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**Factors that Influence Translation of HIV/AIDS
Knowledge into behaviour change among
Secondary School Adolescents in Kabarole
District, Western Uganda.**

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ABSTRACT

HIV/AIDS education refers to giving people correct and comprehensive information about HIV/AIDS in terms of its transmission, protection and its impact on the individual and wider society at large. To investigate the factors that influence the translation of HIV/AIDS education knowledge into behavior change among secondary school adolescents in Kabalore district, western Uganda. A quantitative cross-sectional study which involved 138 students was used. Behavior change had occurred as 51.4% of the respondents had abstained from having sex as compared to 48.6% of the respondents who had not abstained. Out of the 48.6% of the respondents who had engaged in sex, 53% of them had used condoms as compared to 47% of the respondents who had not used condoms. Females reported an average of 1.43 sexual partners, while the male respondents reported an average of 2.03. Behavior change was influenced by knowledge of HIV/AIDS, influence from HIV/AIDS prevention methods and perceived risk of getting HIV. There is a relationship between perceived risk and behavior change for HIV/AIDS prevention among students. HIV and AIDS prevention efforts such as youth friendly services, straight talk; peer education and use of condoms have a significant influence on behavior change. There is no significant relationship between knowledge of HIV/AIDS prevention and behavior change for HIV/AIDS prevention among students.

Keywords: HIV/AIDS, knowledge, behaviour change, secondary school, adolescents

INTRODUCTION

HIV is a viral infection that is primarily transmitted by sexual contact or sharing sharps like razor blade or from an infected pregnant woman to her newborn. Infection with the HIV weakens the body's immune system and increases the body's vulnerability to many different infections as well as the development of certain cancers [1-8]. Once you contract the virus, it stays in the body forever and when the symptoms of HIV are severe, the disease is referred to as AIDS [9-12]. Kabarole district, the site for this study as of 2017 has one of the highest HIV prevalence in the general population at 15.2%, which is 5.8% higher than the average of the Western Uganda where the district is located and 5% higher than the national HIV prevalence of Uganda [13]. Many of these are youth vertically or behaviorally infected [14]. In 2015/2016, according to the Uganda AIDS

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commission, more than 2 million people were reached with prevention information through religious congregations and cultural institutions programmes. Millions more were reached with HIV prevention messages through mass media channels including billboards, radios, television and print media [15-16]. Modules of life learning, with particular focus on sexuality education, were developed as part of the curriculum review process for lower secondary school. In addition, outreach to over 800 primary and secondary schools were conducted across Uganda to provide HIV prevention information [17]. Hence, it's inevitable for this research to be conducted in the rural and municipality setting of Kabarole district to assess the impact on sexual behavior change among adolescents.

Methodology **Study Design**

The researcher used a Quantitative Cross sectional study.

Study Area

The research was conducted in Kabarole district, western Uganda.

Study Population

The study population comprised of secondary school students from schools that will be randomly selected.

Inclusion Criteria

All secondary school students studying in the randomly selected schools and had consented

Exclusion Criteria

- All secondary school students studying in randomly selected schools and had not consented.
- All secondary school students in Kabalore district who were not studying in randomly selected schools.

Sample Size Determination

The Determination of the sample size was by Kish Leslie (1965) formula

$$n = \frac{Z^2 P (1-P)}{E^2}$$

Where:

n= Estimated minimum Sample size

Z =1.96 for 95% Confidence interval.

P = Proportion of a characteristic sample [18]., a sample of 10% of the population is adequate in large populations)

E = Margin of Error (E = 5%)

$$N = \frac{1.96^2 \times 0.1 (1 - 0.1)}{0.05^2} = 138 \text{ students}$$

Sampling Procedure

The researcher first used simple random sampling to get the school that participated in the pretesting. Stratified random sampling was then used to identify six schools that made up the sample hence the 6 schools out of 29 schools. The sample was stratified into two categories namely, municipality (urban) schools and rural schools. Class registers were used to randomly sample students by use of systematic random sampling. Probability of population by sample size was used to determine the number of students to be sampled per class depending on the sizes of the classes.

