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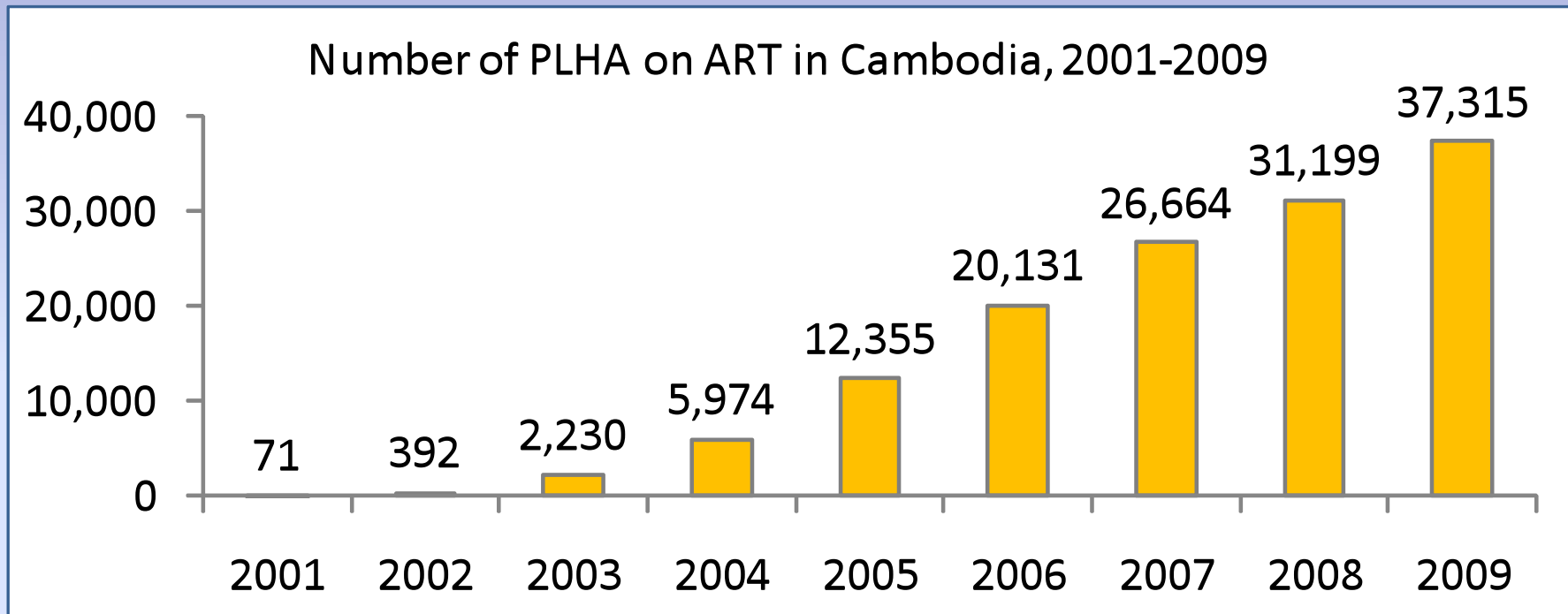


# The Importance of Instruction for Knowledge of Antiretroviral Treatment Among Older-Age People

## Banteay Meanchey Province

Presented by SO Dane,  
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at the Cambodia Development Research Forum (CDRF) National Symposium on  
“Research and Policy Response to Cambodia’s Recovery and Development”  
September 9-10, 2010, Phnom Penh

# Access to ART has accelerated rapidly in Cambodia



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

According to the NCHADS director the 2009 estimate represented about 95 per cent of the PLHA in need of ART.



## ART requires treatment adherence

A major challenge of the ART program in Cambodia is to ensure high levels of treatment adherence.

Older persons are rarely mentioned in treatment support due to their low levels of formal education and the perception that they are incapable of understanding ART regimens.



## Aim of study

To provide effective assistance with ART treatment adherence, elders must have sufficient understanding of the treatment regimen.

