

Determining knowledge, Attitudes and practices of HIV and AIDS among AYA at a training institute and non-governmental organization

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Abstract

The propagation of HIV and AIDS in Sub-Saharan Africa raises greater concerns despite availability of interventions. Of concern, are Adolescents and Young Adults (AYA) who share part of the infected population due to this group's vulnerability to HIV. The study aimed at determining knowledge, attitudes and practices (KAPS) of HIV and AIDS among AYA at a training institute and non-governmental organization. The study was descriptive in nature, with 94 students' respondents from the training institute and 2 representatives, at a non-governmental organization. The study finding found that there were 89.4% respondents with knowledge about how to avoid contracting HIV and AIDS. However, individual expression of high knowledge levels about HIV and AIDS do not necessarily translate into behavioral change or actions but would be effective when coupled with intervening good practices and attitudes. The practices of people disclosing their HIV status could be an indication that it leads to behavior change and prevention of HIV and AIDS. When people's attitudes towards People Living with HIV and AIDS (PLWHA) have zero stigma, studies indicate that such may lead to increased access to existing services regarding HIV and AIDS that may achieve the 90%–90%–90% by 2030 in all population groups especially the AYA. Therefore, it would be significant that HIV and AIDS programming are aimed at ensuring that what works in reducing the prevalence is adhered to as failure may lead to upsetting the success made in reduction of infections.

Keywords: - KAPs, AYA, Sub-Saharan Africa, infection

I. Introduction

Sub-Saharan Africa remains a concern in the propagation of HIV and AIDS especially among AYA representing 80% of the world population living with HIV (Maulide Cane et al, 2021). Zambia is among countries in Sub-Saharan Africa which by 2016 had a generalized HIV prevalence of 12.3% among 15-59 year olds, a representation of 0.66% annually. That was an infection rate which corresponded to 46,000 people getting infected with HIV annually (MOH, Zambia, ZAMPHIA, 2016). By 2018 the prevalence of HIV infection rate in Zambia was at 11% (adults 15-59 years) and 14.6% of children of people who tested positive to the HIV virus (UNICEF, 2020). The infection rates have been varying from year to year indicating a decline trend (Chanda-Kapata, P. Kapata, N., Klinkenberg, E. *et al*).

However, despite the decline in past years, the propagation of HIV and AIDS among AYA remain a concern among many in society as they share part of the infection rates. According to Zambia Statistics Agency, Ministry of Health (MOH) Zambia, and ICF (2019) AYA aged 15+ contributed to the national HIV infection rates. There were 19,000 males and 26 000 females infected with HIV. Despite intervention based on reduction and prevention of the HIV virus infections, 15+ year olds, of four (4) out of Ten (10) indicated to had comprehensive knowledge. Mostly, the knowledge component that AYA have is measured on one factor about prevention of HIV through use of condoms or abstinence. The study shows that six (6) out of 10 that among the 15+ year olds had ever tested for HIV at designated centers. (Demographic and Health Survey, 2018)

The AYA population in Zambia is a growing cluster representing 33% of the population that would form part of the highly economically and productive adult group to the country hence preservation of their health is of greatest concern (UNICEF, 2021). The identification of knowledge, attitudes and practices (KAP) among AYA is part of the intervention to reduce or prevent HIV infections among them. Studies on KAP are essentially of importance especially when designing interventions to provide baseline data (information) useful to programmes and projects within this area of focus (WHO and PAHO, 2016).

When knowledge levels of HIV and AIDS among AYA is identified, it leads to an increase in knowledge and understanding factors causing HIV that eventually affects positive behavioral changes. Promoting right attitudes towards sexual behaviors may contribute to changing behavior in AYA and allows them to be part of the responsible group once they perceive that HIV is real. Practices relating to prevention of HIV infection have involved AYA adopting a positive outlook by avoiding such actions as stigma and bullying among their peers who are infected or are on Anti-retroviral therapy (ART). Reducing stigma and bullying have led to many

accessing Youth Centers that are at most Health Center Facilities around the country. In consented efforts to determining knowledge levels, attitudes and practices of HIV and AIDS among AYA, UNAIDS aims to end HIV infections by 2030 in all population groups. The approach of 90%–90%–90% is targeted at ensuring that by end of 2030, 90% of people are aware of their HIV status, 90% are receiving and adhering to ART and 90% of those on ART have viral suppression (UNAIDS,2014). It is with such targets that some countries (Zambia) have enforced policies to promote HIV mandatory testing in health care facilities even when it goes against ethical consideration of people’s rights in making personal choices for their health because of stagnated progress towards achieving 90-90-90 goals De Cock, Barker, Baggaley and El Sadr,2019). The WHO’s approach is universal ‘test’ and ‘treat’ towards elimination of HIV and AIDS (WHO, 2016). It matters then that if people know their HIV status either positive or negative, that contributes towards behavioral change especially among AYA who are a group at high risk of contracting HIV due to their vulnerability (Delavande A, K, 2012).

