

LOGISTIC REGRESSION ANALYSIS OF NON-RETENTION AMONG ADOLESCENT AND YOUNG ADULTS RECEIVING ANTIRETROVIRAL THERAPY IN KOGI STATE, NIGERIA

Moses Luke¹, Ifedola Faramade¹, Ojo Adeoye², Folajinmi Oluwasina³, Jacob Ojedokun⁴, Hannah Ojo⁵

¹Department of Community Medicine, Ladoke Akintola University of Technology, Ogbomoso, Nigeria

²Department of Demography & Social Statistics, Obafemi Awolowo University, Ile-Ife, Nigeria

³College of Medicine, Faculty of Public Health, University of Ibadan, Nigeria

⁴Department of Statistics, University of Ibadan, Nigeria

⁵Institute of Science Laboratory Technology, Delta State University, Abaraka, Nigeria

BACKGROUND

The retention in care of HIV infected/AIDS patients on Antiretroviral Therapy (ART) is of growing public health concern. Adolescents and young adults have increasingly become vulnerable to HIV infection (WHO 2013). Retention in care is extremely imperative not only to reduce individual's HIV-related mortality and morbidity but also as a means to deliver positive preventive intervention towards reducing its transmission

METHODS

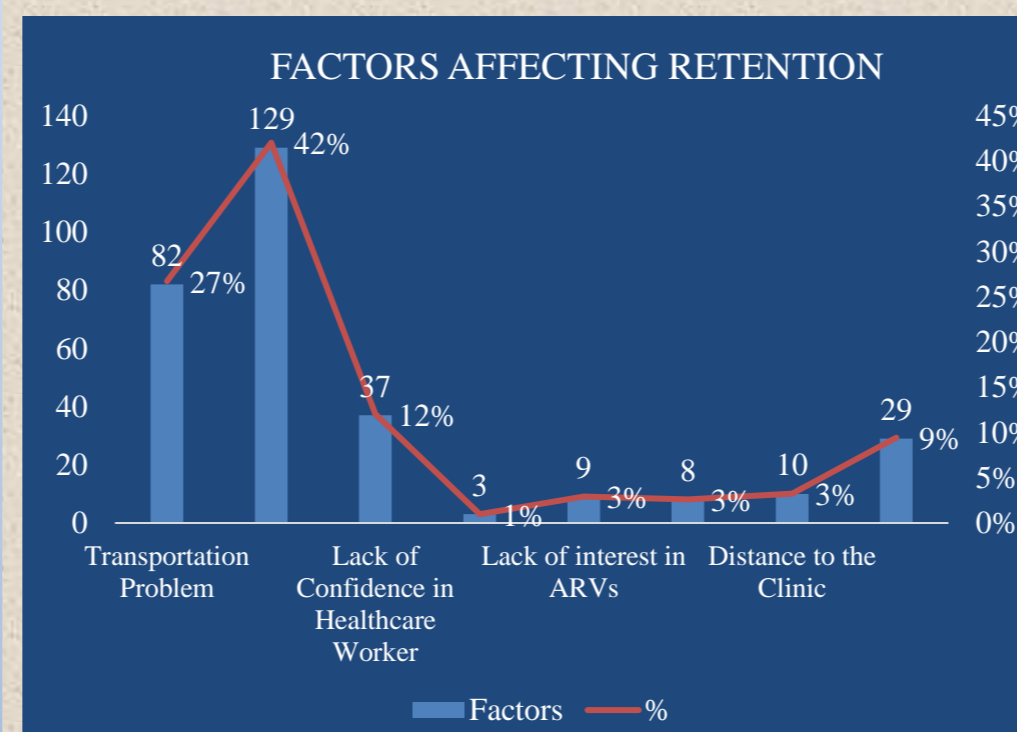
A descriptive, cross-sectional study using a multistage sampling technique was used to select three hundred and seven (307) respondents living with HIV and receiving antiretroviral treatment in Kogi State. The target population was adolescents and young adults (aged 10 - 24 years) on antiretroviral treatment in the study location.

RESULTS

The predominant age group of patients living with HIV who were receiving antiretroviral therapy (ART) in the study location was aged 15-19 years (52.1%) followed by young adults aged 20-24 years (35.2%) while the least age group was 10-14 years (12.7%). More than half (58.6%) of these respondents were female while (41.4%) were male, single (85.7%) while 19.9% had no formal education.

Majority of adolescents and young adults (80.5%) who participated in this study had spent close to five years on ARVs while 17.9% had been on ARVs between five and nine years.

The proportion of adolescents and young adults who could not say if they had received treatment with dignity and respect from their healthcare providers is worrisome (42.3%) while those who claimed that they had never gained respect from healthcare providers accounted for 30.0%. Thus, binary logistic regression showed that there was significant association between lack of interest developed by these patients on antiretroviral drugs (ARVs) and their retention in care. ($\beta = -3.507$, Odd Ratio [OR] = 0.030, $p < 0.05$). There was also significant association between stigmatization and patients' retention in care ($\beta = -3.404$, Odd Ratio [OR] = 0.033, $p < 0.05$).



CONCLUSION

A major challenge to HIV treatment success is stigmatization which has continued to discourage patients from accessing quality and optimal care. Low retention rates result from weak support system or scarcity of resources for programs. Other associated structural factors include transportation, poverty and discrimination. Therefore, there is a need to address these underlying factors of non-retention in care of patients on ART program taking into account that, every single patient who is retained in care and on ART is a life saved and potentially a source of tremendous benefit to the family, community and the nation at large.

REFERENCES

1. World Health Organization. HIV and adolescents; Geneva: WHO; 2013. p. 100. Guidance Document 2013.

CONTACT INFORMATION

Moses Luke

Department of Community Medicine,
Ladoke Akintola University of
Technology, Ogbomoso, Nigeria

Email: drmosesluke@gmail.com,

Tel: +2347065219422