BARRIERS TO SCREENING OF DEPRESSION AMONG PATIENTS ON ANTIRETROVIRAL TREATMENT: A CASE OF NAKASEKE GENERAL HOSPITAL IN NAKASEKE DISTRICT, UGANDA

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A RESEARCH DISSERTATION SUBMITTED TO THE DEPARTMENT OF SOCIAL WORK AND SOCIAL ADMINISTRATION IN THE PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF A BACHELORS DEGREE IN SOCIAL WORK AND SOCIAL ADMINISTRATION OF MAKERERE UNIVERSITY

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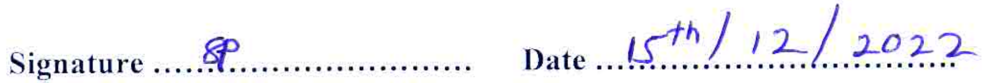
DECLARATION

I **SSERUGUNDA PATRICK,** hereby declare that all information presented in this dissertation is entirely out of my efforts and has not been submitted to any academic institution for any academic purpose. Any errors, omissions and commission are entirely mine.



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APPROVAL

This dissertation has been submitted with my approval to the school of social sciences, department of social work and social administration Makerere University.

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DEDICATION

I dedicate this piece of work to my mother Ms Nabukeera Lydia, Mr Sseremba John, my siblings; Solomon, Cyrus and Ronald for their unconditional support and encouragement that made this whole project success. Without your relentless efforts, this work would not have been possible.

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I also acknowledge this work to my late father Kibwaama Ronald may his soul continue resting in peace.

May the Almighty God bless you all

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment
ARVs	Antiretrovirals
HIV	Human Immune Virus
NGOs	Non-Governmental Organizations
PLHIV	Patients Living with Human Immune Virus
STDs	Sexually transmitted diseases
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter introduces the study and covers the following sections of the study, background of the study, problem statement, objectives of the study, research questions, scope of the study, significance, justification of study and definition of key terms and concepts.

1.1 Background

Depression has become one of the most common psychiatric disorders in the world over. (Bachxuantran, et al., 2018). According to the World Health Organization (WHO, 2016) 350 million people, that is (3.8%) of the total population suffer from depression. Among the affected population about 5.0% are adults and 5.7% among these adults are above 60 years. Evidence shows that the prevalence of psychiatric disorders among people living with HIV/AIDS (PLHIV) on antiretroviral treatment (ART) is high for instance, Bhatia, (2014) shows that 30 to 37% of all individuals diagnosed with HIV suffer from at least one psychiatric disorder in their lifetime. In Africa, the prevalence of depression among PLHIV receiving ART is reported to be high. For instance, it is reported that 45.8 % of PLHIV in Ethiopia, 47% in Uganda and 25.4% in South Africa respectively suffer from depression, (Bachxuantran, et al., 2018). Depression among PLHIV is associated with stigma, effects of ARVs, learning about the death of a loved one, disease exacerbation and treatment failure (Valente, 2003).

Depression among PLHIV is associated with different health outcomes such as increased suicidal attempts, hopelessness and poor drug adherence (Bachxuantran, et al et al., 2018). Screening for depression among PLHIV is therefore important because it can help such patients to get appropriate treatment thus improving on their quality of life. However, evidence suggests that Screening for depression among PLHIV on ART is still minimal this is particularly the case in low and middle-income countries (Barnabas, et al., 2014). Studies that have been conducted on barriers to screening of depression among PLHIV on ART indicate that discrimination, lack of appropriate education about depression, lack of appropriate therapies, competing clinical demands, social issues and lack of patient's acceptance for screening of depression are the most significant barriers to screening of

depression among such patients (Bachxuantran, et al, 2018).For instance, from the study conducted in Vietnam about barriers for screening of depression among PLHIV on ART evidence showed that stigma was pointed out as one of the most critical barriers for screening of depression among PLHIV on ART (Bachxuantran, et al . , 2018). In Rwanda (Binagwaho, et al., 2016) states that it is critical to identify children suffering from depression to increase access to treatment and quality of care among this vulnerable population. However, despite of this critical need for care, there is currently no screening instrument for depression that has been validated among children living with HIV in Rwanda, which is another barrier for screening of depression among PLHIV on ART. In Malawi (Kim, et al., 2016) states that orphan hood, poverty, urban migration, lack of clinical data, limited awareness by healthcare providers and patients, scarcity of resources and interventions, are barriers to screening of depression among adolescents living with HIV. Therefore, it is important to screen depression among PLHIV on ART in order to ensure that such patients get appropriate treatment thus improving on their quality of life.

1.2 Problem Statement

Depression is a worldwide problem, particularly affecting PLHIV on ART in low and middle-income countries. Depression among PLHIV on ART causes many negative consequences including suicidal attempts, poor treatment adherence, hopelessness among others which makes it necessary to screen such patients and provide appropriate care to them (Bachxuantran, et al. ,2018). While the WHO recommends regular screening for depression among PLHIV on ART; evidence suggests that screening is still low. This is particularly the case in Uganda and other low-income countries where the rates are as low as 13% to 78 %. (Berhe, et al 2018). 28.0% among females and 11.1% among males (Chinyere, et al., 2015). Understanding barriers to screening is important to improve care among PLHIV on ART. However little research has been done to understand the barriers for screening of depression among PLHIV on ART. This is particularly true for Uganda, where evidence on barriers is difficult to find. Therefore, this study examined barriers to screening of depression among PLHIV on ART using Nakaseke General Hospital as a case.

1. 3 General objective of the study

To assess barriers to screening of depression among PLHIV on ART at Nakaseke General Hospital in Nakaseke District.

1.3.1 Specific objective

1. To examine patient related barriers to screening of depression among PLHIV on ART
2. To examine the health system related barriers to screening of depression among PLHIV on ART

1.4 Research questions

1. What are economic, knowledge and attitudinal factors at patient level that constrains screening for depression among PLHIV on ART?
2. How is human resource, funding and knowledge of health workers at health facility level constrain screening of depression among PLHIV on ART?
3. What human resource, logistical, budget / funding and procedural issues constrain screening of depression at healthy facility level?

