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CENTRE FOR THE AIDS PROGRAMME OF RESEARCH IN SOUTH AFRICA

FACTORS THAT HINDER MDRTB ADHERENCE FOR HOMELESS PATIENTS IN KWAZULU-NATAL

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Background

Prevalence of MDRTB in KZN, SA

- Multidrug-Resistant Tuberculosis is a form of TB that is resistant to the two most powerful first-line drugs used to treat Sensitive TB including Rifampicin and Isoniazid. Its treatment also involves up to 23 tablets tablets at time including concomitant medication (TB support medication) that one must take to get cured.
- TB-MDR-XDR
- KwaZulu-Natal (KZN) has the highest burden of notified MDR-TB and extensively drug-resistant (XDR) TB cases in South Africa. With an estimated prevalence of 30 MDR TB cases per 100,000 per person.
- *Just like HIV, there is a specific vulnerable population that is at higher risk of infection of TB/DRTB and possible more challenges into adherence to treatment. These includes poverty and malnutrition, substance user, homeless people and people living with HIV.*

Pathways to homelessness

- Challenges and dysfunctions at home
- Immigration/ Job hunting / financial problems
- Substance use
- Natural disasters (e.g *Floods in 2022 left 40 000 people homeless in eThekwini KwaZulu Natal*)

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Paper objective and rationale

- The purpose of the paper is to therefore explore factors hindering MDRTB treatment access, adherence and completion.

- It also aims at bringing back dignity of this vulnerable population and emphasise on structured interventions to assist them in this deadly epidemic.

- To remind the reader of stigma (Internal and external) and its impact on this population

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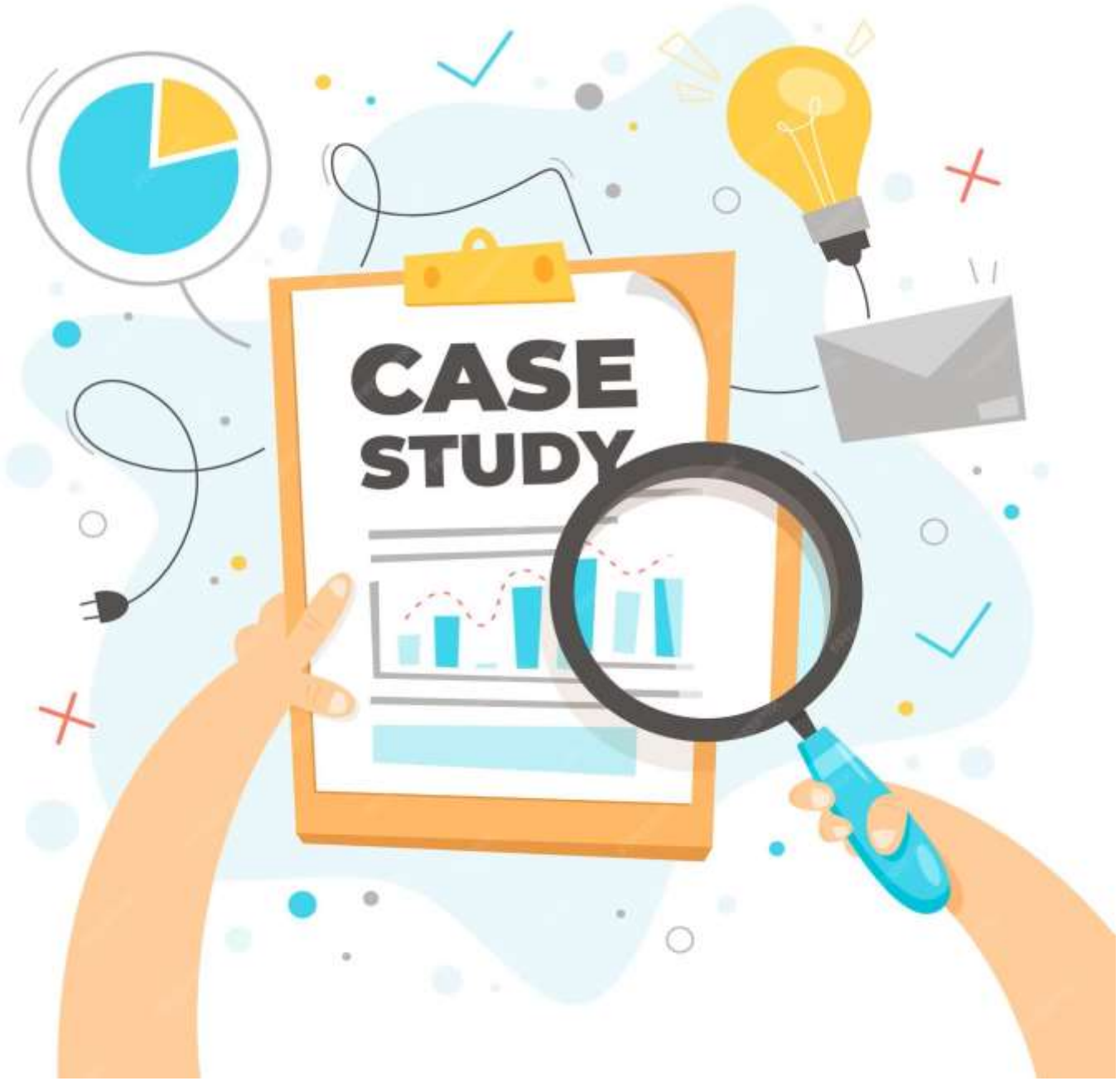
Methodology

Case report contextualized by a literature review.

