Health Survey Needs Assessment and Barriers to Care Among HIV Positive Patients In Fiche, Ethiopia

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Background

- Ethiopia, 734,048 persons living with HIV
- Massive scale up of ART in Ethiopia since 2005
- Inability to retain patients in care undermines benefits of ART
- In an Ethiopian study of 89,495 during 2005-07, only 75% were retained after a median follow up of 12.5 months
- Poor retention is associated with reduced survival, less improvement in CD4 count, increased probability of sexual and perinatal transmission, and viral resistance
- Interventions to improve retention requires understanding of potential barriers facing HIV patients in treatment
Methods

- Cross sectional study was conducted among HIV infected patients in Fitche hospital (a rural hospital in central highlands) in July 2012.
- Objective: to identify potential barriers to care and treatment among HIV positive patients in the hospital.
- Study population: Both ART and pre-ART patients receiving HIV care at the hospital, at least 18 years of age.
- Process: Structured questionnaires were administered by trained interviewers, Summary scores calculated for physical quality of life, social support, internal and external stigma.
Results: Characteristics of study population

- 262 (87%) on ART, 38 (12.7%) pre-ART
- 24% learned HIV-positive in past 1-2 years, 55% in past 3-6 years, 21% in past 7 years or more
- 67% female, 38% male
- Mean age =37 years; 72% between 25 and 44 years
- 46% married, 45% widowed/divorced
- 45% had no formal education
- Major source of income: farming 21%, small business trade 27%, daily labour 21.2%
- 17% ever chewed chat, 77% ever used alcohol
Results: Knowledge about HIV treatment

- Knowledge levels on most questions good, but some gaps
- Examples:

<table>
<thead>
<tr>
<th>Knowledge item</th>
<th>Correct response No. ( %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are treatments that prolong the lives of PLHIV</td>
<td>291(97.0)</td>
</tr>
<tr>
<td>It is ok to stop ARVs once you feel better</td>
<td>286 (95.3)</td>
</tr>
<tr>
<td>If someone is on ARVs, it is important to take them everyday</td>
<td>296(98.7)</td>
</tr>
<tr>
<td>If you get AIDS, use of holy water can cure you</td>
<td>106(35.3)</td>
</tr>
</tbody>
</table>
Results: Clinical symptoms and physical quality of life

• In the last two weeks before the survey:
  • 21% physical pain prevented them from doing what they needed
  • 18% did not have adequate energy for everyday life
  • 29% were dissatisfied with their sleep, 22% with their ability to perform activities and 23% with their capacity to do their work

• Lower summary scores for physical QOL were associated with:
  • poor overall perceived health status (AOR=4.44; p<0.001)
  • poor social support (AOR =2.46; p< 0.001),
  • experiences of HIV stigma (AOR=2.50;p=0.002)
  • reporting food insecurity (AOR =2.04; p=0.011)
Results: Food Insecurity

In the past six months, how often did you:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Sometimes/Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>eat smaller meals or fewer meals than you wanted because there was not enough food?</td>
<td>132 (44%)</td>
</tr>
<tr>
<td>go to sleep at night hungry because there was not enough food?</td>
<td>46 (15%)</td>
</tr>
<tr>
<td>go a whole day and night without eating anything because there was not enough food?</td>
<td>9 (3%)</td>
</tr>
</tbody>
</table>
Results: Perceived Social Support

% who agreed

• There are people I know will help me if I really need it 37%
• I have someone to talk to about decisions in my life. 51%
• I don’t have close relationship with other people 25%
• There is no one I can turn to in times of stress 51%

Those with lower perceived social support scores were more likely to:
- live alone (AOR= 4; p=0.008)
- have lower knowledge about HIV treatment (AOR =1.8; p=0.04)
- report food insecurity (AOR =2.7; p<0.001)
Results: HIV/AIDS stigma

In the past year, aware of the following because HIV-positive:

- Being gossiped about: 46%
- Verbally insulted, hassled or threatened 22%
- Excluded from social gathering 10%

In the past year, felt the following because HIV-positive:

- Sad or depressed 50%
- Ashamed or guilty 24%
- They should be punished 21%
Results: Clinic follow up and missed appointments

- 27% of ART and 42% of pre-ART patients had missed at least one of their clinic appointments during the last 6 months before the survey:

- Factors significantly associated with missing one or more appointments:
  - History of ever use of alcohol (UAOR=2.03; P=0.04)
  - Living alone (UAOR OR=2.50; P=0.041)
Results: perceived barriers to clinic attendance

How important would you rate each of these as a problem or barrier to you being able to attend your HIV Clinic appointments?

<table>
<thead>
<tr>
<th>Perceived Barriers</th>
<th>Important No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of transportation/money</td>
<td>118 (39.0)</td>
</tr>
<tr>
<td>Distance from home to clinic</td>
<td>91 (29.8)</td>
</tr>
<tr>
<td>Competing daily priorities</td>
<td>65 (21.7)</td>
</tr>
<tr>
<td>Lack of food</td>
<td>50 (16.7)</td>
</tr>
<tr>
<td>Lack of employment</td>
<td>48 (16.0)</td>
</tr>
<tr>
<td>Fear of stigma</td>
<td>37 (11.6)</td>
</tr>
<tr>
<td>Worried about side effects of medicine</td>
<td>31 (10.3)</td>
</tr>
<tr>
<td>Side effects of drugs</td>
<td>24 (8.0)</td>
</tr>
</tbody>
</table>
Limitations/Discussion

• Survey population included all HIV patients in care; results may differ for newly enrolled patients
• Factors may differ for patients in other areas of Ethiopia
• Self-reported retention in care; will be validated by additional studies using Clinic attendance records
• Initial survey: Prospective studies needed to identify predictive value of factors we identified with treatment default

• Information from this initial survey was communicated to HIV Clinic and partners to discuss interventions to help reduce identified problems/barriers
Conclusion

Among HIV patients currently in care, 29% had missed at least one of their clinic appointments.

Reported problems or challenges for patients in care included:
• physical pain, fatigue/lack of energy
• food insecurity
• lack of social support
• external and internalized stigma
• economic difficulties
• lack of transportation/distance to clinic
• competing daily priorities

Strategies to address these barriers can improve the health status of HIV patients and facilitate engagement in care.
Acknowledgement

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- Participant patients