

CONTRIBUTIONS OF THE UNIVERSITY OF BENIN TEACHING HOSPITAL TO ECONOMIC DEVELOPMENT THROUGH THE EFFECTIVE MANAGEMENT OF THE HEALTH OF PEOPLE LIVING WITH HIV/AIDS (PLWHAS)

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ABSTRACT

High productivity and Economic growth are significantly guaranteed when the health status of workmen is very positive. Debilitating diseases, like HIV/AIDS, on the other hand, precipitate "Sickness-Induced-Absenteeism", and Low productivity among affected workmen. From medical records, HIV/AIDS is a disease whose total cure has remained an enigma. This study was carried out in the University of Benin Teaching Hospital (UBTH) Benin-City, Nigeria, to find out the HIV/AIDS management services in that Institution particularly for the economically-productive population, living with HIV/AIDS. Interview was the Data-Collection technique employed for the descriptive survey. Research Findings showed that Comprehensive management involves: pre-test counselling for individuals to know their HIV-status; Testing for HIV, using "HIV-Antibody" or "HIV-Antigen/PCR techniques; Post-Test Counselling; Drug therapy; good nutrition; Integration and Empowerment of people living with HIV/AIDS to help them live normal lives and contribute to economic growth. It was recommended that HIV Mass Awareness Programmes should be intensified and that PLWHAS should not be discriminated against, as they remain an important segment of the nation's productive workforce.

Keywords: HIV/AIDS; PLWHAS; Empowerment Productive-Workforce.

INTRODUCTION

From the primitive times, till date, mankind has experienced several kinds of diseases. Most of them, however, have become completely curable with modern medical/orthodox medicine. HIV/AIDS, on the other hand, is one disease of the human race for which the achievement of a total cure has for now defied all scientific and medical procedures. It is a highly debilitating disease whose epidemic dimension has cost the world a terrible lot in fatalities and economic/financial losses (Okafor, 2002; Okere, 2002). Yet, over 40 million people live with HIV (University of Benin Teaching Hospital, Manual UBTH, 2006; Okiti, 1998; Olumba, 2002).

HIV, per se, is a Human Immunodeficiency Virus, that destroys an individual's antibodies, predisposing him to the full-blown disease of "AIDS" – Acquired Immunodeficiency Syndrome. This condition, in turn, exposes an HIV/AIDS victim to the attack of opportunistic diseases/infections that may ultimately cost him his life (Okafor, 2002; Ojuoiape, 1998). HIV is transmitted from one victim to another through having unprotected sex, as well as the introduction of the virus into the bloodstream of people with unsterilized piercing instruments like needles and razor blades. Transfusion of blood not previously screen-tested for HIV into anaemic patients is another notable medium of HIV infection (Ewuzie, 2002). In all, having a sexually transmitted infection, such as gonorrhoea or syphilis, can increase the risk of infection with HIV by 2-5 times (UBTH, 2000).

Statement of Problem/Objective of the Study

Since finding absolute cure for HIV/AIDS has remained a mirage to medical science, this study was focused on finding out the treatment which could be available to a victim of HIV/AIDS infection, to help him live his or her normal life and contribute his/her quota vocationally to economic growth.

Significance of the Study

This work which is essentially a descriptive study will be of great value to the general public in highlighting the fact that early detection of HIV presence in the blood through HIV tests increases a victim's chances of successful treatment, or management of his case, before the viral load in his blood progresses to full-blown AIDS. The public will furthermore realise that, today, HIV/AIDS is no longer a killer-disease for which nothing could be done, but, a chronic disease for which treatment is increasingly available (UBTH, 2006; Daily Champion, 2001). The public will also realise that abandonment of PLWHAS, with proper managed of their health condition on deplete the nation's work-force and lose their contribution industrial output.

Delimitation of the Study

This study was delimited to the Consultant Out-Patient Department (COPD) of the University of Benin Teaching Hospital, Benin-City, Edo State, Nigeria. Information was sought medical staff and counsellors in the COPD regarding the treatments they administer on "People Living with HIV/AIDS" (PLWHAs). Statistical analysis was delimited to the use of percentage scores of responses.

Technique for Data Collection

The Interview technique was adopted for data collection, using pre-determined, but comprehensive interview-questions that centred on Diagnosis; Psychotherapy; Drug-therapy; Nutrition; Empowerment and Integration of PLWHAs, as well as Disease Prophylaxis.

FINDINGS AND DISCUSSION

Discussed below are responses by the respondents to the interview questions.

Diagnosis

The management of HIV/AIDS begins with testing an individual to ascertain his HIV-Status. Ordinarily, people do not usually present themselves for such a test, all because the possibility of being declared HIV positive is dreadful to them.

