

Prevalence and Correlates of Alcohol Drinking Among Adults Living with HIV: Results from the Tanzania HIV Impact Survey 2016-2017

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PLHIV who are self-reported alcohol drinkers are less adherent to ARTs compared to their nondrinking counterparts.

Background

Alcohol consumption is associated with increased risk for HIV infection. Further, hazardous drinking has been linked to poor health outcomes among people living with HIV (PLHIV) including poor adherence to antiretroviral therapy (ART). In Tanzania, few studies have examined the potential effects of alcohol use on ART use and viral load suppression (VLS). We examined the prevalence and correlates of alcohol use among PLHIV in Tanzania.

Methods

We used data from the Tanzania HIV Impact Survey 2016-2017, a cross-sectional household-based nationally representative survey. Consenting participants were interviewed and tested for HIV with return of results using the Tanzania national algorithm. HIV-positive results were laboratory confirmed and tested for viral load. VLS was defined as HIV RNA <1,000 copies/ml. Our analysis included laboratory confirmed PLHIV aged 15 years and older. We classified participants who responded to question on alcohol frequency in the past 12 months as non-drinkers or drinkers. We used AUDIT-C scores to determine hazardous drinking status. The primary outcome variable was self-reported alcohol consumption. Secondary outcomes included VLS and self-reported missing days of ART. Logistic regression models were used to assess correlates of overall drinking, ART and VLS. We estimated odds ratios (ORs) with their corresponding 95% confidence intervals (95% CI).

Results

Among 1,812 PLHIV, 33.9% were classified as drinkers, with 246 (13.1%) being hazardous drinkers. Among males, 17.9% were considered hazardous drinkers compared to 11.8% of females. The odds of alcohol consumption were two times greater among males compared to females (aOR:2.31, 95% CI: 1.69-3.16) and almost three times greater among older adults, aged 50+ years compared to younger adults, aged 15-24 years (aOR: 2.91, 95% CI: 1.45-5.81). Further, drinkers had 75% greater odds of missing one or more days of ART in each month compared to non-drinkers (aOR: 1.75, 95% CI: 1.14-2.69). The association between VLS and alcohol consumption was not statistically significant in the multivariable model.

Conclusion

These findings highlight the sub-populations where alcohol use is most prevalent among PLHIV in Tanzania. Given alcohol use is associated with missing more days of ART, addressing alcohol use among PLHIV can aid in increasing ART adherence.

