

Rape victims must act quickly

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THE face of Aids is young and female, according to the Joint United Nations Programme on HIV/Aids.

In its global report, the UN says young women are almost an endangered species in Southern Africa due to Aids and various related reasons, including dependency on men, lack of control over sexual practice, illiteracy, poverty and violence against women.

The report says 57% of adults living with HIV in sub-Saharan Africa are women and girls, and 76% of all women with the virus live in sub-Saharan Africa. In sub-Saharan Africa, ¾ of all 15-24-year-olds with HIV are female.

Rape is a shockingly common form of violence against women and an alarming number of women contract HIV through forced intercourse.

Women who are raped must acknowledge the risk of contracting HIV from their attacker and contact their doctor or the nearest casualty clinic as soon as possible.

Lynne Webber, a member of the National Pathology Group, says the physical trauma of rape means that victims are particularly vulnerable to contracting HIV. The risk is far higher than the danger a doctor faces from a needle-stick injury.

Fortunately, rape victims can now access post-exposure prophylaxis to prevent them from contracting HIV. Time is of the essence at this stage.

Rape is a horrifying experience and the victim has many terrible realities to deal with in the aftermath of the attack. However, it is very important that she think of herself first, acknowledge the potential risk of HIV, see a doctor, and take that first tablet. Although there is a 72-hour window in which victims can take their first anti-HIV pill, the reality is that the sooner you start treatment, the better your chances of not contracting the virus, says Webber.

She advised that rape victims choose the strongest possible course of drugs available in their own defence. It is an all-or-nothing situation. You only get one chance to fight infection, she says.

Patients are given a 28-day course of three drugs, usually Combivir (a combination of AZT and 3TC) and Stocrin /Viramune. Although the medication can have side-effects, such as severe nausea, patients must continue to take it as prescribed for it to be effective. One month's discomfort is a small price to pay to protect yourself against a lifelong and deadly infection.

At the time of the rape, a doctor will take a blood sample to establish a baseline HIV profile. The patient must return to the clinic for a blood test to establish an antibody count at six weeks, three months, and then at six months. A clean bill of health at three months is likely to indicate that the patient has not contracted HIV. However, a six-month checkup is advised for absolute peace of mind.