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Exploring the Factors Contributing to Lack of Adherence to Antiretrovirals (ARVs) Treatment for People Living with HIV/AIDS (PLWHA) in the Eastern Cape

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KEYWORDS Adherence. Antiretroviral Treatment. HIV and AIDS. Therapy

ABSTRACT The paper, through a review of literature explores the lack of adherence to antiretroviral treatment for people with Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) in the Eastern Cape Province of South Africa. Findings indicate that, many HIV/AIDS victims in South Africa embrace the myth that HIV/AIDS is a woman's disease. The following are suggested strategies to redress the lack of adherence; studies should emulate to refine these findings through quantitative or use mixed methods. This has been found to be important as it can give statistical evidence regarding the extensiveness of the case. Government should not turn a blind eye to the needs "of People Living with HIV and AIDS" (PLWHA). Communities as well should support them with everything so that they do not feel discriminated and isolated. Strengthening families and communities through equipping them with skills, providing various means of moral support to them to avoid loneliness and isolation within their environment, such as showing caring and passion as well as exhibiting the other positive ways of coping with HIV/AIDS especially those who are badly sick among them. There is a need to provide lessons or skills through training and support particularly to those who are in denial. Practitioners can also put more focus in supporting caregivers' well-being. Support can be offered financially and professionally to avoid stress burnout.

INTRODUCTION

Several countries around the globe, especially Africa are increasingly investing deeply to fight HIV/AIDS, particularly in the adherence of Antiretroviral (ARVs) treatment (Arghandab River Valley Antiretroviral Drug) and other psychosocial support infrastructure to individuals living with HIV/AIDS (Barnett and Whiteside 2006). It's worrying to note that women are the most who are being victimised than men that are getting infected with HIV/AIDS (Kang'ethe 2013a). This drives down the hope of fulfilling the combat of non-adherence to PLWHA (United Nations Development Programme (UNDP) 2004; Kang'ethe 2012a). This presents a worrying state of affairs in that some researchers indicate that an inextricable relationship between poverty and HIV/AIDS exists (Kang'ethe 2013). Believably, this is to say that the utmost obstacles that affects people living with HIV/AIDS to not adhere on their ARV treatment is lack of support, poverty and the lack of employment.

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Objectives

- To investigate the factors contributing to negligence to ARVs by PLWHA in the Eastern Cape Province.
- To explore support systems that can help PLWHA to enhance adherence.
- To investigate by gender who are most likely to adhere on treatment.

Research Questions

- What factors contribute to non-adherence to ARVs by PLWHA in the Eastern Cape Province?
- What supporting systems are available to enhance adherence to ARVS among the PLWHA?
- Who are likely to adhere on treatment between men and women living with HIV/AIDS?

Problem Statement

Statically, South Africa is one of the countries in Africa and the world with the highest rate of HIV/AIDS epidemic (Ramphele 2008). About ten percent (10%) of the South Africans are believed to be zero-positive. This poses a heavy public burden as these people have to be accessed with ARVs. However, the government and the general population are worried because of the increased report of PLWHAs failing to take ARVs according to the medical protocol. Local reports suggest that most of the HIV victims are also not adhering to the treatment and therefore, are likely to face early deaths, become seriously sick, or face the challenge of the medical fraternity changing from one line of ARV regimen to another. This, of course has serious financial obligations, as well as poses social and political dimensions. It is therefore important that investigation as to why people are failing to adhere to treatment is done. The researchers, therefore, would like to engage in an empirical investigation to bring to the fore an array of reasons behind this phenomenon.

METHODOLOGY

The researchers used a blue print strategy to review literature to elicit debates and discourses unearthing a few underpinning factors informing PLWHA in South Africa at large. The study adopted the review of documents, such as books, journals, United Nations publications and other eclectic sources to enrich her discourse on the phenomenon of adherence to PLWHA.

