



# THE CONTRIBUTION OF CLINICAL (TREATMENT) SUPPORT TO THE WELLBEING OF PEOPLE LIVING WITH HIV AND AIDS (PLWHA) IN MBALA DISTRICT

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## ABSTRACT

*The purpose of the study was to investigate the contribution of Clinical (Treatment) Support to the wellbeing of People Living with HIV and AIDS (PLWHA) in Mbala District. The study used the phenomenological research design on the population of Mbala district. The study sampled eight (8) participants who were PLWHA and were supported by the Faith-Based Organisation in Mbala District. The eight (8) participants were purposively sampled because they were the ones who experienced the support from the Faith-Based Organisation and were interviewed. The study established that the clinical support was provided in three ways which included ART clinic support, Timed Clinical Visits and Support Sustenance. It can be concluded that there was sufficient clinical support which was provided to the People Living with HIV and AIDS (PLWHA) in Mbala District through the various clinics. This has contributed to the long life which the PLWHA were experiencing, and the support should therefore, continue. The study recommended that the Ministry of Health should ensure that they continue providing the medical services to the PLWHA in the rural parts of Zambia because this has made the services to be closer to the patients thereby reducing on the cost. However, there is need to expand the facilities to cater for the increasing demand of the services in the Zambian communities so as to make people's lives to be sustained.*

**KEY WORDS:** *Clinical (Treatment) Support, ART clinic support, Mbala District*

## INTRODUCTION

General statistics show a decline in HIV infection in Zambia; Mbala District inclusive (The Zambia Population-Based HIV Impact Assessment-ZAMPHIA 2016). Annual incidence of HIV among adults ages 15 to 59 years in Zambia is 0.66 percent (corresponding to 46,000 new cases of HIV annually among adults ages 15 to 59 years) compared to the 2003 incidence estimates of between 1.3 percent and 1.5 percent (The Zambia Population-Based HIV Impact Assessment-ZAMPHIA 2016). However, there are still uncertainties regarding HIV and AIDS interventions, such as stigmatization. This makes life more difficult for people living with the disease and their families. According to UNAIDS, annual HIV infections (for all ages) in Zambia have declined from 60,000 in 2010 to 51,000 in 2019. New infections among children 0-14 years declined from an estimated 10,000 in 2010 to 6,000 in 2019 (UNAIDS). Annual AIDS – related deaths have also declined significantly from 24,000 in 2010 to 19,000 in 2019; a decline of about 30 percent (UNAIDS). Despite the progress, the HIV burden remains high and disproportionately affects females. In 2019, it was estimated that there were 26,000 new HIV infections among women ages 15 years and above, compared to 19,000 among their male counterparts (UNAIDS, 2015).

The Zambia Demography and Health survey (2018) reports that HIV prevalence among females aged 15-49 years is 14.2 percent compared to 7.5 percent for males of the same age. With an HIV prevalence of 15.4 percent and 15.1 percent for the Copperbelt and Lusaka provinces respectively, the two Provinces have the greatest HIV burden out of the ten Provinces of Zambia; with Muchinga Province being the least burdened

at 5.4 percent. According to the Zambia Demography and Health survey (2018), HIV testing among pregnant women at antenatal clinics has increased significantly, with 9 out of 10 pregnant women getting tested and almost all (more than 95 percent) of those diagnosed with HIV (at the antenatal clinic) being initiated on treatment (ARVs). The Ministry of Health mainly provides clinical (treatment) support; the Ministry of Community Development and Social Welfare mainly provides economical support and Non-Governmental organisations mainly provides spiritual and economical support. Therefore, the contribution of Clinical (Treatment) Support to the wellbeing of People Living with HIV and AIDS (PLWHA) in Mbala District has not been explored to a larger extent hence this study was conducted. The significance of the study was that it would bring about new findings on how the PLWHA are being supported clinically in Mbala district. This may ultimately bring benefits of reduction of HIV and AIDS related deaths. The study findings may also improve the knowledge levels of the community regarding those who are infected and affected, and also improve the innovativeness in the fight against the HIV and AIDS scourge. It was against that background the study established how Clinical (Treatment) Support contributes to the wellbeing of People Living with HIV and AIDS (PLWHA) in Mbala District.

