

Client Satisfaction with HIV Counselling Services in Karnataka

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Abstract

Karnataka, with an HIV prevalence of 0.29%, faces unique public health challenges that require effective, patient-centered interventions. HIV counselling services covering pre and post-test counselling, risk reduction, emotional support, and referrals play a crucial role in addressing the medical, psychological, and social needs of individuals. Client satisfaction with these services is a key determinant of treatment adherence, engagement, and long-term health outcomes. Prioritizing satisfaction helps reduce stigma, promotes informed decision-making, and aligns with the objectives of the HIV/AIDS (Prevention & Control) Act, 2017 and the UNAIDS 95-95-95 targets. Enhancing satisfaction ultimately strengthens Karnataka's HIV response and supports overall public health goals. This quantitative, cross-sectional study assessed client satisfaction with HIV counseling services in Karnataka, India, from September 2021 to October 2022. Using a convenience sample of 30 clients, the study evaluated satisfaction levels and their relationship with socio-demographic factors and service-related experiences. Data were collected via a two-section questionnaire adapted from a UNAIDS tool and analyzed using descriptive statistics. The findings reveal a high degree of client satisfaction, largely driven by the emotional support, empathy, and informational role of counsellors. A unanimous 100% of clients preferred to see the same counsellor for continuity of care, and a significant majority (76.7%) were willing to recommend the services. However, the study identified critical challenges, including a minor but notable concern over counsellor burnout and rushed sessions, as well as a significant gap between clients' willingness to recommend the services and their actual behavior. This discrepancy suggests that social stigma remains a major barrier to community advocacy. The study concludes that while the quality of the counsellor-client relationship is strong, addressing systemic issues like counsellor workload and developing stigma-sensitive outreach strategies are essential for improving and sustaining the quality of HIV care in the region.

Keywords: HIV/AIDS, Integrated Counselling and Testing Centre (ICTC), Client satisfaction, HIV counselling services, Stigma.

1. Introduction

In Karnataka, India, HIV prevalence presents unique challenges and disparities, understanding client satisfaction with HIV counselling services is of paramount importance. By prioritizing client satisfaction,

healthcare providers and policymakers can create more effective, patient-centered programs that address the specific needs of the population in Karnataka and contribute to the global efforts to combat HIV (Kachakova et al., 2015). HIV/AIDS is a major health issue faced by the world (Adekunjo et al., 2020).

Karnataka remains one of India's higher HIV burden states, with adult prevalence recently estimated at 0.29 %, slightly above the national average of 0.22 %. Client satisfaction with HIV counselling services is widely acknowledged as a key determinant of treatment engagement, adherence, and programme efficacy—aligning with India's goals under the HIV/AIDS (Prevention & Control) Act, 2017, and the UNAIDS 95-95-95 targets.

HIV counselling services encompass a range of interventions designed to educate, support, and empower individuals affected by or at risk of HIV. These services typically include pre- and post-test counselling, risk assessment and reduction strategies, emotional support, and referral to relevant medical and social services (Shaik et al., 2025). Effective counselling addresses not only the medical aspects of HIV but also the psychological, social, and economic challenges faced by individuals. HIV counselling services are very important, it helps improve the quality of life and psychological, social and emotional wellbeing of the individual. With proper education, individuals get to know their HIV status and its associated risk factors.

Client satisfaction is a crucial indicator of the quality and effectiveness of healthcare services. It reflects the extent to which services meet patient's needs and expectations, influencing their adherence to treatment, engagement in care, and overall health outcomes (Basavaraj et al., 2010). Client satisfaction goes beyond just measuring whether patients are happy with the services; it provides valuable insights into the patient experience, highlighting areas of strength and areas needing improvement. Satisfied clients are more likely to adhere to treatment regimens, attend follow-up appointments, and actively participate in their care, which can lead to better health outcomes and reduced healthcare costs (Messerli et al., 2019).

In the context of HIV counselling, client satisfaction is particularly important due to the sensitive and often stigmatizing nature of the condition. Counselling services that prioritize client satisfaction can build trust, foster a supportive environment, and empower individuals to take control of their health. Additionally, assessing and addressing client satisfaction can help reduce attrition rates and improve the overall effectiveness of HIV prevention and treatment programs.

