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THE DYNAMICS OF PRACTICING PROVIDER INITIATED HIV COUNSELING AND TESTING (PICT) AT GONDAR UNIVERSITY SPECIALIZED HOSPITAL

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Abstract:
HIV is one of the pressing health problems both in developed and developing countries though the degree is quite different. As a result, various governmental and non-governmental organizations strive to curb the problem. Thus, world health organization (WHO) designed promising HIV testing and counseling approaches such as VCT and PICT just to name a few. The later one is currently one of the best effective approaches implemented in healthcare facilities where patients get the chance regardless of their visiting. Thus, the main objective of this study is to explore the dynamics of practicing PICT in health care facilities in preventing the spread of the virus in University of Gondar Referral Hospital in TB and PMTCT wards. The study employed the qualitative research approaches such as in-depth interview and key informant interview so as to explore detail accounts of practicing PICT. Then, the study used convenience and purposive sampling techniques to select patients and providers respectively. The finding of this study revealed that PICT is being practiced despite various challenges exist such as facility and patient's willingness due to some socio-cultural beliefs of patients. Furthermore, providers applied numerous strategies in persuading patients though still there were challenges from clients. Finally, patients narrated lots of reasons why they prefer this practice a long with the physicians' pre counseling effort. Then, based on the findings, it provides the policy implications, research gaps and theoretical underpinnings in the wider application of medical sociology in health and illness.

Keywords: HIV, health, medical sociology, PICT

CHAPTER ONE: INTRODUCTION

Background of the Study

Human immune deficiency virus (HIV) is a major health problem in many parts of the world, and is considered as pandemic disease. In this regard, by 2010, 34 million people were estimated as living with HIV and out of which 1.8 million deaths around the world there by Sub-Saharan Africa remains the region most affected by HIV. Similarly, in 2010, about 68% of all people living with HIV resided in Sub-Saharan Africa. As a result, HIV Counseling and Testing (HCT) is the key entry point to prevention, care, treatment and support services, where people learn whether they are infected, and are helped to understand the implications of their HIV status and make informed choices for the future (WHO, 2010).

Currently, most people remain unaware of their HIV status due to various reasons (FMoH, 2007). In doing so, provider-initiated counseling and testing (PICT) was introduced in the principle of world health organization. As evidences from both developed and developing countries suggested that many opportunities to diagnose and advice individuals at health facilities are being missed. For example, a study in Uganda showed that among adults who were offered HIV testing at hospital (about half of whom were subsequently found to be HIV positive, then 83 % were unaware of their HIV status even if 88% had been to the health unit in the previous six months (WHO, 2007).

Hence, this study implied that Provider initiated HIV testing and counseling presents an opportunity to ensure that HIV is more systematically diagnosed in health care facilities in order to facilitate patient access to needed HIV prevention, treatment, and care and support services. The rational of the introduction and implementation of PICT in Ethiopian health policy is that many people in Ethiopia do not know their HIV status and also many people prefer to be tested by a medical provider within the context of a regular health care visit (FMoH, 2010).As a result, this study endeavored to explore the dynamics and flexibility of PICT particularly in TB and PMTCT clinical wards at University of Gondar Referral Hospital.

Statement of the Problem

People reach HIV treatment, care, and the full range of prevention options through the gateway of HIV testing and counseling (HTC). Currently, most people with HIV do not know that they are infected; those who do know often test late; and poor linkages from HTC. This in turn affects their immunity system (WHO, 2007).

Currently, most testing takes place when people visit healthcare facilities in ANC and other reproductive health services and then are tested systematically and routinely unless they decline through provider-initiated HIV counseling and testing (PICT). PICT needs high priority where key population often seek care such as TB treatment, STI clinics and PMTCT centers in which at every health care contact could be the most effective approach than VCT (WHO, 2012). PICT is a efficient model which has to be offered by health care providers as part of the routine care of all patients or clients. Compared with VCT, PICT simplifies information acquisition and counseling about high-risk behavior and allows patients to avoid the "humiliation" and "inconvenience" they fear. In this way, PICT can increase HIV detection rates, catch HIV infections earlier, and, thus, improve cost-effectiveness by cutting down on treatment cost (WHO, 2007).

In PICT, health care providers offer testing during the patient evaluation with full adherence to informed consent, confidentiality and counseling whereby patients have the right to accept or refuse to be tested. The aim of this initiative was to scale up HIV counseling and testing (HCT) services at clinical settings, fight stigma and discrimination and thus reduce the fearful nature of the HIV epidemic (UNAIDS, 2008).

