Ambivalences in provider–patient relationship and access to care and treatment among people living with HIV in Kenya: Findings from a qualitative study

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Methods
- We conducted a qualitative study within the Kisumu Health and demographic surveillance system (HDSS)
- 50 in-depth interviews were carried out with purposively sampled participants in the following categories:
  - HIV service providers
  - Diagnosed but not initiated on ART
  - Recently initiated on ART
  - Initiated but not retained
  - On ART and stable
  - Families of deceased

Data were collected in 2015-2016 using topic guides that covered experiences of receiving or providing HIV services
- Thematic analysis was conducted, aided by Nvivo 10 software

Results

Three main themes emerged from the analysis, as summarised in table 2:

- **Mutual Interaction**
  - The relationship at the point of testing was often mutual, with providers giving tailored, flexible advice and encouragement to diagnosed patients.
  - However, there was little attempt by providers to re-engage patients who did not enroll at an HIV clinic

- **Ineffective Communication**
  - The relationship frequently became asymmetrical upon ART initiation, with patients less empowered and more coerced, particularly during pre-ART adherence counseling sessions.
  - The counseling messages were often dogmatic, imbued with the ‘good patient’ syndrome, and threats of a choice between life and death
  - Ineffective, and sometimes discourteous and unidirectional communication, generally characterized the phase between testing and transition to ART initiation

- **Motivation**
  - Providers often shifted responsibility for HIV management onto patients during treatment, providing limited practical or psychosocial support, making adherence problematic
  - The diminishing motivation resulted in patients either ceasing to attend the clinic or seeking healthcare elsewhere
  - Patients who conformed to providers’ ideal type of patient experienced a cordial relationship, but some compromised on issues of social integrity

Conclusions
- Simple, creative and locally-informed training interventions for facility-based ART providers could enhance the quality of care in resource-constrained settings

References