The Influence of Anti-retroviral Treatment Adherence in Vhembe District, South Africa

By

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Presentation Outline

1. Background of the study
2. Problem statement
3. Aim and objectives
4. Methodology
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1. Background

- According to Statistics South Africa’s mid year population estimates for 2018, the total HIV prevalence for the country is 13.1%.

- Enhanced access and take-up of ARVs after some time in the public and private sector in South Africa has empowered HIV positive individuals to live longer and healthy lives, bringing about steady decrease in AIDS related deaths between 2006 (46%) and 2016 (28%).

- Notwithstanding the increases as of late made in the battle against the HIV/AIDS pandemic, lessened AIDS related losses and declining HIV frequency rates, South Africa has paid a vast cost. Related to losing financially dynamic adults because of HIV/AIDS losses which impacts contrarily on profits, more established individuals are burdened with caring for younger people who are sick or dying of AIDS, burying their children and breadwinners whilst caring for grandchildren (Demographic and Health Survey 2016).
2. Problem Statement

- Non-adherence to ART is prevalent despite the fact that patients are therapeutically required to take at least 95% of the ART for the treatment to work.

- There is a problem with reaching this high level of adherence because of many social-cultural and individual factors intertwined to act as barriers such as traditional beliefs, culture and lack of transport (Ganle, 2015).

- WHO (2018) estimates that approximately 80% of South Africans utilise the services of THPs. However, traditional healing practices have been claimed to be unscientific and deficient in both scientific validity and appropriate policies for its products and practices, yet the majority (80%) of people consult THPs.

- The problem is that, despite PLWHA knowing the danger linked to poor adherence, what is strange is to find PLWHA non-adhering to treatment in favour of traditional medicine.

- Therefore, it was imperative to explore how THPs evaluate and manage sickness in PLWHA and how such practices counterpart or deter the broader scale rollout of ART in view of constant changes in HIV care and administration.
3. Aim and Objectives

3.1 Aim of the Study

The aim of the study was to investigate the influence of traditional healing practices on anti-retroviral treatment adherence in Vhembe District of South Africa.

Objectives

To achieve the above aim, the following objectives were examined:

a) To explore traditional healing practices on anti-retroviral treatment adherence.

b) To establish socio-cultural and individual factors that act as barriers to anti-retroviral treatment adherence.

c) To investigate interventions intended at improving anti-retroviral treatment adherence.

d) To identify strategies to support anti-retroviral treatment adherence compliance through Traditional healer, allopathic clinicians and community member partnerships.
4. Methodology

4.1 Qualitative research approach

The study adopted the qualitative research approach. The use of qualitative research ensured a deep inquiry and understanding of the topic. The study was an explorative research which investigated the influence of traditional healing practices thus, employing the qualitative research method. This, therefore, assisted to a greater extent in finding out the influence that traditional healing practices have on anti-retroviral treatment adherence. The following qualitative data collection methods were used;

(a) semi-structured one-on-one interviews
(b) focus Group Discussions (FGDs),
(c) key informant interviews
6. Theoretical Framework

• The Health Belief Model (HBM) formed the theoretical framework of this study. It is considered to be the most applicable to the study due to its description of threat perception and behaviour evaluation components that aid describe its discoveries. In terms of treatment adherence, the HBM would predict that an individual who believes that HIV/AIDS is severe, sees more benefits of ART than barriers, and has confidence in taking the pills even in difficult situations such as when drinking or using drugs, will adhere to the regimen. The HBM is one of the most widely used models in public health. Developed in the 1950s by Hochbaum and associates from the U.S. Public Health Service, it served to explain people’s participation in health screenings. Its aim is to predict whether or not people choose a healthy action in order to prevent or reduce the chance of disease or premature death.

• This study used the threat perception and behaviour evaluation components of the HBM to help explain its findings. In terms of adherence, HBM would predict that an individual who believes that HIV/AIDS is severe, sees more benefits of ART than barriers, and has confidence in taking the pills even in difficult situations such as when drinking or using drugs, will adhere to the regimen.
1. Influence of traditional healing practices

<table>
<thead>
<tr>
<th>Positive Influence of traditional healing practices</th>
<th>Negative Influence of traditional healing practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Encouraging PLWHA to take ARVs</td>
<td>• Discouraging PLWHA from taking ARVs</td>
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<tr>
<td>• Encouraging PLWHA to take both medications</td>
<td>• THPs claim to cure HIV/AIDS</td>
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<tr>
<td>• Acknowledge the existence of ARVs</td>
<td>• Ignorance on the existence of HIV/AIDS</td>
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<tr>
<td>• Admitting the limitations of traditional medicine</td>
<td>• Failure to admit the limitations of traditional healing practices.</td>
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<tr>
<td>• Admitting the lack of scientific machines to detect the HIV/AIDS virus</td>
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2. Socio-cultural and individual factors that act as barriers to anti-retroviral treatment adherence

