A comparison of Care-seeking Behavior for Hypertension and HIV Treatments Among Individuals on Antiretroviral Therapy in Malawi: A Qualitative Study

GSTTP
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Outline

• Name and position and how long have I worked with UCLA?
• Background to my study
• Process of identifying a gap in my area of interest
• What were the objectives and the design of the study, what were the methods to be used for the study?
• Project implementation (data collection) challenges and how to navigate the obstacles in the field.
• Lessons learnt/study findings
• Taking research to MOH and other policy makers
• Who am I?
• My work with PIH and UCLA?
• How long have I worked with UCLA?
Background to my study

- Hypertension is highly prevalent in Malawi (33%); the majority being undiagnosed (90%) and hence untreated.
- Currently, 78% of HIV-positive Malawian adults receive ART and therefore come into regular contact with the health system.
- Preliminary results for a prospective observational cohort study conducted at a health facility in central Malawi shows that one-third of participants reported missing antihypertensive medication 2 or more times per week, versus no participants missing 2 or more doses of ART per week.

Process of identifying a gap in my area of interest

Previous research
• Drawing from a previous hypertension study that was conducted by Dr. Hoffman, Dr. Moucheraud, Dr. Hing all from UCLA and colleagues from Partners in Hope

• One of the striking finding from the study stated:
  • One-third of participants reported missing antihypertensive medication 2 or more times per week, versus no participants missing 2 or more doses of ART per week

Literature review
Conducted a literature review for studies conducted in similar settings that focused of differences in care seeking for HIV vs hypertension within the HIV positive/ART population
Process of identifying a gap in my area of interest

Engaging senior investigators/mentors in the specific area
• Discuss the problem/gap identified
• Articulating your idea and trying to know what they think
• Actually talking about the question you intend to answer
• Approach to answering your question

Model or influential paper/research study
• Find a paper that had similar area of interest to learn from it
• Do not replicate, rather have something that will be unique to your work
Study Objectives and Design

Objectives

• To identify individual-level factors that are associated with health care seeking for HTN
• To identify system-level factors that affect a patient’s care-seeking for HTN
• To identify factors that are related to hypertension treatment initiation among individuals receiving HIV treatment

Design

• Cross sectional mixed methods (quantitative surveys and qualitative IDIs)
Data collection

• January-April 2019
• In-depth interviews/surveys were conducted at three health facilities (1 district hospital, 1 private hospital, 1 rural hospital) with 30 individuals who were
  • 18 years or older;
  • On ART for at least 1 year and have hypertension, and have been on antihypertensive medication for 6 months or more;
  • Have high blood pressure and are not taking high blood pressure medication.

Survey question topics

• Socio demographics
• Hypertension diagnosis
• Lifestyle recommendations
• Knowledge about dangers of hypertension

Interview question topics

• Socio demographics
• Clinical information
• Barriers and enablers to care seeking
• Individual’s perceived risks and benefits to health care utilization for hypertension
Implementation challenges and how to navigate obstacles in the field

Challenges during data collection

• Difficult to identify and enroll a population of individuals who were on ART, had been told they have hypertension and were supposed to initiate antihypertensive but did not initiate.

• Poor documentation of medical records

• Private space within the facility (long queues)

• Stratified data can be difficult to get (e.g. sex stratified data)

Navigation of obstacles

• Conduct a pilot to assess feasibility

• Redefine assumptions and adjust eligibility criteria

• Use outside spaces to conduct interviews

• Provide information about the study while clients are in waiting spaces
## Findings

<table>
<thead>
<tr>
<th>Variable</th>
<th>Male (n=9)</th>
<th>Female (n=21)</th>
<th>Total n(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years on ART, median(IQR)</td>
<td>5(4-10)</td>
<td>8(5-11)</td>
<td>8(4-11)</td>
</tr>
<tr>
<td>Period on hypertension meds, median(IQR)</td>
<td>5(3-9)</td>
<td>3(2-7)</td>
<td>4(2-9)</td>
</tr>
<tr>
<td>Age, Mean(IQR)</td>
<td>58.3(61-63)</td>
<td>56.1(51-62)</td>
<td>57.5(52-63)</td>
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<tr>
<td>Education level completed</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>No school</td>
<td>0</td>
<td>2(9%)</td>
<td>2(7%)</td>
</tr>
<tr>
<td>Primary</td>
<td>2(22%)</td>
<td>11(53%)</td>
<td>13(43%)</td>
</tr>
<tr>
<td>Secondary</td>
<td>3(33%)</td>
<td>5(24%)</td>
<td>8(27%)</td>
</tr>
<tr>
<td>Tertiary</td>
<td>4(45%)</td>
<td>3(14%)</td>
<td>7(23%)</td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td>4(45%)</td>
<td>14(66%)</td>
<td>17(60%)</td>
</tr>
<tr>
<td>wage work</td>
<td>3(33%)</td>
<td>1(5%)</td>
<td>3(13%)</td>
</tr>
<tr>
<td>Business</td>
<td>2(22%)</td>
<td>1(5%)</td>
<td>5(10%)</td>
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<tr>
<td>Subsistence farming</td>
<td>0</td>
<td>5(24%)</td>
<td>5(17%)</td>
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<tr>
<td>Marital status</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Married</td>
<td>9(100%)</td>
<td>7(33.3%)</td>
<td>16(54%)</td>
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<tr>
<td>Divorced</td>
<td>0</td>
<td>4(19%)</td>
<td>4(13%)</td>
</tr>
<tr>
<td>Widowed</td>
<td>0</td>
<td>10(47%)</td>
<td>10(33%)</td>
</tr>
</tbody>
</table>
Clinical Characteristics