**The study examines the association of knowledge and the extent to which older persons received instruction from ART treatment adherence programs.**

# Research Methods



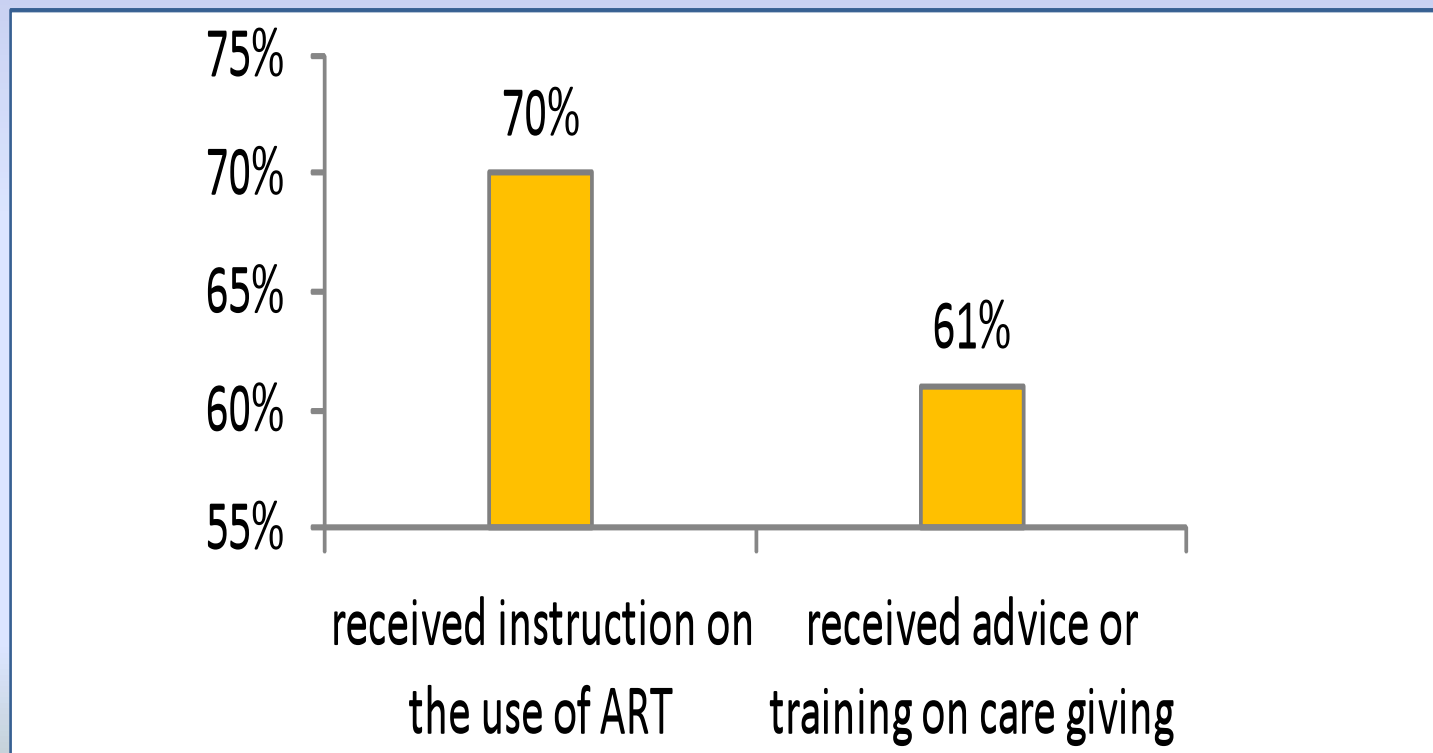
The research is based on a purposive survey of 108 people 50 years and older with children and/or household relatives on ART in six communes of Banteay Meanchey province.

Key informant interviews were conducted with 10 of the survey respondents and excerpts from these first person accounts are included in this presentation.



