

***“Double Wahala for dead body ...” – Perspectives of service providers about adherence to Antiretroviral Therapy among Persons with Disabilities living with HIV in Nigeria***

**Authors:**

Philip A<sup>1</sup>, King J<sup>2</sup>, Durham J<sup>1</sup>, Mullens A<sup>2</sup>

<sup>1</sup>School of Public Health and Social Work, Queensland University of Technology, Brisbane, Australia

<sup>2</sup>School of Psychology and Wellbeing, University of Southern Queensland, Brisbane, Australia

**Background:**

This qualitative study investigates the perspectives of service providers on the factors influencing adherence to antiretroviral therapy (ART) among persons with disabilities living with HIV (PWDLWHIV) in Nigeria. It posits that ART adherence is hindered by stigma arising from sociocultural beliefs, biased attitudes from healthcare providers, and a lack of targeted programming specifically for PWDLWHIV within the HIV response.

**Methods:**

In-depth interviews were conducted with thirteen service providers across six Nigerian states, including medical doctors, nurses, clinical pharmacists, community development workers, and adherence counsellors. These interviews were analyzed using Reflexive Thematic Analysis (RTA), following its six stages and employing both inductive and deductive approaches.

**Results:**

Persistent sociocultural beliefs about persons with disabilities (PWDs) significantly contribute to the stigma that negatively impacts ART adherence. Additionally, the absence of disability-disaggregated data has led to the non-recognition of PWDs as a key population, resulting in limited attention to targeted programming and funding for them in the HIV response. Service providers often held reductionist views, using derogatory terms when referring to PWDs. These discriminatory attitudes, informed by the medical model of disability, can affect the quality of ART services offered to PWDLWHIV. Furthermore, since service providers play a crucial role in the HIV response, their underlying stigma can adversely impact the quality of support provided to PWDLWHIV.

**Conclusion:**

There remains insufficient empirical research concerning PWDLWHIV and the crucial need for optimal ART adherence within Nigeria. This study underscores that for Nigeria to reach its UN HIV targets of 95-95-95, a more pronounced effort is required to support marginalised groups like PWDLWHIV, who are not currently recognized as a key population in the HIV response. Addressing this gap will enable Nigeria to lead globally in advancing the progress already achieved in its HIV programs for other underserved communities.

**Disclosure of Interest Statement:**

None

**Acknowledgement of Funding:**

This study was funded by the Queensland University of Technology (QUT)