



KNOWLEDGE AND PRACTICE OF HIV/AIDS AMONG ADOLESCENTS IN WADATA WARD, MAKURDI LOCAL GOVERNMENT AREA OF BENUE STATE

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Abstract

This research work was carried out on the knowledge and practice of HIV/AIDS among adolescents in Wadata, Makurdi local government area of Benue state. The objectives of the study are: To determine the knowledge of adolescents regarding HIV/AIDS in Wadata ward, Makurdi Local Government Area of Benue State, to examine the practice of HIV/AIDS among adolescents in Wadata ward, Makurdi Local Government Area of Benue State. Significance of this was established to disclose the knowledge of adolescents in Wadata ward, Makurdi Local Government Area have of HIV/AIDS; to further reveal the extent to which the adolescents put into practice the knowledge the adolescents have of HIV/AIDS; give a sense of direction to government and other development partners on what needs to be done to curb the spread of HIV/AIDS among adolescents. A descriptive design was adopted for the study. Simple random and systematic sampling techniques were used to select a sample of 200 respondents from a population of 1000 which were used to collect the relevant data. The data collected through a questionnaire built on Likert scale was analysed and presented using frequency tables and percentages. Findings from the study revealed that though knowledge of HIV/AIDS is high, the practice is low. Midwifery implications for the findings were highlighted. Due to the limited scope of this work, the researcher suggested areas related to this study that future researchers can look into for the purpose of widening the coverage and in-depth findings.

Keywords: Knowledge, Practice, HIV/AIDS, Adolescent

Introduction

The Human Immuno-deficiency Virus (HIV) is a virus that attacks cells in the immune system (the body's natural defence against illness). The virus destroys a type of white blood cells in the immune system called T-helper cells also referred to as CD4 cells and uses these cells to increase its number. As it destroys more CD4 cells and reproduces, it gradually weakens the patient's immune system. This implies that an HIV patient that isn't taking treatment will find it hard to fight off infections and diseases. According to the Global Information and Education on HIV and AIDS (2020), if left untreated the immune system will be severely damaged that it can no longer defend the body. However, the rate at which HIV progresses varies depending on age, general health and background. The most advanced stage of the infection is Acquired Immunodeficiency Syndrome (AIDS) which can take many years to develop if not treated, depending on the individual which can result in death (World Health Organization, 2020).

The symptoms of HIV vary depending on the stage of infection. Though people living with HIV tend to be most infectious in the first few months after being infected, many are unaware of their status until the later stages. In the first few weeks after initial infection people may experience no symptoms or an influenza-like illness including fever, headache, rash or sore throat.

As the infection progressively weakens the immune system, patients can develop other signs and symptoms, such as swollen lymph nodes, weight loss, fever, diarrhea and cough. Without treatment, they could also develop severe illnesses such as tuberculosis (TB), cryptococcal meningitis, severe bacterial infections, and cancers such as lymphomas and Kaposi's sarcoma.

According to the Global Information and Education on HIV and AIDS (2020), HIV/AIDS can be transmitted through unprotected sex, having multiple sex partners, using sharp and unsterilized objects, transfusing unscreened blood, amongst others. It can however be prevented through the use of male (external) condoms or female (internal) condoms during sexual intercourse, avoidance of multiple sex partners, non-use of sharp and unsterilized objects, avoidance of transfusion of unscreened blood, amongst others. Its treatment involves taking medications that slow the progression of the virus in the body. Although, a cure for it does not exist, there is antiretroviral therapy (ART) that can keep a patient healthy for many years as it reduces the amount of the virus (viral load) in the blood and other body fluids (Centres for Disease Control and Prevention, 2019).

Adolescents account for about 5 per cent of all people living with HIV and about 10 per cent of new adult HIV infections. In 2019, about 1.7 million adolescents between the ages of 10 and 19 were living with HIV worldwide. About 1.5 million live in sub-Saharan Africa. Outside of sub-Saharan Africa, the highest number of HIV-positive adolescents are in Asia and Latin America (UNICEF, 2020).

Globally, in 2019, adolescent girls accounted for three-quarters of all new HIV infections among adolescents. In sub-Saharan Africa that year, four times as many adolescent girls were newly infected with HIV than adolescent boys. In East Asia and the Pacific, more boys are newly infected with HIV each year than girls in adolescence. This reflects differences in risky behaviours in these regions, which means that interventions must be tailored to the specific nature and dynamic of the epidemic. In some sub-Saharan countries, adolescent girls are two

to three times more likely to be infected with HIV than boys of the same age grade. However, HIV does not only affect sub-Saharan Africa. In 2019, 20 per cent of adolescents newly infected with HIV live outside the region (UNICEF, 2020).

