“Double Wahala for dead body …” — Perspectives of service providers about adherence to Antiretroviral Therapy among Persons with Disabilities living with HIV in Nigeria

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Introduction

Persons with disabilities who are living with HIV (PWDLWHIV) face compounded challenges including stigma, discrimination, and restricted access to essential services like education, healthcare, and basic amenities. These individuals often encounter significant barriers to HIV-related support, such as the absence of assistive technologies, limited availability of health facilities, and difficulties accessing HIV testing, prevention, and treatment.

Persons with disabilities who are living with HIV also grapple with intersecting issues related to gender and poverty, which are sometimes intensified by prevailing sociocultural attitudes, such as the assumption of asexuality. Various social factors including socioeconomic status, age, cultural beliefs, geographic location, gender, education, sexuality, and religion combine disadvantage PWDLHIV, particularly in regard to adherence to antiretroviral therapy (ART).

This qualitative research explores how service providers perceive the challenges affecting antiretroviral therapy (ART) adherence among PWDLWHIV in Nigeria.

The perspectives of service providers is critical because of the strategic and frontline role they play in the provision of HIV services such as ART to PWDLWHIV.

Conclusion

- For Nigeria to accelerate its progress toward achieving the UNAIDS 2030 targets, it is essential to focus on marginalised groups such as people with disabilities (PWDs) by recognising them as key populations and including them in the National Strategic Plan (NSP). This is also a global call for all stakeholders in the global HIV response.
- Collecting disability disaggregated data is critical in persuading funding that will target PWDLWHIV programmes.
- Other populations receive more attention and priority causing PWDLWHIV to remain invisible in the HIV response.

Limitations

- While important, the experiences of service providers reported may not have provided a deeper understanding of the experiences of PWDLWHIC themselves.
- Further studies with persons with disabilities living with HIV may provide a mor robust understanding of this topic..

Methods

Study Design

- The study had a qualitative research design
- Interviews using open and close ended questions were adopted.
- 13 semi-structured interviews conducted

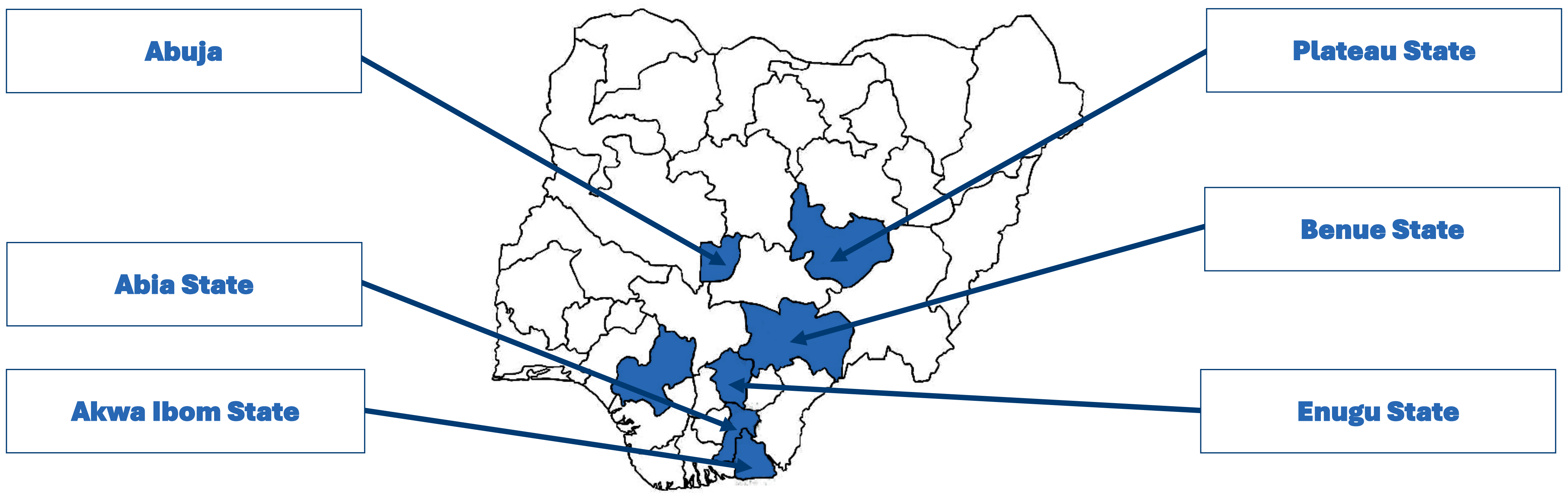
Study Population, Sampling, and Recruitment

- Thirteen service providers from six Nigerian states.
- The Service providers included medical doctors, nurses, clinical pharmacists, community development workers, and adherence counsellors

Data Analysis

- Reflexive Thematic Analysis (Braun & Clarke 2022)
- All recorded interviews were transcribed and imported into NVivo 1.2.2 for analysis .