## METHOD AND MATERIALS

Phenomenological (interpretivism) paradigm was employed had it was relevant for the study because it helped the researcher to explore the reality on the support of People Living with HIV and AIDS. With the use of the phenomenological research design, the researcher was able to conduct face to face



interviews with the people living with HIV and AIDS. The study sampled eight (8) participants who were supported by the Faith-Based Organisation in Mbala District. The eight (8) participants were purposively sampled because they were the ones who experienced the support from the Faith-Based Organisation. Face to face interviews were conducted with eight (8) PLWHA. This procedure has been chosen because it allows the researcher to ask to follow up questions in order to have in-depth understanding of their lived experiences on the subject.

The study used thematic analysis, where the researcher organised the collected data into themes through the following steps. Firstly, data collected was transcribed from audio into text. The transcribed data was synthesised into common heading which were leading the data set which were now called themes. The next stage was to organise the text under the created themes which have emerged from the data so that it can make sense. Through this procedure, data from all participants was organised under the themes the data represented, and this enabled the researcher to present data in the findings using the identified themes at analysis. In order to also show data authenticity, common responses were synthesised into verbatims to bring out the actual voices of the participants in the study. Through thematic analysis, data was presented to represent the actual findings of the study as collected from the different participants who took part in the study.

## RESULTS

In an attempt to investigate the contribution of Clinical (Treatment) Support to the wellbeing of People Living with HIV and AIDS (PLWHA) in Mbala District. The theme on the contribution of clinical support to the wellbeing of the People Living with HIV and AIDS (PLWHA) is discussed under the themes like ART clinic support, Timed Clinical Visits and Support Sustainance.

### ART Clinic Support

The study findings established that the health facilities through the ART clinic provided support like counselling for the People Living with HIV and AIDS (PLWHA) to support their wellbeing. So far, the clinical support made them understand the drug intake and why take such type of drugs during the scheduled visits. Participant 6 stated that:

*I can tell you that we receive clinical support through the ART clinic which is a stand-alone facility where only people seeking HIV related help are attended to. We are given enough counselling to make us understand the condition we are going through, which enable us to make informed decisions regarding our wellbeing.*

Contributing on the same findings the above, Participant 2 added that:

*The counsellors talk to us in groups and later make us separate according to the needs we have. Through the ART clinic, I have come to understand my condition so well and I am able to control myself in certain situations.*

Findings of the study further revealed that the other clinical support was that the ART clinic was able to do the viral load and CD4 count which were not easier before the clinic was

established in the district. Meanwhile, participant 7 revealed that:

*We are able to have the viral load and CD4 count checked, which were not easy to do before this clinic was established in Mbala district. All the medical check-ups are now done within the ART clinic at no cost at all, which makes us become dedicated to reducing our viral load and improve our quality of life.*

The other support the clinic was able to provide the drugs needed for their health all year round without having challenges of drug shortages. Participant 5 also said:

*The drugs are always available, and we have all the supplies we need all the time without worrying. I can tell you that I have been receiving these drugs for the past ten years and there has been no day that I was told the drugs are not there.*

Clinical support in this context surrounds the provision of drugs to the PLWHA all year round so that they do not miss any dosage. Without clinical support, the quality of life for the PLWHA would slowly deteriorate.

### Timed Clinical Visits

Findings of the study revealed that the other clinical support established in the study was that the PLWHA were always following the days they were booked at the ART clinic with the help of their friends. It was observed that clinical support was not limited to what the clinic provided in the building, but they also had extended services for the PLWHA. Participants 4 said:

*I usually follow the scheduled days I am always given to get my medication at the clinic.*

It was learnt that the patients have no worries to be moving with the ART Clinic file when they leave their town because they now have the smart care cards which has all the information about them. Participant 6 stated that:

*Now I have no worries to be moving with my ART file when I am leaving this town because we now have the smart care cards which have all the information about me where ART is concerned.*

