

Knowledge of HIV/AIDS and Adherence to its Preventive Protocols among Residents of Sabon Gari Local Government Area, Kaduna State

Hurera Mouktar Maccido¹, Ismail Mohammed² and Arome Tairu Adamu³

¹Department of Physical and Health Education, F. C. E. Zaria. ²Elite International College of Health Science & Technology, Zaria. ³Kaduna State Ministry of Education.

Corresponding author: marchity1@gmail.com

Abstract

The purpose of the study was to assess the Knowledge of HIV/AIDS and Adherence to its Preventive Protocols among Residents of Sabon Gari Local Government Area of Kaduna State. In order to achieve the goal of the research activity, two study objectives were formed, which resulted in the formulation of two research questions, which served as a guide for the study. The study employed descriptive survey design in which 384 sample was randomly selected from the total population of 393,300 residents of Sabon Gari LGA of Kaduna State. A series of questions were utilized to collect the necessary information via an instrument titled "Knowledge and Practice of HIV/AIDS Prevention Questionnaire (KPHPQ)" whose reliability coefficient was 0.81. With the help of frequency tables and simple percentages, the information acquired by the instrument was compiled and analyzed, demonstrating that the respondents have good knowledge of HIV/AIDS. Despite the fact that the vast majority of responders employ HIV/AIDS prevention methods, these efforts are insufficient. It has been suggested that the government should increase public awareness of the HIV/AIDS prevention strategies that are currently in use in the study area.

Keywords: Assessment, HIV/AIDS, Prevention, Practice and Knowledge

Introduction

Since the 1980s, the Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) has emerged as one of the world's most serious public health crises. In spite of the fact that it only comprises for 7.67 percent of the global total, Sub-Saharan Africa bears the brunt of the disease's burden (Arulogun & Adefioye, 2010). Nigeria, second only to South Africa in terms of the number of HIV/AIDS patients in Sub-Saharan Africa, has the second greatest number of such patients in the region (Okonta, *et al.*, 2007). It is believed that young people between the ages of ten and twenty-four in Sub-Saharan Africa account for 60 percent of all new HIV infections (Mass & Otte, 2009). The first known case of HIV infection in Nigeria was discovered in Lagos in 1985 and reported at an international conference in 1986. Estimates of HIV prevalence have consistently increased from 1.8 percent in 1991 to 4.5 percent in 2016 and 5.8 percent in 2003, according to the World Health Organization.

According to the UNAIDS Gap Report (2014), "more than 78 million individuals have been infected with HIV since the beginning of the Aids crisis, and 36 million people have died". Nonetheless, in most parts of the world, the number of new HIV diagnoses continues to deteriorate, down by approximately 38% between 2001 and 2013, from 3.4 million to 2.1 million new infections in that time period. A little more than half of all HIV-positive people (48 percent) are now aware of their status, and more than 90 percent of those who are aware of their illness are taking antiretroviral therapy.

AIDS-related deaths have fallen by 35% since 2005 as a result of these efforts. In fact, the number of AIDS-related deaths has decreased by 35% since 2005. The dangers associated with HIV infection are particularly significant for young women and girls, owing to factors such as their heightened vulnerability due to greater physiological sensitivity, as well as gender inequality (International Labor Organization, 2012). Females between the ages of 15 and 24 make up 12 percent of the world's population; however, lack of access to health care and education, as well as institutions and policies that do not adequately address the needs of children and young people, are obstacles to their ability to protect themselves against HIV. Within the 15-to-24-year age group, 15 percent of all HIV-positive girls between the ages of 15 and 24 are found worldwide (UNAIDS, 2012). WHO's 2022–2030 [global health sector strategy on HIV](#) aims to reduce HIV infections from 1.5 million in 2020 to 335 000 by 2030, and deaths from 680 000 in 2020 to under 240 000 in 2030 (WHO, 2022).

