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KNOWLEDGE ATTITUDE AND PRACTICES TOWARDS HIV PREVENTION AMONG ADOLESCENTS ATTENDING WAKISO HEALTH CENTRE IV, WAKISO DISTRICT. A CROSS-SECTIONAL STUDY.

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ABSTRACT.

Background:
This study aims to assess the knowledge, attitude, and practices towards the prevention of HIV/AIDS among adolescents attending Wakiso Health Centre IV, Wakiso district.

Methodology:
The study employed a cross-sectional study design to describe the knowledge, attitude, and practices towards prevention of HIV/AIDS among adolescents attending Wakiso Health Centre IV, Wakiso district for 10 days from 50 respondents by use of a questionnaire containing questions to assess the respondent's demographic data, knowledge, attitude and practices towards prevention of HIV/AIDS and methods.

Results:
92% of them had ever heard about HIV, and all were single. The majority of the respondents 50%, knew that HIV can be prevented through abstinence, 20% by condom use, 18% by being faithful and 8% by not sharing sharp objects. A small group of the respondents 4% knew about Safe Male Circumcision (SMC) and the respondents said that abstinence, use of condoms, being faithful to your partner, and not sharing sharp objects: 48%, 20%, 16%, and 12% respectively were good methods for HIV/AIDS prevention. Respondents 48% said abstinence was the best method for HIV/AIDS prevention, 80% had tested for HIV/AIDS and 60% did SMC.

Conclusion:
The study found out that adolescents had good knowledge of abstinence, use of condoms, being faithful, not sharing sharp objects, and inadequate knowledge of SMC, they had good attitudes towards abstinence, use of condoms, being faithful, and practiced abstinence, SMC, and HIV testing. The result justifies the effort put in by different stakeholders to create and promote awareness of the prevention of HIV among adolescents.

Recommendation:
Wakiso Health Centre IV should ensure sex education at all times to ensure continuous awareness of HIV prevention among adolescents.

Keywords: HIV prevention, Knowledge, Attitude, Practices, Adolescents, Wakiso Health Center IV
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BACKGROUND.

Globally, Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) remains a public health concern and Sub-Saharan Africa (SSA) has the greatest burden (Organisation, 2022). Over 38 million people are infected with HIV worldwide, with women making up more than half (19.2 million) of the infected (Kawuki, J et al..2023). Sub-Saharan African women account for 15.9 million of the 19.2 million total (UNAIDS., 2020).

HIV/AIDS has been one of the most important challenges of public health in the last few decades (WHO, 2021). By the end of 2018, about 37.9 million people were living with HIV, 770000 died from HIV-related causes, and 1.7 million were newly infected in 2018 (UNAIDS, 2021). According to the Joint United Nations Program on HIV/AIDS (UNAIDS) report in 2019, among the countries in the Middle East and North Africa (MENA) region, Iran was on the top with 61000 cases living with HIV, of whom 2400 patients were in the age range of 15-24years (UNAIDS, 2019).

In the United States, 21% of new HIV diagnoses in 2019 were among young people (13-24 years) and almost half of young people with HIV do not know they have the virus (Prevention, 2022). According to statistics from the Chinese Centers for Disease Control and Prevention, 23,307 young students newly reported HIV/AIDS from 2010 to 2019(Qing, L., et al,2022). The number of HIV/AIDS cases increased from 794 in 2010 to 3,422 in 2019, and 98.2% of cases occurred through sexual transmission (Cai C, 2020).

In Kenya, Homa Bay County is the leading County nationally in HIV prevalence ((Achia et al., 2022). The HIV prevalence of 19.6% in the county in 2018 was 4 times higher than the national HIV average prevalence of 4.9% (Achia et al., 2022). The County is also the second leading nationally, in terms of the number of people living with AIDS and contributed 10.4% of the total number of people living with HIV in Kenya by the end of 2015, 22% of which were young people aged 15-24 years and 6% being children under the age of 15 years (Mandiwa C, 2021).

According to a UNICEF report, Uganda registered 53,000 new HIV infections in 2019, and two-thirds were among adolescent girls and young women (HIV and AIDS, 2021). Adolescent girls and young women are four times more affected than their male counterparts (MoH U., 2020). According to Mwine P, et al.,2021, In 2017 an estimated 250 AGYW got infected weekly compared to 90 male counterparts. The high incidence of new HIV infections among AGYW is due to poverty, gender-based violence, and lack of access to education, health care services, social protection, and information on HIV prevention (HIV and AIDS in Uganda, 2021).