Figure 1: PLHIV by Region in Tanzania, 2016-2017

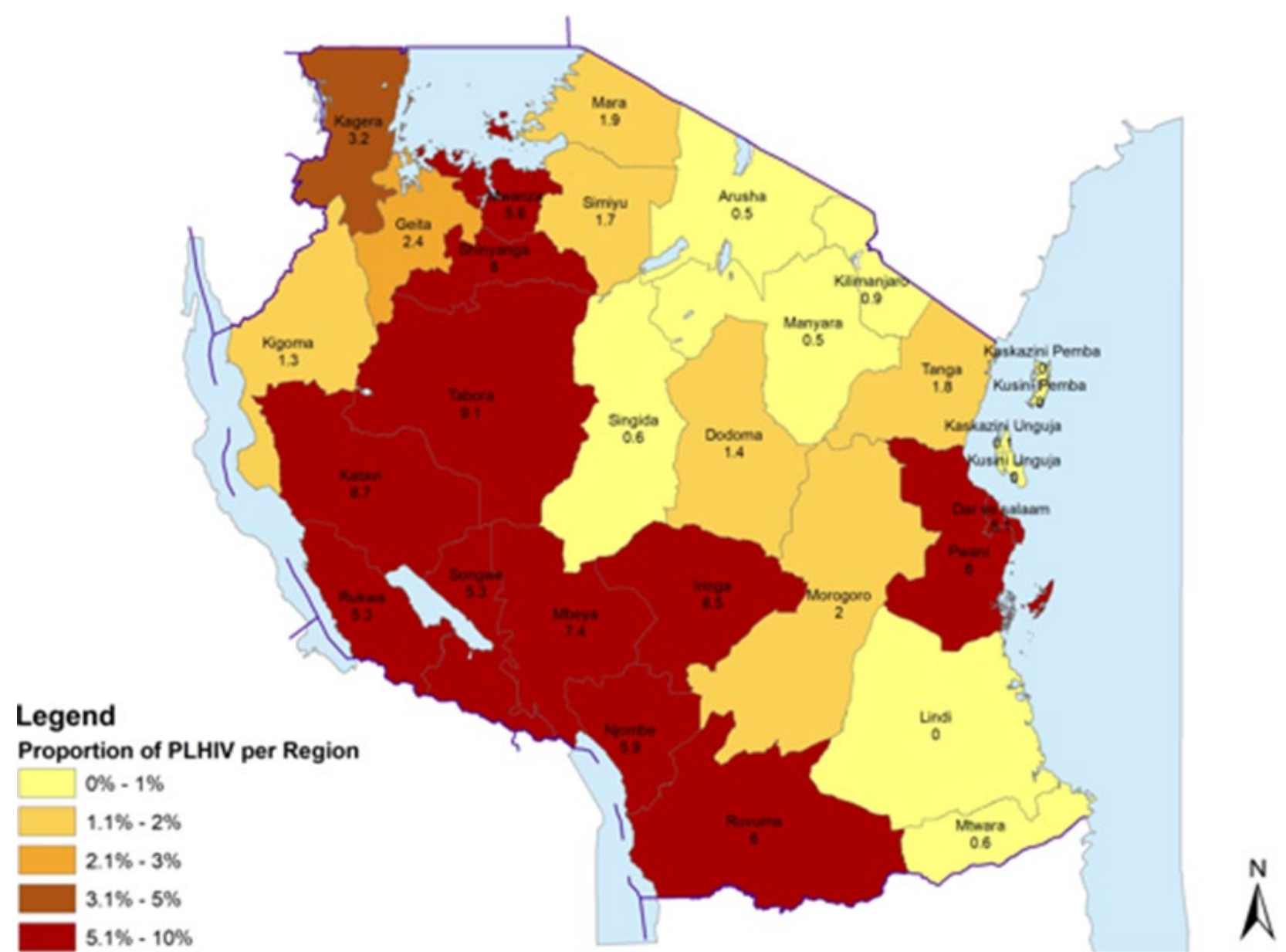


Figure 2: Drinking Status of PLHIV in Tanzania, 2016-2017

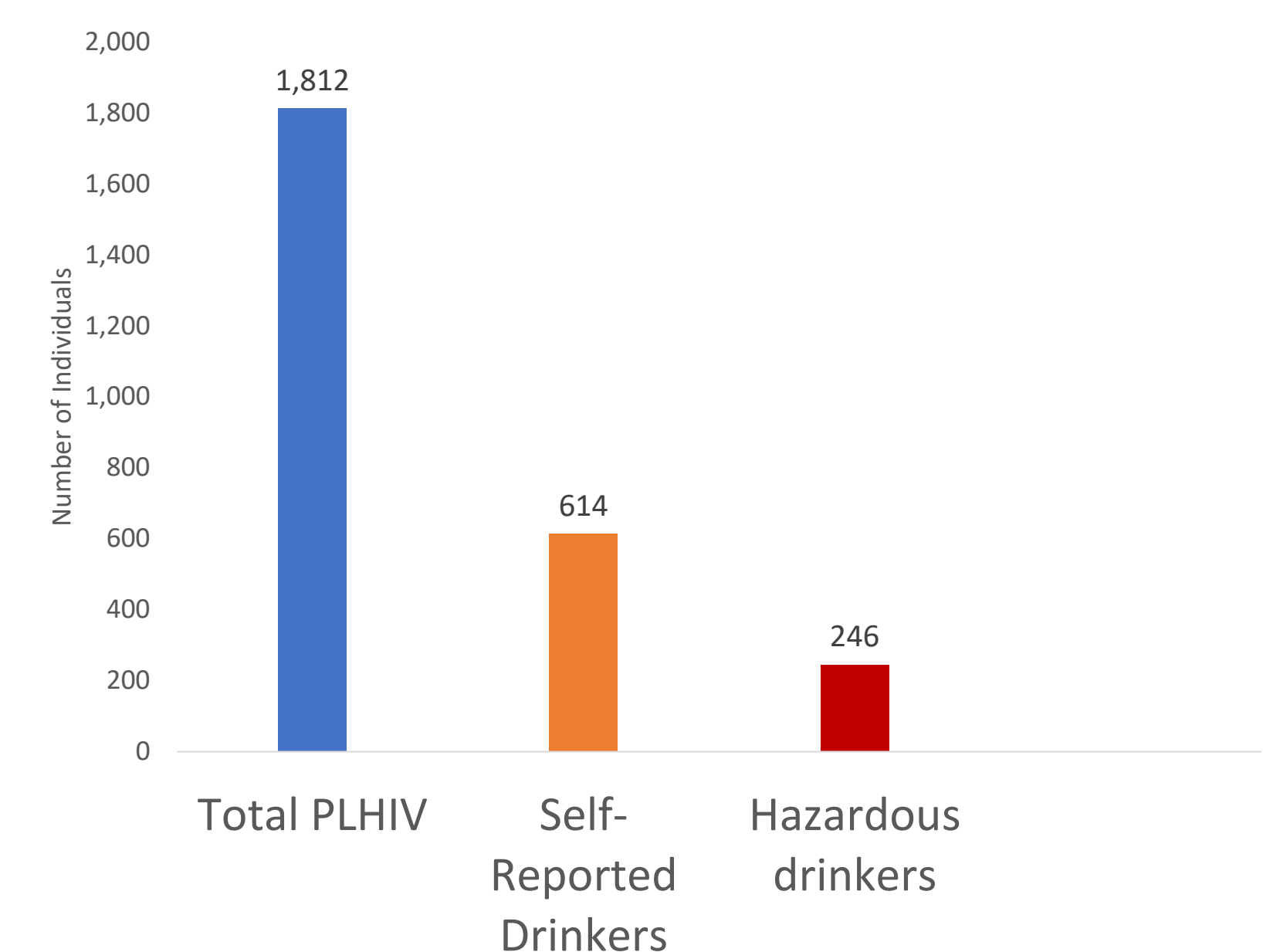
