aydm, 2000). In the TI context, counseling service is free for clients but clients often do not seek the service. Counselors from the TI have to reach out to them in the field. In this sense, counseling is imposed on clients from the project. Thus

clients are often passive receivers of the counseling service that is project driven and hierarchical in the form of a provider-receiver relationship. Because counseling as a concept is still relatively new to India, clients are not completely familiar with the concept of counseling. Often clients perceive counselors as health advisors. Counseling as practiced in the West requires the client to be independent and self-sufficient. Therefore, individual counseling, during which the client is expected to find his or her own answers and the counselor is not expected to give advice, can be quite foreign to Indian clients who largely understand. Counseling as synonymous to "advice." The Gujarati translation of counseling is "paramarsh," however; most clients (and counselors) were using the term "salah," which literally means "advice". The clients often referred to the HIV counselor as "HIV advisor." As a consequence, Indian clients expect immediate solutions or advice to their problems from counselors. Counselors are considered to be more knowledgeable and wise. India is relationship centered society (Laungani, 2009), where relationships are valued and maintained. It is not uncommon for clients to carry forward the relationship that is established during counseling as a sign of respect and obligation. For example, clients often invite counselors to their social functions. Refusal to such invitations may be perceived as an insult. Many counselors in the study, reported a dilemma regarding the closure of counseling relationships, thereby raising the question of relationship boundary?

Counseling orientation was solution-focused and client-centered. Solution focused orientation is reflected by their focus on providing workable solutions and alternatives to clients. Counselors defined HIV counseling as, *"a process of interaction with clients,*

providing correct information on HIV/AIDS and STIs, remove misconceptions, identify

their risks factors, discuss strategies to reduce risks and empower clients to take

appropriate decisions." At the same time, counselors emphasized clients' need and need-

based risk assessment, which reflects client-centered orientation. In line with their

definition of counseling, they defined their role as an educator, teacher, supporter and

advocate.

      Counseling practices. Counselors used various HIV specific and non-HIV

specific counseling. HIV specific counseling included project mandated counseling

services such as preventive, STI, and crisis counseling whereas, HIV test and supportive

counseling emerged as a response to the demand of the TI context. Further, few

counselors were providing individual psychological counseling and group counseling to

equip clients to deal with issues of sexuality and gender identities, relationship and

emotional issues. Many counselors considered group counseling as an effective strategy

for HIV prevention, which is also supported by a few researches (Branson, Peterman,

Cannon, Ransom & Zaidi, 1998; Choi, Lew, Vittinghoff, Catania, Barrett, Coates,1996;

Maldonado, Gore-Felton, Durán, Diamond, Koopman, and Spiegel, 1996).

Counselors used a pragmatic approach, in which counseling process (such as rapport

building, exploring problems and risks, exploring alternative, developing action plan and

planning follow up), skills (questioning, listening, non-verbal and empathy) and

techniques are directive and solution focused. Many counseling strategies used in the

Indian cultural context were similar to the Western counseling process and methods, but

counselors improvised these to suit the local cultural context. For example, use of

demonstration techniques to explain the importance of HIV prevention and the link

between STI and HIV is similar to the confrontation technique, which was proposed in psychotherapy such as Adlerian psychotherapy, Gestalt therapy, and Rational Emotive Behavior Therapy. Confrontation involves making a client face his or her weaknesses (Salizman, 1979).In the HIV counseling context, counselors have attempted to confront clients' misconceptions, and attitudes. Story telling included telling a story based on client's risk assessment to convey how preventive strategies are beneficial in client's case and what are the consequences of not adhering to HIV prevention strategies. Positive effects of stories in counseling and psychotherapy are well established (Andersen, 1993; Bavelas, Coates & Johson, 2000; Divinyi, 1995; Sunwolf &Frey, 2001). Story telling is also relevant in HIV context particularly in the Indian culture as Indians do not prefer direct reference (Chaudhary, in press), and also most clients have low education level and better understand concepts related to HIV/AIDS and STIs through stories. Another most widely used technique was that of giving examples during counseling. It included sharing an instance of another client (third person) who is practicing safe sex which protects from HIV. Counselors' used opportunistic information sharing, provided short and specific information about HIV/AIDS/STIs, and risk reduction alternatives as and when required. This educational strategy is relevant in the Indian context because clients expect immediate answers to their questions or problems. Clients are more passive and dependent therefore counselors impose their own decisions about accessing prevention services -opportunistic decision making, which included imposing counselors' decisions on clients to access HIV prevention services.