## Older-age caregivers and training

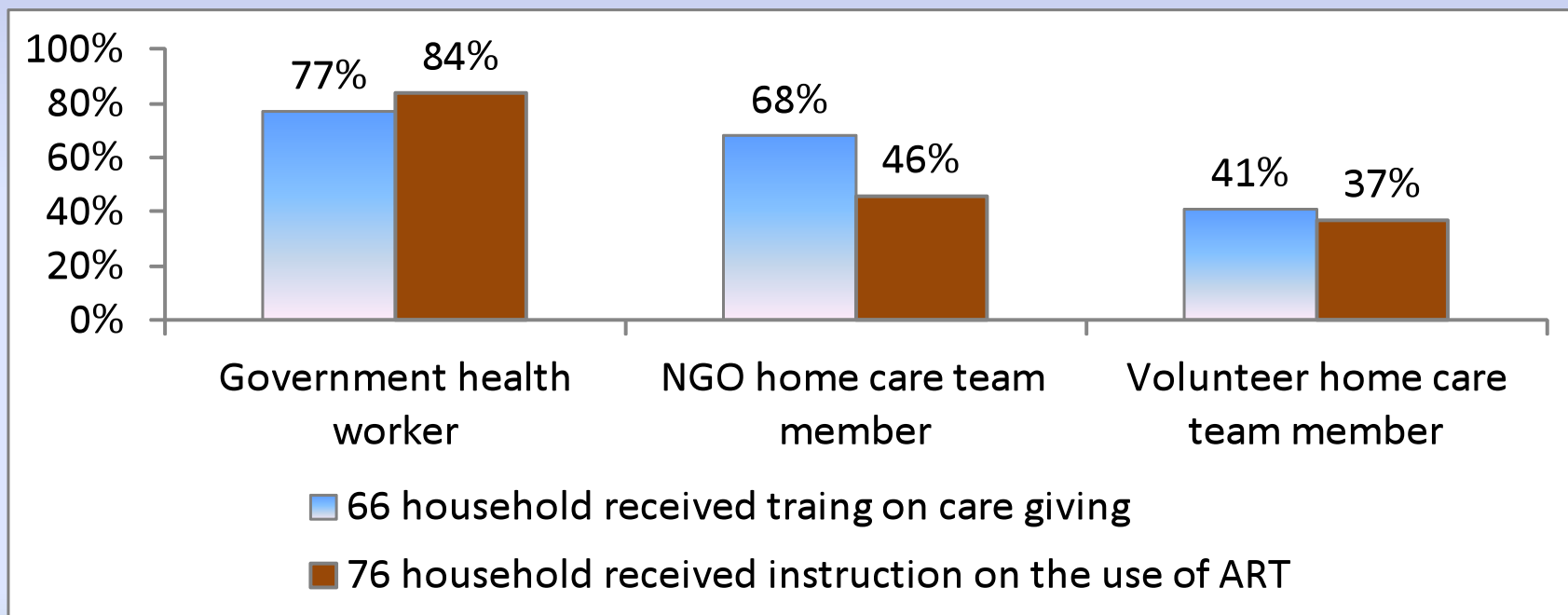
Older age respondents and/or their spouses provided personal care to HIV/AIDS positive children and household relatives in 94 percent of the households surveyed. Of these only:





## General sources of instruction

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



## Accounts of older-age women who received instruction in use of ART



### 51 year-old widowed mother of daughter and grandson on ART, Preah Ponlea commune

*At the hospital the staff instructed me on how and when to give the medicines to my daughter. Then they asked me several questions about what the medicines were for and when they should be taken. I had to answer the questions correctly or I would not have received the medicines. They wanted to make sure that I knew everything well. The role of caregiver is very important. The hospital staff gave me the medicines only when they were satisfied that I knew how to use them.*

## Accounts of older-age women who received instruction in use of ART



### 81 year-old widowed mother of daughter deceased with AIDS and grandson on ART, Preah Ponlea commune

*I am not able to read and write and could not read the labels on the medicines. I spent one week learning about the medicines from the hospital staff in Siem Reap province. At the end of the training, they tested me. What medicines should I give? At what times and in what amounts should I give them? After I gave the correct answers they gave me the medicines for my grandson. They also gave me a plastic box divided into seven parts for the days of the week and for the morning and evening medicines. At the end of the week I put the medicines in the box for the next week. I make sure to follow all the instructions of the hospital staff. They also gave me a watch to remember the times for him to take the medicines.*

To examine the association of ART knowledge and the extent to which older persons received instruction from the ART treatment program:



The study computed an **ART knowledge score** for the older persons based on the number of correct responses to eight questions concerning:

