KNOWLEDGE, ATTITUDE AND PRACTICES OF ADOLESCENT SECONDARY SCHOOL STUDENTS IN UVWIE LOCAL GOVERNMENT AREA OF DELTA STATE TO HIV/AIDS.

***E.A. TOBIN, *H.O. OKOJIE**

*DEPARTMENT. OF COMMUNITY HEALTH, UNIVERSITY OF BENIN TEACHING HOSPITAL

Corresponding author:
Dr E. A. Tobin.
Email: ekatobin@yahoo.com,
Mobile: +234(08)37544369

ABSTRACT

INTRODUCTION: Adolescents have a tendency to engage in high risk sexual and drug-use behaviour; and with a poor health-seeking behaviour, they continue to present the highest number of new cases of HIV reported in Africa**.**

OBJECTIVE: To assess the knowledge, attitude and practise of adolescent secondary school students towards AIDS.

METHOD: A cross sectional study was carried out on 358 senior secondary students selected by multistage sampling. A researcher administered semi-structured questionnaire was used for data collection.

RESULTS: All had heard of AIDS, of which 40% cited the media as source of information. Seventy four percent knew the cause to be a virus, 63% could differentiate between AIDS and HIV, over 85% knew of transmission through sex, mother to child, contaminated blood, and contaminated needles; 59% cited kissing. Weight loss was the most common symptom (85%) mentioned. Over 76% knew AIDS to be untreatable. Over 75% knew methods to prevent spread of which 23% cited sex with a virgin, 61% did not know anyone infected with the virus, 58% felt infected persons should not be allowed to stay in the community, 61 % agreed to continue a relationship with an infected friend, 83% agreed to care for an infected relative. Of 22% who agreed they were sexually active, 66% and 12% had one and multiple partners respectively. Regarding protection, 30% used condom always, 48 % sometimes and 23 % never. Twenty-one percent had ever had sex under influence of alcohol or marijuana. 55% were willing to be tested, however none had been tested.

CONCLUSION: Senior secondary school students in Uvwie have a fairly good knowledge of AIDS, and poor attitude towards people living with AIDS. Few are sexually active and are engaged in unsafe sex.

KEYWORDS: AIDS, secondary school students, condom use, knowledge, HIV risk behaviour, sexual practices.

INTRODUCTION

The adolescent period is a time of vulnerability during which internal conflict caused by hormonal changes, the influence of peer group, and the attitude and practises of significant adults in their lives such as teachers and parents, societal pressure, norms and values and economic situations all

contribute to mould the character and behavioural patterns that are carried onto adulthood [1]. They are a high-risk group, more likely to be engaged in risky sexual and drug- use behaviour, with reduced feelings of vulnerability to disease, and oftentimes, a denial of any chance of infection; and less likely to have adequate knowledge of AIDS or other sexually transmitted diseases. Unfortunately, with a poor health ï seeking behaviour, they are also less likely to seek medical help or counselling. Thus, they continue to present the highest number of new cases of HIV reported in Africa with about 50% or 7000 young people aged 15-24 years being infected each day, and globally 10 million people aged 13 -24 years infected in the last decade [1,2].

The level of accurate knowledge adolescents have about the cause and nature of HIV/AIDS, the methods of spread and the preventive measures will greatly influence their attitude towards the disease entity itself and people living with it, as well as result in a change in their sexual behaviours in favour of abstinence or at least a lower practise of unsafe sex. This is evidenced from findings from a school based AIDS education programme carried out in a secondary school in Nigeria where 223 students who received a comprehensive health education intervention were compared with 217 controls. At post-test, intervention students exhibited significantly ($p < 0.05$) greater knowledge about HIV/AIDS transmission and prevention. Intervention students were less likely to feel AIDS is a white man's disease and were more likely to be tolerant of people living with the disease ($p < 0.05$). After the intervention, the mean number of reported sexual partners among those in the intervention group significantly decreased from 1.51 to 1.06, while it increased from 1.3 to 1.39 among the controls. The study also reported an increase in consistent use of condom and the use of condom at last sexual intercourse among students in the intervention group[3].

