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Knowledge on HIV/AIDS Prevention Among Youths in Fort-Ternan Sub-County Hospital.

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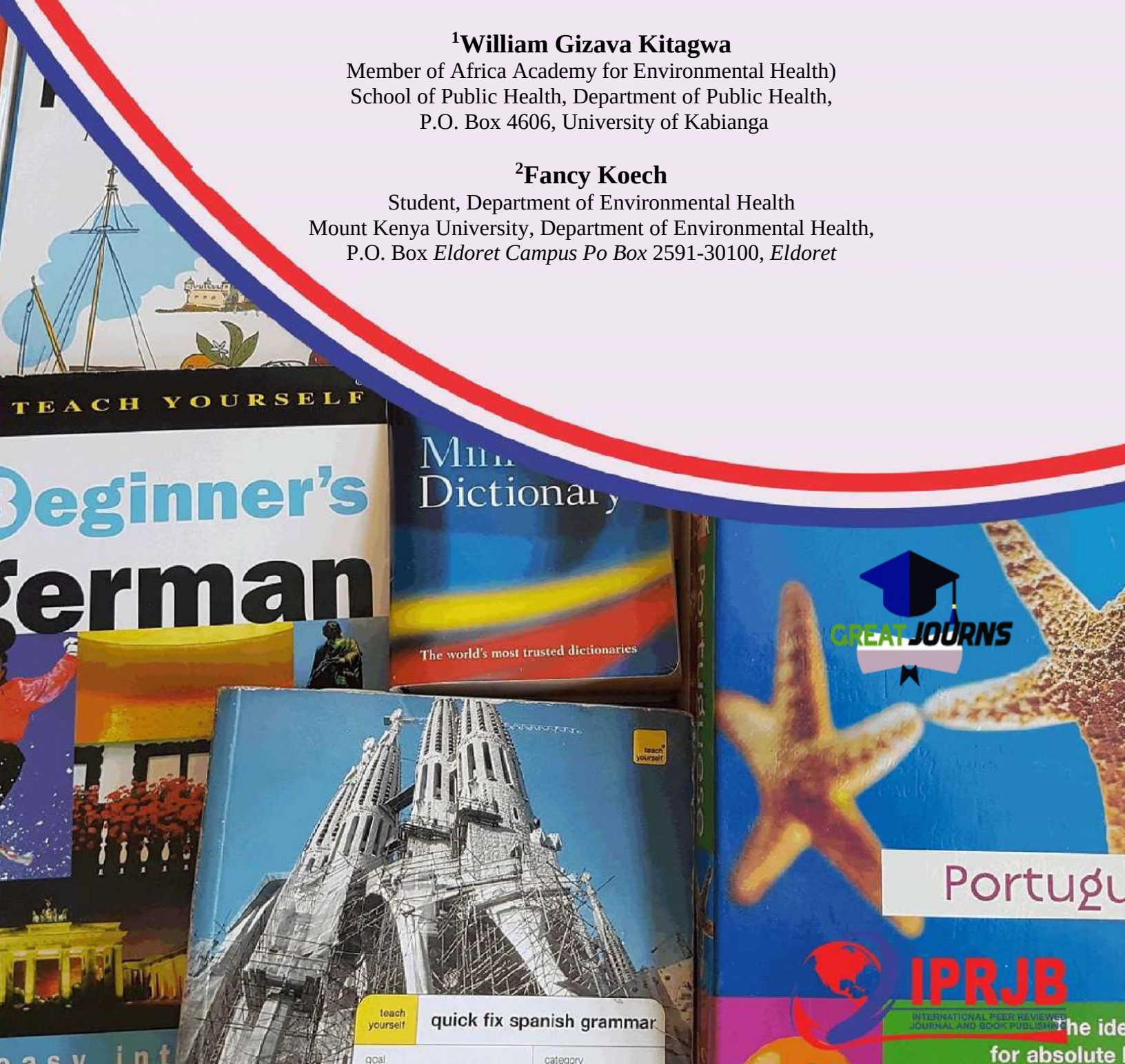