1.5 The Rationale of the Study

The basis of the study is to highlight barriers to screening of depression among patients on antiretroviral treatment a case of Nakaseke General Hospital, Uganda. The reasons for carrying out this research ranged to examine barriers to screening of depression among PLHIV on ART.

It should be noted that PLHIV on ART are faced with a combination of patient related and system related barriers to screening of depression and these barriers include work overload, lack of relevant policy to guide screening, negative attitude towards screening depression, fear of stigma among other barriers is what propelled the researcher to take on this particular study.

1.5.1 Significance of the study

Findings will inform government and policy makers about barriers to screening of depression among PLHIV on ART so that they can find solutions

Findings will help the hospital management to understand barriers to screening of depression at the side of PLHIV and help health workers to know how to handle such patients for example educating them

The study will contribute to knowledge, on both patient and health system related barriers to screening of depression among PLHIV on ART, which is currently limited for instance in Uganda.

1.5.2 Scope of the study

The scope of the study included the content scope, geographical scope and the time scope.

1.5.3 Geographical scope

The study was conducted in Nakaseke General Hospital in Nakaseke district this is because Nakaseke General Hospital has a well-developed ART program serving about 150 patients' district records show.

1.6 Content scope

The study focused on both patients related and health system related barriers to screening of depression among PLHIV on ART in Nakaseke General Hospital in Nakaseke District.

1.7 Time scope

Activities took a period of 8 months (May to December) that is; proposal writing, literature review, data collection process, data analysis and interpretation. The dissertation was submitted to the Department of Social Work and Social Administration in the month of December as per the proposed time frame.

1.8 Definition of Key Terms in the Study

In this study, key terms are depression and screening

Depression refers to a psychiatric disorder characterized by depressed mood, lack of concentration and low self-esteem (Junaid, et al., 2021).

Screening refers to a presumptive identification of unrecognized disease in an apparently health, asymptomatic population by means of tests, examinations or other procedures that can be applied rapidly and easily to the target population (WHO, 2019).

Mental Health refers to cognitive, behavioural, and emotional well-being Felman & Rachel, (2022).

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter focuses on analysing existing literature, which is in line with my study, and it involves looking at contributions, weaknesses, and gaps in methods, designs and approaches. This chapter in summary contains a review of related literature under the following subheadings of my objectives namely barriers to screening of depression among PLHIV on ART, Patient Related barriers and Health system related barriers to screening of depression among PLHIV on ART.

This data is obtained from different reports and journal articles.

2.2 Barriers to screening of depression among PLHIV on ART program

Obstacles to screening of depression among PLHIV on ART generally are the different factors or conditions that hinder diagnosis of depression among PHLIV on ART program to happen.

Barriers to screening of depression can be categorized into patient related barriers and health system related barriers to screening of depression, literature identifies a wide range of barriers to screening of depression among PLHIV on ART and most of them are related to funding, ignorance, stigma, lack of screening instruments, poverty among others. In Vietnam (Bechuanatran, et al., 2018) found out that barriers to screening of depression among PLHIV on ART for resistance evidence showed that stigma was pointed out as one of the most critical barriers for screening of depression among PLHIV on ART. In Rwanda (Binagwaho, et al, 2016) found out that there is currently no screening instrument for depression that has been validated among children living with HIV in Rwanda, which is another obstacle for screening of depression among PLHIV on ART. In Malawi (Kim, et al, 2016) found out that orphan hood, poverty, urban migration, lack of clinical data, limited awareness by healthcare providers and patients, scarcity of resources and interventions, are obstacles to screening of depression among adolescents living with HIV. In Ethiopia (Bereket et al., 2018) also found out stigma and lack of social support are significant barriers to screening of depression among PLHIV on ART. In Malawi (Melissa, et al, 2020) found out barriers to screening of depression among PLHIV on ART include limited human resource, institutional challenges,

distance to the clinic, lack of support, stigma and fear of HIV status disclosure were identified as barriers to screening of depression among PLHIV on ART.

In Spain a study by (Briongos, et al., 2011) indicated that barriers to screening of depression among patients on ART include stressful events in the lives of PLHIV on ART such as emotional impact of diagnosis, possible rejection from family, professional and social life discrimination and stigmatization all are associated with screening of depression among PLHIV on ART.

In East Africa a study by (Getinet, et al., 2018) identified a wide range of barriers to screening of depression among patients on ART such as patients having opportunistic infection, perceived stigma, negative life event, WHO clinical staging of a disease, hospitalization in the past one-month, stressful life events, food insecurity, self-efficacy, missed frequency of clinic visits, frequency of follow up, older age and low incomes.

In Addis Ababa, Ethiopia a study by (Getachew, et al., 2016) at alert hospital indicated that screening of depression among PLHIV on ART is associated with patients having perceived HIV stigma, HIV stage (iii) and poor social support among their family members, in Conakry, guinea in the cross-sectional study by (Camara, et al., 2018) identified limited knowledge at the side of PLHIV on ART as a significant barrier to screening of depression among PLHIV on ART.

However, most of the literature focuses only on children and adolescents living with HIV on ART program. Similarly (Maria, et al., 2015), In Vietnam (Bechuantran, et al., 2018) found out that barriers to screening of depression among PLHIV on ART for resistance evidence showed that stigma was pointed out as one of the most critical barriers for screening of depression among PLHIV on ART. (Bachxuantran, et al., 2018) and (Binagwaho, et al., 2016) disagrees about barriers to screening of depression among PHLIV on ART this is because the two authors are coming from different context thus differing ideas about barriers to screening of depression among PLHIV on ART.

In spite of the differing views these studies acknowledge weakness in particular area for instance a study by (Bachxuantran, et al., 2018) found out that barriers to screening of depression among PHLIV on ART pointed out only stigma as the most critical barrier to screening of depression while a study by (Binagwaho, et al., 2016) found out that lack of screening instruments hinders screening of depression among PLHIV on ART.

