

## ABSTRACT

**Background:** To attain progressed treatment success and maintain a continuous improvement of lives, ART and excellent adherence must move hand in hand. The treatment process of adherence goes further beyond just taking ART medication, requiring dedicated activity of the patients to follow a practitioner recommended diet, and to execute healthy lifestyle changes. Therefore, this study aimed to assess factors influencing ART adherence among AYA attending CUFH, Naguru – Kampala district, so as to tailor interventions effective in improving ART adherence which will reduce the increased HIV related mortality in this age group.

**Methodology:** The study was a cross sectional study conducted at CUFH, Naguru. It enrolled 133 HIV/AIDS positive AYA on ART attending CUFH, and used convenience sampling method. Data was collected using a researcher administered questionnaire and analyzed using SPSS.

**Results:** The study revealed a higher proportion of non-adherence as compared to adherent respondents. Factors influencing adherence included; Care giver factors such as socio-support and afford ability of the ART drugs were significantly associated with adherence to ART (P-value<0.05) Drug related factors such as duration on ART, Side effects from the drug were significantly associated with adherence to ART (P-value<0.05). Health system related factors such as time spent with the health care workers during ART clinic visits, confidence in the Health care providers, availability of ARVs at the facilities, counseling at time of initiation to ART and on-going counseling on drug adherence during ART clinic visits were significantly associated with adherence to ART (P-value<0.05). While Individual characteristics such as age (P-value<0.05) were significant predictors of adherence to ART among the respondents.

**Conclusion and Recommendations:** Basing on the findings, more funds should be allocated for the expansion and access to HC services, including HIV treatment. Health activists should come up with advocacy for AYA positively living with HIV using educational materials to specific groups, promote the need for persons positively living with HIV to have access to counseling, support and health care, and lastly peer education. Adherence should be assessed at each visit and those found to be non-adherent should be referred for more standardized ART adherence counseling. HCWs should ensure that clients are fully equipped with adherence knowledge, given social support, follow up, and counseling to maintain continued adherence to ART care. More Adolescent clubs in schools and health facilities should be put in place for the AYA to interact and learn about positive living. And finally, counseling should be ensured at Individual, group, and peer levels in order to motivate and mentor AYA.