OBSERVATIONS AND DISCUSSION

Factors Contributing to Negligence to ARVS by PLWHA in the Eastern Cape Province

Gender

Many literatures on gender issues have revealed that there were more females than males who frequently participate on several studies conducted on HIV/AIDS. For example, in a study on care-giving conducted in Botswana, virtually ninety-percent (90%) of the caregivers were females (Kang'ethe 2015). In this study, it was apparent that more women than men were prone to stick to the protocol of adherence. In another study conducted in Botswana by Kang'ethe and Nomngcoyiya (2015), many women indicated that their challenge of adherence was as a result of heavy alcohol intake. Gender discrepancies are abound in Community Home Based Care. Perhaps the fact that earlier campaign interventions in Botswana and South Africa displayed a skewed gender dimension in that it used statistics of women Attending Antenatal Clinics (ANC) and men who visited the clinics for STI related challenges could have made HIV/AIDS to be associated with women more than men (National AIDS Coordinating Agency (NACA) 2009). Although statistics of men were also important, but only a few men volunteered to go to the clinics for HIV tests at the earlier periods of the HIV/AIDS campaign. Therefore, for many years that HIV/AIDS has been in existence, the HIV/AIDS prevalence has largely been calculated using the antenatal clinic data for women. This has meant that it has been more women than men who know their HIV/AIDS status. Therefore, this also determined the kind and direction in which to drive the campaign, with more of it targeting women as easier respondents of it (Kang'ethe 2009).

Education

Education is a basic human right in people's lives and the absence of education among many people living in a country might result in poverty. This is because the state of the inadequate education in many life settings informs the level of returns, remuneration of tasks and assignments, as well as promotion in job settings (Campbell 2008). In addition, minimal education is also contributing to the state of non-adherence. Lack of education could mean that people living with HIV could not get involved in complicated and well-paying businesses (Bird et al. 2002). These researchers believe that since education is an apparatus of strengthening and has a rationally freeing and liberating impact on all, the government in power should endeavour to avail opportunity for adult literacy education especially in the rural areas.

Poverty

In South Africa, PLWHA largely experience the challenge of poverty and employment

Kang'ethe's works (2004, 2013a) empirically validated an inextricable relationship between poverty and HIV/AIDS infection. This was manifested in another study in Tsabong in Botswana where some members of various support groups living with HIV/AIDS said they risked further re-infection as they engaged in prostitution due to poverty (Kang'ethe 2012b). This scenario is not a unique phenomenon in Botswana. In a study carried out in Nairobi to investigate the impact of socio-economics to HIV/AIDS, sixty-six percent (66%) of the prostitutes of low socio-economic status compared to thirty-one percent (31%) of those of higher socio-economic status were found to be zero-positive. This proves the inextricable relationship between poverty and HIV/AIDS infection, and hence affirming poverty as a driver of lack of adherence. In the same study, a few prostitutes indicated that they never worried about HIV/AIDS, but worried about putting food on the table. This extreme poverty and hunger becomes principal reasons why PLWHA fail to adhere to ARVs.

Psychosis in HIV Infection

The state of other bodily health deficits also contributes to people's capacities to respond to various kinds of treatments. This is because such state may affect one's socio-psychological state to an extent that one may not be in a position to think straight about a challenge like taking ARVs. For example, the presence of psychotic symptoms in patients with HIV contributes to difficulties in medical care and residential placement and may have other serious consequences. New onset of psychotic symptoms are not uncommon in HIV infection. One of the earliest studies reviewed cases of new onset of psychosis in HIV infected patients and reported that patients with symptoms and abnormal Computed Tomography (CT) and Electro Encephalography (EEG) tended to have relatively rapid deterioration in cognitive and medical status. They also show a greater neuropsychological impairment. Psychotic symptoms can appear as a part of delirium, dementia or any other organic brain syndrome (Crepaz and Marks 2002). These may make a PLWHA to forget taking medication, make one have some temperaments that will stop one from normally engaging with others, as well as impeding one's natural way of doing things. Individuals have different intellectual difficulties, for instance, some end up in a position they cannot reason well and are accordingly obstructed from making proper decisions, for example, taking medicines timeously.

