

IDENTIFYING BARRIERS AND FACILITATORS TO ANTIRETROVIRAL THERAPY RETENTION FOR YOUNG PERSONS LIVING WITH HIV USING A NOMINAL GROUP TECHNIQUE

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BACKGROUND

Young persons living with HIV (YLHIV) face numerous challenges in remaining engaged in HIV care and adhering to Antiretroviral therapy (ART)¹.

The ECEWS-Accelerating Control of HIV Epidemic project, supported by PEPFAR through USAID, aimed to identify barriers and facilitators to treatment retention among YLHIV in Nigeria to improve service quality.

OBJECTIVE

This study summarizes the barriers and facilitators to retaining young persons living with HIV on ART.

METHODS

This mixed-method study used a Nominal Group Technique (NGT) conducted among YLHIV aged 15-24 years receiving antiretroviral therapy, who volunteer as peer supporters in Akwa Ibom State, Nigeria.

The participants were divided into four groups of 5-persons to discuss potential barriers and facilitators to the retention on treatment among YLHIV. Each round consisted of discussion and individual ranking of ideas, clarification of the ranked responses between team members; followed by voting on the responses to prioritize ideas.

Sessions were conducted in person with two facilitators supporting group interactions. Qualitative (recordings of discussions) and quantitative (numerical rankings of ideas) data derived were summarized using descriptive statistics. Recommendations were adapted to the Expert Recommendations for Implementing Change (ERIC) taxonomy.

REFERENCE

1. Abubakar, A., Van de Vijver, F.J.R., Fischer, R. et al. 'Everyone has a secret they keep close to their hearts': challenges faced by adolescents living with HIV infection at the Kenyan coast. BMC Public Health 16, 197 (2016). <https://doi.org/10.1186/s12889-016-2854-y>

RESULTS

Twenty persons participated in the discussion, 75% were females (n=15) and 65% were aged 20-24 years (n=13).

A total of seven barriers to care were highlighted: lack of support from peers and family arising from non-disclosure (8), perceived healing by religious leaders (6), lack of financial support (4), self-stigma worsened by unfriendly clinic environments (3), perceived ineffectiveness of ART (2), frequent relocation (1), and ignorance (1) (Fig 1).

The recommendations for the top three barriers include support system for proper disclosure to family and friends; engagement and integration of peer supporters into service delivery; sensitization of religious leaders and their involvement in adherence messaging; formation of peer-led support groups to provide psychosocial support for YLHIV; and access to financial aid (Fig 2).

Fig 1. Barriers to Retention on Antiretroviral Therapy among Young Persons Living with HIV

