



# Recipients' Perception of the MARTAS Intervention

Results of the qualitative study (Objective 4 of the study “Enhancing Linkage to HIV Care for Newly Detected HIV-Positive Persons in Ukraine”)

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# Study objective



- **The objective of this study** was to explore participants' post-implementation perception of MARTAS intervention, and barriers and facilitators related to linkage of HIV-positive patients of SHCFs to HIV services via strength-based case management intervention.
- With the semi-structured interviews we explored:
  - participant experiences and perceptions of MARTAS intervention and support from LC;
  - participant narratives of barriers and facilitators to their linkage to HIV care;
  - how they felt the intervention affected (or why it did not affect) their linkage to HIV care;
  - participant narratives of what they liked and did not like in the intervention, and their suggestions for the program improvement.

# Methods



- In 2016-2017, we conducted semi-structured interviews with 32 participants of the MARTAS at 8 study sites (3 in Dnipropetrovsk, 3 in Mykolaiv and 2 in Odessa Regions) after completion of their 6-month follow-up assessment.
- We used thematic content analysis to analyze the study data (Braun & Clarke, 2006).

# Results



## Participant socio-demographic characteristics

Of 32 HIV+ MARTAS participants who took part in the interviews:

- 11 (~ 1/3) were women
- median age was 37 years (31 – 43 y.o.)
- 15 (47 %) were in a stable relationship
- 22 (> 2/3) had no more than high school education
- 78% were employed at the time of the interview
- 37.5 % reported they did not have money for basic necessary things daily, monthly or occasionally in past year
- participants received 3 MARTAS sessions on average
- 28 (87.5%) linked to HIV care
- 25 (78 %) linked to HIV care within 3 months after being included in the study

# Results (2)



## What participants liked in the MARTAS intervention

### The main themes were:

- practical assistance in registration at the AIDS Center;
- LC's supportive attitude;
- the opportunity to get reliable HIV-related information;
- receiving MARTAS intervention was the main reason a participant visited the AIDS Center

*'The thing I liked is not just a chance to avoid queues but the attention and support I got, they gave me a confidence that I have to live...'* DRDD, male, 29 y.o.

*'They helped me a lot... to understand that there is help. That we, people living with HIV, are needed... That we are thought about, assisted... That we are not neglected, not left alone.'* KIDC, female, 31 y.o.

# Results (3)

## Main barriers in getting into HIV care

- Own feelings
  - Panic, anxiety, fear
  - Non-acceptance of HIV status
- Other people opinions / stigma

*‘I was in such a shock! I did not understand what they were telling me. And I was ashamed because I thought people would know... I will see people I know and they will understand I have HIV. I was very ashamed.’* DRND, MNN female, 37 yo

*‘R: I think if I wasn’t suggested, I would still delay... Maybe, because of a fear. First, it is scary. Second, it is a big shock. When I was told I have HIV, I couldn’t pull myself together during a week. Even more, maybe. ...First weeks were just horrible. For about a month I almost didn’t exist. It was very hard... There are people who don’t believe in it and do not get treatment because of that.’* DRDD, DVN male, 45 yo

# Results (4)

## Main barriers in getting into HIV care (cont.)

- Lack of HIV information

*'...I didn't know what to do with it. And how to live with it and how to tell people about it. I didn't know I could get help... Lack of knowledge... lack of knowledge about this problem. Nothing. Apart from the information that it is a disease people die from and you cannot be cured for 100%, I didn't know anything else. It was the biggest problem. I did not know where to go and what to say. I thought... people will look at me in that way, you know, when I come and tell about my disease'. DRDD, KOA female, 44 yo*

- Good health condition
- Financial concerns that HIV treatment is not free and expensive

*'First I had a question about medications. I asked - was it expensive? And I told immediately that I would refuse treatment, I wouldn't buy these medicines. I didn't earn enough to buy medicines. Then I was told it was free, we talked and I calmed down'. DRDD, male, 45 y.o.*

- Previous negative experience with health system in Ukraine
- Barriers at the AIDS Center: lines; conflict with work

# Results (5)

## Facilitators to overcome barriers

All facilitators were related to the LC support as the final push to visit AIDS Center.