Yet another aspect is that of labeling. Counselors labeled clients based on clients'

characteristics, for example, using the term "cheaters" for clients who concealed knowing

their sero-status during counseling and "liars" for those who concealed risk behavior in

counseling. Further, counselors judged clients based on their motivation to seek

counseling and access HIV prevention services. In many instances, judgemental

statements about clients were related to the counselors' own moral views, for example,

few counselors believed, *"Koti will never reduce sexual partners no matter what may*

come. They can't behave like a normal man." Although none of the counselors shared

these statements with clients, such interpretations may well influence the counseling

process. Counselors reported labeling and judgments as strategies to deal with clients. It

is not clear how this impact the counseling relationship, and needs to be further explored.

Considering pragmatism as a cultural feature of Indian people, clients prefer counseling

to be a solution-focused, time-bound and directive. Hence, the counselors' directive role,

giving advice, and offering direct suggestions is culturally appropriate for the initial

phase of counseling. This directive role may be transformed into a non-directive and

collaborative one in accordance with the client's progress (Dwairy & Jagelman, 1998).

Such culture specific counseling strategies can be viewed as culturally appropriate

approaches. However, blind use of such strategies, for example, derogatory labeling and

giving advice without assessing underlying problem need to be avoided.

Counseling process. The present research revealed various culture specific

practices that fit well in the local cultural context but may not adhere to Western

counseling standards. The present research has revealed three counseling styles,

counselor-led, client-led and counselor-client led counseling, and combinations of the

three were used as the counseling progressed. Counseling usually began with directive (counselor-led) approach and moved toward collaborative (counselor-client led) approach by encouraging client's engagement in counseling. When the client acts actively toward the counselor, the counselor needs to act comparatively passively in return in order to balance the relationship. The relationship must be adjusted in accordance with the three different counseling styles. For this, counselors should be able to recognize clients' weaknesses, strengths, and needs in order to help the clients achieve their needs. Counselors demonstrated supportive and empathic characteristics in the beginning while remaining critical and passive during the middle and end phases of the counseling session. Demonstrations of these characteristics were found relevant to the cultural context. For example, despite repeated discussion about preventive alternative, clients may not adopt prevention strategies. In this context, being critical to client's indifferent attitude and showing authority may help clients to realize it and modify risk behaviors. However, it raises the question, should counselors be critical and passive in the counseling?

Section III

Discussion of Theory and Practice: Learning from Ground Practices

In the advent of globalization, cultural diversity is increasing all over the world, it is imperative to document counseling practices in different cultures and link them with existing counseling theories and professional standards. This section discusses theoretical models, counselors' experiences, counseling process and behavior change process in clients with existing theories as well as counselors' perspectives on counseling.

Theoretical framework of counselors' experiences. This framework closely resembles with Karl Weick's (1995) sense-making and constructivist theory. According to Weick (1995), sense-making theory is a cognitive activity of framing experienced situations as meaningful. It is a collaborative process of creating shared awareness and understanding out of different individuals' perspectives, varied interests in the context of HIV prevention. Therefore, present theoretical framework of counselors' experiences is in line with constructivist theory.

Following is the description of the construction of counselors' experiences in light of sense-making theory and constructivism. Counselors' experiences were influenced by factors such as training, peers, TI program, organizational environment and counseling practice within TI context. They were relating themselves and counseling with information received from above mentioned factors to make meaning out of their experiences. Based on these, they evaluated their performance as counselors. Counselors often referred to their past experiences of training, peers, organizational environment, TI program, cultural norms, and beliefs, and every day counseling practices to create meaning of their experiences and develop their identities. They continuously attempted to make sense of their experiences by extracting cues from everyday experiences. All these interactions helped them decide what information is relevant and what explanations are acceptable. Extracted cues provided points of reference for linking their experiences with counseling practices, counseling process and behavior change in clients. The counseling process documented in the study resonates well with Weick's sense-making theory and constructivism. The next section discusses theoretical framework of counseling process.

Theoretical framework of counseling process. The counseling process that has emerged in the study reflects a combination of person-centered (Rogers, 1951) and cognitive-behavior therapeutic approach (Beck, 1960), while counseling techniques indicate a solution focused approach. The present theoretical model does not constitute water tight processes and steps, which occur one after another. Counseling is fluid and reciprocal, influenced by both counselor as well as client. For example, there existed no line of demarcation between exploring and normalizing and building rapport. In some counseling sessions, the rapport building step occurred throughout the counseling session.

