Older-Age People with Children/ Household Relatives on ART

A Study of Six Communes in Banteay Meanchey Province, Cambodia

Presented by KHUON Chandore and SO Dane,
Researcher CCC Analyzing Development Issues (ADI) Project,

HIV/AIDS COORDINATING COMMITTEE
THE 57TH QUARTERLY MEMBERSHIP MEETING
WAT PHNOM ROOMS 2&3, SUNWAY HOTEL
NOVEMBER 17th, 2010
Access to ART has accelerated rapidly in Cambodia

Number of PLHA on ART in Cambodia, 2001-2009

Sources: NCHADS, Treatment Care for PLHA in the World and Cambodia, 2009; NCHADS, Facility ART Report from All Sites, 2009, 2010
Problem Statement

- The success of ART depends on the recipient’s strict adherence to a lifelong regimen of taking medicines regularly and on time.

- The potential of PLHA support groups to encourage and monitor ART adherence has been recognized. A major challenge of the ART program in Cambodia is to ensure high levels of treatment adherence. Less notice has been given to family members and parents.

- And yet family members and parents appear to be well placed to encourage and monitor ART adherence on a daily basis over long periods of time.
Research Aim

To understand the role and involvement of elderly parents and family members in care giving ART treatment adherence.
Research Methods

The study employs quantitative and qualitative methods
• May 2008 survey of 382 PLHA on ART.
• May 2008 survey of 108 people 50 years and older with children/household relatives on ART.
• July 2008 in-depth interviews with 10 respondents.
• In-depth interviews with government officials and NGOs.
Background characteristics of the 382 PLHA on ART

- 56% of respondents were female and 44% were male
- Mean age of the respondents was 34.6 years
- 11% of the respondents were under 18 years
- 9% of the respondents were 50 years and more
Most ART recipients have a living parent and the majority of living parents reside with or near them.
More than half of ART recipients live with children and with spouses and more than one fourth live with a parent.

Percent of ART recipients living with persons of specified relationships:

- Children: 57%
- Spouse/partner: 51%
- Parent: 27%
- Sibling: 20%
- Non relative: 5%
- Live alone: 3%
Compared to older parents, younger parents and especially co-resident younger parents remind their children often to take ART.

Percent of ART recipients whose parents remind them often to take ART by age of younger parent:

- All recipients with a living parent:
  - < 50 yrs: 80%
  - 50 - 59 yrs: 75%
  - 60 - 69 yrs: 64%
  - 70+ yrs: 46%

- Recipients who co-reside with parents:
  - < 50 yrs: 57%
  - 50 - 59 yrs: 33%
  - 60 - 69 yrs: 29%
  - 70+ yrs: 12%
Older Age Parents Survey

Most respondents were women who were not currently married & uneducated and still working to support the household

• Of the 108 respondents surveyed, 86% were women.

• 60% of the 93 female respondents were widowed, separated or divorced

• 49% of the 104 elderly women* had never attended school.

• 68% of the 104 elderly women* worked to support the household.

* Female respondents/spouses of male respondents 50 years and over
Many ARV recipients moved into the households of the respondents

- 81% of the 73 ARV recipients who had not always lived with the respondents had moved into the household of the respondent for some time after they had contracted HIV/AIDS.

- The main reasons why children/household relatives moved in with the respondents was that they were too sick to care for themselves or not able to work anymore.
Elderly respondents and their spouses were actively engaged in care giving

- 94% of 108 households surveyed the elderly respondents and/or their spouses provided care to their HIV/AIDS children/household relatives.
- In the 101 households where elderly respondents and/or their spouses provided care, elderly women comprised 82% of the primary care givers.
All but one of the 108 households surveyed said that taking ARV has helped children/household relatives with HIV/AIDS.

Elderly respondent speaks about the consequences of ARV: “ARV is a sacred medicine provided by Tevekdha”
Time spent in care giving by respondents and spouses in 108 households surveyed dropped dramatically before and after ARV.
Home based care team provides goods and services during visits that almost all respondents find helpful

Home Based Care Activities
(81 respondents involved in home based care program)

- Encourage good hygiene: 93%
- Encourage recipient to take medicine on time: 83%
- Provide counseling: 80%
- Provide rice or other food: 68%
- Encourage good nutrition: 48%
- Provide referrals to health center or hospital: 35%
- Provide mats, mosquito nets, blankets: 31%

98% of the 81 respondents find home based care visits helpful
Participation of ARV recipients and respondents in group meetings people living with HIV/AIDS were valued

**ARV recipients participation in group meetings**
- 87% of the 108 respondents said that their child/household relative on ARV had gone to group meetings for PLHA.

**Respondents’ participation in group meetings**
- 49% of the respondents and/or spouses in the 108 households surveyed had participated in group meetings for PLHA.
General sources of instruction

Older persons received instruction predominantly from government health workers and from NGO and volunteer home base care team members.

- Government health worker: 77% (66 households received training on care giving), 84% (76 households received instruction on the use of ART)
- NGO home care team member: 68% (66 households), 46% (76 households)
- Volunteer home care team member: 41% (66 households), 37% (76 households)
Conclusions

Compelling arguments emerge from the study for involving older age persons more inclusively in ART adherence programs.

Elders are highly committed to caring and are often present at the specific times that medicines need to be taken.

Home based care teams including health care professionals and PLHA support groups can augment ART treatment adherence by becoming more proactive in the education of older-age persons.

Working together PLHA support group and older-age person could generate greater synergy and contribute significantly to Cambodia’s response to the AIDS epidemic.
Thanks

http://www.ccc-cambodia.org/
ccc-project/adiproject.html

http://opa.psc.isr.umich.edu/pubs/