General objective.

The study aims to determine the knowledge, attitude, and practices on the prevention of HIV among adolescents attending Wakiso Health Center IV, Wakiso district.

METHODOLOGY.

Study design.

A cross-sectional study was used. This was because the design was easy to conduct and relatively inexpensive.

Study area.

The study was carried out in Wakiso Health Center IV, Wakiso Town Council, Busiro County in Wakiso District Central Uganda.

Study population.

The population for this study comprised adolescents (13-19 years) who were attending Wakiso Health Center IV in Wakiso district.

Sample size determination.

The sample size was determined using Burton's formula (1965) Sample size (n) =QR/O
Where, Q –total number of days taken for data collection

R –maximum number of respondents who were interviewed per day O –time taken on each respondent per day

Values: Q=10 days

R=5 respondents O=1 hour
Therefore; n =QR/O

=(10x5)/1

=50 respondents

Sampling technique.

A simple random sampling method was used in the selection of the respondents and there was no regard for sex, tribe or race, religion, and class level.

Sampling procedure.

Respondents were selected randomly and informed consent was obtained before self-administered questionnaires were distributed by the researcher to the respondents. The researcher-maintained privacy as respondents were answering the questions, at the same time, she assured the respondents that the information given would be kept confidential and adequate time was allowed for each respondent.

Data collection method.

Data was collected using a questionnaire method.

Data collection tools.

Data for the study was collected by the use of questionnaires written in English language and later translated into the local language (Luganda). Open and closed-ended questions were used on the questionnaire with optional responses to make the questions easier for the respondents.

Data collection procedure.

An introduction letter was obtained from the Kampala School of Health Sciences and delivered to Wakiso Health Centre IV for permission to carry out the study. When permission was granted two research assistants with good knowledge of the local language were trained before data collection. The researcher was guided on how to access respondents to ease data collection using questionnaires. All those who fulfilled the inclusion criteria were interviewed for 60 minutes in a quiet place. The procedure was repeated each day until the sample size of 50 respondents was obtained.

Study variables.

This includes both dependent and independent variables.

Independent variables.

Knowledge, attitude, and practices of HIV prevention.

Dependent variable.

Prevention of HIV.

Quality control.

About 10 questionnaires were pretested from St. Mary's Health Centre III and checked for completeness to sort out all the confusing questions and ensure that standard questionnaires that suit the objectives of the study were used.

Data analysis and presentation.

The data was entered into Microsoft Excel version 2016, and presented in the form of pie charts and tables. Analysis and presentation were done per the objective of the study using descriptive statistics.

Ethical considerations.

Before the study, an introductory letter from the Kampala School of Health Sciences was provided to the facility for permission. When permission was granted, respondents were explained how all information to be collected was to remain confidential. This was done to ensure that research ethics were observed throughout the study.

RESULTS.

Demographic data.

Table 1: Shows the demographic data of the respondents. (N=50)

Variables	Number of Respondents	Percentage (%)
Gender		
Male	20	40
Female	30	60
Total	**50**	**100**
Age		
13-15	22	44
15-20	28	56
Total	**50**	**100**
Resident		
Wakiso district	49	98
Outside Wakiso	01	02
Total	**50**	**100**
Tribe		
Muganda	48	96
Others	02	04
Total	**50**	**100**
Religion		
Catholic	35	70
Protestant	10	20
Muslim	05	10
Total	**50**	**100**
Marital status		
Single	50	100
Married	00	0
Total	**50**	**100**

From table 1, the majority of the respondents were females 60%, most of whom 56% were aged between 15-19 years, 98% resided in the Wakiso district and almost all 96% were Bagandas. All the respondents were single, more than half 70% being Catholics and 20% were Protestants as seen.

Knowledge on prevention of HIV/AIDS among adolescents.

