

Evaluation Of Pre Test And Post Test Knowledge After Intensive ICTC Team Training Among Health Care Workers In Bhavnagar District

Dr. Harshad Patel* Dr. Ashish Nayak**, Dr. Naresh Chauhan***, Dr. Dharmendra Jankar****, Dr. Devang Raval*****, Dr. M.P.Singh*****

*Associate Professor, ** Resident, ***** Professor and Head, Community Medicine Department, Government Medical College, Bhavnagar 364001, *** Assistant Professor, Community Medicine Department, Government Medical College, Surat, **** Assistant Professor, Community Medicine Department, GMERS Medical College, Gotri, ***** Associate Professor Community Medicine Department, BJMC, Ahmedabad

Abstract: Background & Objectives: HIV counselling and testing services are a key entry point to prevention of HIV infection, and to treatment and care of people who are infected with HIV. In Gujarat at present 308 ICTC are functioning out of them 19 are functioning in Bhavnagar District. ICTC team training produce skilled personnel who can identify their client problems, are well informed and can provide high quality HIV related services so the objective of this study is to study knowledge regarding HIV/AIDS & Counselling amongst staff of ICTC running in Bhavnagar District. **Methods:** This was a cross sectional study conducted among participant of ICTC team Training during April 2011-May 2011. **Results:** The knowledge of participant regarding HIV/AIDS and Counselling aspects improved significantly after intervention. **Interpretation & Conclusion:** The informative & educable intervention definitely has a positive effect on awareness levels which would eventually encourage expansion of knowledge & help in improve the skill of counselling and positive attitude towards the client coming at different ICTC centre and increase the service utilization by client so this type of inductive training for newly appointed health care workers and refresher training for health workers, who employed longer than one year should be organized on regular basis for effectively utilization of ICTC. [Patel H et al NJIRM 2013; 4(6) : 84-87]

Key Words: HIV/AIDS, ICTC Team Training, Health Care Workers, Knowledge Assessment

Address for Correspondence: Dr. Harshad Patel, Associate Professor, Community Medicine Department, Government Medical College, Bhavnagar 364001, Email: harshadneetapsm@yahoo.co.in

Introduction: HIV counselling and testing services were started in India in the year 1997. The earlier Voluntary Counselling and Testing Centres (VCTCs) and facilities providing Prevention of Parent-to-Child Transmission of HIV/AIDS (PPTCT) services are now remodelled as a hub to deliver integrated services to all clients under one roof and renamed as “Integrated Counselling and Testing Centres” (ICTCs). This change is brought in during NACP III upon huge scaling up the services at sub district hospitals and Community Health Centres. There are now more than 4000 Integrated Counselling and Testing Centres (ICTCs) in India, which are mainly located in government hospitals. Gujarat had 49 centres in 2005 – 06 which increased to 190 (2006 – 07) and 314 (2008 – 09). At present 308 ICTC are functioning out of them, 19 ICTC are functioning in Bhavnagar District.

As of today, only 25–30% of the people who are HIV positive in the country are aware of their HIV status. The challenge before us is to make all HIV-infected people in the country aware of their status so that they adopt healthy lifestyles and prevent the transmission of HIV to others, and

access life-saving care and treatment. Thus, counselling and testing services are an important component of prevention and control of HIV/AIDS in the country.^{1, 2, 3}

HIV counselling and testing services are a key entry point to prevention of HIV infection, treatment and care of people who are infected with HIV. When availing counselling and testing services, people can access accurate information about HIV prevention and care, and undergo HIV test in a supportive and confidential environment. People who are found HIV-negative are supported with information and counselling to reduce risks and remain HIV-negative. People who are found HIV-positive are provided psychosocial support and linked to treatment and care.

Today, more than 75,000 people who are HIV-positive access the antiretroviral therapy (ART) programme and receive free treatment for HIV/AIDS.⁴ Intensive ICTC team training among health care workers aims to train ICTC staff about the day-to-day activities of the ICTC and the specific procedures to be followed. Training helps

trainees to acquire new information pertaining to their professional activities, explore their attitudes relevant to that situation, and understand the need for change, if it exists, develop new skills, reinforce those behaviours that are effective in their work, improve their confidence and pride in their skills⁵ Gujarat State AIDS Control Society (GSACS) has developed an intensive 3 days training schedule for developing and fine tuning the counselling skills of the medical officer, counsellors, laboratory technician and staff nurses in the form of ICTC team training so as to produce skilled personnel who can identify their client problems, are well informed and can provide high quality HIV related services.⁴

Material and Methods: This was a cross sectional study conducted among participant of ICTC Team Training during April 2011 to May 2011 by Community Medicine Department, Government Medical College Bhavnagar. Two ICTC Team Trainings were carried on HIV/AIDS & Counselling during study period. There were 67 participants from different ICTC Centre in Bhavnagar district. Presentation, group work, role play, group exercise, hands on training, demonstration and

presentation by participants were main tools to impart training among the participants. Faculties of department of community medicine were actively involved in 3 days training programme. A preformed and pre tested Performa⁵ was used to collect the data from participants with their informed consent. Pre test were carried out before beginning the training programme followed by post test to assess the impact of training programme. Eleven questions included Performa was used to collect the data from participants and for correct response with each question one mark was given so maximum 11 marks for each participant. Following 11 questions were used in Performa (Annexure 1). Data entry and analysis was done in software epi.info 3.5.3. Z test was used to establish statistical significance among pre and post training score.

