



Low ARV Adherence among FSWs: Barrier to the Implementation of Treatment as Prevention (TasP) Program in Bali

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Background

The number of HIV and AIDS cases in Bali from 1987 to August 2012 has reached 6504 cases.



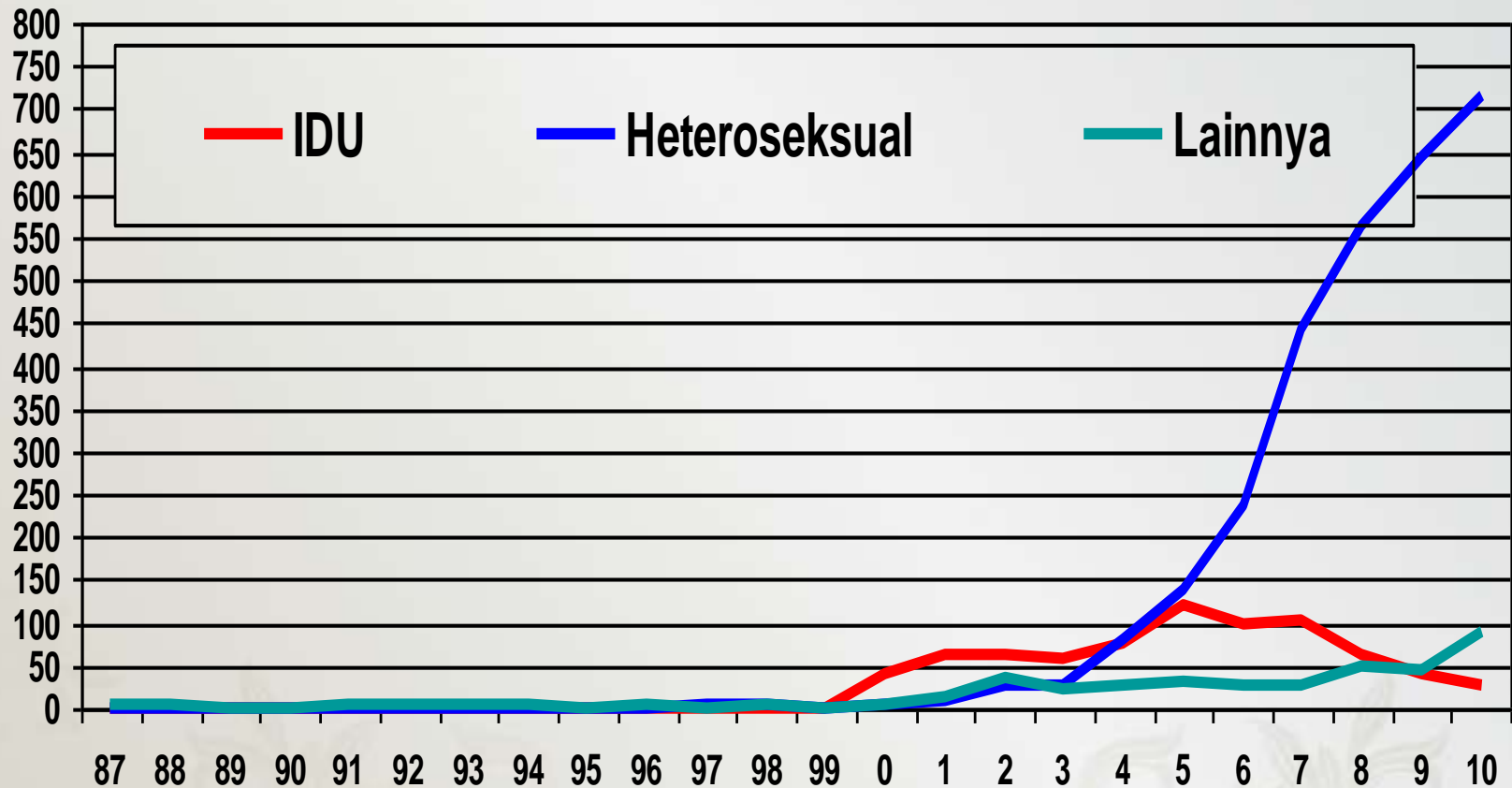
About 75% of HIV and AIDS cases in Bali are transmitted through heterosexual contact.



In 2011, almost 20% of FSWs (estimated to be 8,000 in 2011) were found HIV positive.

(Bali AIDS Commission, 2012)

Graph. Number of HIV/AIDS Cases in Bali since 1987- 2010



Background



Kerti Praja Foundation (since 1992)

- Comprehensive services to Sexual Transmitted Diseases for FSWs
- Collaborated and conducted many programs and researches about STD and HIV/AIDS
- Health Promotion, Interactive Discussion & Peer Educators Workshop
- Condom Distribution
- Voluntary counselling and testing (VCT), PMTCT (for pregnant FSWs who lived with HIV), care support and treatment (CST).

