

**FACTORS INFLUENCING AND BARRIERS OF
HIV CARE CONTINUUM AMONG PLHIV IN
THAKETA SPECIALIST HOSPITAL**

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ABSTRACT

Human Immune immunodeficiency virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) is considered as one of the major public health problems globally and in South-East Asia (SEA) Region. The world is now driving its way to achieve global 90-90-90 targets by 2020. The ultimate goal of HIV treatment is to achieve viral suppression, and PLHIV need to be fully engaged throughout the HIV care continuum to achieve it. This study is conducted in Thaketa Specialist Hospital which is one of the main ART center in Yangon. The main objective of the study was to explore factors influencing and barriers in each steps of HIV care continuum. This study was a cross sectional study using mixed methods. Total sample size for quantitative data was 131. For qualitative data, 8 in- depth interviews were conducted to patients and 4 key informant interviews were conducted to the providers. According to the study, more than half of the respondents had delayed HIV diagnostic testing. Occupation was significantly associated with HIV diagnostic testing. Nearly one-third of the respondents had delayed linkage and age of the respondent had significant association with linkage to care. Minority of respondents were poorly retained. Majority of the respondents had their viral load suppressed. Quantitative and qualitative findings supported each other in exploring barriers and factors influencing HIV care continuum. Poor health literacy, fear and worries, low-risk perception, improper health education, accessibility of testing services and privacy issues were cited as barriers of delayed HIV diagnostic testing. In patients with delayed linkage, denial or negligence of the HIV status, improper post-test counseling and referral, privacy issues, work-related factor were the hindering factors for prompt linkage to care. As for patients with poor retention, side effects of ART, work related problems, lack of care taker support, poor communication with providers and mental illness were the predisposing factors. Final outcome of this study was sustained viral suppression. Early diagnostic testing and retention in care had statistically significant association with viral suppression. All the patients who had no delay in each and every step of the care continuum were found to be virally suppressed and it was also statistically significant.