

Antiretroviral therapy (ART) has shown to improve the Health and prolong the lives of most SERO-positive clients. As compared to other therapies, the efficacy of antiretroviral therapy depends on strict adherence to the regimen in order to maintain a low viral load and prevent the development of viral drug resistant. Obtaining the full benefit from the therapy is a complex individual behavioral process influenced by many broader factors.

The study was conducted to determine factors that influence Adherence to Antiretroviral Therapy among the SERO-positive clients initiated on ART aged between 18-35 years attending Uganda cares kamwokya ART clinic.

A cross-sectional study design was used and random sampling method was used to select the 144 respondents for the study. A structured-self-administered questionnaire was used to collect the data, and then analyzed by use of Statistical Package for Social Sciences (SPSS) Version 14-0.

Relationships were determined by use of a chi- square test and a P-value of less than 0.05 was considered to be significant.

The research finding revealed an adherence rate of 87.2 %. The findings also revealed gender inequalities in the study where more women (62.5%) were infected with HIV/AIDS as compared to male counterparts (37.5%). The study also revealed that the major reason for missing doses and appointment by respondents was forgetfulness.

Statistical analysis also showed no significant relationship between socio-demographic factors (such as age, sex, and educational status, and religion, occupation and average family income) and ART adherence ($p > 0.05$). In addition, the number of times one has received information from health workers, education and communication (IEC) on antiretroviral adherence had a positive influence on adherence ($p < 0.05$).

The study findings also revealed that, social support from relatives and friends, disclosure of one's HIV status relatives and friends and use of reminder have a strong influence on ART adherence ($p < 0.05$). Statistical analysis showed no significant relationship between ART adherence and alcohol use ($P = 0.118$).

There is need therefore, for the Ugandan government through the ministry of health and health workers to continuously engage in adherence improving interventions such as encouragement of clients the importance of disclosure of one's HIV status, use of reminders e.g. SMS text messages, formation of peer support groups, and provision of regular health education to the PLHIV to improve adherence.

In conclusion although Uganda cares has made a good start in scaling up ART, there is a need to address factors which have a negative impact on adherence which includes forgetfulness, negative attitudes of healthcare providers meanwhile efforts to promote adherence should include a focus on the

importance of pill counting, effort to sensitize the community to availability of ART, importance of adherence and disclosure as well as the need to train adherence counselors.