Unfortunately, research has shown that the depth of knowledge adolescents have about AIDS varies across the world. Even where there seems to be a high level of knowledge about AIDS, closer investigation will reveal that this knowledge is oftentimes incorrect, and most adolescents lack the skills and knowledge to protect them against AIDS [4,5].

In a study conducted among 300 Haitian adolescents aged 13- 18 years, it was found that overall knowledge about HIV/AIDS was high with the majority of adolescents identifying unprotected sex and sharing injection drug needles as HIV transmission routes. Moreover, approximately 75% of the adolescents reported condom use as an effective preventive strategy. However, misconceptions that could reduce adolescents' adoption of HIV preventive strategies were also identified such as the belief among a few that a cure exists, and doubts regarding the severity of the disease [6]. In Cambodia, 85-100% of young people have heard about AIDS; however 60.1% of the males and 37.7% of females had wrong notions about methods of spread [7]. In Mozambique, a study revealed that only 74% of girls and 62% of boys aged 15-19 knew about AIDS, but did not know of methods of protection against AIDS [8]. Among 896 adolescents aged 11 ï 25 years who participated in a study in Niger state, Nigeria, 91.9% had heard of AIDS, with knowledge of the disease ranging from 41.9% - 63.8% [9]. A healthy

attitude towards AIDS has been documented in students that have knowledge of HIV and AIDS[10]. A study among 600 adolescent secondary school students in Benin, found that, 88% had heard about AIDS, and showed positive attitudes towards HIV/AIDS campaign strategies[11].

In a study undertaken to assess the knowledge, attitude and practise of secondary school students towards AIDS in Barbados, of the 1048 students surveyed, only 31.1% used condoms consistently during sexual activity, while 45.8% and 17.1% used condoms óoccasionallyô and óneverô respectively despite a high awareness of the disease [12].

METHODOLOGY

The study was carried out in Uvwie Local Government area, one of 25 other local government areas that make up Delta state in Nigeria. The local government area is divided into 4 quarters and has as headquarters Effurun. It occupies a land area of 95.1570 square kilometres, and is bounded by Udu local government on the north, Ororokpe local government on the south and Warri local government on the east and west. The region is predominantly occupied by the Uvwie people, and the main language is Urhobo. The people are predominantly farmers, but are also employed in a wide variety of white- and blue- collar jobs. There are about 5 government health centres in the area, and about 15 private health facilities. The local government is home to 7 government secondary schools and several private secondary schools.

A descriptive cross sectional study design was used.

Study population was made up of male and female adolescents enrolled in the most senior secondary class (SSIII) of both private and government owned day schools within the local government.

A sample size of 358 was calculated using the appropriate formula for a descriptive study with prevalence taken as 70% from a previous study and an attrition rate of 10% [10].

Respondents were selected by multistage sampling. Using a list of 30 accredited government and private secondary schools in the local government, 2 government and 5 private schools were selected by random sampling. In the selected schools, respondents were chosen by systematic sampling from the class list, after they had been stratified by sex. Informed consent was obtained from the participants, and permission to carry out the study was obtained from the principals of the schools.

Data was collected by using a researcher administered structured English language questionnaire focusing on knowledge and attitudes towards AIDS and sexual practises of the students. Analysis of data was with SPSS version 16. Continuous variable (such as age) were presented as means and standard deviation. Categorical variables were analysed using chi-square or the exact test where appropriate with level of significance set as $p < 0.05$.

RESULTS

Three hundred and fifty eight students participated in the study with 183 (51.1%) males and 175 (48.9%) females. Mean age of female students was 15.7 $\pm$ 2.6 years, and of males, 15.5 $\pm$ 1.8 years. Two hundred and ninety-seven (83%) were from a monogamous family, and all respondents were of the Christian faith. **Table 1.**

All had heard of AIDS. Two hundred and ninety-four (82%) knew what the acronym AIDS stands for. Three hundred and two (84.43%) knew the cause to be a virus, 30 (8.38%) a bacteria, 9 (2.4%) a curse from God and 17 (4.79%) were ignorant of the cause.

