

## AN ASSESSMENT OF THE STATUS OF HIV COUNSELING AND TESTING FACILITIES IN GOVERNMENT HOSPITALS OF DISTRICT JHANSI, UTTAR PRADESH

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### ABSTRACT :

**Background :** Counseling is the face to face communication by which counselor can help the person/ client to make decisions and act on them. Effective Counseling and Testing programs can help patients identify and limit- behaviors that increase the risk of HIV infection or transmission.

**Objective :** To Assess the status of HIV Counseling and Testing facilities in Government Hospitals of District Jhansi.

**Study design :** Cross-sectional study

**Settings :** Four Government Hospitals namely Medical College, District Hospital, Railway Hospital and Military Hospital of district Jhansi.

**Study Period :** Two months (15<sup>th</sup> August to 15<sup>th</sup> October 2008.)

**Statistical Analysis :** Percentages

**Results :** In most (87.5%) of the sessions of all the centers only signature of the patients was taken instead of filling the full consent form whereas rapport with the patients by the counselor was maintained only in 37.5% sessions. In 80% of the sessions the patients were not been told about "window period" by the counselors. In 75% of the sessions counselors were not fully attentive towards patient's concerns. Only in 5% sessions patients were correctly informed about HIV/ AIDS. In all the centers, there was no provision for group- session and usually the test results of HIV infection (positive or negative) was not provided on the very same day, due to heavy patient load.

**Key Words:** HIV/AIDS, VCTC/ICTC, Counselor, Rapid test/ELISA.

### Introduction :

The Human Immunodeficiency Virus (HIV) infection is a global pandemic and has grown into a public health problem of unprecedented magnitude. There are more than 4,000 Counseling and Testing Centers (CTC) all over the country. The Voluntary Counseling and Testing Centre (VCTC) now known as the ICTC (Integrated Counseling and Testing Centre) provides a key entry point for the 'continuum of care in HIV/AIDS' for all segments of the population. Counseling is a confidential dialogue between a client and counselor aimed at enabling the client to cope with stress and make personal decisions related to HIV/AIDS. It is the face to face communication by which counselor can help the person/client to make decisions and act on them.

Voluntary Counseling and Testing Centers (VCTC) focus not only on prevention of HIV infection and HIV testing, but also deals with social and emotional impact of a HIV positive test. HIV counseling is the confidential dialogue between individuals and their care providers that helps patients to examine their risk of acquiring or transmitting HIV infection. Effective Counseling and Testing programs can help patients identify- and limit- behaviors that increase the risk of HIV infection or transmission. The rationale of the study was the assessment of the working status of these Counseling and Testing Centers.

### Objective :

To Assess the status of HIV counseling and testing facilities like pre-test & post-test counseling basic counseling skills, role and responsibilities of HIV counselors and group information sessions in Government Hospitals of District Jhansi

### Material And Methods :

The present study was conducted in government hospitals of district Jhansi having facility of ICTC /VCTC namely Medical College, District Hospital, Railway Hospital and Military Hospital.

**Study type :** Observational type.

**Duration of Study-** The study was conducted from 15<sup>th</sup> August to 15<sup>th</sup> October 2008.

**Methodology;** Total 40 counseling & testing sessions were observed in all the hospitals. In each hospital ten sessions were observed separately. The data was collected by observation as per pre-designed proforma by Revised Training Curriculum Participant Manual-Dec.-2004 by NACO.

The data was tabulated and analyzed in percentages.

### Results :

Total 40 sessions were observed 10 from each 4 hospitals.

Table 1  
PRE-TEST COUNSELING

S.NO.	Question	YES (No.)	Percentage (%)
	Confidentiality maintained	40	100
	Pt. kept private	40	100
	Any private room/venue	40	100
	Pt. assured for confidentiality and support	40	100
	Consent taken properly /only signature of the pt. is taken	5/35	12.5/87.5
	Rapport maintained by the counselor with the pt	15	37.5
	Pt. been told about HIV/AIDS & modes of transmission	40	100
	Approach is adopted for counseling (opt-in/ opt-out)	0/40	0/100
	Type of the process of HIV testing- Rapid test/ELISA	40/0	100/0

For maintaining the confidentiality of the pt. there was a private room for counseling in all the hospitals. In most (87.5%) of the sessions in all the centers only signature of the pt. was taken on behalf of proper consent before starting the HIV counseling. Rapport with the patients by the counselor was maintained only in 37.5% sessions. The approach adopted by the counselor for the counseling of HIV status was opt-out approach in all the sessions and the method of HIV testing was adopted by Rapid Test method in all the centers.