Filtering methods/strategies:

- Sample size: 16 articles were analysed for this article
- Articles for this article was searched through Pubmed and google scholar
- Keywords used : Barriers for homeless, MDR/HIV Prevalence in South Africa, KwaZulu Natal, Addiction/ substane use, Vulnerable population to MDRTB treatment.
- Data Analyses : Different themes on barriers to treatment for homeless people were developed from analysing articles.



FINDINGS

Qualitative insights:

Case Study of Mr SZ

- ❑ SZ who is a 32-year-old male who we met during screening for enrollment to the ADAP-TIV study
- ❑ Family relationship dynamics and impact on upbringing
- ❑ Loss and grief
- ❑ Substance use
- ❑ Homelessness, self disruptive choices
- ❑ HIV/MDRTB Infection, diagnoses and treatment
- ❑ None adherence to HIV treatment (Structural factors)

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Barriers to care for homeless patients

Developed themes:

1. Access to healthcare

Substance use/Addiction

2. Stigma and discrimination

3. Social determinants of health: Relationships, poverty and malnutrition, substance use

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Access to healthcare

- Lack of personal identification (IDs) and physical tracking address: Resulting on some using different names for different diagnostic consultations as they fear scolding from healthcare workers for not following up on treatment. Also, it delays their grant application process

- Distance to clinic/hospital: a trip from for a homeless person on the street receiving care at KDH hospital is equal to a minimum shelter fee per night in town

- Inaccessible public transport due to cost and physical state

- Experiencing an adverse reaction from other patients as they are homeless. SZ mentioned during the interview that in his ward, if something is missing, he becomes the first suspect

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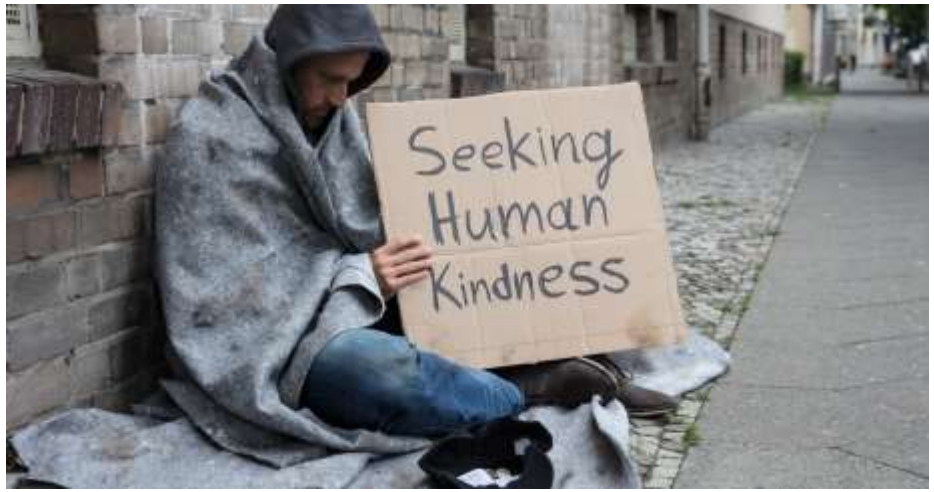
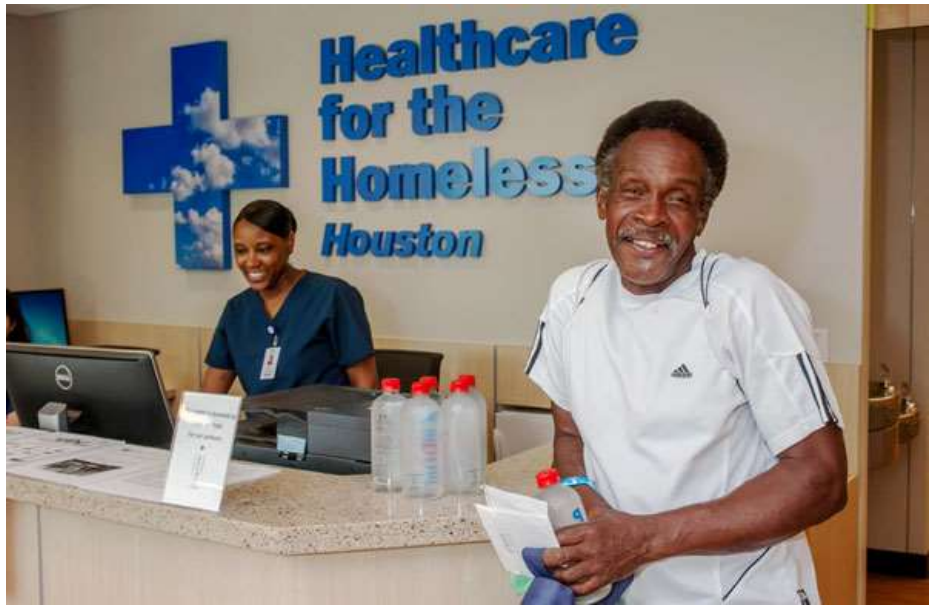
Stigma and discrimination



