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Utilization Of Facility-Based Counselling And Testing Centre At Tertiary Teaching Hospital In Pondicherry

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Abstract

Background: In order to promote awareness on HIV and impart behavior change attending Facility based Counselling and Testing Centre (FCTC) pre and post-test counselling is mandatory.

Objectives: To study the sociodemographic profile of FCTC attendees and to find the proportion of patients who did not attend FCTC pre and post-test counselling.

Material and Methods: Record based cohort design was adopted to extract the profile of patients attending the FCTC center to line list the patient who refused to attend FCTC centre. The study was carried out for period of six months after obtaining IEC clearance. The data of all patients (N=15726) registered during the study period of five years (2015 to 2019) were extracts from FCTC lab register. From the notification register 79 patients who did not attend FCTC counselling centre. Then Exit interview was conducted among 15 patients to validate the findings.

Results: 79 (0.5%) patients didn't attend counselling, among them majority of them were females 52 (72%). Majority of them were adults between age group of 15-60 years 74 (93.7%). From the exit interview of the referred patients, it was found to be mistake of the stakeholders.

Conclusion: The exact reason has to be explored and possible solutions have to obtained from experts who are providing HIV Care.

Keywords: HIV, FCTC, Pre and Post-test counselling

Introduction

HIV continues to be a major global public health issue, having claimed more than 32 million lives so far. However, with increasing access to effective HIV prevention, diagnosis, treatment and care, including for opportunistic infections, HIV infection has become a manageable chronic health condition, enabling people living with HIV to lead long and healthy lives. There were approximately 37.9 million people living with HIV at the end of 2018.[1] HIV and syphilis affect similar patient groups and co-infection is common. All patients presenting with syphilis should be offered HIV testing and all HIV-positive patients should be regularly screened for syphilis.[2] The risk of developing tuberculosis (TB) is estimated to be between 16-27 times greater in people living with HIV than among those without HIV infection. In 2015, there were an estimated 10.4 million cases of tuberculosis disease globally, including 1.2 million [11%] among people living with HIV (WHO). Voluntary HIV Counseling and Testing (VCT) is a key factor in the prevention of mother-to-child (MTC) HIV transmission. This strategy promotes adequate treatment for HIV positive women and has

a positive impact on MTC HIV transmission rates. For HIV negative women, it provides an opportunity for education and behavioral change.[3] In order to promote awareness on HIV and impart behavior change attending Facility based Counselling and Testing Centre pre and posttest counselling is mandatory with this background the study was planned with following. Hence the study was conducted to know the sociodemographic profile of FCTC attendees and to find the proportion of patients who did not attend FCTC pre and posttest counselling

Material and methods:

Study area and settings: Hospital-based study which was conducted by Department of Community Medicine, Sri Manakula Vinayagar Medical College and Hospital (SMVMCH) located in rural of Puducherry Union Territory. SMVMCH is situated in borders of Puducherry sharing Villupuram district and providing comprehensive service to people residing around the borders of UT and Tamil Nadu (Villupuram district).[4] Record based cohort design was adopted to extract the profile of patients attending the FCTC center to line list the patient who refused to attend FCTC centre. The study was carried out for period of six months after obtaining IEC clearance.

Sample size, sampling and Data collection procedure: The data of all patients (N=15726) registered during the study period of five years (2015 to 2019) were extracted from FCTC lab register. The following details were extracted – age, gender, name of referring department, type of individual. From the notification register 79 patients who did not attend FCTC counselling centre were line listed. Then exit interview were conducted with 15 patients to validate the findings and explore the reasons for not attending the Counselling.

Data analysis: Data was entered in the Epi info software version 7.2 and analysis was done using Statistical Package for the Social Sciences (SPSS) software version 24.0.

Results: (Table 1) During the study period for five years (2014-2018), total of 15805 patient attended our FCTC premises for HIV testing and counselling, out of them 79 (0.5%) patients didn't attend counselling, among them majority of them were females 52 (72%). Majority of them were adults between age group of 15-60 years 74 (93.7%). Among the patients 26(32.9%) were antenatal mothers who came for routine screening. Almost half of them 51(64.4%) were general individuals who have come for other reasons like Surgery. Whereas in case of in referral 8395 (53.4%) attended both HIV testing and counselling from Obstetrics and Gynecology (OBG) Department which includes ANC cases and other cases like fibroid uterus, prolapse etc., whereases 40 (50.6%) dint attend counselling, 305 (1.9%) were referred from RNTCP/DCM department attended both HIV testing and counselling, whereases only one (0.5%) patient dint attend counselling. In our ICTC for all Syphilis screening and TB screening patients compulsory screening is done.

On adjusted analysis when compared to breastfeeding mothers ANC mothers and general individuals and link workers were found to be at risk of not attending counselling. From exit interview patients responded that they were aware only on routine investigation and they were not aware about HIV testing is done specifically from the referral. Informed consent in not obtained and patients were not informed for counselling before HIV test. (Table 2)

Discussion:

Key Findings: Nearly 0.5% of the population have found be not utilizing FCTC counselling centre (pre and posttest). From the exit interview of the referred patients, it was found to be mistake of the stakeholder, But the exact reason has to be explored and possible solutions have to obtained from experts who are providing HIV Care.