Table 2  
POST-TEST COUNSELING

S.NO.	Question	YES (No.)	Percentage (%)
	Result of HIV testing been provided to the pt	40	100
	Pt. been told about the meaning of the result (+/-) & "window period"	8	20
	Encouragement of pt. for risk reducing behavior	12	30
	Pt. been told about partner testing	40	100
	Pt. been told about the interventions for reducing the risk of Mother to Child Transmission	15	37.5
	Pt. been encouraged to keep all of her follow-up appointments	10	25
	Confidentiality of HIV status been maintained	40	100
	Partner testing & couple Counseling been encouraged	40	100

The results of HIV testing were provided to the patients in all the centers (but in most of the centers it was provided one day after the testing because of heavy patient load). In most (80%) of the sessions the patients were not been told about "window period" by the counselor. The patients were encouraged for risk reducing behavior from the HIV infection in only 30 % of the sessions and the interventions for reducing the risk of Mother to Child Transmission is told in only 37.5 % sessions. In 75% of the sessions the patients were neither been told about follow up nor been encouraged to keep all of her follow-up appointments.

TABLE -3  
GROUP INFORMATION SESSIONS

S.NO.	Question	YES (No.)	Percentage (%)
	Group session provision	00	00
	Teaching modality, such as Printed Charts, Videos or Role Play	5	12.5

In all the centers, there was no provision for group- session though in some centers, printed charts and facilities for video presentation were available but were not in use.

Table 4

## BASIC COUNSELING SKILLS &amp; ROLE AND RESPONSIBILITIES OF HIV COUNSELORS

S.NO.	Question	YES (No.)	Percentage (%)
1.	Rapport maintained by the counselor with the pt	10	25
2.	Counselor allow his own personal values or prejudices to influence his counseling	00	00
3.	Counselor -judgmental	00	00
4.	Pt. been encouraged by the counselor to ask the questions openly	5	12.5
5.	Counselor listen actively to patient's concerns	10	25
6.	Pt. been maintained stay focused on the goals of the counseling sessions	10	25
7.	Pt. getting correct information	2	5

In 75% of the sessions the rapport between counselor and patient was not maintained and counselors were not fully attentive towards patient's concerns. Patients were been maintained stay focused on the goals of the counseling sessions only in 25 % sessions. The patients were not been encouraged by the counselor to ask the questions openly in 87.5 % sessions. As for as the correct information about HIV/AIDS was concerned, only in 5% sessions patients were been told correct information about HIV/AIDS.

**Discussion and Conclusion :**

In this study it was observed that in 87.5% of the sessions of all the centers only signature of the patients was taken and rapport with the patients by the counselor was maintained in 37.5% sessions. The method of HIV testing was adopted by Rapid method in all the centers. In most (80%) of the sessions the patients were not told about "window period" by the counselor. In 75% of the sessions counselors were not fully attentive towards patient's concerns. The patients were been encouraged by the counselor to ask the questions openly, only in 12.5 % sessions. The correct information about HIV/AIDS is given only in 5% sessions. In all the centers, there was no provision for group- session though in some centers Printed Charts and facility for Video Presentation was available but not functioning.

In most of the centers it was observed that due to heavy patient input Counselor was unable to give enough time to one patient for counseling. Some of them cited that "MARIJ BAHUT JYADA HAIN AUR MUJHE COUNSELING KI KOI TRAINING ABHI NAHI DI GAYI" and they have only 8 to 10 minutes for one patient.

Thus for proper counseling and testing of HIV/AIDS, Counseling & Testing Centers should be increased both in government and private sectors so that patient load in one center could be decreased. Training about counseling and testing of HIV/AIDS should be provided to the Counselors so

that patient can get correct information about HIV/AIDS. As in most of the centers there was no provision for group information session, the facilities like Printed Charts and facility for Video presentation should be provided and get assured for proper functioning in each centers. It needs periodic monitoring of these centers by appropriate authorities.

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