FACTORS INFLUENCING ADHERENCE TO ANTIRETROVIRAL THERAPY AMONG PATIENTS AT AIDS/STD TEAM, TAUNGGYI

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2016

ABSTRACT

Adherence to ART prevents disease progression, and the emergence of resistant mutations, thereby reducing morbidity, and the necessity for more frequent, complicated regimens. According to WHO (2005), minimum adherence levels of 95% are required for treatment success. Therefore, accurate and reliable measures of ART adherence and better understanding of factors influencing adherence are essential to identify patients who need support for taking pills, to develop and evaluate effective interventions concerning optimal adherence, and to evaluate clinical outcomes and making treatment decisions.

This study was an ART center based cross-sectional analytic study done on patients who were taking Antiretroviral Therapy at AIDS/STD team, Taunggyi (October to December 2016). Among over 600 patients who were taking ART, a total of 102 patients were participated. This study aimed to assess socio-demographic characteristics of patients and their associations with adherence level, knowledge about HIV/AIDS and ART, factors influencing adherence of ART. Knowledge level was assessed by face to face interview with semi-structured questionnaires and ART adherence level was assessed by using multi-method assessment tool.

The overall adherence level in this study was 52.0%. Surprisingly, it was found that there was statistical association between adherence level and religion (p=0.013). However other socio-demographic characteristics were not associated with adherence level. The mean age distribution of patients was 38.72 years and the sex ratio of male to female of the study was 1.1. About half (48%) of the patients were stable on ART (1 – 3) years. Among the study group, only two percent of patients had good knowledge and 98.0% had poor knowledge level. And there was no association between knowledge and adherence level (p=0.496). Travel cost was found to be a burden for nearly twenty percent of patients. Majority of patients were found without family support in reminding to take ART even they were living with their family. High disclosure status (89.2%) was seen in this study.

This study recommends scaling up of decentralization, peer and outreach worker training, more collaboration and coordination with self-help groups, efficient pre-ART and ART adherence counseling at each and every visit, family counseling for improvement and sustainability of optimal adherence.