

Impact of induction training on facilitated integrated counseling and testing centre (F-ICTC) of the Medical Officers: pretest and post test analysis

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Abstract

Background & Objectives: This study was aimed to evaluate the knowledge of medical officer in the area of HIV / AIDS and National AIDS Control Programme along with imparting two days training on Facilitated Integrated and Counseling Testing Centre (F-ICTC) in two different sessions. **Methods:** It was a cross Sectional study conducted in Feb- March-2013 in the department of community medicine, B. J. Medical College, Ahmedabad, with 38 medical officer as study participants. Tools of study were: Pre design and pre-tested questionnaire for pre test and sessions of training included presentation, group discussion, and role play and group work etc among study participants followed by post test of same questionnaire. **Result:** Significant difference in knowledge (regarding HIV/AIDS, components of NACP and Mother to child transmission of HIV through breast milk) was observed in pre test and post test (Z test: 4.79* p<0.0001). **Interpretation & Conclusion:** Study result showed that informative training has significant positive effect on the medical officer and it increases their level of knowledge and counseling skill. This type of induction training will refresh and update their knowledge & inform them regarding the recent changes in the programme.

Key words: F-ICTC, HIV/AIDS, Knowledge Assessment, Medical Officer

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Introduction

AIDS, the acquired immuno-deficiency syndrome is a fatal illness caused by a retrovirus known as the human immuno-deficiency virus (HIV) which breaks down the body's immune-system, leaving the victim vulnerable to a host of life-threatening opportunistic infections, neurological disorders or unusual malignancies. According to estimates by WHO 35.3 million people were living with HIV at the end of 2012. Some 2.3 million people became newly infected and 1.6 million died of AIDS related causes. NACP was launched in a phased manner in 1987 & funded with world bank & WHO GPA (GLOBAL PROGRAM ON AIDS) support. [1, 2].

HIV counselling and testing services were initiated in

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India in 1997 and today more than four thousand centers available mostly established in government hospital. Voluntary Counseling and Testing (VCT) involve 2 sessions: one is pre-test counseling, which is before the HIV test and, another one is post test counseling after the HIV test. The aim of counseling is to make aware people about the HIV infection, AIDS disease, high risk behavior, test available for HIV and positive behavior changes. After the recognition of seriousness of mother to child transmission of HIV infection Prevention of Parent to Child Transmission (PPTCT) services established in India in 2002. National AIDS Control Program phase III was launched in 2007 and under this program, activities of VCTC and PPTCT remodelled as an 'Integrated Counselling and Testing Centre' (ICTC) to provide all the services under one umbrella. Now persons are tested willfully or advised by medical doctor free of cost in all the ICTC center. In

the test, a person who is negative are educated with facts and myths of HIV infection and counsel to reduce risk and remain HIV negative. And if the status is HIV positive, then they are supported psycho-socially and referred to treatment and care [3, 4].

Looking at today's scenario, only 13% of the HIV positive people are aware about their HIV status. In 2006 under NACP II, more than 2.1 million people got the benefit of ICTC services and in the NACP-III target was set to counsel 22million clients in a annually by the year 2012. ⁽¹⁾ But with the huge number of target it is necessary to maintain quality of counselling as well. One of the duties of Medical officers (MO) in India is to promote, maintain or restore human health through continuing and comprehensive preventive and medical care to individuals, families, and communities. If they are well aware and updated about disease pattern, only then they can transmit this fruitful information up to most peripheral levels of the village. This study is to evaluate the knowledge regarding HIV/AIDS in medical officers in charge of the F-ICTC and to assess the knowledge of the various components of NACP among Medical Officers.

Result

Table 1: Pre training and post training score of correct answer

Sr No.	Question(Correct answer)	Pre Test Result n (%)	Post test Result n (%)	% Increase Knowledge
1	In which year was the first epidemic first identified?	1(2.63%)	26(68.40)	65.77
2	In which year was the term AIDS first coined?	1(2.63)	22(57.90)	55.27
3	What is the full form of NACP?	36(94.70)	38(100)	5.3
4	Which are the implementation year of NACP I, II & III	11(28.94)	21(55.26)	26.32
5	Do the person can transmit HIV to someone else as soon as they become infected	17(44.70%)	21(55.30%)	10.60
6	All the babies born to HIV positive mother will test positive for HIV?	25 (65.80%)	29(76.30%)	10.50
7	Rapid HIV test have low sensitivity and may miss identifying HIV infection	10(26.30)	23(60.50)	34.20
8	Safer sex refers to practices that allow partners to reduce their sexual health risks?	29(76.30%)	32(84.20)	7.90
9	Is it possible to have an RTI/STI without having signs or symptoms of infection	19(50.00%)	26(68.40)	18.40
10	Do all PLHAs need ART?	17 (44.70)	27(71.10%)	26.40
11	What is the full form of HAART?	10(26.30%)	35(92.10)	65.80
12	Enumerate the highest risk behavior for the transmission of HIV?	19(50.00%)	26(68.40)	18.40
		Z test: 4.79* p<0.0001		

* Significant at 95% CL

Material and Methodology

Study Period & study place: Two induction training on F-ICTC was carried out by community medicine department of B.J.Medical College, Ahmedabad. 1st batch on 19 & 20 February 2013 & 2nd batch on 28th February & 1st march 2013.

