A36 Factors associated to adherence to antiretroviral therapy among HIV adults at Ahmadu Bello University Teaching Hospital Zaria Nigeria

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The human immunodeficiency virus (HIV) is a virus which damages an infected person's immune system. Adherence to antiretroviral therapy (ART) is an important predictor of survival among HIV/AIDS adults. However, studies reported that there are factors associated to non-adherence among HIV adults. These variety of elements differs depending on the environment. A cross sectional study was aimed to determine the factors associated to adherence to ART among adults living with HIV on ART at Ahmadu Bello University Teaching Hospital Zaria, Kaduna State, Nigeria. Simple random sampling method has been used to select the adults and self-administered questionnaires on demographic, food security, BMI, diet diversity, beliefs and patient preference for medicine and limited availability and accessibility of ART and adherence to ART was completed by the respondents. Chi-square and binary logistic regression analysis were used to determine the factors associated to adherence to ART among HIV-infected adults. Overall, 385 respondents were involved, in which 67.5% were female and 32.5% were male. Half of the respondents were aged 49-64 years old (50.9%), about 44.9% of the respondents attended tertiary level of education. Majority of the respondents (87.0%) displayed low food security. More than half of the respondents (52.5%) were within the normal BMI classification and 40.3% were over-weight. Most of the respondents (74.8%) displayed moderate diet diversity. Most of the respondents (75.3%) were unsatisfied with the health-care service. More than half of the respondents (55.8%) have weak perceptions of personal need for the medication and 42.3% of the respondents had stronger concerns about the potential negative effects of the medication. Results showed that 54.0% respondents were adherence to antiretroviral (ARV) medication. Significant association was found between age (χ^2=9.179, p<0.01), education (χ^2=8.458, p<0.01), diet diversity (χ^2=10.255, p<0.01), food insecurity (χ^2=11.446, p<0.01), respondent's beliefs (χ^2=12.812, p<0.05) with adherence to ART. Multiple logistic regression revealed that respondents who were food insecure were 1.2 times more likely to be non-adherence to ART (AOR=1.220, 95% CI:1.642, 2.319). Respondents who had low dietary diversity were 1.7 times more likely to be non-adherence (AOR=1.792, 95% CI:1.023, 3.139) and respondents who had less perceptions of personal need for the ART were 1.5 times more likely to be non-adherence to ART (AOR=1.525, 95% CI:1.958-2.427), respondents who had strong concerns about the potential negative effects of the ART medication were 1.3 times likely to be non-adherence to ART (AOR=1.362, 95% CI:1.751-2.005). In conclusion, the prevalence of adherence to ART was low among the respondents. Factors associated to adherence to ART identified in this study were food insecurity, dietary diversity, patient belief. As a result, improved food security can lead to better adherence to treatment and care recommendations, intervention studies are needed to figure out how. And also, health care providers and HIV control programme implementers must consistently stress and encourage excellent adherence. Health care personnel need to be aware of these concerns and the belief of the respondents towards medicine and direct patients' education and intervention to reduce non-adherence.