

Identifying Gaps in the HIV Care Continuum among Indigenous Mayan Persons Living with HIV in Guatemala

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Background

The HIV care continuum outlines the stages that people living with HIV/AIDS (PLWHA) go through from diagnosis to achieving and maintaining viral suppression.

Aim:

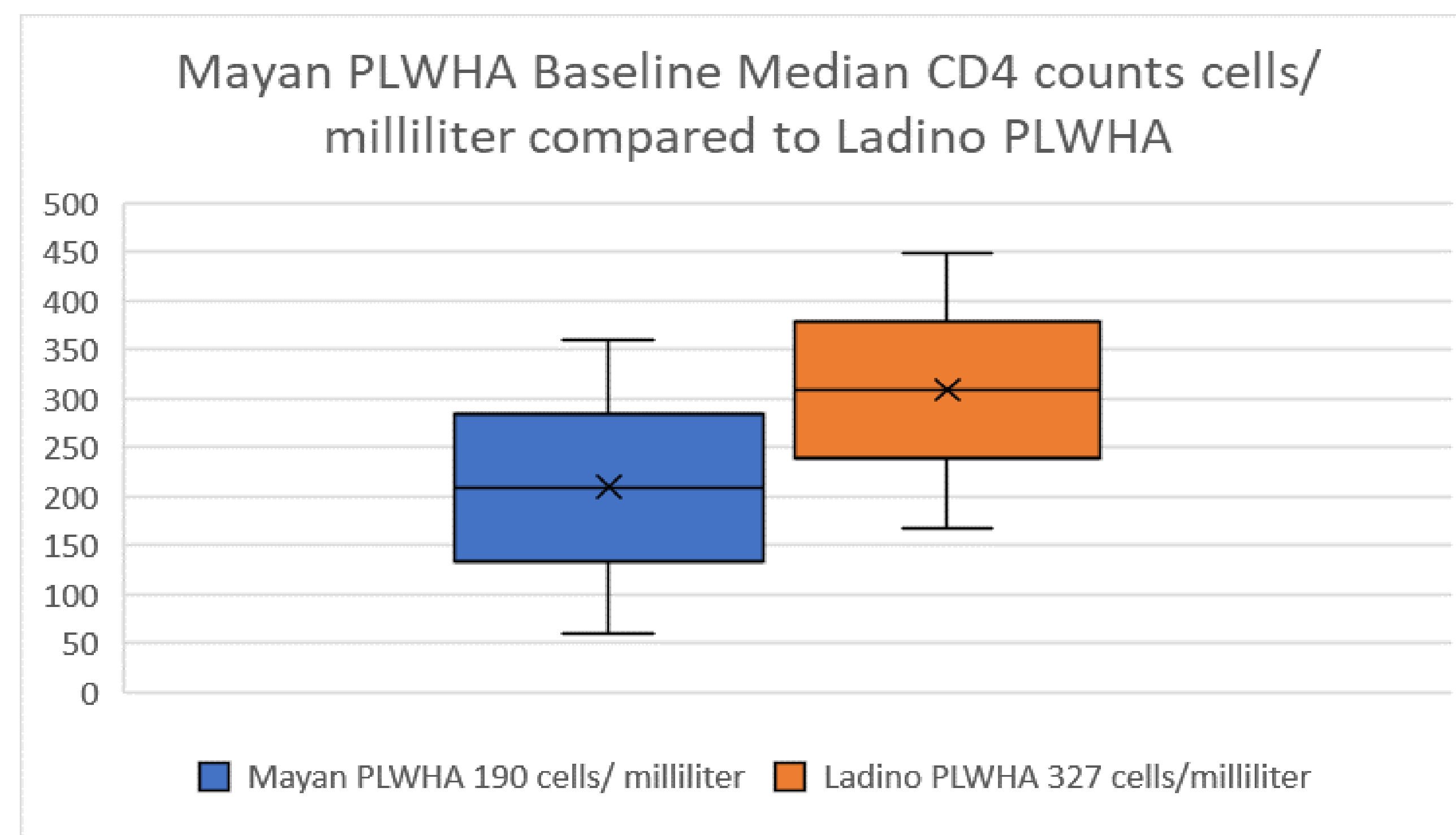
We conducted this study in rural Guatemala to identify gaps in the HIV care continuum among Mayan PLWHA.

Methods:

From January 2020 to December 2022, we studied 200 consecutive newly diagnosed HIV patients in the Integrated Care Clinic of the regional *Hospital de Especialidades "Rodolfo Robles"*, in Quetzaltenango, Guatemala. We measured demographic information, baseline CD4 cells/milliliter, baseline viral copies/milliliter, days to ART initiation, viral load suppression, and retention in care. We fitted multivariable logistic regression models adjusted for age, sex, and education to identify differences between Mayan versus mixed Spanish/Mayan ("Ladino") PLWHA.

Results:

Most were male (90%) with the median age of 31 (IQR 25 – 40). **54% were Mayan** and 46% were Ladino. 33% of PLWHA self-identified as heterosexual, **62% were sexual and gender minorities** (SGM; MSM, gay, transgender individuals) and 5% were sex workers. The median **baseline CD4 count was significantly lower among Mayan compared to Ladino PLWHA**.



The median baseline viral load was non-significantly higher among Mayan (Median 142,500 copies/milliliter; IQR=22,800-608,000) compared to Ladino (Median 81,400; IQR= 7,530-424,500) PLWHA. The median days from the initial visit to starting ART was 0 (IQR=0-0), with no significant difference between Mayan and Ladino PLWHA (P=.651). 74% of the PLWHA had suppressed viral loads at 6 months with no-significant difference between Mayan and Ladino PLWHA (P=.390) with 12 deaths, 18 abandonments.

Table 1. Multivariable models on Correlates on HIV Care and Treatment among Mayan PLWHA

	aOR	95% CI
Self Identification as Sexual and Gender Minorities	3.34*	1.12- 9.95
Secondary Education	0.77*	0.006 - 0.92

*Significant-- P < 0.05

Table 1 summarizes the findings of Multivariable logistic regression models adjusted for age, sex, and education that showed Mayan PLWHA had higher odds of self-identifying as Self Identification as Sexual and Gender Minorities compared to "Ladinos". Mayan PLWHA had lower odds of reaching above a secondary school education.

Conclusion:

By providing culturally sensitive services, we were able to achieve similar clinical outcomes for Mayan patients, but later initiation of treatment remains a challenge. Community based programs should encourage HIV testing with rapid referral for Mayans, especially among sexual and gender minorities. Structural barriers, such as lower educational level, may make early diagnosis and retention especially challenging for Mayan PLWHA.

Institutions

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