- Stigma faced by homeless individuals
  - Perceptions about homeless people (often referred to as AMAPHARA)
  - Dual-Stigmatisation (Homeless and has MDRTB)
- Discrimination from healthcare providers



Social determinants of health

- **Impact of social factors on health outcomes**
  - Limited or no family support
  - Family relationships absent or broken down
  - SZ: has 10-year-old son that he doesn't see because of his condition
- **Poverty and malnutrition**

  Limited-to-no access to nutritious food:Challenges with managing side effects on an empty stomach. A great example from participant SZ was when he stopped taking HIV medication before the TB diagnoses. His bags were possessed by the metro police that had his ARV'S on it during their patrolling.
- Lack of housing

  whether on the streets or shelters poses a challenge interms of treatment storing, transmission and reinfection

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Substance use/Addiction

- **Understanding Addiction as a brain disease before a behavioural problem.**

❑Substances trigger your reward system realising an excessive amount of neurotransmitters in your brain which is responsible for sending signals to your body on how you feel.

❑These changes alter pleasure processing, motivation, and decision-making, making individuals more susceptible to addictive behaviours.

❑Now, take a moment to imaging being homeless, addicted to substances and taking MDRTB treatment which may amount to up-to 23 tablets per day.

❑Mr SZ shared that when he wakes up in the morning, he “needs” to attend to his rostering so that he can be fit to try and get food for the day. The MDRTB treatment then becomes the least of his priorities because of this condition.

❑Struggling to understand this as a health care professional often leads to judgemental attitude and little enthusiasm to help this population as you may feel “its their choice”

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Policy implications

- Using these findings to inform the health care policy: Clinical social workers are employed in most hospital with almost no budget for social issue. When one is not doing well in treatment they get referred to a social worker.
- Developing treatment plan that is structured enough to accommodate these population. For an e.g. when a homeless person is diagnosed with MDR-TB, looking at the factors discussed, what individualised adherence plan can be done by the Doctors, nurses and social worker for optimal health.
- Establishing and enhancing health care wing on facilities for people living on the streets such as shelters, harm reduction centres and NGO's, to help them manage treatment and side effects
- Linking TB care to these interventions, and these interventions to TB care (make sure the systems are working together- because from the perspective of TB care, MDR-TB will continue to spread if people cannot be cured) so there is an individual and community interest.

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Elevating the role of social work within public health systems

- Potential community-based solutions: Volunteering social work skills in providing psychosocial support for vulnerable population
- Strengthening partnerships with NGOs and shelters : e.g Denis hurley, strollers, Belhaven Harm Reduction Center, which currently renders services for homeless people
- Investing and improving mobile healthcare units and tracking systems

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Social work role

- Social Justice: To work in eliminating barriers to care and ensure that homeless individuals receive the necessary medical and psychosocial assistance.
- Self-Determination: Social workers to empower homeless MDR-TB/HIV patients by involving them in treatment planning and decision-making. They respect patients' autonomy and help them make informed choices about their healthcare, considering their unique circumstances and preferences.
- Developmental Interventions: Social workers provide a range of developmental interventions for homeless MDR-TB patients, including linkage to housing assistance, mental health support, substance treatment, and skills training. These interventions aim to not only treat the disease but also address the underlying factors contributing to homelessness and TB vulnerability, fostering overall well-being and stability.
- Stigma: Reducing stigma by respecting dignity and worth of all people

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Conclusion

- We find that long-term substance use, trauma, social exclusion, stigma, and loss of family combined with severe illness and housing instability create seemingly insurmountable barriers to care.
- Local services, including social work and nursing, organized around the health and psychosocial needs of homeless people may create stability to facilitate care and create potential pathways to recover. Furthermore, these services can be offered on different shelters or as an outreach programme.
- Social work can play a unique role in meeting the complex needs of this vulnerable population

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- **Co-authors Karl Reis, Jennifer Zelnick, Boitumelo Seepamore**

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