

<https://doi.org/10.46344/JBINO.2022.v11i03.31>

EVALUATION OF COMMUNICATION SKILLS OF LINK WORKERS WORKING WITH HIGH RISK GROUPS OF A DISTRICT OF WESTERN INDIA

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ABSTRACT

Background: Considering the evidence of rural risks to HIV in India, the Link Worker Scheme (LWS) was designed to provide HIV prevention, referral and follow-up services to High-Risk (HRG) and vulnerable groups. LWs and Volunteers can be effective only when they are equipped with appropriate communication skills. The study objectives were; to evaluate the existing communication skills of these workers. This was needed to identify weak areas in communication which subsequently need to be addressed by capacity building and to help the program outreach effectively.

Methods: A Cross-sectional study was conducted in high risk strategic blocks of district. The entire registered 124 Link workers were interviewed at block headquarter on prefixed date and time after obtaining verbal consent. LWs were assessed for communication skills using a pre-tested and semi-structured questionnaire in vernacular language. Randomly selected 25% LWs demonstrated communication skills through role-play on actual or dummy cases and were assessed by a checklist using a likert scale. Data entry was in MS Excel and analyzed in Epi info Version 3.5.1.

Results: When communication skills were assessed, only 30 % of LWs were able to elicit confidential matters from client of opposite sex. They were good at asking questions in local language, encouraging clients for availing services, talking about sex, sexuality and safe practices with clients of same gender.

Conclusion: There is a strong need to strengthen LWs' capacity in the area of confidentiality, listening actively, demonstrating empathy, checking comprehension and assessing client satisfaction. Extensive trainings on communication skills is essential to enable them to communicate properly with clients and stake holders, to discharge their envisaged responsibility and achieve programme objective.

Key words: Communication Skill assessment, Human Immunodeficiency Virus (HIV), Link Workers.

Background: The Link Worker Scheme (LWS) has been proposed under National AIDS Control Programme III (Acquired Immunity Deficiency Disease).⁽¹⁾ The scheme has been implemented since 2008 in rural and tribal areas of India, specifically addressing populations with high-risk behaviors (including High Risk Groups and Bridge Populations) to prevent Human Immunodeficiency Virus (HIV) and Sexually Transmitted Infections (STIs) as they are difficult to reach out.⁽²⁾ It has introduced a new cadre of worker; the Link Worker (LW) to be introduced at the village level. These workers are community based salaried female and male youth workers with a minimum level of education. They can easily discuss intimate human relations and practices of sex and sexuality and help equip high-risk individuals and vulnerable young people with information and skills to prevent the spread of HIV and STI. They are link between the High Risk Groups (HRG) and the service provider and are supposed to talk to service providers for arranging services for them, also providing referral and follow-up services. LWs can be effective only when they are equipped with appropriate communication skills. Communication is key determinant of patient satisfaction and concordance. ^[3] There was a need to identify weak areas in communication skills of LWs which subsequently needed to be addressed by capacity building and to help the program outreach effectively. Hence, the current study was conducted to evaluate the existing communication skills of Link Workers working with High Risk Groups of a district of Western India regarding HIV/AIDS.

Methods: A Cross-sectional study was conducted in 5 strategic blocks of the district as identified by state AIDS Control Society. The entire registered 124 Link workers were tried to be interviewed and observed at block headquarter on prefixed date and time after obtaining verbal consent. The platform for activity is Youth Information centre. LWs were evaluated for communication skills using a self administered, pre-tested and semi-structured questionnaire in vernacular language. Thereafter, randomly selected 25% LWs demonstrated communication skills on actual or dummy cases, observed and assessed through a checklist. The participants were given situations for role-play wherein one participant would be a client and the other one the counselor (link worker). A scale indicating very poor, poor, average, good and excellent was prepared to measure Link Workers' rapport building skills, communication skills, skills of counseling on 14 different aspects such as making client comfortable, ensuring confidentiality, language, listening, sensitivity, time devoted, information given, informing about safe practices and others. Data entry was in MS Excel and analyzed in Epi info Version 3.5.1.

Results: All registered, 124 Link workers were tried to be contacted and observed at block headquarter on prefixed date and time. A total of 102 Link Workers present responded to the self-administered evaluation of communication skills questionnaire.

