# **Research Article**

DOI: http://dx.doi.org/10.18203/2394-6040.ijcmph20160736

# A cross sectional study to assess the client's satisfaction with services provided at integrated counselling and testing centers for HIV/AIDS in selected districts of Madhya Pradesh

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Received: 09 March 2016 Revised: 11 March 2016 Accepted: 14 March 2016

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#### **ABSTRACT**

**Background:** Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) is one of the global pandemic that continues to spread at an alarming rate with over 6,000 new infections per day. The purpose of this work was to ascertain the satisfaction of the clients by the services provided at the ICTCs centers.

**Methods:** A cross sectional study was conducted among clients attending Integrated Counselling and Testing Centers (ICTC) centers located at district hospitals of Indore division. The study was conducted keeping in consideration the original guidelines issued by the National AIDS Control Organization (NACO) and Madhya Pradesh State AIDS prevention and Control Society (MPSACS) during the inception of the integrated counselling and testing centers. The clients were clients served by selected ICTCs. Sample size was calculated by using OpenEpi software, version 2.

**Results:** The present study highlights the fact that among the clients interviewed, male contribute (66.56%) while female clients comprised 34.45%. According to the study 90.8% of clients were aged between 18-50 years (the most sexually active age group). The study found that nearly one quarter (21.85%) of the clients were of direct walk in type, which is lower than a study conducted integrated counseling and testing centre (ICTC) of a tertiary care hospital (27%). There was low intention to share the test results with partners only 55.8% (N=86) this may be due to poor communication between partners due to traditional beliefs in our society, difficulty in discussing sensitive subjects such as sex, among the clients who received their test result.

**Conclusions:** Majority of the clients were satisfied with the services provided at the ICTC. Illiterate clients were more satisfied as compared to the literate clients. More female clients were share the test result with their partner compared to male clients.

Keywords: HIV, AIDS, ICTC, Integrated counselling and testing centre, Client satisfaction

# INTRODUCTION

Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) is one of the global pandemic that continues to spread at an alarming rate with over 6,000 new infections per day. However,

despite the very high number of people already living with HIV/AIDS, it is estimated that less than 25-30% of them are aware of their HIV serostatus mainly because of the limited availability, access and use of HIV counseling and testing services. HIV voluntary counseling and testing (VCT) has long been a component of HIV

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prevention and care efforts in developed countries, but only recently it is increasingly being implemented in resource-constrained countries.<sup>1</sup>

India has a population of more than one billion, around half of whom are adults in the sexually active age group. From a mysterious illness recognized only in the early 1980s, HIV/AIDS has established itself into a global pandemic in less than 20 years.<sup>2</sup>

Since its detection for the first time in 1986, HIV infection is growing very fast in India.<sup>3</sup> The distribution and spread of the disease in India is highly uneven.<sup>4</sup>

Counseling for HIV/AIDS has become a core element of a holistic model of health care; in this model, psychological issues are recognized as integral to patient management. Both pre-and post-test counseling have become standard components of prevention-oriented HIV antibody testing programs.<sup>5</sup>

The voluntary counseling and testing centre (VCTC) now known as the integrated counseling and testing centre (ICTC) provides a key entry point for the 'continuum of care in HIV/AIDS' for all segments of the population.<sup>6</sup>

At the time of study there were 5000 integrated counseling and testing centers (ICTCs), which are mainly located in medical colleges and government hospitals. The challenge before us is to make all HIV-infected people in the country aware of their status so that they adopt healthy lifestyles and prevent the transmission of HIV to others, and access life-saving care and treatment. HIV counseling and testing services are a key entry point to prevention of HIV infection, treatment and care of people who are infected with HIV. When availing counseling and testing services, people can access accurate information about HIV prevention and care, and undergo an HIV test in a supportive and confidential environment.<sup>7</sup>

Although Madhya Pradesh is still a low prevalence state, the land locked status of the state surrounded by five states with lot of migration and varied socio-cultural constitutions and practices-necessitates close monitoring and implementation of AIDS control programme. At the time of study there were 50 ICTC's in Madhya Pradesh where HIV counseling and testing facility easily available free of cost and in confidential manner.<sup>8</sup>

The services provided by ICTC's are playing an increasingly important role in the prevention of HIV/AIDS. The centers offer many possibilities and it is crucial that they provide the optimum services for clients. Client's satisfaction has long been considered as an important component when measuring outcome and quality of care. A satisfied client is more likely to develop a deeper and longer lasting relationship with their service provider, leading to improve compliance, continuity of care and ultimately better health outcome.

