



## Original Article

# Assessment of Perception of Treatment Adherence among HIV Patients

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## ABSTRACT

Human Immunodeficiency Virus infection is surveyed a perplexing issue. It attributes to the transmissibility in addition to its chronicity. **Objective:** To assess the perception regarding treatment adherence among HIV patients in OPD in Jinnah Hospital, Lahore. **Methods:** A descriptive cross-sectional research study design was conducted among 137 patients at Jinnah Hospital, Lahore. The convenient sampling technique was used. The population that is targeted was only the patients of Jinnah Hospital, Lahore. **Results:** The overall result of this study shows that majority of the people have very poor perception about the treatment, and few people have good perception. **Conclusions:** The current study demonstrated that majority of the people had bad perception due to many reason that could be limited support from family, society, stigmatization and low self-esteem. Some people have moderate perception they were responding to the treatment but somehow faced rejection from society. It improved by changing their perception and motivating them. Very low number of people had good perception, they had the to restore their health by receiving the treatment and followed the physician advice.

## INTRODUCTION

Human Immunodeficiency Virus infection is surveyed a perplexing issue. It attributes to the transmissibility in addition to its chronicity. HIV is a contagious disease must recognized by family, healthcare providers and people patient surroundings. It is cleared that when HIV becomes part of life situation it inclines into more complex issues. After it leads to advance stage it cannot be treated only the palliative care provided to the patients [1, 2]. In Pakistan, HIV prevalence among the general population is estimated to be less than 0.1% with 165000. In June, 2019 people estimated 14.7% registered by the National AIDS Control Program (NACP) the number of people increases in 2019 suffering with HIV than 4500 people in 2013. HIV is increasing very vastly because it is a communicable disease. If people suffering with this disease didn't follow the precautions than there is probability it exceeds in Pakistan in coming years [3, 4]. HIV treatment considers a

complicated fact in the literature. HIV treatment adherence is not compacted to alluring anti-retroviral and following the prescription of health professionals [5]. The person can continue the treatment by peers and family supports, without their support a person can lose the hope to being healthy and lives the life of his own choice [6]. Covering the adherence behavior encloses the multi-dimensions contribute the aspects related to patient, treatment, socio-economic and health system [7]. It is crucial that there is cross-practice in observing the health services in HIV patients that distinct care in families and population. But the need here is to accept them, avoid make judgments about them and help them in getting better by receiving the treatment [8]. It is a matter of convolution that connects knowledge which refines the thoughts. It prognosticate that the course of action underlying goal of their treatment describe medication and

exercise behaviors. HIV significantly affects the CD4+ cells that is the reason it can only counts or measures when there are possible chances of having HIV [9]. And if a person has firmness to receive the proper treatment that can reduce the severity of the disease and contribute to increase the quality of life [10]. The following are the variables that may affect the health of the individual including the values and beliefs, efficacy of the medicines, natural products and home remedies perception can necessarily affected the older adults with chronic diseases. It therefore also affects the health of all individual [11]. Some have good perception to adhere the treatment but on other side many have bad perception to adhere the treatment [12]. Medication management programmes provide the support to the individual facing serious issues. Intervention facilitated by the adherence to ART weight gain side effects and patient relationships consider as factor to enhance treatment adherence [13]. Seminars or workshops are organized to provide awareness to the patients. On the other hand, it can alert the people to avoid the unusual intercourse [14, 15]. It has been observed that those patients who adhere to treatment and care related factors as: adequate diet, good lifestyle, and proper functioning have good perception because they have much knowledge about the illness. Majority is observed and they don't want to talk about the disease, so consider as having bad perception. So, the study needed to check the level of perception about their illness [16].

## METHODS

Descriptive cross-sectional research study setting was used. The study settings is out patient department of HIV clinic of Jinnah Hospital Lahore. This study took approximately 9 months. The study was targeted population patients with diagnosed HIV of public hospital (Jinnah Hospital Lahore). The study sample is calculated by using Slovin's formula. The purposive sampling technique was used to gather the sample from the patients. The patients of OPD were included. The patients who are receiving the medical treatment of HIV was included in study. The patients with chronic illness other than HIV was excluded from the study. The patients who are not receiving the medical treatment was excluded in study.