Simple random sampling was then used to determine the beginning point from the class lists. In the event that the identified student was not in class at the time of data collection the next person on the list was selected and then the sampling interval would be continued. This process was repeated in all the selected schools until the calculated sample size was attained.

Data Collection Methods and Data Processing

Questionnaire

The interviews were conducted by the research team using a structured interviewer-administered questionnaire. The questionnaires were developed by the researcher after a review of the literature about translation of HIV/AIDS education into behavior change. The questionnaire was written in simple English and not translated since English is the language of instruction in the schools. The questionnaire was pretested among 20 students in another school not selected for data collection. Necessary adjustments were made to the questions to ensure clarity. The items on the questionnaire were organized under the sections of demographic characteristics, HIV/AIDS knowledge and education, individual sexual behavior, peer pressure, perceived risk, and socio-economic status.

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Data Management and Analysis

Filled questionnaires were checked for completeness at the end of each data collection day within the school. At the end of each data collection day all filled questionnaires from the research assistants were handed over to the researcher who transported them in the data clear bag to a safe place. Data collection was 3 times a week so as to make it convenient for the research assistants. The number of students to be interviewed depended on several factors which included: the assistants' convenience, school programmes and our effort to ensure that school activities run smoothly on the days of data collection. Data was entered into the computer and analyzed using SPSS (statistical package for social sciences version 16) and Microsoft excel.

Ethical Considerations

An introductory letter was obtained from Kampala international university western campus' institutional research and ethics committee (IREC) and Dean of Clinical medicine and dentistry to district health officer and the respective schools where the research was carried out. Privacy was provided and confidentiality ensured to the selected students and informed consent was obtained for each participant. The respondents were briefed about the purpose of the study and they were then being interviewed.

RESULTS

Table 1: Shows the characteristics of the respondents according to age, gender, education level and religion

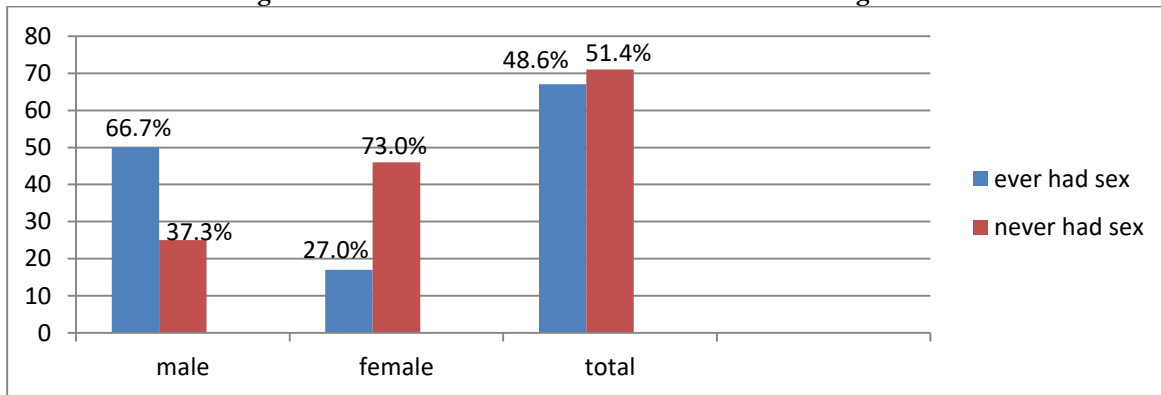
Characteristics	Frequency (n=138)	Percentage (%)
Gender		
Male	75	54.3
Female	63	45.7
Religion of respondents		
Catholic	42	30.4
Anglican	50	36.2
Muslim	13	9.4
Born again	10	7.3
Adventist	4	2.9
Others	2	1.5
No response	17	12.3
Level of education		
Senior one	28	20.3
Senior two	27	19.6
Senior three	25	18.1
Senior four	19	13.8
Senior five	21	15.2
Senior six	18	13.0
Age of respondents in years		
11 – 14	46	33.3
15 – 18	78	56.6
19 – 24	14	10.1

