DETERMINANTS OF SELF-RATED HEALTH AMONG HIV INFECTED INDIVIDUAL ON ANTIRETROVIRAL DRUGS (ARVS) AND THOSE NOT ARVS: EVIDENCE FROM A 2012 NATIONALLY REPRESENTATIVE HOUSEHOLD SURVEY

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INTRODUCTION

- South Africa (SA) has the biggest HIV epidemic in the world. An estimated 6.4 million people were living with HIV/AIDS in 2012. The epidemic has had a negative impact on the health, social, economic and demographic aspects of life in the country
- Consequently, SA has had to implement one of the largest antiretroviral drugs (ARVs) treatment programmes in the world. More than 2 million HIV positive people estimated to have been receiving antiretroviral treatment by mid-2012
- Since the roll out of ARVs, health outcomes of HIV infection have improved and the length of life for persons with HIV has increased
- This has changed the perception of HIV/AIDS from a life threating to a potentially manageable disease. However, little is known about self-perceived health status of HIV-infected individuals receiving ARVs

OBJECTIVE

- To examine self-rated health (SRH) among HIV-infected individuals on ARVs compared to those not ARVs in South Africa, while controlling for the effect of socio-demographic characteristics, life style and health status related factors using data from the 2012 nationally representative household survey

METHODS

Study design and participants

- The analysis is part of the 2012 SA population-based household survey on national HIV prevalence, incidence and behaviour conducted using multi-stage stratified cluster sampling design. This involved a systematic probability sample of 15 households drawn from 1000 randomly selected 2001 census enumeration areas (EAs) stratified by province and locality type
- In each selected household all household members were eligible to participate. Four questionnaires were administered to persons of different age groups in the household each containing various age-specific modules
- This paper reports on data collected from persons aged 15 years and older who were HIV positive using selected questions on SRH in the health module. These questions were then linked to HIV and ARV status

Statistical analysis:

- Univariate and multivariate logistic regressions were used to analyse the association between SRH and ARV status among HIV infected individuals while adjusting for socio-demographic characteristics, life style and health related factors

RESULTS

- Of the 2630 HIV positive participants older than 15 years of age, 30.3% (95% CI: 22.2-33.6) were on ARVs.
- Overall HIV positive participants not on ARVs were significantly more likely to report excellent/good SRH (OR 1.9: 95% CI: 1.4- 2.5)

