International Journal of Science and Research (IJSR)
ISSN: 2319-7064
Index Copernicus Value (2016): 79.57 | Impact Factor (2017): 7.296

Socio-Cultural and Economic Factors that Influence Access and Utilization of Anti-retro-viral Drugs among People Living with HIV/AIDs in Uasin Gishu District

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Abstract: ***Access to antiretroviral treatment and other HIV-related disease care, in Kenya and Uasin Gishu District, remains low. Uasin Gishu district, where the study was conducted had HIV/AIDS prevalence rate of 12% as at 2002 with a ratio of 1:1 for both male and female. Although ARV has been shown to prolong the lives of PLWHAs, its accessibility by PLWHAs in Uasin Gishu district is low. This study was designed to identify socio-cultural and economic factors that hinder access of ARV therapy. Results will be disseminated to relevant stakeholders for enhancement of the programmes. This was a descriptive study applied quantitative and qualitative methods. Probability sampling technique was used to select a sample of 159 PLWHAs. They were interviewed through exit interviews questionnaires. Five Focus group discussions were held of PLWHAs, Key Informant interviews of key players in the programme and direct observation at the service delivery points were undertaken. The study findings indicate that there is a significant relationship between age, marital status, ethnicity and religion of PLWHAs in accessing and utilization of ARV drugs, with p-values < 0.05. In addition, there is a significant relationship between main occupations and current engagement of PLWHAs and accessing and utilizing antiretroviral drugs, p-value<0.05. Lack of financial resources determined by the main occupation of the PLWHAs was identified as the key contributor to promoting their access and utilization of antiretroviral drugs. The study concluded that demographic, socio-cultural and economic factors do influence the accessibility and utilization of ARV drugs by PLWHAs. As a result, there is need for effective policy development to help safeguard PLWHAs from discrimination in various aspects i.e. employment and other rights. In the Partnership Perceptive: Advocacy of PLWHAs activities in the community through sensitization and community mobilization on ARV drugs and sites. Dialogue model approach at the ARV sites to enhance Client/service provider relationship, through linkages with PLWHAs groups, CBOs, FBOs and NGOs involved in HIV/AIDS programmes.***

Keywords: Access and Utilization, Antiretroviral drugs (ARV), People living with HIV/AIDS (PLWHAs), Demographic, Socio-cultural and Economic

1. Introduction

Access to antiretroviral treatment and other HIV-related disease care remains low. The World Health Organization estimates that nine out of ten people who urgently need HIV treatment are not being reached. Around five to six million people in developing countries will die in the next two years if they do not receive antiretroviral treatment. (UNAIDS, 2004)

In Uasin Gishu district, the HIV/AIDS prevalence rate, as at 2002 was 12% indicating that 82,563 people are infected with HIV with a ratio of 1:1 for both male and female. The epidemic poses a major socio-economic problem in the district as majority of those infected people are in the productive ages. Those accessing ARV drugs are fewer as reflected by the situation. (Ministry of Finance and Planning, 2002-2008).

Demographic instability as demonstrated by the high incidences among the productive age (15-64) and reproductive (15-49 mostly for female), in Uasin Gishu district. (Ministry of Finance and Planning, 2002-2008). Resulting to loss of household income due to high cost of managing PLWHAs-direct and indirect costs versus family sizes, (estimated 5-6 members). In addition, social disintegration of the nuclear family becomes evident once a member is lost in the family, cultural beliefs and practices about the epidemic such as stigma, denial and rejection.

The situation of HIV/AIDS patients is much the same. They are often condemned, marginalized and rejected. In many places in Africa, HIV/AIDS patients continue "to be looked at negatively and to be judged as people guilty of a crime deserving punishment." With their whole heart and being, they long to be reintegrated without judgment, as members of the community and church, be re-established without stigmatization, in their dignity as full members of society capable of contributing.

ARV therapy is the first breakthrough in the road to finding a cure to HIV infection. ARV has been shown to prolong the lives of people with HIV/AIDS; therefore, this study will identify the factors that hinder access of ARV therapy in relation to socio-cultural and economic towards PLWHAs and hence disseminate the results to the relevant stakeholders for enhancement of the programmes.

