HEALTH SYSTEM FACTORS THAT AFFECT ADHERENCE TO
ANTIRETROVIRAL THERAPY IN AN HIV/AIDS CLINIC IN
GERMISTON, SOUTH AFRICA.

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I Mavis Phuti Loate declare that this research report is my own work. It is being submitted for the degree of Masters in Public Health in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this point or any other University.

_______________________________ (Signature of candidate)

17nth day of October, 2011
ABSTRACT

Introduction: Although the number of patients receiving ART is expanding nothing is really known about their adherence behaviours. Better outcomes with ART will not be achieved unless patients adhere to their treatments. It is also important to know and understand the factors that play a role in non-adherence so that the relevant interventions can be designed and implemented.

Aim: The study aimed to determine adherence to ART in the clinic. By describing patient perceptions of their care, health care worker perception of challenges that they face in the clinic the study was aimed to determine the factors associated with non-adherence in the clinic as well.

Materials and methods: A cross-sectional study of patients and health care workers at the Lerato clinic in Germiston Hospital. Adherence was accessed using pharmacy refill records and self-report. Both patients and health care workers were interviewed using questionnaires. The patient questionnaire had both closed and open-ended questions. Health care worker questionnaire assessed health care worker perceptions of the care that was given to patients. Triangulation produced a mixture of information that enabled not only cross-validation of the data, but minimised bias.

Results: Ninety seven percent (97%) of the patients reported that they never missed their doses of medication. The adherence rate reported by pharmacy refill was 81% and the patients interviewed (n=67) had a mean age of 38.7 years and a median of ART use of 18 months.

Both health care workers and patients were faced with challenges that impacted negatively on adherence. HCW’s faced workload, burnout, irregular debriefing, space constraints as well as irregular training while patients received the after effects of HCW challenges. These included among others waiting long in congested areas. Patients had financial constrains and hunger that were increased as a result of being on ART.

Conclusion: Drug shortages, service availability and treatment costs did not affecting adherence to ART in the clinic. Strategies to maximise adherence in this situation should focus on meeting the needs of health care workers and patients. Special attention should be paid to addressing health care workers such as training, debriefing, the appointment system, defaulter system as well as fear of disclosure and discrimination.
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<tr>
<th><strong>ACRONYMS</strong></th>
<th><strong>DESCRIPTION</strong></th>
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<tr>
<td>AIDS</td>
<td>Acquired immune deficiency syndrome</td>
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<td>ART</td>
<td>Antiretroviral therapy</td>
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<tr>
<td>ARV</td>
<td>Antiretroviral</td>
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<tr>
<td>CCMT</td>
<td>Comprehensive Care, Management and Treatment</td>
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<td>CD4</td>
<td>CD4 T- lymphocytes</td>
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<tr>
<td>HAART</td>
<td>Highly Active Antiretroviral Therapy</td>
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<tr>
<td>HCW</td>
<td>Health care worker</td>
</tr>
<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<tr>
<td>ICCM</td>
<td>Innovative Care for Chronic Conditions</td>
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<tr>
<td>KZN</td>
<td>Kwa-Zulu-Natal</td>
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<tr>
<td>NGO</td>
<td>Non- Governmental Organization</td>
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<tr>
<td>PMTCT</td>
<td>Prevention of mother to child transmission</td>
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<td>SA</td>
<td>South Africa</td>
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<td>TB</td>
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