Barriers and Enablers for Adherence to Antiretroviral Therapy Among People Living with HIV/AIDS in the Era of COVID-19: A Qualitative Experience from a Low Middle-Income Country

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Introduction

- With the increased availability of safe antiretroviral therapy (ART), achieving optimal adherence and patient retention is becoming the biggest challenge for people living with HIV (PLWH).
- Care retention is influenced by several socioeconomic, socio-cultural, and government policies during the COVID-19 pandemic.
- We aim to explore barriers and facilitators to adherence to ART among PLWH in Pakistan in general and COVID-19 pandemic related in particular.

Methods

- Semi-structured interviews were conducted among 25 PLWH from December 2020 to April 2021 in the local language (Urdu) at the ART centre of Pakistan Institute of Medical Sciences, Islamabad, Pakistan.
- Interviews were audio-recorded in the local Urdu language, and bilingual expert (English, Urdu) transcribed verbatim, coded for themes and sub-themes, and analyzed using a phenomenological approach for thematic content analysis.

Results

N = 25 ; Mean age = 41 (range 19-69)
14 participants were having no formal education

Three themes emerged

Themes emerged from thematic content analysis

- Patient related factors
- Medication related factors
- COVID-19 related factors

Barriers

1. Patient related
   - I. Stigma and discrimination
   - II. Disclosure of HIV status
   - I. Forgetfulness
   - II. Economic constraints
   - III. Religion
   - IV. Alternative therapies
2. Medication related
   - I. Medication side effects
3. COVID-19 related
   - I. Lockdown
   - II. Limited care of COVID-19 due to Stigma

"There are some [community members] who said, 'we could get infected with the disease [HIV/AIDS].' They refused to sit besides me." (37 years, female)

"In Ramadan, I only take the evening dose. I can't take the dose in the morning because we only eat at night." (52 years, male)

"I can't take medicine from my own province, because I don't want any member from my community to know about my HIV status" (P9, 56 years, male)

"The beginning of ART was a trying time for me. I had persistent nausea, diarrhea, and mood swings." (19 years, male)

Facilitators

1. Patient related
   - I. Social Support
   - II. Reminders
   - III. Family responsibility
2. Medication related
   - I. Medication beneficial impact
3. COVID-19 related
   - I. Telephone consultations
   - II. Decrease chances to contract COVID-19
   - III. Courier delivery of ART
   - IV. Dispensing of medicine for a long time

I was unable to walk, but now I am healthy, and I'm usually in the office today. It is all because of the pills. I must therefore continue to take medicines to prevent disease progression." (30 years, male)

"I was really excited to receive a call from the clinic because I ran out of ART, I am living 120km away from the clinic, it was hard for me to visit the clinic, but thanks to the clinic staff, they sent me the medicine to my address." (P11, 69 years, male)

Conclusion

HIV care providers must understand these reported factors comprehensively and treat patients accordingly to ensure the continuum of HIV care.

References

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