Objectives

1) To determine the socio-cultural factors that influence PLWHAs in accessing and utilize ARV drugs.
2) To determine the economic factors that influence PLWHAs in accessing and utilizing ARV drugs.

Purpose of the Study

The purpose of the study was to determine the extent to which socio-cultural factors such as demographic, ethnicity, religion, education and economic factors; occupation and main source of income influence PLWHAs in accessing and utilizing antiretroviral drugs.

ARV therapy is the first breakthrough in the road to finding a cure to HIV infection and received a lot of attention worldwide. ARV has been shown to prolong the lives of people with HIV/AIDS; therefore, this study will identify the factors that hinder access and utilization of ARV therapy and hence disseminate the results to the relevant stakeholders for enhancement of the programmes and where necessary scaling up the best practices. Identification of characteristics that enhance successful approach that insures access to the services by the poor, women and other socially disadvantaged groups

2. Literature Review

Almost 6 million people living with HIV/AIDS [(People living with HIV/AIDS)PLWHAs] in developing countries will die in the near future, if they do not receive treatment, only 400,000 PLWHAs were receiving treatment by 2003. An estimated 20 million people have so far died and an estimated 34-46 million others are infected with the virus. (WHO, 2004)

Overview

Access to antiretroviral [(Antiretroviral) ARV] treatment and other HIV-related disease care remain low. WHO estimates that 9 out of 10 people who urgently need HIV treatment are not being reached. Around five to 6 m people in developing countries will die in the next two years if they do not access ARV. Sub-Saharan Africa, estimated 4.3 million people need AIDS home-based care but only about 12% receive it.

African women are at greater risk, becoming infected at an earlier age than men become. Today there are on average 13 infected women for every 10 infected men in sub-Saharan Africa – up from 12 for 10 in 2002. The difference is even more pronounced among 15 to 24 year olds. A review compared the ratio of young women living with HIV to young men living with HIV; this ranges from 20 women for every 10 men in South Africa to 45 women for every 10 men in Kenya and Mali. (UNAID, 2004)

By December 2003, women accounted for nearly 50% of all people living with HIV worldwide and for 57% in sub-Saharan Africa. Young people (15-24 years old) account for half of all new HIV infections worldwide; more than 6000 become infected with HIV every day. (UNAIDS 2004 Report)

Studies/success stories

Studies indicate drastic decline with ARV therapy, in US and Europe, ARV therapy has reduced hospitalizations for treatment of HIV-related infections, and the death rate from AIDS has been dramatically reduced.

Brazil, a country with a large number of HIV-infected individuals but limited resources, has reported an 80% decrease in HIV-related hospitalizations and a 40-70% reduction in AIDS deaths since introducing ARV therapy. This reduction has resulted in a cost savings of 677 million U.S. dollars.

Improvements in morbidity and mortality - with the introduction of ARV therapy in other developing countries including Thailand, Senegal, and Uganda have been recorded. The quality of life of HIV-infected individuals has improved with therapy, and their hope is restored.

The availability of therapy may be an incentive for voluntary HIV counseling and testing, which increases identification of HIV-infected individuals, allowing them to access healthcare and prevent further transmission. According to the studies published in the SAHARA J (2004), on treating AIDS: a dilemma of unequal access, Uganda demonstrated how price reduction of ARV drugs has increased treatment turn-up among PLWHAs.

The US: shown how stringent health policies can effectively reduce the HIV/AIDS death rate (Benick, 2001; Martin, 1996), through proper care and active preventive strategies and access and utilization of ARV drugs. Currently this aspect has received a great deal of international support in order to save lives. (SAHARA J, 2004)

3. Research Methodology

Study design: A descriptive study was conducted Uasin Gishu district, which employed both qualitative and quantitative approaches. The knowledge of the PLWHAs attending the Sites were determine through an exit interview questionnaire and later through Focus Group discussions to explore their attitude and practice and describe it in relation to services offered.

The setting: The study was conducted in Uasin Gishu district, Rift Valley province, Kenya Administratively the district is divided into 6 administrative divisions, which are in turn subdivided into 35 locations and 67 sub-locations. Politically the district is divided into 3 constituencies. Uasin Gishu district has a population of 682,342 as per 2002 and growth rate of 3.35 per cent. It is projected that by the year 2006, the increase will be 780,187 people (National population Census, 1999). The district has a mixed ethnic who depend on Agriculture as the mainstay of district's economy concentrating on crop production, and livestock farming both for dairy and beef. (Ministry of Finance and Planning, 2002-2008).