Evaluation of communication skills of the

workers: *Place of Counseling;*—Majority (71.6%) of the link workers preferred an isolated place for communication, while 42.2% of them choose client's home. *Adequate time for counseling;*—Majority of (95.1%) link workers thought that, they were able to devote sufficient time for communication with their clients. *Language and dialect;*—82.4% of link workers always felt comfortable while interacting with their client in local language, whereas the rest felt the same sometimes only. *Voice modulation;*—Majority (89.2%) of link workers could modulate their voice during conversation while 10.8% were interacting in monotonous voice. *Greeting the clients;*—Also majority (97.1%) of them mentioned that they greet their clients, when they met them. *Comfort level while interacting with High Risk Group;*—Almost 62.7% link workers always felt comfortable while interacting with high risk groups such as Men having Sex with Men (MSMs), Female Sex Worker (FSWs) and Trans gender (TGs) while 35.3% of them sometimes did not feel comfortable in doing so. *Comfortably talking about sex and sexuality;*—Nearly 81/97 (83 %) of the link workers felt comfortable each and every time in discussing sex/sexuality issues as well as showing Information Education Communication (IEC) material to their clients. *Comfortably demonstrating condom use on penis model;*—It is also noted that 69.6% of link workers always felt comfortable while demonstrating condom on penis model to the clients whereas 27.5% of them sometimes felt so and a small number (3%) never felt comfortable.

Gathering confidential information;—When asked about their methods of gathering confidential information of their clients, 31.4% of the link workers collected client's information by winning their trust, 26.5% by making friendship with client and 24.5% by taking help of client's family member or friend. Also noted is that, 60.8% of the link workers mentioned that they were sometimes able to extract confidential information, while only 36.3% link worker succeeded every time while gathering confidential matter of their clients. 89.2% of link workers were aware regarding issues of maintaining confidentiality in HIV/AIDS. *Overcoming silence of the client ;*—To overcome silence on part of client during communication a good number of examples were mentioned by Link workers like, 30.4% of the link workers tried to find out their client's problem and helped them, 25.5% changed the topic and asked again after sometime. Nearly 40% of the LWs were unable to deal with the situation when their clients become silent. *Tackling aggressive clients;*—Whenever clients got angry during communication, 35.3% of the link workers tried to calm them down and won their trust by giving them proper advice. 33.3% were never angry on client, 17.6% tried to know the reason for anger and solved their problem. 9% did not talk with clients who became aggressive and left the place quietly. *Method of Communication with Illiterate Client;* For communication with illiterate clients, nearly half of the link works used local language, while 65.7% link workers mentioned taking help of IEC material or posters. *Communicating with the client of opposite sex;*—About one third of the link workers

could talk about the disease, nearly 25 % were able to discuss sex and sexuality relationship issue along with STIs as well as condom demonstration with client of opposite sex. Only 6% of link workers took help of female colleagues for female clients and male colleagues for male clients. Rest used skills like talking in isolated place, using IEC materials etc. *Advice for referral*;-For referral services 33.3% of the link workers referred clients to Primary Health Center (PHC), Community Health Center (CHC) and Integrated Counseling & Testing Center (ICTC). It is also mentioned by them that by giving proper advice 23.5% of them could convince their clients for partner notification, while 13.5% of the link workers explained them that, HIV is a highly infectious disease that may endanger their partner's life. *Difficulties faced while communicating with Clients*;-38.2% of the link workers faced difficulty in collecting confidential information, 15.7% didn't feel comfortable talking about sex and sexuality issues. It is important to note that 16.7% of the link workers had no problems while interacting with clients. Few mentioned difficulty in counseling clients for HIV test and identifying partners of FSWs. *Need for training*;-20.6% of the link workers felt the need of training in identifying MSM partners, 18.6% of link workers wished to undertake further training in HIV related materials, while 17.6% needed training for development of Communication skills. 5% of LWs did not feel that training was required for them.

Qualitative Observation Analysis and Interpretation:

25% of the LWs who

responded to the self-administered evaluation of communication skills questionnaire were selected randomly for the qualitative observations. 27 participants thus selected were explained of the objective of the research, methodology and (what to do in the exercise) the process. The participants were given the following situations for role-play wherein one participant would be a client and the other one the counselor (link worker).