Recruitment Sites



Recruitment Criteria

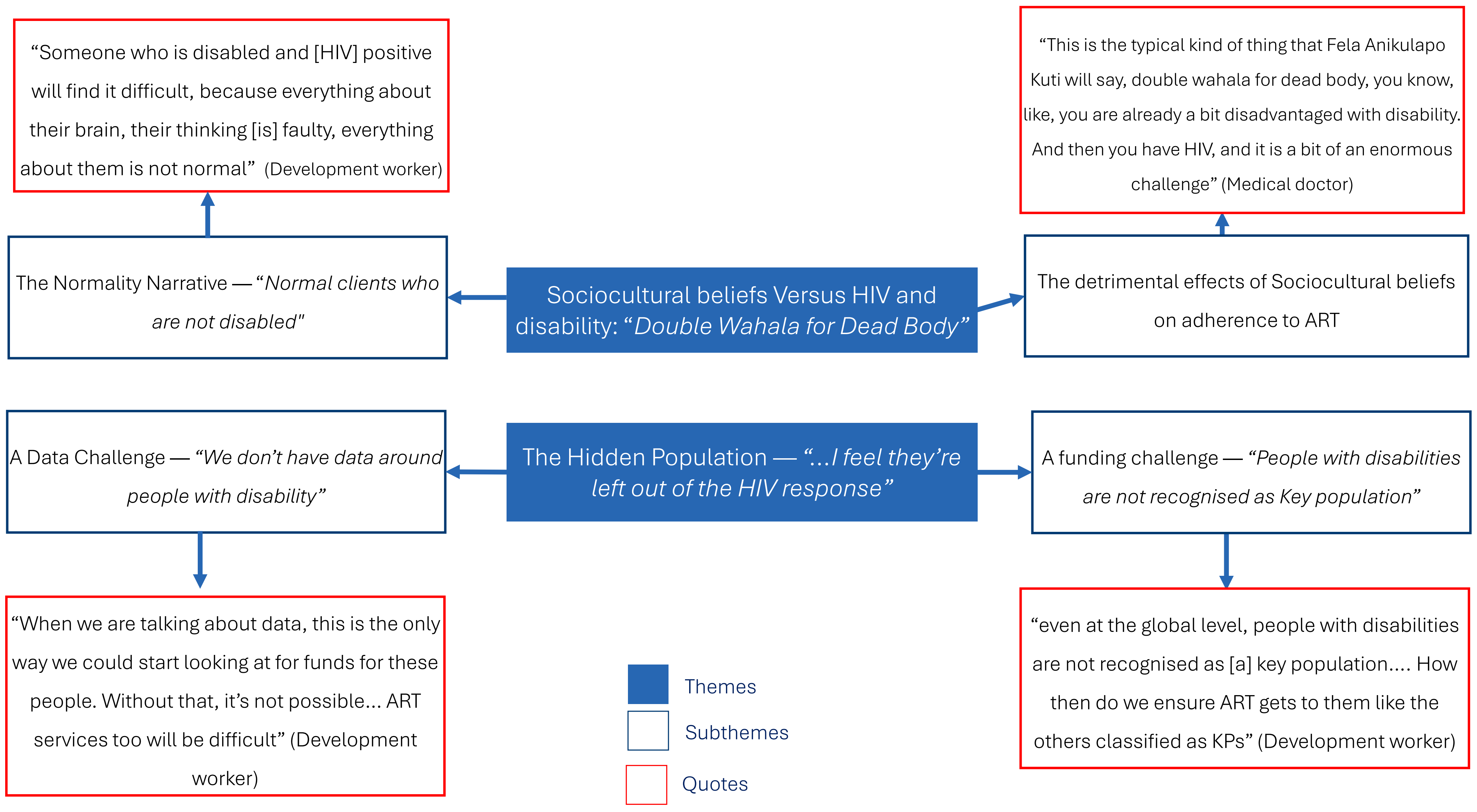
Inclusion

1. Service providers working in ART centres or HIV treatment centres.2. PWDs must also be HIV positive.
2. Community development workers/social workers working on HIV and disability development projects.
3. Staff of organisations or bodies funding HIV and/or disability programmes who had worked for at least a year in a funding organisation and/or had experience in HIV/ART adherence programmes..

Exclusion

1. Service providers with no experience with HIV treatment services.
2. Staff of funding organisations or donors who had limited experience in HIV/ART adherence programmes.

Results



Sociocultural beliefs Versus HIV and disability: *“Double Wahala for Dead Body”*

The Normality Narrative — “*Normal clients who are not disabled"*

“Someone who is disabled and [HIV] positive will find it difficult, because everything about their brain, their thinking [is] faulty, everything about them is not normal” (Development worker)

The detrimental effects of Sociocultural beliefs on adherence to ART

“This is the typical kind of thing that Fela Anikulapo Kuti will say, double wahala for dead body, you know, like, you are already a bit disadvantaged with disability. And then you have HIV, and it is a bit of an enormous challenge” (Medical doctor)

The Hidden Population — *“…I feel they’re left out of the HIV response”*

A Data Challenge — *“We don’t have data around people with disability”*

“When we are talking about data, this is the only way we could start looking at for funds for these people. Without that, it’s not possible… ART services too will be difficult” (Development worker)

A funding challenge — *“People with disabilities are not recognised as Key population”*

“even at the global level, people with disabilities are not recognised as [a] key population…. How then do we ensure ART gets to them like the others classified as KPs” (Development worker)

🟦 Themes
☐ Subthemes
🟥 Quotes

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