www.ijarp.com ISSN 2456-9992 Page: 01-09
International Journal Advanced Research Publications
Review Article
Volume: 02
Issue: 07

"OCCUPATIONAL STRESS AND BURDEN AMONG COUNSELLORS AND HEALTH ACTIVISTS ENGAGED WITH PEOPLE LIVING WITH HIV/AIDS IN KARNATAKA: A SOCIAL WORK STUDY."

***Raghu P. K.**

India.

Article Received: 01 June 2026, Article Revised: 20 June 2026, Published on: 09 July 2026

***Corresponding Author: Raghu P. K.**
India.

Doi: https://doi-doi.org/101555/ijarp.3993

INTRODUCTION

HIV/AIDS continues to be one of the most significant public health and social challenges across the world, particularly in developing countries like India. Despite considerable progress in medical science, availability of antiretroviral therapy (ART), and expansion of prevention programmes, HIV/AIDS remains deeply intertwined with issues of stigma, discrimination, poverty, gender inequality, and psychosocial vulnerability. People Living with HIV/AIDS (PLWHIV) often require not only medical treatment but also continuous psychological, emotional, and social support to cope with the illness and to maintain treatment adherence and quality of life.

In this context, counsellors and health activists constitute the backbone of HIV/AIDS intervention programmes. They work at the interface between the health system and the community, providing counselling, psychosocial support, health education, prevention services, follow-up care, and linkage to treatment and rehabilitation. Their roles are multidimensional and demanding, involving emotional labour, crisis intervention, confidentiality maintenance, stigma management, and continuous engagement with individuals and families affected by HIV/AIDS. As frontline service providers, they are frequently exposed to clients' trauma, distress, social rejection, and economic hardships.

Occupational stress is a common phenomenon among professionals working in helping professions, particularly those engaged in long-term caregiving and counselling roles. Occupational stress refers to the physical, emotional, and psychological strain that arises when work-related demands exceed an individual's ability to cope effectively. Counsellors and health activists working with PLWHIV often face heavy workloads, role ambiguity,

inadequate staffing, limited resources, job insecurity, and emotional exhaustion. Continuous exposure to suffering, death, and relapse further intensifies their stress levels, making them vulnerable to burnout, compassion fatigue, and reduced work efficiency.

Alongside occupational stress, the concept of burden has gained increasing attention in mental health and social work research. Burden refers to the perceived load of responsibilities, emotional involvement, role strain, and psychological exhaustion experienced while providing care or support services. Although traditionally associated with family caregivers, recent research indicates that professional caregivers and counsellors also experience significant levels of burden due to sustained emotional engagement and high expectations.

In India, HIV/AIDS programmes are implemented through a network of government health institutions, Integrated Counselling and Testing Centres (ICTCs), ART centres, and non-governmental organizations under the National AIDS Control Programme (NACP). Karnataka has been one of the states with sustained HIV intervention efforts, and Tumkur district has an active presence of counsellors and health activists engaged in HIV prevention, care, and support services. These professionals often operate in challenging socio-cultural environments characterized by stigma and discrimination, which further complicates their work roles.

Despite their crucial contribution, the psychosocial well-being of counsellors and health activists has received relatively limited attention in research and policy discourse. Most HIV/AIDS-related studies in India focus on epidemiological or clinical aspects, while fewer examine the occupational stress and burden faced by frontline service providers at the district level. Understanding these dimensions is essential for ensuring workforce sustainability, service quality, and effective programme implementation. Against this backdrop, the present study seeks to examine occupational stress and burden among counsellors and health activists engaged with PLHIV in Tumkur district.

Review of Literature

The review of literature highlights existing research related to occupational stress, burden, and psychosocial challenges among counsellors and health workers engaged in HIV/AIDS care.

Maslach and Jackson (1981) conceptualized burnout among human service professionals and identified emotional exhaustion, depersonalization, and reduced personal accomplishment as

its core dimensions. Their work established that professionals involved in continuous interpersonal care are highly vulnerable to occupational stress.

Folkman and Lazarus (1984) introduced the transactional model of stress and coping, emphasizing that stress results from the interaction between individual appraisal and environmental demands. This model has been widely applied in occupational stress studies among health and social service professionals.

UNAIDS (2010) reported that HIV/AIDS service providers experience considerable occupational stress due to stigma, fear of infection, emotional involvement with clients, and limited institutional support, highlighting the need for psychosocial support mechanisms.

Bennett et al. (2012) found high levels of emotional exhaustion and secondary traumatic stress among HIV/AIDS counsellors, attributing these outcomes to prolonged exposure to clients' trauma and death.

Shisana et al. (2014) identified workload, poor remuneration, role ambiguity, and lack of recognition as major predictors of stress and burden among community health workers involved in HIV/AIDS care in developing countries.

Chandra, Satyanarayana, and Carey (2015) reported moderate to high stress levels among Indian HIV/AIDS counsellors, with stigma, emotional strain, and inadequate training emerging as significant stressors.