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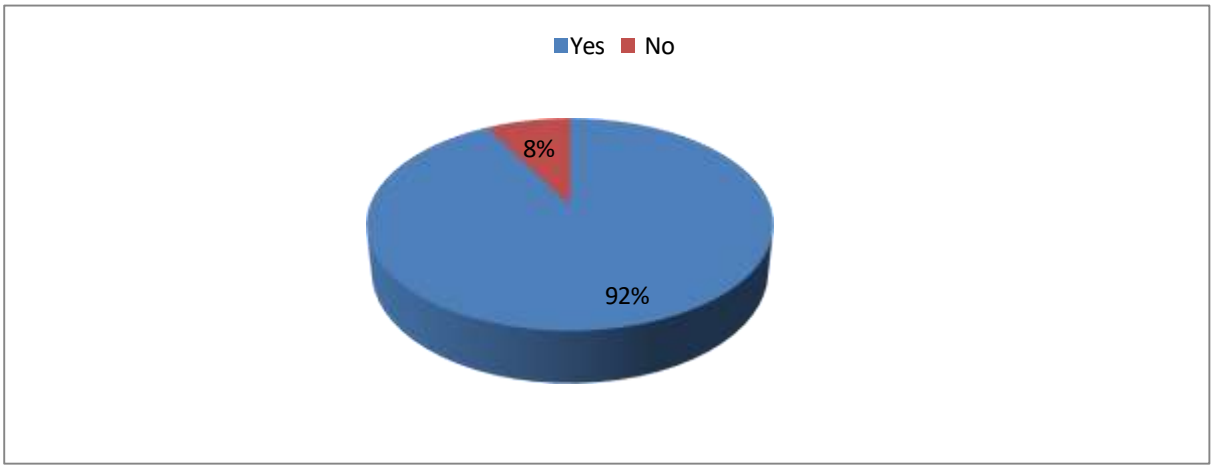
Figure 1: Shows the distribution of respondents to whether they had ever heard about HIV/AIDS. (N=50)



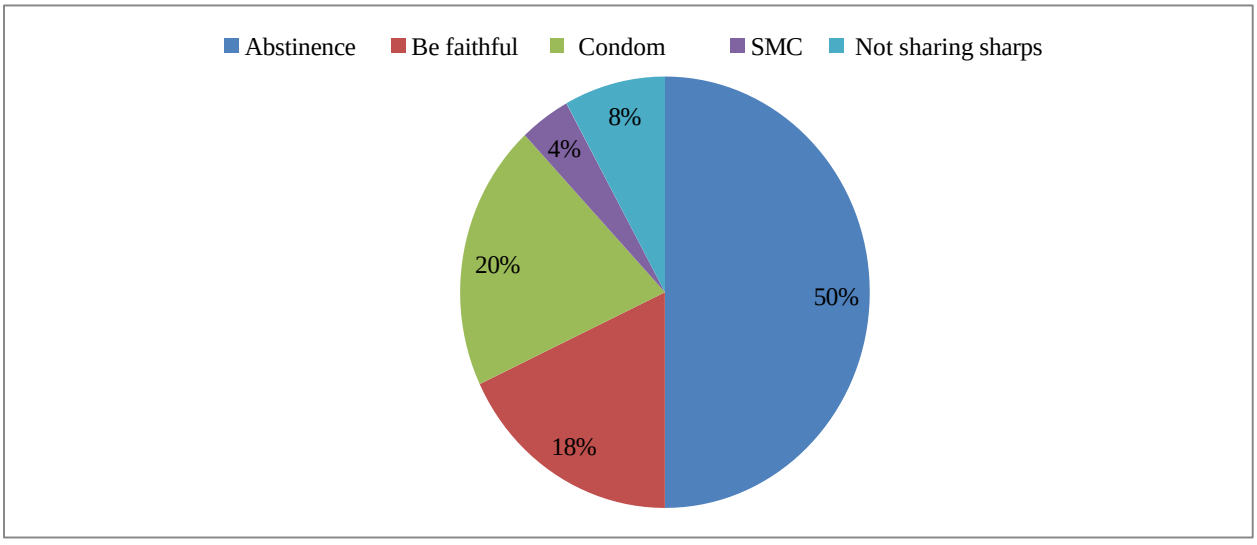
From figure 1, most of the respondents (92%) had ever heard about HIV/AIDS whereas the least (8%) had never heard about HIV/AIDS.

Table 2: Shows the distribution of respondents according to where they obtained information about HIV/AIDS (N=50)

Response	Number of respondents	Percentage (%)
Hospital	05	10
School	30	60
Parents	05	10
Friend	10	20
Total	**50**	**100**

From table 2, the majority of the respondents (60%) knew about HIV/AIDS from school whereas the minority (10%) obtained information from the hospital and their parents.

Figure 2: Shows the distribution of respondents according to HIV/AIDS preventive methods. (N=50)



From figure 2 , half of the respondents (50%) knew that HIV/AIDS can be prevented through abstinence whereas the least (4%) knew about SMC as an HIV/AIDS preventive method.