It was established in the study that community health workers also keep the schedules and remind the patients on the dates that they are supposed to visit the clinic for routine checks and collection of the medication. This helps HIV positive patients to meet their routine medical obligations and stay healthy. Participant 1 stated that:

*The community health worker who usually gets medicines for us when we are unwell, is always reminding us a day or two before the scheduled date to get ready and go to the ART clinic for monthly check-up. Since we are open to each other, we have come to enjoy the support from the ART clinic.*

The community health workers have come to play a crucial role in the success of providing effective support to the wellbeing of the PLWHA in Zambia. This has to be improved upon to ensure a wider range coverage in the Zambian communities if we can score more success.



### **Support Sustenance**

The study established that the ART clinic must be supplied with enough drugs, expand the facility and human resource so that people can continue having their lives sustained by the facility. Participant 4 said:

*Our lives are now better because of the ART clinic. The number of clients has increased yet the infrastructure is not expanding. What is needed is that the clinic should be expanded because we are taking long at the clinic to be attended to and more care givers should be employed for the same cause.*

The other findings of the study were that HIV patients have never been stranded where medical supplies are concerned, and it was hoped this trend will continue so that their lives were not put at risk of worrying. Participant 6 said:

*I feel the clinic should continue receiving the life support drugs so that we are not stranded in any way, especially with the change of government, and we hope this trend will continue so that our lives are not put at risk of worrying.*

The study found that there was need to have more equipment in the laboratory so that the HIV related tests are processed faster because the numbers for PLWHA was increasing every year. This will enable them to spend fewer hours at the facility and enable them to do other work. In support, participant 2 said:

*The drugs which are being used on us are making us be health and this should continue. Also, there is need for more equipment in the laboratory so that our medical needs are processed faster because the numbers for PLWHA are increasing every year.*

The other way of sustaining the patients was through the continuous supply of life saving drugs, employ more caregivers and bringing the HIV services near to the people so that they can access them within their areas. Clinical support for the PLWHA should also include fast processing of the laboratory tests so that the queues are manageable at the ART clinic.

### **DISCUSSION**

The study revealed that the health facilities through the ART clinic provided support like counselling for the People Living with HIV and AIDS (PLWHA) to support their wellbeing. Counsellors talk to the patients in groups and later separated them according to their needs for specialised counselling. The study findings are in line with Mutale (2020) whose study stated that through scheduled visits, it was also established that the facilities were able to provide adequate patient counselling which resulted into PLWHA to develop confidence in the staff and follow the advice they were given. Apart from the drugs, the social interaction created by the members of staff and through counselling made the people realise that they needed to adhere to the advice given if they are to live longer. The findings also agree with Thakarar et al (2016) who argued that the theory is that if patients do not understand how medications work, they are unlikely to understand the importance of taking them as prescribed. From the foregoing, it can be realised that clinical support for the PLWHA contributed to their wellbeing, and this resulted into improved life since they had the needed information at their fingertips.

Findings of the study further revealed that the other clinical support was that the ART clinic was able to offer all the tests which they used to access at the provincial hospital which was very expensive for them. They were able to do the viral load and CD4 count which were not easier before the clinic was established in the district. All the medical check-ups were now done within the clinic at no cost which helped to heal and reduce their viral load. The findings are in agreement with the study for Kakoma (2017) who revealed that most rural mission run clinics have the facilities to take care of the primary conditions for every HIV/AIDS patient. They have been equipped with CD4 count machines, computerised medical reports and a modern laboratory to enable them conduct HIV related tests before prescribing medication. The findings dispute earlier findings by Scheurer et al (2012) who found that there were no significant roles of health care providers and PLWHA as sources of social support for ART adherence were found in the current study. It should be stated in this study that clinical support brings about positive mind change on the PLWHA since the services are brought closer to their homes and they no longer spend to access such services.

