

LSE Research: Tracking the medication habits of HIV/AIDS-infected people among Kenya's urban poor

[blogs.lse.ac.uk/africaatlse/2011/10/17/lse-research-tracking-the-medication-habits-of-hiv-aids-infected-people-among-kenya%](http://blogs.lse.ac.uk/africaatlse/2011/10/17/lse-research-tracking-the-medication-habits-of-hiv-aids-infected-people-among-kenya/)

17.10.2011

Eliud Wekesa belongs to LSE's Department of Social Policy and his research focuses on the sexual and reproductive health of people living with HIV/AIDS. He and co-author, Chimaraoke O. Izugbara recently released a paper looking at the beliefs and practices about antiretroviral medication among poor urban Kenyans living with HIV/AIDS.

The past decade has seen a dramatic increase in the access to antiretroviral treatment (ART) in poor areas. ART users are supposed to take their medication at specific times every day for life to keep their illness under control.



A shelf of antiretroviral medication

Yet little is known about the extent to which clients comply or adhere to ART in areas with limited resources. Research on ART use in Africa is very rare despite its potential to inform policy and practice.

Medication-taking habits of poor urban Kenyans are primarily motivated by the double predicament of deprived livelihoods and HIV-related stigma, according to new LSE research.

LSE's Eliud Wekesa and co-author Chimaraoke O. Izugbara of the African Population and Health Research Centre (APHRC) have produced a report entitled ***Belief and Practices about Antiretroviral Medication: a study of poor urban Kenyans living with HIV/AIDS.***

The paper is published in *Sociology of Health and Illness*, a leading international journal that focuses on all

aspects of health, illness, medicine and health care.

Life is tough for those among the Kenyan urban poor infected with HIV/AIDS. Some are disowned by family, rejected by once-friendly neighbours, discriminated against and can even become targets of violence.



A Nairobi slum

Josephine told researchers of how her neighbours openly taunted her about her disease.

“This one is infected, can’t you see how slim she has become? She will die and no-one will attend her burial.”

To HIV/AIDS clients, both compliance and non-compliance with taking their medication can, depending on the issues at stake, be socially and physically advantageous.

Some went to unusual lengths to stick to their prescribed schedule for taking their drugs. There is Mahmud, a Muslim, who linked his medication with the calls for prayers that blared daily from the mosque near his house.

Saratu, on the other hand, took her pills at 6am and 6pm – the times she wakes up to prepare food for her husband and starts to prepare the evening meal.

There are also support groups that will send out text messages as a reminder to their members.

By sticking to their medication schedule, they were able to continue looking healthy, stay in employment and to sustain relationships within their networks.

And this was the appearance that even those who did not take their medication as prescribed, wanted to preserve.

Non-compliant patients often failed to take their medicine because they wanted to keep their status hidden and/or avoid the extra costs associated with taking their drugs.

Sometimes, the poor don’t have food on a consistent basis, which makes it difficult for them to take their medication with their meals.

On occasion, HIV/AIDS-infected people are seduced by the false claims of local healers who say they have a cure for the disease. As a result, they stop taking their ART because of their desperation to be cured and consequently free from the stigma of their illness.

In the main, ART use is shaped by relationships between individuals and their social and healthcare networks.

In conclusion, the authors suggest the evidence points to healthcare providers being willing to take more time to understand the circumstances of individual HIV patients, both counselling them on medication-taking and on HIV as a health condition.

Health providers will also need to be aware of the temptation to patients to pursue alternative treatments that do not necessarily help prevent and control HIV.

Read the [full paper](#)