The district has 133 health facilities, which are unevenly distributed, with over 70% of the population in the district living within a radius of 4 km to a health care facility and the rest beyond 4 km. Despite the distribution of facilities, the registered centres for ARV treatment are limited as this Sites located within Uasin Gishu District are under the Academic Model for Prevention and Treatment of HIV/AIDS [(AMPATH-academic Model for Prevention and Treatment of HIV/AIDS)AMPATH]

Study population

The principal study population was the PLWHAs, registered at the AMPATH sites, who were HIV positive accessing ARV drugs. Identification of PLWHAs was done through exit interviews over the period of the study. Both gender were included in the study. The community members both men and women, community leaders, [CACC-Constituency

AIDS Control Council] CACC members, Administrative leaders- [DC-District Commissioner] DC, [DO-District Officer] DOs, [PACC-Provincial AIDS Control Council] PACC and [MOH-Ministry of Health] MOH.

Sample and sampling technique

The researcher used probability-sampling method. Whereby the use of Stratified sampling procedure was used, the three sites were treated as strata, and then the process of allocating units of study was based on the PPS (probability proportion of the sample size)

In selecting the study units, the researcher opted for convenience sampling method for reasons outlined:

1) Exit interviews were only conducted on clinic days (2 days a week).
2) Confidentiality and privacy issues, limited space at the sites.
3) The exit interviews were voluntary.
4) Daily exit interviews ranged between 5-6 respondents per day.

Combined methods was used to facilitate identification of cases that required information with respect to the objectives of the study, 159 PLWHAs were interviewed.

Data collection instrument

A structured questionnaire was designed for PLWHAs who attended services at the sites. Checklists and interview guides with open-ended questions to key informants, Focus Group discussions were designed. A direct observations guide was also designed to be used during and at service delivery point and case studies were encouraged.

4. Method of Data Collection

Training sessions for the enumerators were conducted to ensure that data was collected correctly. English and Kiswahili languages were used, therefore the tools were translated and either language was used depending on the respondents' choice. The questionnaire was pre-tested and any corrections incorporated.

The following were data collection instrument used in this study:

- Exit interview questionnaires with the following sections: Demographic, socio-cultural aspects, economic and knowledge, attitude and Practice levels of PLWHAs and service providers.
- Interview Guides and checklists for KII and FGD relevant to each individuals and groups of respondents were developed. These covered views of different respondents including the PLWHAs in the access and utilization of anti-retroviral drugs, roles played and challenges of HIV/AIDS. Observation guideline lists for the facilities were used in identifying practices and client-service provider interaction and policy existence and level of implementation.
- Structured Questionnaire forms for collecting quantitative data like the number of staff within facilities, exit interviews for the PLWHAs on ARV drugs, drugs available, nature of services and more as indicated in the questionnaire.

Ethical Consideration

The Institute Research and Ethical committee of TICH as well as Institute for Research and Ethical Committee (IREC) and AMPATH research Committees of Moi Teaching and Referral Hospital approved the proposal for the study. Permission to conduct the study was granted by the Deputy Director AMPATH. Ethical principles as outlined in the framework of the Session Paper No. 4 of the Kenya laws on HIV/AIDS of 1997 were adhered to throughout the study. Although the respondents volunteered to participate in the study, the researcher and trained enumerators always confirmed the consent verbally and reassured them of confidentiality. They were assured of the tapes used during FGDs would be destroyed once information is analyzed and interpretation process completed. All respondents were also reassured that no person's name would mentioned in the research report.

Data Analysis

Data collected was verified, checked for accuracy and missing data then ready for analysis. Univariate and bivariate statistical methods were used to examine the effects of each explanatory factor on the PLWHAs' involvement in the antiretroviral drugs. Quantitative data was summarized into descriptive statistics and Statistical package for Social Sciences (SPSS). Non-parametric statistic tests for ordinal variables were performed to determine the relationships and significance of the variables-chi-square and binominal tests.

