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Patient perspectives on reasons for failure to initiate ART in Mozambique: combating stigma with compassionate counseling

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Background: While antiretroviral treatment (ART) is now available to millions of patients in Africa, attrition is high at every level of the care cascade.

Objective: This study sought to identify reasons for failure to initiate ART eligible individuals as perceived by HIV-positive patients at a health center in Mozambique.

Methods: HIV-positive patients ≥18 years of age linked to care at the São Lucas Health Center in Beira, Mozambique were asked three open-ended questions: (1) Why do so many patients who are eligible not start ART? (2) How can health professionals encourage patients to start ART? (3) How can we improve care? Survey answers were analyzed and grouped by themes.

Results: Forty-nine participants had median age of 42 years, were 59.% female and 78% currently receiving ART. Shame, fear, and denial were the most commonly cited reasons for failure to start medications. Participants described compassionate counseling and home visits as ways to encourage ART-eligible patients. Practical suggestions for improvement in care included providing patients with food, opening the clinic earlier, and shortening waiting lines.

Conclusions: Shame and fear remain important barriers to care of HIV-positive individuals in Mozambique. Emphasizing a compassionate approach to health care may benefit patients in the pre-ART period.

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Abstract #: *2.015_NEP*

Factors affecting the quality of life for women diagnosed with breast in Cameroon

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Background: Breast cancer incidence is on the rise in sub-Saharan Africa. However, the number of survivors are increasing as more efforts have gone into improving treatment and extending life. As quantity of years lived are being improved, so too must the quality of those years. In order to address this, more knowledge is needed about quality of life (QOL). While much is known about QOL of breast cancer patients in high-income countries, little data exists for lower- and middle-income countries such as Cameroon.

Methods: From 2011 to 2015, two-hundred and seventy-four confirmed breast cancer patients were recruited from Yaoundé General Hospital in Cameroon. Through interview, patients were administered the Functional Assessment for Cancer Therapy for Breast cancer (FACT-B). This questionnaire is used to assess quality of life for breast cancer patients with subscales for social, physical, functional, and emotional well-being, and a breast cancer-specific subscale. FACT-B scores range from 0-144, with higher scores representing higher QOL. Univariate analysis with linear models was used to analyze the data.

Findings: QOL was significantly higher for those who were married. This was true for global FACT-B scores ($P = 0.0182$), functional well-being ($P = 0.0300$) and the breast cancer subscale ($P = 0.00142$). An increase in time since diagnosis resulted in reduction of the breast cancer subscale ($P = 0.0121$); however, the majority of our subjects (73.4%) were only recently diagnosed (<1). Furthermore, an increase in age was significantly correlated to a decrease in QOL globally ($P = 0.00189$), social well-being ($P = 2.77$ e-05), function well-being ($P = 0.0343$), and for the breast cancer subscale ($P = 0.000848$). Education level yielded no significant differences.

Interpretation: These findings suggest that married breast cancer patients in Cameroon may experience a higher QOL. Age is correlated with a decrease in total FACT-B score but this may not be specific to concerns with breast cancer and may be related to problems with aging in general. Furthermore, while time since diagnosis resulted in lower QOL, a better distribution of time since diagnosed might yield different results.

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Abstract #: *2.016_NEP*

Can behavioral economics improve reproductive health outcomes for girls and women in developing countries?

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Program/Project Purpose: The Behavioral Economics in Reproductive health Initiative (BERI) was established to stimulate the application of behavioral economics to problems in global family planning and reproductive health (RH). Women in low-resource settings frequently face reproductive challenges–like unintended pregnancy, sexual violence, or complications from delivery–that profoundly and permanently influence their families' health, education, and socioeconomic wellbeing. Increasing access to family planning and health services is one important channel for helping women achieve better life outcomes; however, individuals also make economic decisions that adversely affect health. These decisions are complex and can seem irrational (or counter to our own best interests). But they are often the result of behavioral biases and social norms that have been well characterized by behavioral scientists.

Structure/Method/Design: Behavioral economics is increasingly recognized as an innovative, low-cost tool for the design of effective social programs. Successful interventions have included reminders or nudges to comply with health recommendations, retirement savings defaults, and social commitments (like savings goals) that harness peer pressure to achieve better results. BERI applies these approaches to global health. We focus on the decision-making biases that prevent women from achieving their desired outcomes. BERI currently supports 11 field studies in Africa and South Asia, each testing a different strategy for improving decision-making