

Assessment of HIV Treatment Knowledge Among People Living with HIV (PLHIV) in South-South Nigeria

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Background

HIV treatment literacy among people living with HIV (PLHIV) is associated with optimal antiretroviral therapy (ART) adherence and treatment outcomes.¹ However, there is limited data on HIV treatment knowledge among PLHIV receiving ART in Southern Nigeria.

Objective

This study assesses HIV treatment knowledge among PLHIV receiving ART in Akwa Ibom and Cross River States, Southern Nigeria.

Methods

This cross-sectional study included PLHIV (≥ 18 years) receiving ART at 53 high-volume PEPFAR/USAID-supported health facilities in Akwa Ibom and Cross River. Data was collected in February 2024 using a 4-question short-answer questionnaire that assessed client knowledge of HIV viral suppression, undetectable viral load, differentiated service delivery (DSD) models, and antiretroviral resistance. Respondents' data included age (18-24, 25-49, ≥ 50), sex, education (none, primary, secondary, or tertiary), occupation (unemployed, student, or employed), DSD model (Facility-based, Community-based, or none) and ART duration in years (<5, 5-9, 10-14, ≥ 15). Clients were adjudged to have good knowledge if they answered two questions (50%) correctly (ie stated key terms in the standard definition). Descriptive statistics summarised client characteristics, and associations between knowledge levels and demographic variables were tested using Chi-square.

Results

In total, 1,995 clients (60.7% [1,212/1,995] female) with a mean age of 38.3 (SD ± 11) years were assessed. Majority (52.1% [1,040/1,995]) were on ART for >4 years, 57.1% (1,140/1,995) were on Facility-based DSD, 59.0% (1,178/1,995) had secondary education level, and 64.0% (1,276/1,995) were employed. Overall, 97.2% (1,940/1,995) of clients had good knowledge; the highest and lowest proportion of correct responses were for defining "HIV viral suppression" (97.3% [1,941/1,995]) and "Antiretroviral resistance" (67.9% [1,355/1,995]) respectively (Fig.1).

Acknowledgments

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References

1. Umeokonkwo, C. D., Aniebue, P. N., Ukor, N. A., Duru, C. B., & Ndu, A. C. (2023). HIV treatment literacy and adherence to antiretroviral therapy among people living with HIV in Southeast Nigeria. *BMC Public Health*, 23(1), 101. <https://doi.org/10.1186/s12889-023-15167-3>

Good knowledge was higher among those with tertiary education (99.1%, $p < 0.01$) or who were in DSD (97.6%, $p < 0.01$), lower among those aged ≥ 50 years (94.4%, $p < 0.01$), but comparable by sex (Females: 96.9% vs Males: 97.7%, $p = 0.32$), duration on ART (<5 years: 97.2%, 5-9 years: 97.1%, 10-14 years: 97.1%, ≥ 15 years: 100%, $p = 0.54$), and occupation (Unemployed: 96.5%, student: 98.2%, employed: 97.4%, $p = 0.41$).

Proportion of correct responses by PLHIV across assessed knowledge domains

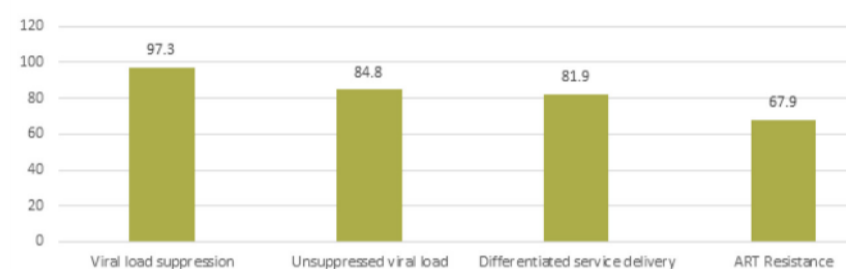


Figure 1. Table showing the description of the Score

Most PLHIV receiving antiretroviral treatment in Akwa Ibom, Nigeria had good knowledge of HIV treatment, especially those in differentiated service delivery models

Conclusions and recommendations

Most PLHIV receiving ART in this setting had good knowledge of HIV treatment, particularly those with tertiary education or who were on DSD. Patient-centred interventions to improve knowledge, especially on antiretroviral resistance and among elderly clients, are recommended.