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## **Underutilization of Healthcare Services among Clients with Human Immunodeficiency Virus**

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### **Abstract:**

*Under utilization of health care services among clients with HIV/AIDS has been a major setback in making drugs adherence effective to prolong live, therefore this study was designed to investigate the factors contributing to underutilization of health care services. The study was conducted at St Mary's Mission Hospital in Mumias, Kenya. It was a cross-sectional study conducted from January to May, 2015, where a sample size of 100 respondents was selected using simple random sampling technique to identify the respondents from Pre- ART register. The findings show that poverty, proximity, culture and stigma has played a major hindrance to effective utilization of healthcare services, therefore an intervention through national and international initiatives are needed to increase HIV and AIDS awareness, stigma reduction and poverty levels in the region.*

### **1. Introduction**

The ravages of the HIV/AIDS pandemic in sub-Saharan Africa are widely acknowledged (UNAIDS, 2003, Taylor, 2003). The unique challenges in combating the spread of the disease in the region have also been widely discussed (Aids Alert, 2002). While a number of well-meaning individuals and organizations continue to find ways to reduce the morbidity and mortality rates of the disease in the region, socioeconomic factors remain major constraints in this effort (Eaton, 2003). Many governments in the region are yet to fully acknowledge HIV/AIDS as a major cause of morbidity and mortality in their vital statistics for fear of the stigma associated with the disease including economic consequences (Ahmad, 2001; Baleta, 2000).

In recent years, considerable energy and money have been spent trying to achieve universal access to treatment for HIV. Most countries aspiring to expand treatment access set themselves a goal of providing antiretroviral treatment to around 80 percent of those in need (Annan, 2000). With current global treatment coverage at 65 percent, this treatment target has not yet been met on a global scale. (Cohn, Scheyett, Golin, 2005) Nevertheless, a number of countries have achieved or are near achieving universal access by 2015. In 2013 global treatment recommendations changed, stating that where feasible, people with HIV should begin treatment even earlier - at 500 cells/mm<sup>3</sup>; increasing the number of people eligible for treatment by 9.2 million (WHO, 2013). According to Kenya AIDS Strategic Framework, (2014) it is recommended that a set of care and treatment interventions for HIV-infected adults and adolescents enrolled in HIV care to include: daily use of co-trimoxazole; prevention with positive interventions; screening, prophylaxis, and treatment for tuberculosis (TB); provision of reproductive health services; use of mosquito nets to prevent malaria; and proper hygiene, among others. However, underutilization of health resources has been the major setback towards proper treatment and progress of care to HIV clients.

### **2. Methods**

#### *2.1. Study Area and Study Population*

This study was a descriptive cross-sectional study. The data was collected from January to May, 2015 from St. Mary's Mission hospital is a Catholic Mission Hospital located a mile from Mumias town, it is at the Centre of Mumias Central division, Mumias sub district, Kakamega County in Western Kenya. Mumias Town is located on Latitude 0° 20' North and longitude 34° 29' East on an Altitude 1,258m. The study focused on HIV/AIDS clients attending St. Mary's CCC clinic in Mumias, Kenya. *Inclusion criteria* included: All HIV-infected clients who have been enrolled at St. Mary's CCC clinic in Mumias and who have given consent to

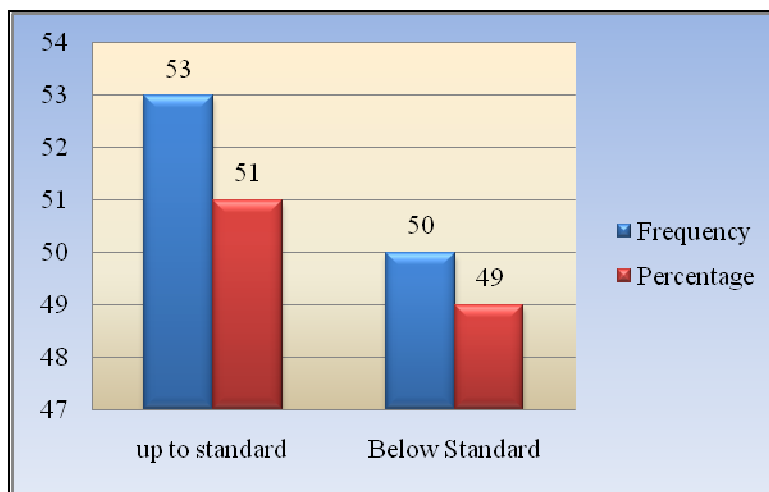
participate in the study. *Exclusion criteria* incorporated: All HIV-infected clients who have not enrolled at St. Mary’s CCC clinic in Mumias and who have not given consent to participate in the study. Simple random sampling technique was used to obtain study respondents whereas interview schedule was used to gather the information from the sampled respondents who were receiving Comprehensive Care from St. Mary’s Hospital. Before the commencement of the study ethical clearance was sought from various regulatory bodies. Informed consent was also sought from the respondents upon explaining to them the objectives and the importance the study. All the information from the respondents was treated with confidentiality.