This study was conducted to understand KAPs among AYA at a training institute and Non-governmental organization. The study sites were in an emerging mining district which attracted various clusters from outside districts. The KAPs understating was vital as it led to establishing the basis of existing factors AYA faced relating to HIV and AIDS that would be generalized to contribute to a more understanding of HIV and AIDS.

A. Objective of the study

The study sought to determine knowledge, attitudes and practices of HIV and AIDS among AYA at a training institute and non-governmental organization.

I. Research methods

In describing the phenomenon which was under investigation, the study employed a descriptive research in conducting a case study of AYA at a training Institute and non-governmental organization.

A. Study population and sample

The population consisted of learners at a training Institute, non-governmental organization representatives managing HIV and AIDS programmes for AYA. The AYA sampled were 94 students (Krejcie and Morgan, 1970) and two representatives from the non-governmental organization.

B. Data collection

A semi-structured questionnaire was used for collecting data from the 94 respondents and they were to tick correct choices or answers. Instructions were indicated and those that declined to answer could tick were it was applicable. An interview guide for face to face interviews was also used for obtaining data from the two representatives at the non-governmental organization.

C. Data analysis

Data was analyzed using SPSS and frequencies and percentages on responses from students’ respondents; texts and themes were also generated and interpreted as obtained from face to face interviews and all data was presented as part of the findings.

II. Results and Discussions

A. Knowledge towards HIV and AIDS related issues

Levels of knowledge of HIV related issues had influence within the target population of this study, that is, the training institute, a non- governmental organization. The findings are presented in table I below which indicated that 89.4% of respondents had knowledge of what a person could do to prevent or avoid contracting HIV. Whereas 57. 4 % knew of a person living with the HIV virus and 91. 5% of the AYA respondents were very much aware that they were a population mostly affected or are at risk contracting the HIV pandemic in most societies.

Table 1: Knowledge levels of Respondents about HIV and AIDS

Parameter	Total respondents	% who said ‘YES’	% who said “NO”	% who were not sure	% had other options
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Respondents who knew how to avoid contracting HIV	94	89.4	5.3	5.3	0
Respondents who knew someone with HIV	94	57.4	38.3	4.3	0
Respondents opinion of how they felt if AYA were at risk of contracting HIV	94	91.5	4.3	4.3	0
Programs respondents heard about HIV:	94				
Mother to child transmission		40.4			
Condom usage		5.3			
Voluntary counselling and testing (VCT)		53.0			
Reduction of many sexual partners		3.2			
Anti-retroviral therapy		14.9			
Abstinence from Sex		16.0			
Other		1.1			

The findings about knowledge levels in AYA indicated that they were aware of how to avoid contracting HIV. Majelantle, Keeetile, Bainame and Kawana, (2015) argued that knowledge about HIV though would be indicated as higher among AYA, it does not alone lead to behavioral change. The study indicated that 96% of students at the University of Botswana who indicated having correct knowledge about HIV but were later it was found to have lower levels of the use of condoms and undergo testing for HIV from health facilities available to students. During an interview conducted with the Programme Coordinator (PC1) for the non-governmental organization, it was indicated that, ‘knowledge levels about HIV and AIDS are high among young people’. However, PC1 said that most of the subjects in the study group lacked consistent, accurate and correct information on access to prevention and treatment of HIV and other sexually transmitted infections and unplanned pregnancies. To that effect, findings indicate that AYA continue to face challenges in accessing ‘high quality gender responsive age appropriate comprehensive sexuality education programmes (UNAIDS, 2021). However, regardless of the findings about knowledge levels, knowledge is considered to be a pre-requisite to imparting information to people and contributes to a level of behavioral change in many aspects of HIV and AIDS.

Further, 53.0% respondents indicated to have heard information regarding HIV and AIDS through programmes that conveyed messages of Voluntary, Counseling and Testing (VCT) and 40.4%, on Mother to Child Transmission (MTC). Furthermore, the study found that only of 6.0% , 14.9%, 5.3% and 3.2% had information about abstaining from sex awareness; treatment of HIV with ART, about condom usage and reduction of many sexual partners, respectively. When disseminating HIV and AIDS information in order to increase its knowledge levels, such programmes depend on funds availability and if these are lacking, programmes are discontinued and become part of other challenging factors of managing HIV programmes (Hiv.Gov. 2021).