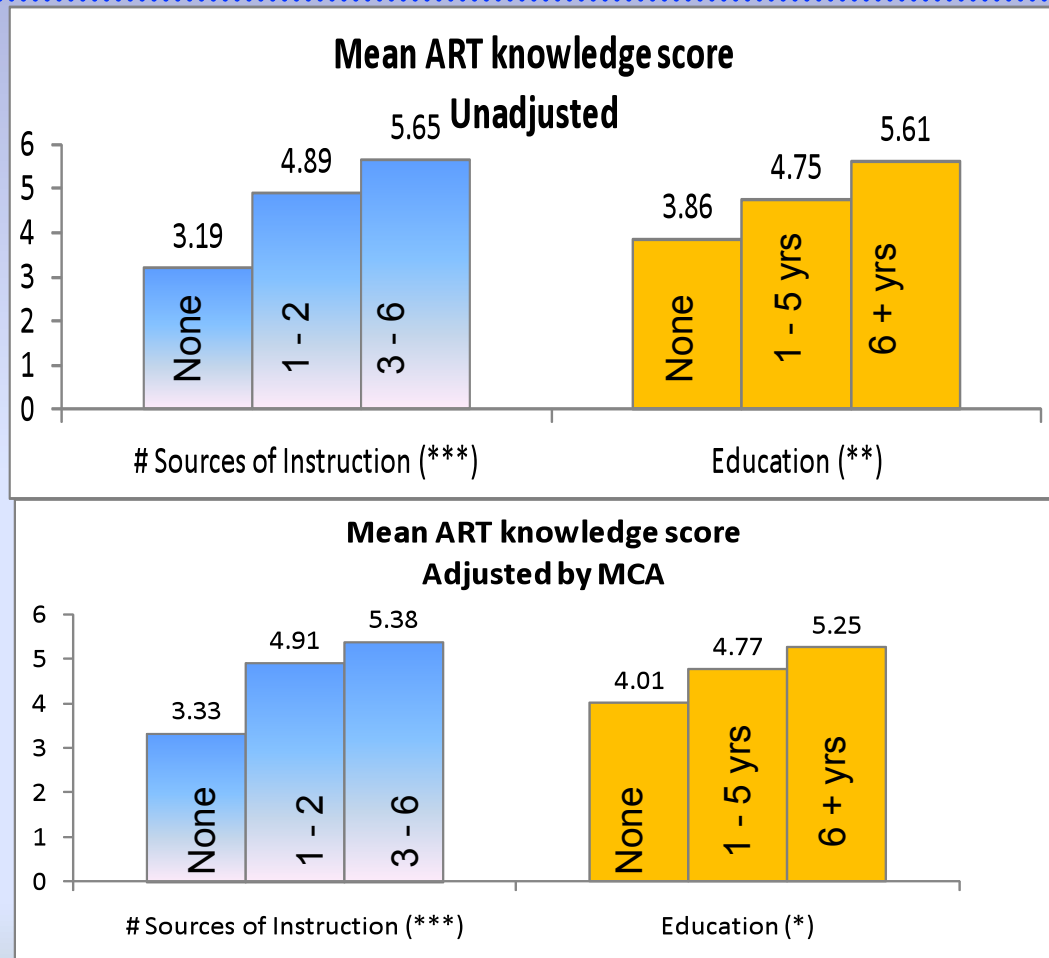
- Whether ART was available free of charge
- How often ART medicines needed to be taken
- How often supplies needed to be obtained
- Awareness of five specific requirement of the ART program

To examine the association of ART knowledge and the extent to which older persons received instruction from the ART treatment program:



The study also computed the **extent of ART instruction** received by the number of six possible sources from which respondents indicated having received advice on how ART medicines should be taken

# ART knowledge score of older-age persons by number of sources of instruction and by years of education



Significance levels : \*=.05 level; \*\*=.01 level; \*\*\*=.001 level

Statistically adjusted by Multiple Classification Analysis (MCA) a form of dummy variable multiple regression

## Association between extent of instruction received and ART knowledge



Results indicate a strong association between the extent of instruction received and ART knowledge, and respondents' education levels and ART knowledge.

Adjusting for education only slightly weakens the association between ART knowledge and instruction.

This suggests that receiving advice from program sources considerably improves older persons' knowledge.

# Conclusions



ART knowledge is strongly associated with the extent of instruction received suggesting that training from program sources considerably improves older persons' knowledge

Neither their older ages nor their low levels of education prevented the elders from understanding the basic requirements of treatment adherence

