Study on Working Alliance Inventory Scale (WAI) and socio-economic variables of HIV patients

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Abstract

Counselling in HIV/AIDS is an important element of HIV care. It deals with the psychological needs of the individuals with HIV. Counselling is the best help that a provider can provide to the individual to cope up with the disease and its consequences. In the present study an attempt has been made to know impact of counselling on HIV patients with relation to working alliance inventory scale and the results showed significant impact of counselling on perception of HIV patienets.

Key words:

WAI, HIV patients, socio-economic status. Medak district, Telangana

Introduction

The human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) widespread is in its 1/3 decade and has reached to alarming proportions worldwide (Stine 2010). Diagnosis of HIV/AIDS through early checking out in conjunction with pre-check and post-check counseling is vital for psychosocial stabilization and destigmatization (Chen et al., 1998). Risk drop counseling as a preventive counseling technique is similarly vital in high-risk people which include youths, substance abusers, adolescents, and in homosexual and bisexual population (Golin et al., 20054).

Counselling in HIV and AIDS has turn out to be a core objective in a holistic version of health care system, wherein mental problems are regarded as critical to affected individual management. HIV and AIDS counselling has two standard objectives: (1) transmission of HIV and its prevention (2) the aid of these affected without delay and circuitously through HIV (Turk.2006).

It is important that HIV counselling ought to have those twin objectives due to the fact the unfold of HIV may be avoided through adjustments in behaviour (Kamb et al., 1998).

With this background, in the present study attempt has been made to know the role of counselling, patient engagement and Hope for future among HIV patients.

Methodology

The present investigation is sought to recognize different individual background variables (independent variables) connected to the counselling of the people living with HIV /AIDS. Independent factors were measured as the presumed reason for change in the values of dependent relative variables.

The sample size of the investigation is satisfactory in contrasted with the genuine accessibility of respondents, for this propose Taro Yamane (1967) formula was employed, the sample size is 375 respondents. The source of the data from District Aids Prevention Control Society (DAPCU), Medak district.

WORKING ALLIANCE INVENTORY SCALE (WAI):

The feature of the working alliance inventory of HIV patients was assessed at counselling Sessions with the Working Alliance Inventory (WAI-S; Horvath & Greenberg, 1989; Tracey &Kokotovic, 1989), a 12-item questionnaire of Bordin (1979)'s three working alliance dimensions: Emotional bond and agreement on the goals and tasks of therapy. Each dimension consists of 4 items and each Item is scored on a five-point scale, ranging from 1 (seldom) to 5 (always) respectively. The scale was prepared in bilingual versions (English and Telugu) with higher scores indicating better working alliance.

RESULTS AND DISCUSSION

Table 1. Age wise distribution of respondents

Age of the respondents		Frequency	Percent
Years	22-26	76	20.3
	27-30	82	21.9
	31-34	45	12.0
	34-38	29	7.7
	39-42	61	16.3
	above 43	82	21.9
	Total	375	100.0

The above presented results explains that, among the 375 respondents of present investigation, majority are belonging to age above 43 years and age between 27-30 years (21.9%), followed by age between 22-26 years (20.3%), 16.3% (39-42 years), 12.0% of them are belongs to age group between 31-34 years and minimum (7.7%) number of respondents are belonging to age between 34-38 years respectively.

Table No. Marital status wise distribution of respondents

Particulars		Frequency	Percent
Marital status	Married	221	56.2
	Unmarried	82	21.9
	Separated/divorced	41	13.6
	Widow/widower	31	8.3
	Total	375	100.0

The above presented results explains that, among the 375 respondents of present investigation, high percentage (69.9) of respondents are married, followed by 82 (21.9%) are unmarried, 13.6% (51) of respondents are separated/divorced and significant percentage (8.3) are widow/widowers respectively. The study has covered all types of marital status of the society

Working Alliance Inventory Scale (WAI) and socio-economic variables of HIV patients

The Working Alliance Inventory Scale (WAI) is a method of the healing alliance to assesses three key aspects of the healing alliance: (a) agreement on the tasks of therapy, (b) agreement on the goals of therapy and (c) development of an affective bond. On the basis of three factors (task, goal and bond), the impact of counselling on HIV patient can be measured. In the present study, the effect of working alliance inventory scale was used to measure the impact of counselling on HIV patient of the study area and the results are presented in following sections.

The socio-economic variables like, age, gender, education, occupation, marital status, income, area, number of dependents and duration of disease or aliment are studied and presented in following sections.

"It was hypothesised that "Role of Counselling perceived by the clients does not vary according to their personal background variables" and the results are presented in following tables.

Table No. 2. Age and Work Alliance Dimensions

S. NO	Age of respondents		N	Mean	Std. Deviation	F-Value	Sing
1	Work Alliance - Task	22-26	76	14.0000	.00000	55.301	.000
		27-30	82	12.0000	.00000		
		31-34	45	12.3111	.73306		
		34-38	29	14.0000	.00000		
		39-42	61	11.1803	1.72731		
		above 43	82	11.1707	2.36646		
		Total	375	12.2827	1.75203		
2	Work Alliance - Goal	22-26	76	5.7895	.41039	333.473	.000
		27-30	82	19.0000	.00000		
		31-34	45	10.1556	.36653		
		34-38	29	18.0000	.00000		
		39-42	61	14.9016	4.15413		
		above 43	82	11.0854	3.19414		
		Total	375	12.7867	5.26743		
3	Work Alliance - Bond	22-26	76	16.0000	.00000	197.672	0.000
		27-30	82	12.0000	.00000		
		31-34	45	15.6889	.73306		
		34-38	29	9.0000	.00000		
		39-42	61	13.5246	1.89391		
		above 43	82	13.3659	1.94690		
		Total	375	13.5680	2.31712		