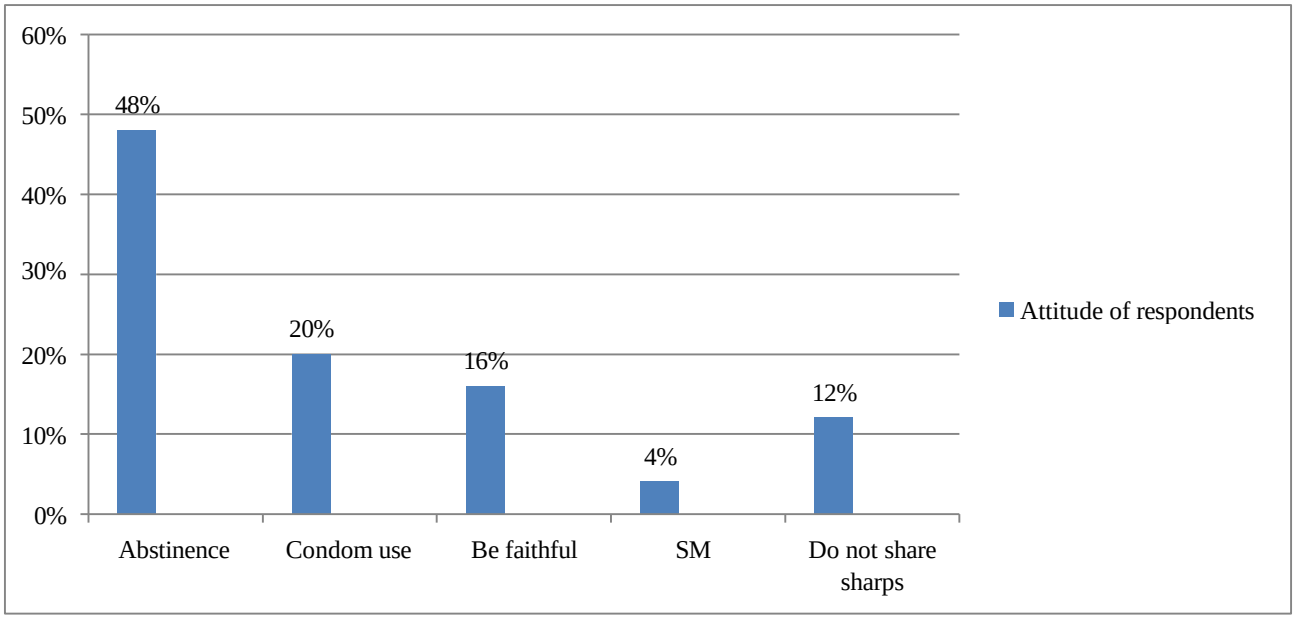
Table 3: Shows the distribution of respondents according to misconceptions about HIV/AIDS transmission. (N=50)

Misconceptions on transmission	Number of respondents		Percentage (%)	
	Yes	No	Yes	No
Can HIV/AIDS be transmitted through mosquito bite?	5	45	10	90
Can HIV/AIDS be transmitted through sharing a meal with infected person?	6	44	12	88
Can HIV/AIDS be transmitted through handshake?	5	45	10	90

From table 3, the majority 90% of the respondents said HIV cannot be transmitted through mosquito bites, 88% sharing a meal with an infected person, and 90% not through a handshake. A minority of the respondents said HIV can be transmitted through mosquito bite10%, sharing a meal with an infected person 12% and through a handshake (10%).

The attitude of adolescents on preventive methods of HIV/AIDS.

Figure 3: Shows the distribution of respondents according to which HIV/AIDS preventive method would be the best to use. (N=50)



From the figure 3, most of the respondents (48%) said abstinence was the best method for HIV prevention and few respondents (4%) agreed with SMC as the best method for HIV prevention whereas the least(20%) of the respondents said condom use was the best method, 16% being faithful and 12% said not sharing of sharps.