Some empirical studies have been conducted regarding with PICT in Africa and other parts of the world, for instance, Leon et al (2013) conducted a study on the implementation of PICT in south Africa, nevertheless, it was merely concerned with institutional capacities like leadership qualities to implement PICT in STI public clinics. Likewise, the knowledge, attitude and acceptability of PICT have been studied in Tanzania though the findings of the study revealed that still the problem is prevailing (Manongi et al., 2014). Another study has also been conducted about the role of PICT in Zambia entitled as *"Does PICT strengthens early diagnosis and treatment initiation?"*; nevertheless, this study merely focused on the urban cohorts who share similar characteristics. However, all the above studies conducted do not reflect the contexts of our country, Ethiopia since the setting and the context is quite different from the above-mentioned ones.

As far as the researcher reviewed various literatures, there are no adequate studies conducted regarding with dynamics, challenges and prospects of PICT in the study area even in the country level. Indeed, there is one study conducted by Fekadu et al (2016) focused on the utilization of PICT among adult OPD patients in south west Showa. However, study does not consider all segments of the population regardless of their visit. As a result, this study attempted to extend previous efforts regardless of age group particularly in TB and PMTCT clinical wards.

Objective of the Study

General objective.

The overall objective of this study is to investigate the dynamics of practicing provider-initiated HIV counseling and testing the case of University of Gondar Referral Hospital. More specifically this objective addressed through the following research questions.

Specific research questions.

- What are the roles of physicians in persuading patients for practicing PICT?
- What are the challenges of practicing provider-initiated HIV counseling and testing?
- What types of screening are there in leading to PICT?
- How does patients' response look like in practicing provider-initiated HIV counseling and testing?
- What does the new approach (PICT) bring for clients?

Scope of the Study

Geographically, the study only confined in University of Gondar Referral Hospital due to time consideration and to handle the case in effective way. Thematically, the study focused on Practicing Provider Initiated HIV Counseling and Testing; client or patient-initiated HIV counseling and testing is out of this study.

Significance of the Study

The study can give health care provider aware about the different perspective each patients have about HIV testing and counseling so that enable them to work accordingly. For sociology students interested on the issue of HIV counseling and testing, it might serve as an insight to investigate it further.

Conceptual Definitions

Provider initiated counseling and testing: HIV testing practice that the health care professionals request when the patient visit hospitals for other medical advice than HIV testing.

Patients- individuals who visit hospital for any medical assistant.

CHAPTER TWO: LITERATURE REVIEW

Introduction

Each year, approximately 17 million HIV antibody tests are performed at private and public health clinics in the United States alone. Provider Initiated counseling and testing (PICT) traditionally has comprised a large component of the Centers for Disease Control and Prevention (CDC) budget for HIV prevention services. This investment in counseling and testing is premised on the notion that test clients receive personalized counseling to identify and reduce risk behavior (UNAIDS, 2008).

For those receiving positive results, HIV antibody testing can serve as a gateway to clinical care, support services, and counseling to reduce the chance of transmitting HIV to others. However, the role of PICT in changing the behavior of those receiving negative test results is less clear. Research on testing behavior suggests that many repeat testers do not reduce their risk behaviors (Sweat et al., 2011).

Evolution of PICT Practice

PICT is still a relatively new field of clinical practice and there is little evidence about which models of practice are most appropriate and effective for various populations. Models of PICT practice have also evolved in response to changes in the volume and demographics of test seekers at publicly funded test sites(Roura, Watson-Jones, Kahawita, Ferguson, & Ross, 2013) . The earliest model of PICT was developed in San Francisco by the University of California San Francisco (UCSF) AIDS Health Project in early 1985. At that time, nearly 20% of the test clients, mostly gay men, were testing HIV positive. As a result, PICT centered on crisis management and explaining to clients what little was known about the significance of the antibody test for disease prognosis (Stewart & Sullivan, 1982).

Following basketball star Earvin "Magic" Johnson's disclosure that he had tested HIV positive in November 1991, testing volume nearly doubled in the United States as predominantly low-risk, heterosexual clients flooded testing centers. Demand for testing has remained relatively steady since that time, as "the test" has become incorporated into mainstream culture as a routine part of dating rituals and clinical practice. Although HIV testing has become a routine procedure in private practice, little is known about the quality or scope of the counseling, if any, that is provided with the test in such settings.

