

Client Satisfaction Attending ICTC of a Tertiary Care Hospital of Bihar: A Cross Sectional study

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Abstract

Background: Integrated Counselling and Testing Centre (ICTC) is a place where a person is counseled and tested for human immunodeficiency virus (HIV) and also a key entry point to the prevention of HIV infection and treatment of HIV infected people. The ICTC services are cost-effective intervention in the prevention of HIV/AIDS. The satisfaction of the clients availing these services indicates the quality of the services provided. The aim of this study was to evaluate client satisfaction towards counseling services provided at ICTC. **Methods:** A cross sectional study was done in an ICTC centre in Bhagalpur, Bihar. All clients above 18 years of age were interviewed after written informed consent. Pretested questionnaire was used to assess the level of satisfaction towards counseling services among clients of ICTC. **Results:** Out of 160 clients, 2/3rd were males. 1/3rd of the clients were of age group 18 to 25 years. 75% clients agreed that the counselor has explained about the things related to HIV which they did not know. 72.5% found counseling beneficial. The cumulative percentage of client satisfaction with ICTCs was 59% (\pm 23%). Only 4% of the clients were dissatisfied with services provided at ICTCs. **Conclusion:** There is a need to enhance the efforts directed at increasing the awareness of HIV test and counseling services. Counselors play a pivotal role and they should be trained adequately to counsel clients. The satisfaction of clients could be further improved by better counseling sessions.

Keywords: client satisfaction, integrated counseling and testing centers, Bihar.

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Introduction

AIDS is the last stage of Human immunodeficiency virus (HIV) infection that occurs when the body's immune system is badly damaged because of the virus. There were approximately 38 million people across the globe with HIV/AIDS in 2019, of these 36.2 million were adults and 1.8 million were children (<15 years old). [1] In India, there were an estimated 23.49 lakhs people living with HIV (PLHIV) in 2019, with an adult (15-49 years) HIV prevalence of 0.022%. There were 9.94 lakhs women living with HIV (15+ years) constituting around 44% of the total estimated 15+ years PLHIV. [2] With the advancement of time several antiretroviral drugs were available for treatment of HIV infection. Availability of antiretroviral treatment (ART) was not sufficient to reduce the global burden of PLHIV. Integrated counseling and testing centers (ICTCs) came into existence in the management of PLHIV. An ICTC is a place where a person is counseled and tested for HIV of his free will or as advised by a medical provider. As on 31st August 2016, there were 20,756 ICTCs, mainly located in government hospitals in the country. [3] The main functions of an ICTC are- Providing basic information on the mode of transmission, promoting behavioral changes to reduce vulnerability, conducting HIV diagnostic tests and link people with other HIV prevention, care and treatment services.

The services provided by ICTCs are playing pivotal role in the management of HIV/AIDS. 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 improved compliance, continuity of care and ultimately better health outcome. [4] A few study related to client satisfaction towards services provided in ICTCs were done. This study was conducted keeping in mind an insight for improving functioning of ICTCs. The aim of this study was to assess socio-demographic profile of ICTC attendants and to evaluate client satisfaction towards counseling services provided at ICTC.

Materials and Methods

This cross sectional study was carried out at an ICTC located at OPD of Jawaharlal Nehru Medical College and Hospital (JLNMC), Bhagalpur, a tertiary care hospital of Bihar. Ethical clearance was taken from Institutional Ethical Committee. Data was collected in the month of December 2020 in OPD timing of all working days. The centre had good number of clients per day and thus convenience sampling was done. Clients visiting during the OPD hours aged more than 18 years were selected. 'Exit interview' of clients were conducted. Written informed consent was taken from all the participants who were willing to participate in this study. A total of 160 eligible study participants were included in this study in one month period. Prior Pretested and validated structural questionnaire was used for collection of basic demographic profile such as age, gender, marital status, occupation etc, whereas to assess the level of satisfaction towards counseling services among clients of ICTC, 5-

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points Likert scale was used. The statements were rated under the following five categories: 1=strongly disagree, 2=disagree, 3=neutral, 4=agree and 5= strongly agree. Collected data was entered in MS excel sheet. Data was analyzed using SPSS version 16.0. To find out the significant difference in client satisfaction between groups, nonparametric test (Mann-whitney test) were used. P-value of <0.05 was taken as statistically significant.

Results

This study evaluated 160 clients for satisfaction towards counseling services provided at ICTC. Out of 160 clients, 106 (66.25%) were

males while 54 (33.75%) were female clients. **Table 1** depicts socio-demographic profile of clients, differentiated into general and ANC clients. 65% were general clients while 35% were ANC clients. The minimum age of the client was 18 years while the eldest client was aged 67 years. The mean and standard deviation in age was 34 years and 11.21 years respectively. Nearly 35% (56/160) of the clients were of age group 18 to 25 years, a young generation highly susceptible to contact HIV. Nearly 16.20% clients were illiterate. Among occupation categories, highest percentage was of agricultural laborers (24.35%, 39/160).

