

ABSTRACT

Perceived social-mental, economic and physical disruptions of living with multimorbidities and enrolment into health insurance: A qualitative inquiry

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Background: Multimorbidity is a major public health concern in low- and middle-income countries at both family, community, and national levels. Despite the diversity of epidemiological evidence on the prevalence and determinants of multimorbidity, little is known about life disruptions experienced by patients with more than one long-term chronic illness. Furthermore, despite the fact that health insurance is pivotal for universal health access, there is limited data on how patients with multiple chronic illnesses have access to health insurance. This study aimed at exploring patient's views and experience on living with multimorbidities in urban Tanzania.

Methods: Cross-sectional phenomenological design was applied. Semi-structured interviews were conducted with 24 patients (males and females) living with multiple chronic illness attending the Tuberculosis Clinic at the Mwananyamala Regional Referral Hospital in Dar es Salaam, Tanzania. Bury's theory of life disruption was adapted to provide the conceptual framework and to guide the construction of the study tools and analysis. Thematic content analysis was used to categorise the participants' narratives according to theoretical and inductive themes.

Results: We found that patients with multimorbidities experience diverse life disruptions. The disruptions were **social-mental** (loneliness, despair, unhappiness, lack of interest to interact with others and illness identity); **economical** (loss of employment, dependence, and inability to afford the required diet); and **physical** (body weakness and pain, change of body image due to high intake of medicine). All interviewed participants reported not to have been enrolled in any health insurance due to lack of finances.

Conclusion: Our study suggests that patients with multimorbidities experience multiple social-mental, economical and physical disruptions. In addition, patients with multimorbidities reported poor enrolment into health insurance due to lack of finances. These disruptions and inability to enrol into health insurance schemes are likely to affect the quality of life and well-being of patients. The needs of patients with multiple illness are beyond clinical care which require more social-economic and mental support structures.

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