

**ADHERENCE TO ANTIRETROVIRAL THERAPY AMONG
PEOPLE LIVING WITH HIV/AIDS IN VIETNAM: EVIDENCE
FROM A CLINICAL – BASED STUDY IN 2009**



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Optimal adherence to antiretroviral therapy (ART) is required to achieve the best HIV load response, lower HIV drug resistance development, decreased HIV mobility, and decreased mortality. Adherence to ART and the factors affecting it are not known yet in Vietnam, therefore this study aims at examining adherence to ART and exploring the factors affecting this adherence.

The data used were based from the ‘Evaluation Adherence and Relationship between Adherence to Outcomes of ART’ survey was conducted by the National Hospital of Tropical Diseases in Vietnam in 2009 (n=1276). Time adherence for three previous days in terms of the people living with HIV/AIDS (PLWHA) self-reports was used to examine the adherence to ART. The binary logistic regression model was used to investigate the association between adherence with the condition-related factor (recent CD4 count) and the PLWHA-related factor (drugs users) controlling for socioeconomic-related factors.

According to the adherence definition, the percentage of the optimal adherence among the study samples was 69.9%. Common reasons were given for missing to take ART on time that were: ‘being busy with other things, being away from home, and simply forget’. There was a significant decrease in adherence among PLWHA who were drugs users and unstable occupation compared to non drugs users and workers at 0.63 (95%CI, 0.44-0.60), and 0.58 (95%CI, 0.36-0.95) time, respectively. In contrast, the adherence shows a significant increase among those who had recent CD4 count ≤ 500 cells/ml, were education at college or university and were aged between (30-39) years old compared to those who had recent CD4 count >500 cells/ml, were education at a primary level only and aged between 20-29 years old at 1.44 (95%CI, 1.03-2.01), 1.95 (95%CI, 1.04-3.63) and 1.43(95%CI, 1.08-1.90) time, respectively.

The optimal adherence found in this study was similar to other studies. Drugs users, unstable occupation, having recent CD4 count >500 cells/ml, low attainment at primary school and less than primary school, and younger adults aged between 20-29 years old were the factors that should be paid attention to when solving adherence problem in Vietnam.

**KEY WORDS: ADHERENCE/OPTIMAL ADHERENCE/SELF- REPORT/
ANTIRETROVIRAL THERAPY**

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