AIDS has wreaked havoc on the health-care systems of numerous countries across the world (Biesma, *et al.*, 2009). The first confirmed case of AIDS in the United States was reported in 1987. According to the most recent data, this infectious disease ranks as the world's fourth biggest cause of mortality (Hariri & McKenna, 2007). HIV continues to be a major global public health issue, having claimed 36.3 million [27.2–47.8 million] lives so far. There is no cure for HIV infection. However, with increasing access to effective HIV prevention, diagnosis, treatment and care, including for opportunistic infections, HIV infection has become a manageable chronic health condition, enabling people living with HIV to lead long and healthy lives. There were an estimated 37.7 million [30.2–45.1 million] people living with HIV at the end of 2020, over two thirds of whom (25.4 million) are in the WHO African Region. In 2020, 680 000 [480 000–1.0 million] people died from HIV-related causes and 1.5 million [1.0–2.0 million] people acquired HIV. To reach the new proposed global 95–95–95 targets set by UNAIDS, we will need to redouble our efforts to avoid the worst-case scenario of 7.7 million HIV-related deaths over the next 10 years, increasing HIV infections due to HIV service disruptions during COVID-19, and the slowing public health response to HIV (WHO, 2022).

Recently, the number of HIV/AIDS patients in Nigeria has been increasing at an alarming rate, according to government statistics (Tarahomi *et al.*, 2010). This illness has resulted in a large increase in the mortality rate among society's most active and youthful members (Al Serouri, *et al.*, 2010). According to the United Nations Children's Fund (UNICEF, 2019), 6,000 newborn babies in Kaduna State are at risk of catching HIV this year, according to the organization. Because of the high costs of HIV care and treatment in Nigeria, the control and prevention of HIV are the most important initiatives to implement in the country. AIDS prevention is widely considered as a safe and cost-effective method of combating the disease.

When it comes to avoiding HIV transmission, abstinence from sexual activity is by far the most efficient method. In Africa, the vast majority of studies have come to the conclusion that non-monogamous intimate acts are a risk factor for the spread of HIV (Gazimbi, *et al.*, 2020). In reality, the likelihood of catching the virus is determined by the choice of partners, rather than by the overall number of partners. When a new sexual interaction occurs, the risk associated with it is calculated by adding together all previous partners' sexual experiences. By raising the likelihood of encountering an HIV-positive partner, an increase in the overall number of partners increases the risk of catching the virus and contracting HIV. The application of the meaning of the term "core groups" is also essential for the development of HIV transmission prevention measures. When worn properly in the African setting, the male condom is now the only barrier strategy that has been proven to effectively prevent HIV transmission from one person to another (Arlahy in Ikemike, 2015).

In order to refute misunderstandings about HIV/AIDS transmission that could discourage people living with HIV/AIDS from adopting safe practices and lowering stigma, several preventative efforts have focused on increasing information about the disease's transmission. Negative attitudes toward people living with HIV are known as stigmatizing beliefs, and they have been shown to be highly associated with HIV transmission myths (Herek, *et al.*, 2012). In order to plan for HIV care and prevention, as well as to evaluate the efficacy of prevention programs, it is essential to conduct an assessment of knowledge and practices among members of any community. In studies involving the youth in other parts of Nigeria, high levels of risky behaviors such as having multiple sex partners and contraception use have been documented. However, knowledge of various specific aspects of HIV/AIDS remains limited, with high levels of dangerous activities such as having multiple sexual partners and inconsistent condom use being documented (Rwenge, 2010). A large majority of teenagers do not believe they are at risk of acquiring the disease, despite the fact that they engage in risky behaviors (Tarkang, 2014b). The purpose of this study was to assess HIV/AIDS prevention behaviors among people of the Sabon Gari Local Government Area in Kaduna State, keeping this in mind.