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ABSTRACT

The study aimed to assess the Knowledge on HIV/AIDS Prevention among Youths in Fort-Ternan Sub-County Hospital. The research utilized a descriptive cross-sectional design. The study used questionnaire for data collection. The target population consisted 2,830 youths aged between 15- and 24-years attending Fort-Ternan Sub-County Hospital. The sampling procedure for this study involved a systematic random sampling technique to obtain a sample size of 283 youths. A questionnaire was administered to respondents after obtaining their informed consent. Data collected was entered into SPSS for analysis, with results presented using tables, percentages, frequency distributions, and visual aids such as line graphs, bar graphs, and pie charts. Permission to conduct the study was obtained from the clinical officer in charge, and informed consent was sought from participants, ensuring that those who did not consent were not coerced into participating. The findings revealed that there was generally high awareness among youths about HIV transmission, condom use, and the benefits of monogamy. The study concluded that although youths demonstrated a solid understanding of basic HIV prevention strategies, there were critical knowledge gaps that need addressing, particularly regarding HIV testing and service accessibility. The study recommended developing targeted educational programs to address specific knowledge gaps, improving awareness about HIV testing locations, and conducting regular outreach activities to reinforce prevention messages.

Key Words: HIV/AIDS prevention, youth awareness, Fort-Ternan Sub-County, HIV knowledge,

1.0 INTRODUCTION

HIV/AIDS poses a significant public health challenge, particularly in Sub-Saharan Africa, where it severely affects youth populations. Addressing this issue requires a multifaceted approach, including education, awareness, and behavioral change interventions. Effective HIV/AIDS prevention for young people is crucial due to their vulnerability to risky behaviors and misinformation. Research emphasizes the need for tailored education programs that address sexual networking and risk behaviors, which are key factors in the spread of HIV (Cheetham *et al*., 2017). These programs should not only provide knowledge but also empower youth to engage in preventive behaviors. Understanding the level of HIV/AIDS knowledge and attitudes among adolescents is fundamental for designing effective interventions. Studies reveal gaps in awareness that contribute to higher risk behaviors (Jemmot, 2016). Strategies that improve adolescents' understanding and promote protective behaviors are essential for reducing HIV risk.

At Fort-Ternan Sub-County Hospital, implementing HIV/AIDS education for youth is vital. National surveys highlight the importance of localized interventions that meet specific community needs (Kenya Demographic and Health Survey, 2018). Ongoing monitoring and adaptation of these programs are also crucial to ensure their continued effectiveness (Ross et al., 2016).

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II: LITERATURE REVIEW

HIV/AIDS education is a crucial component of HIV prevention. In Kenya, AIDS education is integrated into the curriculum for both primary and secondary schools (Ross & Pick, 2016). Over the years, Kenya has implemented educational campaigns to raise national awareness about HIV/AIDS. Consequently, there is a high level of awareness about HIV and AIDS in Kenya, particularly among adults aged 15 to 49 years. Despite this, awareness, understanding of transmission methods, and perceptions of individual risk are vital for reducing sexual risk but are often insufficient alone to prevent transmission (Creswell, 2014).

HIV/AIDS education and awareness is one of the key elements in comprehensive HIV prevention. It is believed that increased knowledge, along with positive attitudes and beliefs about HIV/AIDS, will lead to positive behavior changes, that is, behaviors that are less risky, or safer, such as use of condoms, abstinence, and avoidance of risky situations.

Awareness of HIV, an understanding of how it may be transmitted, and a perception of individual risk are essential to sexual risk reduction, although they are often insufficient on their own to prevent transmission. Young people are less likely than adults to exhibit accurate, comprehensive understanding of how to prevent HIV transmission (Tegang *et al*., 2017)

Knowledge of HIV/AIDS is relatively high in Kenya, with 75 percent of women and 81 percent of men 15 to 49 years of age aware that the use of a condom can prevent the transmission of HIV. HIV testing and counseling is provided both through voluntary sites and through provider initiated sites, with 73 percent of health facilities currently offering provider-initiated HIV counseling and testing. Mobile outreach sites target MARPs and other vulnerable populations. (KDHS 2008-2009). The widespread availability of counseling and testing services through outlets has resulted in significant increases in the number of people tested for HIV between 2003 and 2009. In 2003, 14.3 percent of adult men and 13.1 percent of adult women received an HIV test. By 2009, the proportion of adult men and women tested had risen to 40.4 percent and 56.5 percent, respectively.

Globally a majority of the youth aged 15-24 have heard of HIV/AIDS, however, evidence have established that the vast majority of youth do not know how HIV is transmitted or how to protect themselves (United Nations Children's Fund, The Joint United Nations Program on HIV/AIDS and World Health Organization, 2002).