Final multivariate for determinants of SRH Figure 1

- Excellent/good SRH decreased significantly with **increasing age** OR 0.2 (95% CI: 0.1-0.6) on ARVs vs OR 0.4 (95% CI: 0.2-0.8) not on ARVs, for those 15 to 24 years old; and OR 0.1 (95% CI: 0.0-0.3) on ARVs vs OR 0.4 (95% CI:0.2-0.8) not on ARVs for those ≥50 years presence of a chronic medical condition OR 0.3 (95% CI: 0.2-0.4) on ARVs vs OR 0.2 (95% CI:0.1-0.3) not on ARVs, and hospitalization OR 0.4 (95% CI: 0.2-0.7) for those not on ARVs
- Excellent/good SRH increased significantly among those who last visited health personnel six months ago OR 3.1 (95% CI: 1.7-5.7) on ARVs vs OR 2.0 (95% CI: 1.2-3.3) not on ARVs regardless of the ARV status, and employment OR 1.6 (95% CI: 1.1-2.3) among those on ARVs
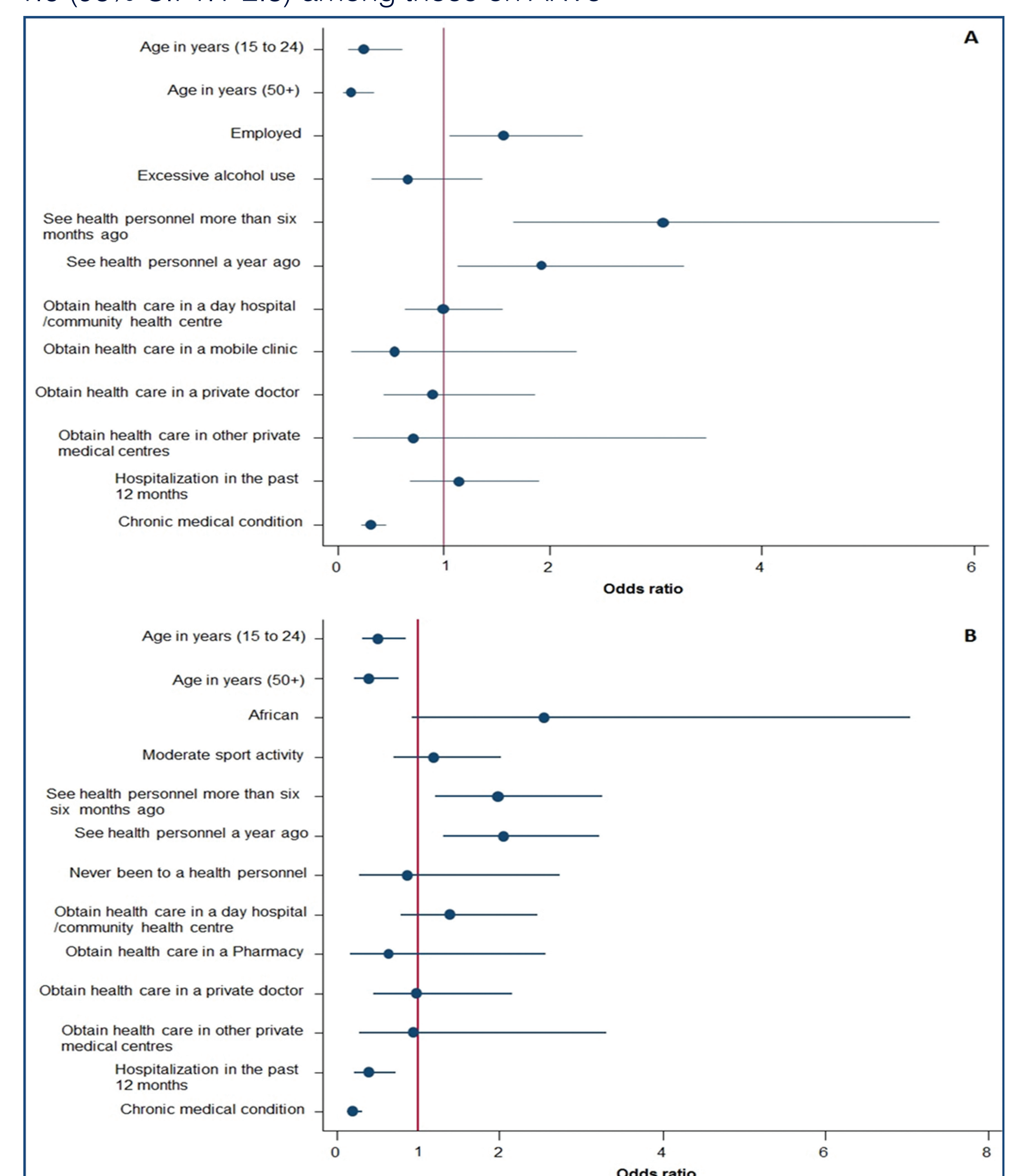

Figure 1: Multivariate models for determinants s of reporting excellent/good self-rated health among (A) HIV positive participants on ARVs and (B) those not on ARVs

CONCLUSSION

This study highlights that even with access to effective treatments the overall health of people living with HIV/AIDS is also affected by the joint impact of socio-demographic, lifestyle, illness-related factors and general health care utilization. SRH may constitute additional means of evaluating general health of PLHIV especially in the context of ARV treatment, where there's a great expectation for people to live healthy lives with HIV

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