Statement of the Problem

According to the background information, intravenous drug use, sexual contact, blood transfusion, and mother-to-child transmission are all important HIV/AIDS transmission vectors to be aware of. The most common routes of HIV/AIDS transmission, however, have been identified as sexual contact, needle sharing, and mother-to-child transmission, among other things. Knowing about HIV/AIDS does not always equate to appropriate behavior and/or safety measures. People require information to make informed decisions about their sexual behavior. There is, however, little research on HIV/AIDS awareness and prevention practice among Nigerians, which is the vacuum that this study seeks to fill among the people of Sabon Gari, Kaduna State.

Objectives of the Study

The following are the study's objectives:

- i. To assess knowledge of HIV/AIDS among residents of Sabon Gari in Kaduna State
- ii. To examine the extent to which residents of Sabon Gari adhere to HIV/AIDS preventive protocols

Research Questions

The following research questions served as the basis for the investigation:

- i. Do residents of Sabon Gari have knowledge of HIV/AIDS?
- ii. What is the extent to which residents of Sabon Gari adhere to HIV/AIDS preventive protocols?

Methodology

A descriptive survey design was utilized for the investigation. The population of the study was made up of persons (149, 111 males and 142, 247 females) of Sabon Gari with a population of 291, 358 as at the last census in 2006. The sample for the study was 384 according to Krejcie and Morgan's (1970) table of estimating sample size. A standardized questionnaire titled "Knowledge and Practice of HIV/AIDS prevention Questionnaire (KPHPQ)" with a reliability coefficient of 0.81 gotten from split half statistical method was utilized in data collection for the study. The questionnaire was designed by the researchers and it contains 15 items with a three likert scale pattern of Agreed, Disagreed and

Undecided. In giving the questionnaire, a random sampling method was used. The data collected were examined using descriptive statistical methods such as frequency, and percentages tables.

Results

Research Question One: Do residents of Sabon Gari have knowledge of HIV/AIDS?

Table 1: Frequency and percentage of respondents' knowledge of HIV/AIDS

S/N	Statements	Agreed	Disagreed	Undecided
1	HIV is transmitted by sexual activity	286 (74.5%)	93 (24.2)	5 (1.3%)
2	HIV can be passed from mother to kid	252 (65.6%)	121 (31.5%)	11 (2.86%)
3	HIV can be transferred by exchanging sharp objects (Razorblade, needle or syringe, etc) (Razorblade, needle or syringe, etc).	274 (71.4%)	106 (27.6%)	4 (1.0%)
4	HIV can be transferred by blood transfusion	278 (72.4%)	106 (27.6%)	0 (0.0%)
5	HIV can be transferred by handshake	138 (35.9%)	239 (62.2%)	7 (1.8%)
6	HIV can be transferred by wearing clothes of an HIV-positive person	165 (43.0%)	205 (53.4%)	14 (3.6%)
7	HIV/AIDS can be transferred through mosquito bite	131 (34.1%)	244 (63.5%)	9 (2.3%)
8	HIV/AIDS could be cured	181 (47.1%)	201 (52.3%)	2 (0.5%)
9	HIV/AIDS can be transmitted through witchcraft	97 (25.3%)	277 (72.1%)	10 (2.6%)
10	Using the same toilet seat as an HIV-positive people increases the risk of transmission of HIV/AIDS.	166 (43.2%)	213 (55.5%)	5 (1.3%)

Source: Field Survey, 2021

Table 1 indicated that the respondents know about HIV/AIDS. Most particular, they are aware that; HIV may be spread by sexual intercourse (74.5 percent), HIV can be passed from mother to child (65.6 percent), HIV is transmitted by sharing sharp items (71.4 percent), it can also be transmitted by transfusion (72.4 percent). (72.4 percent). The respondents also were knowledgeable that; HIV cannot be transferred by a handshake (62.2 percent), it cannot be transmitted by mosquito bite (63.5 percent), HIV cannot be cured (52.3 percent), also cannot be transferred by using the same toilet seat with an HIV-positive person (55.5 percent). (55.5 percent). Based on this conclusion, it is right to state the respondents know or have awareness regarding HIV/AIDS.

Research Question Two: What is the extent to which residents of Sabon Gari adhere to HIV/AIDS preventive protocols?