The purpose of this work was to ascertain the satisfaction of the clients by the services provided at the ICTCs centers.

#### **METHODS**

### Study design

A cross sectional study was conducted among clients attending integrated counseling and testing centers (ICTC) centers located at district hospitals of Indore division. At the time of study there were 9 ICTCs in Indore division. This is excluding 1 ICTC located at Medical college of Indore (used for pilot study to validate the questionnaire). The study was conducted keeping in consideration the original guidelines issued by the National AIDS Control Organization (NACO)<sup>7</sup> and Madhya Pradesh State AIDS prevention and Control Society (MPSACS)<sup>8</sup> during the inception of the integrated counseling and testing centers. The clients were clients served by selected ICTCs. Sample size was calculated by using OpenEpi software, version 2, open source calculator SS Propor.<sup>9</sup>

Actual calculated sample size was 246 and to it 10% non-respondents were added. Final sample size was around 270. A total of 270 clients were interviewed. Of these 270 clients interviewed, 184 were coming from Pre Test counseling session and 86 of them were coming after post-test counseling session. From each site 30 clients were selected randomly for the study and every 3<sup>rd</sup> client visit to ICTC was include for the interview, if the selected client refused to participate then the very next client was interviewed if given the consent.

# Study setting

All the ICTC centers located at the district hospital of Indore division were selected. At the time of the study district hospital of the Indore divisions had 9 functional ICTCs. 100% of the centers were selected for the study purpose. These centers were selected to ensure that they had been functioning for a sufficiently long period to determine the level of satisfaction of clients. Clients from these centers were thus included for the study purpose.

# Study method

Exit interview of the clients were conducted.

# Data collection

The study instrument used in the study was tool for evaluating HIV voluntary counseling and testing center by UNAIDS. <sup>10</sup> In the study tool, client satisfaction component was used for assessing client satisfaction. This tool was a generic tool, which has been standardized and validated. The questionnaire included socio demographic data (age, sex, residence, marital status, and educational level) and a set of questions asking each

respondent about; behavior of the counselor, reasons for visiting the center, confidentiality, audiovisual privacy, waiting time, time given for counseling, his/her queries were solved or not, time taken to provide test result, view about the counselor. For the confidentiality issue name of the client was not included in the questionnaire sheet. Data collection was performed through direct interviews with the study participants. The interviewees were informed about the aims and objective of the study and ensure them about the confidentiality of the collected data. A written consent in local language (Hindi) was obtained from the clients before data collection. No pressure of any kind was imposed on interviewees to participate in the study. The place of interviewing was selected to ensure confidentiality and the comfort of the interviewees away from the personnel of the ICTC to avoid any bias in data collection. All the interviews were taken by the same person to avoid interpersonal bias.

#### Data entry and analysis

The data collected were analyzed with SPSS version 16.0. Questionnaires were checked for completeness and correctness before entering into the work sheet. Data validation checks were performed at a regular interval for data entered into the worksheet of Microsoft excel. Chisquared tests used for analysis. The level of significance was P < 0.05.

### **RESULTS**

# Sociodemographic profile of the clients

Out of 270 clients 177 (65.56%) were males while female clients comprised 93 (34.45%). The age of the clients ranged from 18 to 70 year with a mean (standard deviation) of 33 (11.64), 245 (90.8%) of clients aged between 18-50 years, nearly half of the clients (50.8) aged between 18-30 years were considered to be in the high risk group of contracting HIV infection. 177 (65.56%) clients were either married or living together with their partner. The percentage of single clients and those which were not living together with their partner was low with about 55 (20.37%), divorced and unmarried being only about 38 (14.7%), 45.55% were live in urban territories, 39.62% were live in rural and only 14.83 belongs to tribal area. Out of total clients 102 (37.78%) of the clients were illiterate while 100 (37.04%) had received education up to higher secondary and above. 28.88% of the clients were daily wage laborers while 21.85% of the clients were farmer. Among females 58 (21.48%) of the clients were housewives comprised 62.36% of the total female clients (Table 1).

