

Publication**Deterrents to HIV-patient initiation of antiretroviral therapy in urban Lusaka, Zambia : a Qualitative Study****JournalArticle (Originalarbeit in einer wissenschaftlichen Zeitschrift)****ID** 1767264**Author(s)** Musheke, Maurice; Bond, Virginia; Merten, Sonja**Author(s) at UniBasel** [Merten, Sonja](#) ;**Year** 2013**Title** Deterrents to HIV-patient initiation of antiretroviral therapy in urban Lusaka, Zambia : a Qualitative Study**Journal** AIDS patient care and STDs**Volume** 27**Number** 4**Pages / Article-Number** 231-41

Abstract Some people living with HIV (PLHIV) refuse to initiate antiretroviral therapy (ART) despite availability. Between March 2010 and September 2011, using a social ecological framework, we investigated barriers to ART initiation in Lusaka, Zambia. In-depth interviews were conducted with PLHIV who were offered treatment but declined (n=37), ART staff (n=5), faith healers (n=5), herbal medicine providers (n=5), and home-based care providers (n=5). One focus group discussion with lay HIV counselors and observations in the community and at an ART clinic were conducted. Interviews were audio-recorded, transcribed, and translated, coded using Atlas ti, and analyzed using latent content analysis. Lack of self-efficacy, negative perceptions of medication, desire for normalcy, and fear of treatment-induced physical body changes, all modulated by feeling healthy, undermined treatment initiation. Social relationships generated and perpetuated these health and treatment beliefs. Long waiting times at ART clinics, concerns about long-term availability of treatment, and taking strong medication amidst livelihood insecurity also dissuaded PLHIV from initiating treatment. PLHIV opted for herbal remedies and faith healing as alternatives to ART, with the former being regarded as effective as ART, while the latter contributed to restoring normalcy through the promise of being healed. Barriers to treatment initiation were not mutually exclusive. Some coalesced to undermine treatment initiation. Ensuring patients initiate ART requires interventions at different levels, addressing, in particular, people's health and treatment beliefs, changing perceptions about effectiveness of herbal remedies and faith healing, improving ART delivery to attenuate social and economic costs and allaying concerns about future non-availability of treatment.

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