Results and Discussion: In Community Medicine department, Government medical college Bhavnagar ICTC team training was conducted in two batches in April 2011- May 2011, in which total 67 participants, out of them 18, 18, 14 and 17 were Counsellors, Laboratory technician, Medical officers and Staff Nurses respectively.

Table: 1: Pre Training and Post Training Score of correct responses of all Participants

Q. No.	Counsellor			Lab. Technician			Medical Officer			Staff Nurse			Total		
	Pre test (n=18)	Post test (n=18)	% Inc.	Pre test (n=18)	Post test (n=18)	% Inc.	Pre test (n=14)	Post test (n=14)	% Inc.	Pre test (n=7)	Post test (n=7)	% Inc.	Pre test (n=67)	Post test (n=67)	% Inc.
1	13	14	7.7	9	11	22.2	9	10	11.1	12	14	16.7	43	49	14.0
2	15	17	13.3	13	18	38.5	10	12	20.0	13	13	0.0	51	60	17.6
3	15	16	6.7	17	18	5.9	13	14	7.7	15	17	13.3	60	65	8.3
4	15	16	6.7	15	18	20.0	12	14	16.7	16	17	6.3	58	65	12.1
5	10	12	20.0	14	17	21.4	13	13	0.0	12	13	8.3	49	55	12.2
6	13	15	15.4	15	17	13.3	12	13	8.3	10	12	20.0	50	57	14.0
7	13	14	7.7	14	15	7.1	10	12	20.0	11	13	18.2	48	54	12.5
8	10	11	10.0	10	11	10.0	6	9	50.0	4	8	100.0	30	39	30.0
9	13	15	15.4	15	17	13.3	10	12	20.0	13	14	7.7	51	58	13.7
10	17	17	0.0	17	17	0.0	14	14	0.0	14	16	14.3	62	64	3.2
11	16	17	6.3	16	17	6.3	14	14	0.0	14	16	14.3	60	64	6.7
Total	150	164	9.3	155	176	13.5	123	137	11.4	134	153	14.2	562	630	12.1
z test	1.74			2.85*			2.2*			2.32*			4.5*		
* Z test Significant at 95% CL															

The pre and post test response was in Counsellor was found higher in post test (164)

than pre test (150). The pre and post test response was in Laboratory technicians was found higher in post test (176) than pre test

(155) and difference was found statistically significant. Similar pre and post responses were in Medical officers was found higher in post test (137) than pre test (123) and difference was found statistically significant. Similar pre and post responses were in all participants was found higher in post test (630) than pre test (562) and difference was found statistically significant. A study by Vaibhav Gharat⁴ showed that statistically significant difference was found in all participant of similar type of ICTC team training. The difference between pre test and post test was highest among staff nurses (14.2%) and lowest among Counsellor (9.3%). Difference between pre test and post test was 12.1% in all participants. This inference that, these all participants will be effectively utilize in improving the uptake of ICTC services.

Conclusion: To sum up, it may be stated that the informative & educable intervention definitely has a positive effect on awareness levels which would eventually encourage expansion of knowledge & help in improve the skill of counselling and positive attitude towards the client approaching at different ICTC centre and raise the service utilization by client so this type of inductive training for newly appointed health care workers and refresher training for health workers, who employed longer than one year should be organized on regular basis for effectively utilization of ICTC.

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Annexure 1:

1. When HIV spreads in the general population and HIV prevalence is consistently over 1% in pregnant women, this is described as
 - a. Low-level epidemic
 - b. Concentrated epidemic
 - c. Generalized epidemic
2. HIV has 2 subtypes. The more common subtype in India is
 - a. HIV-2
 - b. HIV-1
 - c. HIV-3
3. Opportunistic infections are so called because has 2 subtypes.
 - a. They do not infect HIV negative persons
 - b. They take advantage of the immune system that is weakened by the HIV
 - c. They infect HIV positive individuals at home
4. Which of the following is a common opportunistic infection in India?
 - a. Tuberculosis
 - b. Avian flu
 - c. Worm infections
5. You can definitely confirm that a person is infected with HIV using an ELISA test
 - a. In the first week after infection
 - b. after the window period
 - c. Any time after HIV virus enters blood
6. Rapid antibody tests for HIV are conducted using blood from a finger prick- True or False
7. AIDS and HIV are one and the same - True or False
8. Persons with low CD4 have low viral load - True or False

9. Antiretroviral treatment is started
 - a. To cure HIV/AIDS
 - b. When CD4 is below 300
 - c. If person is tested positive for HIV virus
10. The regimen used by NACO to prevent transmission of HIV from a pregnant HIV-positive woman to her unborn child (that is PPTCT) is
 - a. Single dose of Nevirapine to the baby on the third day
 - b. Single dose of Nevirapine to the mother at the time of labour and on the third day after delivery
 - c. Single dose of Nevirapine to the mother at the time of delivery and a single dose of Nevirapine to the infant immediately after birth
11. Provider Initiated Testing means
 - a. The Health Care Provider (that is doctors and nurses) get tested for HIV every month
 - b. The Health Care Provider (that is doctors and nurses) refer for testing those patients who show symptoms of HIV/AIDS or who have conditions that might encourage HIV infection (like STIs)
 - c. The Health Care Provider tests all the patients for HIV