

CLIENTS' PERCEPTIONS AND SATISFACTION WITH HIV COUNSELLING AND TESTING: A CROSS-SECTIONAL STUDY IN SOUTH AFRICAN HEALTH FACILITIES

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BACKGROUND

Acceptance of HCT services is dependent on the clients satisfaction with the services provided.²⁰ Client satisfaction in relation to health care is predictive of clients decision pertaining to their choices in terms of health care plans, adherence to regimens and outcomes of the management.¹ This model focuses on whether clients expectations are "confirmed" (and then satisfied) or disconfirmed (and then dissatisfied).² Hence, clients' perception and satisfaction studies provide insight to improving HCT programmes in many countries.

OBJECTIVES

The aim of this study was to assess clients' satisfaction with HCT, as well as to describe barriers and facilitators of HIV testing as perceived by HCT clients in South Africa.

METHODS

STUDY DESIGN AND SETTING

A cross-sectional survey was conducted through exit interviews of HCT clients (users) at 56 HCT sites in eight provinces in South Africa over a period of eight months from February to October 2012.

SAMPLING SIZE, SAMPLING AND DATA COLLECTION

A total of 498 interviews with HCT users was conducted across all HCT sites. A two-stage sampling procedure was used. Firstly, one health district each from the eight provinces was randomly chosen for inclusion in the study for the public HCT sites. Secondly, from available lists of public and private HCT sites four public and three private HCT sites were conveniently sampled per health district. Public, private and non-governmental organisations (NGOs) were selected on the basis of service provision e.g. HCT service in a specific setting, using a specific model/approach, and/or provision of services to a specific target population, but was not sampled by province. A convenient sample of 10 to 15 HCT service users (16 years of age or older) was targeted per HCT site, with the number of interviews being determined by the number of clients using HCT services during the site visit. Individual interviews were conducted with clients exiting the HCT services (sites) at the end of an HCT service visit. At the end of the HIV post-test counselling session, the counsellor who conducted post-test counselling informed the client about the study and referred the client to the study research staff. The trained research staff from the Human Sciences Research Council introduced and explained the study and took informed consent. Interviews were conducted in a private area in or outside the HCT facility, using the dominant local language or in a language preferred by the participant. Ethics approval for the study protocol was obtained from the Human Sciences Research Council's Ethics Committee (Application Number 9/19/08/09).

DATA ANALYSIS

The data were cleaned, coded and analysed using the Statistical Package for Social Scientists (SPSS, Version 20.0). Descriptive statistical analysis was done to describe study sample. Chi-square tests were used to investigate perceived facilitators and barriers of access to HCT across gender and type of facility. Multivariate logistic regression was conducted to determine associations between client satisfaction and its possible predictors for those variables that were considered to be significant ($p < 0.05$).

RESULTS

All study participants had tested for HIV with 98.8% receiving their results. The vast majority (75.5%) of clients reported that they had decided to be tested for HIV by themselves. Most participants were females (62.2%) as compared to males (37.8%). High levels of satisfaction with HCT service (89.8%), low levels (27.7%) of difficulty in making the decision to have an HIV test, and the high levels of perceived confidentiality (94.6%) of the HIV test results, were reported in this study. The most cited perceived barrier [see table 1] to HIV testing was concerns about being seen by other people using the site (50.8%), while staff attitudes (37%), confidentiality (29.6%) and were most cited perceived facilitators. In logistic regression, sex, age, relationship status, facility type, geotype, length of time for counselling, length of time to receive HIV test results and staff attitude, were not statistically significant predictors of clients' satisfaction. However, when adjusted for all the other factors, staff attitude was statistically significant in predicting client satisfaction.

DISCUSSION & CONCLUSION

The study found in a large sample of HCT clients across 56 HCT sites in almost all provinces in South Africa, high levels of satisfaction on items related to satisfaction with HIV counselling and testing. This finding is in agreement with some previous studies, e.g. in Ethiopia.²⁵ The reported high levels of satisfaction with HCT in this study might have made it easy for the participants to make a decision to test for HIV, hence the low rates of reported difficulty in deciding to test for HIV. Client satisfaction with HCT was significantly associated with having the perception that staff attitude is not a barrier to HIV testing. This finding is supported by the fact that a third of the study participants (37%) reported staff attitude as a facilitator to HIV testing while only a few (9.2%) reported this as a barrier. Various HCT barriers such as awareness about the HCT service and HCT facilitators such as staff attitude, confidentiality and privacy were identified which can help guiding the improvement of HCT services in South Africa.

LIMITATIONS

This was a health facility based survey and relied on self-report by participants. This may have led to reporting bias. Further, the sampling strategy was not representative and as such the results cannot be generalized to the whole country.