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As shown in table 1 above; of the 138 respondents to this research, 75 (54.3%) were boys while 63 (45.7%) of them were girls. 28 (20.3%) respondents were in senior one, 27 (19.6%) were senior two students, 25 (18.1%) respondents were in senior three, 19 (13.8%) were senior four students while 21 (15.2%) respondents were in senior five and 18 (13.0%) were senior six students. 42 (30.4%) respondents were of catholic faith, 50 (36.2%) of respondents were of Anglican faith, 13 (9.4%) of the respondents were Muslims, 10 (7.3%) of the respondents were born again, there were 4 (2.9%) seventh day Adventists, and 2 (1.5%) had other religions, whoever 17 (12.3%) didn't give a response on their religions. Most of the respondents 78 (56.5%) were between the ages of 15 - 18 years, 46 (33.3%) respondents were between 11 - 14 years, while only 14 (10.1%) were between 19 to 24 years.

Figure 1: below shows involvement in sex on basis of gender



Results shown in Figure 1 above show that 50 (66.7%) of the male respondents compared to 17 (27.0%) of the female respondents conceded to have had a sexual experience. 25 (37.3%) of male respondents as compared to 46 (73.0%) female respondents reported to have never had sex. In total 67 (48.6%) respondents conceded to have had a sexual experience, while 71 (51.4%) reported to have never had sex.

Table 2: below shows respondents' ages at time of first sexual intercourse

age at first sex	Male f (%)	Female f (%)	Total f (%)
10	1 (2.0)	4 (23.5)	5 (7.5)
11	4 (8.0)	3 (17.6)	7 (10.4)
12	6 (12.0)	1 (5.9)	7 (10.4)
13	7 (14.0)	5 (29.4)	12 (17.9)
14	12 (24.0)	3 (17.6)	15 (22.4)
15	6 (12.0)	1 (5.9)	7 (10.4)
16	4 (8.0)	0 (0.0)	4 (5.9)
17	3 (6.0)	0 (0.0)	3 (4.5)
18	3 (6.0)	0 (0.0)	3 (4.5)
No response	4 (8.0)	0 (0.0)	4 (5.9)
Total	50 (100.0)	17 (100.0)	67 (100.0)

Table 2 above, shows that majority of the respondents (68.9%) had their first sexual experience at the age of 14 or less. The average age of first sexual experience was 13.36 years. The average age of first sexual intercourse was slightly higher for boys (14.46 years) than for girls (12.95 years).

Figure 2: below shows the last dates of sexual intercourse for the respondents who had engaged in sex

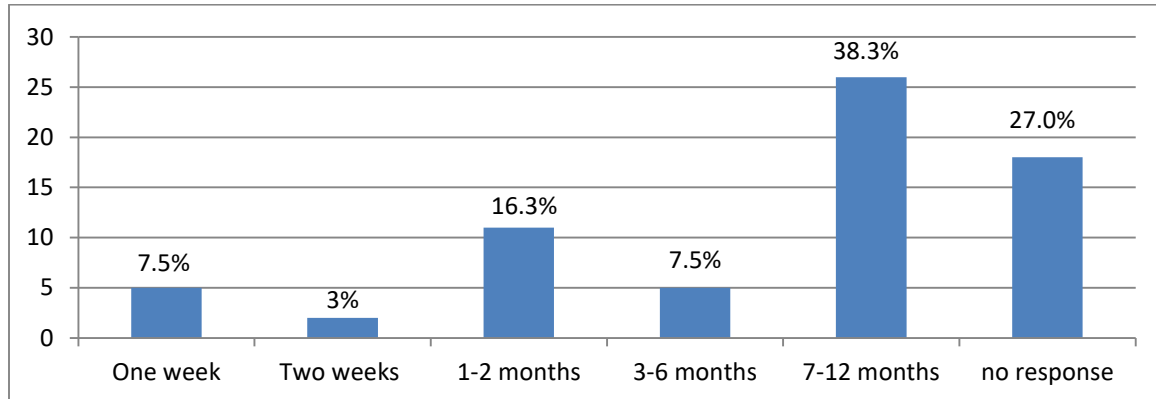


Figure 2 above depicts the last time the respondents had sexual intercourse prior to the survey. It shows that 26 (38.3%) of the respondents had sex between 7-12 months prior to the survey while 11 (16.3%) had engaged in sex 1-2 months before the study was carried out, equal number of respondents 5 (7.5%) had sex within one week and 3-6 months before study. About 2 (3.0%) of the students had sex within two weeks before the survey. 18 (27.0%) of the respondents gave no response.

