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Full Length Article

Adherence challenges encountered in an intervention programme to combat chronic non-communicable diseases in an urban black community, Cape Town

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ABSTRACT

Background: Chronic non-communicable diseases (CNCD) have become the greatest contributor to the mortality rate worldwide. Despite attempts by Governments and various non-governmental organisations to prevent and control the epidemic with various intervention strategies, the number of people suffering from CNCD is increasing at an alarming rate in South Africa and worldwide.

Objectives: Study's objectives were to explore perceived challenges with implementation of, and adherence to health messages disseminated as part of a CNCD intervention programme; to gain an understanding of participants' expectations of CNCD intervention programmes;, and to explore the acceptability and preference of health message dissemination methods. In addition, participants' awareness of, and willingness to participate in CNCDs intervention programmes in their community was explored.

Methods: Participants were recruited from the existing urban Prospective Urban Rural Epidemiology study site in Langa, Cape Town. Focus group discussions were conducted with 47 participants using a question guide. Summative content analysis was used to analyse the data.

Results: Four themes emerged from the data analysis: practical aspects of implementation and adherence to intervention programmes; participants' expectations of intervention programmes; aspects influencing participants' acceptance of interventions; and their preferences for health message dissemination. The results of this study will be used to inform CNCDs intervention programmes.

Conclusions: Our findings revealed that although participants found current methods of health message dissemination in CNCDs intervention acceptable, they faced real challenges with implementing and adhering to CNCDs to these messages.

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1. Introduction

Chronic non-communicable diseases (CNCD) – diseases that are non-transmissible and non-infectious – have been proven conclusively to be the main causes of adult morbidity and mortality, worldwide (Oli, Vaidya, & Thapa, 2013; Whiteside, 2014). These diseases include diabetes, cardiovascular diseases, certain cancers and chronic respiratory diseases (Ezzati & Riboli, 2012; Herrera-Cuenca, Castro, Mangia, & Correa, 2014; Li, 2013). Currently, CNCD are responsible for more than 50% of the global disease burden, with an estimated 80% of associated deaths (Hunter & Reddy, 2013; Isaacs et al., 2014; Levitt, Steyn, Dave, & Bradshaw, 2011; Rossier, Souri, Duthe, & Findley, 2014).

The rapid increase of CNCD in low- and middle-income countries is well documented. South Africa, however, is also experiencing this trend yet it is classified as an upper-middle-income country by the World Bank (2015) income classification (Alwan & MacLean, 2009; Teo, Chow, Vaz, Rangarajan, & Yusuf, 2009). According to Dalal et al. (2011), CNCD will be responsible for 46% of deaths in sub-Saharan Africa, with higher age-standardised death rates in four of these countries (DRC, Ethiopia, Nigeria and South Africa) compared to those in high-income countries.

Chronic non-communicable diseases which are attributable to modifiable risk factors including overweight, smoking, physical inactivity, high-fat energy-dense diets and alcohol use, hold serious consequences for national economic, socio-economic and developmental growth. Because of their chronicity, these diseases place an increased demand on the healthcare sector, with an increasing number of persons requiring specialised care. In addition, the fact that many of those affected by CNCD are of working-age, affects the country's economic growth through productivity losses and prolonged disability (Ezzati & Riboli, 2012; Muka et al., 2015).

The findings of the recent South African National Health and Nutrition Examination Survey (SANHANES-1) indicates that the South Africans surveyed, who had self-reported histories of CNCD, matched the CNCD profile – they were overweight or obese, consumed a high fat and refined carbohydrate diet, consumed excessive amounts of alcohol, smoked tobacco and were physically less active. The rates of self-reported history of CNCD were also the highest in formal urban areas (Shisana et al., 2013).

In 2006, the National Department of Health in South Africa developed national guidelines for the management and control of non-communicable diseases, comparable to international standards (Department of Health, 2006; Mayosi et al., 2009). However, these guidelines were not effectively implemented – they were not circulated widely enough, while the management of chronic diseases was not monitored, or reviewed (Mayosi et al., 2009). In addition, the efficacy of a number of community-based CNCD interventions that exist in South Africa is also unknown.

At a national Summit on Non-Communicable Diseases, organised by the South African Ministry of Health in September 2011, targets aimed at reducing CNCD in South Africa by the year 2020 were set (Mayosi et al., 2012). Despite the existence of various CNCD intervention strategies, implemented by government, or non-governmental organisations, to address the CNCD epidemic, the number of people becoming afflicted by CNCD is increasing (Mayosi et al., 2012).

Evidence in the literature reveals the success of interventions, such as weight control, dietary intake modification, increased physical activity and decreased use of, or cessation of the use of, alcohol and tobacco products, in combatting the development and management of CNCD (Drozek et al., 2014; Gortmaker et al., 2011; Merrill, Aldana, Greenlaw, Salberg, & Englert, 2008). However, many adults still struggle to implement and adhere to healthy lifestyle behaviours (Murray et al., 2013).

The present study is embedded in the ongoing Prospective Urban Rural Epidemiological (PURE) study of the Western Cape cohort. The PURE study is a global longitudinal study involving 25 high-, low-, and middle-income countries seeking to identify the population level factors that drive the development of known risk factors for CNCD in adults (Teo et al., 2009). Langa, the site of the Western Cape urban cohort is a suburb near the city of Cape Town, with an estimated population of 25,987 of which 99% is black African. This community has an unemployment rate of 40% while 72% of the household has an average monthly income of R3 200 (Census, 2011).

1.1. *Research problem statement and objectives*

The increase in CNCD in South Africa has been attributed to the country being in a "nutrition transition" which is characterised by a diet high in saturated fat, sugar and refined foods, together with decreased levels of physical activity (Lategan, van den Berg, & Walsh, 2014). The South African Government and non-governmental organisations are all striving to curb the spread of the CNCD epidemic by developing intervention programmes and creating awareness of these conditions. Information on how to prevent the development of CNCD is being disseminated by means of posters, pamphlets and various media [radio, television] (Puoane, Tsolekile, Sanders, & Parker, 2008).

Despite these various attempts, statistics indicate that the prevalence of CNCD is continuing to increase (Statistics South Africa, 2014). Possible reasons for this may be socio-cultural, environmental (space), language barriers, modes of health message dissemination or lack of knowledge (Ebrahim, de Villiers, & Ahmed, 2014; Ganiyu, Mabuza, Malete, Govender, & Ogunbanjo, 2013). Context-based challenges to the implementation of and adherence to CNCD intervention programmes' health messages, awareness of community-based CNCD intervention programmes and the acceptability of these health messages have not been explored in South African black populations.

The objectives of this study, therefore, were to explore perceived challenges with implementation of and adherence to health messages disseminated as part of a CNCD intervention programme; to gain an understanding of participants' expectations of CNCD intervention programmes, and explore the acceptability and preference of health message dissemination methods in CNCD intervention programmes. Additionally, participants' awareness of existing CNCD intervention programmes in their community and their