CHARACTERISTICS OF ‘LOST TO FOLLOW UP’ PATIENTS ON ANTIRETROVIRAL TREATMENT (ART) DEFAULTING AT TSHWANE DISTRICT HOSPITAL

By

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A Research Report submitted to the Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, in partial fulfilment of the requirements for the degree of Master in Public Health (Hospital Management).

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DECLARATION

I Olufunmilayo Itunu Ubogu declare that this research is my own work. It is being submitted for the degree of Master of Public Health (Hospital Management) in the University of Witwatersrand Johannesburg. It has not been submitted for any degree or examination in any other university.

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3rd day of November 2010
ABSTRACT

After 25 years of existence, the Human Immuno-deficiency Virus (HIV) has become a global challenge. Yearly, about 3 million people in the sub Saharan region become infected with the disease each year, while 2 million die of the disease. The young, sexually active and those in the economically active group are mostly affected although other categories are also affected.

Over the years efforts have been made to turn HIV infection from a death sentence to a manageable chronic disease through the use of antiretro viral treatment (ART). Despite the fact that this treatment is a life-long commitment with adherence being crucial to its effectiveness, some patients still default.

This research study sought to identify the characteristics of HIV positive patients who are lost to follow up after the initiation of antiretroviral treatment over a 2-year period (2007-2008). A tick sheet was used to collect data from all the files of patients lost to follow up and 20 variables were tested. The conclusion reached is that age, sex, distance of residence to the ART site and economic capability contribute to ‘lost to follow-up’.
ACKNOWLEDGEMENTS

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<td>Adherence</td>
<td>Compliance (or Adherence) is a medical term that is used to indicate a patient’s correct following of medical advice.</td>
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<tr>
<td>2</td>
<td>ART</td>
<td>Anti-retro viral therapies.</td>
</tr>
<tr>
<td>3</td>
<td>CHW</td>
<td>Community Health Care Workers.</td>
</tr>
<tr>
<td>4</td>
<td>Defaulter</td>
<td>A patient who fails to fulfil the obligation to attend the clinic appointment, and or misses his medication as instructed.</td>
</tr>
<tr>
<td>5</td>
<td>Stata</td>
<td>Statistical package for data analysis.</td>
</tr>
<tr>
<td>6</td>
<td>HAART</td>
<td>Highly Active Antiretroviral Therapy.</td>
</tr>
<tr>
<td>7</td>
<td>HIV</td>
<td>Human Immuno-deficiency Virus.</td>
</tr>
<tr>
<td>8</td>
<td>NGO</td>
<td>Non-governmental Organisation.</td>
</tr>
<tr>
<td>9</td>
<td>PAH</td>
<td>Pretoria Academic Hospital (now known as Steve Biko Academic Hospital).</td>
</tr>
<tr>
<td>10</td>
<td>PHC</td>
<td>Primary Health Care.</td>
</tr>
<tr>
<td>11</td>
<td>UNAIDS</td>
<td>United Nations Programme on HIV and AIDS.</td>
</tr>
<tr>
<td>12</td>
<td>WHO</td>
<td>World Health Organisation.</td>
</tr>
<tr>
<td>13</td>
<td>HIV positive (HIV+)</td>
<td>Presence of Human immune deficiency virus, the virus that causes AIDS, in the blood and confirmed by two successive ELISA test and the Western Blot.</td>
</tr>
<tr>
<td>14</td>
<td>PCP</td>
<td>Pneumocystis carinii pneumonia (PCP) is a life threatening form of pneumonia that occurs in people with suppressed immune systems. It is one of the most common opportunistic infection in people with HIV/AIDS.</td>
</tr>
<tr>
<td>15</td>
<td>Regimen</td>
<td>A particular antiretroviral programme.</td>
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<td>16</td>
<td>Tuberculosis (TB)</td>
<td>An infection caused by <em>Mycobacterium tuberculosis</em>, not uncommon among HIV positive people.</td>
</tr>
<tr>
<td>17</td>
<td>White Blood cells</td>
<td>They are part of the immune systems and protect the body against foreign substances such as diseases-producing micro-organisms.</td>
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<tr>
<td>18</td>
<td>Kaposi Sarcoma</td>
<td>A cancer-like growth of the blood vessels that appears as dark raised areas on the skin which often appears on the trunk or upper body and also on the ears and nose.</td>
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