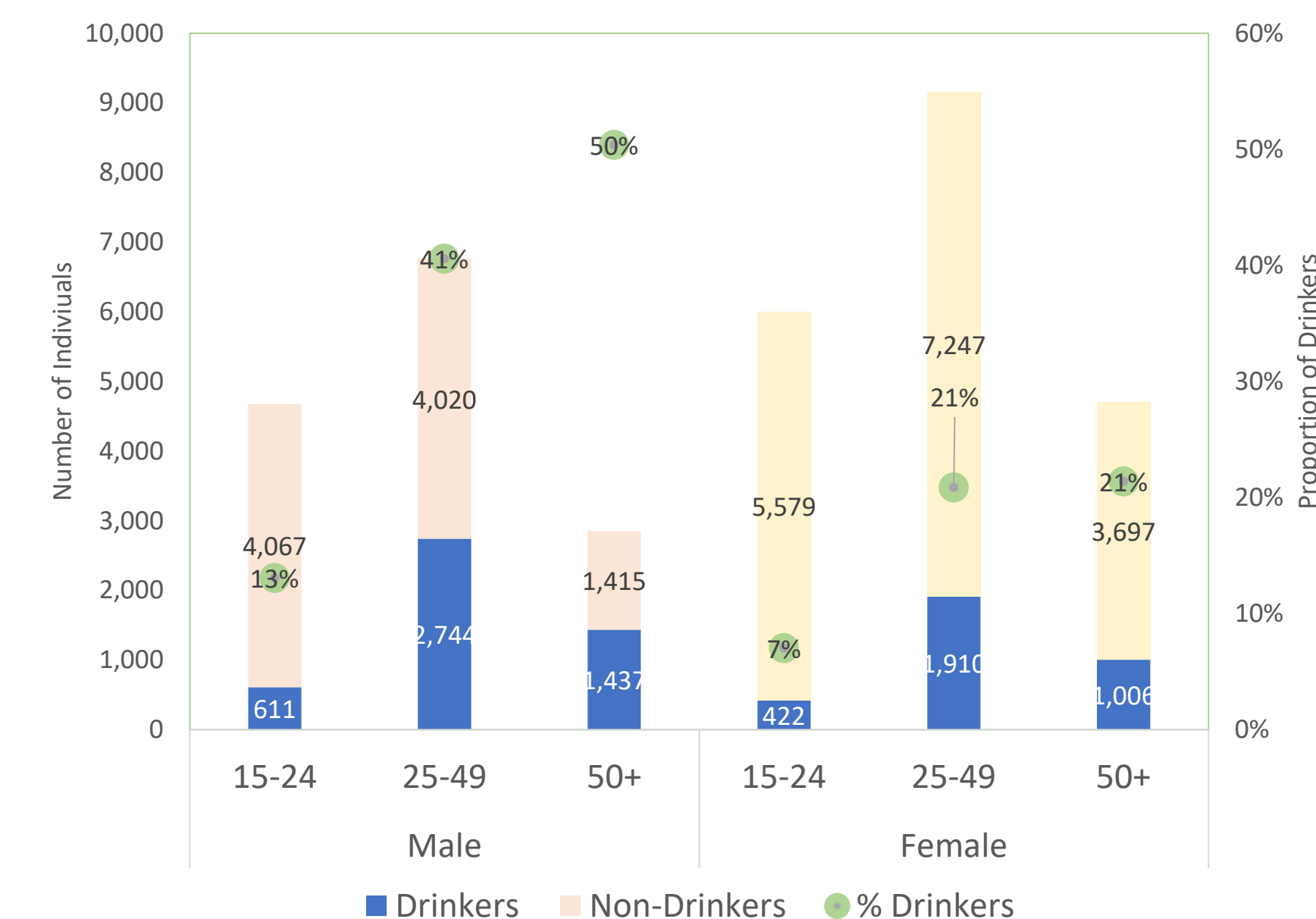


Figure 3: Differences in Drinking Status by Age and Gender



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