Table 2: Frequencies and percentages of respondents' adherence to HIV/AIDS preventive protocols.

S/N	Statements	Agreed	Disagreed	Undecided
1	Had sex before?	217 (56.5%)	132 (34.4%)	35 (9.1%)
2	Used condom during first sexual intercourse? (n = 217)	142 (65.4%)	75 (34.6%)	0 (0.0)
3	Do you share sharp objects with other people?	130 (33.9)	239 (62.2%)	15 (3.9%)
4	Do you even have a sexual partner at present?	290 (75.5%)	47 (12.2%)	47 (12.2%)
5	Have you done an HIV test before?	193 (50.2%)	168 (43.8%)	23 (6.0%)

Source: Field Survey, 2021

Table 2 shows the responses of respondents regarding practices of HIV/AIDS prevention. The majority of them practice HIV/AIDS prevention measures as 56.5% of the respondents agreed to have sex before and 65.4% of them uses a condom to prevent HIV/AIDS transmission, 62.2% of the respondents do not share sharp objects like a razor blade, injection/syringe with other users, 75.5% of the respondents have sexual partners at present and 50.2% of them have done HIV test before to know their status which also helps in the prevention of HIV/AIDS.

Discussion of Findings

This study seeks the knowledge and adherence to HIV/AIDS preventive protocols among residents of Sabon Gari LGA, Kaduna State. The study finds out that the percentage of the participants recognized that HIV may be spread via sexual activity, from mother to child, by sharing infected needles or syringes, and by blood transfusion. These findings are in agreement with two Ghanaian investigations (Agyemang, *et al.*, 2012; Appiah-Agyekum, & Suapim, 2013). Agyemang *et al.*, (2012) conducted a cross-sectional study between many high school students in the Ejura-Sekyedumase District of Ghana and found that sexual activity was the most commonly identified means of HIV transmission (95.0 percent), followed by sharing of razors, needles, or other sharp items with an infected individual (86.0 percent) and blood transfusion (37.1 percent). (37.1 percent). Furthermore, Agyekum and Suapim, (2013) in a cross-sectional survey among high school girls in Ghana, found that practically all the respondents (90.0 percent) were aware that HIV/ AIDS may be transferred by body fluid like blood, semen, vaginal secretions, and breast milk. The majority of the participants in the current study knew that HIV/AIDS cannot be transferred through handshake (81.3 percent), by wearing the clothes of an HIV-infected person (69.7 percent), by mosquito bite (70.1 percent), through witchcraft (73.8 percent) or by using the same toilet seat as an HIV-positive person (60.5 percent). (60.5 percent).

Table 2 shows that the respondents' adherence to HIV/AIDS preventive protocols as majority of them practice HIV/AIDS prevention measures. This is in line with the findings of Tarahomi *et al.*, (2010) where an average usage of condom was observed within the respondents. This is similar to the 54.8 % reported by Zheng *et al.*, (2014). Many prevention programmes have focused on increasing knowledge on transmission so as to overcome misconceptions that could prevent behavioral change towards safe practices and also reduce the stigma against people living with HIV/AIDS.

Conclusion

The study found that the people of Sabon Gari Local Government Area, Kaduna State in which the study was done typically had some awareness of the basics of HIV/AIDS, however, it can be deemed poor. However, there are still certain gaps about the modes of transmission, such as the transmission of the virus through a handshake, sharing of garments with an HIV-positive person, mosquito bites, witchcraft, etc., which need additional research. Furthermore, the knowledge and awareness of HIV/AIDS-related material did not translate to their desire to undergo voluntary testing, with much more than four-fifths of the participants not knowing their HIV status. The bulk of the respondents engaged in dangerous practices regarding HIV.

Recommendation

- i. The respondents should practice their knowledge of HIV/AIDS as this will help them to focus on one partner, and live a healthy life.
- ii. Government should create awareness on the practices of HIV/AIDS prevention measures available.

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