



11th International  
Conference on  
**HIV TREATMENT  
AND PREVENTION  
ADHERENCE**

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# Ending AIDS as a Public Health Threat: The Power of Change

MAY 9-11, 2016 • FORT LAUDERDALE

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**ATMOSPHERE OF RISK  
OR FAMILY-LIKE SUPPORT?**

**ALTERNATIVE PATIENT EXPERIENCES OF DECENTRALIZED  
CARE IN NORTH CENTRAL NIGERIA**

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# **Conflict of Interest Disclosure**

## **Grace Oluwatosin Kolawole MSSW**

Has no real or apparent  
conflicts of interest to report.



# BACKGROUND

- In sub-Saharan Africa, easy access to treatment is not a given, but an objective – a problem of health care delivery.
- One approach to solving the problem is to bring more services to local communities through decentralization.



# DECENTRALIZATION

- the process of expanding delivery of HIV treatment and care from tertiary to secondary and primary health care settings



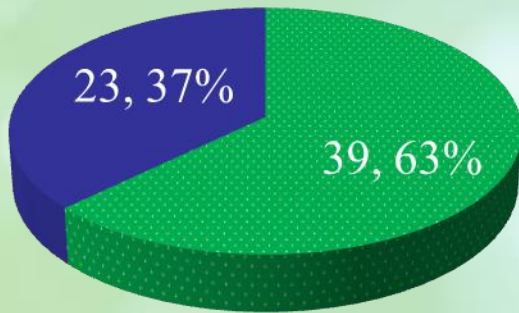
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WHAT IS THE IMPLICATIONS  
FOR PEOPLE LIVING WITH HIV  
(PLWHIV) IN HAVING CARE  
CLOSER TO THEIR  
COMMUNITIES?



# METHODS

## QUALITATIVE SAMPLE & DATA COLLECTION



- In-depth Individual Interviews
- Focus Group Discussions

- Aged 18 years and above
- All had transferred from a tertiary health facility
- Interviews & focus group discussions audio-recorded with permission
- Interviews & focus group discussions were transcribed



# INTERVIEW TOPICS & DATA ANALYSIS

- Interview topics addressed access to and preferences for care, services received, perceived impact of decentralization, and experiences of decentralization.
- Resulting data were content-analyzed with the goal of inductively deriving a set of descriptive categories and linking them together to tell a larger “story” about patient experiences of decentralized care.





# FINDINGS: THE “STORY”

Receiving care at decentralized sites shapes patients’ experiences of care beyond taking ART.



# FINDINGS: THE STORY (cont'd)

Decentralized clinics manage a smaller patient load than large, tertiary care clinics.

This can result in either or both of two things:



**Heightened Risk  
of Disclosure**

**Development of a  
“Family-like Atmosphere”**



# FACTORS EXPLAINING HEIGHTENED RISK OF DISCLOSURE – 1

## *Holding HIV Clinics on Specified Weekdays*



Smaller patient load means HIV clinics may be held only on certain days of the week (Tuesday, Wednesday, Thursday).



Individuals seen attending clinic on those days are identified as having HIV.



Commercial cyclists transporting individuals to the clinic on those days then report their whereabouts to family and friends.

## *1. Predictable Clinic Attendance Increases Risk of Disclosure*



*“...Some persons time our clinic days and come around to see who is taking the drugs, since it is a Thursday. ”*



# FACTORS EXPLAINING HEIGHTENED RISK OF DISCLOSURE – 2

## *Physical Layout of Decentralized Clinics*

Small clinics may lack space for indoor waiting areas.

With long wait times, patients spend long periods concerned about being inadvertently exposed.