Table 1: Socio demographic profile of ICTC clients (N=160)

Socio demographic profile	General Clients N =104(%)	ANC Clients N =56(%)	Total N=160(%)
Age groups (in years)			
18-25	22(21.15)	34(60.72)	56(35.00)
26-35	30(28.85)	18(32.14)	48(30.00)
36-45	34(32.69)	4(7.14)	38(23.75)
46-55	10(9.61)	0(0.00)	10(6.25)
>55	08(7.69)	0(0.00)	08(5.00)
Education			
Illiterate	20(19.23)	06(10.71)	26(16.20)
Primary	47(45.20)	20(35.72)	67(41.87)
High school	26(25.00)	26(46.43)	52(32.50)
Graduate and Above	11(10.57)	04(7.14)	15(9.38)
Occupation			
Agricultural laborer	30(28.85)	09(16.07)	39(24.35)
Skilled worker	21(21.19)	08(14.30)	29(18.12)
Unskilled worker	24(23.07)	12(21.40)	36(22.50)
Service(Govt/private)	13(12.50)	04(7.15)	17(10.66)
House wife	08(7.69)	22(39.30)	30(18.75)
Students	04(3.85)	01(1.80)	05(3.12)
Long route Truck driver	04(3.85)	00(0.00)	04(2.50)

Table 2 elaborates client satisfaction with ICTC towards counseling services. The median (50th percentile) was calculated to access the extent of client satisfaction with ICTCs. Most of the clients (75%) agreed that the counselor has explained about the things related to

HIV which they did not know. 72.5% found counseling beneficial. The cumulative percentage of client satisfaction with ICTCs was 59% (± 23%).

Table 2: Client satisfaction with ICTC toward counseling services

Statements	Median Score (50 th Percentile)	Agreed No. (%)	Disagreed No. (%)
My counselor explained about the things related to HIV which were not clear to me.	4	120(75.00)	29(18.12)
I was given a chance to ask question during the session	3	64(40.00)	28(17.50)
I found counseling was very beneficial	4	116(72.50)	20(12.50)
The counseling session has changed my views on my HIV/AIDS	4	72(45.00)	56(35.00)
I feel I would have benefited more if I had come earlier for counseling	3	48(30.00)	77(44.12)
I feel the counseling services provided are good	4	144(90.00)	2(1.25)

Table 3 compares the client satisfaction between general and ANCs. A significant difference in opinion was found for the statements ‘‘my counselor explained about the things related to HIV which were not clear to me’’ (P < .001). A majority of the clients said that the

counselors were good and gave information related to modes of transmission of HIV. In all, 4% of the clients were dissatisfied with services provided at ICTCs.

Table 3: Client satisfaction differences among general and ANC client in ICTC

Statements	General clients, Mean (SD)	ANC Clients, Mean (SD)	SE	95% CI	p Value
My counselor explained about the things related to HIV which were not clear to me.	3.24(+1.04)	4.03(+0.81)	0.160	0.473-1.106	<0.0001
I was given a chance to ask question during the session	3.22(+0.86)	3.54(+0.78)	0.138	0.047-0.593	0.022
I found counseling was very beneficial	3.46(+0.82)	3.82(+0.77)	0.133	0.097-0.623	0.007
The counseling session has changed my views on my HIV/AIDS	3.82(+0.86)	3.94(0.84)	0.141	-0.159-0.399	0.397
I feel I would have benefited more if I had come earlier for counseling	3.02(+0.84)	3.30(+0.88)	0.139	0.005-0.555	0.046
I feel the counseling services provided are good	3.98(+0.24)	4.02(+0.32)	0.045	-0.048-0.128	0.60

Discussion

With regard to gender, a higher percentage (66.25%) were males and the rest 39.83% were females. This is consistent with some previous studies; Dinesh *et al* found 55.5% males and 44.94% females, Chelliyani *et al* found 68% males and 32% females, Rout *et al* found 65.3% males, 34.97% females and Ghosh *et al* reported 62.7% males and 37.3% females in their studies. [5-7] Less number of female clients indicates that there are some barriers such as stigma and discrimination that prevents access of females to health services. [8] One of the key concern and challenge for NACP IV (2012-17) was reduction of stigma and discrimination at health care settings, work places and educational institutions. The national data based on information collected from sentinel surveillance sites states that women are less likely to visit testing centers if they are older, have high parity, are illiterate or poor. [9]

In this study, 88.75% of clients were aged between 18-45 years, the age group which is most sexually active. This is in agreement with the national figure (of 90%) and slightly lower than another study done by Jordar GK *et al* in North Bengal. [10]

The first step in the uptake of HIV related health care services is 'Counselling'. According to IEA/UNFPA counselling is "a dialogue between a client and a counsellor which aims at enabling the client to cope with stress and take personal decisions related to HIV/ AIDS". [11]

The overall percentage of client satisfaction with ICTCs was 59%. Other studies have found overall percentages with ICTC in the range of 61% to 92%. [12-14] However, certain aspects such as waiting period and convenience of the service hours needed further improvement. These factors may influence the overall satisfaction.

When comparing client satisfaction between general and ANC clients attending ICTC, it was seen that there was much difference between the two groups. The ANC clients were more satisfied with ICTC counseling services. Similar results were seen by a study done by Papanna MK *et al*. [15]

A study of all functioning VCT centres in Egypt aimed to determine the profile of clients and their level of satisfaction to identify strengths and weaknesses in the service was done by Kabbash IA *et al*. The main motive for seeking VCT was risky sexual behaviour (34.2%). More than 90% of the clients were satisfied with the counselling service. Male sex, higher education level and attendance at fixed VCT centres were associated with higher satisfaction. [16]

There are some limitations to this study as it is done only in one ICTC centre of a district in Bihar. Studies with bigger sample size selected from ICTCs across the state of Bihar would have given more comprehensive picture of the actual scenario. Low level of education of clients may be considered a limitation of the present study because it can affect the understanding and interpretation process and such clients may not be able to answer properly or even correctly during their exit interview and it can ultimately affect their satisfaction level. Response of the clients may be biased due to confidentiality issues although investigators have tried their best to reduce this bias.

The authors feel that policy makers can take few steps to improve client satisfaction in ICTC. One of them is to spend more time with the clients to discuss the implications of the disease. Counselors play a pivotal role and they should be trained adequately to counsel clients. Clients should feel free to discuss all taboo subjects related to HIV/AIDS.

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