# Policy Recommendations

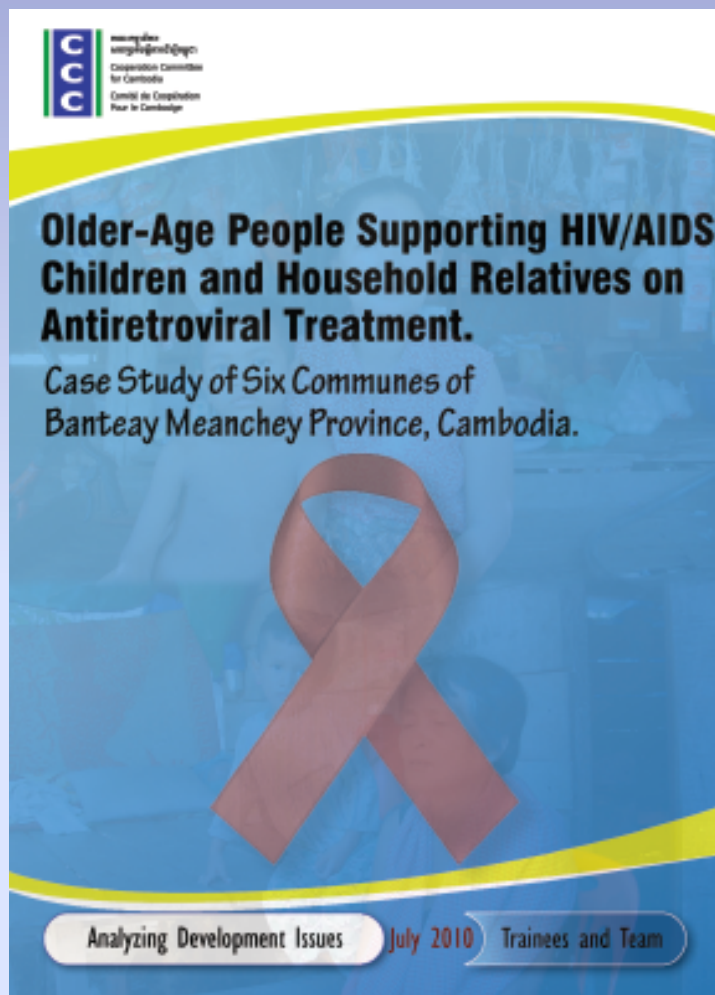


Compelling arguments emerge from the study for involving older age persons more inclusively in ART adherence programs.

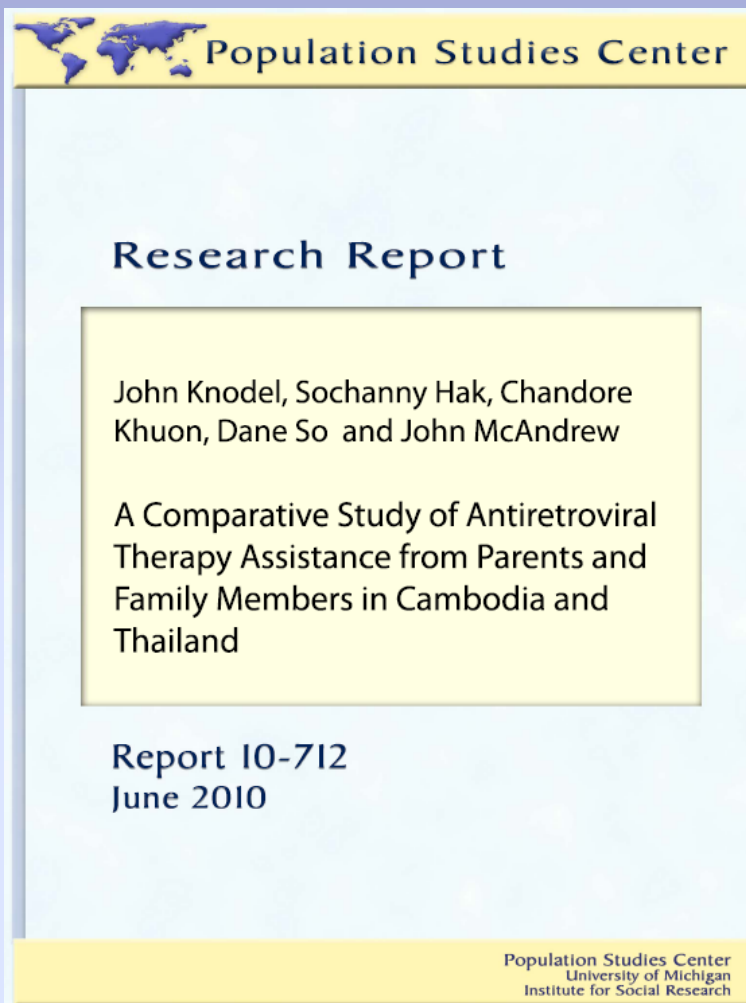
Elders are highly committed to caring and are often present at the specific times that medicines need to be taken.

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

# Thanks



[http://www.ccc-cambodia.org/  
ccc-project/adiproject.html](http://www.ccc-cambodia.org/ccc-project/adiproject.html)



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