REFERENCES

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- Ismail H, Ali A. Pregnant women's satisfaction and comprehension level of information given during HIV Counseling and Testing for PMTCT in public health facilities in Addis Ababa. *Ethiopian J Health Develop.* 2011;25(2):126-34.

Table 1: Perceived barriers to using HIV testing services (N=498)

Variable	All N (%)	Male n (%) ¹	Female n (%) ¹	Chi-square Test P-value	Government Health Service n (%) ¹	NGO / Workplace / Private n (%) ¹	Chi-Square Test P-value
People don't know about the service	49 (9.8)	30 (16.0)	18 (5.8)	<0.001	20 (5.8)	29 (18.5)	<0.001
The location of the site	79 (15.8)	30 (15.0)	49 (15.8)	0.964	47 (13.7)	32 (20.4)	0.040
The times that the site is open	31 (6.2)	8 (4.3)	21 (6.8)	0.245	19 (5.5)	12 (7.6)	0.237
The length of time it takes to be tested	27 (5.4)	12 (6.4)	15 (4.8)	0.461	23 (6.7)	04 (2.5)	0.039
The length of time it takes to get the HIV test result	13 (2.6)	7 (3.2)	13 (2.3)	0.359	12 (3.5)	01 (0.6)	0.050
The cost of the test	6 (1.2)	1 (0.5)	5 (1.6)	0.268	04 (1.2)	02 (1.3)	0.611
The lack of privacy	38 (7.6)	11 (5.9)	26 (8.4)	0.296	32 (9.3)	06 (3.8)	0.020
The lack of confidentiality	60 (12.0)	19 (10.1)	41 (13.2)	0.300	52 (15.2)	08 (5.1)	0.001
The attitudes of staff	46 (9.2)	11 (5.9)	35 (11.3)	0.042	36 (10.5)	10 (6.4)	0.092
Concerns about being seen by other people using the site	254 (50.8)	90 (47.9)	163 (52.6)	0.308	170 (49.6)	84 (53.5)	0.235
Other (Specify)	199 (39.8)	81 (43.1)	118 (38.1)	0.268	133 (38.8)	66 (42.0)	0.489

¹ Owing to missing values, not all frequencies in the gender and type of facility columns add up to the total.

Table 2: Perceived facilitators to HIV testing (N=498)

Variable	Total N(%)	Gender		Type of Organisation	
		Male %	Female %	Government health service %	NGO / Workplace / Private %
The attitudes of the staff	185 (37.0)	45.4	54.6	62.2	37.8
People know about the service	146 (29.2)	33.1	66.9	64.4	35.6
The confidentiality	148 (29.6)	39.2	60.8	60.1	39.9
The privacy	118 (23.6)	39.8	60.2	66.9	33.1
Other	117 (23.4)	34.2	65.8	78.6	21.4
The location of the site	115 (23.0)	46.1	53.9	55.7	44.3
The times that the site is open	62 (12.4)	40.0	60.0	66.1	33.9
The length of time it takes to be tested	46 (9.2)	45.7	54.3	43.5	56.5
The length of time it takes to get the HIV test result	37 (7.4)	62.2	37.8	27.0	73.0
The cost of the test	30 (6.0)	53.3	46.7	43.3	56.7
Don't mind being seen by other people using the site	56 (11.2)	33.9	66.1	60.7	39.3

Table 3: Associations with client satisfaction

Characteristics	Satisfied with counselling and testing N (%)	Adjusted Odds Ratio (95% CI) ¹
Gender		
Males	154 (90.1)	1 (Reference)
Females	257 (89.5)	0.98 (0.48 - 2.03)
Age (years)		
18 - 49	356 (89.7)	1 (Reference)
50 and older	53 (89.8)	0.84 (0.33 - 2.21)
Currently in a relationship		
Yes	325 (89.5)	1 (Reference)
No	86 (91.5)	1.25 (0.53 - 2.90)
Type of area		
Rural area	231 (46.2)	1 (Reference)
Urban / Peri-urban	269 (53.8)	1.61 (0.77 - 3.33)
Type of organisation		
Government health service	285 (89.9)	1 (Reference)
Private health service (includes NGO / Workplace)	128 (89.5)	0.95 (0.43 - 2.09)
Length of time spent talking to the counsellor		
Too short / Too long	83 (85.6)	1 (Reference)
About right	328 (91.1)	1.26 (0.61 - 2.61)
Length of time to be tested and receive HIV test results		
Too short / Too long	131 (88.5)	1 (Reference)
About right	274 (91.0)	1.27 (0.57 - 2.85)
Perceived barrier to HIV testing: Staff attitude		
Yes	35 (81.4)	1 (Reference)
No	378 (90.6)	2.52 (1.05 - 6.07)*

¹Nagelkerke R Square = 0.032; *P<0.05