



**A SITUATION ANALYSIS OF HIV/AIDS TELEPHONE
COUNSELING IN SHANGHAI AND GUANGXI, CHINA**

Gao Yanning

อภินันทนา

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บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF ARTS
(HEALTH SOCIAL SCIENCE)
FACULTY OF GRADUATE STUDIES
MAHIDOL UNIVERSITY**

2001

ISBN: 974-665-663-5

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2001

4238451 SHHS / M: MAJOR: HEALTH SOCIAL SCIENCES

M.A. (MASTER OF ARTS)

KEY WORDS : HIV/AIDS/ TELEPHONE COUNSELING/ CHINA

GAO YANNING: A SITUATION ANALYSIS OF HIV/AIDS TELEPHONE COUNSELING IN SHANGHAI AND GUANGXI, CHINA. THESIS ADVISORS: SUVAJEE GOOD Ph.D., VEENA SIRISOOK Dr. P.H. 140 p. ISBN: 974-665-663-5.

A multi-method situation analysis was conducted of HIV/AIDS hotlines in Shanghai and Guangxi, China, in order to assess the features of telephone counseling services and the characteristics of providers and callers. Fifteen providers and ten key informants were administered interviews in-depth, two focus group discussions were conducted, and 132 calls were recorded during a one-month period. Qualitative data were analyzed according to the themes of the research framework, and quantitative data were analyzed using Chi-square and F-tests.

The results were as follows: 58 calls were taken in Shanghai and 74 in Guangxi. A call lasted 8 minutes on average; 4 minutes in Shanghai and 10 minutes in Guangxi. Of 121 callers, $\frac{3}{4}$ were male and 55% were aged 25-34 years. Among the concerns of the 121 callers, 37% had undergone HIV testing, and 7% were HIV positive, while 1/3 had multiple sexual partners. Most callers were motivated to call by their risky behaviors. Only a few female sex workers and IV drug users used the hotlines. Some callers reported calling on behalf of their "friends". Of the 15 service providers, the average age was 37 years, and the gender distribution was equal, most received short-term training on HIV/AIDS counseling and all had a bio-medical background. Generally, callers preferred to talk with a provider of the opposite gender, but some female callers hung up the telephone when they heard the voice of male providers. Homosexual callers liked to talk with elder male providers or to "experts". In terms of callers' concerns, half were related to psychosocial issues, HIV testing and transmission modes, and 30% were related to symptoms and disease. Callers in Guangxi tended to be more concerned about HIV/AIDS than those in Shanghai, partly because of the differences in the local epidemic. Providers reported that current questions were more "personal" and psychosocial-related than in the past, and that the contents of calls might reflect the changing nature of the epidemic. Psychological problems of HIV/AIDS-hotline callers were more difficult to handle than those of STD-hotline callers. Particular type of caller was those who engaged in risk behaviors, and experienced quasi-HIV/AIDS symptoms, had undergone HIV antibody testing several times with negative results, but did not believe the results, due to their "knowledge", and had called the hotlines continually for further explanations. They were defined as "HIV-positive hypochondriac-like syndrome" in the study. They were difficult for providers to deal with. The hotlines were better relatively at providing preventive services with the advantage of HIV risk assessment, and weak at serving the needs associated with psychosocial support, especially in psychological counseling.

According to the findings and the limited local resources in professional counseling, the establishment of a toll-free national AIDS hotline for crisis counseling is firstly suggested. Some measures are suggested in order to improve the operations and psychosocial support functions of the hotlines, and to improve the training module in HIV/AIDS telephone counseling. An important suggestion for further research is the involvement of professional counselors in the study of HIV/AIDS telephone counseling.