ARV Data from Kerti Praja Foundation :

VCT Data until Februari 2012 :

- 510 FSWs who HIV positive
 - 100 FSWs who on ARV (50% Lost to follow up)
 - 410 FSWs who are not ARV
 - (have CD4 count > 350 cells/mm³ , death, refuse to ARV or not ready to take ARV)
- Low Adherence of ARV among FSWs



(KP-Foundation, 2012)



Some HIV prevention programs to FSWs have not shown the optimal results.

- Consistency using condom : 40% within 1 week between FSWs and their client.
- Gonorrhoea and Chlamydia still high (22% and 35%)

(KP-Foundation, 2010).



Therapy as Prevention program among FSWs sounds promising

More recent studies show that early anti retroviral therapy (ART) initiation were found to be effective to reduce the risk of HIV transmission as high as 96%.

(HPTN, 2011)

Is the Low ARV Adherence become Barrier to the Implementation of Treatment as Prevention (TasP) Program in Bali ?

Method

- Qualitative Study

Participants

- 10 FSWs who had positive HIV but naïve ARV
- 10 FSWs on ARV
- 6 FSWs who ARV drop out

Collecting and Analysis Data

- Data was collected by questionnaire with in-depth interview
- Data analysed using a thematic method

Result

- The majority of FSWs have a good knowledge about ARV.
- FSWs who have experienced with opportunistic infections perceive that early start on ARV would result better outcomes.

Kerjanya ARV itu cuma bisa menidurkan virus yang ada di tubuh kita biar nggak menyebar, biar nggak menguasai tubuh kita...(R 3-03)

Bagus, setuju saya... daripada nanti sampai ngedrop seperti saya dulu sebelum minum kan itu saya nggak ada keluhan apa-apa, tapi kan semangat saya daripada nanti saya sampai sakit, saya minum aja dah gitu..."(R 4-02)

Result

Low motivation and willingness to initiate ARV :

- CD4 count more than 350 cells/mm³
- feel healthy
- afraid of severe side effects
- stigma and discriminated by others



Result

Iya kita rasain badan kita sehat-sehat aja nggak ada keluhan apa jadinya gak begitu tertarik jadinya berobat...coba kalau ada keluhan, baru ada gini aja langsung dah..gak perlu dipanggil langsung datang ke yayasan, kan gitu..(R 2-02)

CD4 saya saat ini masih tinggi, 930....(R 2-07)

Kalau waktu tesnya kan nggak ada kesulitan... Itu kesulitannya takut ada efek sampingnya... Ehe....kayak kemarin sampai masuk rumah sakit... (R3-01)



Barriers to adhere ARV :

- HIV status disclosure to family, partners, pimp, and other FSWs (related to HIV stigma and discrimination)
- High mobility
- Having severe experience with side effect of ARV
- ARV dose and frequency to take the pills
- Access to CST clinic (transport, CST operational time)

Result

Kalo dari suami dulu aku belum terbuka, obat aku sembunyiin disini, satu minggu sekali aku ambil kesini, mungkin karena itu aku resisten, karena telat, kelupaan. Ya takut di tinggal, kalo ditinggal gimana? (R 4-03)

aku kalau tahu malah aku takut gitu, kalau mungkin [yang tinggal di lokasi] ya ada.. soalnya kalau sakit kayak gitu itu kan kadang-kadang oh pasti kena AIDS, pasti kena AIDS gitu banyak cibiran dari kanan kiri gitu.”(R3-03)



Strategies to improving their adherence to ARV

- ARV consume on their convenient hour
- Using alarm
- Bring ARV everywhere in small package.



Supporting needed

- Doses to take ARV simpler than now such as once per daily.
- Support from health workers, pimps, partners and their family are importance to be enabling factor for ARV adherence.

Result

Aku nentuin jamnya, karena jam 8 aku udah berangkat jadi aku ngamil tengah-tengahnya setengah 9, jam 9 kurang seperempat aku ngambil...jadi setiap jam 9 seperempat pagi aku minum, ketemu lagi malam jam 9 kurang seperempat aku minum...aku bunyiin alarm setiap hari...(R 3-06)

Ada sih kadang...kan gini...pas nerima tamu kan ada tamunya, kan kurang gini, jam – jam minum obat, terus tamunya pas main itu, ya terpaksa aku alasan dulu gitu...alasan kencing dulu ambil sabun, pura – pura ambil kertas, pura – pura ngambil sabun gitu.. Ya kalau dikos semua orang pasti mengalami aman..(R3-01)

Ya dia sekarang naruh obat di rumah, ditanya itu obat apa aja kok tiap hari diminum...kesulitannya itu aja sih. Mungkin kalau dirubah yang tadinya 2 kali sehari jadi 1 kali sehari masak sih gak sempat minum obat sehari sekali? (R 6-02)

Conclusion

The implementation of TasP program among FSWs in Bali needs more preparation.

Stigma and discrimination is importance thing that have been reduced to improve ARV adherence among FSWs in Bali.

Thank You

