

The Prevalence of Hepatitis C Virus Among People Living with HIV in Our Lady of Apostle (OLAH) Hospital of Akwanga LGA, Nasarawa State

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ABSTRACT

Introduction: Co-infection with Hepatitis C Virus (HCV) among people living with HIV (PLHIV) remains a growing public health challenge, particularly in low-resource settings like Nigeria. This study was conducted to determine the prevalence, clinical manifestations, socio-economic factors, and barriers to effective HCV management among PLHIV attending Our Lady of Apostles (OLA) Hospital, Akwanga.

Methodology: A descriptive cross-sectional study was conducted using a sample of 300 HIV-positive individuals receiving care at OLA Hospital. Participants were selected through purposive sampling. Data collection involved the administration of pre-tested structured questionnaires and direct interviews, focusing on socio-demographics, clinical symptoms, risk behaviors, and healthcare access. The collected data were analyzed quantitatively using frequency and percentage distributions presented in tables. The findings were then compared with established literature to provide contextual interpretation and relevance to broader public health frameworks.

Results: The study revealed that 20% of the respondents were co-infected with HCV, indicating a considerable burden among the HIV-positive population. Clinical assessments showed that fatigue (76%), abdominal pain (60%), and jaundice (50%) were the most commonly reported symptoms among those diagnosed. The majority of HCV diagnoses (100%) were made via blood testing. Socio-economic factors such as living with family (73.3%), low monthly income (73.3% earning below ₦30,000), history of blood transfusion (23.3%), and sharing of personal items (30%) were all associated with higher HCV risk. While 56% of those diagnosed had received HCV treatment, only 57.1% of those treated reported successful outcomes. Major challenges to effective management of HCV included financial constraints (66.7%), lack of information (53.3%), unavailability of medications (40.0%), and stigma or discrimination (30%). Furthermore, a significant gap in health communication was identified, as only 36.7% of participants were aware of HCV treatment availability at the facility, and just 31.7% had discussed HCV with a healthcare provider.

Conclusion: This study highlights a significant burden of HCV co-infection among HIV-positive individuals in Akwanga, driven by socio-economic vulnerabilities and systemic barriers to care. It underscores the urgent need for integrated HCV screening within HIV programs, increased health education, improved drug access, and strategies to reduce stigma and financial burden in order to improve outcomes for co-infected patients.

