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Qualitative Study: Patients Perception of PITC in Semarang's Hospitals

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ABSTRACT

HIV test is the only way to know a person's HIV status. The number of patients who were initiated to do HIV test was very low, compared to the number of patients showing AIDS clinical symptoms and the number of babies born from HIV-positive-mother. Moreover, there was a great rejection from patients to do HIV test. The objective of this research was to describe hospital patients' perception of the implementation of PITC by health care workers. This was a qualitative research using case study design. Nine informants were in-depth interviewed from two hospitals in Semarang City which implement PITC. The result showed that patients were assuming that the initiation of HIV test by health care workers was important because they were hoping to know their sickness, so they could get the proper treatment as soon as possible. Information about HIV test was given incompletely, because PITC was practiced in short time and in a lack-of-privacy room. It is suggested to PITC implementers that the initiation of HIV test should be carried out by focusing more on patients understanding about why they were initiated to do HIV test and focusing more on the 3 C, especially the confidentiality as mentioned in PITC Guideline by Ministry of Health of Indonesia.

Keywords: PITC, HIV Test, Hospital, Patients

INTRODUCTION

AIDS (Acquired Immune Deficiency Syndrome) appeared as an epidemic disease in several countries since years ago caused by HIV (Human Immunodeficiency Virus). This virus weakened human immune system. A person who infected by HIV could easily be infected by other germs, bacteria and viruses. The condition will then be called AIDS when the person has some opportunistic infections.^{1,2,3}

HIV&AIDS cases is similar to the ice berg phenomenon. There are big numbers of unknown cases than the known cases. The only way to find the unknown cases is to implement HIV test to more people. HIV Test is encouraged among key populations.^{1,4,5}

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There are two types of HIV test based on the initiation, they are Client Initiated-Testing and Counseling (CITC) and Provider Initiated-Testing and Counseling (PITC). Client Initiated-Testing and Counseling (CITC) mostly known as Voluntary Counseling and Testing (VCT) in some countries. In VCT, patients come to the health facilities to do HIV test of their own willingness. The main reason they decided to do VCT is due to the feeling of vulnerability or at risk. However, not everyone willing to do HIV test, even those who are at high risk.^{6,7}

Provider Initiated Testing and Counseling (PITC) is an HIV test that initiated by health care workers and offered to all patients. The implementation of PITC to all patients is expected to increase patients' access to do HIV test, society acceptance to HIV test, and HIV detection rate.⁷ PITC should be offered to all patients who show clinical symptoms indicating HIV infections, without considering the epidemic level.^{8,9}

The implementation of PITC in hospital is considered important to find new cases of AIDS. Health care workers need to initiate more suspected patients to do HIV test.

Hospitals generally have facilities for Mother and Child Health, Tuberculosis, Sexual Transmitted Infections, and facilities for people at high risks.^{9,10}

1 Semarang is at concentrated epidemics level of HIV, which means PITC must be implemented to all patients showing clinical symptoms of HIV and to all babies born from mother living with HIV. Based on annual report of PITC, from three hospitals in Semarang City, there were 341 patients who were pre tested in PITC in 2012.¹¹ The number of patients initiated to do HIV test was very low compare to the number of patients who have clinical symptoms indicating AIDS and the number of babies who were born from mother living with HIV.¹²

1 The big gap between the patients initiated to do HIV test with the patients who should have been initiated to do HIV test is a fundamental problem in PITC implementation in Semarang City. Based on the previous research conducted to PITC implementers in Semarang City, it was found that there was a great rejection from patients to do HIV test although the implementers were all trained well.¹³

Therefore, the objective of this research is to describe the patients' perception of PITC implementation in hospital setting.

METHOD

This research was conducted by using qualitative method and case study approach to describe patients' perception of PITC implementation in hospital setting. This research was implemented in Semarang City, Central Java Province, Indonesia. The research site was chosen based on the existence of PITC program and regular report of PITC implementation to Semarang Health Office.

From 28 hospitals in Semarang City, there were only 3 hospitals who met the criteria. Those hospitals have different characteristics. Such as the patient's residences, the origin of referral, PITC implementer sector, and PITC implementers. However, this research was implemented in two hospitals due to permission issues.

