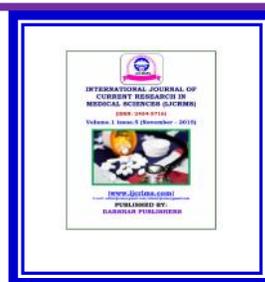




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Constraints to Non-Compliance to antiretroviral drugs among HIV sero positive patients (A case study of Ndukwu hospital,Orlu, Imo State,Nigeria).

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Abstract

The study investigated level of compliance among HIV positive patients currently taking the drugs. The design was descriptive, sample size was 60. Total population on drug was 88, accessible population was 60. A non probability convenient sample questionnaire was the instrument for data collection. Data was analyzed using descriptive statistics and presented on frequency distribution tables and percentages. **Result:** Age range mostly affected was 28-35yrs amounting to 35 (58.39%). Group of people mostly affected were apprentice 20 (33.3%), students 15 (25%), traders 12 (20%). Source of ARV drugs is as follows: Ndukwu hospital 25(41.3%), patent medicine store 15 (25%) and others 13(35%). Difficulty in getting drug was due to lack of money 38 (63.3%) and time wasted for confirmatory test 14(23.3%). Reason for resorting to traditional healers⁷ belief that they heal all types of disease = 28 (46.6%), cheaper 22(36.6%). Experience while taking drugs were .nausea and vomiting 36 (60%) and extreme weakness 18 (30%) In **conclusion**, difficulties in getting the drugs belief that traditional healers heal every illness lead to non compliance to ARV. It is recommended that health services providers should regularly supply ARV drug to patients who are HIV positive to avoid resistance to the drugs and encourage compliance.

Keywords: Constraints, Non-compliance,Antiretroviral Drugs ,HIV Sero Positive Patients.

Introduction

The HIV/AIDs pandemic has adversely affected the most reproductive and the productive segment of the population, the 15-49 years age group. Most of whom constitutes the national workforce (FMOH 2003) The survival of this age groups is critical to the socio economic development of our country Nigeria. Though no known cure for HIV/AIDs presently exists, there has been a

tremendous improvement in the options available for care and treatment of people living with HIV/AIDs (PLWHA)-use of antiretroviraf drugs. In developing countries like Nigeria the antiretroviral (ARV) are inadequate as compared to the number of the new cases from both the private and the public sector, excluding those who refused to visit the hospital for counseling and

treatment. The ARVs are also not easily accessible and affordable.

In attempt to survive many HIV patients in the rural communities resorted to traditional herbs.

This difficulty in obtaining ARV drugs makes the patients to default in continuing the ARV drugs which in turn results in drugs resistance. Increasing emergence of resistance ARV drugs could challenge the achievement of reducing HIV related mortality.

Statement of Problem

Sub-Saharan Africa has continued to bear the greatest burden of the HIV/AIDS epidemic where heterosexual sex and mother to child transmission predominate. Sero-prevalance surveys reveals that segment of population most affected .in Nigeria are adolescence and young people aged between 15-29 years. They account for 5.7% in the urban 3.7% in the rural. It is currently estimated that 3.8 million Nigeria are living with HIV. Heterosexual transmission account for 80% of ail infection, 10% of HIV infection are transmitted by MTCT and 10% by use of Unsterile needles and surgical implements, infected blood & blood products (FMOH ,2005) It was believed that by the year 2005, 3 million will have access to ARV drugs (WHO 2002).Up till now the ARV drugs are inaccessible.

Records from Ndukwu hospital where this NGO is based shows that HIV/AIDS positive patients currently confirmed were 158. 15 widows tested positive and 117 orphans and vulnerable children (OVCs). Number receiving antiretroviral drugs {ARV} were 25.

These infected persons have no appropriate care and support in their various families to access and continue ARV due to poverty... The 25 HIV positive patients who are already in these drugs find it difficult to comply. Some started and gradually disappeared and retire to patronize the traditional healers. This leads to resistance to ARV drugs; when they return for drugs.

