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### EFFECTS OF HEALTH EDUCATION INTERVENTION ON KNOWLEDGE, ATTITUDE AND PRACTICE OF YOUTHS CONCERNING HIV/AIDS IN A RURAL NIGERIAN COMMUNITY

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#### ABSTRACT

Acquired Immune Deficiency Syndrome (AIDS) caused by Human Immunodeficiency virus (HIV) has been a major public health issue affecting millions of individuals around the World. No continent is spared.

HIV/AIDS is the most deadly of all the sexually transmitted infections. HIV/AIDS epidemic could have incalculable implications for Agriculture, Business and Socio-Economic development of a country.

This intervention study was carried out between June and October 2006 with the aim of assessing the impact of health education on the Knowledge Attitude and Practice of youths concerning HIV/AIDS. Preliminary KAP was assessed among study and control groups with the aid of a structured questionnaire designed by the researchers. This was followed by the intervention stage with health education given to the youths in the study group and subsequent evaluation of the impact using the same instrument used at the preliminary stage. The study took place in Ikerre Ekiti, a rural community in Ekiti state, Nigeria.

The results showed increase in the level of knowledge among the intervention group on STI & HIV/AIDS from 70.7% to 100%. The attitude and practice of the study group were also statistically different from the control group after intervention.

It was concluded that infection rate can be reduced by public health initiatives such as health education. To reduce the rate of spread of HIV infection, it is recommended that HIV/AIDS education be vigorously pursued amongst adolescents.

**KEYWORDS:** Impact, Intervention, Youths, HIV/AIDS, Nigeria

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#### INTRODUCTION

The use of health education initiative in reaching out to the society on various health related issues with tangible outcome, have been documented (1). In the absence of curative drugs and prophylactic vaccines, one of the ways currently available for dealing on a large scale with HIV/AIDS, STI and reproductive health issues is through development of appropriate standards of behaviour, with information being translated into behaviours that promote health(2).

Education has impact on HIV/AIDS & STI and its consequences by providing knowledge that will inform self – protection, promote behaviour that will lower infection, promote caring for those who are infected, reduce stigma, silence, shame and discrimination.(1,3,4) This study was

therefore carried out to determine the influence of health education intervention on the KAP of youths in the study area.

#### METHODOLOGY

**Study Population** The study population comprised of youths from Ikere-Ekiti community in Ekiti state, Nigeria. The experimental group were two randomly selected youth organizations from the 10 registered youth organizations in Ikere-Ekiti. The control group were youths from another two randomly selected youth organizations in Ikere-Ekiti.

Youths aged 12-23 years as at the time of the study were included in the study.

**Study Design:** This was an experimental study that was carried out in three stages viz: pre-intervention, intervention and post intervention stages. In the pre-intervention stage, questionnaires were administered to both the study and control groups to generate quantitative data. In the intervention stage, respondents in the study group were given health education session consisting of lectures and distribution of information, education and communication materials. At the post intervention stage, the same questionnaire used in the pre-

intervention stage were administered again to the study and control groups to determine the effect of the health education on HIV/AIDS knowledge, attitude and practice of the study group. Post-intervention data were collected after three months.

**Sampling method and Data analysis:** Multistage sampling method was adopted. The list of all registered social youth organizations in the community obtained from the Ministry of Youths and Sports. Simple random sampling technique by ballot was used to select both the experimental and control groups.

The respondents from the youth organizations were selected using the nominal roll from where the required number of respondents in each association was selected by the systematic random sampling technique. In all a total of 500 respondents were selected for both experimental and control groups.

The instrument for data collection was a pretested questionnaire designed by the researchers.

Data was analysed using the version 3.2 of the computer software, EPI-INFO .

**RESULTS**

**Demographic Characteristics**

The mean age was 16.25 years control group and 16.33 years in the study group. There was therefore statistical difference between the ages of the control and the study groups. The age range of both groups was also 12 to 23 years. The control group had 72% females while the study group had 69% female respondents.

Students constituted 98.4% and 98% in both groups with 95.2% and 94% of them in tertiary institutions respectively.

**Level of Knowledge :**Table 1 shows the respondents' pre and post intervention knowledge about HIV/AIDS.

**Table 1: Pre and post intervention knowledge level of the participants.**

Knowledge	Pre Intervention			Post Intervention		
	Study	Control	p-value	Study	Control	p-value
Every heard about HIV/AIDS						
Yes			1.0000			
No	176	175		250	177	0.000
	74	75		0	73	
Knew the cause of HIV/AIDS						
Yes			0.8835			0.0000
No	27	25		240	25	
	223	225		10	225	
Weight loss greater than 10%						
Yes			0.8835			0.0000
No	27	25		240	25	
	223	225		10	225	
Persistent Fever						
Yes	16	15	1.0000	250	15	0.0000
No	234	235		0	235	
Chronic diarrhea						
Yes	18	19	1.0000	235	19	0.0000
No	232	231		15	231	
Transmission via unprotected sex						
Yes			0.0003			0.0000
No	140	180		235	180	
	110	70		15	70	