The sampling was done by purposive sampling method because the informants in this research are patients who have been initiated to do HIV test by health care workers. There were 9 informants who were in-depth interviewed.

Data was content analyzed and used triangulation for the validation method. The triangulation was done by in-depth interviewing the PTC implementers, Head Unit of HIV or VCT, and to the Person in Charge (PIC) of HIV program or VCT program at the related hospital.

RESULTS AND DISCUSSIONS

Characteristics: There were 9 informants who participate in this research. Informants were in productive age. The youngest informant was 22 years old. The oldest informant was 38 years old. Five informants were female and four informants were male.

All of the informants had finished 9-years compulsory education. Two informants were graduated from Junior High School. Seven informants were graduated from Senior High School.

Six of the informants were married. One of the married informants admitted that the partner had opportunistic infections of AIDS. And the partner was once initiated to do HIV test by health care workers.

Four of the informants admitted that they did unsafe sex with many sexual partners. Which means, they never used condoms everytime they are having sex.

Three of the informants did HIV test before being initiated in current hospitals. One of them was initiated by midwife in public health center. The other was forced by the prison guard. And the other one was doing it by his own willingness. While the six others never had HIV test before and never being initiated to do HIV test.

Result showed that 2 informants were mother who gave birth and 7 informants were patients with severe infections. Most of the informants had opportunistic infections.

The Delivery of Health Care Workers: Result showed that almost all of the informants thought that the health care workers were nice, care, patient and communicative when initiating HIV test. The health care workers also giving the chances for patients to ask anything that patients need to know. Eventhough some informants did not asked anything because they did not know what to ask.

The attitude of health care workers made patients felt comfortable when they are implementing PITC, from the beginning of giving the information about HIV test until the PITC process is finished. Therefore, it made the patients felt satisfied.

However, one of the informants thought that the attitude of health care workers was not communicative and not friendly. Informant stated that the health care workers were unfriendly, grumpy and curt, including the health care worker who implement PITC. This condition is uncomfortable for informant. The feeling of uncomfortable could affect informants' reception to HIV test, hence informants would feel unsatisfied with the service from health care workers.

In a service, there are some external factors that influence consumer's perception. A study completed by Gulliver about health services showed that the characteristics of health care workers could influence patient's perception to given services. The characteristics are race, health care worker's ability in doing certain services, and health care workers credibility.¹⁴

Most of the informants thought that there were only a little information that were given in PITC. Most of health care workers only asked informants' risky behavior history. They did not explain anything about HIV&AIDS or anything related to HIV test to informants. However, all of the informants said that PITC implementers explained the reason for initiating HIV test to them. They also explained that HIV test and the result of HIV test is confidential. The PITC implementers also explained that patients have the right not to tell anyone about the HIV test result, but PITC implementers suggest them to tell their spouses as a precautions and to initiate HIV test to their spouses.

The explanation from informants proved that the information that was given in PITC implementation was not consistent to the Guidance of PITC implementation by Health Ministry of Republic Indonesia. The pre test information should be focusing on three components : give important information about HIV&AIDS, explain the procedure to guarantee confidentiality, and make sure the patient is willing to do the test and ask their consent.^{8,10}

Those three components were not delivered by all of the PITC implementers. According to some informants, the PITC implementers did not delivered important information about HIV&AIDS and the procedure to guarantee patients' confidentiality. They only asked for patients' consent to do HIV test. However, based on the triangulation result with PITC implementers and the Head of VCT Unit, they stated that the patients might

not understand entirely about the information that was given by PITC implementers when they were initiated to do HIV test. Patients tend to agree to anything that was offered by health care workers, including PITC implementers, because patients had high hope to recover.