Kumar and Mohanty (2017) found a significant relationship between role conflict, workload, and occupational stress among NGO workers involved in HIV/AIDS interventions.

Singh and Singh (2019) highlighted that emotional burden was higher than physical burden among professional caregivers and counsellors, leading to compassion fatigue and burnout.

Joseph and Fernandes (2020) reported that community health activists working with PLWHIV experienced high stress due to job insecurity, low financial incentives, and community stigma.

Patel et al. (2022) demonstrated a strong positive relationship between occupational stress and perceived burden among frontline health workers involved in HIV and chronic illness care.

The literature clearly indicates that counsellors and health activists are vulnerable to occupational stress and burden; however, district-level studies focusing on these professionals in Karnataka remain limited.

Research Gap

A review of existing literature reveals that although occupational stress and burnout among healthcare professionals in HIV/AIDS settings have been widely studied, limited attention has been given to counsellors and health activists working at the grassroots level. Most Indian studies are conducted at national or state levels, resulting in a lack of district-specific empirical evidence, particularly from districts like Tumkur. Additionally, few studies have simultaneously examined occupational stress and perceived burden and their interrelationship among HIV/AIDS service providers. Therefore, there is a clear need for a localized and integrated study addressing these dimensions.

Research Methodology

Significance of the Study

The study is significant as it provides empirical evidence on occupational stress and perceived burden among counsellors and health activists engaged in HIV/AIDS care, a group that plays a crucial role in public health service delivery but remains under-researched. The findings will contribute to academic literature in social work, mental health, and public health and will assist policymakers and programme administrators in designing supportive supervision, stress management interventions, and capacity-building programmes to enhance workforce well-being and service quality.

Scope of the Study

The scope of the study is limited to counsellors and health activists engaged in providing services to People Living with HIV/AIDS in Tumkur district. The study focuses on occupational stress and perceived burden related to professional roles and work environments and does not include clinical diagnosis of mental health disorders or evaluation of treatment outcomes among PLHIV.

Aim of the study

To assess occupational stress and burden among counsellors and health activists engaged with People Living with HIV/AIDS in Karnataka

Objectives of the Study

1. To study the socio-demographic and occupational profile of the respondents.
2. To assess the level of occupational stress among counsellors and health activists.
3. To assess the level of perceived burden among the respondents.

4. To examine the relationship between occupational stress and perceived burden.
5. To identify factors influencing occupational stress and burden.
6. To suggest measures for reducing occupational stress and burden.

Hypotheses of the Study

H1: There is a significant association between selected socio-demographic variables (age, gender, education, years of experience) and the level of occupational stress among counsellors and health activists engaged with PLWHIV.

H2: There is a significant association between selected occupational variables (workload, years of service, type of organization, nature of work) and the level of occupational stress among counsellors and health activists.

H3: There is a significant association between selected socio-demographic variables and the level of perceived burden among counsellors and health activists engaged with PLWHIV.

H4: There is a significant association between selected occupational variables and the level of perceived burden among counsellors and health activists.

H5: There is a significant positive relationship between occupational stress and perceived burden among counsellors and health activists engaged with PLWHIV.

Research Design

The study adopts a **descriptive research design**. It focuses on systematically describing the characteristics of the study population. The design helps in understanding the existing conditions and patterns of the phenomenon. It provides a factual and accurate representation based on collected d

Operational definitions: a. Dependent variable Occupational stress and burnout: The term occupational stress and burnout in the study will correspond to the scorings obtained in the Emotional Exhaustion, Depersonalization and Personal Accomplishment of Maslach Burnout Inventory- Human Services Survey.

Universe / Population

All ICTC and ART counsellors and health activists engaged in HIV/AIDS services in Karnataka, Bangalore region. (Bangalore urban district and Tumkur District)

Sample Size

A total of 384 respondents including ICTC counsellors, ART Counsellors, Lab technicians, Asha workers and NGO sectors workers (HIV/AIDS related working organizations).

Sampling Technique

A sample is a small, representative portion of a larger group called the population, selected for the purpose of research. Sampling allows the researcher to study a population efficiently in terms of time, cost, and effort. According to research methodology, a sample is a subset of the population chosen to draw conclusions about the entire population.

Types of Sampling

Sampling is broadly classified into **Probability** and **Non-Probability** sampling. Probability sampling includes simple random, stratified, systematic, and cluster sampling, where each unit has an equal chance of selection. Non-probability sampling includes convenience, purposive, quota, and snowball sampling, where selection depends on researcher judgment or accessibility.

In this study researcher taken Simple random sampling.

Sampling Frame

Official lists obtained from the District Health Office, KSAPS, and registered NGOs.

Methods of Data collection

Data collection is the systematic process of gathering relevant information from various sources to answer research questions and achieve study objectives. According to social science research, it involves collecting facts, figures, opinions, and experiences in a planned manner for analysis and interpretation.

Types of Data Collection

Data collection is broadly classified into **Primary** and **Secondary** methods. Primary data are collected firsthand by the researcher through methods like interviews, questionnaires, observation, and case studies. Secondary data are collected from existing sources such as books, journals, reports, census data, and online databases. Both types are essential for ensuring validity, reliability, and completeness of research findings.

