



CLIENT SATISFACTION ON COUNSELLING AMONG HIV POSITIVE MOTHERS ATTENDING POSTNATAL-CLINIC IN INTEGRATED AND NON-INTEGRATED FACILITIES IN NAIROBI COUNTY, KENYA

Public Health

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ABSTRACT

Introduction: HIV counselling and testing impacts on psychosocial and emotional needs of women and families who are HIV infected. Counselling addresses the emotional, psychological and personal/social/legal needs of the persons being counselled. Issues of family violence, abuse, legal inequity, discrimination, stigma, poverty and others lead to vulnerability and oppression for HIV-infected women and their families.

Objectives: The study compared counselling services given in integrated and non-integrated facilities.

Methods: Mixed methods study design was used which employed qualitative and quantitative techniques of data collection. The study recruited 340 HIV positive postnatal mothers with children of known status in both integrated and non-integrated facilities. A comparison between integrated and non-integrated facilities was carried out using Students T-test for normally distributed continuous variables and Mann-Whitney U test for skewed continuous variables. Chi-square analyzed categorical variables and where applicable Fisher's Exact probability test was used. P-value of less than 0.05 was considered significant.

Results: Counsellors' approach and attitude on client satisfaction in counselling services scored the highest with 97.8% from integrated and 98.8% from non-integrated facilities, ($P=0.6804$). Integration of PMTCT and SRH increased services uptake.

Conclusion: One on one method of counselling methodology conducted in non-integrated facilities impacted on their increased knowledge on MTCT and PMTCT compared to PNC mothers from integrated facilities.

KEYWORDS

BACKGROUND INFORMATION

Client satisfaction is a good predictor of performance of health programs. Counselling for HIV and AIDS has become a core element of a holistic model of health care and is a key entry point for the continuum of care in HIV/AIDS for all segments of the population. The acceptance of such services, however, depends on the satisfaction among the clients with services provided (Gupta, 2009). Client satisfaction in turn is predictive of clients decisions regarding choices, compliance with regimens and outcome of the management (Lyatuu *et al.*, 2008).

METHODS

Study design; Descriptive comparative study employing mixed methods of data collection mainly qualitative and quantitative techniques.

Study Area; The study was conducted in Nairobi County in Kenya which is the most populated capital city in East Africa with estimated population of about 3.5 million and with HIV prevalence of 7% (NASCOP, 2012). Further, the county is a cosmopolitan environment with people of different socio-economic background.

Study Population; The study population comprised of HIV positive postnatal mothers, PMTCT program staff/ managers and hospital administrators from the selected integrated and non-integrated facilities.

Sample size determination; Data was collected from 340 participants

Data collection tools: Detailed questionnaire, Key informants interviews guide and Focus group discussion guide Ethical Considerations; The study was approved by KNH/UON Ethical Review Committee (ERC) (KNH-ERC/A/238)

RESULTS:

Demographic Characteristics: Majority of the families were low income earners with 212 (62.3%) getting a monthly income of \$133 and below. Participants from non-integrated facilities were the majority 129 (83.8%) in the low income category compared to 83 (50.6%) from integrated. The difference was significant ($P<0.001$; Table 4.2). The main source of income among participants from integrated facilities was self-employment 87 (52.8%) while casual employment was the main source of income for participants from non-

integrated facilities 78 (48.1%). There was a significant difference in the sources of income ($P=0.03$; Table 2).

Level of education among the participants from integrated facilities was significantly higher compared to participants from non-integrated facilities ($P<0.001$). Seventy three (43.5%) participants among those who visited integrated facilities had secondary level of education while majority of participants from non-integrated facilities had primary school level of education, 85 (50.9%) and 12 (7.2%) had never attended formal education (Table 2).

Married PMTCT participants were the majority in this study with 125 (79.1%) attending integrated facilities and 117 (73.1%) attending non-integrated facilities. There was no significant difference in marital status of participants attending integrated and non-integrated facilities ($P=0.317$). Majority of the PMTCT participants were Christians with 166 (97.6%) from integrated facilities and 151 (91.5%) non-integrated facilities. There was a significant difference in religious affiliation of the study participants in integrated and non-integrated facilities ($P=0.019$; Table 2)

Client satisfaction on counselling and testing among the HIV infected PNC mothers

The clients provided an evaluation of the health facility service delivery based on their own experiences. The satisfaction was rated using a 5 level likert scale ranging from 1 for most satisfied to 5 for least satisfied. The satisfaction on counselling services was categorized in three groups such as convenience of the client to the services, time spent by the client and counselor approach during counselling sessions.