Analysis of Age of respondents and Working alliance inventory scale

The main aim of this study is to find out the role of counselling and age of respondent with reference to working alliance inventory scale. The above data table explains that, the age group of respondent (22-26 and 24-38 years) perceived high (Mean=14.000) value than other age groups like 31-34 years (Mean=12.3111), followed by 27-30 years (Mean=12.000), 39-42 years (Mean=11.1803) and low value (Mean=11.1707) is observed with age group above 43 years respectively.

The ANOVA test reveals that, values of between groups are elevated than values of within groups. The obtained F-value (55.301) of the table indicates that, such variation in the mean values is statistically significant.

While, with regard to goal component of working alliance inventory scale explains that, the age group of respondent (27-30 years) perceived high (Mean=19.000) value than other age groups of respondents such as 34-38 years (Mean=18.000), followed by 39-42 years (Mean=14.906), above 43 years (Mean=11.0854) and low value (Mean=5.7895) is observed with age group above between 22-26 years respectively.

The ANOVA test reveals that, values of between groups are elevated than values of within groups. The obtained F-value (333.473) of the table indicates that, such variation in the mean values is statistically significant.

Similarly, with regard to bond component of working alliance inventory scale explains that, the age group of respondent (22-26 years) perceived high (Mean=16.000) value than other age groups of respondents such as 31-34 years (Mean=15.6889), followed by 39-42 years (Mean=13.5246), above 43 years (Mean=13.3659), 27-30 years (Mean=12.000), and low value (Mean=9.000) is observed with age group above between 34-38 years respectively.

The ANOVA test reveals that, values of between groups are elevated than values of within groups. The obtained F-value (197.672) of the table indicates that, such variation in the mean values is statistically significant.

The above table provide the detailed information regarding role of age factor with reference to the Working alliance inventory scale (Goal, Task and Bond). The above results clearly state that, all 3 components of counselling method and age of the HIV patients are highly significant and age factor play vital role in counselling.

Table No 3. Marital status and Work Alliance Dimensions

S.NO	Marital status of respondents		N	Mean	Std. Deviation	F value	Sing
1	Work Alliance - Task	Married	262	12.4504	1.89863	4.620	.010
		Unmarried	82	12.0000	.00000		
		Widow/widower	31	11.6129	2.44510		
		Total	375	12.2827	1.75203		
2	Work Alliance - Goal	Married	262	10.8053	4.72585	126.326	.000
		Unmarried	82	19.0000	.00000		
		Widow/widower	31	13.0968	3.41911		

		Total	375	12.7867	5.26743		
3	Work Alliance - Bond	Married	262	14.2634	2.40436	49.341	.000
		Unmarried	82	12.0000	.00000		
		Widow/widower	31	11.8387	1.61445		
		Total	375	13.5680	2.31712		

Analysis of marital status of respondents and Working alliance inventory scale

The main aim of this study is to find out the role of counselling and marital of respondent with reference to working alliance inventory scale. The above data table explains about task component of working alliance inventory scale with regard to income of respondents, indicate that, among 375 respondents, who are married perceived high (Mean=12.4504) value than respondents who are unmarried (Mean=12.000) and low values are observed among respondents who is widow/widower (Mean=11.6129) respectively.

The ANOVA test reveals that, values of between groups are elevated than values of within groups. The obtained F-value (4.620) of the table indicates that, such variation in the mean values is statistically significant.

While, goal component of working alliance inventory scale with regard to type of occupation of respondents indicate that, among 375 respondents, who are unmarried perceived high (Mean=19.0000) value than respondents who are widow/widower (Mean=13.0968), and low values observed among respondents who is married (Mean=10.8053) respectively.

The ANOVA test reveals that, values of between groups are elevated than values of within groups. The obtained F-value (126.326) of the table indicates that, such variation in the mean values is statistically significant.

Similarly, bond component of working alliance inventory scale with regard to type of occupation of respondents indicate that, among 375 respondents, who are married perceived high (Mean=14.2634) value than respondents who are unmarried (Mean=12.0000), and low values observed among respondents who is widow/widower (Mean=11.8387) respectively.

The ANOVA test reveals that, values of between groups are elevated than values of within groups. The obtained F-value (49.341) of the table indicates that, such variation in the mean values is statistically significant.

The above table provide the detailed information regarding role of marital status of HIV patient with reference to the Working alliance inventory scale (Goal, Task and Bond). The above results clearly state that, all 3 components of counselling method and marital status of the HIV patients is highly significant and marital status of patients may impact on counselling.

Conclusion

Counselling in HIV/AIDS is an important element of HIV care. It deals with the psychological needs of the individuals with HIV. Counselling is the best help that a

provider can provide to the individual to cope up with the disease and its consequences.

Marital status of HIV patients is one of the typical factors in counselling of HIV patients and the study results indicate that, goal and bond components of Working Alliance Inventory scale showed significant relation with marital status of respondents. The task component of Working Alliance Inventory scale has no significance with marital status of HIV patients.

The Working alliance inventory scale and gender of respondents showed significant relation and found that, gender may play vital role in counselling.

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