



Health and Behavioral Sciences

COLLEGE OF LIBERAL ARTS AND SCIENCES

UNIVERSITY OF COLORADO **DENVER**

Education and Chronic Care Management: The Case of HIV Care and Treatment in Southern and Eastern Africa



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Dissertation Defense

Education is often cited as a mechanism to improve health and longevity in sub-Saharan Africa. However, there is limited and inconsistent evidence about whether formal education supports individuals' capacity to manage their chronic care in the region— a critical gap given the growing burden of chronic illness. My research advances our understanding of the relationship between education and chronic care management (e.g., diagnosis, treatment uptake, and treatment adherence), using newly available, nationally-representative survey data, across seven southern and eastern African countries. Using the case of HIV care and treatment—one of the most widely treated chronic conditions in sub-Saharan Africa— the findings I report herein provide novel insights for theory and policy.

Research on chronic care management from other settings indicates that people's formal education (e.g., primary, secondary, and tertiary schooling) may confer important cognitive skills and material resources to help manage their HIV care and treatment. However, factors such as poor-quality education and limited employment opportunities in sub-Saharan Africa suggest that these associations may be tempered in this region. Further, distinct health care and education experiences for women vs. men and people of different ages suggest that these associations differ by age and gender—constituting under-explored hypotheses in the extant education-health literature.

Somewhat surprisingly, in my analyses, I find no association between education and HIV care management at any stage of care (i.e., diagnosis, treatment uptake, or viral load suppression), and this null relationship persists for both men and women in the sub-Saharan

African region. These findings, however, were moderated by age. Notably, among young (but not older) adults living with HIV, those with more education are less likely to be diagnosed and virally suppressed.

To gain additional insight into these puzzling findings, I draw on in-depth interviews with HIV care patients in Malawi to understand how people acquire education-related resources and how they use such resources to support their HIV care. These interviews suggest that cognitive and material resources are central to HIV care management, but such resources are not necessarily gained through education. Importantly, people navigating their HIV care employ a variety of strategies to overcome their limited resources, including relying on the education-related skills of others, to facilitate their HIV care.

Taken together, my findings provide important implications for understanding education-health relationships in different contexts globally. Critically, the results of my work call into question the dominant paradigm that more education will lead to better health. These findings further inform the development of more equitable chronic care interventions meeting the needs of people across different education levels. Finally, I address the need for education policy reforms that ensure adults in sub-Saharan Africa have the skills they need to effectively manage their health care.