ABSTRACT

Introduction

Although Sri Lanka is a low prevalent country, HIV is still a significant public health concern, especially among men who have sex with men (MSM), who are the current drivers of the epidemic. Despite advancements in prevention and treatment, new HIV infections are on the rise, indicating the need for the establishment of comprehensive prevention strategies. Post-exposure prophylaxis (PEP) is a powerful tool that can significantly reduce the risk of HIV transmission following a potential exposure, which is a freely available but underused facility in the country. Over the years, it was used only for occupational exposure and introduced for the prevention of HIV following sexual exposure in 2020. Therefore, identifying gaps in establishing this strategy is of utmost importance to reaching the goal of ending the AIDS epidemic by 2030.

Objectives

The study aimed to describe knowledge, acceptability, and barriers to access post-exposure prophylaxis for HIV following sexual exposure (PEPSE) among men who have sex with men, who receive services at the Central Sexually Transmitted Disease (STD) clinic, Colombo, Sri Lanka.

Methods

A descriptive cross-sectional study was conducted among 252 eligible MSM who attended to obtain services from the main STD clinic, Colombo, in Sri Lanka. A self-administered questionnaire was used to collect information, and frequency tables were used to describe categorical variables and measures of central tendency to describe continuous variables. The factors associated with knowledge, attitudes, and perceived barriers to the use of PEPSE were assessed using inferential statistics.

Results

The majority of participants were young males residing in the Colombo district. Sixty-two per cent had good knowledge of HIV. Nearly 50% (51.5%, n=105) of the participants had poor insight of their high-risk behaviours. The majority (87%) have heard of PEPSE, with the main sources being friends or social media. Around 25% have taken PEPSE before. Nearly 70% had good knowledge about PEPSE. Good knowledge about HIV, condom usage at last sexual exposure and having undergone HIV test within the last 12 months were the factors significantly associated with better knowledge on PEPSE. Less than 50% believed that taking antiretroviral treatment following risk exposure prevents HIV acquisition. In contrast to that, well above two-thirds (68.7%) were willing to take PEPSE if prescribed and willing to pay for PEPSE. Approximately 61% perceived the existence of barriers to its use, with the most cited factor being ignorance of the availability of PEPSE.

Conclusions and Recommendations

Although awareness, knowledge, and willingness to use PEPSE were higher than expected, fewer than half of participants believed in its effectiveness. This highlights a critical gap between knowledge and perceived efficacy, which may hinder optimal uptake and necessitates more targeted health communication strategies.

This highlights the ongoing need for comprehensive awareness programs that bridge existing knowledge gaps and address barriers to PEPSE use, in order to enhance its overall acceptability and strengthen HIV prevention efforts.

Keywords

MSM, PEPSE, HIV PREVENTION, BARRIERS TO ACCESS, SRI LANKA