



Social Support and Adherence to Anti-Retroviral Therapy among HIV Patients in University of Port Harcourt Teaching Hospital, Port Harcourt, Nigeria, 2016



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Introduction

- Non-adherence to Anti-Retroviral Therapy (ART) is a major cause of HIV drug resistance
- Stigma and discrimination are major barriers to HIV prevention and care globally, leading to isolation and loneliness
- Approximately 50% of the Nigerian population have HIV stigma
- Socio-cultural barriers may affect adherence to ART

Objectives

- To determine the association between social support and adherence to ART
- To identify predictors of non-adherence

Methods

Study Design: Unmatched [1:1] Case-control study

Study Population: Adult patients on ART regimen, accessing treatment at the University of Port Harcourt Teaching Hospital, (UPTH) Port Harcourt, Nigeria

Case Definition: A patient who has taken less than 95% of prescribed dose in the 2 weeks prior to the study

Control: A patient who has taken at least 95% of prescribed dose 2 weeks prior to the study

Sample Size: 192 cases and 192 controls

Sampling Technique: Consecutive patients selected

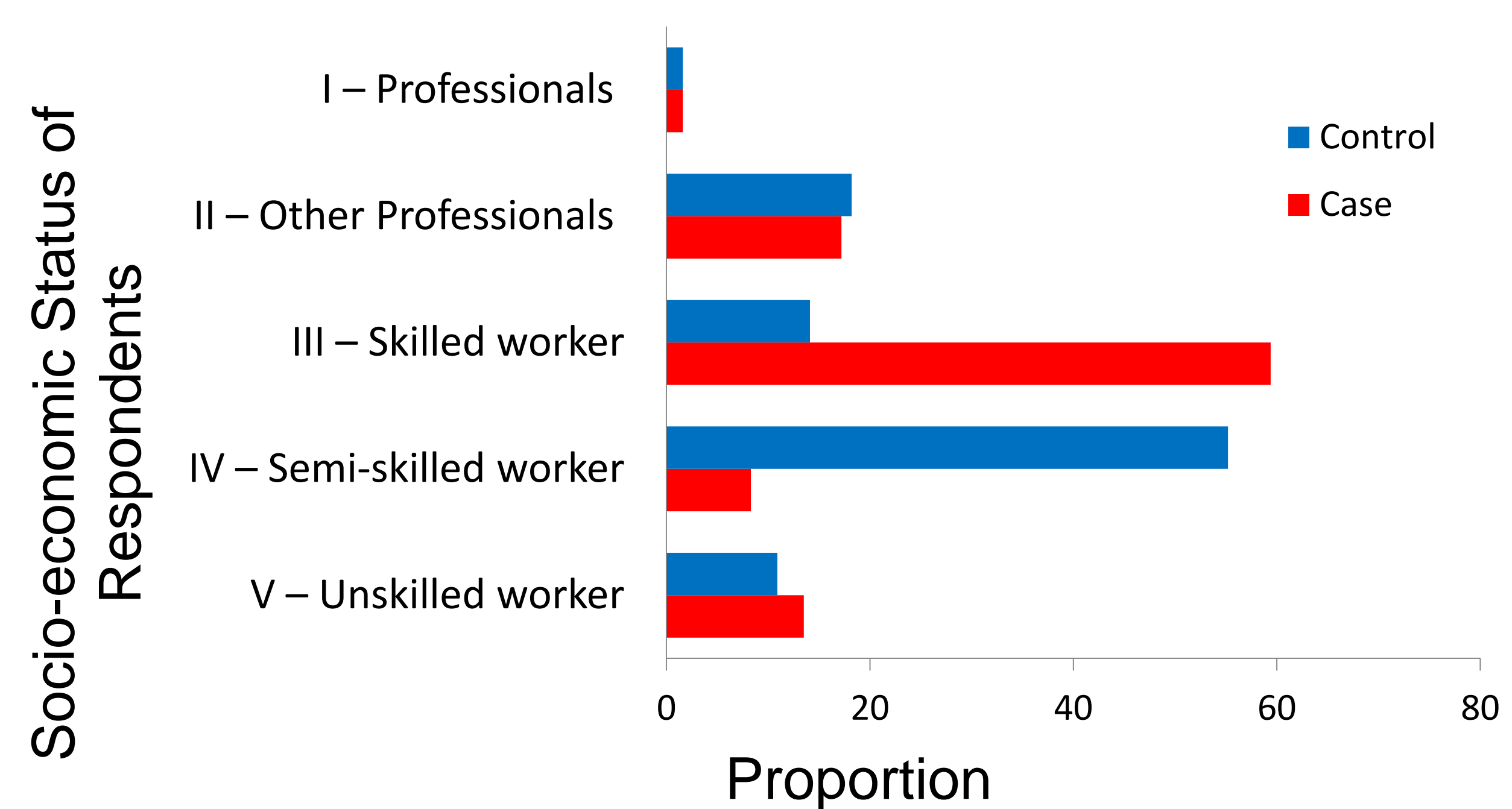
Study Instrument: Medical Outcome Study Social Support Survey and Structured interviewer administered Questionnaire

Data Analysis: frequencies, chi-square and logistic regression

Results (1)

Socio-demographic Characteristics of Respondents in UPTH, Port Harcourt, Nigeria, 2016

Socio-demographic Characteristics	Case (%)	Control (%)
Age		
Mean age (years)	36.7 ± 9.0	37.5 ± 8.6
Sex		
Females	151 (78.6)	144 (75.0)
Marital Status		
Married	103 (53.7)	105 (54.7)



Socio-economic status of Respondents, Port Harcourt, Nigeria, 2016

Results (2)

Relationship between Social Support and Adherence to ART, Port Harcourt, Nigeria, 2016

Social Support	Case n (%)	Control n (%)	Odds Ratio	95% CI
Poor	38 (19.8)	23 (12.0)	1.81	1.03 – 3.18
Good	154 (79.2)	169 (88.0)		
Total	192 (100)	197 (100)		

Stratified Analysis of the Relationship between Social Support and Adherence to ART, Port Harcourt, Nigeria, 2016

Social Class	Case n (%)	Control n (%)	OR	95% CI
Social Class I – III				
Poor Social Support	25 (16.7)	8 (12.3)	1.4	0.6–3.5
Good Social Support	125 (83.3)	57 (87.7)		
Social Class IV – V				
Poor Social Support	13 (31.0)	15 (11.8)	3.3	1.4–7.8
Good Social Support	29 (69.1)	112 (88.2)		

MH Odds Ratio: 2.1; p-value = 0.02

Predictors of Non-Adherence to ART, Port Harcourt, Nigeria, 2016

Factors	AOR	95% CI
Low Social Class	7.0	4.4 – 11.0
Poor Social Support	1.8	1.0 – 3.2
Residence Outside LGA	0.8	0.5 – 1.2
Poor Affectionate support	1.8	1.1 – 3.2
Poor Emotional support	4.5	2.0 – 10.1
Satisfaction with support from partner	0.1	0.04 – 0.2
Alcohol Use	1.4	0.9 – 2.3
Smoke Marijuana	2.3	0.8 – 7.1
Feeling of Depression	11.6	2.6 – 51.0
Unacceptable clinic waiting time	1.9	1.1 – 3.4

Conclusion

- Poor social support is a risk factor for non-adherence among patients in low socio-economic class
- Patients who are satisfied with support received from partners are more likely to be adherent

Public health Action

- Couple-based adherence counseling was introduced into adherence counseling sessions for HIV patients in the centre

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