5. Findings

Majority of the respondents 55 (34.6 %) identified themselves as belonging to kalenjin ethnic group, followed by Kikuyu 35 (22%) and Luhya 32 (20.1%).The other ethnicities identified were Luo, Kisii, and Kamba. The religious affiliations were Protestants 68%, Catholics 22%, and other religions 6%, Muslims 1% and 3% having no religion.

Demographic findings of the study indicated that there 159 respondents consisting of 97 (61%) females and 62 (39%) males. other findings on Gender, age, level of education and marital status are summarized in Table 1.

Table 1: Demographic Characteristics

Selected Variable		Frequency	Percent
Sex type of PLWHAs			
	Female	97	61.0
	Male	62	39.0
	Total	**159**	**100**
Age of the PLWHAs			
	Under 18 years	3	1.9
	19 to 25 years	16	10.1
	26 to 30 years	31	19.5
	31 to 36 years	33	20.8
	Over 36 years	76	47.8
	Total	**159**	**100**
Level of Education PLWHAs			
	No education	36	22.6
	Primary	45	28.3
	Secondary	64	42.1
	Tertiary	11	6.9
	Total	**159**	**100**

Marital status of PLWHAs			
	Married	74	46.5
	Single	17	11.9
	Widow/widower	33	20.8
	Divorced/separated	33	20.8
	Total	**159**	**100**

In assessment of family importance, majority of the respondents stated that family members were very important in helping them cope with the HIV/AIDS situation and challenges. There was no relationship on performing non-parametric-chi square test, however it was p=.000 extremely significant using "Michelin Guide" where *P < 0.05 – significant; **P < 0.01 highly significant and ***P – extremely significant. The other nine variables were exposed to a chi-square test

Two key findings identified by the study are as follows:

Main Occupation of PLWHAs

Figure 1 gives a summary the main occupation of the PLWHAs.

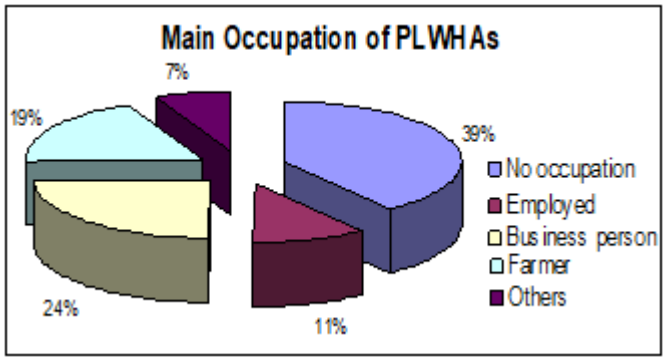

Figure 1: Main occupation of PLWHAs (n=159)

It indicates that majority, 39 percent have no occupation, with 19 percent involve in farming which is the main source of income for the district in terms of agriculture and a notable 7 percent involved in others activities.

Based on the chi-square test of the ordinal variable-main occupation, the results indicated that there is a relationship between main occupations of PLWHAs and accessing and utilizing ARV drugs, hence the p-value too shows significance. This was too verified through follow-up of PLWHAs as [Key informant interview] KIIs, as one said;

> "Although I don't pay for the drugs, I need to support my family as the head of this family, therefore I value what I am engaged in for the little income and also this helps me to socialize and be busy rather than being idle and be preoccupied with a lot of thoughts…… I also need to eat balanced diet as instructed while on ARV drugs and in order to have a nutritious meal I need money"

Current Engagement of PLWHAs

The figure 2 below presents a summary of the current engagement of the PLWHAs.

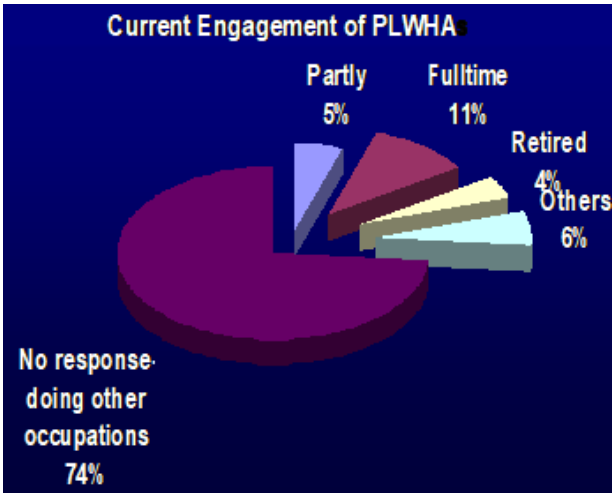

Figure 2: Current Engagement of PLWHA (n=159)

Majority, 74 percent have no specific engagement and are doing other occupations, 11 percent are fully engaged and 15 percent are party engaged, retired and others respectively.

