

# A Qualitative Comparative Analysis of the Reasons for Interruption in Care of People Living with HIV in Ghana



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## Background

Understanding how people perceive and conceptualize health system challenges is important when considering solutions to public health challenges. There is increasing acceptance in contemporary literature of the competition between powerful expert technical views and client experience. This was a comparative analysis of views of health care staff, civil society organization staff, and people living with HIV (PLHIV), concerning the reasons why PLHIV in Ghana experienced interruptions in care.

## Response

This cross-sectional exploratory qualitative research study was conducted by the USAID Strengthening the Care Continuum (Care Continuum) project, implemented by JSI Research & Training Institute, Inc. The project looked at supported antiretroviral therapy sites in Ghana's Western and Western North.

From October to December 2020, 10 health care staff, 10 clients who had interrupted care, and 8 civil society organization staff were selected and engaged in in-depth interviews to inform the Care Continuum's Back to Care campaign (an intervention to return people who have interrupted treatment to treatment). A thematic comparative data analysis approach was employed.

## Results

A total of 6,709 clients were enrolled: 4,812 in DHs; and 1,897 in HCs. Overall retention on ART improved from 41% to 79%, with a significant difference in ART retention at HCs compared to DHs (75% and 82%, respectively). As such, MMD contributed to the significant increase in client retention on ART. However, there were significant differences between men and women: men were 6% more likely to receive MMD than women. Other variables influencing MMD were duration on ART, proximity to ART center, commodity security, and adherence to ARVs through self-reporting. Age, educational level, and marital status did not have an effect on MMD.

## Results

### PLHIV Views

- Lack of satisfaction with care due to condescending health care staff attitudes.
- Last-mile challenges related to distance and financial means.

### Sample Interview

*Interviewer:* What are some of the challenges you encounter when you go to the health facilities?

*Respondent:* In fact, as for [name of health facility], the way the nurses talk to me the last time, I will not go there again.

### Provider Views

- Worrisome, superstitious patients engaged in harmful health-seeking behaviors.
- Lack of differentiated service delivery modalities.

### Civil Society Organization Views

The civil society organizations are intermediaries and navigators for individuals accessing care and highlighted:

- Patients cite lack of financial resources for transport to and from hospital services.
- Confidentiality and long wait times at health facilities.
- Early closing times at health facilities coupled with traveling long distances.

## Conclusion

The results showed a clear divergence between provider and client opinions. Researchers and consumers of research need to consider the varying views and interests, and power dynamics of all interested parties when seeking practical solutions to pressing public health problems. The lived experiences of PLHIV deserve particular attention.