

## CHALLENGES EXPERIENCED BY UNEMPLOYED ADULTS ON ANTI-RETROVIRAL THERAPY IN HARARE

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### **ABSTRACT**

*The Anti -Retroviral Therapy (ART) study sought to investigate the challenges that were experienced by unemployed adults on ART in Harare, Zimbabwe over two periods, 2008 and 2013. The 2008 period marked the time when Zimbabwe was experiencing social and economic challenges mainly evidenced by hyperinflation and collapse of the local currency. In 2009, a multi-currency economy was introduced and this immediately contained inflation. The study concentrated on the health, social and nutritional aspects of the respondents during the two different economies and was analysed using the Marxist school of thought. The study was a repeated cross sectional survey, where data was presented simultaneously for the two periods revealing the socio-economic status of individuals as the strongest predictor of health, opportunistic disease causation and longevity on people and on medical treatment. The study concludes that there is a co-relationship between socio economic status and ART adherence and recommends a holistic approach to ART.*

**KEY TERMS:** Anti-retroviral therapy, nutrition, health, medical treatment, adherence, social class and Marxism

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## **INTRODUCTION**

In 2008, Zimbabwe experienced severe social and economic challenges, the economy was characterised by an extra ordinary hyperinflation and shortages of foreign currency which affected all sectors of the economy including the health sector. The health sector was equally affected as the hyperinflation eroded the salaries of health workers. A parliament report from the Ministry of Health and Child Welfare cited in Labour and Economic Development Research Institute Zimbabwe (LEDRIZ, 2012) confirmed that 80% of all health professionals trained in Zimbabwe had migrated to other countries. The shortage of foreign currency made it difficult to import drugs and hospital equipment. After the introduction of a multi-currency system an improvement was noted in the supply of drugs and health personnel. This paper will look at the challenges that were faced by unemployed adults on Anti- Retro Viral Therapy (ART) when inflation officially reached an overwhelming 231 million percent by July 2008 and when inflation figures

stabilised to a single digit after the introduction of the multi-currency (LEDRIZ, 2012).

## **BACKGROUND**

During 2008, the country experienced severe macro-economic constraints, such as rising poverty levels, unstable exchange rates and hyperinflation. These factors necessitated the need for long term planning while making it difficult both to plan for and adhere to expenditure and revenue targets (Sims, 2013). HIV and AIDS further strained already stretched health budgets and systems. The situation in the country in 2008 deteriorated to the extent that the government introduced a wide range of measures to try to respond to the situation but could not be effected due to economic challenges. The National Health Strategy, dubbed the 1997-2007: Working for Quality and Equity in Health, was the main policy that had been in place. This policy was supposed to be succeeded by the National Health Strategy for Zimbabwe 2009-2013. This strategy was delayed in its implementation due the socio economic

challenges that the country faced. The country thus had policy on paper to plan for the attainment of effective ART but could not be implemented. The unprecedented hyperinflation and shortages of foreign currency faced by the country had a detrimental effect on health personnel. Salaries were eroded and the country experienced massive brain drain of health personnel (Matendere, 2010). Drugs became unaffordable to the generality of the population. Basic drugs like ARVs were scant in most government hospitals to the extent that it was a challenge to initiate new patients on ART (Matendere, 2010). An estimated 80% of admission in public hospitals was attributed to HIV related illness (LEDRIZ, 2012). The kind of strain that the general populace went through varied depending on the level of services and nature of the demand and the capacity of the hospital. This supports Marx school of thought that the economic mode of production that a country is going through determines the general character of the social political and spiritual process of life that is experienced by the people (Giddens, 2009). The economic situation that Zimbabwe went through in 2008 affected almost