Scenario 1: Antenatal Care (ANC) mother.

Scenario 2: Teenage boy with burning micturation.

Scenario 3: A girl (18 years) having Pelvic Inflammatory Disease/ Lower Abdominal Pain (PID/ LAP).

Scenario 4: Condom Demonstration with Female Sex Worker.

Scenario 5: Condom Demonstration with Men having sex with men.

The data interpretation with reference to the skills is discussed in detail as under and the scores obtained for each of the skills are presented in Table 1. The gaps as observed in case scenarios corroborate with the gaps identified from the self-administered semi-structured questionnaire administered to them.

Rapport Building: *Making client and self comfortable*; Nearly half of the link workers understand the importance of making client comfortable. They offered a seat, welcomed them using words like 'Aao Beta'; 'Mitra ni jem vaat karjo'; 'Kevun chhe?' (Please come, talk like a friend, How are you?). While another half (nearly 10-14) of them had difficulty in making themselves comfortable and no effort was made by them. In such cases, clients

themselves introduced themselves to link worker and started to narrate their problem. While findings of the self-administered questionnaire point out that majority (97.1%) of them mentioned that they greet their clients, when they met them.

Ensuring privacy and confidentiality: Most of the link workers (18 out of 27) did not make conscious effort or not very specifically talked to ensure privacy. In few cases the clients themselves inquired about confidentiality. Link workers were showing below average understanding in this matter. However, few of them showed their extreme concern by saying 'Aapni vaat koi jaanshe nahin'; 'Ahin ekantaj chhe'; (nobody will know about our conversation, there is privacy here) stressing upon the importance of confidentiality.

Enquiring about general information and issue specific information; Tone and language; 11 out of 27 showed average understanding regarding use of language and tone modulation. While talking to clients, some of the link workers were pressuring them to speak and some of them were extremely monotonous, as a result, they missed the focus in conversation e.g. 'Aree tein condom vishe koi paasethi nathi sambhlyun? Tein sambhlyun nathi to tare jaanvun jaroori chhe'. (Have you not heard of condoms from anywhere? If not, then is it necessary to know?)

Asking questions in local language: 20 out of 27 link worker showed average or above average understanding in asking questions

in local language. They used local terms like; 'Darad upade tyare tarat phone karjo'; 'Gharwala shun kahe chhe'. (call immediately if you have pain, what does the spouse say?)

Sensitivity in asking questions: 8-12 link workers showed average to above average sensitivity in asking questions. 'Tamare ketla partner chhe te janavavama vandho to nathi ne?'; 'HIV testing karavavun gamshe?' 'Divas ma ketla sambandh thaay?' (How many sexual partners do you have, is there issue in disclosing? Will you like to go for HIV testing? How many sexual relations do you have in a day?) However, 15 link workers showed poor or very poor sensitivity in asking questions, like asking directly about 'Vijatiya aakarshan thatun hashe?' (opposite sex attraction must be there) without talking on any other aspect. There was no atmosphere of counseling created, instead there was only one-way communication from worker's side; no exploring about feelings/ emotions was observed.

Adequate time given to understand and answer questions: Half of the link workers gave sufficient time while another half of them hurriedly completed the session. They only gave information and made no effort to counsel the client.

Paraphrasing/ rephrasing: Very few link workers showed some use of paraphrasing the sentences if not understood by the client by asking 'Mein shun kahyun?' (What did I say) They had no concept of 'paraphrasing'. While most of them

checked and verified whether information on 'vaccination' is understood properly or not.

Able to keep conversation alive: Nearly half of link worker were observed to put in average effort to keep the conversation alive. They tried to maintain good flow of communication. Sometimes clients kept on asking and demanded information. While other half of them were just not motivated to talk and communication was very low.

Demonstrating empathy and concern: As a group almost all the Link workers were not consciously trying to demonstrate empathy toward the clients. Few of them could put good effort when client said, "*I am scared of having such relationship*" or while asking about HIV test result, client had tears in her eyes where link worker could show concern.

Encouraging for availing services: Link workers demonstrated average or good ability in encouraging clients for availing services like free check-up, institutional delivery, help from ASHA workers, District AIDS Prevention and Control Unit (DAPCU), etc.