The other support established in the study was that the clinic was able to provide the drugs needed for their health all year round without having challenges of drug shortages. In line with the provisions of clinical support, Thakarar et al (2016) agree that clinical support improved health literacy among patients as providers constantly assess what patients know about their HIV disease and medications, and work to fill these gaps in knowledge. Clinical support in this context surrounds the provision of drugs to the PLWHA all year round so that they do not miss any dosage. With strict adherence to the medical schedules, it is easier to see the patients having quality life in the community since they have come to appreciate the support the clinic is providing in the community. Without clinical support, the quality of life for the PLWHA would slowly deteriorate.

Findings of the study revealed that the other clinical support established in the study was that the PLWHA were always following the days they were booked at the ART clinic with the help of their friends. From the study, it was observed that clinical support was not limited to what the clinic provided in the building, but they also had extended services for the PLWHA. The results of the study are supported by Mutale (2020) who also established that the community care givers helped the PLWHA to follow the days they are booked at the clinic through routine reminders and also daily check-ups on each other and the groups they belonged to so that those who are too sick can be assisted with collection of drugs on their behalf. In addition, Hawk (2017) support this view by stating that to improve continuity of care, Public Health Care (PHC) providers use an empanelment approach in which patients are assigned to individual physicians, nurses, and social workers so that they see the same providers each time they come in for care at a given time. Therefore, dealing with PLWHA needs caution because the community should provide love and care as part of support which should then extend to the clinic where the patients are cared for. Community engagement through caregivers is a way of making the people realise that they need



to help each other in order for them to succeed in improving the wellbeing for the PLWHA in Zambia.

Results of the study revealed that the clinical support to the wellbeing of People Living with HIV and AIDS (PLWHA) was in the reduction of the patients to move with a file when they are to stay longer out of the area where the clinic file is housed. It was learnt that the patients have no worries to be moving with the ART Clinic file when they leave their town because they now have the smart care cards which has all the information about them. Through the ART smart care card, they can access ART clinic services anywhere in Zambia because the information is computerised unlike in the past. In support for the findings, McLean et al (2017) revealed that the clinical support started with the support from the clinical staff and care givers on medical adherence through the use of the smart care card which has their personal medical record as patients. To address medication adherence, Public Health Care (PHC) providers develop individualized adherence plans for each patient in which they assess the patient's current status and develop adherence goals, as well as identify barriers to achieving them. This process often includes ad hoc "Meetings for Medications" during which the pharmacist, medical providers, and social workers sit down with the patient to address his/her specific adherence needs through the computerised system to ensure that every patient on the ART plan is attended to anywhere in Zambia.

The other contribution of the clinical support to the wellbeing of the PLWHA is through the direct involvement of the community health workers in the ART centres. It was established in the study that community health workers also keep the schedules and remind the patients on the dates that they are supposed to visit the clinic for routine checks and collection of the medication. This helps HIV positive patients to meet their routine medical obligations and stay healthy. These findings are similar to Knodel et al (2010) whose findings provide strong evidence for the role of social support in ART adherence. It was also noted that social support also improves self-efficacy to adherence, and helps PLWHA to overcome barriers to adherence, such as food insecurity and transportation challenges. Other scholars also like Olea et al (2018) agree with the findings when they indicated that clinical pharmacists could help in the treatment of HIV/AIDS by counselling and reinforcing the importance of medication adherence to affected during regular follow-up visits, another key function that reduces burden on providers and offers an essential service. From the foregoing, it can be stated that clinical support is not limited to the four walls of the ART clinic but extension services through the community health workers have come to play a crucial role in the success of providing effective support to the wellbeing of the PLWHA in Zambia. This has to be improved upon to ensure a wider range coverage in the Zambian communities if we can score more success.

With regard to the support sustenance, the contribution of clinical support to the wellbeing of People Living with HIV and AIDS (PLWHA) established in the study is that the ART clinic should be supplied with enough drugs, expand the facility and human resource so that people can continue having their lives

sustained by the facility. As much as this dream is realistic and not far from reality, it is important to expect the continuous supply of drugs to the sick for them to live longer. With these findings, Tembo (2016) concur that the increase in the number of health workers to take care of people living with HIV and AIDS (PLWHA), antiretroviral drugs and other drugs to reduce opportunistic infections, free antiretroviral drugs, biological care and increase and relax propaganda activities, raise their sensitivity to sexually transmitted infections and HIV/AIDS, human resources and to stop some psychological and social support for people living with HIV, and security as well as the country's political crisis. Further, Thakarar et al (2016) also support that all patients consistently receive clinical support information about interactions between prescribed and illicit drugs and about how to reduce risk when using substances, including alcohol. In order to support sustenance, clinics should ensure that they always have enough stocks of HIV drugs, and they should ensure that the human resource is enough to enable the PLWHA access the needed services on time. This will help them to be sustained and their wellbeing will improve.