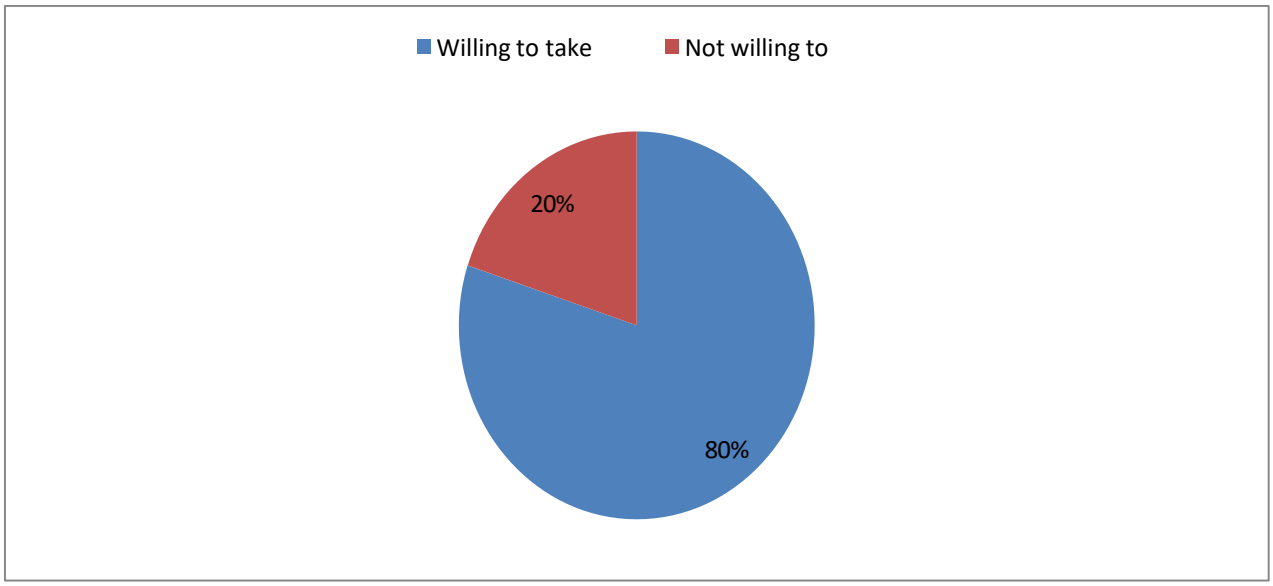
Table 4: Shows the distribution of respondents according to which HIV preventive

method would be the worst to use. (N=50)

Method of HIV prevention	Number of respondents	Percentage (%)
Abstinence	00	00
Condom use	03	6
Be faithful	15	30
SMC	26	52
Do not share sharps	06	12
Total	**50**	**100**

From table 4, the majority of the respondents (52%) said SMC was the worst method of HIV prevention and abstinence is not bad at all. 12% of the respondents said sharing sharps and 6% said condom use was not good for HIV prevention.

Figure 4: Shows the distribution of respondents according to caretaking of HIV-positive relative. (N=50)



From figure 4, most respondents (80%) were willing to care for an HIV-positive relative who became ill while the least (20%) were not willing.