Evaluating client satisfaction with HIV counselling services in Karnataka involves systematically collecting and analyzing feedback from individuals who have received these services. Additionally, evaluating client satisfaction can help ensure that services are delivered in a culturally sensitive and client-centered manner, promoting greater engagement and adherence to HIV prevention and treatment strategies. Understanding the factors influencing client satisfaction is essential for designing and implementing effective interventions to improve the quality and accessibility of HIV counselling services in Karnataka.

Methodology

The present study, conducted between September 2021 and October 2022, employed a cross-sectional, quantitative research design to evaluate client satisfaction with HIV counselling services in Karnataka. This design allowed for the collection of data at a single point in time, providing a snapshot of client

experiences and perceptions. A sample of 30 clients was selected using convenience sampling method. To ensure appropriateness and validity, the instrument used for data collection was adapted from a pre-existing tool designed by the Joint United Nations Programme on HIV/AIDS, which assesses client satisfaction of service experiences. Adapting a validated tool helped ensure that the data collected was reliable and relevant to the research questions. The questionnaire comprised two sections:

- Section I (developed by the researcher) included seven close-ended items on socio-demographic characteristics (gender, age, area of residence, marital status, religion, education, employment). This section provided valuable contextual information about the participants, allowing for analysis of how socio-demographic factors may influence client satisfaction.
- Section II (adapted from UNAIDS) contained nine items evaluating client satisfaction with dimensions such as counsellor communication, service access, privacy, information quality, and overall experience of care. This section focused on various aspects of the counselling services, such as the quality of the interaction with healthcare providers, the accessibility of services, and the overall experience of receiving care.

Data analysis was performed using descriptive statistics, specifically frequencies and percentages. This allowed for summarizing the data and identifying common patterns and trends in client satisfaction.

Objectives

1. To measure the level of client satisfaction with HIV counseling services in Karnataka.
2. To assess client's perceptions of specific aspects of the counseling services, including the quality of interaction with counsellors, accessibility, and the information provided.
3. To analyze the influence of socio-demographic factors (such as gender, age, education, and employment status) on client satisfaction with HIV counseling services.
4. To identify key areas of strength and potential weaknesses in the current HIV counseling services based on client feedback.

Results

The study gathered data from 30 participants to assess their satisfaction with HIV counseling services in Karnataka. The findings present a detailed overview of the participant's demographic profiles and their experiences with the counseling centers.

Characteristic	Category	Frequency	Percentage
Gender	Male	17	56.7 %
	Female	13	43.3 %
Age group	18–25	14	46.7 %
	26–33	15	50 %
	>34 years	4	13.3 %
Residence	Urban	16	53.3 %
	Rural	14	46.7 %
Marital status	Married	28	93.3 %
	Unmarried	2	6.7 %
Religion	Hindu	20	66.7 %
	Christian	6	20 %
	Muslim	4	13.3 %
Education	Secondary	16	53.3 %
	Higher-secondary	14	46.7 %
Employment	Daily labourer	18	60 %
	Farmer	6	20 %
	Unemployed	6	20 %

Socio-Demographic Characteristics

The majority of participants were male 56.7% of the sample, while females accounted for 43.3%. The age distribution showed that nearly all participants were adults, with the largest group (50%) being between 26 and 33 years old. A significant portion (46.7%) fell into the 18-25 age bracket, while the over-34 age group was a small minority at 13.3%. No participants were under the age of 18.

In terms of location, the sample was fairly evenly split between urban (53.3%) and rural (46.7%) areas. The vast majority of clients were married, comprising 93.3% of the sample, while only 6.7% were unmarried. The religious breakdown showed that Hinduism was the most common religion (66.7%), followed by Christianity (20%) and Muslim (13.3%).

Regarding education, the participants were largely educated to the secondary (53.3%) or higher secondary (46.7%) level. The employment status of the participants was primarily in the informal sector, with 60% working as daily laborers. Unemployed and farmers each made up 20% of the sample.

Service Utilization and Time Spent

Most clients discussed having an HIV test (40%) or receiving test results (43.3%) with the counsellor. A smaller proportion discussed issues arising from the HIV test (16.7%). Most clients were either referred (26.7%) or recommended to come (36.7%) to the center, or they just dropped in (36.7%). The primary reasons for visiting the center were to test for HIV (40%) or to receive counseling services and ART treatment (60%).

