

A Qualitative Comparative Analysis of the Reasons for Interruption in Care of People Living with HIV in Ghana



Authors: Egbert Bruce¹; Edward Adiibokah¹; David Tetteh Nartey¹; Jacob Eyiah Ayetey¹; Henry Tagoe¹; Thomas Ayoumah²; Yussif Ahmed Abdul Rahman¹; Henry Nagai¹; Kristin Eifler¹

¹JSI Research & Training Institute, Inc.

²Effia Nkwanta Regional Hospital

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Background

Understanding how people perceive and conceptualize health system challenges is important when considering solutions to public health challenges. There is increasing acceptance in contemporary literature of the competition between powerful expert technical views and client experience. This was a comparative analysis of views of health care staff, civil society organization staff, and people living with HIV (PLHIV), concerning the reasons why PLHIV in Ghana experienced interruptions in care.

Response

This cross-sectional exploratory qualitative research study was conducted by the USAID Strengthening the Care Continuum (Care Continuum) project, implemented by JSI Research & Training Institute, Inc. The project looked at supported antiretroviral therapy sites in Ghana's Western and Western North.

From October to December 2020, 10 health care staff, 10 clients who had interrupted care, and 8 civil society organization staff were selected and engaged in in-depth interviews to inform the Care Continuum's Back to Care campaign (an intervention to return people who have interrupted treatment to treatment). A thematic comparative data analysis approach was employed.

Results

PLHIV Views

- Lack of satisfaction with care due to condescending health care staff attitudes.
- Last-mile challenges related to distance and financial means.

Interview Excerpt

Interviewer: What are some of the challenges you encounter when you go to the health facilities?

Respondent: In fact, as for [that health facility], the way the nurses talk to me the last time, I will not go there again.

- Female PLHIV, age 34

Provider Views

- Worrysome, superstitious patients engaged in harmful health-seeking behaviors.
- Lack of differentiated service delivery modalities.

Civil Society Organization Views

The civil society organizations are intermediaries and navigators for individuals accessing care and highlighted:

- Patients cite lack of financial resources for transport to and from hospital services.
- Confidentiality and long wait times at health facilities.
- Early closing times at health facilities coupled with traveling long distances.

Conclusion

The results showed a clear divergence between provider and client opinions. Researchers and consumers of research need to consider the varying views and interests, and power dynamics of all interested parties when seeking practical solutions to pressing public health problems. The lived experiences of PLHIV deserve particular attention.