Theories of Practice and Disengagement with HIV Services

There is a no single and unified theory of practice. Instead, there is a dynamic and collegial tradition of applying and building on the work of past and contemporary theorists. Common to them all, however, is that they treat practices as the primary units of enquiry and provide conceptual tools to unpack how and why certain practices emerge, persist and disappear (Hu et al., 2013).

Practice theorists have all offered their take on the background arrangements, or elements, that condition and shape the dynamic nature of a practice, such as engaging with HIV services. have usefully condensed these background arrangements into three elements namely, materialities, competencies and meanings and draw our attention to the configurations and connections between these elements and other life practice (Skovdal, 2019).

Practice theorists argued that, the potential to understand what it takes for people to join, maintain or defect from a practice. These elements, their content, configurations and constellations, provide insight to the arrangements that exist in different spatial and temporal localities and may be able to explain differences in practice between people and settings. This encourages us to examine how dynamically integrated elements shape the way HIV service engagements are enacted. It further helps us understand how changes in the way HIV services are delivered, reconfigure and shape engagement with HIV care and treatment services. For instance, reducing or extending the opening hours of a health clinic (materiality, infrastructure) may change the ability of PLHIV to engage with HIV services (Skovdal, 2019).

Another important practice dynamic pertains to the connections and interactions between practices. People participate in a countless number of interwoven social practices, many of which coexist in harmony, while others codependent and may compete or collaborate with the practice(s) under investigation. Shove *et al*, (2016) speak of *bundles of practices* to describe such an assemblage of codependent practices and highlight the importance of understanding how a bundle of practices, through their connections, coevolve, share and compete for resources. This encourages us to identify the range of life practices that facilitate or inhibit engagement with HIV services and to use this insight to form or break and strengthen or weaken the links between them, with the aim of supporting HIV service engagement.

Against the above background, and in support of a call from Blue *et al* (2014) for more practice-oriented public health policy, we investigate (1) how engagements with HIV services are constituted and enacted by multiple elements and not just people alone and (2) how engagements with HIV services relate to other everyday practices.

Parsons the Sick Role and Doctor-Patient Relationship

The patient-physician role, like all other roles, involves a basic mutuality; that is each participant in the social situation is expected to be familiar with both his or her own and others' expectations of behavior and the probable sequence of social acts to be followed. *The sick role evokes a set of patterned expectations that define the norms and values appropriate to being sick, both for the individual and for others who interact with the person (Stewart & Sullivan, 1982).* Neither party can define his or her role independently of the role partner. The full meaning of "acting like a physician" depends on the patient's conception of what a physician is in terms of the social role. The physician's role is, as Parsons tells us, to return the sick person to his or her normal state of functioning (Parson, 1951) .

The role of the patient likewise depends on the conception that the physician holds of the patient's role. According to Parsons, the patient is expected to recognize that being sick is unpleasant and that he or she has an obligation to get well by seeking the physician's help. The patient-physician role relationship is therefore not a spontaneous form of social interaction. It is a well-defined encounter consisting of two or more persons whose object is the health of a single individual. It is also a situation that is too important to be left to undefined forms of behavior. For this reason, patients and physicians tend to act in a stable and predictable manner (Parson, 1951) .

The patient-physician relationship is intended by society to be therapeutic in nature. The patient has a need for technical services from the physician, and the physician is the technical expert who is qualified and defined by society as prepared to help the patient. The goal of the patient-physician encounter is thus to promote some significant change for the better in the patient's health (Weiss & Lonnquist, 2000).

CHAPTER THREE: RESEARCH METHODOLOGY

Description of the Study Area

The study was, conducted at Gondar university comprehensive specialized hospital from December 15 to January 10, 2021. University of Gondar Comprehensive Specialized Hospital established by FMOH in 1954, currently one of the specialized teaching university comprehensive hospital. It is found in Amhara national regional state, North Gondar Zone, Gondar town. It is located 750 km Northwest to Addis Ababa. It served as the referral center for privet and other government hospitals in the region. It have specialties service including internal medicine, pediatrics, surgery, gynecology, optometrist, psychiatry, etc.

Research Design

The study employed cross-sectional research design where the data collection process is conducted at a point in time. The main intension of the researcher in choosing this design was the short time allocated for the whole process of undertaking the research.

Research Approach

The study used the qualitative research method where it provides detailed description and analysis of the quality, or the substance, of the human experience thereby the study explored the dynamics and its flexibility of PICT from the patients and physicians perspective (Marvasti, 2004:16).

