LEARNING & ANALYSIS BRIEF

PharmAccess FOUNDATION

PATIENT PERSPECTIVES

WHAT INHIBITS AND SUPPORTS ADHERENCE TO HYPERTENSION TREATMENT AMONG INSURED PATIENTS IN RURAL NIGERIA?

Universal healthcare coverage has been identified as a promising strategy for improving treatment of high blood pressure (hypertension) in sub-Saharan Africa. Yet, even when quality care is accessible, poor adherence can compromise treatment outcomes. This study explores the perceptions on treatment adherence of low-income patients receiving hypertension care in the context of a community-based health insurance program in rural Nigeria. We document both barriers and facilitators for drug treatment adherence and for healthy behaviour.

High blood pressure (hypertension) is one of the most important risk factors for developing cardiovascular (heart and blood vessel) disease. Cardiovascular disease is a major cause of ill health and premature death in sub-Saharan Africa (SSA), and the problem is growing. Treating hypertension with medication and a healthy lifestyle can greatly reduce blood pressure, which reduces the risk of premature death from cardiovascular disease. However, treatment is often lifelong, patients are frequently asymptomatic, and it is difficult to motivate patients to adhere to prescribed drug treatment and lifestyle advice. This study investigated what motivates and inhibits low-income patients enrolled in the Kwara State Health Insurance (KSHI) program in Nigeria to adhere to prescribed hypertension treatments. The cost of drugs was covered within the insurance program. The research focused on identifying patient views on the barriers and facilitators for adherence to: 1) the prescribed medications and 2) the behavioural recommendations.

Hypertensive patients (16 males, 24 females) who had enrolled in the KSHI program were interviewed for the study. The interviews focused on: knowledge and personal views about hypertension, access to care, the role of health insurance, sources of information about hypertension, views on prescribed medications and health behaviour change, satisfaction with care, and general views on prevention of cardiovascular disease. All patients had received hypertension care through the insurance program for more than one year in a rural primary care hospital in Kwara State. Half of the patients had a well-treated blood pressure, i.e. at the target goal, and the other half had a blood pressure that was not at the treatment target.

Implications and lessons learned

- **Factors other than having access to free high quality healthcare influence the success of hypertension treatment in rural communities in Africa.**
- **While rural communities may present specific barriers for adhering to hypertension treatment plans, opportunities to overcome these present themselves through adapting to local practices.**
- **For instance: Study participants provided useful details about what local foods are affordable and available to compose healthy meals and how normal daily activities offer opportunities for getting exercise.**
- **Insurance program managers and health care providers can use the study results to design patient education materials that are adapted to the local context. For example, more attention could be paid to patient education through further counselling or education about the nature of hypertension. In addition, community education could be delivered through people that are known to the community, trusted, culturally competent, and fluent in the local language. However, not all patient-perceived barriers can be tackled through patient education alone (e.g. availability of medication or logistical obstacles). These barriers must be addressed at the level of the healthcare facility or the insurance program.**

KEY COUNTRY FACTS

173.6 m
population (54% is rural)

46%
of people live below the national poverty line

62%
of people live on less than USD 1.25 /day

69%
of people's spending on healthcare is out-of-pocket

18%
general government expenditures on health (compared to 15% Abuja norm)

28.1%
of adult men have raised blood pressure

27.5%
of adult women have raised blood pressure

– Based on 2012 and 2013 World Bank and World Health Organization data.

PROGRAM FACTS

37
clinics

111,902
enrollees

TOP 5 DIAGNOSES
1) Malaria
2) Hypertension
3) Pregnancy
4) Upper respiratory tract infections
5) Respiratory/Ear-nose-throat complaints

– Based on June 2015 data.

Adherence to medication

Five main factors influenced patients' adherence to prescribed medication: healthcare-related factors, patient-related factors, medication-related factors, religious factors, and social factors.