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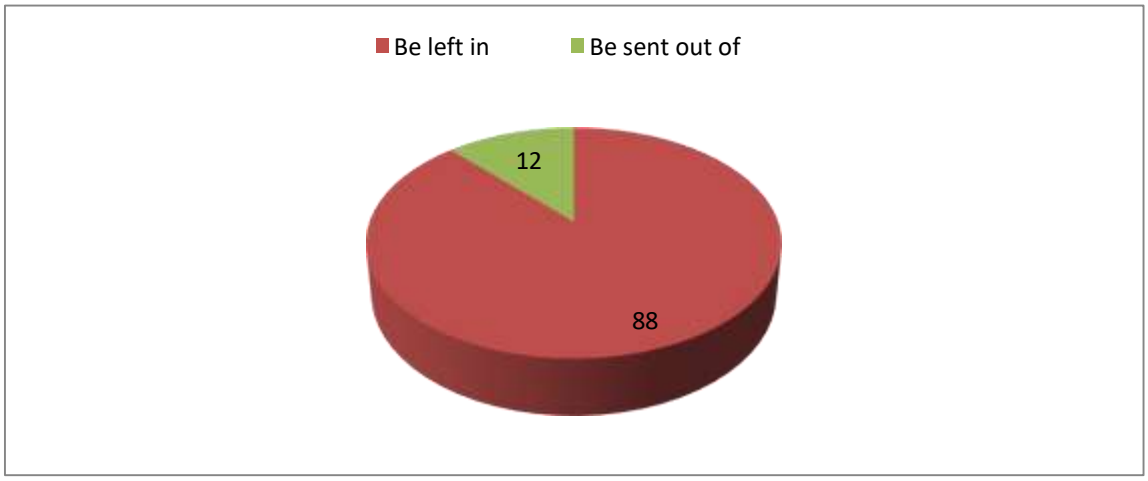
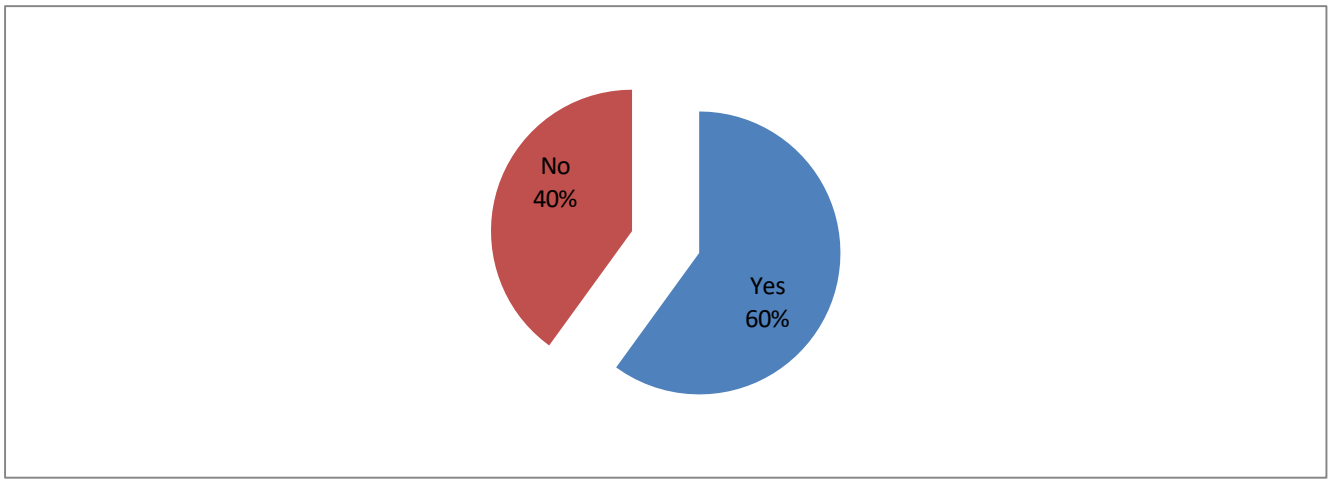
Figure 5: Shows distribution of respondents according to whether a HIV positive student be left to continue with studies. (N=50)



From figure 5, the majority of the respondents 88% agreed that an HIV-positive student remains in school while the minority (12%) disagreed with the idea.

The practices on HIV/AIDS prevention among adolescents.

Figure 6: Shows the distribution of respondents according to whether they have done SMC. (N=20)



From figure 6, the majority of the males (60%) practiced SMC whereas the minority (40%) had not practiced SMC.

Table 5: Shows the distribution of respondents according to age of first sexual encounter. (N=50)

Age (years)	Number of respondents	Percentage (%)
<13	01	2
13-15	10	20
>15	39	78
Total	**50**	**100**

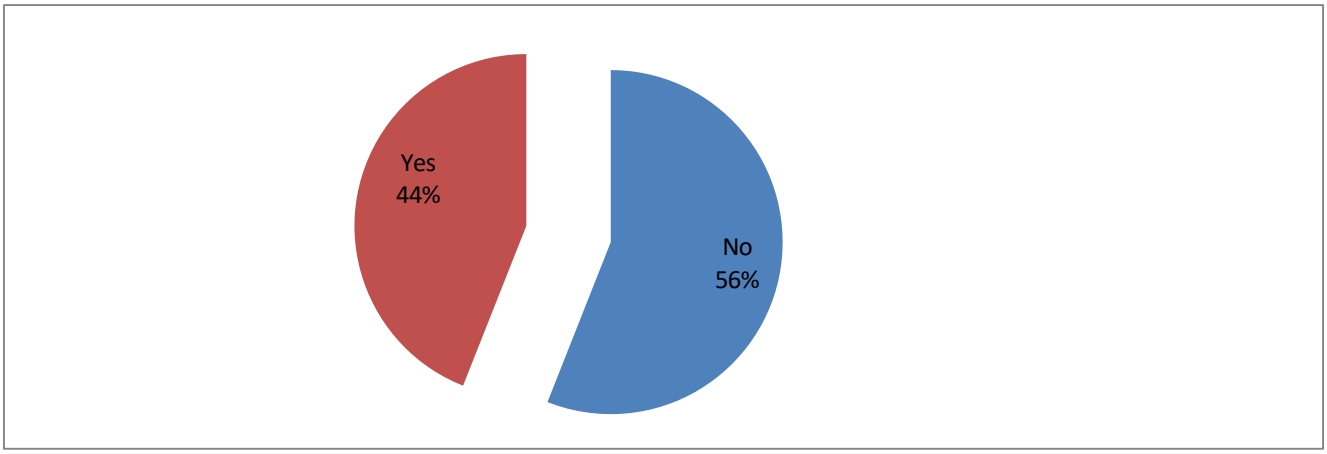
From table 5, the majority of the respondents (78%) reported having had their first sexual encounter 15 years and above, 20% between 13-15 years whereas the minority (2%) at below 13 years.

