



LIVED EXPERIENCE OF A WOMAN IN HYPERTENSION RESEARCH NETWORK MEMBER: LUCIA DAVIE MBULAJE KAIPA

This issue our lived experience article is by Lucia Davie Mbulaje Kaipa, Senior Nursing Officer, NCD's coordinator, Queen Elizabeth central Hospital under Malawi Ministry of Health, Malawi Africa.

My passion in hypertension developed in 2011 when I was nurse in-charge of a female medical ward at Queen Elizabeth Central Hospital. It was Monday morning, very busy day. To my attention was a very old man sitting by the bedside, holding the hands of an equally old lady who was unconscious. I went to greet him. He responded that I should do everything in my power to bring back his wife. "I can sell all my harvest and live stocks at home and give the money to you if that's the cost," he pleaded.

I sat with him and I realised that he did not know his wife had a stroke from high blood pressure and he did not know anything about high blood pressure. He continued to say that he and his wife never had any chance to have their blood pressure checked. I felt pain in my heart, I wished I could do something. I checked his blood pressure and it was 202/123mmHg. I initiated antihypertensives, taught him about diet and lifestyle modification and he was so grateful.

The experience made me think of many more people especially in rural areas who are just living without a chance to have information about BP. In 2012, I attended a training in hypertension management, the knowledge gave me the energy to establish a free hypertension clinic at a health centre where I was working and mentoring health care workers voluntarily.

From there, I also started awareness campaigns and screening of people from hypertension in churches, schools, marketplaces and other social gatherings. British and Irish Hypertension Society (BIHS) funded the project from 2016 to January 2021 and nine more clinics were established.

I started out mentoring healthcare workers from South Lunzu Health Center. I was buying the equipment and medication necessary to run the clinic from 2012 until 2016. In 2016, Jill Bunker, Naomi Stetson and Prof. Simon Thom from BIHS came and mentored me on hypertension management. Nine more clinics were established and BIHS started sponsoring the project from November 2016 to January 2021. So far, I have mentored 26 nurses, 19 clinical officers and 21 supporting staff. Provided with right information, healthcare providers can comfortably run hypertension clinics.

Of all the hypertensive patients we have seen so far, 63% were diagnosed with hypertension through screening at the clinic.

Currently, I am the non-communicable disease coordinator at my workplace. I am involved in stakeholder consultations, policy development and coordinating awareness campaigns and screening in the community. I also provide capacity building and mentorship to healthcare providers and students .

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We have trained community health volunteers in prevention and monitoring of hypertension who act as health educators and provide lifestyle counselling. They screen for hypertension and monitor blood pressure and assist the community members to navigate the health system.

To run an effective training session that accomplishes my goals in an enjoyable and engaging way for everyone involved I do the following:

I always tell trainees what I am going to cover with a brief overview of the training subject's main points. I ask what they know about the subject then I tell them the additional information. In the main portion of the session, I explain key points on hypertension and demonstrate procedures. I also like to use case studies, they make the training so real.

I involve trainees by asking them to share their experiences with the training topic. Most of the training involves trainees who are experienced personnel with valuable information to contribute. I always keep my session on track as I start and finish on time. Never do I hold up class waiting for late arrivals. I always run the session according to the schedule and I don't get too far off course. I put myself in their shoes—or seats and then I solicit feedback on any training session.

Women in Malawi face major challenges to research that include a lack of trust, support and funding to carry out their studies.

Strategies to overcome these challenges include self-confidence, dedication and hard work. However, I do believe that Intrinsic (personal) and extrinsic (institutional) factors are important for improving female scientists' wellbeing and productivity.

I have been involved in many ISH initiatives. I attended BIHS 2017 annual scientific meeting and learned how to manage hypertension, what new ideas worked and what did not work. I also had a privilege to go to clinics and see how patients are managed. I learnt new technologies in the management of hypertension and about research methodologies that acted like an eye opener and I am able to apply in my setting.

I have participated in the May Measurement Month campaign (2017-2021) and an associated [publication](#). I have also proposed a review of Nurse-led hypertension and diabetes clinics effectiveness, an intervention I initiated at QECH.

Lastly, I have started registering an organisation "Together Against Hypertension And Diabetes". This is aimed at capacity building for primary healthcare workers in the management of hypertension and diabetes. Screening, referrals and diagnosis of hypertension and diabetes in the communities will help the under privileged to have free access to hypertension care.