

ABSTRACT

Human immunodeficiency virus (HIV) infection is associated with a lot of morbidity and mortality especially in high burden countries in Sub Saharan Africa. Despite great progress in improving HIV testing and access to antiretroviral therapy (ART) for people living with HIV/AIDS (PLWHA) in Sub Saharan Africa, ART coverage remains low and majority of people with HIV are still unaware of their status. In addition, there is a paucity of data on the context-specific predictors of uptake of each stage in HIV continuum care among PLWHA in poor resource settings in Sub Saharan Africa. Hence, there is a need to determine the predictors of HIV continuum of care among PLWHA in Africa. Therefore, the aim of this study was to determine the predictors of HIV continuum care in Gucha Sub County in Kisii County, an area with a high HIV prevalence of 8.9% in western Kenya. This was carried out through a cross-sectional study and participants were randomly selected amongst HIV positive clients in comprehensive care centres and community based support groups in Gucha Sub-County. Data was collected using a semi structured interview guided questionnaires. Categorical data was analysed using Chi-Square and the relationship between independent variables and dependent variables was analysed using bivariate and multivariate logistic regression analysis. The statistical package for social sciences (SPSS) was used to compute the statistics. This study revealed that majority 97(80.17%) of the participants were female since men are less likely to report and enrol in HIV care when they test HIV positive. Male tend to seek health care when severely ill. The study results show that participants had low HIV knowledge to make informed choice only 21(17.36%) had informed choice. Variables associated with ART uptake ($p \leq 0.25$) in bivariate analysis were selected for multivariate logistic analyses (age, education, food by prescription, PSC location, and privacy). Participants aged between 31-50 years and ≥ 50 were less likely to uptake ART (aOR =0.97, 95% CI [0.37-2.51], $p = 0.948$) and (aOR = 0.34, 95% CI [0.09- 1.21], $p = 0.094$) respectively in reference to those who aged between 25-30 years. In reference to primary education, those with no education and college/university had low odds of ART uptake (aOR =0.24, 95% CI [0.02-2.47], $p = 0.229$) and (aOR =0.27, 95% CI [0.04-1.96], $p = 0.195$) respectively unlike those with secondary education who were more likely to uptake ART (aOR =1.05, 95% CI [0.44-2.49], $p = 0.905$). Individuals who cited food by prescription and site location for patient support centre (PSC) as not barrier to HIV services were two times more likely to uptake ART (aOR =2.97., 95% CI [0.88-10.05], $p = 0.08$), (aOR =2.48, 95% CI [0.63-9.80], $p = 0.194$) respectively compared to those who cited privacy as a barrier to ART uptake, had low odds ratio (aOR =0.23, 95% CI [0.05-1.03], $p = 0.194$). This study reveals that the main determinants of ART uptake are associated with patient's education, food by prescription, site location of patient support centre and privacy. Therefore, there is need to enhance the uptake of HIV care among PLWHA an interventions targeting multiple stage must be designed, which may improve linkages throughout the HIV care continuum in the short and long term. Strategies to improve Identification of the undiagnosed PLHIV and linking them to HIV care and management is a priority in order to achieve UNAIDS goal by 2020.