**Level of Awareness among the Respondents about Preventive Measures:** This is depicted in table 2.

**Table 2: Level of awareness among the respondents about preventive measures for HIV/AIDS**

Preventive Measures	Pre Intervention			Post Intervention		
	Study	Control	p-value	Study	Control	p-value
Abstinence						
Yes	21	17	0.6126	250	17	0.000
No	229	233		00	233	
Faithful to one partner						
Yes	85	80	0.7036			0.0000
No	165	170		240	80	
Use of condom						
Yes	18	13	0.8948	240	13	0.0000
No	232	237		10	237	
Screening of blood						
Yes	34	32	0.8948	245	32	0.0000
No	216	218		05	218	
Use of sterile instruments						
Yes	168	170	0.9238	235	170	0.0000
No	82	80		15	80	

**ATTITUDE OF RESPONDENTS TO HIV/AIDS :** This was examined using some signal attitudinal questions and the outcome is depicted in table 3.

**TABLE 3: Attitude of respondents towards HIV/AIDS pre and post intervention.**

Attitude	Pre Intervention			Post Intervention		
	STUDY	CONTROL	p-value	STUDY	CONTROL	p-value
Ever seen anyone with HIV/AIDS						
Yes	102	101	1.0000	132	102	0.0093
No	148	149		118	148	
Knew anybody dying of AIDS						
Yes	17	14	0.7107	152	14	0.0093
No	148	149		118	148	
Willing to discuss HIV/AIDS						
Yes			0.9206			0.0000
No	70	70		248	70	
Willing to attend seminar on the topic						
Yes	9	52	0.8237	245	52	0.0000
No	201	198		05	198	
Willing to use condom						
Yes			0.8237			0.0000
No	10	14		242	14	
Can engage in unprotected sex						
Yes	140	180	0.0002	20	180	0.000
No	110	70		230	70	
Sharing needles for drug use						
Yes			0.3645			0.0000
No	99	110		7	110	
	151	140		243	140	

**Practice of Respondents Concerning HIV/AIDS:** This was examined with their practice on safe sex. The outcome is depicted in table 4

**Table 4: Practice of Safe Sex among the Respondents .**

Practice	Pre Intervention			Post Intervention		
	Study	Control	p-value	Study	Control	p-value
Ever discussed about HIV/AIDS						
Yes	120	118	0.9286	240	120	0.0000
No	130	132		10	130	
Ever had casual sex						
Yes	78	79	1.0000	60	79	0.7236
No	172	171		190	171	
Still have sex						
Yes	04	03	1.000	90	03	0.0000
No	246	247		160	247	
Ever used condom						
Yes	12	11	1.0000	80	11	0.0000
No	238	239		170	239	
Will use condom at every intercourse						
Yes	06	05	1.0000	160	05	0.0040
No	244	245		90	245	

## DISCUSSION

In this study there was significant increase in the level of knowledge among the intervention group (from 70.7% to 100%  $p = 0.0000$ ). In a similar study by Oladimeji and Williams in Ibadan 90.6% awareness level after intervention was recorded(5). In another study in Zimbabwe, there was an increase in the level of knowledge among the intervention group from 20% to 90%(6).

This means that health education is an essential tool for HIV/AIDS knowledge improvement. There was statistical difference in the number of youths who were willing to adopt the use of condom during sexual intercourse after intervention. It was also discovered that there was reduction in the number of youths who were willing to engage in unprotected sexual intercourse after intervention. The implication of these, is that health education has a major role to play in influencing reduction in the attitude of youths towards HIV/AIDS risky behaviour as has been found in similar studies elsewhere (7). There was statistical difference between the number youths who were willing to attend seminars on the issue before and

after intervention ( $p$ -value = 0.0000) so also were those that were willing to discuss about HIV/AIDS ( $p$ -value = 0.0000). These imply that people would welcome further health

education sessions as a public health initiatives to stem the epidemic rate of STD/HIV/AIDS(8).

Almost 64% of the 250 respondents in this study claimed that they will use condom consistently during intercourse after intervention. Consistent and correct use of condoms have been shown to provide close to 98% protection against infection(3). This has to be interpreted carefully as most of them may agree to consistent use but may find it difficult in practice. It is also important to note that consistent use is not the same as correct use. Further studies and training on the correct use of condom need to be carried out in the study area.

## CONCLUSION AND RECOMMENDATIONS

This study demonstrated that majority the youths studied had heard of HIV/AIDS pre intervention but the level of awareness concerning the details of transmission and prevention was poor. Despite the fact that many of them were aware of the disease the level of risky behaviour was still high. Health education strategies using well designed information, education and communication (IEC) programmes on HIV/AIDS have been shown in this study to impact on the knowledge, attitude and practice of the intervention group. Health education on a larger scale is recommended for the youths in the study area, there should be formation of anti-AIDS sub units in the various youth clubs to enhance the peer effects of subsequent interventions. There is need for further studies to investigate the correct use of condom in the study area. Health education concerning

HIV/AIDS is recommended as part of the school curriculum as most of the respondents are students.

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