Adolescence is a period where an individual experiences many changes in his/her body. During this period, the process of sexual maturation starts which leads to interest in sex but the brain is not matured enough to make correct decisions and to know consequences of risky sexual behaviours. In a lot of countries like Nigeria, parents and teachers hesitate to discuss sexuality with children and sexually transmitted diseases like HIV/AIDS. This attitude of elders and guardians creates confusion among adolescents. According to Chauhan and Lata (2017), there are studies which show that adolescents do not have sufficient knowledge about HIV/AIDS, its modes of transmission and preventive measures.

Knowledge, attitudes and practices (KAPs) regarding HIV/AIDS is one of the cornerstones in the fight against the disease. Adequate knowledge about HIV/AIDS is a powerful means of promoting positive attitudes and engaging in safe practices. Many prevention programmes have focused on increasing knowledge on transmission so as to overcome misconceptions that could prevent behavioral change towards safe practices as regards HIV/AIDS. Studies involving the youth carried out in Cameroon have documented a high level of awareness of HIV/AIDS but knowledge on various specific aspects relating to HIV/AIDS remain poor, with high levels of risky behaviors such as having multiple sex partners and inconsistent use of condom. Despite their engagement in risky behaviors the majority of youths do not perceive themselves to be at risk of contracting the infection. Still, other studies have documented positive changes in condom usage among youth in two major cities in Cameroon, as a consequence of a youth focused intervention programme (Nubed & Akoachere, 2016).

The HIV prevalence of 3.5% among Nigerian adolescents aged 15 to 19 is the highest compared to other countries in West and central Africa. Nigeria also has the highest HIV/AIDS related deaths, accounting for 14% of AIDS deaths globally. Most HIV infections in Nigeria are acquired through heterosexual sex, and new cases of HIV are fueled by multiple factors, including a lack of knowledge about HIV and HIV transmission, ineffective treatment for people with HIV, and inadequate access to healthcare. United Nations Programme on HIV and AIDS (UNAIDS) found that as many as 7 out of 10 adolescents in Sub-Saharan Africa do not have adequate knowledge about HIV transmission. Knowledge and information dissemination are major strategies for combating HIV/AIDS. Partial or insufficient knowledge, not to mention a complete lack of knowledge about HIV among adolescents can be fatal for a population prone to risky sexual behaviors (RSB) (Pharr et al., 2017).

Several studies have been conducted in Africa to investigate KAP levels among adolescents. According to Dzah, Tarkang and Lutala (2019), these studies found that the knowledge of students regarding HIV was either average or poor, with misconceptions on high-risk practices among adolescents. Misconceptions were equally found in most KAP studies conducted among youths in different parts of Africa (Nigeria, Botswana, Gabon, amongst others) and beyond.

A study conducted in Nigeria to identify knowledge of HIV infection among adolescents in Port Harcourt found that only 7.1% of participants listed the four modes of transmission,

namely sexual intercourse, blood transfusion, mother to child (vertical) transmission and intravenous drug use. The above four modes of transmission were identified by only 31%, 14.4%, 9.1% and 8%, respectively. Only 0.7% identified all the preventive measures. Another survey in western Nigeria assessing the level of awareness, knowledge and attitude towards HIV/AIDS among adolescents in Atisbo Local Government Area of Oyo State, Nigeria, showed that participants possess relatively good knowledge of HIV/AIDS, reasonable knowledge of safe sexual practices and positive attitude towards sexuality and HIV/AIDS (Dzah, Tarkang and Lutala, 2019).

