Ambivalences in provider–patient relationship and access to care and treatment among people living with HIV in Kenya: Findings from a qualitative study

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ALPHA NETWORK
Analysing Longitudinal Population-based HIV/AIDS data on Africa

Introduction

- The provider-patient relationship is central to successful navigation through the 'cascade' of care for people living with HIV (PLHIV) [1]
- The relationship resonates around communication, interaction and motivation [2,3]
- Currently there is a paucity of qualitative data relating to the dynamics and consequences of this relationship within the Kenyan context
- We explored the complexities and contradictions within this relationship to elucidate how it influenced patients' trajectories through the HIV 'cascade' of care in Kisumu, Kenya.

Methods

- We conducted a qualitative study within the Kisumu Health and demographic surveillance system (HDSS)
- 50 in-depth interviews were carried out with purposively sampled participants in the following categories

HIV service providers	**8**
Diagnosed but not initiated on ART	**10**
Recently initiated on ART	**9**
Initiated but not retained	**6**
On ART and stable	**6**
Families of deceased	**11**

- Data were collected in 2015-2016 using topic guides that covered experiences of receiving or providing HIV services
- Thematic analysis was conducted, aided by Nvivo 10 software

Fig. 1 Map and photos of the KEMRI/CDC Health and Demographic Surveillance Area (with permission)

Results

Three main themes emerged from the analysis, as summarised in table 2:

MUTUAL INTERACTION	• The relationship at the point of testing was often mutual, with providers giving tailored, flexible advice and encouragement to diagnosed patients. • However, there was little attempt by providers to re-engage patients who did not enroll at an HIV clinic
INEFFECTIVE COMMUNICATION	• The relationship frequently became asymmetrical upon ART initiation, with patients less empowered and more coerced, particularly during pre-ART adherence counseling sessions. • The counseling messages were often dogmatic, imbued with the 'good patient' syndrome, and threats of a choice between life and death • Ineffective, and sometimes discourteous and unidirectional communication, generally characterized the phase between testing and transition to ART initiation
MOTIVATION	• Providers often shifted responsibility for HIV management onto patients during treatment, providing limited practical or psychosocial support, making adherence problematic • The diminishing motivation resulted in patients either ceasing to attend the clinic or seeking healthcare elsewhere • Patients who conformed to providers' ideal type of patient experienced a cordial relationship, but some compromised on issues of social integrity

..the madam who tested me was not a stranger to me. She knew me, she is coming from my village...I call her my sister in law. So …I had a discussion the way we are now doing here and I told her that I had come there to be tested with my child. She accepted and tested us. I came back and took other kids and went back with them to be tested
35 YEAR OLD MALE ART DEFAULTER

…So I went back but I realized that that provider was not only harassing me alone but also others ... They had many issues. I was very free with the nurse that I found but she was later transferred after three months. The next one was harassing people; she did not know how to talk to the clients and that made so many people to leave. Even myself I once told her 'you are not my mother…you are not my mother who gave birth to me and it is even not a must I seek care', until it reached a time I threw those drugs at her in the hospital
46 YEAR OLD MALE ART DEFAULTER

I was going to the clinic very well until 2012 when I had a disagreement with one provider and I even left her my clinic card and walked away…It was rainy season and he arrived late... at around nine thirty morning. I was cycling from work place to the clinic. I arrived about eleven something. When I arrived at the hospital, the person who was taking our cards started lecturing me in front of people. I didn't respond...I only realized my tears dropping and after giving her the card, I just walked away. I … took some months before going back to that facility *40 YEAR OLD MALE ART DEFAULTER*

Table 2 Thematic framework and findings

Conclusions

- The provider-patient relationship changes at different stages along the 'cascade' often characterized by ambivalence which influenced patients' interactions with the health care system
- Greater efforts to enhance patient–provider dialogue and ongoing supportive relationships could promote patients' confidence and engagement in long-term HIV care and improve ART adherence
- PLHIVs' participation involving a rights-based approach in defining their expectations and ownership in the provision of HIV care and treatment is imperative in order to realize the UNAIDS 90-90-90 targets
- Simple, creative and locally-informed training interventions for facility-based ART providers could enhance the quality of care in resource-constrained settings

References

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