Two hundred and twenty-six (63%) could differentiate between AIDS and HIV. Over 85% knew of transmission through sex, mother to child, contaminated blood, and contaminated needles. Two hundred and eleven (59%) and 183 (51%) wrongly cited kissing and insect bite as modes of transmission. **Table 2.**

While 350 (98%) were sure of blood as a media of spread, 124 (34.64%), 106 (29.61%) and 104 (29.05%) were not sure of urine, saliva and sweat respectively. **Table 3.**

As regards knowledge of common symptoms, 304 (85%) mentioned weight loss, with 171 (48%) and 150(42%) mentioning diarrhoea of more than one monthôs duration and atypical rash respectively.

Two hundred and seventy-two (76%) knew AIDS to be untreatable, while 179(50%) knew drugs could reduce mother to child transmission.

Over 75% knew prevention of AIDS through safe blood transfusion, use of disposable needles, use of condom during sex, avoidance of homosexuality, or sex with multiple partners while 82 (23%) wrongly citing sex with a virgin. Only 230 (64.2%) mentioned abstinence. **Table 4.**

Sixty-one percent did not know anyone infected with the virus.

The television was the principal source of AIDS information to 40% of respondents. **Figure 1.**

Two hundred and nine (58.4%) felt infected persons should not be allowed to stay in the community, 218 (60.9%) agreed to continue a relationship with an infected friend. Two hundred and ten (59%) felt there was no need to care for infected patients while 296 (82.7%) agreed to care for an infected relative. **Table 5.**

Of 79 (22%) respondents who agreed they were sexually active, 52 (66%), 17(22%) and 10(12%) had one, two and multiple partners respectively. Mean age at first intercourse was 12.8 $\pm$ 9.8 years for males, and 15.3 $\pm$ 4.3 years for females. Regarding protection, 24 (30%) used condom with each sexual encounter, 38(48 %) sometimes, and 17 (22 %) never.

Sixteen (21%) of the sexually active had ever had sex under influence of alcohol or marijuana while 50 (63%) had been refused sex before due to unavailability of a condom.

Three hundred and seven (86%) were not in favour of unprotected premarital sex.

Of all 358 respondents, 272 (76%) were against extra-marital relationships, 307 (86%) were against pre-marital sexual relationships and 262 (73.1) felt at risk of contacting AIDS if they engaged in unprotected intercourse.

Two hundred and nine (75%) were willing to disclose their status if tested positive for the virus, 197 (55%) were willing to be tested, however none had ever been tested

DISCUSSION

While knowledge of HIV transmission risks alone may not be sufficient to prevent risky behaviours among adolescents, correct information regarding the HIV virus and its transmission is still a necessary prerequisite for risk reduction. Therefore, assessment of HIV knowledge within this specific at-risk population is without doubt an important step toward informing future prevention programs[6]. From the study, awareness and indeed general

knowledge about the AIDS virus, modes of transmission and prevention of the disease were good, although with some misconceptions, such as slightly less than half of the students citing kissing as a mode of transmission. While some studies have similarly reported good knowledge [6,13], others have shown adolescent students to have gaps in their knowledge of the disease in spite of a high level of awareness[14,15] . In this study, the mass media was largely the source of information for the students, a finding consistent with what has been documented in other studies [16,17]. However, the deficiencies in knowledge show the inadequacies of the mass media to provide correct information about the disease. The lesser role of parents and teachers highlights the need for school based AIDS education programmes involving both parents and teachers in the spread of AIDS information. The attitude toward AIDS and PLWHA was generally poor except when close relations were affected. This is comparable to what was reported in other studies [13]. This finding might be due to the fact that adequate emphasis may not have been paid to removing the stigma associated with the disease, and might in fact be a reflection of the attitude of other members of the community to the disease and those affected. This is also reflected in the unwillingness of a large proportion of students to be tested for the disease. Overall, sexual activity was found to be low (22%), but significant enough to cause concern, as a greater proportion of the sexually active practiced unsafe sex. The level of sexual activity among students in this study is less than what was found in a study carried out among secondary school students in Ilesha, Nigeria, where it was documented to be 50% [18]. This unsafe sexual behaviour puts them at a great risk of acquiring sexually transmitted infections including HIV infection.

