Annals of Global Health, VOL. 82, NO. 3, 2016
May–June 2016: 532–574

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

*Anita Lyons[1], Laurina Moiane[2], Elpidio Demetria[2], Peter Veldkamp[1], Ramakrishna Prasad[1]; [1]University of Pittsburgh Medical Center, Department of Medicine. Pittsburgh, PA, [2]Faculdade de Ciências de Saúde, Universidade Católica de Moçambique, Beira, Mozambique*

**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.

**Funding:** None.

**Abstract #:** *2.015_NEP*

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

*K. Machini[1], P. Ndom[2], D. Huo[1]; [1]University of Chicago, Chicago, USA, [2]Yaoundé General Hospital, Yaoundé, Cameroon*

**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.

**Funding:** University of Chicago Center for Global Health.

**Abstract #:** *2.016_NEP*

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

*T. Madon[1], A. Sellman[1]; [1]Center for Effective Global Action, University of California, Berkeley, CA, USA*

**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

among households and care providers. The studies fit within a conceptual framework that defines four trade-offs made by RH decision-makers: today versus tomorrow, self versus other, thinking fast versus slow, and illusion versus reality. The framework serves as a simple tool for examining why individuals might make decisions that are misaligned with their preferences.

**Outcome & Evaluation:** The initiative's long-term goals are to promote the use of behavioral economics by global health practitioners, recruit psychologists and economists into the field of RH, and generate evidence relevant to health policy-makers. These outcomes are evaluated through ongoing literature review.

**Going Forward:** While BERI currently focuses on how biases affect RH choices, the program's findings have broader applications for the field of global health. To facilitate adoption of behavioral economics in global health, we invest in outreach, dissemination, and partnership activities that cross disciplines and sectors.

**Funding:** Hewlett Foundation and UC Berkeley.

**Abstract #:** *2.017_NEP*

### Prevalence of non-communicable diseases in rural Haiti

*L. Crompton[1], S. Malcolm[2], J. Cadet[3], M. Kelly[3], V. DeGennaro[3]; [1]London School of Hygiene and Tropical Medicine, London, UK, [2]Emory University School of Medicine, Atlanta, GA, USA, [3]University of Florida College of Medicine, Gainesville, FL, USA*

**Background:** Non-communicable diseases continue to rise as major contributors to the global burden of disease but only a few small studies have been conducted in Haiti. An up-to-date understanding of chronic disease provides the foundation for improving services and health outcomes. This study aims to determine the prevalence of hypertension, obesity, diabetes, hyperlipidemia, and chronic renal insufficiency in rural Haiti.

**Methods:** We conducted a survey of 458 randomly-selected households in a representative district of rural Haiti using a multi-stage cluster sampling method. Community healthcare workers administered a door-to-door survey including point of care testing for hemoglobin A1c (HbA1c) to assess for diabetes, cholesterol for dyslipidemias, creatinine for chronic kidney disease, as well as weight, height, and blood pressure measurements. Both sexes aged 25-65 years old were eligible. The primary outcomes were the prevalence of each disease.

**Findings:** Our response rate was 88.7%. Hypertension (n = 445), defined by two systolic blood pressure readings ≥140mmHg or diastolic blood pressure readings ≥90mmHg, had a prevalence of 18.2%. BMI (n = 445) showed 11.0% of rural Haitians are low weight, 30.1% are healthy weight, 55.7% overweight and 3.2 % are obese. HbA1c levels (n = 458) revealed 25.3% of the population is diabetic (HbA1c ≥ 6.5), and another 47.9% are prediabetic (HbA1c ≥5.7, <6.5). Renal insufficiency (n = 457) as measured by creatinine ≥ 1.5 for men, and ≥ 1.3 for women were 2.11% and 1.84% respectively. Cholesterol (n = 445) testing revealed 87.2% had desirable total cholesterol (<200mg/dL), 9.4% were borderline high (200-239mg/dL), and 3.4% were high (>240mg/dL).

**Interpretation:** This is the largest study on non-communicable diseases done in rural Haiti. We found a lower prevalence of hypertension and higher prevalence of diabetes than has been previously reported. This study demonstrates the ability to estimate prevalence of chronic diseases through point of care testing and serves as a model for future studies in resource-limited settings. Limitations include point of care tests which are not the gold standard for disease diagnosis. Further research is required to confirm diagnosis and pilot treatment options.

**Funding:** University of Florida Department of Medicine, Project Medishare for Haiti.

**Abstract #:** *2.018_NEP*

### Alcohol consumption and violence among young, conditioned by marital status of parents?

*A. L'Gamiz-Matuk[1], J.J.J. Palacios-Butchart[1], A.B. Castañeda-Olascoaga[1], B. Martínez-Velázquez[1], A.G. Amador-Hernández[1]; [1]Anahuac University, Huixquilucan, State of Mexico, Mexico*

**Background:** Recent studies show that the presence of a higher consumption of substances in children is seen in poor family dynamic environments. But no data is found regarding this issue in the State of Mexico. We aim to find whether the marital status of parents directly influences on the age children start drinking or if it promotes physical and verbal violence or not.

**Methods:** An observational cross-sectional study was conducted including 814 patients, inclusion criteria were male and female children of ages from 5 to19 years old, enrolled in schools from the municipalities of Atlautla, Amecameca, Lerma and Huixquilucan, four communities in the State of Mexico, every participant guardian must have previously understood and authorized the written informed consent. Not willing to sign the informed consent or incomplete polls were exclusion criteria. We carried out a study of dependence using a chi - square between the variables studied, with a reliability of 99% and a margin of error of 0.045.

**Findings:** According to the descriptive statistics conducted the prevalence of excessive alcohol consumption among children in parent's marital status was: 17% Married, 25% Separated, 21% Divorced, 20 % widowed and 17% free union. On the other hand the prevalence of family violence in children: 33.5% married, 45.9 % separated, 53.3% divorced, 38.1 % widowed and 37.3 % free union. Finally, according to the dependence study, we cannot reject independence between the variables of parents' marital status and alcoholism in children with an alpha of 5 % (p- value of 0.924). Also we found no independence between the variables of parents 'marital status and violence in children, with an alpha of 5 % (p- value of 0.059).

**Interpretation:** According to the results of our study, we found less heavy drinking and violence among children of married parents. We found that the p- value is not sufficient to establish dependencies between studied variables. As the survey was answered by participants, there might be some cases where they lied or wanted to hide the truth. In future studies we will need to increase the power of the population sample.

**Funding:** None.

**Abstract #:** *2.019_NEP*