Knowledge on how HIV is transmitted is one of the several factors that enable youth to protect themselves from the virus. Correct knowledge can also reduce stigma and discrimination against people living with HIV/AIDS. Several studies have shown that health related knowledge has power to change people's attitudes and health care behaviors in different health contexts, including, oral and dental health (Kinirons and Stewart, 2016). Widespread evidence shows that knowledge about HIV/AIDS and STIs and reproductive health are key strategies for empowering young people to delay the onset of sexual activity and to make their sexual behaviors safer (Jackson, 2002). Knowledge of pregnancy risks and knowledge about HIV/AIDS has been associated with consistent use of condoms and a reduction in the number of sexual partners among Zambian adolescents (Magnani et al., 2000).

Although various studies (Ochieng, 2005; Nyinya, 2007) suggest high level of awareness of HIV and AIDS among youths, there is still lack of observable behavior change amongst them. Likoye (2004) in a study on knowledge and praxis: the implication of Freire's concept of critical consciousness for HIV and AIDS awareness, observes that despite evidence that a large proportion of older adolescents and young adults in both rural and urban settings in Kenya appear to have

high level of knowledge and awareness about the prevalence, method of transmission and deadliness of HIV and AIDS however, this does not imply that they have changed their sexual behavior.

Likoye (2018) observes further that knowledge's failure to generate or develop in the people a disposition that translates into practice or action definitely casts doubt on the kind (usefulness) of that particular knowledge. A reflection is therefore needed on the ultimate nature and meaning of HIV and AIDS awareness especially within the education context. The reflection should therefore be in terms of what should be the objectives and actual behavior change among the recipients of the program.

Adegba,O,etal 2017) argue that the objectives of a program like the HIV and AIDS education in secondary schools should be able to give direction on the type of knowledge that would focus on making the learners agents and to enable them participate in the transfer of that change in the society so as to make more people to embrace that change; youth should therefore transform the community towards HIV and AIDS control. However, the HIV and AIDS education program has not enabled the young adults to acquire the readiness and ability to adopt lifestyles that are compatible with prevention attitude and practice in relation to HIV and AIDS prevention (Likoye, 2004); there seems to exist a gap between knowledge and actual behavior towards HIV and AIDS prevention. Freire (1974) observes that critical consciousness enables people to evaluate their environments and their situation and critically examine myths therein. The objectives of the HIV and AIDS Education therefore should take on the manifestation of practical responses characterized by reflect ability, creativity and liberated action that positions human beings as actors and subjects in the world.

Right from the beginning, the HIV/AIDS epidemic has been accompanied by an epidemic of fear, ignorance, and denial, leading to stigmatization of and discrimination against people living with HIV/AIDS (PLWHA) and their family members (International Center for Research on Women 2002).

Ross et al., (2006) observed that the second decade of life is a period of experimentation and risk taking and many other factors increase young persons' vulnerability to HIV during these years of rapid physical and psychosocial development. These factors include a lack of knowledge about HIV/AIDS, lack of education and life skills, poor access to health services and commodities, early sexual debut, early marriage, sexual coercion and violence, human trafficking and growing up without parents or other forms of protection from exploitation and abuse.

Sub-Saharan African youth between the ages of 15 and 24 are particularly vulnerable to HIV and other sexually transmitted infections (STIs) (KDHS, 2018), representing 41 percent of all new infections across the continent (UNICEF, 2011).

Globally, it is estimated that 2,500 new infections occur each day among youth, 79 percent of which take place in sub-Saharan Africa (UNICEF, 2011b). Though the World Health Organization defines 'youth' as 10 to 24 years old (NCPD, 2003), the 15 to 24 age group represents the largest risk category in contracting HIV. In addition to HIV and STIs, these youths are prone to early pregnancy and subsequent anemia, high-risk births, maternal malnutrition and development of obstetric fistulae (Bankole et al., 1995).

It is believed that increased knowledge, along with positive attitudes and beliefs about HIV/AIDS, will lead to positive behavior changes, that is, behaviors that are less risky, or safer, such as use of condoms, abstinence, and avoidance of risky situations.