Client convenience on service delivery

Participants were assessed on accessibility and distance to the clinic, flexibility of the clinic working hours and if they had somewhere to sit in the clinic as they waited for services. They were also questioned on their opinion regarding the convenience of PMTCT services offered under one roof together with SRH services. Participants were in agreement that they had a place to sit while waiting for the services, 165 (98.8%) and 164 (98.7%) integrated and non-integrated facilities respectively. Majority of the participants reported that there was flexibility of clinic in terms of opening and closing hours that was accommodative to their other responsibilities, 164 (97.6%) from integrated and 164 (99.4%) from non-integrated facilities. Majority

of the participants attending clinic from integrated facilities disagreed that the distance to the clinic was reasonable 110 (64.6%) and that the facility was accessible 113 (66.3%) compared to those who attended non-integrated facilities who agreed that the distance was reasonable 57 (33.5%) and that the facilities were accessible 98 (59.4%). There was significant difference in satisfaction regarding distance to the facility ($P=0.001$) and accessibility of the facility ($P=0.277$) to the clinic (Table 8). One hundred and sixty six (98.8%) and 164 (98.8%) participants from integrated and non-integrated facilities respectively indicated that it would be convenient if PMTCT and SRH services were offered within the same facility. There was significant difference in satisfaction level between the participants from integrated services and non-integrated service on the convenience of receiving services within the same facility ($P<0.001$).

Participants satisfaction with time spent

One hundred and sixty four (97.6%) participants from integrated facilities compared to 164 (99.3%) from non-integrated facilities indicated that they received services within 30 minutes of arrival. Majority from both facilities were also in agreement that the time spent during counselling was sufficient, 164 (97.6%) and 164 (99.4%) from integrated and non-integrated facilities respectively. Majority of the participants disagreed that waiting time was reasonable, 140 (84.1%) from integrated and 137 (80.6%) from non-integrated facilities. Majority of the participants also disagreed that it took them a short time to see the counselor, 137 (76.4%) from integrated and 137 (80.6%) from non-integrated facilities. The participants responses on the time taken to serve them during the current session ($P=1$), reasonable time to get first appointment ($P=0.5666$), reasonable waiting time for the result of the baby ($P=0.1372$), short time to see counselor ($P=0.2917$) sufficient time spent during counselling session ($P=1$) did not differ significantly with the type of facility (Table 9).

Participants satisfaction with counsellors approach

Over 97% of the participants from both types of facilities agreed on all the statements, ranking high the quality of counseling. There was no significant difference in the participants response on the various statements regarding counselors approach ($P=1$), apart from statement on counselor summarized main issues discussed with ($P=0.5$, Table 10).

The study compared the overall client satisfaction on the three aspects such as time spent, client convenience and counselor approach with several determinants such including, age, marital status and level of education. The three factors did not significantly affect client satisfaction scores ($P<0.05$; Table 4.11) although the mean of age of participants 30 years and below was higher on time spent 1.32 (SD; 0.51), client convenience 1.19 (SD; 0.42) and counselor approach 1.21 (SD; 0.45).

A comparison of the overall client satisfaction showed that 166 (97.8%) participants from integrated and 168 (98.8%) from non-integrated facilities were satisfied with time spent in the service delivery and that the services and facility were convenient to them, 124 (72.9%) and 137 (80.8%) from integrated and non-integrated facilities respectively. Satisfaction on clients convenience, time spent and counselor approach did not differ significantly between participants from integrated facilities and non-integrated facilities ($P=0.1233$, $P=0.7404$ and $P=0.270$ respectively; Table 12).

Perceived better quality counselling sessions in PMTCT program was reported by participants who participated in FGDs from both type of facilities. They reported that the time spent in counselling sessions was sufficient, PMTCT services were free, health providers were knowledgeable and friendly and time spent was reasonable.

CONCLUSION:

Quality of counselling was highly scored by participants from both types of facilities. One on one method of counselling methodology conducted in non-integrated facilities impacted on their increased knowledge on MTCT and PMTCT compared to PNC mothers from integrated facilities. Distance and access to the health facilities were reported to hinder convenience of the participants to access integrated facilities.