Factors inhibiting adherence to medication:

- the organization of hypertension care: clinic opening hours interfering with other obligations such as faith practice, work, household chores, long travel distance/high travel costs to the clinic, long waiting times at the clinic, and medications being out of stock
- patients' own views that hypertension is a curable, transient condition
- side-effects of medication, incompatibility between religious fasting and regular pills use, substitution/supplementation of prescribed medicines with herbal remedies
- discontinuation of medication due to belief in faith healing
- lack of social support

Factors facilitating adherence to medication:

- affordability of care through insurance, appreciation of the healthcare provider and easy approachability of the doctor, and availability of prescribed pills
- knowledge and fear of complications due to hypertension
- belief in the efficiency of 'western' medicines, especially when compared to 'traditional' medicines
- faith-related support through prayer and/or health education from religious leaders
- support from family members and peers with the same conditions

Adherence to lifestyle changes

Lifestyle recommendations to lower blood pressure include limiting the use of salt, reducing or maintaining weight, exercising regularly, and limiting use of tobacco, alcohol, and other stimulants.

Factors inhibiting healthy behavior:

Salt:

- local food practices with regard to food preparation, e.g. use of large quantities of salt, maggi
- using salt to preserve food
- medicinal salt use to treat stomach discomfort

Weight:

- local or cultural practices that associate large body sizes with wealth, comfort, or beauty
- seeing weight as an unchangeable, inherited family trait
- difficulties in avoiding 'fattening' local ingredients (e.g. palm oil, groundnut nut, meat)

Exercise:

- perceiving exercise as needless, useless, dangerous, or incompatible with advancing age
- lack of knowledge about how best to exercise

Stimulants:

- perceiving consumption of stimulants as beneficial (e.g. stress relief, improved vision)

"I was able to make use of the advice; we now reduce quantity of salt added to common 'family pot' food generally; thereafter those in the family that desire more salt in their food can add extra salt to their portion after dishing."

- elderly male participant

Factors facilitating healthy behavior:

Salt:

- health education from multiple channels besides the doctor, including churches and mosques
- using local substitutes for salt when preparing food
- social support in the form of families being willing to eat meals containing less salt

Weight:

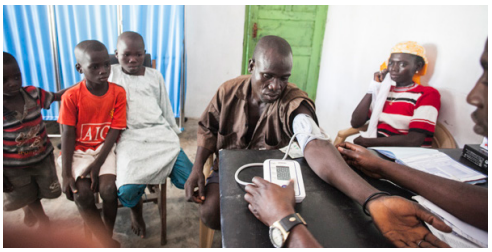
- changing local and cultural perceptions on linkages between weight, wealth, beauty, and health
- availability of affordable healthy foods from local vegetable farmers and fishermen

Exercise:

- using socially acceptable ways of exercising through regular daily activities such as farming, transportation (canoeing, walking, bicycling), household chores (washing clothes, cutting wood, yam pounding), and religious practice (clapping, dancing, singing)
- exposure to regular counselling on the need to exercise

Stimulants:

- faith-based support (abhorrence of unhealthy social habits by Islam and Christianity)
- gender-based support (frowning upon the habit of women smoking or using alcohol)



"In this region, people often link weight loss to disease, particularly if the slimming down is getting too much, suggesting that such might be due to disease; at other times they suggest that slim people are very miserly and would rather not spend money to eat well and get robust."

- male participant, 63 years old

TAKE HOME MESSAGES

- Despite having access to affordable healthcare through insurance, hypertensive patients in sub-Saharan Africa may face other challenges in adhering to the prescribed treatment plans.
- More than 'just' health insurance is needed to improve adherence to treatment plans and achieve healthy outcomes.
- Local communities in rural Africa may present specific barriers, but also useful opportunities to support community members in adhering to medications and maintaining healthy behaviours.
- Educational interventions designed to strengthen adherence have a better chance of success if they are specifically tailored by identifying and addressing the inhibitors and facilitators that are perceived or experienced by patients themselves.

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