According to Adegbola et al., (1995) knowledge essentially is the recall recognition of specific and universal elements in a subject area. In the context of HIV/AIDS, having knowledge implies ability to recall facts concerning causes, transmission and prevention concerning HIV/AIDS. In an attempt to eradicate HIV, there is a need to educate people, most especially the youths who are very sexually active. According to Kaiser Family Foundation (2005), young adults are in the centre of the epidemic because young people ages 15-24 account for approximately half of new adult HIV/Aids infections and 28% of the global total adults living with HIV/AIDS.

III: RESEARCH METHODOLOGY AND DESIGN

3.1 Research Design

The research design that was used in this study is the descriptive cross-sectional. It is considered as an appropriate research design because according to Cohen and Lawrence (1995), descriptive surveys gather data at a particular point in time with intention of describing existing conditions or identifying standards against which existing conditions can be compared or determine relationships that exist.

3.2 Target Population

The target population was 2,830 youths aged between 15 and 24 years attending Fort-Ternan Sub-County Hospital.

3.3 Sampling procedure and sample size

The sampling procedure for this study involved a systematic random sampling technique to ensure a representative subset of the target population. The target population consisted 2,830 youths aged between 15 and 24 years attending Fort-Ternan Sub-County Hospital for any service. With a total sample size set at 283 respondents, the process began by compiling a comprehensive list of eligible youths from hospital records. A sampling frame was established to include all youths within the specified age range. To determine the sampling interval, the total number of youths was divided by the sample size, resulting in an interval of approximately 10. Starting from a randomly selected point within the first interval, every 10th individual on the list was chosen to form the sample (Creswell, 2014). Participants were then approached, and their informed consent was obtained to ensure their voluntary participation. If issues such as non-response occurred, additional respondents were selected according to the interval to maintain the sample size. This procedure aimed to accurately reflect the knowledge of HIV/AIDS prevention among the youths at the hospital.

3.3 Data Collection Document

3.4 Questionnaires

A structured questionnaire consisting of open and closed-ended questions with brief instructions was used to collect information from youths who were willing to respond and were capable of reading and writing. Each item in the questionnaire was developed to address a specific objective of the study, resulting in four distinct sections: demographics, knowledge on HIV/AIDS, attitudes towards HIV/AIDS prevention, and sexual practices related to HIV prevention among young

people. The questionnaire was administered to respondents after obtaining their informed consent.

3.5 Data Collection Procedures

The study used questionnaire for data collection. All the youths who will to take part in the study will consent by reading to them the consent form which contains all the procedures involved in the study and upon voluntary acceptance to participate they will sign the consent before start of the interview.

3.6 Method of data presentation and Analysis

After the data is collected, it will be keyed into the computer using the Statistical package for Social Scientists (SPSS) for analysis. This will be done after assigning codes to the questions. Using SPSS, the data will be presented in form of tables, percentages and frequency distributions in form of descriptive statistics. Line graphs, bar graphs and pie charts was will also used for the combinations of outcomes.

3.7 Ethical Consideration

Permission to carry out the study will be obtained from clinical officer in charge before collection of the data during the actual field study and getting consent from the participants and those who will not give their consent will not be forced to participate in the study. The privacy and confidentiality of the information given by the subjects will be maintained in the course of the study by exempting writing of participant's real names or any identification markers on the questionnaires or any materials used during the actual study and instead use the numbers for identification purpose as well as storing them in a place inaccessible by other people.

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IV: RESULTS

4.1 KNOWLEDGE ON HIV/AIDS PREVENTION AMONG YOUTHS

Table 4.1 Knowledge on HIV/AIDS Prevention among Youths

Statements	SA	A	U	D	SD	N
I know that HIV can be transmitted through unprotected sexual intercourse.	96	74	14	62	37	283
	33.9	26.2%	4.9%	21.9%	13.0%	100
I believe that using condoms consistently can help prevent the transmission of HIV.	93	79	17	59	35	283
	32.9%	27.9%	6.0%	20.8%	12.4%	100
I am aware that HIV testing is important for knowing one's HIV status.	96	82	11	65	29	283
	33.9%	28.9%	3.9%	23.0%	10.2%	100
I know where to access HIV testing services in Fort-Ternan Sub-County Hospital.	105	91	15	44	28	283
	37.1%	32.2%	5.3%	15.6%	9.9%	100
I believe that being faithful to one uninfected partner reduces the risk of HIV transmission.	121	85	21	38	18	283
	42.8%	30.0%	7.4%	13.4%	6.4%	100

Source (Author, 2024)

Table 4.1 presented the results of a survey conducted to assess youths' knowledge on HIV/AIDS prevention, with a total sample size of 283 respondents. Each statement reflected different aspects of HIV/AIDS awareness and prevention.