Table 3: below shows the distribution of sexual partners.

Sex	Mean	Std. Deviation
Male	2.03	2.036
Female	1.43	2.158

Table 3 shows that the average number of sexual partners for boys was higher (2.03) than that of girls (1.43).

Figure 3: below shows whether respondents used condoms during their last sexual intercourse.

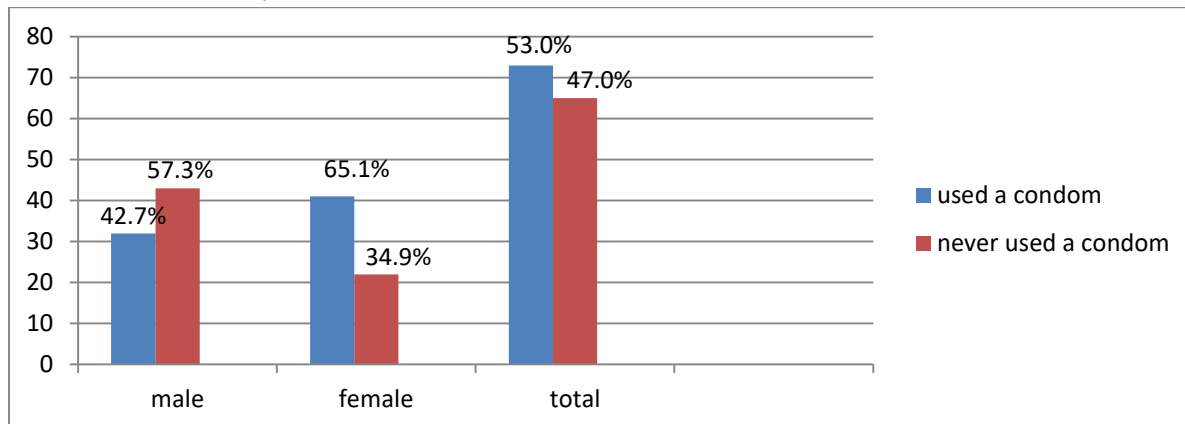


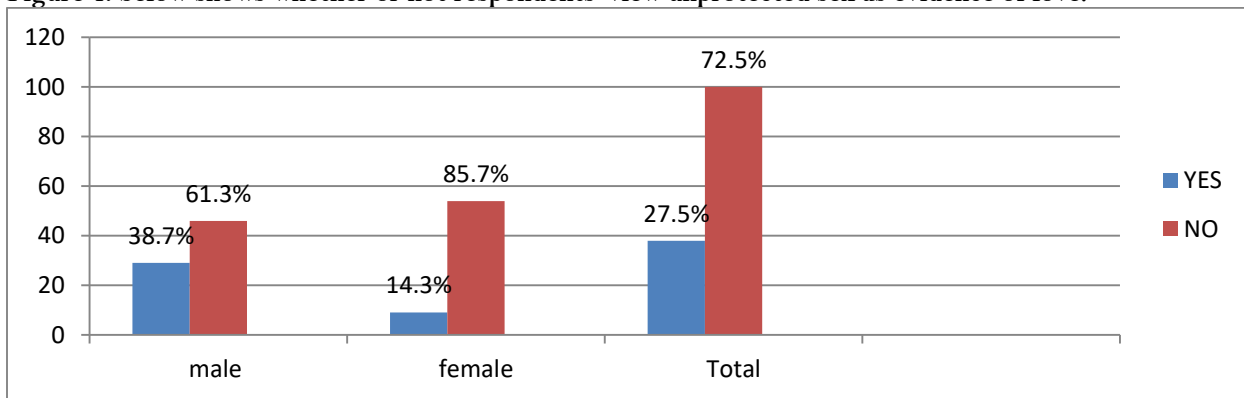
Figure 3 above shows the use of condom amongst respondents where 53.0% had used condoms while 47.0% had not. It also shows that more females (65.1%) than boys (42.7%) had used a condom.