The other findings of the study suggested that clinics should continue receiving the life support drugs so that HIV patients are not stranded in any way especially with the change of government. They have never been stranded where medical supplies are concerned, and it was hoped this trend will continue so that their lives were not put at risk of worrying. If the supply of HIV drugs was interrupted, it would mean that lives would be lost. The findings are supported by Hawk (2017) whose study argued that health facilities should continue receiving life support drugs so that HIV patients are not stranded in any way even when there is change of management at local and regional level. There is a significant emphasis on team-based care, in which members of the treatment team collectively share information regarding the patient's needs and status. Despite the administrative matters which should arise in the process of procurement of life serving drugs, the stakeholders have to understand that PLWHA have a right to access medication, and this should not be hampered by the administrative challenges. The way other medications are prioritised should be the same way the life support drugs for PLWHA should be done, so that their lives are sustained for a period of time as they follow clinical advice.

In sustaining the contribution of clinical support to the wellbeing of People Living with HIV and AIDS, the study found that there was need to have more equipment in the laboratory so that the HIV related tests are processed faster because the numbers for PLWHA was increasing every year. This will enable them to spend fewer hours at the facility and enable them to do other work. The sustenance methods are not isolated from Tembo (2016) whose results called for new funding for HIV prevention and control activities, stabilizing the political crisis, security and strengthening the campaign, to raise awareness of the general public and people living with HIV. The other way of sustaining the patients was through the continuous supply of life saving drugs, employ more caregivers and bringing the HIV services near to the people so that they can access them within their areas. This is one way of contributing to the wellbeing of the PLWHA just as Asrat et al



(2020) stated that community association facilitated by ART clinic quick attendance should be a priority to facilitate recovery and functioning of PLWHA.

## CONCLUSION

The study established that the clinical support was provided in three ways which included ART clinic support, Timed Clinical Visits and Support Sustenance. Under the Art clinic, counselling was provided to the PLWHA on how they have to live positively and not to spread the disease. The other clinical support was that the ART clinic was able to offer all the tests which they used to access at the provincial hospital which was very expensive for them. They were able to do the viral load and CD4 count which were not easier before the clinic was established in the district. All the medical check-ups were now done within the clinic at no cost which helped them become dedicated to reducing their viral load and improve their quality of life. The clinic was able to provide the drugs needed for their health all year round without having challenges of drug shortages. From the foregoing, it can be concluded that there was sufficient clinical support which was provided the PLWHA in the district of Mbala through the various clinics. This has contributed to the long life which the PLWHA were experiencing, and the support should therefore, continue.

Based on the results on the contribution of Clinical (Treatment) Support to the wellbeing of People Living with HIV and AIDS (PLWHA) in Mbala District, the study recommends the following:

- ❖ The Ministry of Health should ensure that they continue providing the medical services to the PLWHA in the rural parts of Zambia because this has made the services to be closer to the patients thereby reducing on the cost. However, there is need to expand the facilities to cater for the increasing demand of the services in the Zambian communities so as to make people's lives be sustained.
- ❖ More support should be sought for the PLWHA from donors and other well wishers so that more equipment is procured for their quick service delivery. This will make them realise how much the people love them and would love to see them live longer in the Zambian community.

## Ethics Approval

The ethical approval was provided by the University of Zambia, Zambia with the reference number HSSREC: -2022-AUG. 011

## Consent for Participants

Informed consent was obtained from all participants in the research.

## Conflict of Interest

The authors declare no conflict of interest, financial or otherwise.

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