FACTORS DETERMINING ACCESS AND UTILIZATION OF ANTIRETROVIRAL THERAPY STRATEGY BY PEOPLE LIVING WITH HIV AND AIDS IN THIKA DISTRICT, CENTRAL PROVINCE, KENYA

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HIV and AIDS is the most devastating epidemic of 21st Century; most countries especially in Sub-Saharan Africa are not coping with the epidemic. Current estimates put the figure of people infected with HIV and AIDS at about 45 million worldwide. A third of these cases occur in Sub-Saharan Africa. To deal with this ever-increasing problem the antiretroviral therapy strategy (ARV) has been introduced as a control to the increasing rates of morbidity and mortality. The major components of this strategy include ARV drug use, a balanced diet, healthy living and clean environmental sanitation. Access to utilization has however remained a challenge although very little data is available on the accessibility of ARV strategy in many Kenyan Districts. This study therefore aimed at providing information on the factors influencing accessibility and utilization of this strategy in Thika District. It was a cross-sectional study targeting about 1000 people living with HIV and AIDS and on antiretroviral strategy. A total of 390 respondents above 18 years of age were interviewed and data entered in excel for processing and management. Statistical analysis was performed using SPSS software (version 11.5). Chi-Square was used to test the relationship between independent and dependent variables with the help of cross-tabulations. The results showed that the main factors influencing accessibility included income levels, aspects of healthy living such as balanced diet, water quality and personal hygiene and access to ARV drugs and professional counseling. Of all the respondents interviewed, 84% had an income of less than Kshs. 10,000 while 57% had no regular income. The results showed that 42% of the respondents could not afford at least three balanced meals per day. There was significant association between income and major aspects of healthy living such as housing ($\chi^2 = 46.597$; df = 2; p<0.05) and dietary intake ($\chi^2 = 28.381$; df = 3; p<0.05). Significant statistical association was also observed between respondents' levels of education and aspects of personal hygiene ($\chi^2 = 21.868$; df = 3; p<0.05). It is therefore concluded that most respondents were unable to access and therefore could not utilize the strategy. It is therefore recommended that the Government of Kenya economically empower PLWHA on antiretroviral therapy strategy so that they can easily access and afford the therapy. It should also develop and implement national policy providing for ART drugs from lowest level facility such as the dispensary and intensify health promotion campaigns. This will not only improve the uptake of this strategy but also enable Kenya as a country to cope with HIV and AIDS and other related illnesses which is one of the millennium development goals.

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