Table 4: below shows respondents' frequency in their use of condoms

Use of condoms	Frequency	Percent (%)
At every time	36	53.7
Sometimes	21	31.4
No response	10	13.7
Total	67	100.0

From table 4 above, majority of the respondents that had used a condom 36 (53.7%) did so every time they had sex while 21 (31.4%) used it sometimes, 10 (13.7%) did not give a response.

Figure 4: below shows whether or not respondents' view unprotected sex as evidence of love.



The respondents were asked whether having unprotected sex with their partners was proving that they were loved. From figure 5 above majority of the respondents 100 (72.5%) were negative while 38 (27.5%) believed so. It can be seen that 29 (38.7%) of the boys compared to 9 (14.3%) of the females believed in this. While 46 (61.3%) of boys compared to 54 (85.7%) of girls were negative.

Perception on persistent use of condoms

Figure 5: below shows respondents' perception on persistent use of condoms

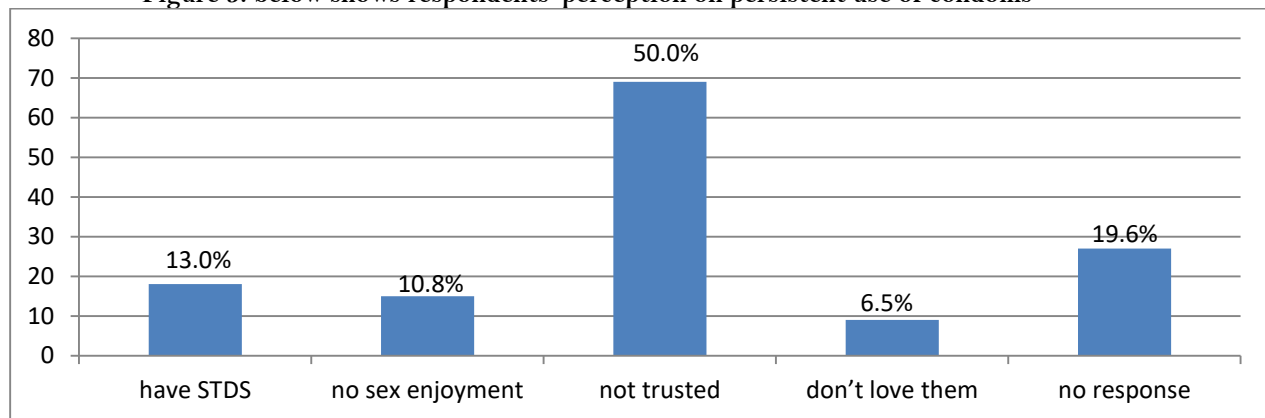


Figure 5 above shows that a large proportion 69 (50.0%) of the respondents would fear that they were not trusted by their partners while 18 (13.0%) would feel that they were suspected of having STDs, 15 (10.8%) respondents reported not enjoying sex, 9 (6.5%) respondents reported that there they feel not loved, 27 (19.6%) respondents did not give responses.

Table 5: below shows the respondents perception on abstinence from sex

Perception on abstinence	Sex		Ever had sex	
	Male F (%)	Female F (%)	Yes F (%)	No F (%)
Coward	40 (53.3)	40 (63.5)	38 (47.5)	42 (52.5)
Not functioning sexually	33 (44.0)	26 (41.3)	39 (69.6)	20 (30.4)
Responsible	25 (33.3)	29 (46.0)	15 (27.8)	39 (72.2)
Infected with HIV	12 (16.0)	18 (28.5)	18 (60.0)	12 (40.0)
Nothing	15 (20.0)	8 (12.7)	15 (65.5)	8 (15.6)

Respondents were asked on the perceptions about abstinence and it was tailored with their responses on sex involvement. Table 6 above shows that slightly more females (63.5 %) than males (53.3%) thought they would be regarded as cowards when they abstained from sex. It can also be seen that more of those that had never had sex (52.5%) thought they were regarded in this manner.