Tables and figures:

Table 1: Demographic characteristics of the study participants

Characteristics	Facility type		P - value
	Integrated n(%)	Non integrated n(%)	
Family Income (USD)			
<133	83(50.6)	129(83.8)	<0.001
134 - 400	56(34.1)	21(13.6)	
>401	25(15.3)	4(2.6)	
Sources of income			
Business/self employment	87(52.8)	73(45.1)	0.003
Casual	55(33.3)	78(48.1)	
Permanent job	23(13.9)	11(6.8)	
Level of education			
Never gone to school	0	12(7.2)	<0.001
Primary	51(30.4)	85(50.9)	
Secondary	73(43.5)	48(28.7)	
College/university	44(26.2)	22(13.2)	
Marital status			
Single*	33(20.9)	43(26.9)	0.7518
Married	125(79.1)	117(73.1)	
Religion			
Christian	166(97.6)	151(91.5)	0.0288
Muslim and others **	4(2.4)	12(8.5)	

* The category included divorced, separated and widowed; ** included Hindu and Buddhist; P- value calculated using Chi-square test; Exchange rate was 1\$ = Kshs 75.2

Table 2: Participants perception of the relevance of topics discussed during PMTCT counselling

Session topics	Integrated (n) n=170	Non integrated (n) % n=168	P- Value
	%	%	
Mothers that attended counselling	169 (99.4)	166 (97.6)	P=0.496
Counselling on HIV testing.	109 (64.1)	158 (92.9)	<0.001
PMTCT	63 (37.1)	122 (71.8)	<0.001
Infant feeding options	115 (67.6)	157 (92.4)	<0.001
Nutrition	79 (46.6)	148 (87.1)	<0.001
Prophylaxis and ARV administration	82 (48.2)	155 (91.2)	<0.001
Condom use	81 (47.6)	153 (90.0)	<0.001
Partner testing	73 (42.9)	149 (87.6)	<0.001
Support	41 (24.1)	71 (41.8)	<0.001
Discordance	35 (20.6)	91 (53.5)	<0.001

P-values calculated using Chi-square test

Table 3: Comparison of client satisfaction on client convenience in integrated and non-integrated facilities

Clients convenience	Integrated facilities				Non-integrated facilities				P value
	n	Median Score	Agreed	Disagreed	n	Median Score	C	Disagreed	
		(50th percentile)	No (%)	No (%)		(50th percentile)	No (%)	No (%)	
I had a place to sit while waiting	167	1	165(98.8)	2(1.2)	166	1	164(98.7)	2(1.3)	1
The distance to the clinic was reasonable	170	3	60(35.4)	110(64.6)	170	2	113(66.5)	57(33.5)	<0.001
There was flexibility in the clinic working hours.	168	1	164(97.6)	4(2.4)	165	1	164(99.4)	1(0.6)	1
The clinic is easily accessible to me	170	3	57(33.7)	113(66.3)	165	3	67(40.6)	98(59.4)	0.028
It is/will be convenient since PMTCT and SRH services will be/are offered under one roof	170	1	166(98.8)	4(1.2)	166	1	164(98.8)	2(1.2)	<0.001

SD- standard deviation; PMTCT- Prevention of Mother to Child Transmission of HIV; SRH- Sexual and Reproductive Health; HIV- Human Immunodeficiency Virus

Table 4: Comparison of client satisfaction on time spent on the client in integrated and non-integrated facilities

Time spent by the client	Integrated facilities				Non-integrated facilities				P value
	Median Score	Agreed	Disagree	Median Score	Agree	Disagree			
	(50th percentile)	No (%)	No (%)	(50th percentile)	No (%)	No (%)			
	n			n					
I was attended to within 30 min on arrival	168	1	164(97.6)	4(2.4)	165	1	164(99.3)	1(0.7)	1
I spent reasonable time to get my 1st appointment	169	2	116(68.6)	53(31.4)	164	2	85(53)	78(47)	0.566
Waiting time for my baby HIV test result was reasonable	170	4	30(15.9)	140(84.1)	170	4	33(19.4)	137(80.6)	0.137
It took a short waiting time to see my counsellor	170	3	33(23.5)	137(76.4)	170	4	33(19.4)	137(80.6)	0.292
Time spent with me in session was sufficient	168	1	164(97.6)	4(2.4)	165	1	164(99.4)	1(0.6)	1

