

KNOWLEDGE ATTITUDES AND PRACTICES REGARDING HIV/AIDS PREVENTIVE MEASURES AMONG YOUTHS IN FAGGE LOCAL GOVERNMENT AREA OF KANO STATE, NIGERIA

By

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Abstract

Knowledge, attitudes and practices regarding HIV/AIDS are the corner stones in the fight against the disease. The youths are most vulnerable to HIV/AIDS infection because they engaged in risky practices due to lack of adequate information. The study examined knowledge, attitude and practice of preventive measures against HIV/AIDS among youths in Fagge Local Government Area of Kano State, Nigeria. A sample size of 220 study participants was drawn from five political wards in Fagge Local Government Area of Kano State, using multi-staged and purposive sampling techniques. The data for the study were collected using questionnaire and analyzed using Statistical Package for Social Sciences (SPSS). The findings revealed that majority of the respondents have heard of at least one of HIV/AIDS preventive methods. Abstinence from sex, faithfulness to one's partner, usage of condom, avoidance of sharing needle and health education were the commonly known preventive measures. The findings also revealed that majority of the respondents did not think that avoiding multiple partners or abstinence would be of any use in avoiding HIV/AIDS. More than half the respondents had never used a condom, and only about one third of the respondents had taken a HIV test. This study suggests a need to intensify HIV/AIDS awareness campaigns, particularly targeting the youth, so as to help them develop proper understanding of HIV/AIDS and its preventive measures.

Keywords: *Youths, Knowledge, Attitudes, Practices, HIV/AIDS*

Introduction

HIV/AIDS is a global challenge that has threatened the very existence of the human race. Acquired Immune Deficiency Syndrome (AIDS) is caused by a human immunodeficiency virus (HIV) that weakens the immune system, making the body susceptible to opportunistic disease that often lead to death. Today HIV is a global disease and approximately 33 million people worldwide suffer from this disease

(UNAIDS, 2010). The major mode of transmission of HIV/AIDS worldwide is heterosexual contacts particularly in developing countries other routes of transmission, prenatal transfusion of infected blood and blood products, occupational transmission, prenatal transfusion and others. The two most important risk of HIV infection are having sexual contact with many partners and having STDS (Lissan, 2004).

Since 1981 when the first cases of AIDS were reported in the United States, HIV/AIDS infection has spread rapidly to many countries over the years and became a global health challenge. The disease continues to affect millions of people irrespective of age or sex. Estimates show that globally at the end of 2013, 35 million (33.2–37.2 million) people were living with the infection and 1.5 million deaths were recorded due to the diseases, (WHO, 2014). As of 2012, 71 % of people living with HIV worldwide were in sub-Saharan Africa which also accounted for 70 % of new infections and approximately 74 % of all deaths related to AIDS (UNICEF, 2012). Worldwide, over 40 % of new infections are among young people 15–25 years of age (UNAIDS, 2002).

At the end of 2010, an estimated 34 million people were living with HIV worldwide, up 17% from 2001. This reflects the continued large number of new HIV infections and a significant expansion of access to antiretroviral therapy, which has helped reduce AIDS-related deaths, especially in more recent years. Sub-Saharan Africa also accounted for 70% of new HIV infections in 2010, (UNAIDS World AIDS Day Report (2011). One sub-population at high risk of the infection is the youths (UNAIDS-WHO, 2007). Young people are particularly vulnerable to the HIV pandemic. Over half of all new infections worldwide are found in young people between the ages of 15 and 24. Half of all new infections are estimated to be among people under age 25 years and the majority of young people are infected sexually (UNAIDS-WHO, 2007). In the most recent years young people have developed more casual attitudes towards premarital sex, due to

the rapid development of the economy, the influence of mass media on the perception of sex, and the degradation of traditional value, in addition to being sexually mature much earlier than before. If these individuals lack adequate information regarding HIV knowledge and behavior, they might be hit hard by the HIV pandemic.