Regarding the time spent availing services, the majority of clients (56.7%) waited 120 minutes for their HIV test result, while 43.3% waited 90 minutes. Waiting times to see the counsellor varied, with 10% waiting 15 minutes, 33.3% waiting 20 minutes, 46.7% waiting 30 minutes, and 10% waiting 60 minutes. The duration of the session with the counsellor was 30 minutes for 50% of clients, 40 minutes for 16.7%, 60 minutes for 23.3%, and 20 minutes for 10%.

Positive and Negative Opinions on Counsellors

A significant majority of clients provided positive feedback. The most common positive opinion was that counsellors provided Emotional Support and Empathy, cited by 33.3% of respondents. This was followed by appreciation for their role as a Source of Crucial Information and Education (23.3%) and for offering Hope and Empowerment (20%). These findings suggest that the human-centered, supportive aspects of counseling are highly valued by clients.

Despite the largely positive feedback, some negative opinions were noted. Burnout in Counsellors was mentioned by 13.3% of clients, and Insufficient Time or Rushed Sessions was a concern for 10%. These points hint at potential resource or workload challenges for the counselling staff.

Counsellor Preference and Continuity of Care

The data strongly indicates that clients are highly satisfied with their counsellors and value continuity. A significant majority of clients, 76.7%, stated they did not wish to have a different counsellor while 23.3% wished to have a different counsellor. This high retention rate suggests that counsellors are successfully building rapport and trust, which are foundational to effective counselling. This finding is further reinforced by the fact that a unanimous 100% of clients met with the same counsellor for both pre- and post-test discussions. This highlights the importance of a consistent, stable relationship throughout the testing and counseling process.

Recommendations and Client Advocacy

A substantial 76.7% of respondents indicated they would recommend the center to a friend or relative. However, there is a notable gap between this intent and actual behavior. Only 26.7% of clients had already recommended the service to others. This discrepancy suggests that while clients have a positive impression of the services, factors such as privacy concerns, stigma, or a lack of opportunity may prevent them from

actively encouraging others to seek care. This finding warrants further investigation to understand how to convert client satisfaction into effective word-of-mouth promotion and community engagement.

Recommendations

Based on the study's findings, the following recommendations are proposed to enhance the quality and reach of HIV counseling services:

- **Prioritize continuity of care:** Given that 100% of clients prefer meeting with the same counsellor, the centers should implement policies to ensure this continuity. This builds trust and rapport, which are vital for clients, especially during a time of emotional vulnerability.
- **Address counsellor workload and well-being:** The feedback on counsellor burnout and rushed sessions must be addressed. We recommend evaluating counsellor caseloads and considering additional staffing to ensure they have sufficient time to provide quality, unhurried care. Implementing stress-reduction programs and providing professional development opportunities could also help mitigate burnout.
- **Optimize service timelines:** Efforts should be made to reduce the waiting times for both test results and counseling sessions. While not directly linked to satisfaction in this study, long waits can increase client anxiety and may lead to drop-offs in care.
- **Develop stigma-sensitive Outreach strategies:** To bridge the gap between client satisfaction and actual recommendations, centers should explore new, stigma-sensitive ways for clients to share their positive experiences. This could include anonymous testimonials, an option to provide feedback via a dedicated system, or forming support groups where clients feel safe to share their experiences.
- **Promote service recommendations:** Encourage clients to recommend the service to others by providing them with information and resources to share with their friends and relatives.
- **Targeted outreach to key demographics:** The findings suggest that young, married adults working in the informal sector are a key population. Outreach programs should be tailored to these groups, considering their unique challenges related to mobility, income, and family dynamics.

Conclusion

This study demonstrates a high degree of client satisfaction with HIV counselling services in Karnataka, primarily driven by the empathic and supportive relationships built with counsellors. The study confirms that counsellors are a critical resource for providing not only information but also vital emotional support that helps clients cope with their diagnosis.

However, the findings also serve as a crucial warning. The observed signs of counsellor burnout and the perception of rushed sessions indicate a potential strain on the healthcare system that could compromise the quality of care in the future. Furthermore, the significant gap between clients' willingness to recommend the services and their actual behavior underscores that stigma remains a major barrier to community engagement and client advocacy.

To sustain and improve upon the current successes, it is essential to invest in both the professional well-being of counsellors and the strategic adaptation of services. By addressing the root causes of burnout, optimizing operational efficiency, and creating more effective, stigma-sensitive outreach methods, these services can continue to provide essential care and support, ultimately improving the health and lives of those affected by HIV.

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