An Analysis of Distance as a Barrier to HIV Treatment in Oaxaca, Mexico

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1. Introduction

- In 2005, 47% of Oaxaca lacked sufficient income to pay for food, as well as the expenses related to health and education1.
- Three mountain ranges inhibit efficient transportation throughout the state.
- Oaxaca has the 12th highest prevalence of HIV in Mexico1.

2. Purpose

- Patients travel for many arduous hours on a monthly basis to receive HIV treatment.
- In what ways does the physical distance between users and the clinic obstruct their access to care?
- What solutions will most appropriately address the needs of the patients who face these obstacles?

3. Methods

- Volunteered with the HIV advocacy group Amemos Vihvir during the summer of 2011.
- Interviewed and spoke with individuals from HIV advocacy groups in Juchitán, a city located 6 hours from the CAPASITS clinic.

Questionnaire:
- Included demographic questions, details about travel to the clinic, obstacles faced in getting to the clinic, and potential solutions.
- In an interview format, the patients answered the questions in the waiting room.
- I asked patients who reported travelling for many hours to complete the questionnaire.

Analysis:
- Calculated the demographic distribution of the sample.
- Analyzed the distribution of obstacles faced by percentage and district.
- Considered potential solutions by amount of support and different measures of need

4. Results

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- Although services at the clinic were free, patients spend 118% of their weekly salary on average in travel costs. The vast majority of patients come to the clinic every 1 or 2 months to obtain their antiretroviral medication.
- In addition to losing one or two days of pay, stigma against people living with HIV causes the vast majority of people to lie to their bosses.
- For people living outside of the District of Centro, the average travel time was 7.8 hours.
- The unpredictability of weather and protest-related roadblocks increase the difficulty in arriving to appointments on time.

Potential Solution 1: House

- 68% of participants said a house would make going to the clinic easier.
- Those who reported that it would not be helpful cited inability to miss work or family responsibilities.

Potential Solution 2: A closer clinic

- 90% of participants reported that they would attend a clinic closer to where they live.
- The most commonly cited reason for not attending a closer clinic was fear of discrimination if they saw someone they knew.

5. Discussion

- Informed by the research of James Young and Matthew Gutmann, this project sought to understand the many factors that influence medical decisions and to employ this information as the foundation for future projects3.
- As with Young and Gutmann, I found that assumptions by policy-makers hindered public health initiatives3.
- Given my findings that the travel costs were the most widely reported obstacle to care, I propose that efforts should be focused on reducing costs for those in greatest need.

6. Questions for Future Research

- Is the health of patients correlated with any of these obstacles?
- Is there a significant number of individuals living with HIV who choose not to seek care due to these obstacles?

References