Therefore, in sum barriers to screening of depression may relate mainly to issues such as lack of screening instruments, stigma, urban migration, lack of clinical data, limited awareness by healthcare provider's, patients 'scarcity of resources and interventions among other barriers to screening of depression among PLHIV on ART.

2.3 Patient related barriers to screening of depression on ART program

Patient related barriers to screening of depression generally are conditions at the side of PLHIV on ART program that pose a difficulty in diagnosing depression. Literature identifies wide range of patient related barriers to screening of depression and many of them are related to poverty, ignorance, among others. (Valente, 2003), found out that Patient related barriers to screening of depression among PLHIV complicate the treatment and physical status of a person with HIV disease.

In Durban, South Africa (Ingrid, et al., 2019), found out that patient related barriers to screening of depression are grouped into five categories for example barriers concerning service delivery like waiting too long to see ART provider, not being treated with respect by the staff. Financial considerations, like inability to afford medication or transport costs, personal health perception like, not being sick enough or being too sick, Logistical, failure to get out of work, having care responsibilities for others, and structural factors like, inability to access clinic because of clinic hours.

In Uganda (Elizabeth, et al, 2019) found out that lack of family support, social support from peers on the side of PLHIV on ART act as barriers to screening of depression among PLHIV on ART. In Ethiopia, (Seid, et al., 2020), found out that ethnic, racial background and individual's low level of education on the side of PLHIV on ART are barriers to screening of depression. (Ashaba, et al., 2018) identifies structural factors such as poverty, lack of access to education services among others as barriers to screening of depression at the side of PLHIV on ART program.

In Conakry, guinea in a cross-sectional study by (Camara, et al., 2018) identified limited knowledge at the side of PLHIV on ART as a significant barrier to screening of depression among PLHIV on ART, A study by (Julia, et al. ,2015) by public health HIV care relinkage program indicated that perceived lack of need for medical care was a critical barrier to screening of depression on the side of PLHIV on ART.

A study by (Maria, et al. , 2014) also indicated patients internalized stigma , fear for disclosure about their HIV status and lack of social support from families, In East Africa a study by (Getinet, et al. , 2018) identified a wide range of patient related barriers to screening of depression among patients on ART such as patients having opportunistic infection , perceived stigma, negative life event, hospitalization in the past one month, stressful life events, food insecurity, self-efficacy, missed frequency of clinic visit, older age and low incomes .In Vietnam (Bechuantran, et al., 2018) identified stigma as a barrier at the side of PLHIV on ART .

In Spain a study by (Briongos et al., 2011) indicated that patients related barriers to screening of depression among PLHIV on ART include stressful events in the lives of PLHIV on ART such as emotional impact of diagnosis, possible rejection from family, professional and social life discrimination and stigmatization all are associated with screening of depression among PLHIV on ART.

A study by (Zara, et al., 2016) conducted among adolescents and children indicated forgetting as a barrier to screening of depression among patients on ART for example evidence showed that 37.3% to 45.4% among adolescents experienced such a barrier this was because of being away from home while 46.3% to 80.0% children experienced forgetting as barrier to screening of depression.

In the United States a study conducted by Sarah & Rivet, (1999) indicated that globally adolescents living with HIV face unique barriers to screening of depression and this progress through major milestones in cognitive, social development and transition to adults they pointed out poor retention in care as a unique barrier to screening of depression among adolescents on ART.

A study by (Ashraf, et al., 2011) indicated lack of transport infrastructure, food insecurity, and poor social support system are significant barriers on the side of PLHIV on ART especially in South Africa. However (Seth, et al., 1999) and (Ingrid, et al., 2019) in their studies agreed about patient related barriers to screening of depression for instance both argued that patient related barriers to screening of depression among PLHIV on ART are due to issues such as ethnic, racial background and individual’s low level of education.

The agreement in both studies is due to similar barriers to screening of depression the two authors talked about in their studies and they understand barriers to screening of depression

especially on the side of PLHIV on ART in the same angle thus similar ideas about patient related barriers to screening of depression among PLHIV on ART.

In spite of the similar views these studies actually acknowledge weakness in particular area for instance a study by (Seth, et al., 1999), focused on children living with HIV on ART while in South Africa a study by (Ingrid, et al., 2019) focused on men living with HIV on ART. Therefore, in sum patient related barriers to screening of depression mainly relate to issues such as ethnic, racial background and individual's low level of education, patient negative attitudes towards depression among other barriers to screening of depression on the side of PLHIV on ART.

2.4 Health system related barriers to screening of depression on ART program

Health system related barriers to screening of depression generally are conditions at the side of health facility level that may hinder screening of depression among PLHIV on ART program to happen. Literature identifies a wide range of health system related barriers to screening of depression among PLHIV on ART and many of them are related to funding, work overload, lack of skill among medical workers who provide ART, lack of screening tools at the health facility level among others.

Valente & Saunders, (2000) pointed out that Psychiatric clinician's lack of expertise in eliciting psychological symptoms. Psychiatric clinicians often lack skill in detecting major depression. Martin &Jackson, (2000) states that most physicians and nurses detected only about 49% of depressed people on a medical service, and only 2 that is (10%) patients received appropriate treatment for depression this was due to work overload. In Malawi (Kim, et al., 2016) states that lack of clinical data, limited awareness by healthcare providers, and scarcity of resources, interventions and lack of screening tools are obstacles at the side of the health facility in screening of depression among adolescents living with HIV on ART program.

In south Africa (Ashraf, et al., 2011) indicated institutional barriers to screening of depression among PLHIV on ART such as logistical barriers, overburdened health care facilities, limited access to mental health care services at the facility and difficulties in ensuring adequate counseling at the facility among others.

In Rwanda (Binagwaho, et al, 2016) found out that there is currently no screening instrument for depression at the health facility that has been validated among children living with HIV in Rwanda, which is another barrier for screening of depression among PLHIV on ART.