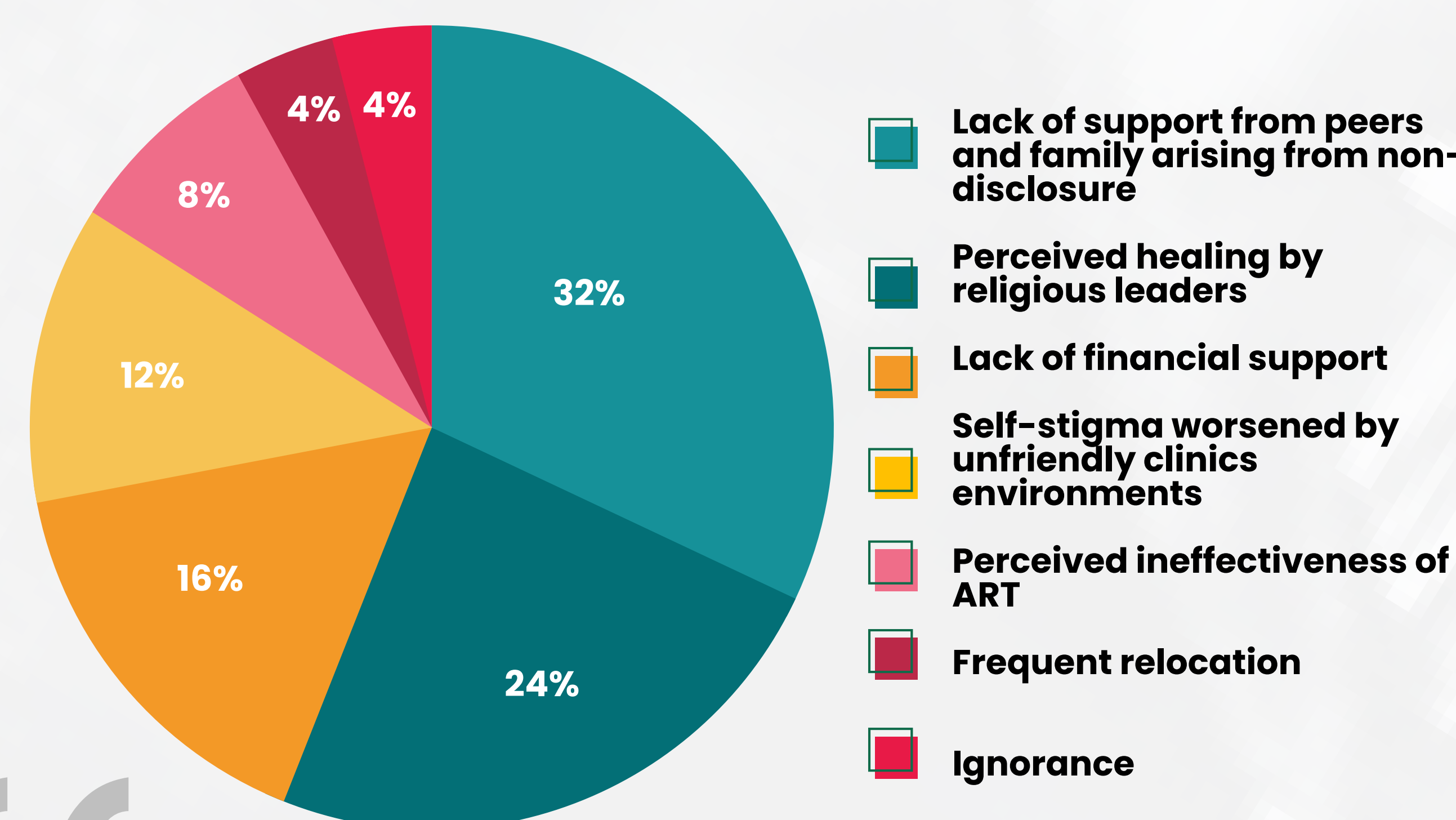
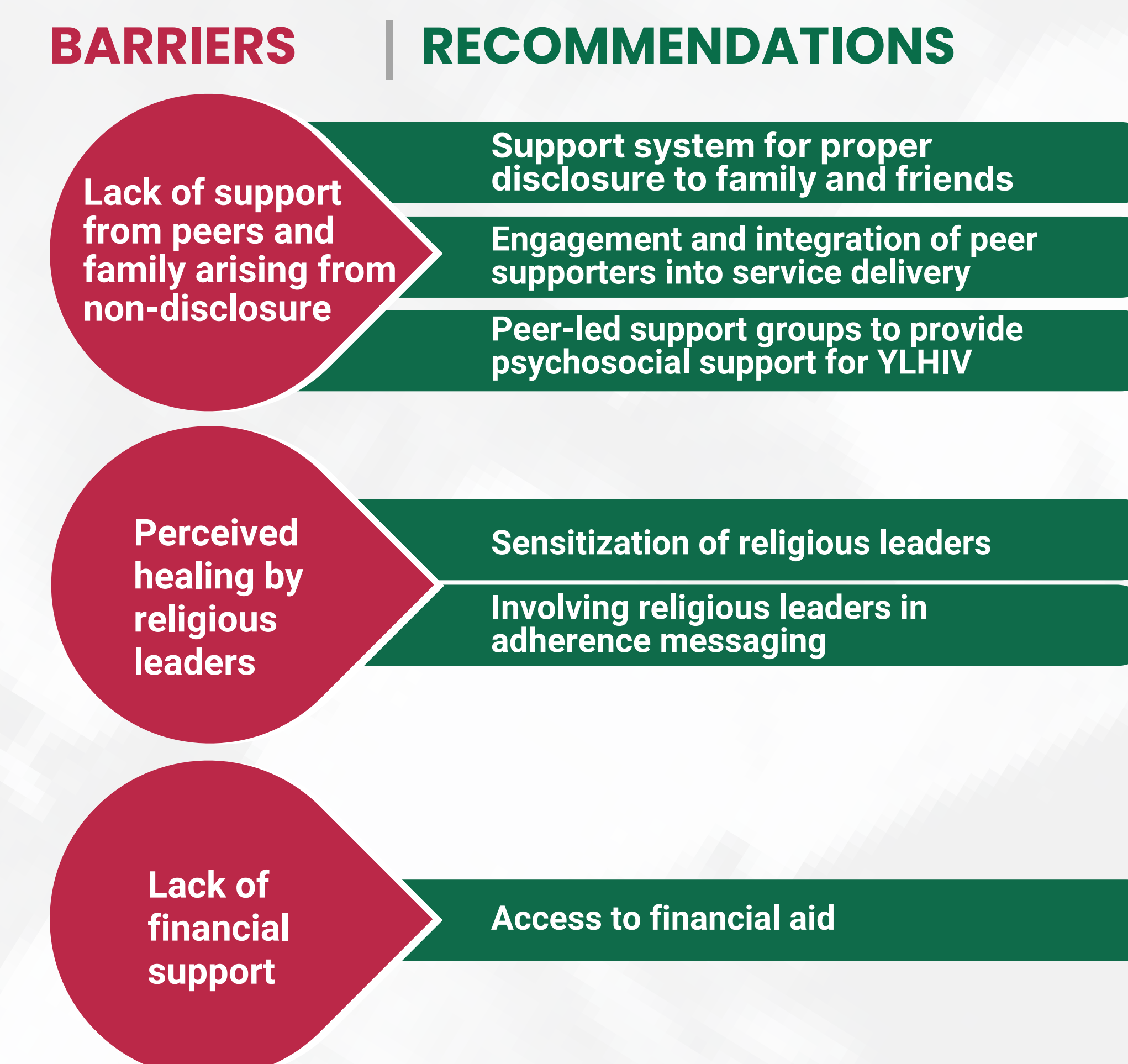


Fig 2. Recommendations for the top three barriers to retention on antiretroviral therapy among young persons



CONCLUSION

Addressing barriers, implementing recommended strategies, and customizing treatment programs are crucial for improving care retention among young persons living with HIV. Involving YLHIV in program design and ensuring ongoing engagement will contribute to better outcomes in their care.

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