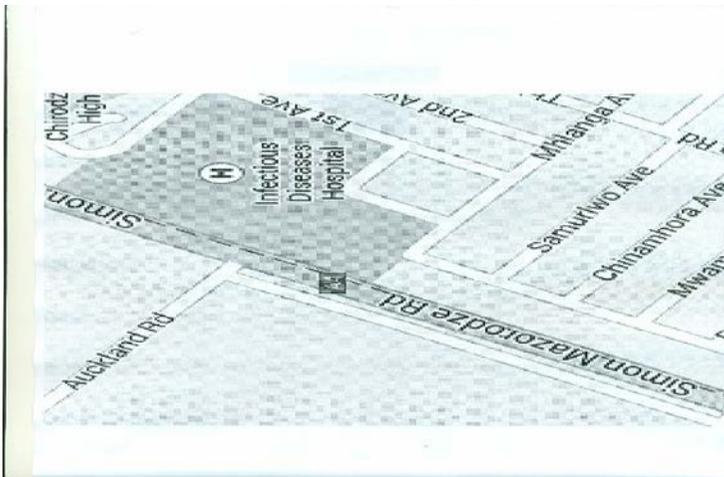
everyone and hit hard all areas of life. For the unemployed adult on ART it was a very difficult situation as their health condition and treatment requirements needed to be adhered to despite the economic challenges being experienced in the country. The economic challenges also contributed to the already tremendous rises in the adult mortality rates. Zimbabwe Statistics, (2006) also indicated that the largest increase in mortality rates was observed among women aged twenty five years and above and among men aged thirty years and above. These age patterns of adult mortality were consistent with the age pattern of HIV infection in Zimbabwe. The situation, however improved after the introduction of the multi-currency system. The government embarked on comprehensive intervention strategies to prevent effects of HIV and AIDS, on all sectors of the economy. It was, however, noted that these efforts still had challenges up to date as lot of harm had taken place (Kramarenko, 2010).

## **METHODOLOGY**

The research was a repeated cross sectional design that looked at the challenges being experienced by unemployed adults on ART. Data was collected in 2008 when Zimbabwe was at its peak of economic meltdown and in 2013 when the economic situation was reported to have improved (Kramarenko, 2010). A total of 100 people participated in the study, 50 respondents in 2008 and 50 respondents in 2013. The same tools were used to collect data in both years, a desk review and observations were made to identify if the introduction of the multi-currency system had made a positive impact in achieving treatment for unemployed adults on ART. Respondents were interviewed as they came in the hospital to collect their monthly medicines. The researcher made use of the patients' files and interviewed those that had indicated that they were unemployed. Data was collected from patients at Beatrice Road Infectious Disease Hospital (BRIDH) in Harare. The hospital is situated in Mbare along Simon Mazorodze road. The hospital caters for people in the southern suburbs of Harare. It treats diseases like tuberculosis, cholera, typhoid, dysentery and measles amongst others. It also has an Opportunistic

Infections Clinic (OIC) that caters for HIV and AIDS patients (City of Harare, 2013). The position of BRIDH is shown on the map, Figure 1.

Figure 1: *Position of Beatrice Road Infectious Disease Hospital, Harare, Zimbabwe*



*Source: Google Maps, 2013*

## **THEORETICAL FRAMEWORK**

This paper used the Marx theory on social class to explain the impact of social class on unemployed adults

on ART. In Marxism, the needs and freedom of the individual are very important. Marx condemns any society that imposes a division of labour without considering the need for the well being and for maximum self realization of each and every individual. He criticizes the class society which is a situation in which an individual's fate tends to be determined by his class position (Barry and Yuill, 2008). This was the case for the unemployed adults on ART as their social class determined their fate, which was failure to adhere to the requirements of their monthly treatments. The Marxist school of thought was used to present how the situational analysis of unemployed adults on ART's, nutrition and health were determined by the social class position that they occupied in the society.

## **RESULTS AND DISCUSSION**

### ***Demographic analysis***

Women were more forth coming to the study than men. This might be because of the cultural background where women are expected to participate in community health

programmes. The study targeted men and women who were between the ages of twenty years and sixty years in both 2008 and 2013, with the minimum age being 21 and maximum 60. This meant that the sexually and economically active age group was covered.

The data set in 2008 was bimodal because it had two sets of age groups that appeared most frequently. That is 36 and 34 while in 2013 the mode was 36. These age groups are the most sexually active as revealed by UNAIDS (2012). These age groups have a high risk of being infected by HIV and AIDS (UNAIDS, 2012). They are also the most economically productive age groups which are supported by studies carried out by UNAIDS, (2012) that HIV and AIDS has affected the economy by reducing the labour force.

The high utilization of medical services by the economically active age group due to the HIV and AIDS pandemic is opposed to what is cited in Barry et al 2008 that utilization of medical services is most common amongst the elderly as the use is determined more by

need than any other factors. The table below shows the percentage distribution by gender and age of the respondents who participated in the study.