<table>
<thead>
<tr>
<th>Socio-cultural and individual factors act as barriers to anti-retroviral treatment adherence?</th>
<th>Barriers on anti-retroviral treatment adherence</th>
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</thead>
<tbody>
<tr>
<td>• Traditional and cultural beliefs</td>
<td>• Religious beliefs</td>
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<tr>
<td>• Religious beliefs</td>
<td>• Side effects of ARVs</td>
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<tr>
<td>• Side effects of ARVs</td>
<td>• Nurses attitude</td>
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<tr>
<td>• Nurses attitude</td>
<td>• Inconvenience</td>
</tr>
<tr>
<td>• Inconvenience</td>
<td>• Lack of transport and accessibility</td>
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<td>• Lack of transport and accessibility</td>
<td>• Personal choices</td>
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<td>• Personal choices</td>
<td>• Alcohol abuse</td>
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<tr>
<td>• Alcohol abuse</td>
<td>• Lack of trust in ARVs</td>
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<td>• Lack of trust in ARVs</td>
<td>• Loss of Disability Grant</td>
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</tbody>
</table>
### Findings… (Continues)

3. Interventions that may improve the knowledge and practices with regards to ART adherence

| Interventions may help to improve the knowledge and practices with regards to anti-retroviral treatment adherence? | Intervention measures that improve anti-retroviral treatment adherence | • ARVs use advocating by THPs  
• THPs referrals of PLWHA to the clinic  
• Community gatherings to share knowledge  
• Nurses must treat PLWHA with respect |
| --- | --- | --- |
| ARVs use advocating by THPs  
THPs referrals of PLWHA to the clinic  
Community gatherings to share knowledge  
Nurses must treat PLWHA with respect | | |
4. Strategies that can be used to support ART adherence

<table>
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<tr>
<th>Strategies can be used to support anti-retroviral treatment adherence compliance through Traditional healer, allopathic clinicians, and community member partnerships?</th>
<th>Strategies that support anti-retroviral treatment adherence</th>
</tr>
</thead>
</table>
|  | • Collaboration and formation of forums  
|  | • Accessibility  
|  | • Training of THPs and Proper Implementation THP Bill  
|  | • Taught safety practices and hygiene  
|  | • Revision of the Disability grant |
Findings... (Continues)

**Formulated Anti-retroviral Treatment Model that Support Adherence**

- **Perceptions and Modifying factors**
  - **Advantages of THP**
    - First port of call, accessibility and confidentiality, helps in fighting against infections, absence of side effects, usefulness of THP as referrals respect and care of PLHIV, preserves indigenous culture and tradition, inexpensive and acceptable
  - **Strategies that improve adherence**
    - Collaboration and formation of forums, accessibility, training of THPs, taught safety practices and hygiene, incentives, revision of the Disability grant and THP bill, THPs advocating, THPs use as referrals, community gatherings and nurses change
  - **Disadvantages of THP**
    - Delay FLWHA u gu u clinic, lack of safety practices and scientific validity, lack of recognition and documentation, criticism, misinterpretation and Prejudice, intellectual property theft and threat from modernisation
  - **Barriers to treatment**
    - Traditional and cultural beliefs, religious beliefs, side effects of ARVs, nurses attitude, inconvenience, lack of transport and accessibility, personal choices, alcohol abuse, lack of trust in ARVs, loss of Disability Grant

- **Influence of THPs**
  - Positively influence ART adherence

- **Perceived seriousness, or threat of HIV/AIDS**
  - Seek early HIV/AIDS ART and adhere to treatment
  - Negatively influence ART adherence
  - Delay seeking HIV/AIDS ART, non-adherence and prone to Opportunist infections

- **Likely hood of action**
  - Very healthy and Lead a positive life
  - Improve HIV/AIDS treatment and healing of HIV/AIDS

**University of Venda**
7. Recommendations

- There is need for recognition and a clearly defined role of Traditional Health Practitioners (THPs) with regards to the fight against HIV/AIDS and ART adherence because the role of THPs in the Traditional Health Practitioner Act is not clearly defined. It is only about categorisation of THPs in different specialties such as herbalist and diviners. The Traditional Health Practitioner Act seems to trample on the rights of Traditional Health Practitioners. Moreover, THPs face challenges in the registering process because of mammoth requirements by the council.

- There is need for a revision of the Disability Grant to prevent People Living with HIV/AIDS (PLWHA) from defaulting ART to manipulate the CD4 count. The disability grant conditions should be crafted in a way that promotes recipients to continue taking ARVs than defaulting ART.

3. Further studies of this nature are recommended to further unleash the ART adherence challenge.