Method of Data Collection

In-depth interview.

This method enables the researcher to explore issues in detail with the interviewee, using probes, prompts, and flexible questioning styles (Henn et al., 2006). Thus, in this study, detailed information was collected from physicians and patients both TB and PMTCT department about the practice and challenges of PICT. Thus, unstructured interview guide was employed.

Key informant interview.

According to Mikkelson (2005), key informant interview are interviews aimed at obtaining special knowledge and key informants are respondents who are assumed to have special knowledge on a given issue. Thus, the researcher collected information from TB and PMTCT case team.

Sample Size and Sampling Techniques

In qualitative research, the site and participants are mostly selected by researchers purposefully that will best help to understand the problems and research questions (Creswell, 2009). To this end, I have been purposively selecting University of Gondar Referral hospital based on the proximity of the area to the researcher place of residence. The study employed convenience sampling technique because of the availability and easily accessibility of those patients (Babbie, 1998). Besides, the study also used purposive sampling technique so as to select the subjects who represent the population. Therefore, respondents were purposively selected from hospital departments.

Method of Data Analysis

The information collected using in-depth interview and observation was analyzed thematically. Data collected and analyzed until the data was reaching in its maximum saturation point. Then the collected data was arranged thematically and narrated in proper manner.

Ethical Considerations

Informed consent has been maintained, the identity and responses of participants is kept anonymous, and the research participants have been kept free from exploitation and harm, just to mention but a few.

CHAPTER FOUR: DATA PRESENTATION, ANALYSIS AND INTERPRETATION

Persuasive Strategies of PICT

As the interview results showed that the practice of PICT has been implemented for the last few years in University of Gondar Referral Hospital by considering the flexibility of the service for the patients in various clinical wards such as in TB, PMTCT, family planning and in many OPDs with a special emphasis on informed consent, confidentiality and counseling and testing offer as routine clinical management. One case team leader in TB clinic put her concern as follows:

TB diagnosed patients are coming to our department frequently, and then after we gave them medical treatment for their TB, we initiated them to get HIV testing by telling them the importance of knowing their status.

This is done through giving pre information and counseling about the relevance of testing, and the future care and support (key informant interview at TB case team leader clinic).

One PMTCT nurse also explained about the practice and persuading techniques as follows:

PICT has been practiced in PMTCT since it was introduced because the purpose of this ward is to prevent HIV transmission from mother to child and to increase mothers' immunity.as a result, though some refuse to test however, we frequently told them about the importance of the testing for the coming child since it has the probability of being free from virus if they start ART. Furthermore, pre testing information, in mass and individual has been given in the morning and during treatment (in-depth interview at PMTCT).

Challenges of Practicing Provider Initiated HIV Counseling and Testing

Most interview results in TB clinics and PMTCT showed that facility challenges such as shortage of kit used for giving testing services for patients and unwillingness of patients were the common constraints and problems in practicing PICT in the study area. To this end, a physician in TB clinic put the challenges as follows:

Shortage of kit is the pressing problem I think the government is ready to solve the problem. Furthermore, even if most patients are willing, there are some who are resistant for testing for instance old people believe that this disease is the result of the young generation, result of sin and they also believe that as if they are chewa'[having one sexual partner] and taking longer time to decide. Still others claim that as if they are free from the virus though the reality is not the case. Some also believe that being infected with TB means exposed to HIV delayed the practice of PICT at sooner.

However, the PMTCT nurse described the situation slightly in a different manner.

There is some sort of challenge regarding with Kit. There are days where clients missed the chance of getting testing due to absence of kit. It is a great problem because this department needs more than others. In the case of patients willingness, it is not as such difficult because most are being referred to our hospital so they had pre information. Besides, mother support groups also facilitating and helping the process of practicing PICT but this does not mean that no problem especially with the new comers.

Thus, we can understand that though challenge is the common problem in practicing PICT, the degree of extent is slightly different in PMTCT because of due emphasis is given in this ward.

Screening techniques leading to practicing PICT

Depending on the nature of disease various types of screening techniques have been implemented in the process of PICT. Hence, both symptomatic and asymptomatic have been commonly reported techniques of screening. In TB patients, a physician has explained the process of the screening technique in the following ways:

Whether a patient is symptomatic or not PICT is a mandatory activity since TB and HIV are strongly correlated. However, the patients have the right to refuse. But through consecutive pre information they have been getting tested. This is because the presence of HIV would decrease their immunity system.