Table 6: below shows distribution of respondents' use of leisure time

Use of leisure time	N	Percent
Games/sports	60	43.5
Watching videos	30	21.7
Drama club	9	6.5
At home reading novels	10	7.2
Discos	8	5.8
With friends	6	4.4
In bars	9	6.5
Practicing agriculture	4	2.9
Practicing to be a musician	2	1.5
Total	138	100.0

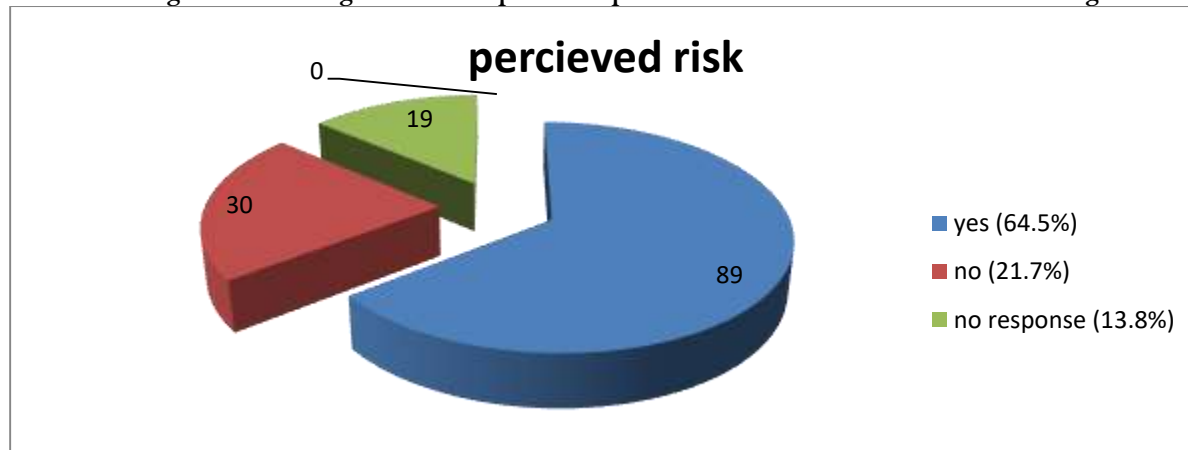
As shown in table 6, majority of the respondents 60 (43.5%) spent their leisure time in sports while another 30 (21.7%) watched videos. 9 (6.5%) of the respondents spent their free time in bars and another 2 (1.5%) practicing to be musicians.

Table 7: below shows whether respondents know their HIV status

Response	frequency	Percentage (%)
YES	33	23.9
NO	90	65.2
NO RESPONSE	15	10.9
TOTAL	138	100.0

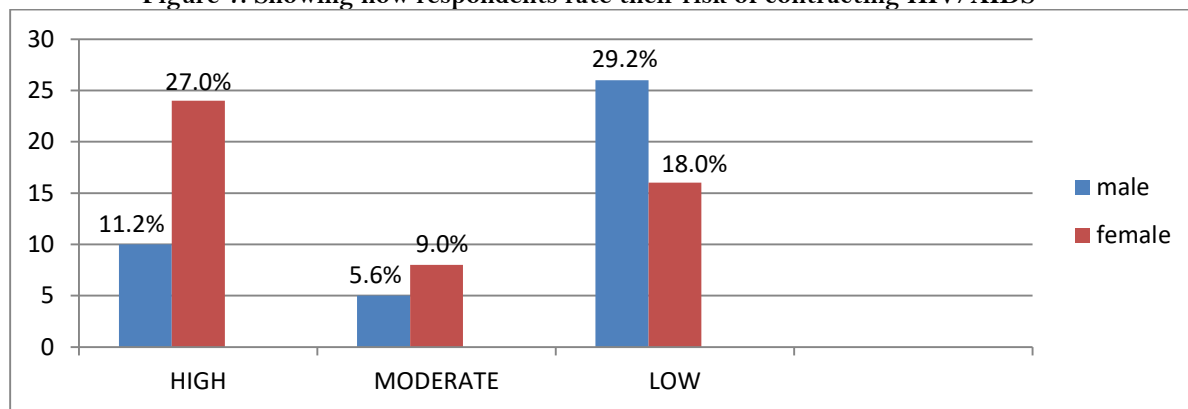
From table 7 above, most of respondents 90 (65.2%) don't know their HIV status, 33 (23.9%) respondents know their HIV status while 15 (10.9%) respondents decline to give a response

Figure 6: Showing whether respondents perceive themselves at risk of contracting HIV



From figure 6 above, majority of respondents 89 (64.5%) perceive themselves of being at risk of contracting HIV/AIDS, 30 (21.7%) reported not to be at risk, while 19 (13.8%) respondents gave no response.

