

**TREATMENT SEEKING AND TREATMENT RECEIVING PATTERN OF HIV  
INFECTED PERSON IN MINGALARDON SPECIALIST HOSPITAL**

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**ABSTRACT**

The HIV/AIDS is one of the biggest health and development challenges in developing countries including Myanmar. More than 50% of Myanmar HIV/AIDS infected people have not access to ART. In order to achieve the objectives of the study, treatment seeking and treatment receiving pattern of HIV infected person at Mingalardon Specialist Hospital in 2016 was applied. A cross-sectional descriptive study using both quantitative and qualitative methods were conducted among PLHA who got at least six month duration of ART treatment and above 18 year of age from September to October 2016. A total of 165 participants were involved in quantitative analysis using SPSS software to identify descriptive and cross tab analysis, while 14 in depth interviews were applied for qualitative data analysis using thematic content analysis. The time interval between time of notification of HIV status and registration to ART facilitated health centres distributed median value of 19 days with mean (SD) 190 (425) days. Almost 75% of people who confirmed as HIV positive had reached and registered to ART centres within three months. The delay was influenced by site of testing; that tested at government hospitals had more early registration rate. More than 85% of PLHA who were eligible to ART got ART with in three months. The delay was mostly influenced by presence and severity of opportunistic infections with or without coexisting infections (40%) and irrational

use of ART at out side clinic (25%). Thematic content analyses of the PLHA who had nearby decentralization sites and eligible to criteria of decentralization but denied to decentralize were done and two main themes were revealed: (1) reasons of continuous utilization of Mingalardon Specialist Hospital and (2) reasons of refusing decentralization sites nearby. The most saturated sub themes of reasons to utilize present centre were service satisfaction and expectation of specialists' treatment with trust where decentralization sites might be weak in these sectors as they thought. Regarding reasons of refusing decentralization sites, most saturated sub theme was privacy to keep their HIV status to prevent discrimination that they afraid of; the social stigma. In conclusion, this study is helpful in better understanding of PLHA and ART, the workload of specialist

hospital, factors influencing the treatment seeking and receiving pattern of PLHA for further implementation of appropriate policy and program in Myanmar.