

Understanding the Barriers to Uptake of HIV Post Exposure Prophylaxis Among Survivors of Sexual Violence in Southern Nigeria: A Retrospective Cross-Sectional Study

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Background

Implementing effective strategies to overcome barriers to the uptake of HIV post exposure prophylaxis is essential for improving the well-being of survivors of sexual violence and reducing the transmission of HIV¹. HIV post-exposure prophylaxis (PEP) has proven to be an effective measure in preventing HIV acquisition and is recommended for use within 72 hours of exposure among survivors of sexual violence².

Aim

This study assessed the uptake of PEP among survivors of sexual violence in Cross River State, Nigeria.

Methods

This was a retrospective cross-sectional study at 53 health facilities in Cross River State, supported by PEPFAR through USAID to provide PEP services. Data of all individuals who received post-sexual violence care is routinely documented in national service registers and validated monthly. We extracted data from October 2022 to September 2023, including age, sex, health facility location (urban or rural), HIV status, date of incident, date of facility visits, PEP eligibility and provision status, and reasons for PEP ineligibility. We analysed the uptake of PEP (defined as the proportion of eligible individuals who received PEP) and the reasons for not receiving PEP using frequencies.

Results

In total, 307 individuals reported sexual violence during the period. Most (82%, 253/307) were female, and 25-59 years (41%, 127/307) and 15-24 years (37%, 113/307). 78% (249/307) of sexual violence cases were reported at facilities in the urban areas. Of the 185 individuals who were eligible for PEP, 95% (176/185) received PEP (F:95%, M:97%). The 9 people who did not receive PEP were due to lack of parental consent (44%), and sexual violence without penetration (56%). [Fig 1] Reasons for ineligibility for PEP included those who presented after 72 hours of exposure (51%, 62/122), and people living with HIV who were already receiving ART (49%, 60/122). [Fig 2] PEP uptake was higher in urban compared to rural locations (98.7% vs 79.4%).

Acknowledgments

Provide any additional acknowledgments you require. For example: We would also like to thank all partner organizations involved in conducting this research and those individuals who participated in the study.

References

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2. WHO, W. H. (2024). Guidelines for HIV Post Exposure Prophylaxis. Retrieved from <https://iris.who.int/bitstream/handle/10665/378221/9789240095137-eng.pdf?sequence=1>

Reasons why eligible individuals not receive PEP

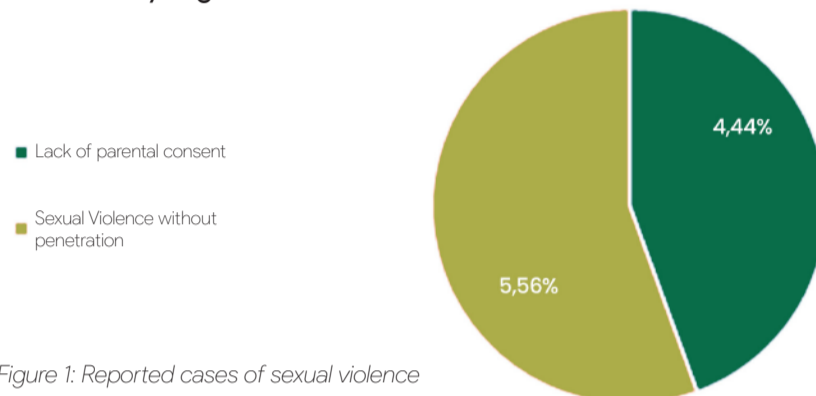


Figure 1: Reported cases of sexual violence

Reasons for PEP ineligibility

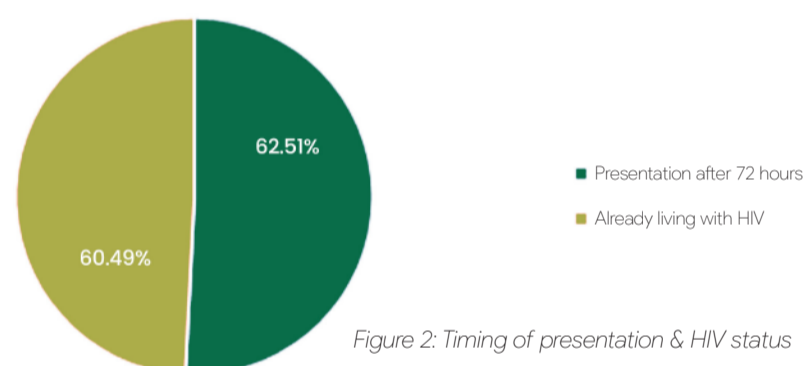


Figure 2: Timing of presentation & HIV status

Barriers to PEP uptake were multifaceted, hence, interventions should be issue-specific.

Conclusions and recommendations

Survivors of sexual violence in this setting face many barriers to receiving PEP. Interventions to identify and address barriers to timely presentation for PEP among survivors of sexual violence are recommended.