Theoretical framework of behavior change process. Behavior change was characterized by change in three areas, cognitive, behavioral and cognitive-behavioral; and comprised seven indicators of behavior change, namely, sensitization, personalization, experimentation, evaluation, modification, maintenance, and relapse. Broadly, the behavior change process overlaps with Modified Cognitive-Behavioral Therapy (Hofmann, 2011), Catania's (1995) Stages of Change, AIDS Risk Reduction Model (Prochaska and DiClemente, 1990), and Weinstein and Sandman's (1992) the Precaution Adoption Process Model. Counseling as well as behavior change processes overlaps with those that operate in the Western context. However, the content and strategies involved in these processes are shaped by the local cultural context. For example, rapport building step in the present study emerged as very brief, yet it was continuous throughout the counseling process compared to structured rapport building processes in the western context. The uniqueness about the theoretical framework of behavior change in clients is the context and cultural meaning that shape the behavior of clients.

Counselors' perspectives on counseling. Participants shared their perspectives about counseling in TI. Many counselors acknowledged that their jobs were stressful and emotionally demanding. The work that counselors do may be described as 'emotional labor' (Hoshmand, 2004). Because HIV is a life-threatening condition, counselors are literally called upon to deal with matters of life and death. In addition to the nature of counseling, excessive documentation consumes their time and energy. Hence they may feeling tired or overworked. From the training perspective, acknowledgment of the 'emotional labor' embedded in counseling tasks and teaching counselors to deal with burn out would be helpful. Counselors expressed that taking client's sexual history, talking about emotionally charged issues such as sex, sexuality, relationships and disclosure of HIV sero-status were the most challenging tasks. Further, counselors had to see very large number of clients per day and in many instances the session was reduced to mere information sharing. They expressed lack of updated knowledge about HIV/AIDS/STIs, and ART. Counselors needed inputs on ethical and legal issues of HIV counseling, issues of hijra/TG and IDUs, behavior change theories and counseling skills which are relevant to the field practice. Access to current information through libraries, public health agencies and other sources was very limited at the intervention sites. Counselors expressed the need to have references on counseling, hijra/TG and IDU in local language. In this context, inputs in filling knowledge gaps and proving updated reading references become crucial.

Counselors mentioned challenging counseling situations, such as counseling in pair (partner counseling), counseling Hijra, TG or IDUs, dealing with clients' anxiety

related to HIV test, and suicidal thoughts. Although counseling a partner is more difficult

than counseling the client, they felt that partner counseling was more likely to result in

lasting behavior change. Some counselors reported feeling overwhelmed by couples

(spouse, lover or partner) in the counseling sessions. Many mentioned the stresses of

counseling sero-discordant couples, hijra/TGs particularly when one partner refuses to

disclose his or her sero-status. In addition, lack of knowledge about counseling

approaches and skills added to the stress. Counselors also reported that they sometimes

felt that they did not know enough to answer clients' questions or to help clients with

their specific risk situations. Many counselors did not feel that they were doing the best

job and needed guidance from experts or mentors. Many counselors reported basing their

judgment of their performance on whether or not clients changed their behavior, and

feeling that they had failed if clients continued to put themselves at risk for HIV.

Unfortunately, it is possible to do the job well and still have clients who do not change

their risk behavior. To support counselors, organizations and supervisors must de-

emphasize client behavior change as the counselors' only reward and indicator of

success. Counselors could also be taught to consider enhancement in client knowledge,

increased perception of risk, improved couple communication and readiness to change

(Prochaska et al., 1992) as indicators of progress and 'success.' Counselors need

alternative indicators of job performance and frequent feedback and encouragement from

supervisors as well. Counselors felt the need to discuss difficult cases with other

counselors who can provide their views and mentors who can provide feedback, guide

them to strengthen quality of counseling and overall performance. They expressed the

need for on-field training or supportive supervision followed by the training. They pointed out the need to strengthen the counseling training.

Section IV

Summary

This chapter discussed results emerged from the data. This final chapter provided a discussion of the results by integrating findings with relevant literature. It examined HIV counseling practices, HIV counseling process, behavior change processes among the clients and counselors' experiences of providing HIV counseling services to the most at-risk population (MARPs) through targeted interventions (TIs).

The chapter began with presentation of self-scrutiny of the constructivist grounded theory emerged from the research by evaluating using three criteria. It was established that present study has adhered to grounded theory norms and practices. Second section discussed cultural features of HIV counseling in TI context followed by the third section, discussion of key features of the theoretical models of counseling process, behavior change process and counselors' experiences with established theories. It also discussed counselors' perspectives on counseling and strengthening counseling component of the TI. Counselors expressed the need for advanced training, and mentoring to improve quality of counseling for effective implementation of TI. The chapter discussed the key findings using relevant literature and share researcher's reflections.

Next chapter concludes the research and provide recommendations to counselors for enhancing counseling practices in Indian cultural perspectives, provide suggestions to improve existing counselors' training module and recommendations for future research.