Figure 7: Showing how respondents rate their risk of contracting HIV/AIDS



Majority of respondents 42 (47.2%) rated their risk as low on risk of acquiring HIV/AIDS, 34 (38.2%) respondents rated their risk as high, 13 (14.6%) respondents rated their risk as moderate. More girls 24 (27.0%) compared to boys 10 (11.2%) rated the risk as high while more boys 26 (29.2%) compared to girls 16 (18.0%) rated their risk as low. More girls 8 (9.0%) than boys 5 (5.6%) rated there risk as moderate.

Table 8: below shows the respondents views on information highlighted most in behavior change messages

Information highlighted most	frequency	Percent (%)
Decreasing frequency and number of sexual partners	34	24.6
Promoting abstinence	28	20.3
Delaying the onset of sexual intercourse	25	18.1
Treatment of STI'S	19	13.8
Use of a condom	20	14.5
No response	12	8.7
Total	138	100.0

Table 8 above shows that majority of the respondents 34(24.6%) rated decreasing frequency in number of sexual partners as the information highlighted most in behavior change programmes targeted at the youth. 28(20.3%) of the respondents indicated that messages on promoting abstinence were highlighted most in behavior change programmes targeted at the youth. 25(18.1%) of the respondents indicated that messages that promoted the delay of the onset of sexual intercourse were highlighted most in behavioral programmes targeted at the youth. Another 19(13.8%) of the respondents indicated that messages on treatment of Sexually Transmitted Infections were highlighted most in behavioral programs targeted at the youth. However, 20(14.5%) of the respondents gave condom use during sex while 12(8.7%) gave no responses.

Figure 8: below shows responses on knowledge about voluntary counseling and testing

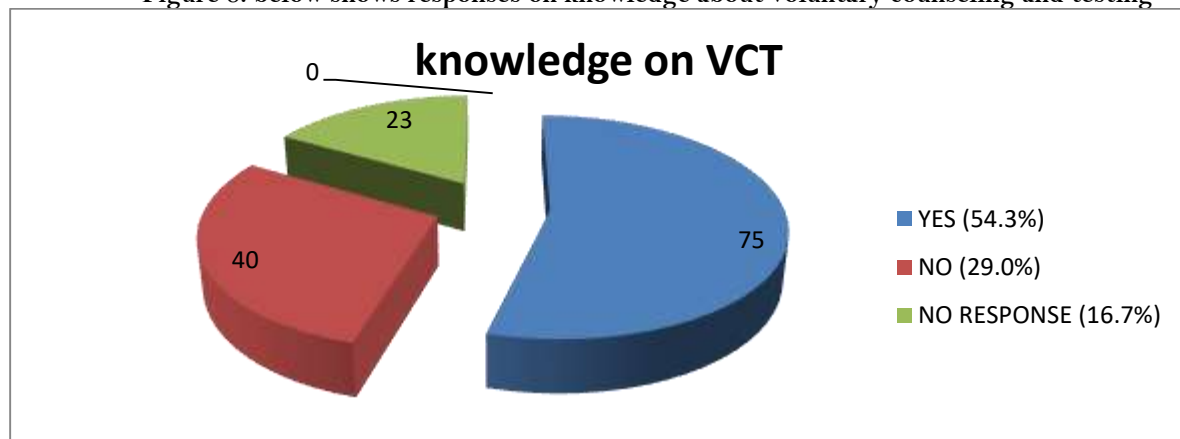
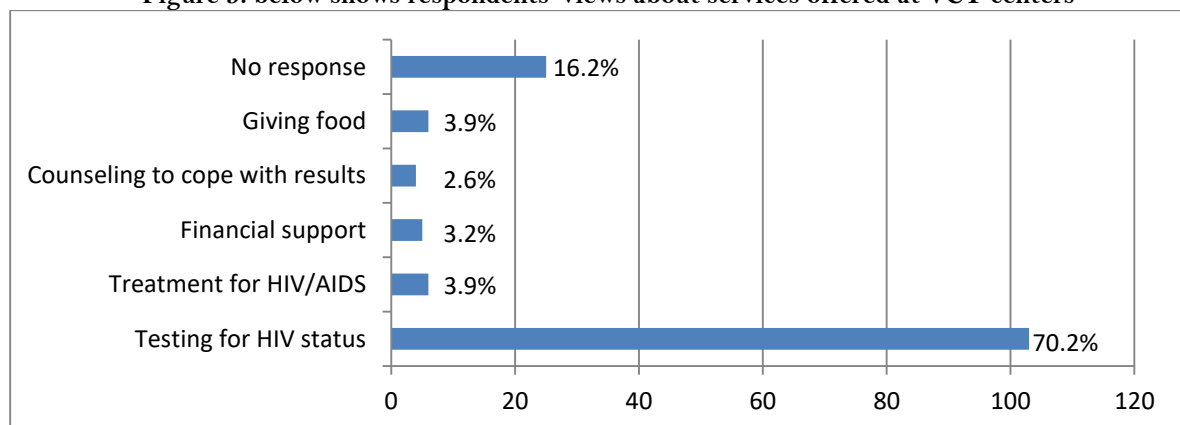