# Reason to attend the integrated counseling and testing centers

211 (78.15%) clients were of referred type and 59 (21.85%) clients were of direct walk in (self) type. Referred clients were more of female 80 (86%) compared

to male 131 (74%). Most of the referred clients had medical problems (Table 2).

Table 1: Sociodemographic profile of the clients.

Characteristics	Male (n=177)	Female (n=93)
Age group in years		
18-30	93	44
31-50	66	42
51-70	18	7
Education		
Illiterate	60	42
Primary school (I -V <sup>th</sup> )	25	12
Middle (VI <sup>th</sup> -VIII <sup>th</sup> )	22	9
Higher secondary (IX <sup>th</sup> -XII <sup>th</sup> )	39	18
College and above	31	12
Marital status		
Married, currently living with spouse	103	74
Married, not living with spouse	28	1
Un-married	13	7
Divorced	11	7
Single/widowed	22	4
Occupation		
Daily wage labourers	60	18
Farmer	54	5
Housewife	Nil	58 (62.36)
Student	10	3

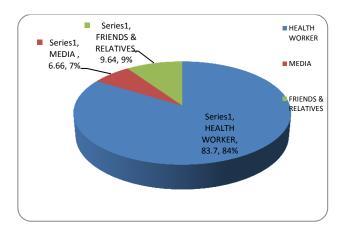


Figure 1: Source of information among the clients regarding ICTC.

The main sources of information among the clients regarding ICTC was from health workers (83.70%) followed by friends & relatives (9.64%) and lowest (6.66%) was from the media (Figure 1).

Table 2: Reasons for attending ICTC and their relation with selected sociodemographic profile.

Variables	Referred clients n=211	Direct walk in clients (self) n=59	P value
Gender			
Male	131	46	0.0232
Female	80	13	
Education			
Literate	114	54	0.0001
Illiterate	97	5	

# Waiting time and audio visual privacy

The mean (SD) waiting time was found to be 41 minutes ( $\pm 35$ ). A total of 98 (35.30%) clients were not satisfied with waiting time. Females 58 (62.36%) and males 114 (64.40%) clients were almost equally satisfied with waiting time. The differences between male and female client satisfaction with the waiting time was considered to be not statistically significant. 165 (61.2%) clients were satisfied with the audio visual privacy. Female clients 37 (39.78%) were less satisfied with audio visual privacy at the center as compared to male clients 128 (72.31%). This difference was considered to be highly statistically significant (Table 3).

Table 3: Satisfaction with waiting time, audiovisual privacy and counseling by gender and educational status.

Variables	Satisfied	Not satisfied	P value
Waiting time			
Gender			
Male	114	63	0.74
Female	58	35	
Education			
Literate	82	86	0.0001
Illiterate	90	12	
Audio visual privacy			
Gender			
Male	128	49	0.0001
Female	37	56	
Education			
Literate	78	90	0.0001
Illiterate	87	15	
Counseling			
Education			
Literate	102	66	0.00043
Illiterate	86	16	

### Satisfaction with counseling on HIV at ICTC

The result showed that out of 270 respondents who accessed ICTC services 72 (26.7) were not satisfied with the counseling they received on HIV. There was a statistical significant difference in satisfaction between

literate and illiterate respondents ( $\chi^2$  =16.71, p-value 0.000043).

Table 4: Satisfaction of the clients with the behavior of the counselor and there relation with selected variables.

Variables	Satisfied	Not satisfied	P value
Gender			
Male	152	25	0.8364
Female	79	14	
Educational status			
Illiterate	89	13	0.5364
Literate	142	26	

### Satisfaction with behavior of counselor at ICTC

231 (85.5%) clients were satisfy with the behavior of counselor, male 152 (85.87%) and female 79 (84.94%) clients were equally satisfied, this satisfaction level among them was considered to be not statistically significant with chi square=0.043, p=>0.05. Both illiterate 89 (87.25%) and literate 142 (84.52%) clients were almost equally satisfied with the behavior of the counselor and this finding was statistically not significant with chi square=0.383, p>0.05 (Table 4).

Table 5: Frequency & percent of time duration ask to collect the test results with the clients.