### Two main themes:

- help in planning HIV care initiation
- determining the person's strengths on which he/she can build upon

*'The program helps you to reveal your competencies which may be helpful to you, you might have known about them, but have never used, for example...'* MRDD, male, 48 y.o.

*'Due to the sessions, I opened up, I became more confident, stronger inside, and I overcame my fear and my inner guilt. I had fears... and I overcame them at these sessions. Due to this program.'* ORDD, ROI female, 42 yo

# Results (6)

## Facilitators to overcome barriers (2)

### How LC helped

- Escorting, orientation, help with paperwork

*'The first time you don't know - what, where, what for... And she showed me and explained me everything, helped me to make a plan, and brought me everywhere.'*

MRDD, UDC male, 32 y.o.

- Helped overcome psychological barrier, cope with stress, accept and disclose HIV status

*'R:I felt better after I talked to her. A lot better. I mean, communication... During first days I did not tell anyone... And I didn't know at all what to do. After I talked with her I... felt better somehow. Then I have told my mother. After that conversation I told my mum and just felt better. ...And I tell you, if I have not talked with her, I don't know for how long would I be silent. And I spoke up, and I felt better...'* DRDD, DVN male, 45 yo

### Effective LC's actions

- Trustful communication, empathy, individual approach to everyone
- Respectful attitude to each client

# Results (7)

## Changes in life due to MARTAS

- Became more confident, have plans for the future

*'I liked the communication with [LC]. I became more confident and strong. I am a lot stronger than I used to be. I was weak before, but now I turned this weakness into a strong will. I believe in myself, and that I will reach my goal and will live a healthy life.'*

ORDD, female, 42 y.o.

- Started using own strengths in everyday life
- Health condition improved

*'I am fine today, and that is enough! I live, I am happy about the sun, about people, about life... Everything is going to be OK. I tell others - give it a try, fight for your life, don't give up. Go to these organizations, don't be afraid, our professionals provide a good care...'* DRDD, male, 29 y.o.

# Results (8)



## Ownership, responsibility

Some people spoke about being enrolled in HIV care with the help of LC, using such words:

*'She lead me by a hand like a little child...'* O IDC, female, 24 y.o.

*'We went to the AIDS center... So I was brought there and registered in care'.* DRDD, male, 29 y.o.

Participants have to take responsibility for their own health.

## Suggestions for the intervention improvement

- Self-help groups on a ongoing basis
- To provide all services (HIV testing, HIV care) under one roof

*'I would like to receive the treatment in this health facility; if the coordinator is here, why go to other hospitals, why not receive all treatment here. I didn't like it... Here you talk to the person, then you go somewhere... Across the whole city you go to another hospital. It is a regional hospital, so everything has to be here. Everything has to be in place. So they could talk to you, clarify things... And you receive treatment in here. I: So you would like to have everything in one place? R: Yes, I mean it. It should be one place, not to go here and there...'* DRDD, DVN male, 45 yo

# Results (9)



## Reasons not to enroll in HIV care

All four respondents who did not enroll in HIV care reported one reason not to enroll in HIV care: **good health condition**. Health deterioration is the only mentioned potential facilitator.

*'I don't have time for it. As long as I am feeling well, I don't want to get any treatment'. ORDD, male, 38 y.o.*

*'I don't seek care, because I feel fine'. MRND, male, 37 y.o.*

*'I don't think I need to go there and bother people, and so on. If I feel bad, I will contact you. For sure'. ORDD, male, 36 y.o.*

# Conclusions



- All participants reported LC's assistance as the main reason they referred to HIV care.
- People associated LC's assistance with psychological support, practical help (coordination/navigation), reliable HIV information.
- More information and quality counseling is needed for patients to overcome stress and cope with HIV diagnosis.
- Clients remembered content of the MARTAS sessions. Many talked about how building on their strengths helped them believe in their self-efficacy and generate motivation to start HIV care.
- The future linkage-to-care efforts should build more on the patient self-efficacy, to help him identify his own resources and to ensure his engagement in care for the post-intervention period.
- These data may inform future implementation of this type of intervention in Ukraine and other countries of EECA region.

**Thank you  
for your attention!**

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