## RESULTS

Table 1 shows that from the total number of participants who responded the study. Those with the age group of 16-20 were 7(5.1%), with the age of 21-25 were 34(24.8%), with the age group of 26-30 were 53(38.7%), with the age group of 31-35 were 34(24.8%), with the age group of 36-40 were 8(5.8%) and 51 or above were 1(.7%). Those who were males 108(78.8%) and who were females 29(21.2%). participants who responded the study. Those who were married

66(48.2%) and who were single 68(49.6%). Those who were primary educated 13(9.5%), who were middle educated 24(17.5%), and who were matric 62(45.3%), who were intermediate 20(14.6%), who were bachelors 12(8.8%) and who were others 6(4.4%). Those who had monthly income 15000-20000 were 15(10.9%), those with 21000-25000 were 48(35.0%), those with 26000-30000 were 29(21.2%), those with 31000-35000 were 13(9.5%), those with 36000-40000 were 8(5.8%), those with 41000-above were 6(4.4%), and those with none were 18(13.1%).

Variables	Frequency (%)	Cumulative Percentage
<b>Age</b>		
16-20	7(5.1)	5.1
21-25	34(24.8)	29.9
26-30	53(38.7)	68.6
31-35	34(24.8)	93.4
36-40	8(5.8)	99.3
51-above	1(0.7)	100.0
<b>Gender</b>		
Male	108(78.8)	78.8
Female	29(21.2)	100.0
<b>Marital status</b>		
Married	67(48.9)	48.9
Single	70(51.1)	100.0
<b>Qualification</b>		
Primary	13(9.5)	9.5
Middle	24(17.5)	27.0
Matric	62(45.3)	72.3
Intermediate	20(14.6)	86.9
Bachelors	12(8.8)	95.6
Others	6(4.4)	100.0
<b>Monthly Income</b>		
15000-20000	15(10.9)	10.9
21000-25000	48(35.0)	46.0
26000-30000	29(21.2)	67.2
31000-35000	13(9.5)	76.6
36000-40000	8(5.8)	82.5
41000-above	6(4.4)	86.9
None	18(13.1)	100.0

**Table 1:** Demographic of Participants

Table 2 shows that from the total number of participants who responded the "I expect to have this illness for the rest of my life". Those who were strongly disagree 15(10.9%), who were disagree 5(3.6%), who were neither agree nor disagree 7(5.1%), who were agree 60(43.8%) and those who were strongly agree 50(36.5%) "My illness has major consequences on my life" Those who were strongly disagree 4(2.9%), who were disagree 6(4.4%), who were neither agree nor disagree 23(16.8%), who were agree 61(44.5%) and those who were strongly agree 43(31.4%) "My illness strongly affects the way others to see me" Those who were strongly disagree 19(13.9%), who were disagree 39(28.5%), who were neither agree nor disagree 15(10.9%),

who were agree 36 (28.5%) and those who were strongly agree 25 (18.2%) "What I do can determine whether my illness gets better or worse" Those who were strongly disagree 10 (7.3%), who were disagree 9(6.6%), who were neither agree nor disagree 59 (43.1%), who were agree 32 (23.4%) and those who were strongly agree 27 (19.7%) "My treatment will be effective in curing my illness" Those who were strongly disagree 15(10.9%), who were disagree 16(11.7%), who were neither agree nor disagree 23 (16.8%), who were agree 47 (34.3%) and those who were strongly agree 36(26.3%). Table 2 shows that from the total number of participants who responded the question "Negative effects of my illness can be prevented (avoided) by my treatment" Those who were strongly disagree 12 (8.8%), who were disagree 14(10.2%), who were neither agree nor disagree 37 (27.0%), who were agree 41 (29.9%) and those who were strongly agree 33(24.1%) "My illness doesn't make any sense to me" Those who were strongly disagree 13 (9.5%), who were disagree 31 (22.6%), who were neither agree nor disagree 47 (34.3%), who were agree 25(18.2%) and those who were strongly agree 21(15.3%) "The symptoms of my illness change a great deal from day to day" Those who were strongly disagree 6 (4.4%), who were disagree 9 (6.6%), who were neither agree nor disagree 34 (24.8%), who were agree 60 (43.8%) and those who were strongly agree 28(20.4%) "I go through cycles in which my illness gets better and worse" Those who were strongly disagree 6 (4.4%), who were disagree 22 (16.1%), who were neither agree nor disagree 42 (30.7%), who were agree 36 (26.3%) and those who were strongly agree 31(22.6%).