In Malawi (Kim, et al, 2016) found out that lack of clinical data, limited awareness by healthcare providers are obstacles to screening of depression among adolescents living with HIV, in Botswana a study by (Poloko, et al., 2020) found out that stigma , discrimination by ART providers , overcrowded clinics and negative attitude by the staff at the health facility level were indicated as barriers to screening of depression among PLHIV on ART, in Lusaka ,Zambia a study by (Maurice , et al ., 2013) found out that long waiting time at the ART clinics and concerns about long term availability of treatment at the health facility level were pointed out as barriers to screening of depression among patients on ART in Zambia .

In Uganda a study conducted by (Kunihira, et al., 2010) in Rakai district among PLHIV on ART indicated that inadequate mobilization by the ART providers, long waiting time at the ART treatment centres and inadequate number of health workers were mentioned as major obstacles at the health facility level regarding screening of depression.

However most of the studies focuses on limited knowledge and number of ART providers among ART providers to screening of depression at the facility , Valente & Saunders, (2000) , (Kim, et al. , 2016) in their studies disagreed on health system related barriers to screening of depression for instance Valente & Saunders, (2000) argued that Clinicians may lack expertise in eliciting psychological symptoms for example they may feel that patient's emotions are private, may feel ill at ease at talking about feelings, sadness, and hopelessness among PLHIV on ART and Often Psychiatric clinicians may feel poorly prepared to respond empathically and therapeutically to depressed people.

While a study by (Kim, et al., 2016) in Malawi indicated limited ART providers, scarcity of resources and interventions at the health facility level are barriers to screening of depression among PLHIV on ART and therefore disagreements are due to different context where the two authors are coming from and they understand barriers to screening of depression in different angle thus differing ideas about health system related barriers to screening of depression among PLHIV on ART.

In spite of the differing views these studies acknowledge weakness in particular area for instance a study by Valente & Saunders, (2000) found out that clinicians may lack expertise in eliciting psychological symptoms for example they may feel that patient's emotions are private, feel ill at ease at talking about feelings, sadness, and hopelessness among PLHIV on ART while a study by(Kim , et al, 2016) in Malawi found out that lack

of clinical data, limited awareness by healthcare providers, scarcity of resources are barriers to screening of depression at the healthy facility .

Therefore, in sum health system related barriers to screening of depression are mainly relate to issues such as lack of clinical data, limited awareness by healthcare providers, scarcity of resources, clinicians lack of expertise in eliciting psychological symptoms lack of screening tools and work overload at the health facility hinders screening of depression among PLHIV on ART program at the health facility

2.5 Emerging Gaps in the Literature

In the literature, the emerging gaps include the following

Most of the literature concerning barriers to screening of depression among PLHIV on ART program is from western countries not in Africa for instance in Vietnam, united states of America, Pakistan among other countries.

Literature on barriers to screening of depression among PLHIV on ART is very little in Africa and difficult to find

Literature concerning barriers to screening of depression mostly focuses on children and adolescents yet adults are hardly studied.

Literature concerning barriers to screening of depression among PLHIV on ART mostly focuses on men, children and adolescents yet women are hardly studied.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter focuses on the research design and approach, study site, sample size, study population, sampling techniques, data collection methods, data management and analysis, ethical considerations and anticipated challenges from the study.

3.2 Research Design

Descriptive research design deals with conditions, practices, structures or processes. (Kummar, 2005). Therefore, descriptive design helped a researcher to understand the detailed barriers to screening of depression among PLHIV on ART and it helped the researcher to answer "what and how questions about barriers to screening of depression among PLHIV on ART. The study employs qualitative approach in the data collection and analysis process this is because qualitative research is highly exhaustive and reliable in providing detailed information about the study.

Therefore, this approach aims to enable a researcher to obtain a detailed and deeper understanding of barriers to screening of depression among PLHIV on ART program using Nakaseke General Hospital as a case.

3.3 Study Site

This study was conducted in Nakaseke General Hospital. Nakaseke General Hospital is a public facility located in Nakaseke Town Council, Nakaseke district. This facility also serves as the district hospital of Nakaseke and it has a well-developed ART program serving about 150 patients' district records show.

3.4 Study Population

The study population included six health workers who provide ART for example nurses, doctors, social workers and one officer in charge of HIV/AIDS issues Nakaseke district. The ART providers were identified with the help of the hospital administration and the officer in charge of HIV issues Nakaseke district and was identified with the help of the district health officer Nakaseke district.

3.5 Sampling Strategies (sample size and technique)

The sample size was not predetermined in advance but it depended on the number of relevant participants found at the hospital and were determined after a researcher engaging with the hospital staff, administration and district health officer that helped a researcher to identify those who can answer questions about the study.

The study adopted purposive sampling technique by this a researcher engaged with the hospital administration and the district health officer of Nakaseke district who helped a researcher to identify eligible participants and they were identified basing on their knowledge of the subject.

3.6 Data collection methods

In this study semi structured interviewing was employed as a method of data collection.

3.6.1 Semi structured interviewing

In this study semi, structured interviewing was conducted with the ART providers and in charge, HIV/AIDS issues Nakaseke who were selected to participate in the study. This was conducted face to face using a semi structured interview guide which had open ended questions to allow participants to express their views, opinions and the interview took 30 minutes and covered the following issues such as screening of mental health in HIV, context of health care provision among PLHIV on ART among others. This helped a researcher to dig deeper into issues of collecting data and opinions about barriers to screening of depression among PLHIV on ART thus helping a researcher to get detailed understanding of the subject.

3.6.2 Key informant interviews

Face to face interviews were conducted with in charge HIV issues Nakaseke district using a semi structured interview guide which had open ended questions to allow the participant to express his views , opinions and the interview took 30 minutes and covered the following issues such as screening of mental health in HIV , context of health care provision among PLHIV on ART among other issues this helped a researcher to dig deeper into issues of collecting data and opinions about barriers to screening of depression among PLHIV on ART thus helping a researcher to get detailed understanding of the subject .