For the statement, I knew that HIV could be transmitted through unprotected sexual intercourse, 96 respondents (33.9%) strongly agreed, and 74 respondents (26.2%) agreed. Conversely, 62 respondents (21.9%) disagreed, and 37 respondents (13.0%) strongly disagreed. This indicated a generally high level of awareness about HIV transmission through unprotected sex, though a significant proportion did not share this understanding, suggesting a need for continued education.

Regarding the belief that using condoms consistently could help prevent the transmission of HIV, 93 respondents (32.9%) strongly agreed, and 79 respondents (27.9%) agreed. However, 59 respondents (20.8%) disagreed, and 35 respondents (12.4%) strongly disagreed. Additionally, 17 respondents (6.0%) were undecided. These responses indicated a strong general understanding of the role of condoms in preventing HIV, yet there were still some who did not agree, highlighting an opportunity for further education on condom use.

For the statement, I was aware that HIV testing was important for knowing one's HIV status, 96 respondents (33.9%) strongly agreed, and 82 respondents (28.9%) agreed. In contrast, 65 respondents (23.0%) disagreed, and 29 respondents (10.2%) strongly disagreed. The presence of disagreement suggested that while many understood the importance of HIV testing, additional efforts were needed to promote regular testing.

Regarding knowledge of where to access HIV testing services in Fort-Ternan Sub-County Hospital, 105 respondents (37.1%) strongly agreed, and 91 respondents (32.2%) agreed. However, 44 respondents (15.6%) disagreed, and 28 respondents (9.9%) strongly disagreed. While the majority were aware of the testing locations, there was still a need to improve communication about where to access these services to address the gaps identified by those who were less informed.

For the statement I believed that being faithful to one uninfected partner reduced the risk of HIV transmission, 121 respondents (42.8%) strongly agreed, and 85 respondents (30.0%) agreed. There were 21 respondents (7.4%) undecided, and 38 respondents (13.4%) disagreed. This reflected a strong general understanding of the protective benefits of monogamy, although the undecided and disagreeing responses suggested that reinforcing this message could have been beneficial.

V: SUMMARY

5.1 Knowledge on HIV/AIDS Prevention among Youths

The study's goal was to examine how Knowledge on HIV/AIDS Prevention among Youths. Based on the finding For the statement, I knew that HIV could be transmitted through unprotected sexual intercourse, 96 respondents (33.9%) strongly agreed, and 74 respondents (26.2%) agreed. Conversely, 62 respondents (21.9%) disagreed, and 37 respondents (13.0%) strongly disagreed. This indicated a generally high level of awareness about HIV transmission through unprotected sex, though a significant proportion did not share this understanding, suggesting a need for continued education

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5.2 Conclusion

The study concluded that, while the overall level of knowledge about HIV/AIDS prevention among youths was relatively high, there were notable areas where improvements could be made. Many respondents strongly agreed with the statements related to HIV transmission and prevention methods, reflecting a solid understanding of basic prevention strategies. Nonetheless, a significant number of respondents either disagreed or were undecided on some key aspects, such as the importance of HIV testing and the availability of testing services. These findings highlighted the need for ongoing education and targeted outreach to address these knowledge gaps and ensure comprehensive understanding.

5.3 Recommendations

Based on the findings and conclusions reached, the study made a number of recommendations, including:

- Develop and implement more robust educational programs that emphasize the importance of HIV testing, the role of condoms in preventing HIV, and the benefits of monogamy. These programs should be tailored to address the specific gaps identified in the survey.
- Increase awareness about the locations of HIV testing services, particularly at Fort-Ternan Sub-County Hospital. Effective communication strategies should be employed to ensure that youths know where to access these services easily.
- Conduct regular outreach activities and workshops to reinforce key messages about HIV/AIDS prevention. These activities should aim to reach those who are undecided or disagreeing with established prevention strategies to enhance their understanding and encourage safer practices.
- Establish a system for monitoring and evaluating the effectiveness of educational and outreach initiatives. This will help in assessing whether the targeted interventions are

successfully addressing the knowledge gaps and making a positive impact on youth behavior regarding HIV prevention.

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