Tools for Data Collection

The study employs standardized and structured tools to collect reliable and valid data relevant to the objectives of the research. The tools are selected based on their suitability, reliability, validity, and prior use in occupational stress and mental health research.

1. **Socio-Demographic and Occupational Information Schedule: through questionnaire and interview schedule.**

A structured schedule developed by the researcher is used to collect background information of the respondents. It includes variables such as age, gender, marital status, educational qualification, designation, type of organization (government/NGO), years of experience, workload, working hours, and nature of duties. This information helps in understanding the profile of counsellors and health activists and in analysing the influence of socio-demographic and occupational factors on stress and burden.

2. **Occupational Stress Scale**

A standardized Occupational Stress Scale is used to measure the level of work-related stress among counsellors and health activists. The scale assesses multiple dimensions such as role overload, role ambiguity, role conflict, responsibility, work environment, and interpersonal relations. Responses are recorded on a Likert-type scale, and higher scores indicate higher levels of occupational stress. The tool has established reliability and validity and is widely used in studies involving helping professionals.

3. **Perceived Burden Scale**

To assess the level of burden experienced by the respondents, a standardized Perceived Burden Scale is employed. The scale measures emotional burden, role strain, psychological exhaustion, and work-related fatigue associated with prolonged caregiving and counselling roles. The scale provides a comprehensive understanding of the intensity and nature of burden perceived by counsellors and health activists.

Data Analysis

The data collected through the above tools are systematically processed and analysed using appropriate statistical techniques to fulfil the objectives of the study.

Initially, data are coded, tabulated, and entered into statistical software for analysis. **Descriptive statistics** such as frequency, percentage, mean, and standard deviation are used to summarize socio-demographic variables and to describe the levels of occupational stress and perceived burden among the respondents.

To examine relationships and associations between variables, **inferential statistical techniques** are employed. The Chi-square test is used to analyse associations between categorical variables, while t-tests and ANOVA are applied to compare mean differences in stress and burden across selected groups. **Correlation analysis** is used to examine the

relationship between occupational stress and perceived burden. Where appropriate, regression analysis may be employed to identify predictors of stress and burden.

The level of statistical significance is set at conventional levels, and results are interpreted in relation to the research objectives and hypotheses. The analysed data are presented using tables, charts, and diagrams for clarity and effective interpretation.

Descriptive statistics and inferential analysis will be used.

Limitations of the Study

- The study is confined to Bangalore region (Tumkur District and Bangalore Urban District) only.
- The study belongs to only counsellor and other health activist only
- The study did not include the private health care providers who serve in the field of HIV/AIDS
- The major limitation of the study is the lack of comparison group.

Chapter Layout

The thesis is organized into five systematic chapters to ensure logical presentation, scientific rigor, and clarity in addressing the research objectives.

SL.NO.	chapters	contents
1	Chapter-01	Introduction
2	Chapter-02	Review of Literature
3	Chapter-03	Research Methodology
4	Chapter-04	Data Analysis and Interpretation
5	Chapter-05	Findings, Conclusions, and Recommendations
6	Chapter-06	Bibliography and questionnaire

REFERENCES

4. Bennett, J., Evans, L., & Tattersall, A. (2012). Stress and burnout among HIV/AIDS counsellors. *Journal of Mental Health, 21*(1), 45–56.
5. Chandra, P. S., Satyanarayana, V. A., & Carey, M. P. (2015). Psychosocial issues in HIV/AIDS service providers in India. *Indian Journal of Medical Research, 141*(4), 497–505.
6. Folkman, S., & Lazarus, R. S. (1984). *Stress, appraisal, and coping*. New York: Springer Publishing Company.

7. Joseph, B., & Fernandes, G. (2020). Occupational stress and coping strategies among community health workers engaged in HIV care. *Indian Journal of Social Work, 81*(2), 215–232.
8. Kumar, S., & Mohanty, S. (2017). Occupational stress among NGO workers involved in HIV/AIDS intervention programmes. *Journal of Social Work Practice, 31*(3), 289–303.
9. Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupational Behaviour, 2*(2), 99–113.
10. Patel, V., Saxena, S., Lund, C., Thornicroft, G., & Baingana, F. (2022). Mental health of frontline health workers in low- and middle-income countries. *The Lancet Psychiatry, 9*(2), 105–116.
11. Shisana, O., Zungu, N., & Pezi, S. (2014). Determinants of occupational stress among community health workers involved in HIV/AIDS care. *Human Resources for Health, 12*(1), 1–10.
12. Singh, R., & Singh, A. (2019). Caregiver burden and burnout among professional caregivers in health settings. *Asian Journal of Psychiatry, 42*, 37–42.
13. UNAIDS. (2010). *Report on the global AIDS epidemic*. Geneva: Joint United Nations Programme on HIV/AIDS.
14. World Health Organization. (2017). *Occupational health: Stress at the workplace*. Geneva: WHO.