CONCLUSION: Senior secondary school students in Uviwe had good knowledge of AIDS, and poor attitude towards people living with AIDS. Few are sexually active and largely engaged in unsafe sex. It is necessary that HIV information and life skill education be intensified through school based education programs, as part of school curriculum, and through community activities involving parents and faith based organisations. Such information should also aim to correct the negative attitude towards people affected by the disease. There is need for the introduction of reproductive health programmes that will target a positive change in adolescentsô attitudes to risky sexual behaviours and motivate them to undertake behaviours that would limit such risks. Youth friendly health services that will provide HIV counselling and testing should be established within the communities.

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Table 1: Sociodemographic variables of respondents

Variable	Frequency (%)
Age of respondents(years)	
14-15	85 (23.7)
16-17	169 (47.2)
18-19	86 (24.0)
20-21	10 (2.8)
22-23	6 (1.7)
24-25	2 (0.6)
Sex distribution of respondents	
Male	175 (48.9)
Female	183 (51.1)
Religion	
Christianity	358 (100)

Table 2: Knowledge of mode of transmission of HIV among respondents (n = 358)

Mode of transmission	Correct Responses n (%)	Incorrect Responses n (%)
Sexual intercourse	323 (90.2)	35 (9.8)
Transfusion with infected blood	321 (89.7)	37 (10.3)
Infected needles	325 (90.8)	33 (9.2)
Pregnant mother to child	290 (81.0)	68 (19.0)
Sharing clothes with infected persons	283 (79.0)	75 (21.0)
Shaking hands with infected persons	299 (83.6)	59 (16.4)
Using same toilet with infected persons	282 (78.7)	76 (21.3)
Bite from an infected person	175 (48.8)	183 (51.2)
Drinking from same glass	254 (70.9)	104 (29.1)
Insect bite	239 (66.7)	119 (33.3)

Table 3: Respondents' knowledge of media of transmission of HIV (n = 358)

Medium	Yes n (%)	No n (%)	Don't know n (%)	Not sure n (%)
BLOOD	351 (98.0)*	0 (0.00)	4 (1.12)	3 (0.88)
SEMEN	237 (66.30)*	32 (8.91)	28 (7.80)	61 (16.90)
TEARS	6 (1.68)	274 (76.54)*	14 (3.91)	64 (17.87)
URINE	44 (12.29)	172 (48.04)*	18 (5.03)	124 (34.64)
SWEAT	14 (3.91)	230 (64.25)*	10 (2.79)	104 (29.05)
SALIVA	94 (26.26)	150 (41.90)*	8 (2.23)	106 (29.61)

* Correct response.