3.7 Data management and Analysis

Data collected was managed using qualitative data management techniques whereby all interviews were audio recorded, transcribed and word-processed. Data were analysed using thematic analysis. By this, the researcher followed the six steps of thematic analysis according to Braun and Clarke, which included collecting data, generating initial codes, searching for themes, reviewing themes, writing a report defining and naming themes.

The emerging themes included negative attitude towards screening depression and mental health issues, transport costs, fear of stigma, perception that mental health issues are for the rich among other themes.

3.8 Use of a verbatim

Verbatim were employed so as to generate detailed information about the problem under the study, it is a direct quote from participants giving information related to the theme of the study.

3.9 Ethical Considerations

A researcher ensured confidentiality and privacy of the participants by this a researcher identified participants basing on their designation such as counsellor, nurses and doctors this helped a researcher to identify participants as writing the findings.

A researcher sought clearance from the Department of Social Work and Social Administration in order to go and conduct a study but also, sought clearance from the hospital administration in order for the study to be conducted.

A researcher sought consent from the health workers who provide ART, relevant administrators of Nakaseke General Hospital and district health officer to conduct the study this involved informing participants of their right to voluntary participation and to withdraw at any time from the study.

A researcher obtained consent from the participants before recording the interview

3.10 Anticipated Challenges

Transport costs since the health facility is somehow far from the researcher's home therefore; a researcher had to rent near by the hospital such that cut on the transport costs.

There was a possibility of contracting Ebola since the researcher was going in the hospital setting therefore, the researcher had to follow all the guidelines being put into place by ministry of health like wearing masks whenever a researcher is going to field, moving with hand sanitizer to clean up the hands and keeping distance between the researcher and participants.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter presents the findings of a study that sought to examine Barriers to Screening of Depression among Patients on Antiretroviral Treatment. A Case of Nakaseke General hospital in Nakaseke District, Uganda. It presents interprets and discusses data on the two specific objectives of the study namely;

- To examine patient related barriers to screening of depression among PLHIV on ART
- To examine the health system related barriers to screening of depression among PLHIV on ART

The first sub-section presents patient related barriers to screening of depression among PLHIV on ART and in the second sub-section, I present health system related barriers to screening of depression among PLHIV on ART

4.2 Characteristics of study participants

The study had six Art providers and one key informant and in total, they were seven participants the primary study participants comprised of two nurses, two doctors, one counsellor and one social worker and all the participants had served in their positions for four to five years. Most (4) had an experience of screening depression for two years while one had an experience of one and three years respectively.

The key informant had served in their position for eight years and had been involved in screening depression among PLHIV for four years. See table one for more details

Table 1: Details of participants

Designation of the participants	Gender of the participants	Years of service At the facility	Their experiences to screening of depression
Counsellor	Male	5years	2 years
Nurse	Female	4years	1year
Social worker	Male	4years	2 years
Doctor	Male	5years	3years
Nurse	Female	4years	2years
Doctor	Male	5years	2years
In-charge HIV/AIDS issues Nakaseke district	Male	8years	4years

4.3 Patient Related barriers to screening of depression among PLHIV on ART

Patient related barriers to screening of depression generally are conditions on the side of PLHIV on ART that pose a difficulty in diagnosing depression. The study identified several patient related barriers to screening of depression.

They included ignorance, limited knowledge, transport costs, perception of mental health issues, and fear of stigma among others.

(a) **Limited knowledge about screening of depression**

Several ART providers at the healthy facility reported that most of the PLHIV on ART have limited knowledge on what screening depression and other mental related issues are all about they report that some of them mix depression with madness, which leads them to avoid being screened due to fear of being labelled "balalu" (mad people).

An example was a nurse ART clinic who explained that several PLHIV on ART are not aware about depression and keep on asking about what it means before they are being screened;

> "When clients come in here, they even don't understand what screening depression is all about many of them ask "musawo" (doctor) screening depression means what? And we always first explain to them what it means and its importance," she narrated.

Similarly, the in-charge HIV/AIDS issues at the district reported that PLHIV on ART fear that screening depression will declare them mad and results into sending them to mental hospitals which they cannot afford;

> "Some of the clients think that when they come for screening depression ART providers will actually call them mad people and they will be sent to mental health hospitals like Butabika which they can't afford the costs,'' in charge HIV/AIDS issues narrated.

(b)Negative attitude towards screening of depression and mental issues

Several study participants revealed that several patients shun away from screening depression and other mental health issues because of negative attitude associated with screening depression.

They reported that some patients have a feeling that mental health issues are generally stigmatized. for instance, a social worker at the ART clinic explained that their clients have a feeling that screening depression and other mental health issues are generally

stigmatized and many of the patients fear to be called different sorts of names like useless people after being screened;

> "Many of the clients have a feeling and think that nurses and doctors here at the facility will call them "abononefu" (useless people) which is not the case," He remarked.

Similarly, a nurse at the ART clinic reported that PLHIV on ART have a feeling that screening depression and other mental health issues are for those in mental hospitals and this make the majority to avoid being screened because they fear the different names they will called.

> "Some patients think that when they come here at the facility and we talk about screening depression and other mental issues they think that after being screened they will be useless people(abononefu)," He narrated.

(c) Transport costs

Several study participants revealed that several patients shun away from screening depression and other mental health related issues because of transport costs. The transport costs mainly affect the poor, and the elderly as most of them come from distant places.

In- charge HIV /AIDS issues Nakaseke district explained that the transport costs affect PLHIV on ART as most of them have to come at the district hospital where screening depression is done which constrains patients from distant areas from coming to the facility since they can't afford the costs. I found out that screening of depression is only conducted at Nakaseke General Hospital.

As such PLHIV enrolled on ART program in Nakaseke district have to travel all to the General hospital for screening depression and other mental health issues;

> "Particularly at the district some patients always want to come at the district hospital for screening depression but most of them fear the high costs of transport they have to put in to come at the district hospital where screening generally takes place," He remarked.