Table 6: Shows the distribution of respondents according to how many sexual partners. (N=50)

Sexual partners	Number of respondents	Percentage (%)
One	18	36
More than one	28	56
None	04	8
Total	**50**	**100**

From table 6, the majority of the respondents (56%) had more than one sexual partner, and the minority (8%) reported not having any sexual partner.

Figure 7: Shows the distribution of respondents according to whether they used a condom in their last sexual encounter. (N=50)



From figure 7, the majority of the respondents (56%) did not use a condom during their last sexual encounter whereas the minority (44%) had used a condom.

DISCUSSION OF THE RESULTS.

Knowledge of HIV prevention among adolescents.

From the study findings, the majority of the respondents had ever heard about HIV 92%. This implies that a significant number of adolescents had information and knowledge about HIV. This was in line with a study conducted in Ghana where the awareness of HIV/AIDS was overwhelming (96.8%) (Aminu I., 2022) and also in line with another study that showed 98.2% of the respondents had heard about HIV/AIDS (Obarisiagbon OE, 2019).

In regards to the source of information about HIV, most of the respondents (60%) obtained information from school. This was because most respondents reported to be schooling. This finding showed that most respondents had good knowledge about HIV. This was in line with a study conducted by Obarisiagbon where 360(81.8%) of the respondents identified schools as their source of information (Obarisiagbon OE, 2019).

The current study findings showed that respondents knew the HIV prevention methods and identified them as abstinence (50%), being faithful to their partner (18%), condom use (20%), not sharing sharp objects (8%), and SMC (4%). This implied that adolescents had adequate knowledge about HIV. This was in line with a study by Obarisiagbon where 77.9% of students identified abstinence as a preventive measure (Obarisiagbon OE, 2019).

In regards to HIV transmission, the majority of the respondents (90%) said that HIV cannot be transmitted through mosquito bites, 88% of the respondents cannot be transmitted through sharing a meal with someone infected, and 90% not through shaking hands. This was because HIV can be transmitted through blood contact. This finding implied that respondents had adequate knowledge about HIV transmission. This finding was in line with a study that showed HIV cannot be transmitted through handshake (81.3%) and 70.1% by mosquito bite (Dzah SM, 2019). However, this finding differed from the findings in Cameroon where up to 23.3% of the respondents thought that HIV could be transmitted by mosquito bites (Kingoum C, 2016).

The attitude on HIV prevention among adolescents attending Wakiso Health Centre IV, Wakiso district.

In the findings, (48%) of the respondents said that abstinence was the best HIV prevention method and would recommend others to use. This was because abstinence favored both males and females unlike SMC (4%) which could favor only males. This implied that adolescents had a good attitude towards HIV prevention. This was not in line with a study where 53% of the respondents were interested in using a condom and 67.1 %voluntarily gave advice to use condoms for someone who is sexually active. 62.1% of the students agreed to abstain until marriage and 67.8% of the students agreed to be faithful to one friend (Ahmed YM, 2015).

In regards to caretaking, most respondents (80%) were willing to take care of a relative who is HIV-positive and happens to become ill. This implied that respondents had a good attitude towards PLWHA. This finding was in line with a study by Kingoum Colins where 52.6% of respondents indicated a willingness to take care of a sick HIV-positive relative or continue friendship with an HIV-positive friend (Kingoum C, 2016) and also in line with a study in Eastern Cape in South Africa where majority of the respondents 74.8% revealed positive attitudes to willingly taking care of the HIV-positive family members if they become sick (Adeboye A Q. Y., 2016).

In regards to friendship, most of the respondents (60%) were willing to keep their friendship with a friend who was HIV positive. This was because they felt it shaming to ignore a friend because of an infection. This showed a good attitude towards PLWHA. This was in line with a study where 73.9% of the respondents said they would continue their friendships with HIV-infected classmates (Adeboye A Q. Y., 2016).