All of the informants thought the communication method which was used by health care workers when implementing PITC was good enough. Informants felt comfortable because PITC implementers were using interpersonal communication method and it made them feel more private. Almost all of the informants did not need any media in receiveing any information related to HIV test and HIV&AIDS. However, the PITC implementers in one hospital stated that he needed to bring paper or flip notes (writing media) when implementing PITC to a patient who stayed in a ward full with other patients (and patients companion), and it was not possible to move patients to another empty room. The paper or flip notes will be used to write sensitive words such as HIV, HIV Test, and other sensitive words. The PITC implementers will write those words on the writing media and tried to avoid saying those words. Hence, when the PITC implementers had to say it, he will only need to point at the paper or flip notes.

That method was done in order to keep the confidentiality, so patients will be spared from stigma and discrimination that might happen in the future. Also in order to prevent other patients or other people in the ward knew what PITC implementers doing to the patients.

Based on the Guidance of PITC implementation by Ministry of Health, the delivery of pre test information could be given individually, pair or groups, according to the condition. However, the consent have to be given individually, private, witnessed by health care workers.^{8,10}

The Place and Time: The PITC implementers initiate HIV test in varied places. PITC implemented depends on patients' condition. The result of this research showed that most of the informants were initiated to do HIV test in the inpatient room. One of them stayed in a one-bed-inpatient room, so the PITC implementation was done in the room without worrying that their conversation could be heard by other people. Other informants were staying in a two-beds-inpatient room, four-beds-inpatient room, and six-beds-ward. Three informants stated that the HIV test initiation was implemented in a 6-beds-ward

with full of people. Ideally, PITC implementer should move the patients to other room with more privacy so the initiation process could be done by prioritizing the confidentiality. According the triangulation result to the PITC implementers and Head of VCT Unit, such condition happened due to patients' condition (having severe disease or not able to move out of the bed), they could not be moved to another room, even sometimes there was no empty room that could be used by PITC implementers. Therefore, the PITC will be done in the inpatient room whether there were a lot of people or not. However, the PITC will be done very carefully by closing the separator curtain and talking with very low volume as long as the patient could hear. Informants stated that they did not mind to do PITC in their inpatient room or wards, because they wanted to be recovered as soon as possible, so whatever they need to do, they will do it.

Four of the informants stated that the HIV test initiation was conducted in 5 minutes. While three informants stated that the HIV test initiation was conducted in 30 minutes. However, there were two informants who stated that the initiation was done in a very short time. Informants explained that the PITC impementers were in a rush and only explained that their blood will be tested and informants were asked to sign the informed consent, without any explanation about HIV&AIDS and HIV test. Even PITC implementers did not explain about the reason of taking the blood sample. All of the informants thought that the HIV test initiation should be carried out for about 10 to 30 minutes, so informants could get enough information about the reason they were initiated, about HIV&AIDS and about HIV test. However, almost all of the informants perceived that the place and time in PITC implementation is satisfying enough. It is corresponding with the study from Anjaryani in 2009, which stated that attitude, behavior, speech, friendliness and easy access to information and communication ranked the highest in patient's perception of satisfaction. Eventhough patients felt the outcome was not suitable to their expectation, but they still feel satisfied enough if they were served with the attitude that respect their feelings and dignity.¹⁵

According to the triangulation result, the PITC implementers from both hospital stated that they tried their best to implement PITC. However, in the implementation of any programs, there will be some obstacles, as well as in the implementation of PITC. The

condition of patients that were impossible to be moved to a more private room made the PITC implementer forced to "cheat" such situation. However, the "cheating" act was considered as a solution to PITC implementers so PITC could still be implemented without decreasing the focus of the implementation and uphold the 3 C principle (Consent, Counselling, Confidentiality).

CONCLUSIONS

Informants perceived that PITC is important for them, therefore they agree to do HIV test. However, they need a longer pre HIV test, because they need more information about the reason they were initiated, about HIV&AIDS, and about HIV test when PITC was implemented to them. It is suggested that PITC could be implemented by focusing more on patients understanding about why they were initiated to do HIV test and focusing more on the 3 C, especially the Confidentiality.

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Conflict of Interest: This research has no conflict of interest.

Ethical Clearance: This research has been approved by the Ethical Committee of Medical Faculty of Diponegoro University-RSUP dr. Kariadi Semarang No. 555/EC/FK-RSDK/2014 in October 3rd 2014.

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