Similarly, a counsellor at the ART clinic reported that the high costs of transport affect PLHIV on ART since many of them are poor and unemployed yet they have to come at the district hospital where screening depression takes place.

> "We usually take long to see clients coming at the facility for screening depression as most of them say that they can't afford the transport costs to come at the facility where screening depression generally happens since many come from distant places such as Kapeeka, Kitanswa, Namilali and many other areas," He narrated.

(d) Perception that mental health issues are for the rich

Some study participants revealed that some patients shun away from screening depression and other mental health issues because they think that screening for depression in general and other mental health issues are for rich people.

For example, one doctor explained that every time they ask clients about screening depression and other mental issues, they often say that these things are for the rich not the poor "Some patients when they come at the facility and we talk about screening depression and other mental health issues they normally say;

> "Musawo naawe leeka, ebyo bya bagagga siibyafeee bazinkulubuse". Meaning that doctor screening depression and other mental health issues are for the rich people not for the poor. He narrated.

A nurse at the ART clinic held a similar view. She reported that every time they ask clients about issues regarding screening depression and other mental health issues patients usually say are a luxury.

> "Tubula kyetulya tulunde embwa meaning that doctor we lack what to eat and get money to come for screening depression and other mental issues" She narrated.

(e) Fear of stigma

Some study participants revealed that several patients shun away from screening depression and other mental health issues because of fear of being stigmatized when they are diagnosed with mental health symptoms.

One of the counsellor whom I talked to indicated that screening depression and other mental health issues is important for their clients but many of them fear being stigmatized when they find that they are depressed.

> "It would be good for our clients to come for screening depression and other mental health issues but many of them have that fear of what will actually happen after they have been screened. He said that some clients may fear to be called "balalu" (mad people)," He remarked.

A nurse at the ART clinic held a similar view. She reported that PLHIV fear what will happen after them being screened and what the society will say about them as most of them have a feeling that they will be discriminated in the society where they are coming from "Our clients some of them fear that people in the society will discriminate them because they will be regarded as mad people," She remarked.

The study findings are consistent with those of other studies, which largely point to negative attitude, limited knowledge, transport costs, perception that mental health issues are for the rich people, and fear of stigma as key barriers to screening of depression at patient related level.

For example (Bechuanatran, et al., 2018) found out that stigma was pointed out as one of the most critical barriers for screening of depression among PLHIV on ART. In addition, (Binagwaho, et al., 2016) found out that lack of screening instrument for depression that has been validated among children living with HIV in Rwanda, (Kim, et al., 2016) found out limited awareness by healthcare providers and patients, scarcity of resources and interventions, are obstacles to screening of depression among adolescents living with HIV in Malawi.

However, those barriers at the side of PLHIV on ART who did not emerge in the study probably because PLHIV on ART understand barriers to screening of depression in different angles thus some of the barriers at the side of PLHIV on ART didn't emerge in the study.

4.4 Health System related barriers to screening of depression among PLHIV on ART

(a) Limited funds

Some study participants revealed that screening of depression does not happen at the health facility because of limited funds being allocated to the facility.

The in-charge HIV/AIDS issues Nakaseke reported that screening depression and other mental health issues would be possible but the hospital receives little money, which cannot support screening of depression and other mental health issues.

> "At the district generally, we receive little money especially in the HIV unit. This makes it difficult for us to carry out some activities like screening of depression and other activities related with HIV/AIDS issues," He remarked.

A nurse at the ART clinic who reported that screening depression and other mental health issues would be possible but the hospital lacks enough money to pay the experts.

> "We would carry out screening every time our clients come for medication but unfortunately there is no money to pay the experts who do the screening and buying screening tools," She remarked.

(b) Lack of screening tools

Study participants revealed that screening of depression does not happen at the health facility because of lack of screening tools.

The in-charge HIV/AIDS issues Nakaseke district explained that screening depression at the hospital is limited by lack of screening tools which ART providers use when they are screening depression;

> "At the district generally my colleagues the ART providers always want to do the screening but the tools which we use for screening are inadequate this poses a difficulty in screening depression," He remarked.

Similarly, a doctor at the ART clinic explained that screening depression involves using tools such as HIV care card which consists of different questions;

> "When we are screening depression, we normally use HIV care card this tool consists of questions. which we ask our clients to determine whether they are depressed but unfortunately the tools are inadequate and limited thus making screening not to happen," He narrated.

(c) Work overload

Some study participants revealed that screening of depression at the healthy facility is hindered by work overload. The in-charge HIV/AIDS issues Nakaseke explained that ART providers at the hospital have a lot of work to do yet they are attending to many PLHIV on ART and they have to provide other services apart from screening depression among PLHIV on ART yet they are few thus ending up not screening for depression.

> At the district screening of depression would have happened but the ART providers at the district hospital we have a lot of work and they are very few yet they are attending to many patients we have six ART providers who have to attend to over 150 patients according to the district records. (**IDI with in charge HIV/AIDS issues Nakaseke district**

A social worker at the ART clinic who explained that screening depression and other mental health issues would have been possible but they are overloaded.

> "Our social work department at this facility are very few yet they are attending to many patients this make them at times not to carry out screening of depression," He narrated.

(d) Limited manpower

Some study participants revealed that screening of depression at the healthy facility is hindered by limited manpower. The in-charge HIV/AIDS issue indicated that screening of

depression is generally important because it helps to improve on the quality of life of PLHIV on ART but unfortunately, ART providers are not enough to provide such services to the patients.

> "District records has got 150 patients on ART and the hospital has six ART providers this make screening of depression at the district hospital not to happen yet it's important for improving on the quality of life of PLHIV on ART," He remarked.

A nurse at the ART clinic also reported that screening of depression is expected to be done every time clients come for their medication. However; she indicated that it does not always happen because of human resource shortages.

> "Always good to do the screening whenever our clients come for their medication but now because we a very few here at this facility screening always doesn't happen because we need also to provide other HIV services to our clients," she narrated.

Other participant revealed that screening of depression is very important to PLHIV on ART and it must occur on regular basis. One doctor at the ART clinic indicated that screening depression should occur every time PLHIV come into contact with the ART providers but the problem is staff shortages.