Shanaube et al, 2017 expounded on an engagement of a Home based Community Testing (HCT) that undertook a ‘three arm’ approach to raise levels of acceptability, testing and treatment on HIV among AYA. The engagement on the community led to a rise in knowledge of their HIV status from 27.6% to 88.5%. They further revealed that people’s knowledge about condom use, was linked to having full knowledge about HIV prevention methods of ABCD (Abstaining completely from sex, Being faithful to one uninfected partner, using Condoms correctly and consistently and early HIV Detection) (Aloni, Mbago and Sichona, 2019). A further

interview with the PC1, revealed that though comprehensive HIV and AIDS campaigns had been done by many players in the study area, more was needed to create awareness for all HIV prevention methods.

Attitudes and practices

The findings as indicated in table 2 A. showed that 75.5% of respondents indicated that they wanted someone’s HIV status disclosed and never to be kept personal and while 11.7 % said it was personal. However the findings of Meiberg A.E. et al, (2008) indicated that HIV and AIDS was a disease of ignorance. Ajayi et al 2020 asserted that less than a quarter of the young adults in Sub Sahara Africa ever underwent for VCT for HIV and if at all they did, it was usually delayed. However, knowing or disclosing ones HIV status has been a practice linked to change in behavior and prevention, and adherence to treatment. Several reasons were identified when a study was conducted which indicated why lower numbers of people underwent Testing for HIV. Ibid, confirmed that factors such as people fearing to test positive, fear of stigmatization and fear of living with HIV were found to be common reasons many people did not test for HIV.

Table 2: A. Respondents Attitudes about HIV and AIDS

Parameter	Total respondents	% who said ‘YES’	% who said “NO”	% who were not sure	% had other options
Do you tell others about your HIV status or Keep it private or tell others:	94				
Should keep it private		11.7			
Should tell others		75.5			
Others		7.4			
Did not know / not sure					7.4
B. Respondents Practices about HIV and AIDS					
Are there experiences of some form of Stigma?	94	34.0	28.7	9.6	27.7
Forms of Stigma experienced:					
Bullying		6.4			
Gossiping		56.4			
Segregation		18.1			
Did not know/not sure				19.1	

With regard to stigma, the findings of this study showed that 28.7% of the respondents at the training institute felt that stigma against people living with the HIV virus or suspected to have the virus had being experienced. This is confirmed by Kalibala & Mulenga (2011) who indicated that a form of stigma raised vulnerability among young people. In view of this, the Programme Coordinator VCT (PCII) said in an interview that, ‘ *in our mobile VCT programmes, there is a lot of apathy towards these services which we usually experience in urban centres resulting into a low turn up of people requiring the services*’. The PCII attributed the attitude of shunning VCT in the public due to stigma that was associated with the HIV epidemic among members of society as eluded by Meiberg A.E. et al, (2008).

Nonetheless, the study findings in table 2 B indicated that about 34.0% respondents did not experience any form of stigma. In support of this, Meiberg A.E. et al, (2008) contends that if attitudes changed towards HIV and AIDS then denial, stigma and discrimination could rapidly reduce. The findings further indicated that some form of stigma experienced was gossip and respondents who said so were rated at 65.4% and those who felt there were some forms of segregation, 18.1%, which was lower than the 19.1% who were not sure of stigma occurring at the institute. However, the findings in the study by Mbonu N.C et al, (2009) was consistent and supported the assertion that if attitudes towards HIV related matters and even to people living with the HIV Virus were dealt with compassion, then it would result in effective social and Medicare services. Reduction of stigma is attributed towards lowered HIV infection rates across populations in that, when people infected with HIV freely disclose their HIV status then they care to prevent transmission or their viral level is suppressed, they can rarely infect others. Oke et al (2019) asserted that there was a relationship between ones disclosure of the HIV status to stigma. Stigma continues to be widespread especially among PLWHA and affects their adherence to medication and fail to disclose their status in order to reduce transmission. A study that was conducted revealed that 50% of people that disclosed their HIV status suggested that when they are lower levels of people disclosing their HIV status, then they are higher levels of stigma against PLWHA (Ibid).

Conclusion

The determination of knowledge, practices and attitudes about HIV and AIDS among AYA has been paramount for this population group. As studies indicated, high knowledge levels about HIV alone may not lead to actions for AYA to avoid HIV infections. Knowledge has to be coupled with right attitudes of behavior towards those that may have been infected or affected in order for them not to feel isolated and shun treatment. It follows then that practicing right behaviors is vital. As indicated, forms of stigma towards people who are HIV positive have been detrimental to the fight to reducing the infections. Therefore, interventions to eliminating HIV by 2030 would not exclude determining knowledge levels, attitudes and practices among AYA for these lead to improved access to HIV and AIDS services. The KAPs when utilized as a 'three arm approach' form an effective link to strengthened and increased levels of prevention, adherence to ART and achievement of viral suppression.

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