Alcohol Abuse

According to Kheswa (2014), alcohol abuse impacts negatively on the gastrointestinal and respiratory tract immune system, and thereby resisting the ARVs from effective functioning against opportunistic infections. For example, (Kheswa 2014), in a quantitative study conducted in the Cape Metropolitan area in South Africa, among the participants who had TB status, fourteen percent reported harmful use of alcohol and other drugs compared to eleven percent that did not have alcohol and drug problems. Once under the influence of alcohol, PLWHA may have tendencies to deny their health status and continue to practice unsafe sex (World Health Organisation (WHO) 2006). The study indicated that excessive alcohol intake was compromising the adherence rate. The association between substance abuse and adherence to ART may be a result of forgetfulness caused by impairment in cognition, conscious skipping of treatment due to excessive alcohol intake and the state of apathy that usually goes with the phenomenon (Bryant 2015).

Previous studies conducted on HIV/AIDS also indicated that the PLWHA rate of adherence was influenced by their ignorance about HIV/AIDS generally and in particular, pertaining to the taking of ARVs. To this end, Moratioa (2007) indicated that the patients understanding of their medical conditions and treatment recommendation is a strong predictor of ARV treatment adherence. As such, information sharing need to be well timed as bad timing may result in patients forgetting important information. If patient are not allowed enough time to get accustomed to their HIV zero-positivity, they are likely to default as they were coerced to take treatment. In addition, disruption to social routine like sleepovers makes it difficult to adhere to Antiretroviral Treatment (ART).

Societal State of Stigma and Discrimination

The researchers of this study have unquestionably believed that the state of adherence was negatively influenced by societal state of

stigma and discrimination against PLWHA. It is also very important to stress that patient's fear of discrimination in their communities makes them sometimes miss their refill because they do not want to be seen in ARV clinics, and that leads to non-adherence. On the other hand, Williams et al. (2014) contended that family support has been shown to affect adherence, as negative public opinions and beliefs on PLWHA may cause rejection of patients.

Relevant Efforts to Redress Lack of Adherence on ARV Treatment in South Africa

The government of South Africa needs to be acknowledged for its formidable efforts to put prevention strategies in place. The national roll-out of the antiretroviral (ARVs) drugs has given many disadvantaged communities who happen to be the most vulnerable to the disease such as HIV/AIDS pandemic, a new lease of life and a better future. Although such initiatives by government prove to be helpful, but it is an open secret that there are other aspects or factors such as poor socio-economic challenges that happens to hinder every possible action that is present in the fight against HIV/AIDS pandemic.

CONCLUSION

Lack of adherence to people living with HIV/AIDS in many African countries including South Africa is a huge disaster that really needs attention. In fact, strategies to ensure lack of adherence to treatment are in control in South Africa. This has seriously hit government and nurses to implement their plans to achieve adherence to treatment. Since lack of adherence appears to be intimately related to one of the challenges that emerged as a result of poverty, so South Africa needs to come up with newer methods to reduce poverty among people living with this epidemic.

RECOMMENDATIONS

Strengthen Education

Awareness campaigns that will focus on educating communities about the limitations of HIV/AIDS pandemic in the 21st century, treatment literacy initiatives in order for people to be aware about the dangers of treatment default and drug resistance are critical. Perhaps different health practitioners can be utilized by the government to strengthen education. Such practitioners include; pharmacists, peer educators, volunteers, case managers, nurse practitioners. The researchers should call upon government to make policies that will make change towards non-adherence to PLWHA.

Alcohol Abuse

Several findings have indicated that excessive alcohol intake was compromising the adherence rate. Therefore, government should embark on proactive policy and procedures that will ensure that PLWHA are alcohol free. She should deal with all offenders' such as PLWHA who acted against the policy or charged by the law court for partaking in excessive alcohol intake. The association between substance abuse and adherence to ART may be a result of forgetfulness caused by impairment in cognition, conscious skipping of treatment due to excessive alcohol intake and the state of apathy that usually goes with the phenomenon.

Strengthening Support Mechanism through Families and Communities

Strengthening families and communities by equipping PLWHA with skills and ways of coping with their situations or conditions especially those who are badly sick. There is need to provide lessons or skills through training and support particularly to those who are in denial. Practitioners can also put more focus in supporting caregivers' well-being. Support can be offered financially and professionally to avoid stress burnout.

Maximization of Coordination within Communities

Coordination mechanism at every level is vital in ensuring that government, care providers and community members' work together effectively to prevent social ill to PLWHA. This connection will help all people who are living with HIV to keep close to each other.

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