# **POSTER PRESENTATION**



**Open Access** 

# Perceived health facility barriers to HIV linkage and retention in western Kenya

J Wachira<sup>1\*</sup>, V Naanyu<sup>1,2</sup>, B Genberg<sup>7</sup>, S Ndege<sup>1,3</sup>, AM Siika<sup>1,2</sup>, S Kimayo<sup>1,2</sup>, J Mamlin<sup>1,2,4</sup>, P Braitstein<sup>1,2,4,5,6</sup>

*From* International Symposium HIV and Emerging Infectious Diseases 2014 Marseille, France. 21-23 May 2013

## Introduction

HIV linkage and retention rates in sub-Saharan Africa remain low. The objective of this study was to explore perceived health facility barriers to linkage and retention in an HIV care program in western Kenya.

### Methods

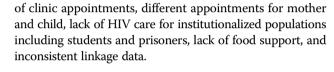
This qualitative study was conducted between, July 2012-August 2013. A total of 150 participants including; 59 patients (HIV, TB, and hypertension); 16 caregivers; 10 community leaders; and 65 healthcare workers, were purposely sampled from three Academic Model Providing access to Healthcare (AMPATHplus) sites. We conducted 16 In-depth interviews and 16 focus group discussions (FGDs) in either, English, Swahili, Kalenjin, Teso, or Luo. All data were audio recorded, transcribed, translated to English, and a content analysis performed. Demographic data was only available for those who participated in the FGDs.

#### Results

The mean age of participants in the FGDs was 36 years (SD=9.24). The majority (87%) were married, (62.7%) had a secondary education level and above, and (77.6%) had a source of income. Overall, there were no differences in the perceived barriers across all study participants. Salient barriers reflected on patients' satisfaction with HIV care. There were similarities in some of the barriers cited for linkage and retention including access to health facilities, stigma associated with health facilities, service efficiency, poor provider-patient interactions, and lack of patient incentives. Barriers unique to linkage were reported as, quality of post-test counseling and poor patient reception at the clinics. Obstacles unique to retention were frequency

<sup>1</sup>Academic Model Providing Access to Healthcare (AMPATHPlus) Partnership, Eldoret, Kenya

Full list of author information is available at the end of the article



#### Conclusion

Our findings revealed that there were similarities and differences between perceived barriers to linkage and retention. The cited barriers reflected on the need for a more patient-centered approach to HIV care. We believe that addressing health facility barriers may ultimately be easier than addressing patient related (intrapersonal and interpersonal) barriers.

#### Authors' details

<sup>1</sup>Academic Model Providing Access to Healthcare (AMPATHPlus) Partnership, Eldoret, Kenya. <sup>2</sup>Moi University School of Medicine, Eldoret, Kenya. <sup>3</sup>Moi University School of Public Health, Eldoret, Kenya. <sup>4</sup>Indiana University School of Medicine, Indianapolis, USA. <sup>5</sup>Regenstrief Institute, Inc. Indianapolis, USA. <sup>6</sup>Dalla Lana School of Public Health, University of Toronto, Toronto, Canada. <sup>7</sup>Brown University, Department of Health Services, Policy & Practice, Providence, Rhode Island, USA.

Published: 23 May 2014

#### doi:10.1186/1471-2334-14-S2-P30

Cite this article as: Wachira *et al*.: Perceived health facility barriers to HIV linkage and retention in western Kenya. *BMC Infectious Diseases* 2014 14(Suppl 2):P30.



© 2014 Wachira et al; licensee BioMed Central Ltd. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. The Creative Commons Public Domain Dedication waiver (http:// creativecommons.org/publicdomain/zero/1.0/) applies to the data made available in this article, unless otherwise stated.