• Overall, 3 respondents had severe high blood, 4 had moderate, 10 had mild and 7 had normal high blood pressure at their most recent clinic visit

• Most respondents were taking hydrochlorothiazide and about 4 reported taking at least two medications

• About 12 respondents reported to have missed more than 3 doses of high blood pressure vs no client missing more than 3 doses of ART

• Overall, 20% of the respondents reported lack of privacy while being treated by the health care worker
Qualitative findings
Feeling healthy

- No symptoms for HBP leading to stopping taking antihypertensive medication

- Knowledge that hypertension is very dangerous and can cause death or serious health complications and disability if untreated

- Most respondents said they would never miss their ART doses, even if they feel healthy

I stopped [taking BP medication] after I felt better and after 2 years in 2018 December I started having BP again so I went back on the medication (Female, 52, 6 years on ART, 3 years on BP meds)

BP is dangerous because if people have not gone to the hospital they may suffer a stroke or lose the use of some limbs or even die. Sometimes we hear of people just dying without getting sick (Male, 68, 3 years on ART, 13 years on BP meds)

I have never missed ART dose before, because I fear that if I can miss ART even for a day then that could be the journey to my death. While for HBP drugs you can miss (Female, 65, 12 years on ART, 6 years on BP meds)
Long wait times

- Long wait times at hypertension care clinics compared to ART clinics.

- Concerns about long wait times at the hypertension clinic were most common among respondents who reported to be on full time employment.

At the BP doctor, there are a lot more people and I wait. But for the ARV [ART clinic] I do not wait a long time
(Female, 48, 8 years on ART, 6 years on BP meds)

Because I work so sometimes I may not have the time to go to the hospital and where I work there is a pharmacy nearby so I just go to the pharmacy nearby and at the pharmacy I can also check my BP
(Female, 48, 8 years on ART, 6 years on BP meds)
Availability and cost of hypertension medication

• Several respondents mentioned that hypertension medications, unlike ART, were sometimes not available at the hospital (where they could be acquired for free)

  Today, I did not receive the medicine for BP because they say they have run out of stock so in that case I go and buy but when it comes to ART I cannot say that I have been sent back because the drugs are not available I am always able to get them with no problem

  (Female, 62, 14 years on ART, 24 years on BP meds)
Lack of integrated care

• The majority of respondents reported that they do not collect their hypertension medication together with their ARVs.

• Some respondents expressed concern that they were sometimes referred to several doctors within the facility for hypertension care, unlike HIV care which is easily accessed at its dedicated clinic.

When I want to access BP medication, I do not use the same room, I get ARVs directly from the doctor who is working on that day
(Female, 52, 6 years on ART, 3 years on BP meds)

They kept sending me from room to room to the point where on that day I went back without getting help for my BP. I could not find the doctors and people kept on telling me to wait for a different room but in those rooms the doctors were not there
(Female, 70, 11 years on ART, 4 years on BP meds)
Perceived quality of care

• Many clients mentioned that BP is now checked during their ART refill visits, but that they are not told the results.

• When asked if ART providers ever talk about hypertension management, approximately half of respondents said that there was limited or no such discussion.

No they don’t, the only time they asked me was last month that was when they checked my BP but they never even told me the results. Most of the times I expect them to ask me or tell me my BP results but they don’t say anything. They just test me and give me drugs for HIV. (Female, 46, 5 years on ART, 2 years on BP meds)
Conclusions

- Poor adherence and care seeking behaviors for hypertension were noted among our study participants, who were on both HIV and hypertension treatment

- Strategies that tackle Messaging about management of hypertension should be strengthened among providers especially in this population

- Improvements in the supply chain of hypertension medication should also be considered

- Encouraging integration of care

- Improving communication and counselling more

- Types of campaigns for HIV, should also come out for HTN
Lessons learnt

What excited me most about doing this research?
• Pursue ones interests
• Learn something new
• Problem solving skill
• Working with others (mentors)

What did I enjoy most?
• Working with all kinds of people from mentors to the participants in the field.

How has doing this influenced my career trajectory.
• Doing this research has facilitated my growth in research
• Increased my understand of research concepts
• Increased my involvement and contributions to the research portfolio both at PIH through our USAID funded grant as well as non USAID grants
• Most of all it helped me build my confidence in research and just work in general
Taking research to MOH and other policy makers

USAID PEPFAR projects experiences

• Utilization of technical working groups (TWGs) to present findings for different studies.
• TWG is a multi-stakeholder and activity-oriented group of technical experts brought together to collectively deliver on a priority area of work.
• TWGs are also places where you learn some of the gaps that require research.

Example projects that have impacted HIV policy/guidelines in Malawi

Multi Month Scripting and Dispensing (MMSD)

• A multi-country randomized study
  • Outputs/impact
    • Implementation of the 6 multi month scripting and dispensing in Malawi

HIV Self Testing

• A randomised control trial
  • Outputs/Impact
    • National HIV self testing guidelines in partnership with MOH
Acknowledgement

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