> "Screening of depression should happen daily because it's very important among PLHIV on ART but due to the fact that ART providers a few at this facility it's not done,'' He remarked.

(e) **Lack of relevant policy to guide screening of depression at the facility**

Some study participants revealed that screening of depression at the healthy facility is hindered by lack of a relevant policy to guide screening of depression.

At the hospital and the district generally. One nurse at the ART clinic indicated that if there was a relevant policy at the hospital, screening of depression would have happened on a regular basis but unfortunately, the hospital administration has not thought about it.

> "For the last four years which I have served in this unit we have not heard about any policy the hospital administration has come up with to guide screening of depression among PLHIV on ART," she narrated.

The in-charge HIV /AIDS issues also indicated that officials at the districts in the health unit have not thought about coming up with a policy to guide screening of depression and other mental health issues.

> "At the district generally, there is no policy to guide screening of depression among ART clients at the district level," He remarked.

The study findings are consistent with those of other studies, which largely point to financial and human resource constraints as key barriers to screening of depression at health system level. For example, (Kim, et al, 2016) found out financial and human resources at the health facility were key barriers to screening of depression in Malawi.

(Ashraf, et al., 2011) indicated overburdened health care facilities, limited access to mental health care services at the facility are barriers to screening of depression at the health facility level in South Africa.

However, those barriers at the health facility level who didn't emerge in this study probably because the hospital has specialized staff with capacity to screen for depression and does not rely on clinical data to screen for such conditions.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary, conclusion and recommendations drawn from the study findings of the previous chapter. This chapter is organized in three sections. The first section deals with summary of findings related to the research objectives and conclusions. The second section focuses on recommendations while the third section presents areas for further study.

5.2 Summary of findings

5.2.1 Patient related barriers to screening of depression among PLHIV on ART

The study findings revealed that patient related barriers to screening of depression among PLHIV on ART include issues such as limited knowledge, transport costs, negative attitude towards screening depression, perception that mental health issues are for the rich and fear of stigma all these factors discourage PLHIV on ART from being screened even when services and opportunities are available.

5.2.2 Health system related barriers to screening of depression among patients on ART

The study findings revealed that health system related barriers to screening of depression among PLHIV on ART are mainly rooted in issues such as work overload, limited manpower, limited funds, and lack of relevant policy to guide screening of depression at the healthy facility, which discourage PLHIV on ART from being screened at the health facility.

5.3 Conclusion

In conclusion screening of depression is constrained by a combination of patient related barriers to screening depression they include limited knowledge, transport costs, negative attitude towards screening depression, perception that mental health issues are for the rich and fear of stigma and those at the health system level include work overload, limited manpower, limited funds, and lack of relevant policy to guide screening of depression at the healthy facility all these factors serve to constrain screening of depression among PLHIV on ART thus leading to poor quality of life among PLHIV on ART.

5.4 Recommendations

Different actions have been put in place to reduce on barriers to screening of depression among PLHIV on ART over the years but it remains a problem worldwide and in Uganda at large. I recommend that attention should be given to building the resilience of PLHIV on ART by helping them to overcome the different barriers they encounter towards screening depression and other mental health issues. Basing on the findings from the study, I recommend that the following actions or strategies are adopted and implemented by different stakeholders.

PLHIV on ART

PLHIV on ART should have an endurance spirit amidst the different barriers they encounter towards screening of depression and other mental health issues. PLHIV on ART should understand that though they are on ART program it is not the end of life. They should know that being on ART does not mean that everything has vanished and it should not limit them from achieving their goals and dreams in life.

Government

The study also found out that government needs to make HIV /AIDS services free of charge to favour even the poor to access services such as screening of depression and other mental health issues thus improving on the quality of life of PLHIV on ART.

The study indicated that government needs to train more people like the counsellors who can sensitize PLHIV about the importance of screening depression such that they do away with the fear and the negative attitude towards mental health issues thus improving on their quality of life.

The study found out that government needs to train and avail enough ART providers like sectarists, nurses and doctors who do the screening thus improving on the quality of life among PLHIV on ART.

The study indicated that government needs to allocate more funds to HIV/AIDS services in order to ensure regular screening of depression thus improving on the life of PLHIV on ART.

The study also found out that government needs to come up with clear policies to guide and manage screening and there should be proper implementation of the policies thus encouraging regular screening of depression among PLHIV on ART.

The study indicated that government needs to extend screening services near people like at health centres in their areas this will encourage PLHIV on ART to come to such places for screening depression because they are near them thus improving on their quality of life among them.

Non-Governmental Organization (NGOs)

The study indicated that Non-Governmental Organizations especially those dealing with HIV /AIDS related issues should sensitize PLHIV on ART about the importance of screening depression and other mental health related issues thus improving on their quality of life among them.

Communities

Communities should create conducive environments free from any form of stigma and discrimination so that PLHIV on ART are able to live in their communities in harmony this can be done through conducting awareness campaigns about the importance of screening depression and other mental health issues in their communities.

Health workers

Health workers at the healthy facility should always sensitize PLHIV on ART about the importance of screening depression and other mental health issues hence improving on their quality of life.

Hospital Administration and Management

Hospital administration and management should come up with clear policies at hospital level to guide and manage screening depression and there should be proper implementation of the policies thus encouraging regular screening of depression among PLHIV on ART.

Hospital administration and management should encourage ART providers at the facility always to sensitize PLHIV on ART about the importance of screening of depression whenever they come to get their medication at the facility thus improving on their quality of life.

5.5 Limitation and recommendations for future research

A key limitation is that the study only applied qualitative approach and missed out on the quantitative dimension that would have unravel the quantitative aspect of the research that

would have produced balanced research outcomes. For future studies, the researcher recommends the study to understand, the perspective of PLHIV on ART since in this study the researcher only focused on the perspective of ART providers.