*2. Space constraints of clinics may increase risk of disclosure.*





*“...This place...Can you see this road...Once people follow it, the [onlookers from the community] begin to point fingers at us sitting here and they say these people have this sickness [HIV].”*

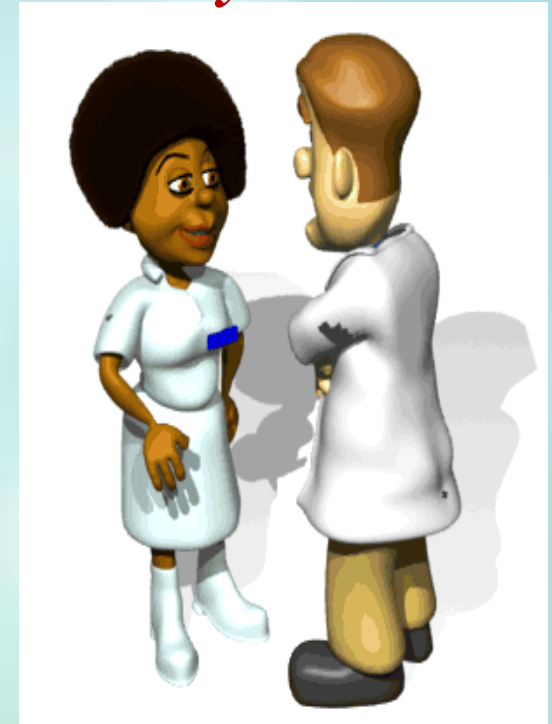


# FACTORS EXPLAINING HEIGHTENED RISK OF DISCLOSURE – 3

## *Staff Management of Patient Confidentiality*

A more informal atmosphere in small, local clinics may lead to inadvertent lapses in management of patient confidentiality.

***3. Lapses in management of patient confidentiality by staff increases risk of disclosure.***





# FACTORS EXPLAINING DEVELOPMENT OF A “FAMILY-LIKE ATMOSPHERE” – 1

## *Social Interaction Among Patients*

Patients are fewer and able to recognize each other in the clinic.

Over time, they begin to share phone contacts and extend interactions beyond the clinic.

*“Elsewhere, apart from the clinic, we greet each other as part of a family. We get to know [each other] because the size here is unlike [tertiary site] where you meet hundreds of people...The number is manageable, so we can know ourselves...”*

***1. Development of relationships among patients contributes to a “family-like atmosphere.”***





# FACTORS EXPLAINING DEVELOPMENT OF A “FAMILY-LIKE ATMOSPHERE” – 2

## *Reinforcement of social interactions among patients by clinic staff.*

Staff promoted social support networks among patients through organized group meetings, such as support groups.

Staff organized positive living discussions on topics such as exercise, relationships and diet at clinic on clinic days.

Staff counseled patients to respect one another as they would a member of their own family.



*2. Staff support of patient relationships contributes to a “family-like atmosphere”.*



# FACTORS EXPLAINING DEVELOPMENT OF A “FAMILY-LIKE ATMOSPHERE” – 3

## *Active efforts by staff to keep patients involved in care*

When a patient misses a scheduled visit, he or she expects a call from the clinic.

These and other outreach efforts by staff create a sense of belonging and being welcome for patients in decentralized clinics.

*“This is home. This is our hospital. Any sickness, you come and you are attended to...”*

***3. Staff efforts to keep patients involved contribute to a family-like atmosphere by creating a sense of caring.***



# SUMMARY OF EXPLANATORY FACTORS

## Heightened Risk of Disclosure

- Predictable clinic attendance
- Space constraints in small decentralized clinics
- Lapses in staff management of patient confidentiality

## Development of a “Family-Like Atmosphere”

- Relationships among patients
- Staff support of relationships among patients
- Staff efforts to keep patients involved in care



# CONCLUSION

- Decentralized clinics embedded within communities can pose the risk of unwanted disclosure. However,...
- ...with patient-centered staff management, clinics can use local positioning to promote family-like relationships and impact positively on patient perceptions of quality of care, and on retention.

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THANK YOU FOR LISTENING



# ACKNOWLEDGEMENTS

Funding: U.S. National Institute of Mental Health  
(K24MH090894, NC Ware, PI)

Research Mentors:

Dr. Norma Ware, Dr. Hannah Gilbert

All participating clinic research participants and staff