

Knowledge, Attitude, and Practices Towards Human Immunodeficiency Virus (HIV) Pre-Exposure Prophylaxis (PreP) Among Health Care Workers In A Tertiary Hospital

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Introduction

Human Immunodeficiency Virus (HIV) is a viral infection that weakens the immune system, leading to Acquired Immunodeficiency Syndrome (AIDS) and increasing susceptibility to opportunistic infections like tuberculosis. By the end of 2023, an estimated 39.9 million people were living with HIV, and 630,000 people died from HIVrelated causes (Waymack, 2023).

Objective

medications in HIV-negative individuals.

Methodology

The study described the KAP of doctors, nurses|We employed a cross-sectional survey using a and other allied health practitioners in St. Elizabeth|structured, self-administered questionnaire given to Hospital regarding the use of PrEP antiretroviral|healthcare workers, working in various departments of the hospital

Results

Table 3. Level of Knowledge in a Tertiary Hospital Regarding HIV Pre-Exposure Prophylaxis (PrEP)

Item	Frequency (Percentage)	Mean (SD)	Interpretation
The antiretroviral drugs used for PrEP approved by the Food and Drug Administration (FDA) are:	Correct: 41 (40.2%)	0.40 (0.493)	Low
	Incorrect: 61 (59.8%)		
The PrEP is administered by:	Correct: 58 (56.9%)	0.57 (0.498)	High
	Incorrect: 44 (43.1%)		
According to the FDA, the antiretroviral drugs used for PrEP must be taken:	Correct: 36 (35.3%)	0.35 (0.480)	Low
	Incorrect: 66 (64.7%)		
Prep is contraindicated in patients with:	Correct: 31 (30.4%)	0.30 (0.462)	Low
	Incorrect: 71 (69.6%)		
Asymptomatic people must have an HIV test before starting PrEP:	Correct: 76 (74.5%)	0.75 (0.438)	High
	Incorrect: 26 (25.5%)		
STDs must be ruled out before starting PrEP:	Correct: 54 (52.9%)	0.53 (0.502)	High
	Incorrect: 48 (47.1%)		
While taking PrEP, people must have regular clinical and analytical follow-up visits with the healthcare provider every:	Correct: 28 (27.5%)	0.27 (0.448)	Low
	Incorrect: 74 (72.5%)		
Prep reduces the risk of getting HIV and other sexually transmitted diseases (STDs)	Correct: 18 (17.6%)	0.18 (0.383)	Low
	Incorrect: 84 (82.4%)		
Overall		3.35 (1.912)	Low

Assocations of Participants' Demographic Characteristics with Their Knowledge and Attitudes Toward PrEP

Years in the profession and type of practice were significantly associated with knowledge and attitude toward PrEP. However, only age was significantly associated with knowledge of PrEP. There was no significant association between KAP and sex, religion, or other demographic factors (Table 4).

Table 4. Association between sociodemographic characteristics and knowledge and attitudes toward PrEP.

	Pearson Chi-Square	P-value
Association with knowledge		
Sex	8.753	0.364
Age	57.458	0.004
Years in Profession	37.774	0.037
Religion	58.966	0.133
Favorite Practice	111.187	0.048
Association with attitude		
Sex	52.531	0.236
Age	154.064	0.947
Years in Profession	177.382	0.013
Religion	625.573	0.214
Practice	802.073	0.045

Conclusion

This study provides a comprehensive assessment of the Knowledge, Attitudes, and Practices (KAP) regarding HIV Pre-Exposure Prophylaxis (PrEP) among healthcare workers at a tertiary hospital in Region 12, Philippines. Notably, over half of the respondents were unaware of highlighting the urgent need for targeted educational initiatives and professional development programs.

Recommendations

- Future research should evaluate the effectiveness of educational tools and strategies to increase PrEP awareness among healthcare workers.
- Healthcare workers should be leveraged as key disseminators of information to improve PrEP knowledge and understanding.
- Hospitals should implement targeted training programs (seminars, workshops) tailored for groups with lower KAP levels.

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