

HEALTH SYSTEM FACTORS THAT AFFECT ADHERENCE TO
ANTIRETROVIRAL THERAPY IN AN HIV/AIDS CLINIC IN
GERMISTON, SOUTH AFRICA.

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I Mavis Phuti Loate declare that this research report is my own work. It is being submitted for the degree of Masters in Public Health in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this point or any other University.

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17th day of October, 2011

ABSTRACT

Introduction: Although the number of patients receiving ART is expanding nothing is really known about their adherence behaviours. Better outcomes with ART will not be achieved unless patients adhere to their treatments. It is also important to know and understand the factors that play a role in non-adherence so that the relevant interventions can be designed and implemented.

Aim: The study aimed to determine adherence to ART in the clinic. By describing patient perceptions of their care, health care worker perception of challenges that they face in the clinic the study was aimed to determine the factors associated with non-adherence in the clinic as well.

Materials and methods: A cross-sectional study of patients and health care workers at the Lerato clinic in Germiston Hospital. Adherence was accessed using pharmacy refill records and self-report. Both patients and health care workers were interviewed using questionnaires. The patient questionnaire had both closed and open-ended questions. Health care worker questionnaire accessed health care worker perceptions of the care that was given to patients. Triangulation produced a mixture of information that enabled not only cross-validation of the data, but minimised bias.

Results: Ninety seven percent (97%) of the patients reported that they never missed their doses of medication. The adherence rate reported by pharmacy refill was 81% and the patients interviewed (n=67) had a mean age of 38.7 years and a median of ART use of 18 months.

Both health care workers and patients were faced with challenges that impacted negatively on adherence. HCW's faced workload, burnout, irregular debriefing, space constraints as well as irregular training while patients received the after effects of HCW challenges. These included among others waiting long in congested areas. Patients had financial constrains and hunger that were increased as a result of being on ART.

Conclusion: Drug shortages, service availability and treatment costs did not affecting adherence to ART in the clinic. Strategies to maximise adherence in this situation should focus on meeting the needs of health care workers and patients. Special attention should be paid to addressing health care workers such as training, debriefing, the appointment system, defaulter system as well as fear of disclosure and discrimination.

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TABLE OF CONTENTS

Abstract	iii
Table of contents	v
List of tables	vi
List of figures	vi
Acronyms	viii

CHAPTER 1: INTRODUCTION 1

1.1	Background	1
1.2	Literature review	5
1.2.1	Measurement of adherence	5
1.2.2	Factors affecting adherence to ART	6
1.3	Statement of the problem	13
1.4	Aim of and objectives of the study	14

CHAPTER 2: METHODOLOGY 15

2.1	Study design	15
2.2	Study site	15
2.3	Study population	16
2.4	Study sample	16

2.5	Data collection	18
2.5.1	Calculation of adherence	18
2.5.2	Patient interviews	19
2.5.3	Health care workers Interviews	20
2.6	Pilot study	21
2.7	Ethical considerations	21
2.8	Data analysis	23
CHAPTER 3: RESULTS		28
3.1	Pharmacy refill adherence	28
3.2	Patient interview results	29
3.3	Health care worker's interview results	41
3.4	Study limitations	49
CHAPTER 4: DISCUSSION		52
4.1	Adherence to ART in the clinic	52
4.2	Demographic profile of patients attending the clinic	54
4.3	Patient-related factors which affect adherence to ART	55
4.4	Patients' perceptions of their care	58
4.5	HCW's perceptions of the challenges they face in the clinic	59
4.6	Areas of agreement or disagreement between HCWs and patients	62

CHAPTER 5: CONCLUSION/RECOMMENDATIONS	65
5.1 CONCLUSION	65
5.2 RECOMMENDATIONS	67
6.0 REFERENCES	68
APPENDICES	78

LIST OF FIGURES

1. Figure 3.1 Map of Ekurhuleni district	27
2. Figure 3.2 Travel expenses to the clinic	30
3. Figure 3.3 Missing antiretroviral treatments	31
4. Figure 3.4 Reasons for missing ART	32
5. Figure 3.5 Reasons for missing clinic appointments	34
6. Figure 3.6 Extending clinic hours	35
7. Figure 3.7 HCW to which patients are likely to communicate missed treatment	38
8. Figure 3.8 Supported patient adherence	38

LIST OF TABLES

1. Table 1.1 Strategies to promote adherence	2
2. Table 3.1 Adherence to ART using pharmacy refill method	28
3. Table 3.2 Adherence and age using pharmacy refill method	28
4. Table 3.3 Demographic characteristics of interviewed patients	29
5. Table 3.4 Clinical characteristics of interviewed patients	30
6. Table 3.5 Association between demographic characteristics and missing ART	32
7. Table 3.6 Association between missing appointments, length of time on ART and missing ART	33
8. Table 3.7 Patient- provider relationship/communication patterns in the clinic	37
9. Table 3.8 Tasks and training of health care workers	43
10. Table 3.9 Procedure when initiating or switching ART	45

ACRONYMS

AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral
CCMT	Comprehensive Care, Management and Treatment
CD4	CD4 T- lymphocytes
HAART	Highly Active Antiretroviral Therapy
HCW	Health care worker
HIV	Human immunodeficiency virus
ICCM	Innovative Care for Chronic Conditions
KZN	Kwa-Zulu-Natal
NGO	Non- Governmental Organization
PMTCT	Prevention of mother to child transmission
SA	South Africa
TB	Tuberculosis
VCT	Voluntary counselling and testing
WHO	World Health Organization