Table 1: *The percentage distribution of respondents by age and gender*

Variable	Year 2008			Year 2013	
		Frequency	%	Frequency	%
Gender	Male	20	40	14	28
	Female	30	60	36	72
	Total	50	100	50	100
Age	21-30years	20	40	18	36
	31-40 years	22	44	24	48
	41-50 years	4	8	6	12
	51-60 years	2	4	2	4
	61++ years	2	4	0	0

The marital status of the respondents reflects that in both years, unemployed adults on ART were without a partner and this probably affected their survival strategies and the idea of taking medication on time as they needed someone to remind them. This may also be attributed to disclosure among the AIDS patients as they were required to disclose to people who were close to them so

as to get assistance with their treatments. Table 2 below depicts the marital status of the respondents.

Table 2: *Percentage distribution of respondents by marital status*

Marital status	Year 2008		Year 2013	
	Frequency	%	Frequency	%
Married	22	44	18	36
Widowed	14	28	20	40
Divorced	4	8	2	4
Single	2	4	0	0
Deserted	4	8	8	16
Living in	4	8	2	4
Total	50	100%	50	100%

The majority of the respondents who had attained secondary school education and beyond were 76% and 80% in 2008 and 2013 respectively as shown in Table 3 below. These were most likely to get some form of seasonal unskilled employment in the informal sector while the remaining 23% were still depending on petty

trading and vending. Those that had attained post secondary school education were mainly affected by the high unemployment levels that the country has been going through in the past five years. (Zimbabwe statistics, 2013). The level of education was worthy being discussed as education determines the economic status of individuals in societies, which in turn affects the way one adheres to ART. Table 3 shows the educational qualifications of the respondents.

Table 3: *Percentage distribution of respondents by education*

Level of Education	Year 2008		Year 2013	
	Frequency	2008 %	Frequency	2013 %
None	1	2	0	0
Primary	11	22	10	20
Secondary	36	72	35	70
Post secondary	2	4	5	10
Total	50	100	50	100

### *Health*

In ART taking care of health is a very crucial element. Living a healthy life will also contribute to an increased life span. The idea behind ART is meant to prevent people living with HIV and AIDS from easily being attacked by opportunistic diseases that reflect poor immunity (Brierley, 2013). The treatment makes the sick people to be well and be in a position to carry out their day to day activities. People on ART, thus live longer and healthier, while on treatment. This is in support of Parsons concept of the sick role that the sick person should try to get well Barry etal, 2008. People living with HIV and AIDS try to get well by taking their daily and monthly treatments. In chronic diseases like HIV and AIDS Parsons cited in Barry etal, (2008) acknowledges that the goal of complete recovery is impractical. The chronic disease can be managed so that a person can be able to maintain a relatively normal pattern of physiological and social functioning. This is made possible in ART patients as the treatment restores the normal functioning of the individual. In ART treatment, taking in medication is very important as defaulting

treatments has serious implications on one's health that include drug resistance and recurring of opportunistic infections (UNAIDS, 2013). This is in support with Parsons' line of thinking in his sick role that the sick person should seek technically competent help and cooperate with the physician (Barry et al, 2008).

Defaulting treatment is one of the major health challenges that were cited by the respondents. Defaulting treatments was due to a number of factors like socio-cultural factors (Zimbabwe Statistics, 2011). During 2008 and 2013, the study revealed that 64% and 86% respectively of the respondents did not buy their prescribed drugs of opportunistic infections on time. This was because of other demanding aspects of life like buying food and payments for shelter. In both economies, the respondents indicated that they defaulted because they could not afford transport costs and other demanding aspects of their lives. It was noted that those respondents in the lower social classes of the economy migrated, to other countries in search of employment (Murombedzi, 2013). The paper indicated that those

who were in the lower social class were still experiencing difficulties to adhere to their monthly treatments as they ended up migrating to nearby countries in search of menial jobs. It was also noted that those that migrated could not afford to come and collect their monthly treatments on time and ended up defaulting as they would have not made enough savings to come back home and collect their treatments.

Despite the economy improving, the respondents still indicated that they could not raise the multi currency required to meet their health needs as they made a living by mainly engaging in petty trading and menial work. This was a common trend that was persistent among the unemployed adults on ART that were interviewed during the periods of economic hardships and the multicurrency economy. In Marxism, once inequalities come into being they create better opportunities for the rich than for the poor, as it was noted by Murombedzi (2013) that after the introduction of the multi currency the same health problems that were experienced by the lower class were no longer experienced by the respondents in better social

classes like the middle class, that were working. Even though the economic situation had changed, the unemployed adults on ART still had challenges in adhering to their treatments. The unemployed adults on ART could not work as a team and cooperate with the physician due to high levels of poverty that surrounded them. Thus cooperation on ART adherence and early treatment of opportunistic infections with the physician was secondary as they could not meet their basic needs. This is opposed to what WHO (2013) indicated that for better health, there is need for the patient to cooperate with the physician. This defeated the whole idea of ART.