Giving Hope & Listening attentively and actively: 18 out of 27 link workers did not demonstrate sensitivity in giving hope to the clients. Few of them have given hope for safe deliver and assurance for well-being of mother and child. Nearly half of them demonstrated average to good skills of listening with patience to the questions raised by the client pertaining to misconceptions, marital issues, etc. While

other half did not give much importance to active listening; as a result the conversation turned out to be irrelevant and improper responses were received.

Discussing safe practices and preventive measures: Nearly half of the link workers did not cover issues related to safe practices in case of ANC and adolescent boy/girl. However, in case of MSM, FSW, link workers made sure to talk on safe practices and preventive measures. They were comfortable to talk on proper care and appropriate way to dispose off condoms, ensuring quality of it, difficulties faced by client in practicing safe methods. They did very good demonstration before the client and tried to reduce disliking of the client for use of the same by applying condom jelly on own face.

Comfortable about talking sex and sexuality: More than half of the link workers were comfortable in talking about sex and sexuality related issues; with FSW and MSM they really took care to convey properly to them about it. While in case of adolescent girls-boys and sometimes in case of ANC client, they did not give much importance to this aspect and did not probe much and as a result scored poor in this area.

Checking comprehension: Majority of the workers (22 out of 28) did not understand value of checking of comprehension (understanding) of the client regarding the information given to them. This is one of the major shortcomings in the process of counseling by the workers. *Observation of*

clients verbal/non-verbal to assess his satisfaction; Nearly half of them were not conscious about whether the clients are satisfied with the services or not. Some of them were worst in this area. However, 10 to 12 workers were concerned about clients feelings and satisfaction, which was

demonstrated by asking the client, 'kevin lagyun', 'fari aavsho?', 'bijo koi prashna hoy to puchho', 'barabar samjhan padi?' etc. (How did you feel?, come again, you can ask if you have any other concern, Have you understood properly?)



Table1, Scoring of Communication Skills of Link Workers observed during Qualitative Observations (Role play Case Scenarios)

Selected Communication Skills	Mean Score Out 5(SD)	No. of Link Workers according to their Performance					
		Worst	Very Poor	Poor	Average	Good	Excellent
Making client and self comfortable	2.3(1.23)	2	6	6	10	2	1
Ensuring Privacy and Confidentiality	1.8(1.45)	6	7	6	4	3	1
Tone and Language	2.5(0.89)	0	4	9	11	3	0
Asking questions in Local Language	3.0(1.19)	0	4	3	10	9	1
Sensitivity in asking questions	2.3(1.12)	1	7	7	8	4	0
Adequate time given to understand and answer the questions	2.3(1.25)	4	2	8	9	4	0
Paraphrasing - rephrasing	1.0(1.14)	13	5	5	4	0	0
Able to keep conversation alive	2.1(1.23)	4	3	8	9	3	0
Demonstrating empathy and concern	1.7(1.35)	7	7	3	8	2	0
Encouraging for availing of services	2.9(0.87)	0	3	2	16	6	0
Giving hope	1.5(1.39)	10	3	6	6	2	0
Listening attentively and actively	2.2(1.61)	5	7	2	5	7	1
Discussing safe practices and preventive measures	2.4(1.12)	1	5	7	9	5	0
Comfortable about sex and sexuality	2.5(1.47)	4	3	4	8	7	1
Checking comprehension	0.9(1.2)	15	4	3	5	0	0
Observation of clients verbal/nonverbal to assess his satisfaction	1.6(1.23)	9	6	3	6	3	0
Overall	2.1(1.24)						

The findings of observation of case scenarios through role-plays; the average score was 2.1(Table 1) on a scale of 1-5. Weakest areas were confidentiality, listening actively, demonstrating empathy,

checking comprehension and assessing client satisfaction.

