

ABSTRACT

Introduction:

While positive strides have been made in the increasing of the uptake of HIV prevention and care services in Karamoja, there is still a persistent number that get lost during follow up from care. The overall aim of the study was to assess barriers and facilitators of retention in care among HIV positive persons enrolled for treatment.

The specific objectives included: the identification of factors affecting retention in care, establishing the relationship between service provider factors and retention and to determine the level of retention in adherence.

Methodology: The study collected data through two methods: in depth interview with the HIV/ART clinic in charge and structured questionnaires were administered to those attending treatment and care at Kaabong district hospital. The study employed cross sectional survey using the systematic random sampling. Quantitative data was obtained from 238 (119 male and 119 female) respondents and data was analyzed using SPSS 16.0.

Results: The overall retention rate in Kaabong 439(62.7%). Close to 117(25.3%) of patients who were enrolled for treatment and care in Kaabong were lost. The reason given for loss of follow up was migration (relocation), patient decision and lack of funds. Retention in adherence was further computed from those who were retained in care. Retention in adherence was defined as those who never missed their appointments within the period of 3months as ART clinic registers were reviewed. The level of retention in adherence was found to be at 71%.

Female respondents were more likely to be retained in care than male clients. Retention in care and treatment is significantly associated with the gender of the patient (p value =0.026).

The married clients had the highest rates of loss to follow up; while the lowest was among the widowed. Marital status of the clients was statistically associated with their retention in care and treatment (p value=0.037).

This could imply that since the males were noted to have poor health seeking behavior, they could be influencing their wives to stop accessing care and treatment. Clients having a family size of more than 5 had the highest chance of being lost as compared to those leaving alone. Family size of respondents therefore has statistically significant association with retention (p value=0.002)

There is a strong relationship between service provider factors and retention, some of the factors that influenced retention through bi-variate analysis included distance to health facility, adherence counseling, drug effects and consistency in taking medications. Level of social support from a spouse, availability of drugs and staff friendliness were motivators for clients to continue treatment at facility. Barriers included too many pills to take, long waiting times, stigma and alcoholism

Conclusion: Persons living with HIV infection are socially vulnerable and experience stigma and discrimination at all levels, and this poses challenges in accessing as well as remaining in care. The above factors mentioned therefore affected retention in Karamoja. In order to improve the retention rates, the study recommends, peer to peer counseling on adherence which could improve patient knowledge and understanding of his or her disease, need to pay attention to patients at high risk of dropping out of treatment, investing more on community programs such as client tracing, home visits, and support groups, increasing more number of staff to work at ART clinic, sending reminders electronically to patients on their appointments schedules especially those who are perceived to be busy, or old would improve patient turn up and consequently retention to care