In a study carried out in three states of Nigeria, Chamberlain, Seyi, Folani, and Kale, (2011) found out that respondents could ably identify methods to prevent HIV infection, and abstaining from sex was the most frequently mentioned in both states – 73% in Cross River and 61% in Kogi. In descending order, other methods mentioned were avoiding the use of unsterilized sharp objects (69% in Cross River and 54% in Kogi); using condoms correctly (44% in Cross River and 35% in Kogi); avoiding unscreened blood transfusions (51% in Cross River and 23% in Kogi), and being faithful to one sexual partner (23% in Cross River and 11% in Kogi). Chamberlain et al. also identified a very small proportion of respondents who believed HIV can be prevented by avoiding blood contact and blood oaths; getting tested for HIV before sex; avoiding deep kissing; taking honey and drugs, and not sharing a meal, cup, or other personal items with people living with HIV (PLWAs) and isolating them.

Statement of the Problem

The youths are much more prone to HIV infection as well as other sexually transmitted infections as a result of a lack of correct health information, engagement in risky behaviors, economic exploitation, regional and national conflicts and a lack of access to adequate

reproductive health services (Chen, 2008). Every day 5000 young people in the world become infected with HIV, which translates into almost 2 million new infections per year (UNAIDS, 2014). There are 11.8 million HIV infected youths worldwide, and in African region most new HIV infection occurs among people ages 15-24 and are sexually acquired (WHO, 2004).

The HIV/AIDS epidemic has devastating effects on most African youths who often lack access to sexual health information and services. In particular, unmarried youths have great difficulty getting sexual health services. At the same time, cultural, social and economic norms and pressures often put young African youths at excess risk for HIV infection (Akukwe, 1999). Young people are not only at the center of the HIV/AIDS epidemic, they are also the most vulnerable and the most affected section of the global population (World Health Organization, 1995). Young people's vulnerability is associated with several potentially risky situations, including experimental behavior, initiation into sex, going beyond family traditions, alcohol and drug use and getting involved with different social groups (Bisol et al., 2008). In the most recent years young people have developed more casual attitudes towards premarital sex, due to the rapid development of the economy, the influence of mass media on the perception of sex, and the degradation of traditional value, in addition to being sexually mature much earlier than before. If these individuals lack adequate information regarding HIV knowledge and behavior, they might be hit hard by the HIV pandemic.

Prevention is therefore of great importance to combat the spread of HIV/AIDS globally. Good knowledge, attitudes and practices (KAP) of HIV prevention are essential in order not to acquire HIV infection and to prevent the disease from spreading. Therefore, it is important to examine the HIV prevention knowledge, attitudes and practices among the youths in order to prepare information and intervention programs on HIV prevention to this risk group which has a unique lifestyle. It is against this background that this study sought to examine knowledge, attitude and practice of HIV/AIDS preventive measures among youths in Fagge Local Government Area of Kano State.

Prevention is of great importance to combat the spread of HIV/AIDS globally. The biggest goal of HIV prevention is to change individuals risk behavior. For the past 30 years HIV prevention has centered on behavioral interventions that seek to influence attitudes, knowledge and behaviors. Where sexual-health education, promotion of condom use and education of injecting drug users about the dangers of sharing equipment are included (Gupta, Parkhurst, Ogden, Aggleton & Mahal, 2008). Many developing countries are working in several ways to extend knowledge, attitudes and practices (KAP) on HIV prevention though. Programs have been developed to encourage sexual risk reduction and protective behaviors, such as promotion of condom use and contraception, voluntary counseling and testing, targeted information provision and needle and syringe programs. Many of the programs have led to increased HIV knowledge and practices in the developing countries (Kirby, Laris & Roller, 2005).

Material and Methods

Study site and Subjects

This is a descriptive cross sectional study conducted between February and April 2016 in Fagge Local Government Area of Kano State. Fagge is located within the

greater Kano area. Its headquarters are in the suburb of Waje. It has an area of 21 km² and a population of 198,828 at the 2006 census. The local government has ten (10) political wards namely Fagge A, Fagge B, Fagge C, Fagge D, Fagge E, Kwachiri, Rijiyar Lemo, Sabon Gari West, Sabon Gari East and Yammata. The indigenes of this area are predominantly Hausa people. As in most parts of northern Nigeria, the Hausa language is widely spoken in Fagge local government area of Kano State.