Objectives of The Study

The general objective was to delevine the level of compliance to ARV drug among client, taking this drug in Ndukwu hospital.

Specific Objectives

- Document the number of HIV positive
- To identify reasons for attrition/noncompliance to ARV drugs
- To document types of side effect experiences by those who are on these drugs.
- To ascertain reasons for their choice of the traditional healers

Methodology

The study was descriptive in- nature because of its focus on the HIV positive patients on ARV drugs. Both quantitative and qualitative methods of data collection were employed. This study is sought to determine reasons for attrition and also for preferring traditional healers. The study took place between August and September, 2006.

Scope of The Study

The study focused on the most recent experience of HIV positive patient in accessing ARV drugs for their treatment To this end only HIV positive patients who are getting the ARV drugs from the two hospitals in the two LGAs; Orlu and Njaba where the organization is located were selected for the study.

Study Population and Sample

The study population was HIV patient from Ndukwu hospital Orlu LGA where the organization is located and Ndukwu hospital at Njaba LGA its annex. The choice of these was based on the fact that they were in the best position to tell their experience on accessing ARV drugs.

Sampling procedure

This was non probability convenient science. The study population were 88, whom the researcher could reach GO were randomly selected a & \$ orally interviewed using the questionnaire. One focus group discussion (FGD) session was conducted. The main function of FGD in this study was to determine local concepts and perceptions that could be used to frame questionnaire (Krueger ,1988).

FGD sessions were conducted with six participants in the group. A random sampling technique was used to select the participants with the guidelines that respondents must not be known to each other prior to the interview and that the group be homogenous to allow free flow of information (Krueger, 1988). The FGD guide was formatted based on the major issues concerning ARV drugs their accessibility, acceptability and affordability to the users. For each question they are allowed to exhaust their views.

A questionnaire was the basic instrument for the study. It was prepared in English language after local issues that emerged from the FGD were taken into consideration.

The first section, the introduction used by interviewer to establish rapport with the interviewees explains purpose of research and solicits cooperation. Second section-socio demographic information that supply information on independent variables (age and occupation), third section- elicited information on their experiences in accessing the ARV drugs and reason for patronising the traditional healers. This was pre-test on HIV patients who were not included in the study and adjustments made.

Method of data analysis

Data entry and analysis was made using EPI/INFO (version 6.04a) statistical package. The responses to each question was tallied and put into frequency distribution table. This was finally converted into percentages. The percentages of responses of various variables were compared. The various research questions were tested out from which deductions were made.

Results

The finding of the study were presented.
-A total of 60 HIV positive patients were studied.
The ages of the respondents ranges 18-49 years.

TABLE 1: Ages of the respondents

Options	Frequency	Percentages
15-25	8	13.3%
25-35	35	58.39
35-40	17	28.3%

The above table shown that 35(58.3%) of respondents are mostly affected, followed by respondents age 17(28.3%) and finally by 8(13.3%) respectively.

TABLE 2

Options	Frequency responses	Percentages
Students (Adolescent)	15	25%
Apprentice	20	33.3%
Trader Drivers	12 8	20% 13.3%
No job	6	10%

The table shown that 20(33.3%) are apprentice, 15(25%) Students, Traders = 12(20%), Drivers 8(13.3%). Those without job (5(6.3%).

TABLE 3: Responses on the number of them currently taken antiretroviral drug: 25 (41.3%) are on ARV drugs, 45(75%) are irregular in taken the ARV drugs.

Section 2: Questions eliciting the information on their experiences on getting ARV drugs and reasons for resorting the traditional healers.

TABLE 4: Responses to the question: where did you get you ARV drugs

S/No	Options	Frequency Responses	Percentages
1	Chemist	13	21.6%
2	FMC Owerri	2	3.3%
3	Organization Health Facility	25	41.3%
4	Others, specify: Received ARV drugs from their relatives abroad,	15	25%

25 (41.3%) received their ARV drugs from Organizational Health Facility, 15(25%) received from their relative abroad, 13(21.6%) buy from the Chemist FMC Owerri 2(3.3%) from FMC Owerri.