The majority of the respondents (88%) agreed that students who were HIV positive to remain in school and continue their studies. This was because students were not afraid of associating with HIV-positive students. This showed a good attitude towards PLWHA. This finding was in line with a study where less than half of the respondents exhibited a positive attitude on questions such as allowing HIV-positive teachers to continue teaching in school (45.2%) and allowing HIV-positive students to continue studying in school (48.2%) (Adeboye A Q. Y., 2016) and also in line with a study where the majority of the participants accepted that an HIV-positive student should be allowed to continue her/his teaching profession (75%) (Kingoum C, 2016).

The HIV prevention practices among adolescents.

From the finding's majority of the respondents (80%) reported having tested for HIV. This rate implied that the respondents possessed good health-seeking behavior. Those who did not test feared what could be the outcome and others believed they were negative and needed not to be tested since they feel they have never had any risk of infection. This was in line with a study where 71.9% of the students reported having tested for HIV (Ahmed YM, 2015) however this finding differed with a study where the majority of the respondents 94.6% said they had never had an HIV test before (Dzah SM, 2019).

In regards to SMC, the majority of the males (60%) had practiced SMC. This was because the government of Uganda offered free services for SMCs at the facility. This implied that safe HIV prevention methods were being practiced. This was in line with a study at Lugasa Health Centre III where 58.75% of the respondents were circumcised with 72.34% SMC at health facilities, whereas 41.25% were not circumcised (Econ, 2023).

In the findings, the majority of the respondents (78%) reported having had their first sexual intercourse at the age of 15 years and above. This was due to peer pressure and it implied most of the respondents were sexually active. This was in line with a report by Ahmed where the majority (61.1%) of sexually active students started at the age of 15 to 19 (Ahmed YM, 2015) however this finding differed with a study in Uganda which revealed that 45.9% of the students were sexually active, the age of sexual debut of 80.4% students was 16 years and below (Osingada C, 2016).

The majority of the respondents (56%) reported having more than one sexual partner and of these, 60% did not use a condom in their last sexual encounter. This showed the risky behaviors adolescents undergo towards HIV infection. This was in line with a study where a total of 39 (15%) of the respondents indicated that they had a history of having sexual intercourse with more than one person within six months before the survey (Kennedy OA, 2023). Slightly less than a quarter, 55 (21.2%) indicated that they had engaged in sex without a condom with someone who was not their regular sex partner. A quarter (25%) of the students revealed that they had engaged in sex without a condom, with someone whose HIV status they did not know (Kennedy OA, 2023).

GENERALIZABILITY.

The study focused on only one government facility thus results cannot be generalized for the whole district.

CONCLUSION.

The adolescents had good knowledge of abstinence (50%), being faithful (18%), and (20%) condom use though few knew SMC as an HIV/ADS prevention method.

The attitude was good towards abstinence (48%), being faithful (16%), and condom use (20%) among adolescents attending Wakiso Health Centre IV in Wakiso district. Also, adolescents showed a positive attitude towards PLWHA.

Abstinence, SMC, and HIV testing were the commonly practiced HIV/AIDS preventive methods by adolescents attending Wakiso Health Centre IV in Wakiso district.

Generally, adolescents attending Wakiso Health Centre IV had good knowledge, positive attitudes, and quite agreeable HIV/AIDS prevention practices since they were abstaining and males had done SMC.

RECOMMENDATION.

The facility should continue sex education to keep awareness and safe practices among adolescents as well

as bridge the gap between knowledge and practices of some HIV preventive measures.
Based on the findings of this study, further research needs to be done in this study area to describe the prevalence of HIV infection and correlates of HIV preventive method utilization among adolescents.

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LIST OF ABBREVIATION AND ACRONYMS.

ABC: Abstain Be faithful and use a Condom
AGYW: Adolescent Girls and Young Women
AIDS: Acquired Immune Deficiency Syndrome
HIV: Human Immune Deficiency Virus
KSHS : Kampala School of Health Sciences
MoH: Ministry of Health
PLWHA: People Living with HIV and AIDS
SMC: Safe Male Circumcision
SSA: Sub-Saharan Africa
UAHEB: Uganda Allied Health Examinations Board
UNAIDS: United Nations Programme on HIV and AIDS
UNICEF: United Nations International Children's Emergency Funds
WHO: World Health Organization

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