Questions	Frequency (%)	Cumulative Percentage
<b>I expect to have illness for rest of my life</b>		
Strongly disagree	15(10.9)	10.9
Disagree	5(3.6)	14.6
Neither agree nor disagree	7(5.1)	19.7
Agree	60(43.8)	63.5
Strongly agree	50(36.5)	100.0
<b>My illness has major consequences on my life</b>		
Strongly disagree	4(2.9)	2.9
Disagree	6(4.4)	7.3
Neither agree nor disagree	23(16.8)	24.1
Agree	61(44.5)	68.6
Strongly agree	43(31.4)	100.0
<b>My illness strongly affects the way others to see me</b>		
Strongly disagree	19(13.9)	13.9
Disagree	39(28.5)	42.3
Neither agree nor disagree	15(10.9)	53.3
Agree	39(28.5)	81.8
Strongly agree	25(18.2)	100.0
<b>What I do can determine whether my illness gets better or worse</b>		
Strongly disagree	10(7.3)	7.3
Disagree	9(6.6)	13.9
Neither agree nor disagree	59(43.1)	56.9

Agree	32(23.4)	80.3
Strongly agree	27(19.7)	100.0
<b>What I do can determine whether my illness gets better or worse</b>		
Strongly disagree	15(10.9)	10.9
Disagree	16(11.7)	26.6
Neither agree nor disagree	23(16.8)	39.4
Agree	47(34.3)	73.7
Strongly agree	36(26.3)	100.0
<b>Negative effects of my illness can be prevented (avoided) by my treatment</b>		
Strongly disagree	12(8.8)	8.8
Disagree	14(10.2)	19.0
Neither agree nor disagree	37(27.0)	46.0
Agree	41(29.9)	75.9
Strongly agree	33(24.1)	100.0
<b>My illness does not make sense to me</b>		
Strongly disagree	13(9.5)	9.5
Disagree	31(22.6)	32.1
Neither agree nor disagree	47(34.3)	66.4
Agree	25(18.2)	84.7
Strongly agree	21(15.3)	100.0
<b>The symptoms of my illness change a great deal from day to day</b>		
Strongly disagree	6(4.4)	4.4
Disagree	9(6.6)	10.9
Neither agree nor disagree	34(24.8)	35.8
Agree	60(43.8)	79.6
Strongly agree	28(20.4)	100.0
<b>I go through cycles in which my illness gets better and worse</b>		
Strongly disagree	6(4.4)	4.4
Disagree	22(16.1)	20.4
Neither agree nor disagree	42(30.7)	51.1
Agree	36(26.3)	77.4
Strongly agree	31(22.6)	100.0

**Table 2:** Response of participants about lifestyle

This table 3 shows that people who have poor perception were 48(35.0%), those who have moderate perception were 47(34.3%), and those who have good perception were 42(30.7%).

Variables	Frequency (%)	Cumulative Percentage
Poor	48(35)	35.0
Moderate	47(34.3)	69.3
Good	42(30.7)	100.0

**Table 3:** Participants perception about HIV

## DISCUSSION

The current study examining the perception regarding treatment adherence in HIV patients. The study results showed that from the total number of participants who responded to the study immensely were male 99 (72.3%), with matric education 62 (45.3%), and were earning 21000-25000 were 48 (35.0%). This study shows the comprehensive response of the patients suffering with illness having serendipity of HIV who countered to this study [17, 18]. Mahamboro et al., study was valid as already mentioned above by using the descriptive tool. This study

based on engaging the perception of the patients suffering with HIV. Inquiring the patients about their consciousness towards their disease and their approach to the treatment. Patients who respond actively were 42(30.7%) have very good perception about the treatment adherence of HIV. They have consideration for being healthy by receiving the proper treatment. Those who respond moderately were 47(34.3%), as they had apprehension to engage with treatment, but they were somehow abide by their families compulsion for continuing their treatment, they faced some moral issues as well. Those patients who respond poorly to the treatment adherence were 48(35.0%), they were unaware for the severity of their illness and lose their reliance of being healthy. Parikh *et al.*, and Pleuhs *et al.*, considered that having HIV disease is misdeed for them and not admissible in the society. It is not fairish in society through all aspects as socially as well as spiritually [19, 20]. But the need of this study is to change their perception and evoke them to receive the treatment for their illness. Study finding was consistent with previous study finding.

## CONCLUSIONS

It is concluded that majority of the people had bad perception due to many reason that could be limited support from family, society, stigmatization and low self-esteem. Some people had moderate perception they were responding to the treatment but somehow faced rejection from society.

## Conflicts of Interest

The authors declare no conflict of interest

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