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Social Norms and ART Adherence: Population-based Study of Persons with HIV in Uganda

Jessica M. Perkins[1], Bernard Kakuhikire[2], Charles Baguma[2], Justin D. Rasmussen[3], Carolyn M. Audet[1], Mark J. Siedner[2,4,5], Jessica E. Haberer[4,5], David R. Bangsberg[2,6], Alexander C. Tsai[2,4,5]

[1]Vanderbilt University/VUMC, [2]Mbarara University of Science and Technology, [3]Duke University [4]Harvard Medical School [5]Massachusetts General Hospital, [6]Oregon Health & Science University-Portland State University School of Public Health

BACKGROUND

The extent to which certain health behaviors are perceived as normative is known to be an important determinant of one's own propensity to engage in such behaviors. It is unknown, however, what level of antiretroviral treatment (ART) adherence behavior people living with HIV (PLWH) perceive as the norm among peer PLWH and whether this perception is associated with their own propensity to adhere to ART.

METHODS

- 95% population sample of PLWH on ART across 8 villages in southwest Uganda reported adherence behavior
- Outcome: number of missed ART doses in the past 7 days
  - Complete ART adherence = zero doses missed
  - Norm: Complete adherence considered normative in the parish if >50% reported zero missed doses
- Perceived norm: Asked individuals whether they believed complete adherence was normative among most adult PLWH taking ART in the parish
- Relationships between individual behavior, the norm, and perceptions of the norm were assessed.

	N	%	n	% complete adherence in past 7 days
Male	55	35%	47	85%
Female	104	65%	95	91%
18-25 years old	4	15%	4	100%
26-35 years old	31	25%	29	94%
36-45 years old	53	20%	45	85%
46-55 years old	54	18%	47	87%
56+ years old	17	19%	17	100%
Found out own HIV status				
< 12 months ago	6	24%	5	83%
1-5 years ago	36	23%	30	83%
5+ years ago	116	73%	106	91%
Spouse HIV & ART status				
HIV+ and on ART	69	44%	61	88%
HIV+ but not on ART / serostatus unknown	10	6%	7	87%
HIV-	16	10%	16	90%
Not married or cohabiting	63	40%	57	90%

Complete ART adherence was the norm. *However,* only 15% believed that complete adherence was the norm across PLWH on ART in their community.

	n	% perceiving that most peers were completely adherent	n	% believing that most peers were not completely adherent	n	% stating that they did not know about peer adherence behavior
Male	18	33%	25	45%	12	22%
Female	22	21%	56	54%	26	25%
18-25 years old	0	0%	2	50%	2	50%
26-35 years old	7	23%	17	55%	7	23%
36-45 years old	13	25%	29	55%	11	21%
46-55 years old	15	28%	27	50%	12	22%
56+ years old	5	29%	6	35%	6	35%
Found out own HIV status						
< 12 months ago	1	17%	4	67%	1	17%
1-5 years ago	7	19%	15	42%	14	39%
5+ years ago	32	28%	62	53%	22	19%
Spouse HIV & ART status						
HIV+ and on ART	16	23%	34	49%	19	28%
HIV+ but not on ART / serostatus unknown	3	30%	5	50%	2	20%
HIV-	4	25%	11	69%	1	6%
Not married or cohabiting	17	27%	30	48%	16	25%

RESULTS

- 142 (89%) PLWH on ART reported complete adherence
  - Complete adherence was the normative behavior
- When asked about their perception of adherence behavior among other PLWH on ART
  - 40 (25%) stated that most were completely adherent
  - 81 (51%) stated that most were not completely adherent
  - 38 (24%) stated that they did not know
- Adherence behavior varied according to perceptions
  - Among 40 participants who stated that complete adherence was normative, 38 (95%) reported complete adherence themselves
  - Among 81 participants who stated that complete adherence was not normative, 70 (86%) reported complete adherence themselves
  - Difference not statistically significant ($\chi 2$ =2.06; P=0.15)

CONCLUSIONS

In this population-based sample of PLWH on ART in southwestern Uganda, complete ART adherence was normative, but most did not believe complete adherence was normative. Further research is needed to more precisely estimate the extent to which perceptions of ART adherence norms might be a driver of ART behavior. If new information indicates that perceived norms about adherence can causally influence personal adherence behavior, then "social norms interventions" focused on disseminating information about adherence norms could potentially improve adherence rates. For example, messages like "Most men your age and living with HIV take all their doses of ART each week" could be distributed via various communication methods.

Corresponding author:
Dr. Jessica Perkins; jessica.m.perkins@vanderbilt.edu; (615) 875-3289

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