TABLE 5: Are the ARV drugs readily available and affordable 45(75%) said no while 15(15%) said yes.

TABLE 6: Response to difficulties in getting the ARV drugs

S/No	Options	Frequency Responses
r	Lack of money	38
*	They waste time for confirmatory test before getting attention	14
	Do not know where to obtain ARV drugs	6

Response to difficulties in getting the ARV drugs 38(63.3%) indicated lack of money 14(23.3%) said that they wasted time for confirmatory test before

getting attention while 6 (10%) do not know where to obtain ARV drugs.

TABLE 7: Responses to why they resort to traditional healer

S/No	Options	Frequency Responses
1	Believed that those natural herbs cure all types of diseases.	28
2	That they are cheaper	22
3	Do not cause much disturbance (side effect)	10

Responses to why they resort to traditional healer 28 (46.6%) believed that those natural herbs cure all types of diseases. 22(36.6%) said that they are cheaper 1-

0(16.6%) indicated that the do not cause much disturbance (side effect).

TABLE 8: Responses to the type of disturbances they experience when taking the ARV drugs.

S/No	Options	Frequency Responses	Percentages.
1	Nausea & Vomiting	36	60%
2	Extreme weakness	18	30%
3	Dizziness	6	10%

Responses to the type of disturbances they experience when taking the ARV drugs. Vomiting & nausea 36(60%), extreme weakness 18(30%) dizziness 6(10%).

TABLE 9: Responses to the question on why the resort to the traditional healers 55(91.6%) respondents indicated that they want to try out the traditional technologies use by traditional healers in the bygone years for health promotion, prevention and treatment believing that natural herbs cure all disease while the 5(8.6%) said that the ARV drugs are expensive and too disturbing to continue.

Discussion

The implication of the findings from the data analysis were discussed. This is done in the light of the objectives of the study. This started with the consideration of overall health assessment of ARV situation in Oriu and Njaba LGAs in Imo State and reasons for non-compliance.

In the context of documenting the HIV positive patients who are regularly taking their drugs, the finding revealed that twenty five (25) HIV/AIDs patients are currently and regularly receiving their ARV drugs from the organizational health facility.

This number is grossly inadequate as compared to the total number of HIV positive patients already identified. The question now is what happened to the rest and what medication are available for them to control the virus that causes AIDs and treat many opportunistic infections that result from weakened immune system. For sustained long-term control of HIV/AIDs patients must take a combination of the three or more antiretroviral from at least two of the three drugs types. This type of treatment is known as

highly active antiretroviral therapy (HARRTS) and they have a life regime.

The disappearance of other clients is a threat to all as the will continue to infect others. This implies a sound misunderstanding of the importance of this regime in promoting and prolonging the life of people living with HIV/AIDs.

The positive association between age and HIV positive patient conforms with that documented in earlier studies which are the same as the age bracket of the country's workforce.

The collection of ARV drugs from different sources encourages the issues of resistance to these drugs, another major challenge. They cannot be monitored to ensure compliance.

Study also revealed that the ARV drugs are not readily available and affordable. The difficulties in accessing them frustrate the HIV positive persons. The accompanying side effects made the regimens most unpleasant for the patient to comply with. Most importantly is the extreme weakness which Okegbemiro 2006 described as (pil! fatigue). The issue of compliance and adherence by HIV/AIDs clients are really challenging to every health worker. When HIV replication is not fully suppressed, drug resistance results. This situation is linked to non-compliance of ARV therapy.

Responding to the reasons why they resort to traditional healer, the influence of cultural beliefs was directly addressed by this study. People do act in accordance with their beliefs Their strong believe in our traditional technologies as the best in both health promotion, disease prevention and treatment of all diseases, call for urgent support to our traditional technology to determine the efficacy of the traditional therapies (use of goods and herbs) for possible promotion and usage.

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