Adolescence is a stage of physiological, mental and social transformation which comes with inquisitiveness, impulsiveness and experimentation, making individuals in it prone to risky health behaviours. These behaviours make them susceptible to diseases especially sexually transmitted diseases such as HIV/AIDS. This is compounded by insufficient knowledge of development, lack of correct health information, the reluctance of parents to provide their children with sex education. Adequate knowledge is imperative to preventing the increasing burden. Although, a vast amount of information is available about the disease and significant progress made in the past two decades on prevention, control and cure, the extent of utilization still remains a challenge. According to Vijayageetha, Narayanamurthy, Vidya and Renuka (2016), a report released by UNICEF and UNAIDS revealed that the number of adolescents aged 10-19 officially estimated to be living with HIV increased over the past decade. Despite the reduction in AIDS-related deaths among adults, those 10-19 year olds increased by 110 per cent between 2005 and 2014, which is alarming. Over the years, a lot of adolescents seem not too concerned about avoiding risky sexual behaviours which can lead to HIV/AIDS in Wadata. The attention of the researcher was drawn to the widespread moral decadence and tendency of adolescents to engage in risky sexual behaviours. The researcher also observed a lot of adolescents in the Wadata still patronize commercial nail cutters thereby making them share unsterilized sharp objects with a lot of strangers. It is against this background that the researcher was motivated to investigate the knowledge and practice of HIV/AIDS in Wadata ward, Makurdi Local Government Area of Benue State.

Purpose of the study

The study intends to achieve the following:

- i. To determine the knowledge of adolescents regarding HIV/AIDS in Wadata ward, Makurdi Local Government Area of Benue State.
- ii. To examine the practice of HIV/AIDS among adolescents in Wadata ward, Makurdi Local Government Area of Benue State.

Research Questions

- i. What knowledge do adolescents in Wadata ward, Makurdi Local Government Area of Benue State have about HIV/AIDS?
- ii. Do adolescents in Wadata ward, Makurdi Local Government Area of Benue State practice HIV/AIDS preventive measures?

Methodology

The research design that was used in this study is descriptive design which is a design used in determining the level of occurrence of a particular event at a point in time, as such it can be

used to access the knowledge and practice of HIV/AIDS among adolescents in Wadata Ward, Makurdi local government area.

Settings

The research work was carried out in Wadata settlement, Makurdi South State Constituency, Benue State. Wadata is located at the north western part of Makurdi South State Constituency. It is in Ankpa/Wadata council ward of Makurdi local government area of Benue State.

Wadata is bounded in the north by River Benue, modern market in the south-west, Ankpa quarters in the south and Federal Medical Centre in the East. It is highly populated with a population of density of about 66,000 (National Population Census, 2006). It is a crowded environment with poor ventilation and River Benue as the main source of water for residents. The most dominated ethnic groups are the Hausa, Tiv, Idoma, Igbo, Igede and Jukun. Majority of the residents are Muslims and Christians.

Institutions available in Wadata include; Nursery and Primary Schools, Secondary Schools and Arabic Schools. Wadata community has access to so many private health clinics and a tertiary health institution - Federal Medical Centre, Makurdi which enables easy referral of cases. The main occupations of the people in Wadata are Fishing, Farming, Trading, Civil Service and other businesses.

Target Population

The target population of the study comprised of adolescents (10 – 19 years old) in Wadata community, Makurdi Local Government Area. Where sample information was obtained and the data of the study was generated. The target population was 1000 adolescents.

Sample/Sampling Technique

The sampling technique that was used for the study is the combination of both the systematic sampling and the simple random sampling techniques.

a. Systematic Sampling Technique

A sample frame was formulated using data collected from the National Population Census office at the Makurdi Local Government Council secretariat. 20% of the target population was used for the study. Thus,

$$\text{Sample size estimate} = 20100 \times \frac{10001}{50000} = 200$$

$$\text{Sample size} = 200$$

The above technique shows that the number of adolescents was 1000 and the sample size used was 20% of the total population which is 200.

Simple Random Sampling

This is the type of sampling design in which each sampling unit has equal and independent chance of being included or selected in the sample. This sampling design is easy to carry out and cost-effective. It is also not prone to bias.

Sample Interval (S.I) = Target Population Sample Size = 1000200 = 5

$$S.I = 5$$

Instrument for Data Collection

Questionnaire is the instrument that was used in this study. It was made up of sections A, B, C and D. Section A was made up of Demographic Data while section B, C and D comprised of the main questions drafted from the objectives of the study which was designed on a Likert scale in order of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD).

Method of Data Collection

The questionnaires were distributed to the respondents to fill and return immediately. The educated ones filled theirs and returned as soon as they are done while the researcher interpreted the questions to the uneducated respondents. They were assisted to tick their responses on the questionnaire.

Method of Data Analysis

The data collected was analyzed in tabular form showing their respective frequencies and percentages.

