Barriers to and Facilitators of Antiretroviral Treatment Adherence in Nepal: a Qualitative Study

Introduction
Antiretroviral treatment (ART) has significantly improved the quality of life of people living with the Human Immunodeficiency Virus (HIV). Patient adherence is crucial to get the best results out of ART. Numerous studies have observed that poor adherence is linked to various barriers and adherence to several facilitators. The aim of this study is to explore the potential barriers as well as facilitators with ART adherence among patients and service providers prescribing ART.

Methods
Semi-structured interviews (total 34) were conducted with 17 patients using ART, 14 ART service providers and three key policy makers. Interviews were analysed using a thematic analysis.

Results
Sixteen major themes were identified as barriers and themes were grouped into four categories:

(1) Patients' beliefs and behaviours
Still rural people do not believe this medicine [ART] work for HIV patient sir. After HIV, people will die soon either taking medicine or not taking, why I should die by taking this medicine and stopped taking medicine after initiating treatment (P - 12, Female, Far-western).

(2) Socio-cultural and economic barriers
I stopped [ART] for awhile because of my family quarrel...family did not allow me to visit hospital (P - 14, Female, Highway). I am worried about meeting others in hospital [ART]. All the time I wonder, how can I hide from these people? One day I did not refill my ART due to bumping into relatives (P - 4, Female, Kathmandu).

(3) Health care provision and system
[PLWH walk to] ... this hospital more than 2 days on foot. Oh! Some clients have to cross so many small and medium rivers to come to the hospital. No bridge. I do not think it is fair to blame them for defaulting. (P - 18, Counselor, Far-western)

Unexpected Nepal Bandha [strike] ...bus strike, and last time even hospital was on strike for a week....'How can we take regular medicine?' ... ‘Think about Nepal’s geography and distance, how can all ART recipients receive ART medicine without missing any?’ (P - 5, Female, Kathmandu)

(4) Drugs-related barriers
ART caused a problem rather than good health. I did not tolerate the pain and I stopped for a while (P - 9, Male, Highway).

Facilitators
Six major themes were identified as facilitators:

(1) Positive beliefs about ARTs
I do not want to imagine my life without this [=ART] (P - 1, Male, Highway)

(2) Ambivalence
This is a malicious tablet but I have no alternative to kill this (HIV/AIDS) virus and a live longer (P - 3, Male, Kathmandu)

(3) Make ART part of life
Oh! ART is my life just like morning brushing teeth. My inner sight pushes me always that I have to take my medicine on time to feel good with myself (P - 2, Male, highway)

(4) Being responsible for children
I have my responsibility to care my children. I need to get my daughter married. She is 16 years now (P - 14, Female, Highway)

(5) Having social support
I do not need to worry about my any ART related cost. My parents give me money and support everything ... I am alive today; it is because of my family support (P - 15, Female, Hill)

(6) Trustworthy health workers
The doctor counsels me so nicely. He told me HIV positive are living longer, nobody will die soon due to HIV. A disease can happen to anyone, either rich or poor person. . . . . . . He is very worried about my medication. I could not stop in any time (P - 13, Male, Highway)

Conclusion
Financial difficulties, access, frequent strike, stigma and side-effects were the most frequently discussed barriers. Perceived benefits, family supports, being responsible for children were the frequently reported facilitators. Financial incentives, better accessibility of treatment, social supports systems and promoting education and counseling to deal with social stigma may be useful ways to address ART barriers. Health providers should explain the side effects and how to handle these. It is crucial to prioritize the factors influencing the adherence because adherence is a dynamic process that engages ongoing attention from both patients to care providers. Policy makers should be aware of and overcome barriers to encourage patients to achieve optimal adherence.

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