On disposing the variable to chi-square test, it indicated that there was a relationship between current engagement of PLWHAs and accessing and utilizing ARV drugs, p-value=.000 indicating that it is significant.

Other variables were disposed to the chi-square test as shown on Table 2, all variable showed no relationship with accessing and utilizing ARV by PLWHAs , but that all are significant, p-value=.000.

Table 2: Chi-square Test

Variables	X^2 *Computed*	*df*	X^2 *Tabulated*	*P-Value*
1. Age of the PLWHAs	95.434>	4	9.488	.000
2. Sex type of PLWHAs	7.704>	1	3.841	.006
3. Marital status of PLWHAs	42.635>	3	9.488	.000
4. Family size PLWHAs	59.440>	3	7.815	.000
5. Religion of PLWHAs	256.063>	4	9.488	.000
6. Ethnic group of PLWHAs	91.987>	6	12.592	.000
7. Level of Education PLWHAs	40.522>	3	11.070	.000
8. Main occupation of PLWHAs	**52.415 <**	4	9.488	.000
9. Currently still working/engaged	**287.258<**	4	9.488	.000

6. Discussion

Based on the findings described above, it is evident that socio-cultural and economic factors have a bearing on the access and utilization of ARV drugs by PLWHAs. The aspects of age and sex though found not to have any relationship, but significant confirms the indication direction given by UNAIDS: African women are at greater risk, becoming infected at an earlier age than men become.

Demographic instability as demonstrated by the high incidences among the productive age (15-64). & reproductive (15-49 mostly for female), Ministry of Finance and Planning, 2002-2008). The desk review records revealed high attendance of female to male for a period of two months, with an upstream trend. (AMPATH, 2004)

The qualities of being accepted by their family, religion where they belonged and their ethnic grouping. Initially individuals expressed level of denial, rejection and even stigmatization, the aspect of social belonging formed a basis of support for them. During the FGD sessions, on further probing on the aspect of ethnic and religion, the PLWHAs identified themselves as a family and are one, to clarify these, one said, " Mimi sina familia isipokuwa hawa, nikiwa na shida ni hawa watanisaidea" (" I have no other family members expect you and if I have a problem, it is them who support me." This was an indication of genuineness among the PLWHAs and support that facilitates accessing and utilization of ARVs.

7. Conclusion

The aim of this study was to determine the socio-cultural and economic factors on how they influence on PLWHAs in accessing and utilizing ARV drugs through the attendance at the Sites. From the findings, it appeared that PLWHAs do [Access"- has an operational dimension, which include availability, accessibility, service provision, continuity and acceptability.] access and utilize ARV drugs at different levels. In spite of the fact that prices of HIV drugs fell on average by 85% between 2000 and 2002, price remains the major reason why Africans lack access to ARVs and other needed medicines.

"Human beings are dependent on one another not only for the higher achievements of cultural life…but also for the necessities of material and economic well-being." It is understood that PLWHAs are also involved in and affected by the interdependence that characterizes the relations among families, local communities and society.

8. Recommendation

Recommendation for knowledge attitude and practice:

National Level

1) Decentralization of the ARV sites to reach community levels thus making them accessible both physically and economically in terms of location and payments for the services.
2) Formulate policies that safeguard PLWHAs from discrimination in various aspects i.e. employment and other rights. Enforcement of the Laws throughout the republic.

Partnership Perceptive

1) Advocacy of PLWHAs activities in the community through sensitization moreover, community mobilization on ARV drugs and sites.
2) Dialogue approach at the ARV sites to enhance Client/service provider relationship, through linkages with PLWHAs groups, CBOs, FBOs and NGOs involved in HIV/AIDS programmes with the component of ARV therapy.

Recommendation for further Research

1) Further research to establish the factors contributing to quality of service in the ARV sites in relation.
2) Impact of ARV therapy among PLWHAs and the community (Uasin Gishu District best on cultural beliefs.

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