



# **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

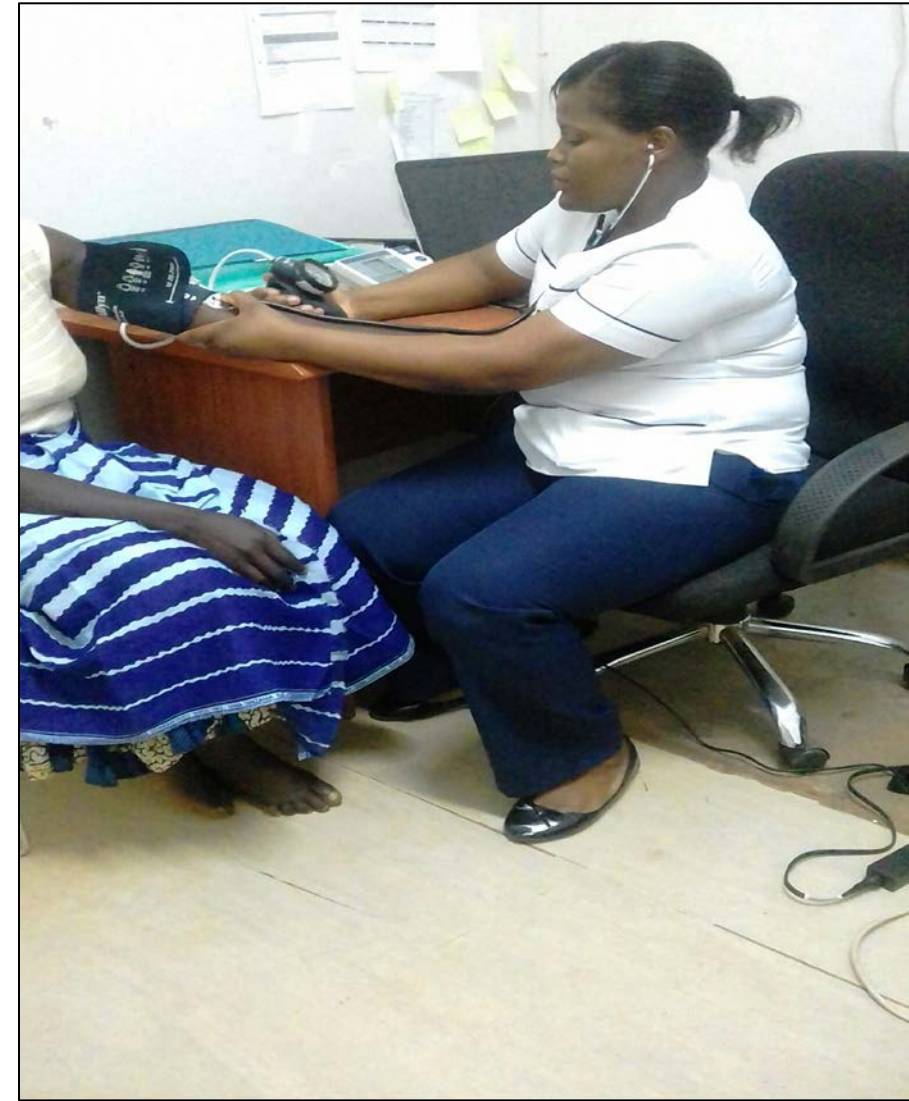
- Name and position and how long have I worked with UCLA?
  - Background to my study
  - Process of identifying a gap in my area of interest
  - What were the objectives and the design of the study, what were the methods to be used for the study?
  - Project implementation (data collection) challenges and how to navigate the obstacles in the field.
  - Lessons learnt/study findings
  - Taking research to MOH and other policy makers
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- 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 <sup>1</sup>.
- Currently, 78% of HIV-positive Malawian adults receive ART<sup>2</sup> 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.



1. Msyamboza KP, Ngwira B, Dzowela T, Mvula C, Kathyola D, Harries AD, et al. The Burden of Selected Chronic Non-Communicable Diseases and Their Risk Factors in Malawi: Nationwide STEPS Survey. PLOS ONE. 2011;6(5):e20316.
2. Avert. Global information and education on HIV and AIDS, available on <https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/malawi>. 2018.

# 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

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# 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
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# 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)



# Methods

## 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
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# 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
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# Findings

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

# 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
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# 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
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# 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
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# 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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