The Influence of Gender Related Factors on Access to Art in Selected Treatment Sites in Nairobi, Kenya

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Globally, it is estimated that there are 33.2 million people living with HIV/AIDS, of which 22.8 million are in Africa. In Africa 13.7 (61%) of the people living with HIV/AIDS are women. Kenya’s HIV/AIDS prevalence stands at 6.1%, with 6.7% prevalence amongst women and 3.5% amongst the men. In Nairobi, the gender based prevalence is 12.3% for women and 8.0% for men. The indications are that there are more HIV-positive women than men globally and nationally. The objectives of the study were to establish the influence of socio-demographic, socio-economic and socio-cultural GRFs on access to ART in Nairobi, through a survey study. Two hundred and fifty five patients derived from 8 ART sites took part in the study. A multistage sampling technique was used to select the elements of the sample population. The first stage involved stratifying the hospitals on the basis of whether the hospital was public, non-governmental organisation (NGO) or private for profit. From each stratum, the study treatment centres were selected using a systematic sampling technique and proportionate to size sampling. From the selected treatment centres, patients were further stratified into male and female, and from each stratum, they were recruited for inclusion in the sample by simple random proportionate to size sampling. Permission to undertake the research was secured to conform to ethical protocol. An investigatoradministered questionnaire was used for data collection. Data was analysed by use of SPSS version-10 software, and presented using descriptive statistics. The Chi-square was used to test significance. The results showed that the number of females visiting ART clinics is twice that of males. Moreover, in the 18-26 years age bracket, females were 3 times more affected than males, an indication that sex of the patient has an influence on access to ART. The marital status carried a 5-fold risk of carrying the virus while omen were twice as likely to be infected by their husbands as compared to men getting the virus from their wives. The lower the formal education, the higher the chances of carrying the virus, and this affected women more than men. This would be expected to force a positive influence on access to ART in favour of women. However, the findings suggest men have a slight dvantage over women on access to ARVs. The number of men with income was double that of women, suggesting that if services were to be paid for, men would have an advantage for ART access over women. Access to ART services was negatively affected by the distance from residence to the clinic, and about 50% of all patients had problems getting time-off from workplace to visit clinics. Patient perception of the attitude of health staff, and the quality of ART services was up
to 90% good, but the clinic schedules preclude about 10% of the patients from access. Social stigma was low (about 10%) within spouses, and very high (about 90%) outside the institution of marriage, and women bore the larger burden of the stigma. The results also suggest that gender segregated clinics would have no influence on the number of patients attending the clinics. The overall conclusion is that gender related factors have an influence on access to ART. The potential usefulness of these findings lies in their use as an advocacy tool for gender equity in provision of ART services.