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APPENDICES

Appendix I: Consent form for Health workers who Provide ART in Nakaseke district

I am **Sserugunda Patrick a** student, offering Bachelor's Degree in Social Work and Social Administration at Makerere University. I am conducting a research study entitled **"Barriers to screening of depression among patients on antiretroviral treatment".** This study is aimed at finding out barriers to screening of depression among PLHIV on ART and ways in which government and policy makers can find solutions. I want to thank you for taking time to meet with me today.

I will be audio recording the session because I do not want to miss out any of your comments. Although I will be taking notes during the session, it cannot be possible to be fast enough to capture everything. All responses will be kept confidential, this means that your interview responses will only be shared with my research supervisor and I will ensure that any information included in my report does not identify you. Please feel free to answer exactly as you feel. You are free not to answer a particular question if you are not comfortable answering it. You are also free to withdraw from the interview at any time and there is no need to justify your decision.

Do you have any questions about what I have just explained?

Are you willing to participate in this interview? If yes, please sign below

Sign ……………………………………… …………………………….

Interviewee date

Sign ……….…………………………… ……………………………..

Appendix II: A Semi-structured Interview Guide for Health workers who Provide ART and relevant administrators of Nakaseke General Hospital.

Section A: Socio- demographic characteristics of the participant

1. Designation of the participant
2. Length of service at the health facility
3. Gender
4. Contact of the participants

Section B: Experiences of depression at this health facility

5. What is your experience of screening of depression and other mental health issues among ART clients?

Probe for

- How often does screening of depression among your clients on ART happen?
- Who does the screening of depression among your clients on ART?
- What tools do you use in screening of depression among your clients on ART?
- How long have you been doing the screening?

Is there any relevant policy to guide screening of mental health issues among ART clients at national, local or district level?

Section C Barriers that constrain screening of depression among ART clients at this facility

6. Please tell me about barriers that constrain screening of depression among ART clients at this facility.

Let us start with individual patient related barriers

Probe for:

- Knowledge
- Attitudinal factors such as negative attitude towards mental health issues
- Economic factors such as user fees and transport costs

7. Now let us talk about health system related barriers. In your opinion, what factors at health facility and policy level constrain screening of depression at this health facility?

Probe for:

- Lack of logistical issue such as lack of screening tools
- Human resource constraints such as lack of competent staff, inadequate staff and work overload
- Policy (lack of policy guidelines)
- Funding

8. In your opinion what needs to be done to encourage regular screening of depression and other mental health issues among PLHIV on ART at this facility and Uganda in general?

Thank you for your time

Appendix III Consent form for district health officer (DHO) of Nakaseke/ In charge of HIV/AIDS Issues.

I am **Sserugunda Patrick** a student, offering a Bachelor's Degree in Social Work and Social Administration at Makerere University. I am conducting a research study entitled **"Barriers to screening of depression among patients on antiretroviral treatment".** This study is aimed at finding out barriers to screening of depression among PLHIV on ART and ways in which government and policy makers can find solutions. I want to thank you for taking time to meet with me today.

I will be audio recording the session because I don't want to miss out any of your comments. Although I will be taking notes during the session, it cannot be possible to be fast enough to capture everything. All responses will be kept confidential, this means that your interview responses will only be shared with my research supervisor and I will ensure that any information included in my report does not identify you. Please feel free to answer exactly as you feel. You are free not to answer a particular question if you are not comfortable answering it. You are also free to withdraw from the interview at any time and there is no need to justify your decision.

Do you have any questions about what I have just explained?

Are you willing to participate in this interview? If yes, please sign below

Sign ……………………………………… …………………………….

Interviewee date

Sign ……….…………………………… ……………………………..

Appendix IV: A Semi-structured Interview Guide for District Health Officer (DHO) Of Nakaseke/ In Charge of HIV/AIDS Issues.

Section A: Socio- demographic characteristics of the participant

1.Designation of the participant

2. Length of services the district health officer of Nakaseke

4. Contact of the participant

Section B: experiences of depression in Nakaseke district

5. Please tell me about your experience of screening of depression and other mental health issues among PLHIV on ART in Nakaseke district?

6. Do any of the facilities in the district screen for depression and other mental health issues?

7. Which level of facilities conduct the screening?

Prob for

Health centre iii, IV, hospital private or public.

- Which personnel conduct the screening?
- How long have ART providers been doing it at the district generally?
- How often are they expected to conduct the screening?

8. Is there any relevant policy to guide screening of mental health issues among ART clients at the district level?

Section C Barriers that constrain screening of depression among ART clients in Nakaseke district

9. Please tell me about barriers that constrain screening of depression among ART clients in Nakaseke district generally?

Let us start with individual patient related barriers

Probe for:

- Knowledge
- Attitudinal factors such as negative attitude towards mental health issues

- Economic factors such as user fees and transport costs

Now let us talk about health system related barriers. In your opinion, what factors at the district and policy level constrain screening of depression?

Probe for:

- Logistical issue such as lack of screening tools
- Human resource constraints such as lack of competent, inadequate staff and work overload
- Policy (lack of policy guidelines)
- funding

10. In your opinion what needs to be done to encourage regular screening of depression and other mental health issues among PLHIV on ART at the district in general?

Thank you for your time

Appendix V: Field Introduction Letter

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DEPARTMENT OF SOCIAL WORK AND SOCIAL ADMINISTRATION

Tuesday 05th July, 2022.

To In-charge
HIV unit Nakaseke
General Hospital.

Dear Sir/Madam,

Re: Undergraduate Research

Topic Barriers to screening of depression among Patients on antiretroviral treatment a Case of Nakaseke General hospital in Nakaseke District, Uganda.

This is to Introduce Mr./Miss/Mrs. SSERULUNDA PATRICK
Who would like to carry out research in your area as part of the requirements of the Social Work and Social Administration course.

I am requesting you to give him/her the necessary assistance to enable him/her accomplish his/her research.

Your cooperation in this regard will be highly appreciated.

Yours faithfully,

Dr. Laban Musinguzi Kashaija,
Lecturer In-charge of Research and Dissertation.