Discussion & Conclusion: Out of the total 102 link workers present and who

responded to the evaluation of communication skills questionnaire 56.4% were males. Majority (71.6%) of them workers preferred an isolated place for communication. Almost 91% of them met their client at weekly interval, while 9% met fortnightly. Two third of the link workers always felt comfortable while interacting with high risk groups such as MSMs, FSWs and TGs. Being the crucial target group, uncomfortable feeling while interacting with them might hinder the preventive efforts in the community. Link workers were more comfortable while communicating with health sector personnel and NGO people, but they had difficulty in communicating with religious leaders and community leaders. It is also noted that two third of them always felt comfortable while demonstrating condom on penis model to the clients whereas 27.5% of them sometimes felt so and a small number (3%) never felt comfortable. The good aspect is that 89.2% link workers were aware of issues related to maintaining confidentiality in HIV/AIDS.

While communicating with client of opposite sex about two third of the link workers could not talk about the disease, only 25 % were able to discuss sex and sexuality relationship issue along with STI as well as condom demonstration with client of opposite sex. Nearly 40% were unable to deal with a situation when their clients become silent, while 9% did not talk with clients who become aggressive and left the place quietly. Both these situations can hamper the conveyance of important messages and inability to deal with such situations can adversely affect achievement of objectives. Only a third of

them succeeded every time while one third never succeeded in gathering confidential matter of their clients. In order to overcome stigma, discrimination and gender issues attached to HIV 36.3% of the link workers tried to remove misbeliefs regarding HIV.

For referral services a third of them referred clients to PHC, CHC and ICTC. It is also mentioned by them that by giving proper advice 23.5% of them could convince their clients for partner notification, while 13.5% of them explained them that, HIV is a highly infectious disease that may endanger their partner's life. The link worker were involved in a lot of activities in Youth Information Centre of Red Ribbon Club ranging from celebration of festivals, playing different games, planting trees, holding mehndi competitions along with providing information about HIV/AIDS by showing posters and IEC materials. For creating awareness regarding HIV/AIDS in the community, 89.2% of the link workers adopted different activities such as drama, bhavai, posters or video clips. 20.6% of the link workers felt the need of training in identifying MSM partners, 18.6% of link workers wished to undertake further training in HIV related materials, while 17.6% needed training for development of Communication skills.

Role-play is widely used as an educational method for learning about communication in medical education. Role-play is used as a training method to acquire knowledge, attitudes and skills in a range of disciplines⁽⁴⁾, cross-cultural training⁽⁵⁻⁶⁾, business and human resources.⁽⁷⁻⁸⁾ The

participants were given situations for role-play wherein one participant would be a client and the other one the counselor (link worker). The findings of observation of case scenarios through role-plays; the average score was 2.1 (Table 1) on a scale of 1-5. Link workers are really good at asking questions in local language and keeping conversation alive, encouraging clients for availing services, talking about sex and sexuality and safe practices to the clients at high risk. Some attention should be given in making link workers sensitive about tone used to communicate and encouraging free flow of clients' expression, listening actively and then responding to the client properly. There is a strong need to strengthen link workers capacity in the area of paraphrasing sentences, demonstrating empathy, giving hope, checking comprehension and assessing client satisfaction where they scored around 1. Due to the level of educational qualification the link workers possess, it is understood that they may not be as skillful and comfortable as the counselors; however, with extensive trainings on counseling skills and updated information, the quality of counseling of the link workers can certainly be improved to help the programme outreach effectively and the same have been specifically recommended as a result of this study.

Specific recommendations:

- LWs need an in-depth orientation of core and vulnerable groups' related issues like HIV and Gender, Stigma and

discrimination. Detailed training on communications skills/counseling skills for LWs is essential to enable them to communicate properly with clients, stake holder and institute they network with. This is absolutely essential for them in order to adequately discharge their envisaged responsibility and achieve programme objective. Training on enabling environment including advocacy with stakeholders need to be organized to strengthen their ability to deal with diverse groups of stakeholders. These trainings need to be supplemented by refresher training and built up upon their communication skills.

- Field supervision of these workers in a supportive environment by District Resource Persons is also recommended.
- Exposure visits to targeted Intervention programmes being implemented near to their place would also help them to understand core group in a better way and help make them more comfortable in conversing with their clients.

Statements and Declarations; The authors declare that there are no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgements; We are grateful to all the participants (link workers) included in the study for their participation and cooperation without which the study would not have been possible. We acknowledge Gujarat State AIDS Control Society & UNICEF for the financial support.

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