IMPACT OF EXPERIENCING PHYSICAL VIOLENCE ON RISK BEHAVIOURS AND ACCESS TO HARM REDUCTION SERVICES AMONG PWID IN KENYA

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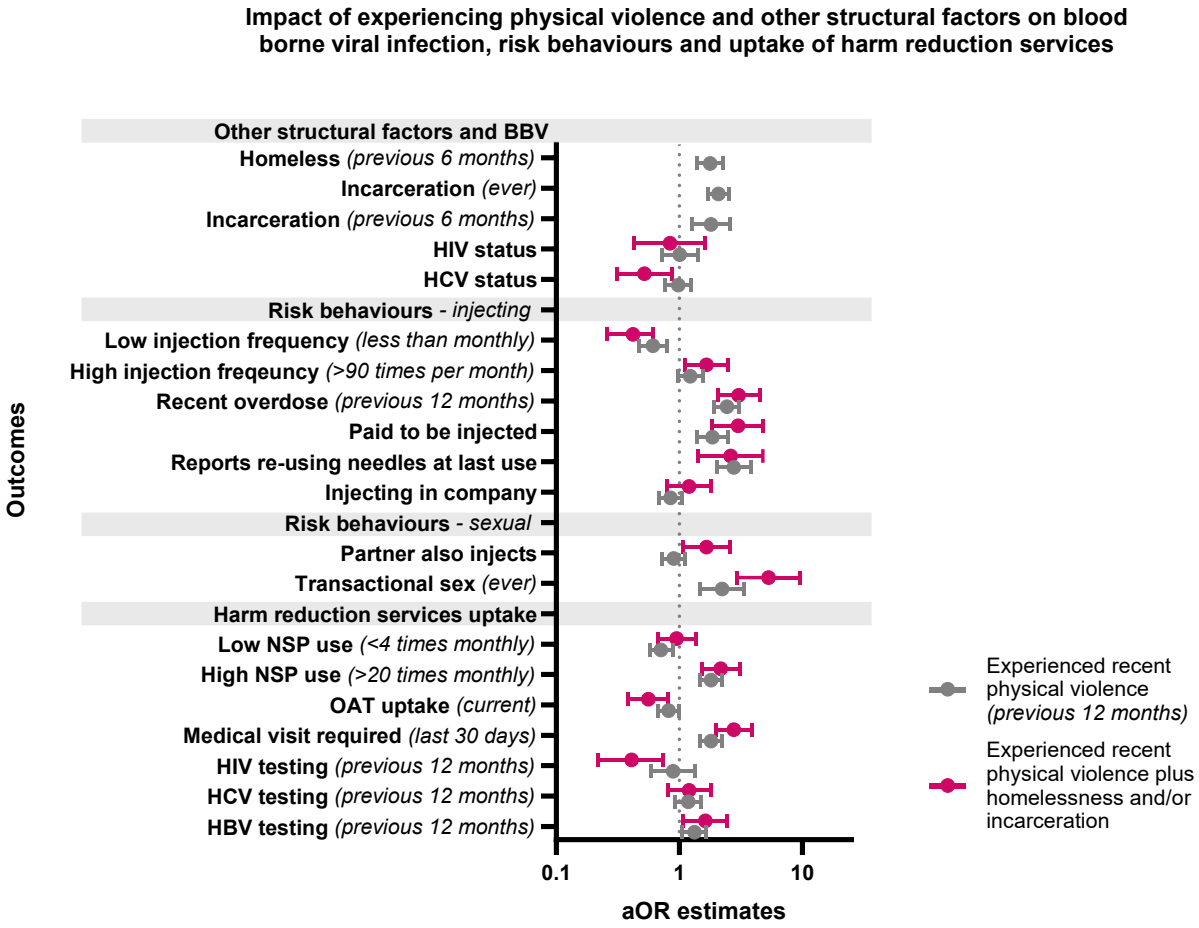
Background:
Evidence suggests structural factors (SF) impede the global HIV response. However, data on SF such as physical violence, incarceration and homelessness, and their effects among people who inject drugs (PWID) in Africa are sparse. We examined how experiences of physical violence among PWID in Kenya intersect with homelessness and/or incarceration to influence behavioural and intervention outcomes.

Methods:
PWID were recruited at 17 sites across Kenya between 2022-2024. HIV and HCV testing were offered, and self-reported data on socio-demographic information, health outcomes, intervention uptake, behavioural risks and exposure to SF were collected. Logistic regression was used to examine whether recently experiencing physical violence alone and/or alongside homelessness and/or incarceration were associated with injecting and sexual risk behaviours, recent overdose, uptake of opioid agonist therapy (OAT), needle and syringe programmes (NSP) and HIV/HCV/HBV testing. All models were adjusted for sex, age and region.

Results:
Among 3,153 PWID in Kenya, 18.35% experienced physical violence in past year, 13.99% reported homelessness in past 6-months and 5.42% had been incarcerated (past 6-months). PWID experiencing violence were more likely to report experiencing incarceration or homelessness (Figure). Compared to PWID who had not experienced recent violence, PWID experiencing recent violence were more likely to engage in needle re-use at last injection (aOR:2.78, 95%CI:2.01-3.84) and transactional sex ever (aOR:2.23, 95%CI:1.49-3.36), were more likely to report recent overdose (aOR:2.44, 95%CI:1.93-3.07) and recent medical care (aOR:1.81, 95%CI:1.49-2.21). They were less likely to be on OAT (aOR:0.82, 95%CI:0.67-1.00), more likely to use NSP frequently (aOR:1.81, 95%CI:1.48-2.22), but there was no difference in HIV/HBV/HCV testing (Figure). Experiencing violence with other co-occurring SF generally further increased risk behaviours (e.g., transactional sex: aOR:5.31, 95%CI:2.93-9.64) and reduced OAT use (aOR:0.56, 95%CI:0.38-0.81).

Conclusion:
PWID in Kenya experience considerable physical violence and other SF. These PWID are particularly vulnerable and should be a focus for interventions.

Disclosure of Interest Statement:
N/A



Figure; Adjusted odds ratio (aOR) estimates for the association between experiencing recent physical violence and the experience of other structural factors, HIV and HCV prevalence (blood borne viruses; BBV), risk behaviours and uptake of harm reduction services. For PWID experiencing multiple structural factors, experiences of either homelessness and/or incarceration within the past 6-months were analysed.