**3. Results**

Mean age, years ( <i>min, max</i> )	40 (19,64)
Mean height, cm ( <i>min, max</i> )	168 (148,186)
Mean weight, kg ( <i>min, max</i> )	52 (47,56)
Mean enrollment BMI,kg/m <sup>3</sup> ( <i>min, max</i> )	17.30 (16.65,18.30)

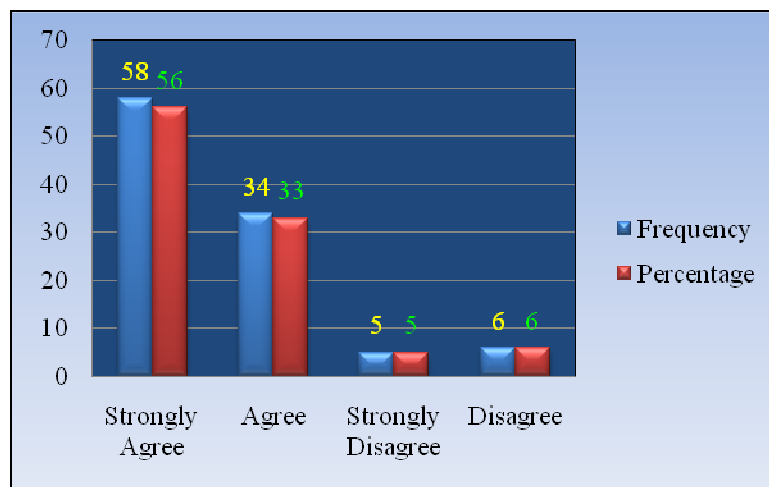
*Table 1: Descriptive statistics for age, height, BMI and CD4 at enrolment*

This table clearly shows the mean age (40) years, mean height (168) cm, mean weight (52) Kgs, BMI (17.30) kg/m<sup>3</sup>, this indicates that majority of respondents were underweight.



*Figure 1: The quality of the services provided*

Most of the patients interviewed were indifference with the level of the quality of the HIV/AIDS healthcare delivered at the Hospital, with 51% saying that the services are up to the required standard and the rest 49% stating that the services are below the required standards.



*Figure 2: Service delivery and patient's handling*

Service delivery and patients’ handling was reported at 56% to affect the utilization of the services, with 33% agreeing with the same contrary to a small fraction of 6% strongly disagreeing with it

Month	Expected client visits	No of client's defaulters	Defaulting Rate
January	650	53	8.2%
February	593	89	15%
March	625	106	17%
April	1868	248	13.3%

Table 2: Defaulter rate in care and treatment center

#### 4. Discussion

HIV/AIDS healthcare is essential for keeping people living with HIV/AIDS healthy for longer and for improving the effectiveness of treatment (Zulliger *et al.*, 2015). Although the number of new infections worldwide has been reduced since 2000 when ART was introduced, the number of people living with HIV/AIDS has increased because of the underutilization of healthcare services among HIV/AIDS clients (Cohn, Hashemi, Camara, 2005). A large percentage of the respondents were underweight, this emphasized the notion that many clients fail to adhere to the nutritional guidelines that were given to them due to many underlined factors. The defaulter rate in the study period was very high clearly demonstrating that clients were not actually attending their clinic as instructed by the clinicians. Most respondents reported being discriminated in the places where they come from once it was known they were HIV positive, many people avoided them especially in public places; hence most of them would rather not attend HIV/AIDS care services to avoid such discrimination. In other areas customs, and cultural beliefs and practices were still a major hindrance to utilization of HIV/AIDS healthcare services (Suthar *et al.*, 2012). Proximity of the health care centers also played a major role on how the care service was utilized in these areas. Most people who live far away from the care centers were unable to follow up on their appointments because most of them had financial difficulties which made it difficult for them to attend to all their appointments. A large number of clients agreed that patient handling by the clinician in the clinic affected utilization of health care service by long waiting patient time in the clinic, privacy and confidentiality of client's information being a notion that the service providers will share out their positive status.

##### 4.1. Conclusion

It is important that any solution re-examines the role of socioeconomic forces that fuel the spread of HIV/AIDS in the region rather than blaming its victims. The emphasis must be on prevention strategies (with particular attention to poverty alleviation) rather than treatment.

##### 4.2. Competing Interests

The authors declare that no conflict of interest exists.

##### 4.3. Authors' Contributions

All authors were involved with the drafting of the research paper, critically reviewed the manuscript and approved the final version submitted for publication.

##### 4.4. Acknowledgments

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