Sampling Procedure

The research sample consisted of 220 male and female youths from five (5) political wards in Fagge Local Government Area of Kano States elected using multi-staged and purposive sampling techniques. The first stage involved the random selection of five political wards from the 10 political wards in the Local Government Area. The five political wards randomly selected were Fagge A, Fagge B, Fagge E, Sabon Gari East and Sabon Gari West. The second stage involved the random selection of two Residential Quarters from each of the selected five political wards. Thereafter purposive sampling technique was used to select the 220 respondents from the sampled ten residential quarters (22 respondents from each of ten residential quarters). Kothari (2004) notes that the strength of purposive sampling lies in the fact that it selects cases that are typical of the population needed. The respondents identified were duly informed that participation in the survey is voluntary and

the information provided will be confidential and were assured that the findings of the research are used for academic purposes only. However, a number of potential respondents were reluctant to participate in this study.

Procedure of Data Collection

The study was descriptive and utilized cross-sectional survey method to gather information about knowledge, attitude and practice of HIV/AIDS preventive measures among in youths in Fagge LGA of Kano State. The study employs quantitative method of inquiry. The data for the study were collected using questionnaire and in-depth interviews. A semi-structure pre-tested questionnaire was administered to the youths to gather information about their socio-demographic characteristics, knowledge, attitude and practice of HIV/AIDS preventive measures. The questionnaire comprised of 4 parts, Part one questions related to socio-demographic status, part two questions related to knowledge on HIV prevention methods, part three questions on attitude towards HIV prevention methods and part four questions related to practice on HIV prevention method. The time frame for the collection of data was eight weeks. The researcher conducted a pre-testing of the instrument to ensure the validity and reliability of the data before the data collection process started. Thereafter questionnaires were updated for the final data collection process.

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Results

Table 1: Respondents' background information (N = 220)

Demographic Variables	Frequency	Percentage
Age (in years)		
15 - 16	14	6.4
17 - 18	28	12.7
19 - 20	33	15.0
21 - 22	76	34.5
23 - 24	69	31.4
Total	220	100.0
Gender		
Male	159	72.3
Female	61	27.7
Total	220	100.0
Marital Status		
Single	168	78.2
Married	48	21.8
Divorced	0	0.0
Total	220	100.0
Educational Status		
No Formal Education	8	3.6
Primary	12	5.5
Secondary	61	27.7
Tertiary	139	63.2

Knowledge of HIV/AIDS Prevention

Table 2 shows the types of HIV/AIDS preventive measures known by the respondents. Majority of the respondents in the study have heard at least one of HIV/AIDS preventive methods. Abstinence from sex, faithfulness to one's partner and usage of condom, avoidance of sharing needle and health education were the commonly known preventive measures.

Table 2 Knowledge of Preventive Measures of HIV/AIDS (N = 220)

Preventive Measures	Knowledge		No Knowledge	
	Frequency	Percentage	Frequency	Percentage
Avoid Needle Sharing	84	38.2	136	61.8
Use Condom	95	43.2	125	56.8
Health Education	90	40.9	130	59.1
Abstinence from sex	66	30.0	154	70.0
Faithfulness	106	48.2	114	51.8

Source: Fieldwork 2016

Table 2 shows that about 89% of the respondents mentioned faithfulness as a preventive measure for HIV/AIDS. While 43.2% and 40.9% of them indicated use of condom and health education as preventive measures respectively. About 38% and 48% of them mentioned the avoidance of sharing needle and faithfulness respectively. However, a relatively smaller percentage of them 30% mentioned abstinence from sex as one of the preventive measures for HIV/AIDS

HIV/AIDS Prevention Practices

Table 3 reveals that more than half the respondents (55.9%) had never used a condom. About 57% of them did not use a condom the last time they had sex. Only a smaller percentage of the respondents 42.7% use of condom during last sexual intercourse. Majority of the respondents (63.2%) were willing to use condom if they could get them for free. About 23% of the respondents had sexual relations during the last year with a regular partner; while 28.2% of them had sex with more than one partner. However, a significant percentage of them (48.2%) had not had any sexual relation in the last one year. About 36% of the respondents had taken a HIV test with another 63.6% willing to take the test. Majority of the respondents (67.7%) had the knowledge about where they could have an HIV test in their community. About three quarter of them (74.5%) had changed their sexual behavior habits because of information gained from HIV/AIDS awareness campaigns or programs.