Profile of patient attendees:

The aforementioned issue of incomplete pre-test and post-test counselling surfaced during the course of our research study. Case load shared by females in ICTC is more when compared to male, which is in contrast with other studies[1-3] This clearly reflects the fact that due to routing screening of ANC mothers. Present study as well as other studies[1-3,5]agreed that majority of HIV testing and screening was done among adults sexually active age group i. e. 15-49 years. People with the high-risk behavior and the spouses of the affected individuals need to be made aware for the primary and secondary prevention of

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the disease. Other concern is they belong to occupational age group, their health will impart effect on economy of the country and will hinder its progress. There is need of community-based and youth-specific interventions from grass root level at the level of high school education which should be added to the curriculum. It is now recognised that the integration of TB and HIV programmes will increase TB and HIV case detection rates and improve access to treatment and care for TB-HIV co-infected patients.

Limitations: The present study was conducted in the FCTC and it was a record-based study for duration of six months. Hence it is exposed to many limitations like way of asking questions by counsellor while collecting the data and entering in the register and answers given by attendees were relied upon. Difference between urban and rural burden was not addressed. Exact reason for non-utilization of FCTC centre was not explored.

Conclusion and Recommendation: Case load for HIV screening for females was high. Hence females must be educated in the community. Patient who attended FCTC were in the sexually active age group. Hence we conducting outreach sessions of HIV awareness in the community, it should be kept in mind that 15-49 years age group must attend the sessions. Higher education was found to be a protective factor for HIV, as education can help enhance the condom use rate. Hence people should be motivated to have education at least above high school and health education regarding HIV/AIDS should be included in the higher secondary schools. In order to explore in-depth reason and possible solution to utilize Facility Based Counselling and Testing centre (FCTC) In depth interview with stakeholders and experts' opinion have to be obtained.

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Results: Table 1: Sociodemographic profile of FCTC attendees.

	N = 15726 (%) (Screened and attended counselling)	N = 79 (Not attended pretest counselling) (%)
Age group		
1-14 (Pediatrics)	236 (1.5)	2 (2.5)
15 – 60 (Adult)	14289 (90.9)	74 (93.7)
>60 (Geriatric)	1201 (7.6)	3N (3.8)

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Gender		
Male	4129 (26.3)	22 (27.8)
Female	11597 (73.7)	57 (72.2)
Consent taken for testing		
Yes	15715 (99.5)	
No	90 (0.5)	
Type of Individuals		
ANC	5272 (33.5)	26 (32.9)
DIL	68 (0.4)	1 (1.3)
Breastfeeding	13 (0.1)	1 (1.3)
General individuals	10373 (66)	51 (64.6)
Inreferral		
OBG/Gynec	8395 (53.4)	40 (50.6)
TINGO	96 (0.6)	1 (1.3)
Link worker	23 (0.1)	4 (5.1)
RNTCP/DCM	305 (1.9)	1 (1.3)
STI	141 (0.9)	0
Others	6766 (43)	33 (41.8)

Table 2: Predictors of not attending FCTC counselling

Variable	N = 15726 (%)	N = 79 (Not attended pretest counselling) (%)	Unadjusted odds	P value	Adjusted odds	P value
Age group						
1-14 (Pediatrics)	236 (1.5)	2 (2.5)	1	0.182	1	
15 – 60 (Adult)	14289 (90.9)	74 (93.7)	0.295 (0.049 – 1.774)		1.159 (0.380-6.66))	0.524
>60 (Geriatric)	1201 (7.6)	3 (3.8)	0.482 (0.152 – 1.532		3.368	0.188
Gender						
Male	4129 (26.3)	22 (27.8)	1	0.745	1	
Female	11597 (73.7)	57 (72.2)	0.922 (0.563 – 1.511)		0.778 (0.411-1.461))	0.775
Type of Individuals						

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ANC	5272 (33.5)	26 (32.9)	15.59 (1.968 – 123.62)	**0.009**	16.03 (1.97 – 129.94)	**0.009**
DIL	68 (0.4)	1 (1.3)	5.23 (0.307-89.04)	0.253	5.76 (0.323 – 102.64)	0.233
General individuals	10373 (66)	51 (64.6)	15.64 (2.009-121.83)	**0.009**	16.386 (2.04-131.59)	**0.009**
Breastfeeding	13 (0.1)	1 (1.3)	1		1	
In-referral						
Obstetrician /Gynecology	8395 (53.4)	30 (50.6)	7.34 (3.337 – 16.14)	**0.001**	0.671 (0.0885 – 5.267)	0.704
TINGO	96 (0.6)	5 (1.3)	0.503 (0.161 – 1.576)	0.257	0.454 (0.25 – 8.306)	0.594
Link worker	23 (0.1)	4 (5.1)	0.150 (0.042 – 0.538)	**0.011**	0.019 (0.002 – 0.181)	**0.001**
STI	141 (0.9)	5	0.739 (0.237 – 2.301)	0.602	0.702 (0.095-5.16)	0.728
Others	6766 (43)	33 (41.8)	5.378 (2.463 – 11.74)	**0.004**	0.996 (5300989.21-0.001)	0.361
RNTCP/DCM	305 (1.9)	2 (1.3)	1		1	

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