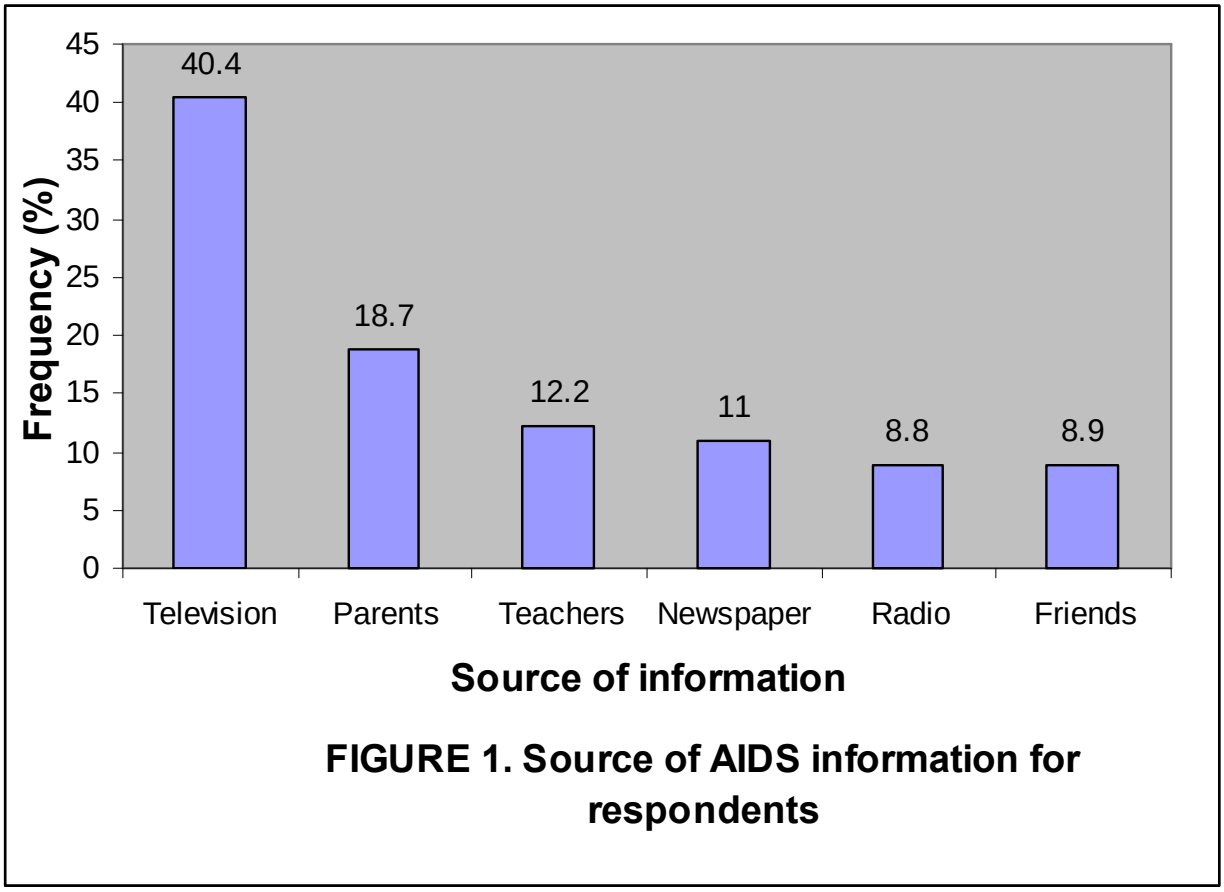

FIGURE 1. Source of AIDS information for respondents

Table 4: Respondentsôknowledge of method of prevention of infection (n = 358)

Method	Yes n (%)	No n (%)	Not sure n (%)
Using condom during sex	268 (74.86)*	24 (6.70)	66 (18.48)
Avoid sex with multiple partners	306 (85.47)*	22 (6.15)	30 (8.38)
Avoid homosexuality	216 (60.34)*	42 (11.73)	143 (39.93)
No sex with prostitutes	276 (77.09)*	24 (6.70)	58 (16.2)
Safe blood transfusion	302 (84.48)*	16 (4.60)	39 (10.92)
Use disposable needles only	266 (74.30)*	52 (14.53)	40 (11.17)
Abstinence	230 (64.25)*	36 (10.06)	36 (10.06)
Sex with a virgin	82 (22.91)	176 (49.16)*	100 (27.93)
Avoid alcohol/marijuana	20(5.59)*	232 (64.80)	106 (29.61)

* Correct response.

Table 5: Attitude of respondents towards HIV/AIDS and aids PLWHA (n= 358)

Attitude	Agree	Disagree	Uncertain
Being around someone with AIDS will not put my health in danger	236 (65.92)ã	60 (16.76)	62 (17.32)
Persons affected should not be allowed to stay in the community	209 (58.38)	110 (30.73) ã	39 (10.89)
If one of my friends had AIDS, I shall continue my normal relationship	218 (60.89) ã	64 (17.88)	76 (21.23)
Knowing there is no cure for AIDS, there is no point in caring for AIDS patients	210 (58.66)	90 (25.14) ã	58 (16.20)
If one of my family members gets AIDS, I will be ready to care for him/her	296 (82.68) ã	36 (10.06)	26 (7.26)

ã Positive attitude