To collect the test results pre-test counselling (N=184)	Yes N (%)	No N (%)	Total
On the same day	71 (38.58)	113 (61.42)	184
On the next day	111 (60.32)	73 (39.68)	184
After two days	2 (1.08)	182 (98.92)	184
Provided test result post-test counseling (N=86)			
On the same day	11(12.79)	75 (87.21)	86
On next day	68 (79.06)	18 (20.84)	86
After 2 days	5 (5.81)	81 (94.17)	86

#### DISCUSSION

Study of level of satisfaction among clients is one of the most reliable methods to evaluate any programme, with this view we conducted a study on ICTCs clients. A total of 270 Clients were select out of which 177 males and 93 females.

The present study highlights the fact that among the clients interviewed, male contribute (66.56%) while female clients comprised 34.45%. According to the study 90.8% of clients were aged between 18-50 years (the most sexually active age group) which is in agreement with the national figure (90%) and slightly lower than

another study by A. Jordar GK et.al.<sup>11</sup> In this study we found that the main source of information about ICTC services among clients were health workers (83.70%) followed by Friends & relatives (9.64%) and media (6.6%). In a study in western Uganda<sup>12</sup> the majority of the clients received information about VCT through the health workers (75.2%) which was slightly lower than our study, similarly in a study in Egypt<sup>12</sup> the main sources of information about VCT centers were relatives/friends (32.7%), posters (24.5%), health care workers (23.4%) and lectures (20.0%). Radio, newspapers and the telephone hotlines were the lowest sources (1.9%-2%).

The study found that nearly one quarter (21.85%) of the clients were of direct walk in type, which is lower than a study conducted integrated counseling and testing centre (ICTC) of a tertiary care hospital (27%). Among direct walk-in clients, 91.52% were literate while illiterate comprised only 8.48, which denote a positive impact of literacy in increasing self-referral among the general population to know their HIV status.

Next day providing HIV test result was observed to be commonly practiced by service provider of all the ICTCs centers studied, the present study revealed that only 38.58% (N=184) of clients were asked to collect the report on the same day of counseling provided while 60.32% (N=184) of clients were asked to collect the report on the next day. This finding is in disagreement with the ICTC guidelines which shows that the test report should be provided on the same day. This is also in disagreement with study by Arthur et al<sup>15</sup> which showed that 82% of the clients tested received their results on the same day. The present study also find that among the post-test counseled clients only 12.79% of clients get their test report on the same day of test 79.06% of clients get test report on next day (Table 5).

There was low intention to share the test results with partners. Only 55.8% (N=86) this may be due to poor communication between partners due to traditional beliefs in our society, difficulty in discussing sensitive subjects such as sex, among the clients who received their test result, 81.25% of the female clients (N=32) were decided to discuss their result with their partner, while 59% of male clients (N=54) were not discuss their result with anybody. The difference between male and female was considered to be statistically significant. ( $\chi^2$ =13.370, p<0.05). I.A. Kabbash et al<sup>13</sup> showed that only 41.4% clients share the test results with their partners. A policy of promoting couple-oriented ICTC would be more successful than individual testing.<sup>16</sup>

There were some limitations to study. The present study included only 9 ICTCs and 270 clients from these ICTCs. Studies with bigger sample size selected from ICTCs across the state of Madhya Pradesh will give a more composite view of the actual effect of the ICTCs in checking the Satisfaction level among the ICTC clients.

Illiteracy of the clients may be considered a limitation of the present study because illiteracy can affect the understanding and interpretation of the counseling process and such clients may not be able to answer properly or even correctly during their exit interview that may affect their satisfaction level. Response of the clients may be biased due to the confidential issue. We were tried our best to minimize these bias.

#### CONCLUSION

Majority of the clients were satisfied with the services provided at the ICTC. Illiterate clients were more satisfied as compared to the literate clients. More female clients were share the test result with their partner compared to male clients. The HIV test result was not provided on the same day to most of the clients. HIV test process was discussed with most of the clients but window period of HIV and symptoms of AIDS were missing during the counselling session.

### **ACKNOWLEDGEMENTS**

The authors acknowledge the staff of the entire ICTCs center for their kind support.

Funding: No funding sources Conflict of interest: None declared Ethical approval: The study was approved by the Institutional Ethics Committee

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Cite this article as: Chourasiya SK, Saroshe S, Dixit S, Swami SS, Sakalle S. A cross sectional study to assess the client's satisfaction with services provided at integrated counselling and testing centers for HIV/AIDS in selected districts of Madhya Pradesh. Int J Community Med Public Health 2016;3:781-6.