Results

Section A: Demographic Data

Table 1: Showing the age of the respondents

Age	Frequency	Percentage (%)
10-12	15	7.5
13-14	25	12.5
15-16	40	20
17-19	120	60
Total	200	100

Source: Field survey, 2021

Table 1 above shows that out of 200 (100%) respondents, 15 (7.5%) were between the ages of 10-12, 25 (12.5%) were between the ages of 13-14, 40 (20%) were between the ages of 15-16 while the remaining 120 (60%) were between the ages of 17-19.

Table 2: Showing the sex of the respondents

Sex	Frequency	Percentage (%)
Male	125	67.5
Female	75	32.5
Total	200	100

Source: Field survey, 2021

Table 2 above shows that out of 200 (100%) respondents, 125 (67.5%) were male while 75 (32.5%) were female.

Table 3: Distribution of respondents by educational qualification

Educational qualification	Frequency	Percentage (%)
Primary School	15	7.5
Junior Secondary	45	22.5
Senior Secondary	140	70
Total	200	100

Source: Field survey, 2021

Table 3 above shows that out of 200 (100%) respondents, 15 (7.5%) have primary education, 45 (22.5%) have Junior Secondary education while 140 (70%) have Senior Secondary education.

Table 4: Distribution of respondents by religion

Religion	Frequency	Percentage (%)
Christianity	112	56
Islam	86	43
Others	2	1
Total	200	100

Source: Field survey, 2021

Table 4 above shows that out of 200 (100%) respondents, 112 (56%) were Christians, 86 (43%) were Muslims while 2 (1%) belong to other religions.

Table 5: Distribution of respondents by tribe

Tribe	Frequency	Percentage (%)
Tiv	92	46
Idoma	33	16.5
Hausa	68	39
Others	7	3.5
Total	200	100

Source: Field survey, 2021

Table 5 above shows that out of 200 (100%) respondents, 92 (46%) were Tiv, 33 (16.5%) were Idoma, 68 (34%) were Hausa while 7 (3.5%) belong to other tribes.

Section B: Knowledge of HIV/AIDS Scale**Table 6:**

S/N	Question	SA	A	D	SD
1	Adolescents are aware of the existence of HIV/AIDS	165 82.5%	35 17.5%	0 0%	0 0%
2	Adolescents are aware of the modes of transmission of HIV/AIDS	75 37.5%	78 39%	32 16%	15 7.5%
3	Adolescents are aware of the preventive measures of HIV/AIDS	80 40%	83 41.5%	27 13.5%	10 5%
4	Adolescents are aware of the fact that HIV/AIDS has no cure	135 67.5%	57 23.5%	6 3%	2 1%
5	Adolescents are aware of the signs and symptoms of HIV/AIDS	82 41%	85 42.5%	21 10.5%	10 5%

Source: Field survey, 2021

Table 6 item 1 shows that out of 200 respondents 165 (82.5%) strongly agreed that adolescents are aware of the existence of HIV/AIDS, 35 (17.5%) agreed, 0 (0%) disagreed, 0 (0%) strongly disagreed.

Item 2 shows that out of 200 respondents 75 (37.5%) strongly agreed that adolescents are aware of the modes of transmission of HIV/AIDS, 78 (39%) agreed, 32 (16%) disagreed, 15 (7.5%) strongly disagreed.

Item 3 shows that out of 200 respondents 80 (40%) strongly agreed that adolescents are aware of the preventive measures of HIV/AIDS, 83 (41.5%) agreed, 27 (13.5%) disagreed, 10 (5%) strongly disagreed.

Item 4 shows that out of 200 respondents 135 (67.5%) strongly agreed that adolescents are aware of the fact that HIV/AIDS has no cure, 57 (23.5%) agreed, while 6 (3%) disagreed, 2 (1%) strongly disagreed.

Item 5 shows that out of 200 respondents 82 (41%) strongly agreed that adolescents are aware of the signs and symptoms of HIV/AIDS, 85 (42.5%) agreed, 21 (10.5%) disagreed, 10 (5%) strongly disagreed.

Section C: Practice of HIV/AIDS Scale**Table 7:**

S/N	Question	SA	A	D	SD
1	Adolescents abstain from unprotected sex to avoid contracting HIV/AIDS	25 12.5%	53 26.5%	80 40%	42 21%
2	Adolescents don't share sharp objects to avoid contracting HIV/AIDS	88 44%	83 41.5%	22 11%	7 3.5%
3	Adolescents don't accept unscreened blood to avoid contracting HIV/AIDS	135 67.5%	57 23.5%	6 3%	2 1%
4	Adolescents observe mutual fidelity to avoid contracting HIV/AIDS	27 13.5%	55 27.5%	78 39%	40 20%

Source: Field survey, 2021

Table 7 item 1 shows that out of 200 respondents 25 (12.5%) strongly agreed that adolescents abstain from unprotected sex to avoid contracting HIV/AIDS, 53 (26.5%) agreed, 80 (40%) disagreed while 42 (21%) strongly disagreed.