SD- standard deviation; PMTCT- Prevention of Mother to Child Transmission of HIV; SRH- Sexual and Reproductive Health; HIV- Human Immunodeficiency Virus

Table 5: Comparison of client satisfaction on counselling between integrated and non-integrated facilities

Counsellor approach to counselling	Integrated facilities				Non-integrated facilities				P value
	Median Score	Agreed	Disagreed	Median Score	Agreed	Disagreed			
	(50th percentil)	No (%)	No (%)	(50th percentil)	No (%)	No (%)			
	n	ile		n	e				
Counsellor greeted me on arrival	170	1	163(97)	7(3)	170	1	165(99.3)	5(0.7)	1
Counsellor introduced him/herself at the start of the session	169	1	165(98.7)	5(3)	166	1	164(98.7)	2(1.2)	1
Counsellor listen actively	170	1	164(97)	6(3)	170	1	165(99.4)	5(0.6)	1
Counsellor summarized main issues discussed	169	1	164(97)	5(3)	166	1	163(99.4)	3(0.6)	0.5
counselling changed my views on HIV and AIDS	170	1	167(98.8)	3(1.2)	170	1	166(97)	4(3)	1
Counsellor repeated and reinforced important information	168	1	166(98.8)	2(1.2)	166	1	163(97)	3(3)	1
Counsellor gave me information in clear and simple terms	170	1	165(97)	5(3)	170	1	169(99.4)	1(0.6)	1
The counsellor made me comfortable talking to him/her	167	1	165(98.8)	2(1.2)	166	1	164(98.8)	2(1.2)	1
I felt confidentiality of my status was gaied	167	1	165(98.2)	2(1.8)	166	1	164(98.8)	2(1.2)	1
All qustons were welcomed and were well answered	170	1	165(97)	5(3)	170	1	169(99.4)	1(0.6)	1
I gained new practical guidance on dealing with HIV and AIDS	167	1	165(98.8)	2(1.2)	166	1	164(98.8)	2(1.2)	1
I was given chance to ask all questions that I had	170	1	164(97)	6(3)	170	1	169(99.4)	1(0.6)	1

P value calculated using student t- test; SD- standard deviation; HIV- Human Immunodeficiency Virus; AIDS – Acquired Immunodeficiency Syndrome

Table 6: Factors affecting clients satisfaction on counselling and testing services

Variables	Time spent			Client convenience			Counsellors approach		
	n	Mean±SD	P	n	Mean±SD	P	n	Mean±SD	P
Age									
≤30	158	1.32±0.51	0.47	155	1.19±0.42	0.38	157	1.21±0.45	0.7
>30	175	1.28±0.5		172	1.15±0.41		176	1.19±0.49	
Marital status									
Married	238	1.31±0.51	0.86	233	1.15±0.39	0.08	237	1.17±0.42	0.08
Not Married	73	1.33±0.5		72	1.25±0.52		74	1.28±0.61	
Level of Education									
Lower	142	1.33±0.49	0.38	138	1.15±0.40	0.52	143	1.19±0.39	0.57
Higher	186	1.28±0.52		184	1.18±0.44		186	1.22±0.53	
Facility type									
Integrated	168	1.27±0.49	0.57	167	1.19±0.46	0.27	167	1.19±0.47	0.56
Non-integrated	165	1.33±0.5		160	1.14±0.36		166	1.22±0.47	

Lower education- up to primary; Higher education- secondary, college and university; Not married- single, divorced, separated and widowed; P-value calculated using student t-test.

Table 7: Overall client satisfaction on counselling by PNC mothers in PMTCT program

Variables	Integrated Facilities	Non integrated facilities	P value
Client convenience	Agree 124 (72.9)	137 (80.8)	0.1233
	Disagree 46(27.1)	33 (19.2)	
Time spent	Agree 103(60.6)	67(39.3)	0.7404
	Disagree 99(58)	71(41.9)	
Counsellor approach	Agree 166(97.8)	168(98.8)	0.6804
	Disagree 4(2.2)	2(1.2)	

P-values calculated using Chi-square test

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