For the above reason, testing for HIV status is usually preceded by a "PRE-TEST COUNSELLING" exercise for the client. His worries/fears are listened to, and allayed by professional counsellors, to prepare his mind favourably to make an informed decision to voluntarily accept to be tested and confidentially too.

The Testing Process

Two major processes are available to choose from. UBTH, Benin-City, provides "HIV Antibody" and "HIV Antigen" Tests, such as PCR tests. Results are gotten the same day for rapid HIV Antibody test because it lasts only 30 minutes Okoro (2010). It is for persons of 18 months and above that these Rapid HIV Antibody tests are most efficient. If the test-result is negative, it could mean that the person is either completely free from HIV infection, or that he is still in the "WINDOW PERIOD" which may last 6 weeks to 3 months. This is the period between the time of infection with HIV, and the time the body starts producing antibodies which Rapid HIV antigen tests can detect. If a person has a recent risk of exposure, such as unprotected sex, the person with initial negative test result may have to be re-tested after three months to know his true HIV-status (Covadia, 2004; Editor, Healthcare, 1992).

In the case of babies born with HIV/AIDS, HIV ANTIGEN TESTS (like PCR tests) are more sensitive to them from the age of two days. Unlike simpler HIV Antibody tests, highly skilled personnel and very expensive test instruments are required for PCR tests. PCR Test results may take up to seven days to manifest because of the complex nature of the test-procedure.

HIV-positive test result is made known directly to the client. This announcement is followed very quickly with POST-TEST COUNSELLING for the client. This helps him absorb the shock of the result, and the emotional trauma it would cause him. He is promised the strict confidentiality of that

result, and assured that HIV/AIDS is no longer a “Killer-Disease”, but only a “Chronic ailment” which could be effectively managed, as long as he complied strictly with his therapeutic regimen.

Drug Therapy

Pregnant women that test HIV positive are transferred to the Antenatal Clinic in UBTH for specific drug therapy capable of reducing mother-to-child HIV transmission to the barest minimum. In addition to the drug therapy process of reducing chances of mother-to-child HIV transmission, caesarean operation may be recommended in place of the normal delivery procedure. Furthermore, HIV-positive nursing mothers are not allowed to breast-feed their babies.

Altogether, medications for the treatment of HIV infection, known as Anti-Retroviral Drugs, are always available in the hospital, and are free of charge. Such Anti-Retroviral Drugs include Lamivudine (3TC Epivir); Stavudine (D4T, Zerit); Zidovudine (AZT, Retrovir) and Efavirenz (Stocrin) as well as Nevirapin (Viramine). These are administered on adults and adolescents, except Efavirenz (Stocrin) which is contra-indicated for pregnant women.

It must be pointed out that each of these drugs has its own specific dosages and characteristic side-effects. They are, therefore, taken strictly in accordance with doctor’s prescriptions and advice which, in turn, depend on the viral load of each patient.

Side Effects

Notable side-effects of anti-retroviral drugs include headache, nausea and vomiting, skin rash, unusual bad dreams, dry mouth, fatigue, diarrhoea, tingling or pains in the hands and feet, anaemia, feelings of sadness and hair-loss. For each of these side-effects, the individuals concerned are given advice on things they should do, or eat to serve as antidotes to specific types of side-effects, for particular drugs.

Usually, the side-effects of Anti-retroviral drugs do not persist for too long. They disappear with time, as the body gets more and more used to each drug. However, in some persons some side-effects may linger on for 2-3 days consecutively. Such patients are advised to see their doctor to recommend coping strategies against the identified side-effects.

Nutrition

HIV/AIDS treatment goes beyond chemotherapy to include adequate food intake for PLWHAs. Considering the side-effects of antiretroviral drugs such as diarrhoea, anaemia, chronic fatigue, nausea and vomiting, it becomes very essential that patients must be given balanced/highly nutritious meals that will enable them survive the impacts of those side-effects.

Specifically, the diet people living with HIV/AIDS should take should include carbohydrate food items for energy supply; proteins for the growth and repair of body tissues that may have suffered emaciation; fats and oils, to help conserve body heat and prevent the development of dry, rough skin. Patients’ meals should also include fruits and vegetables rich in Vitamins and Mineral salts, all of which will help in sustaining them against the debilitating effects of opportunistic diseases. As a result of their weak “state of health, PLWHAs are advised to avoid Alcohol and smoking. They are advised that copious intake of portable water will help to act as antidote to the patient’s dehydration caused by vomiting and diarrhoea.