Item 2 shows that out of 200 respondents 88 (44%) strongly agreed that adolescents don't share sharp objects to avoid contracting HIV/AIDS, 83 (41.5%) agreed, while 22 (11%) disagreed 7 (3.5%) strongly disagreed.

Item 3 shows that out of 200 respondents 135 (67.5%) strongly agreed that adolescents don't accept unscreened blood to avoid contracting HIV/AIDS, 57 (23.5%) agreed, while 6 (3%) disagreed 2 (1%) strongly disagreed.

Item 4 shows that out of 200 respondents 27 (13.5%) strongly agreed that adolescents observe mutual fidelity to avoid contracting HIV/AIDS, 55 (27.5%) agreed, while 78 (39%) disagreed 40 (20%) strongly disagreed.

Discussion

Research Questions

Research Question One: What knowledge do adolescents in Wadata ward, Makurdi Local Government Area of Benue State have about HIV/AIDS?

From the data presented in table 6, it was observed that out of 200 respondents, 165 (82.5%) strongly agreed that adolescents are aware of the existence of HIV/AIDS, 75 (37.5%) adolescents are aware of the modes of transmission of HIV/AIDS, 80 (40%) adolescents are aware of the preventive measures of HIV/AIDS, 135 (67.5%) adolescents are aware of the fact that HIV/AIDS has no cure, 82 (41%) adolescents are aware of the signs and symptoms of HIV/AIDS. In agreement, Oyo-Ita et al. (2015) stated that general adolescent knowledge on HIV/AIDS may be high but the specific knowledge of the disease is still poor which has contributed to erroneous beliefs and poor attitude towards it. Also in agreement, Bamise, Bamise and Adedigba (2011) stated that previous studies about the knowledge of HIV/AIDS among adolescents show that general awareness on the disease may be high but the specific knowledge of the disease is still poor.

Research Question Two: Do adolescents in Wadata ward, Makurdi Local Government Area of Benue State practice HIV/AIDS preventive measures?

The findings from the analysed data shows that out of 200 respondents, 25 (12.5%) strongly agreed that adolescents abstain from unprotected sex to avoid contracting HIV/AIDS, adolescents don't share sharp objects to avoid contracting HIV/AIDS 88 (44%), adolescents don't accept unscreened blood to avoid contracting HIV/AIDS 135 (67.5%), adolescents observe mutual fidelity to avoid contracting HIV/AIDS 27 (13.5%). Supporting the findings, Alabi et al. (2018) stated that a large proportion of adolescents are sexually active and have a high level of awareness concerning HIV/AIDS, but a good number have negative attitude towards it and poor practice of preventive measures. In agreement, Omoyeni, Akinyemi and Fatusi (2014) asserted that HIV/AIDS prevalence among adolescents remains high. Although, studies confirmed a high knowledge of HIV among youths, there is a lag in linking HIV/AIDS knowledge with protective sexual behaviour. Also, Ugwu et al. (2015) opined that though adolescents' knowledge of the routes of transmission and modes of prevention of HIV infection may be high, few still have some misconceptions which results in poor practice of

safe lifestyles towards prevention of HIV infection as well as low perception of self-vulnerability to the risk of HIV infection.

Conclusion

In the light of this study, it is obvious that general adolescent knowledge on HIV/AIDS is high but the specific knowledge of the disease is still poor which has led to some misconceptions resulting in poor practice of safe lifestyles towards prevention of the disease as well as low perception of self-vulnerability to the risk of HIV infection. The following conclusions were drawn from the study that though knowledge of HIV/AIDS is high, the practice is low.

Recommendations

Based on the findings, the following recommendations were made by the researcher:

- i. Adolescents should be taught in schools the need for them to put into practice their knowledge of HIV/AIDS.
- ii. Religious leaders and parents should create adequate time to educate adolescents on the attendant consequences of practicing HIV/AIDS prevention strategies.
- iii. Non-Governmental Organizations and other Civil Society Organizations should embark on awareness campaigns on the need for adolescents to practice HIV/AIDS prevention strategies.

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