



Scientists and Health Care Workers
Committed to HIV/AIDS

3rd International AIDS Society Conference on **HIV** Pathogenesis and Treatment

Rio de Janeiro - July 24 - 27, 2005

FACTORS INFLUENCING ACCESS OF PEOPLE WITH HIV/AIDS IN IBADAN, NIGERIA TO ANTI-RETROVIRAL DRUGS

IAS Conf HIV Pathog Treat 2005 Jul 24-27;3rd: Abstract No. MoPe11.1C38

Sangowawa A.¹, Owoaje E.¹, Faseru B.², Uchendu O.¹, Ekanem S.¹, Ebong I.¹

¹Department of Community Medicine, University College Hospital, Ibadan, Oyo State, Nigeria, ²Department of Public Health and General Practice, University of Kuopio, Kuopio, Finland

INTRODUCTION: Anti-Retroviral drugs (ARVs) have given hope to millions of people with HIV/AIDS; however they are not yet readily available in developing countries. The Federal Government of Nigeria has commenced a three-drug pilot programme under which 10,000 adults are being treated in 25 selected sites in the country, from where they obtain their drugs at a subsidized rate. This study was thus carried out to determine the factors affecting access of PLWHAs in Ibadan, Nigeria to ARVs.

METHODS: A cross-sectional study using both qualitative and quantitative research methods was carried out and PLWHAs belonging to two HIV/AIDS support groups in Ibadan, Nigeria were interviewed.

RESULTS: Forty – six PLWHAs – 13 (28.2%) male and 33 (71.8%) female with a mean age of 36.4 years were interviewed. Thirteen (28.3%) were unemployed at the time of the study. Seventeen (36.9%) were married, 16 (34.8%) widowed, 10 (21.8%) single and 3 (6.5%) separated. Of the 46 respondents, 26 (56.5%) had commenced ARVs, 21 (80.8%) of whom were females. Twenty-five respondents were beneficiaries of the Federal Government ARV pilot programme. The commonest reason proffered by those not on ARVs was that they could not afford the drugs 7 (43.5%). Three (18.75%) had just discovered that they were HIV positive, 2 (12.5%) could not afford the cost of the tests which were a prerequisite for commencing the drugs. One (6.25%) respondent said he was not aware of the existence of ARVs. Of those currently on treatment, 23 (88.5%) said the drugs were readily available and 17 (65.4%) said they were not affordable.

CONCLUSIONS: The commonest reason why the PLWHAs were yet to commence ARVs was that they could not afford the cost of the drugs. Subsidizing the drugs and empowering PLWHAs financially by providing them with alternative sources of income are important ways of improving access to ARVs.

050724
Clinical | MoPe11.1C38 | Adesola Sangowawa
Access to care

Copyright © 2005 - [International AIDS Society](#) (IAS). All information and content relating to the abstracts from the 3rd International AIDS Society Conference on HIV Pathogenesis and Treatment, such as text, graphics, logos, button icons, images, audio clips, and software is protected by copyright. Permission is hereby granted for the non-commercial use or reproduction of the information on this web site, provided that the use of such information is accompanied by an acknowledgement that IAS is the source of the information and the name of the author of the article.

AEGiS is made possible through unrestricted grants from [Boehringer Ingelheim](#), [Bridgestone/Firestone Charitable Trust](#), [Bristol-Myers Squibb Company](#), [Elton John AIDS Foundation](#), the [National Library of Medicine](#), and [donations](#) from users like you. **Always watch for outdated information. This article first appeared in 2005. This material is designed to support, not replace, the relationship that exists between you and your doctor.**

AEGiS presents published material, reprinted with permission and neither endorses nor opposes any material. All information contained on this website, including information relating to health conditions, products, and treatments, is for informational purposes only. It is often presented in summary or aggregate form. It is not meant to be a substitute for the advice provided by your own physician or other medical professionals. **Always discuss treatment options with a doctor who specializes in treating HIV.**

Copyright ©1980, 2005. AEGiS. All materials appearing on AEGiS are protected by copyright as a collective work or compilation under U.S. copyright and other laws and are the property of AEGiS, or the party credited as the provider of the content. Permission is hereby granted for the non-commercial use or reproduction of the information herein, provided that the use of such information is accompanied by an acknowledgement that IAS is the source of the information and the name of the author of the article.