From the study findings it can be noted that unemployed adults on ART could not assume Parson's sick role. This was due to the economic situation in the country in 2008, many unemployed adults on ART did not have the opportunity to enjoy the sick role status because assuming the sick role status rendered them less likely to be able to earn a living or survive in conditions of poverty. This is supported by Parsons cited in Barry et al (2008) who noted that people living in a poverty

stricken environment might work regardless of how sick they might be as long as they felt that they might be able to perform some of their work activities. To further exacerbate the situation, most of the unemployed adults on ART could not access adequate health services and their health was no longer being taken as a human right but as a privilege. This shows how the political situation in Zimbabwe influenced the socio economic status of unemployed adults on ART. This is supported by Giddens (2009) in the political economy theory that emphasizes on the role of economic and political systems in shaping and reproducing the prevailing inequalities in society

### ***Nutrition***

The coexistence of high rates of malnutrition and HIV and AIDS in Africa creates an additional challenge UNAIDS (2008). HIV is characterized by progressive destruction of the immune system leading to recurrent opportunistic infections and malignancies, progressive dilapidation and death. Malnutrition is recorded to be one of the major complications of HIV infections and is a

significant factor in advancement of disease (WHO, 2013).

Prior to the dollarization, all the respondents indicated that they had nutritional challenges. It was difficult for them to put a meal on their table. 12% of the respondents could afford one meal a day and this was usually supper. The respondents reported this to be a 001 meal plan where they had no meal in the morning and afternoon and one meal in the evening. The majority of the respondents (52%) could afford two meals a day and this was usually breakfast and supper. 36% of the respondents had three meals a day. For breakfast 8% of the respondents indicated that they had porridge and plain tea. The respondents that consumed porridge alone were 22%. The respondents that indicated that they had tea with bread were 20%. Some of the respondents, 24% had *sadza* and vegetables in the morning, which is not a balanced diet. The remainder 26% did not eat anything in the morning despite their poor health that requires food. 52% of the respondents indicated that they had lunch, 80% of the respondents indicated that they consumed *sadza* and vegetables. 19% reported that they either had

tea with bread or tea with *sadza*. All the respondents indicated that they had supper. The respondents that indicated that they had a fruit highlighted that it was not bought but home grown or they were indigenous fruits. Due to the above stated challenges 80% of respondents ended up eating food that they did not want to eat. Most of the respondents (90%) indicated that they could not afford a balanced diet due to not eating a variety of foods. 88% of the sample indicated that they rationed their meals so that they could take them longer. These results validate the contention by UNAIDS (2008) that most adults who were unemployed and living with HIV, could not afford a balanced diet, despite the fact that it was essential for the ART to work effectively. The situation was further exacerbated by the economic mode of production that the country was going through that was characterized by the unavailability of basic commodities in most retail shops in the country. The unemployed adults on ART in 2013 also indicated that with the little money that they got from petty trading and menial jobs in the multi currency economy, they could not afford to eat anything that they wanted to eat as food was

now available and affordable. The majority of the respondents (80%) could afford three meals a day. 20% of the respondents had two meals a day. For breakfast all the respondents indicated that they had porridge, tea and bread while some few respondents indicated that on some of the days they could afford a sandwich. For the respondents that indicated that they had lunch the majority of the respondents (90%) indicated that they consumed *sadza* and vegetables or *sadza* and beans. The remaining 10% had either tea with bread or rice with soup. All the respondents indicated that they had supper. The respondents (60%) in 2013 also indicated that they rationed their meals so that they could take them longer. This shows a decline in the number of respondents that rationed their food from (88%) in 2008 to (60%) in 2013. The majority 70% of the respondents indicated that life was better. Their only challenge was raising the money required to buy food as it was noted that the foreign currency was very difficult to come by to those people who were not formally employed and depended on pieces of work like manual labour and petty trade in

the community, and donations from the civic society and the extended family.

Figure 2 shows the equation that the unemployed adults on ART were facing. Instead of adhering to ART and receiving early treatments of opportunistic infections and eating balanced diet the opposite was true and lead to non achievement of ART.

