

Barriers to and facilitators of engagement in HIV care among adult Ghanaian men who have sex with men (MSM) living with HIV

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Background

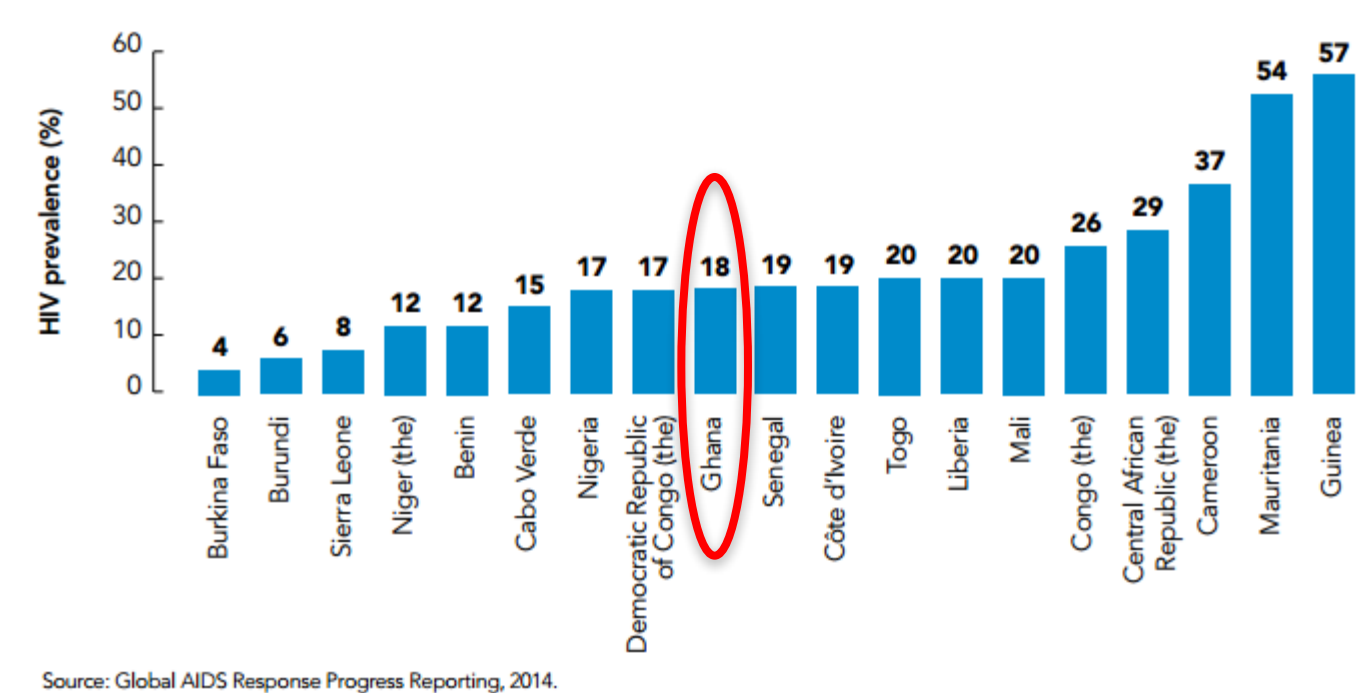
Antiretroviral therapy (ART) is highly effective for reducing HIV viral load, thereby allowing people living with HIV to live longer and reduce their risk of transmitting the virus.

In Ghana, men who have sex with men (MSM) have HIV prevalence that is more than triple (17.5% vs. 1.3%) that of the general population.

However, no research exists on factors that influence engagement in ART among this group.

To address this gap, we conducted a qualitative study that examined the barriers and facilitators of care engagement among adult Ghanaian MSM living with HIV

HIV prevalence among gay men and other men who have sex with men in western and central Africa, 2009–2013



Methods

Study Population and Recruitment: 30 Ghanaian MSM living with HIV were recruited. Participants were recruited through key informants and snowball sampling

Data collection: Semi-structured, in-depth interviews were conducted by trained interviewers between May 2015 and July 2015. Interviews were audio-recorded and transcribed verbatim.

Data analysis: All interviews were coded (NVIVO 10). Emergent barriers and facilitators were discussed with other authors and disagreements were discussed until consensus was reached.

Results

Barriers

Financial difficulties

- "I didn't have money at that time [of diagnosis]. It wasn't in my plans to see a doctor so I wanted to wait for some time before seeing the doctor and getting ART because I didn't have **money**"

Shortage of ART

- "With the medication, there is always a **shortage** and it's a major concern"

Long wait times

- "Coming for my medication and then I have to join a **queue** sometimes. I have to spend like one hour getting to two hours at the hospital just coming for medicine"

Stigma in healthcare settings

- "What if I went there [pharmacy] and saw someone who knows me and this place is **known for HIV treatment**? what am I going to tell the person? that's why it kept me about two months before I start going to the treatment."

Facilitators

Access to health insurance

- "The doctor automatically registered me into the **health insurance policy** because he said the medication requires you to pay. It has been helpful, I get medication for free."

Positive experience clinical staff

- "When you go to the hospital, they take care of you. Sometimes I even forgotten that I have such disease. The way they talk to you, they **welcome** you it's very good. They sometimes call you that they are having a party for people, they send you out to eat, they are very good."

Lack of waiting time

- "Sometimes before I get to the hospital I call a nurse so I wouldn't have to join a queue for medicine and it enables me to go to work **early**."

Flexibility in physician schedule

- "Sometimes I go to see her [doctor] alone during the **weekend** then she would take me through all the processes to know if the medication is working alright for me"

Table 1: Sample Characteristics

Characteristic	N (%)
Age (in years) Mean (SD)	29.1 (7.7)
Sexual Orientation	
Gay/homosexual	16 (53%)
Bisexual	12 (40%)
Straight/heterosexual	1 (3%)
Don't know	1 (3%)
Highest Level of Education	
Primary School	2 (7%)
Middle School/JSS	8 (27%)
Secondary School/SSS	7 (23%)
University or higher	13 (43%)
Stable Housing	
No	11 (37%)
Yes (living with family)	12 (40%)
Yes (living alone)	7 (23%)
Currently Employed	
No	22 (73%)
Yes	8 (27%)
Number of years living with HIV Mean (SD)	4.7 (3.6)

Conclusions

- This study identified financial difficulties as the most common barrier to care engagement among Ghanaian MSM living with HIV.
- Common facilitators to care engagement included enrollment in health insurance, positive clinical experiences and lack of logistical constraints.
- These finding highlights the need for more cost-effective strategies to make ART and other auxiliary expenses such as food and transportation to medical facilities affordable for Ghanaian MSM
- Additionally, decreasing pharmacy wait times and avoiding shortage of medication may help decrease disengagement in ARTs.

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