

Factors that influence anti-retroviral therapy adherence among women in Lilongwe urban health centres, Malawi

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Introduction: Sub-Saharan Africa remains most severely affected, with nearly 1 in every 20 adults (4.9%) living with HIV and this is accounting for 69% of the people worldwide. Although the regional prevalence of HIV infection is nearly 25 times higher in sub-Saharan Africa than in Asia, almost 5 million people are living with HIV in South, South-East and East Asia combined.

Purpose: The purpose of this study was to find out the factors that influence anti-retroviral therapy adherence among women in Lilongwe Urban, Malawi.

Methods: A descriptive cross-sectional design was used to study multi sites using quantitative methods. The sites were ART clinics at Area 18 health centre, and Area 25 health centre. A questionnaire was used to a convenient sample of 118 HIV positive women. Quantitative data from close-ended questions were coded and analyzed using the Statistical Package for Social Science (SPSS), version 16. Logistic regression model was used to execute the potential covariates.

Findings: ART adherence among women is influenced by knowledge levels on: perceived importance and consequences for not adhering to ART; Short waiting time; good relationships with the next of kin and service providers; trust and effective coping mechanisms to stressful events. Source of information was highly associated with adherence in the logistic regression $OR \leq 2.89$, CI (1.66 ± 5.38), p (0.039). Moreover, Short waiting time of the women at the hospital during the ARV refill period is highly associated with ART adherence level $OR \leq 4.11$, CI (2.05 ± 6.12), p (0.021). On the other hand, factors that contribute to non-adherence are reduced knowledge level p-0.002; Side effects of ART; bad relationships with service providers and relationship with the next of kin as well as occupation of the clients (women).

Conclusion: Despite stressful events to HIV positive living women, this study revealed that the majority of these participants would continue taking ART if the factors are very minimal. Encouraging the women who stop taking ART particularly in urban health centres due to such factors like religious beliefs that God is superior and will heal them would influence the ART survival rate in Malawi.

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