Barriers to Care Among People with HIV

Goal and Proposed Outcomes
Previous studies demonstrate that one year after initiation of HIV care, more than 25% of Ethiopians with HIV are no longer retained in care. To help inform an intervention to reduce treatment default, NASTAD Ethiopia conducted a survey of knowledge, attitudes and barriers to care among HIV patients recruited from a rural HIV clinic.

Strategy and Approach Used
In June 2012, a cross-sectional survey was conducted in Fiche Hospital HIV Clinic. 300 patients were consecutively selected, including those on ART and those enrolled in pre-ART. Surveys were verbally administered by two trained interviewers who were not hospital staff.

Of the 300 patients selected to participate:
• 67% were female, and 33% were male
• 72% were 25-44 years of age
• 87% were ART patients, and 13% were pre-ART patients

Results
• 29% of HIV patients reported missing one or more clinic follow-up appointments during the previous six months. Reasons for missed appointments included need for child care, need for transportation to the clinic, and need to attend funeral ceremonies. Others reported having extra medication and having their medications collected by other people.
• 44% of HIV patients reported "sometimes" or "often" having days with a low intake of food, and 15% going to bed hungry in describing challenges related to food.
• 51% of HIV patients reported there was no one they could turn to in times of stress, and 63%

Figure: Perceived barriers to care of people living with HIV, Fiche Ethiopia, 2012

Summary of Outcomes and Impact
Potential barriers to health care and retention identified in this survey included: distance to clinic, lack of transportation, competing priorities, insufficient food, lack of social support, and perceived stigma.

Based on these findings, NASTAD Ethiopia worked with the local health department and Fiche Hospital to implement a community-based intervention to address patient-specific barriers to HIV care and treatment and to decrease loss to follow-up. Partnerships with local associations of people living with HIV/AIDS and community based organizations facilitated the delivery of a comprehensive support program, where adherence support workers were trained to trace ART and pre-ART HIV patients lost to follow up to provide counseling, referrals, and support to return to HIV care.

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