



ACADEMIC RESEARCH POSTER

Factors Influencing Adherence to HIV Post-Exposure Prophylaxis Among Healthcare Workers at AIC Kijabe Hospital

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INTRODUCTION

Healthcare workers (HCWs) face significant risks of occupational exposure to HIV. Despite the protective benefits of post-exposure prophylaxis (PEP), adherence remains suboptimal. Understanding barriers, benefits, and mechanisms for improving adherence is critical in addressing this issue.

OBJECTIVE

To explore the barriers to and the Perceived benefits of PEP adherence among HCWs. To identify mechanisms to improve PEP adherence.

METHODOLOGY

- **Study Design:** Phenomenological qualitative research.
- **Location:** AIC Kijabe Hospital, Kiambu County, Kenya.
- **Participants:** 35 HCWs (clinical and non-clinical staff) exposed to HIV and started on PEP.
- **Data Collection:** Semi-structured interviews, audio-recorded with consent.
- **Analysis:** Deductive thematic analysis using NVivo software.

RESULTS

A) BARRIERS TO PEP ADHERENCE:

1. Personal/Individual Factors:

Forgetfulness, stigma, low-risk perception, and lack of knowledge.

“Taking PEP feels like a label. I worry that if others see me with the pills, they’ll assume I’m HIV positive and that kind of judgment is hard to deal with, even among colleagues.”

2. Drug-Related Factors: Side effects and logistical challenges (e.g., pill size).

“The medicine made me so sick, I felt worse than before. I couldn’t even perform my duties and stopped taking it a few days.”

RESULTS

3. Institutional Factors: Process

inefficiencies, limited accessibility, and stigma.

“Getting the PEP meds during follow-up is frustrating. The delays at the clinic and not knowing exactly what to do next make it hard to keep up with the treatment.”

4. Interpersonal Factors: Lack of social support and societal stigma.

“Once I started the treatment, there was no one checking up on me to see how I was doing, I felt like I was on my own.”

B) PERCEIVED BENEFITS

1.Reduced Risk of HIV Transmission: Protect HCWs, spouses, and patients.

“Taking PEP isn’t just about protecting myself; it is about keeping my spouse safe too. I would not want to risk exposing them, so I make sure to stick to the treatment.”

2. Peace of Mind: Enhanced mental and emotional well-being.

“Taking PEP gives me peace of mind. Knowing I’m doing everything I can to prevent HIV helps me focus on my work without the constant worry of what might happen.”

3. Professional Responsibility: ethical obligation.

“I knew I had to take care of myself first. If I do not stay healthy, how can I take care of my patients? That is why I made sure to stick to the PEP regimen, no matter how hard it was. It is my responsibility to protect myself and others.”

RECOMMENDATIONS

HCWs on PEP	Organizations	Policies	Research
<ul style="list-style-type: none">• Enhanced awareness and education• Digital reminders• Proactive request for support and guidance	<ul style="list-style-type: none">• Improved PEP accessibility• Stronger staff training• Enhanced process efficiency• Follow-up system	<ul style="list-style-type: none">• Clear PEP guidelines• Response to stigma concerns• Expanded occupational health policies• Mandated reporting and monitoring	<ul style="list-style-type: none">• Stigma impact studies• Cost-effective strategies to improve PEP adherence• Example low-cost strategy: telemedicine follow-up

CONCLUSION

Barriers such as stigma, side effects, and institutional inefficiencies hinder PEP adherence. However, adherence offers significant benefits, including HIV risk reduction and professional responsibility. Addressing these barriers requires a multifaceted approach.

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