Figure 2: *The sequential steps that depict the plan of ART*



There were significant changes that the unemployed adults on ART reported to have occurred. The change in the country's economy has impacted positively on the unemployed adults on ART. The variable change of life style was noted by all the respondents in 2008. While in 2013 few of the respondents (30%) indicated that they

maintained their life style. In 2008 (88%) of the respondents indicated that household poverty levels had increased. The number reduced to 20% in 2013. This is in support with the Marxist school of thought that notes that the economic mode of production determines the general character of the social political and spiritual process of life that is experienced by the people (Giddens 2009). As the economic situation improved the processes of life also improved as highlighted in the table above. In 2008, the minority of respondents indicated that they could afford a balanced diet (20%) while the number increased to 60% in 2013. Table 4 below shows the distribution of the social challenges faced by the respondents during the two periods.

*Table 4: Percentage distribution of respondents Social Challenges in 2008 and 2013*

Year	2008		2013	
	Frequency	%	Frequency	%
Social challenge	2008		2013	
Change of life style	50	100	35	70
Reduced expenditure	46	92	15	30
Increased poverty levels	44	88	10	20
Selling of asserts	30	60	2	4
Defaulting treatment	36	72	0	0
Afford a balanced diet	10	20	30	60

### *Coping mechanism*

The respondents highlighted that they depended on the extended family members, the community and the civic society to supplement their needs. The respondents indicated that the extended family had large numbers of people to look after, thus the burden was rather too heavy for them. It was also noted that the extended family was willing to assist but had no sufficient resources to cater for the needs of the unemployed adult on ART. This supports UNICEF, (2006) findings that the extended family needs support in order to efficiently assist other family members. This shows Durkheim's solidarity theory where he postulated the importance of a society's

cohesion and integration (Giddens, 2009). This solidarity was observed in Zimbabwe during the economic challenges as the extended family and the community played a pivotal role in assisting unemployed adults on ART.

From the study findings in both 2008 and 2013, it was quite normal for the unemployed adults on ART to leave their social roles being attended to by other coping mechanism like the extended family, community and the civic society. This is in agreement with what Parson's, sick role that the sick person is exempted from his normal social roles. Although the extended family was still functional it was noted that this coping mechanism was not reliable. The extended family could not buy their medication on time, and they had to forgo their medication because the extended family had no money to buy the medication for the treatment of opportunistic infections. The study revealed that the extended family provided food when the respondents were left with absolutely nothing.

The civic society has played a pivotal role in assisting the unemployed adults on ART. The studies revealed that the unemployed adults on ART were assisted by the Non Governmental Organizations (NGO). In 2013, 76% of the respondents whose health needs were taken care of by NGOs also highlighted that they got their medication on time. However, the respondents indicated that the need to target more beneficiaries in their interventions as the intervention targeted a few people. Eighty four percent (84%) of the respondents that were assisted with food from NGOs in 2008 indicated that the food was not enough to take them up to the next month when they received the next food ration. This was because they had to share the food with the extended family that usually gave them a helping hand when they had problems. In 2013, 72% of the respondents highlighted that they received food rations from the NGOs and their main challenge was that there was nothing for breakfast. Psycho-social support from the NGO was also reported in both 2008 and 2013, and was reported to be very useful to the unemployed adults on ART. However this coping mechanism was reported to target a few people.

The community also played an essential role in the lives of the unemployed adults on ART in both 2008 and 2013. The respondents indicated that the community assisted them with food, clothing and psycho-social support. The study revealed that the community assisted the unemployed adults on ART with small amounts of food only when requested and money for transport to visit the hospital to collect their monthly treatments. Fear of social exclusion was the reason why the respondents did not make much use of the community as a coping strategy in both years. These findings supported Matendere's, 2010 findings that People Living with HIV and AIDS are less likely to disclose their situation in fear of social exclusion and the stigma associated with the disease.

## **CONCLUSION AND RECOMMENDATIONS**

The study concluded that there is a co-relationship between socio economic status and ART adherence. The unemployed adults on ART, faced challenges with their

health needs and nutritional needs, while being in the lower social class and this negatively affected their adherence to ART. The study recommends a holistic approach to service provision, which incorporates a comprehensive service provision in all sectors of the economy for ART to be a success. ART should take into consideration the availability and affordability of health and nutritional needs of people living with HIV and AIDS. Hence there is need for a coordinated centralised system where medication, food, health and social requirements of unemployed adults on ART to be addressed and people's welfare should be adequately addressed to complement the health treatments. The study hence recommends a vibrant well co-ordinated referral system in all areas concerning the welfare of unemployed adults on ART for the successful achievement of ART.

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