Integration and Empowerment of PLWHAs

Since total health according to the World Health Organisation (WHO) has the three-legged dimensions of complete physical, mental and social well-being, the treatment of HIV/AIDS patients cannot be complete without taking care of their emotional and social needs. PLWHAs must be helped to overcome their psychological trauma of feeling rejected by the society, and given the sense of belonging.

In the University of Benin Teaching Hospital, the Counselling Department carries out programmes aimed at helping PLWHAs overcome their emotional stress; as well as encouraging persons affected by HIV/AIDS (PABA), e.g. spouses, children, other relations of PLWHAs and the general public to accommodate PLWHAs and give them a sense of belonging; rather than stigmatising/discriminating

against them. To this end, the UBTH runs a support group called "FRIEND IN NEED" for PABA and PLWHAs. This is a Non-Governmental Organisation (NGO) which has over 70 members for now (Okoro, 2010).

The community mobilisation and awareness programme they run includes letting the public know the real sources/modes of HIV/AIDS transmission, and that HIV/AIDS is not transmitted through urine, food, faeces, saliva, air, cough (sputum) or toilet seats. People should therefore welcome PLWHAs in their midst, and give them all necessary support such as accommodation, employment, financial support and other forms of assistance that will help them live their normal lives without the feelings of depression (UBTH, 2006; Adesian, 1992).

The UBTH Counselling Unit also runs an empowerment programme for their patients' right there in the hospital, every last Friday of the month. Here PLWHAs are EMPOWERED, through useful advice on how to live their lives and pursue their life ambitions to the best of their ability. They are given manuals to read on HIV/AIDS and advised on how to source and store their antiretroviral drugs; as well as adhere strictly to their therapy in accordance with specified dosages and timing. Singles among them are encouraged to come together in matrimony, as effective Prevention of mother To Child Transmission (PMTCT) could reduce the risk of HIV transmission from 40% to 2% in the hospital. Child immunization is also encouraged, but should not be administered on persons with symptomatic HIV infection (Okoro and Anoverokhai, 2002). Comprehensive care for PLWHAs in UBTH further includes referrals to other support groups; and referrals for Nutritional Care; Special Treatment Clinic; Home-based Care, Micro-Credit Scheme and Spiritual Care. UBTH receives logistical support for all these activities from the Federal Government of Nigeria; from Companies, National Association for the Control of AIDS (NACA); Institute of Human-Virology, Nigeria, other NGOs, as well as from Religious Organisations and Individual Care-Givers. Great support is also received from the "President Bush emergency Plan for AIDS Relief" (PBEPPAR), an NGO. Assistance given are in the areas of Finance; Free Anti-Retroviral Drugs, Condon Supply, Transportation; Food Supply; Treatment Guides and health publications with comprehensive information on HIV/AIDS.

As at the time of this study, medical records show that not less than 11,000 PLWHAs have reported to the University of Benin Teaching Hospital (UBTH), for HIV/AIDS Treatment. Majority of the cases recorded were women. Unfortunately most of the cases were presented at virtually the advanced stages of the infection. This is because people rarely come on their own, when they are not sick, to know their HIV status. Even when they fell ill, a good number of patients that reported for treatment confessed that they patronised patent medicine dealers and traditional healers who claimed they had cure for their ailment. About 10% of recorded cases were in very bad state before they were brought to the hospital. They could not survive it. 80% reported when their viral load in the blood was already high, but are responding well to treatment. About 7% of patients whose treatment started early, because of early detection, are doing really well, and are living their normal lives. The condition of the remaining 2.5 – 3% could not be accounted for, because they just stopped going to hospital for their medications.

SUMMARY

HIV/AIDS is one disease which has defied total cure, till the date. The best medical science has done, by way of treatment for the disease, has been to manage the problem with the administration of Anti-Retroviral drugs on HIV-positive patients. This is to bring down their viral loads. Further treatment measures include good nutrition, counselling psychotherapy and empowerment, to help PLWHAS live normal lives.

CONCLUSION

With the degree of success so far recorded in the treatment of HIV/AIDS in the University of Benin Teaching Hospital, Benin-City, it has been manifested that the disease is no longer a killer-disease, but a chronic one which could be appropriately managed. Survival rate is, however, higher among patients who reported early for treatment, than those who presented themselves late for treatment.

RECOMMENDATION

Awareness/sensitization programme for the masses regarding HIV/AIDS, should be intensified, with emphasis on highlighting its modes of transmission; the great importance of testing for early detection; and the treatment opportunities now available. It is recommended, further, that health education curricula in all Institutions of learning should include courses in HIV/AIDS, to enhance the awareness level of students, and communities at large.

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