Study type: it was a cross sectional study.

Study Population: 38 medical officers who were not trained for F-ICTC from North part of Gujarat had been called for training in two batches.

Data Collection: Presentation, group exercise, hands on training, demonstration and presentation by participants were main tools to impart training to all participants. Pre test and post test questionnaire were designed to access their knowledge before and after training respectively with their informed consent.

Data analysis: Data was entered in master chart and then analyzed by Microsoft Excel and Epi info7.

Table 1 showed pre and post training score of correct answer regarding the history of HIV, NACP and the questions of mother to child transmission (MTCT) of HIV through breast milk. After training, there is a statistically significant improvement in each part.

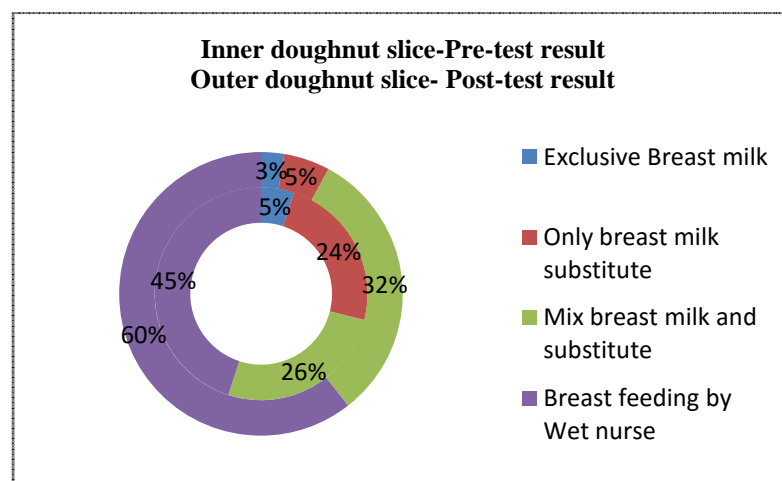
Table 2 revealed knowledge (% of score of correct response) regarding components of NACP III before and after training. An average 47% increase in knowledge regarding NACP III component was seen among study participants after the training session.

Table 2: Knowledge regarding components of NACP III

Sr no.	Question (Correct answer)	Pre Test Result (%)	Post test Result (%)	% Increase Knowledge
1	Targeted intervention	15.78	52.36	36.58
2	Basic services	21.05	65.78	44.73
3	Care, support and treatment	23.68	78.94	55.26
4	IEC and main streaming	10.52	57.89	47.37
5	Blood safety	26.31	89.47	63.16
6	Strategic information management	2.63	42.10	39.47

Figure 1 showed results of pre and post test questioner regarding mother to child transmission of HIV through breast milk. Size of doughnut slice showed that there was comparative improvement in the knowledge after training.

Figure 1: Pre and post-test analysis of M.O regarding mother to child transmission of HIV through breast milk.



Discussion

In the third phase of the National AIDS Control Program the activities of ICTC are expanded to Community Health Center (CHC) and Primary Health Center (PHC) levels. This expansion puts pressure on recruitment of trained person or trained medical officer working at PHC and CHC.

F-ICTC training was conducted in the community medicine department of B. J. Medical college in Ahmedabad. The training was conducted in 2 batches in the month of February and march 2013. A total 19 medical officers in each batch who were not trained for F-ICTC from North part of Gujarat had been called for

training. Post test response (336) was found higher as compared with pre test response (205) and on applying Z test this difference was found statistically significant (**Z test: 4.79* p<0.0001**). The mean improvement of knowledge was 28.34% among the study participants. The mean score of knowledge regarding NACP III component was 16.66% \pm 8.91% in the pre test while the mean score of post test was 64.42% \pm 17.47%. the ability of medical officers to write correct for NACP components was improved by mean score of 47.76% \pm 9.96%. A similar kind of study was done by Vaibhav G and Harshad P also supports our results that significant difference was found in all participants in the post test [5, 6].

Other important findings are that all the participants appreciate this type of educational training. This type of learning sessions definitely helps them in addressing their weakness, improve their performance as counsellor, increase their productivity and also improve quality of services.

Conclusions

Training of F-ICTC increases the knowledge of study participants regarding history of AIDS & components of NACP III programme. After the training nearly 70% medical officers were able to enumerate all high risk behavior. Nearly 80% of them who miss care and support component were able to acknowledge it in post test. Study result showed that training and retraining are always required in the medical officer who is actually working in F-ICTC set up. It will refresh their knowledge & inform them regarding the recent changes in the programme.

Conflict of interest: None.

Permission of IRB: Yes

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