

**Factors Associated with Return to Treatment Following
Interruption Among HIV-Positive Clients on Art in Public Health Facilities, Katakwi
District**

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ABSTRACT

Background

Return to treatment following interruptions is vital for maintaining optimal HIV care. Despite efforts, Uganda faces a 20% treatment interruption rate, with only 58% of clients resuming treatment. However, studies on factors associated with returning to treatment remain limited. Objectives

This study aimed to identify factors associated with returning to HIV treatment among clients in Katakwi District, Uganda.

Methods

This cross-sectional, mixed-method study investigated factors influencing return to HIV treatment after interruptions in Katakwi District. Data were collected from three high-volume ART clinics Katakwi General Hospital, Magoro Health Centre III, and Ngariam Health Centre III-and included 355 adult participants. Quantitative data were collected and entered into Excel and analyzed using STATA 18, while qualitative data were collected through focused group discussion. Return to treatment was assessed using frequency counts, percentages, and a 95% confidence interval. Bivariate and multivariate analyses using Chi-square and logistic regression were used to identify predictors, while qualitative data was collected through Focused group discussions and analyzed by theme.

Results

Return to treatment was 63.9%, influenced by factors including occupation, distance to the health facility, community beliefs, and family support. Clients without an occupation were less likely to return to treatment (AOR = 0.17, 95% CI: 0.04-0.70, $p = 0.015$), and those living within 5 km of a facility were also less likely to return (AOR = 0.37, 95% CI: 0.11-0.67, $p = 0.001$). Positive community beliefs significantly increased the likelihood of returning to treatment (AOR = 3.05, 95% CI: 1.78-5.22, $p < 0.001$). Key qualitative themes included home visits and counselling as facilitators, while limited rural support, clinic hours, and religious beliefs promoting alternative healing were barriers.

Conclusion

Return to HIV treatment was associated with occupation, facility proximity, and community beliefs. Enhancing supportive community beliefs, home visits, and counselling improved return rates, while barriers included limited rural support and inflexible clinic hours.

Recommendations include providing targeted support for unemployed clients, conducting anti-stigma campaigns, offering flexible clinic hours, and improving rural access through mobile clinics and transport assistance. Continuous client education at both facility and community levels is essential for sustaining return rates.

Keywords: *Factors Associated, Return to Treatment, Following Interruption, Among Hiv-Positive Clients, Art in Public Health Facilites, Katakwi District.*