Migrant fisherfolk and factors associated with HIV clinic attendance in Suba District, Kenya

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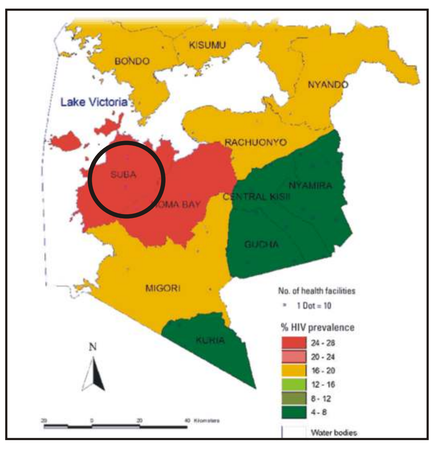
Background

- Suba – an isolated island district with a migrant fishing population
- Strategies have been implemented to increase HIV service access and retention for hard-to-reach fisherfolk:
  - Static mobile HIV clinics on the island and a toll-free hotline to organize medication pick-ups and clinic visits have been established



Setting

- Family Aids Care and Education Services (FACES) is a HIV prevention, care, and treatment program
  - Collaborative University of California San Francisco (UCSF) and Kenya Medical Research Institute (KEMRI) program
  - Funded by U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Centers for Disease Control and Prevention (CDC)
- FACES supports HIV services in all health facilities in the island and two mobile clinics.
- Fisherfolk definition:
  - Fishermen
  - Boat owners
  - Fishmongers
  - 'Abila' – women who cook for the fishermen

Methods

- Retrospective cohort evaluation conducted to determine risk factors for HIV care defaulting among fisherfolk at three health facilities
  - One static clinic: Sena Health Centre
  - Two mobile clinics: Remba and Ringiti Health clinics
- Inclusion criteria
  - Patients who indicated fisherfolk as their occupation
  - Enrolled in HIV care between January 2009 and September 2010
- Nine months later, study participants files were reviewed to determine
  - Defaulting status (missed appointment by >3 days)
  - Potential risk factors: age, gender, CD4 count, WHO stage, anti-retroviral (ART) status, and disclosure
- Multivariate logistical regression analysis was performed to calculate odds ratios (OR) and 95% confidence intervals (CI)

Results

Among 418 fisherfolk files examined:

- Age: Mean 30.4 years (SD; 11.3)
- Gender: 268 (64%) female
- ART status: 322 (77%) on ART
- Youth Status: 24 (6%) youth (ages 14-21 years)
- Default Events: Median 1(IQR; 0,2)
- Defaulting Proportion: 251 (60%) defaulted at least once

Table 1: Multivariate analysis of predictors of defaulting

Variables	Multivariate Analysis		
	OR	95% CI	P Value
Non-Disclosure	6.4	2.9-14.1	<0.001
Youth (14 – 21yrs)	3.9	1.2-12.6	0.021
CD4 = 350	2.8	1.4-5.5	0.002

***Not associated with defaulting: Gender, WHO stage, and ART status**

Limitations

- The risk of defaulting among the fisherfolk was not compared with the non- fisherfolk in the island population
- Marital status of the fisherfolk was not examined

Conclusion

- Fisherfolk were more likely to default from HIV care if they had not disclosed their status, were young, or had higher CD4 counts
- Interventions to improve disclosure warrant evaluation and HIV programs require targeted interventions to support youth and retention efforts that extend beyond the sickest patients

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