The interview results in PMTCT also agrees with the screening techniques of the TB clinic does. A nurse put the fact as "*no screening at PMTCT; all are subject to testing even the refused patients had to be referred to the gynecology ward with their patient card.*"

Patients' response for initiation for PICT

As the interview results showed that the most common factors reported for the initiation of practicing PICT were the pre counseling information about the benefit of testing, the confidentiality, the intimate relationship with the physician and the freedom to express their feelings one to one initiated them for testing. In this regard, one TB patient woman put her commitment for initiation as follows:

I was afraid of HIV testing. Unfortunately, I encountered TB, and then I went to this hospital. After giving me the drugs, the doctor asked me my willingness to test HIV. I was very much stressed but she let me. But she frequently told me the advantage of testing and her relation with me was like my family. Then I decided to test and unfortunately, the result was positive I cried a lot but the doctor again advises me that I could live like any one if I could start the drug [ART].

Hence, from the above interview results we can understand that the pre information and counseling provided by the physicians has initiated the patients in HIV testing or the role of pre information about the HIV testing significantly linked with the initiation of patients in HIV testing though some resistance.

Another newly diagnosed TB patient old man also explained his response about PICT,

I don't want to be tested HIV because I know myself, I have never went to somebody without my wife. And also, I will not live longer time after this. I simply come here to get treatment for disease.

A 37-year interviewee at PMTCT also explained her initiation as follows:

I came to this hospital for the sake of checkup. In every morning doctors told us the benefits of HIV testing, but I don't accept the idea because I was very frustrated. In another day, the doctor asked me to test HIV but again I was stressed. But in another day, I decided because the doctor persuaded me that if I get tested my children will be free from the virus but thanks to God the result was negative.

Changes Due to the Introduction of PICT

As the interview results showed that the introduction of PICT in the study area has brought several changes such as its access and flexibility to testing in various wards, raise awareness for patients, enable people to know their status were the common advantages that were reported. Hence, the physician in TB department explained the change and the advantage of PICT as follows:

In VCT only the aware users are beneficiary for HIV testing; however, PICT has dual and multiple functions because it has parallel advantage for patients in addition to their main visit of the hospital and also unaware patients are coming here thereby they could know their status. There is an Amharic proverb 'saykatel bekitel' [early detection is better] is important in PICT (key informant interview with case team leader).

Hence, we can understand that PICT played a great role in prevention of HIV transmission and wide spread of the virus in systematic manner. Thus, it agrees with the policy guidelines of (WHO 2012) where PICT centers in which at every health care contact could be the most effective approach than VCT.

CHAPTER FIVE: IMPLICATIONS OF THE STUDY FOR POLICY, RESEARCH AND THEORY

The findings of this study revealed that the practice of PICT has been conducted in the principle of the guidelines of WHO (2007) and the national training packages for PICT manual of FMoH (2010). However, facility problems such as shortage even absence of kit and patients willingness were the pressing challenges in the study area for the smooth provision of the service to the visitors of the clients.

Another finding in the study area showed that pre-counseling and information, physician-patient interaction and the extent of confidentiality played a significant role in the initiation of the patients in both TB and PMTCT wards in the study area. However, still some socio-cultural factors affected the initiation of some patients' for instance old people where HIV is the result of sin for the younger generation delayed perhaps avoid the practice of PICT.

Finally, the introduction of PICT brought significant changes since the patients have a chance of getting access regardless of their visit in health centers there by most people know their status. Hence, based on the findings the health care policy of Ethiopia should incorporate psychologists, clinical social workers, medical sociologists and anthropologists in the process of PICT for the better accomplishment of pre counseling and post counseling practices. This further benefits the country for producing visionary, competent and healthy generations for development. Above all else, this empirical finding would tell us that policy makers should concern beyond testing rather it should be given due emphasis on preventive mechanisms.

Future researches should be conducted regarding with the socio cultural factors in affecting the patients' willingness in the process of practicing PICT so as to reduce the wide spread nature of this epidemic disease. Besides, future researches should also uncover the situation of PICT in private health institutions and especially rural areas where people have no awareness about this new practice. Finally, the findings of this study strengthen the Parsons practitioner-patient interaction model where patients are encouraged to decide for testing due to frequent interactions and intimate and parent –child relationships with their health care providers. Furthermore, some of the findings especially in PMTCT agree with the health belief model where clients pass decisions by considering the perceived benefits of bearing the healthy and HIV free child if they get tested.

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