Table 3: HIV/AIDS Prevention Practices (N=220)

Questions on HIV/AIDS Preventive	Yes		No	
	Frequency	Percentage	Frequency	Percentage
Have you ever used a condom? Yes No	97	44.1	123	55.9
Did you use a condom the last time you had sex? Yes No	94	42.7	126	57.3
Would you use condom if you get them for free? Yes No	139	63.2	81	36.8
In the past year have you;				
Had sexual relations only with a regular partner	52	23.6	168	76.4
Had sexual relations with more than one partner	62	28.2	158	71.8
Had no sexual relation	106	48.2	114	51.8
Have you ever had an HIV test? Yes No	80	36.4	140	63.6
Would you like to have a HIV test? Yes NO	140	63.6	80	36.4
Do you know where you can have an HIV test in your community? Yes No				
Have you changed your sexual behavior habits because of information gained	149	67.7	71	32.3

Attitude towards HIV/AIDS Prevention
 Table 4 shows that about 53% of respondents were interested in using condom and 52.7% were willing voluntary to give advice on the use of condom to

someone who is sexually active. About 43% of the respondents agreed to abstain from sex until; while 48.2% of them agreed to be stick to one sex partner (faithful with one friend).

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Table 4: Attitude towards HIV/AIDS Prevention (N= 220)

Questions on Attitude	Responses			
	Yes		No	
	Frequency	Percentage	Frequency	Percentage
Are you interested in using condom?	117	53.2	103	46.8
Would you voluntary advise someone who is sexually active to use condom?	116	52.7	104	47.3
Would you abstain from sex until you marry?	94	42.7	126	57.3
Would you stick to one sex partner (faithful with one friend)?	106	48.2	114	51.8

Source: Fieldwork 2016

Discussion

This study examines knowledge, attitude and practices of HIV/AIDS preventive measures among youths in Fagge LGA of Kano State. The findings of the study reveal that majority of the respondents have low knowledge about preventive measures of HIV/AIDS. This is contrary to the findings of previous studies conducted in Nigeria (Okediji et al, 1989; Fawole et al, 1999; Anochie et al., 2001; Ayankogbe et al., 2003; Oyo-Ita et al., 2005; Asekun et al., 2011); but it in line with the finding from other developing countries where low awareness of HIV has been documented (Dassir et al, 2003). The findings of the study also indicate that more than half of the respondents were less aware of condom use as a prevention strategy for HIV/AIDS. The findings of the study show that some of the respondents

did not use a condom during last sexual intercourse and many had never used a condom. This is not a good practice in the era of HIV/AIDS and in a place where people cannot relate easily to modern sexual practices such as safer sexual practices. This finding is also in agreement with the results of previous studies conducted by Masoda (2010) and Meekers, Silva, and Klein (2003).

The findings of the study reveal that majority of the respondents did not think that avoiding multiple partners or abstinence would be any use in avoiding HIV. This is in line with Glanz et al (2007) view that many individuals also find it difficult to change their lifestyle when habitual behaviors are difficult to change (Glanz et al., 2007). Another reason to the lack of condom use among the respondents could also be that a majority

didn't feel they are at risk of HIV infection, so that they did not pay seriously attention for HIV prevention. However, a study in rural South Africa by Versteeg and Murray (2008) describes some of the reasons why condoms are not used consistently. These reasons include perceived and real physical side-effects, including reduced pleasure; distrust in the efficacy of condoms; gender related reasons; and trust in relationship. This finding however, highlights the high level of ignorance about this important preventive measure in the sexually active young population.

Conclusion

The findings also revealed that majority of the respondents did not think that avoiding multiple partners or abstinence would be of any use in avoiding HIV/AIDS. More than half the respondents had never used a condom, and only about one third of the respondents had taken a HIV test. Healthcare professionals therefore need to improve their information on HIV prevention methods to the youths so that they will understand that they also are at risk of the disease and that they can avoid it by taking a health related action. There is also the need for better methods of information, education and communication about HIV/AIDS and its preventive measures.

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