Figure 8 shows that majority of the respondents 75 (54.3%) were aware of VCT while a minority of the respondents 40 (29.0%) had no idea about VCT. Only 23 (16.7%) did not respond to the question.

Figure 9: below shows respondents' views about services offered at VCT centers



From the figure 9, majority of the respondents (70.2%) stated testing for HIV status as the main activity which goes on at VCT while 3.9% of the respondents mentioned treatment for HIV/ AIDS as the main activity

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which goes on at VCT. Financial support (3.2%) and Counseling to cope with results (2.6%) were also mentioned by the respondents as activities which go on at VCT, 3.9% said getting food. About 16.2% did not respond to the question.

Figure 10: below shows whether the respondents had visited a VCT center 12 months prior to this study.

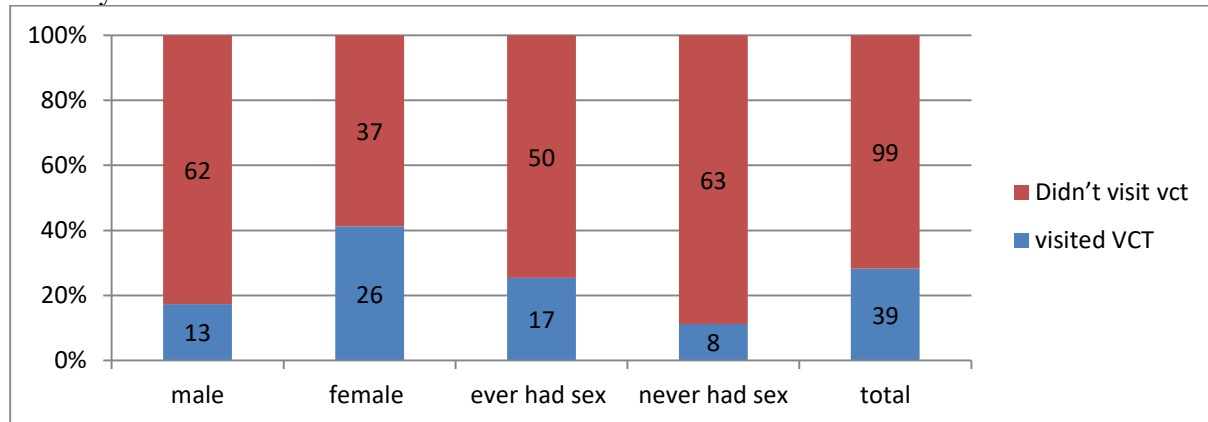
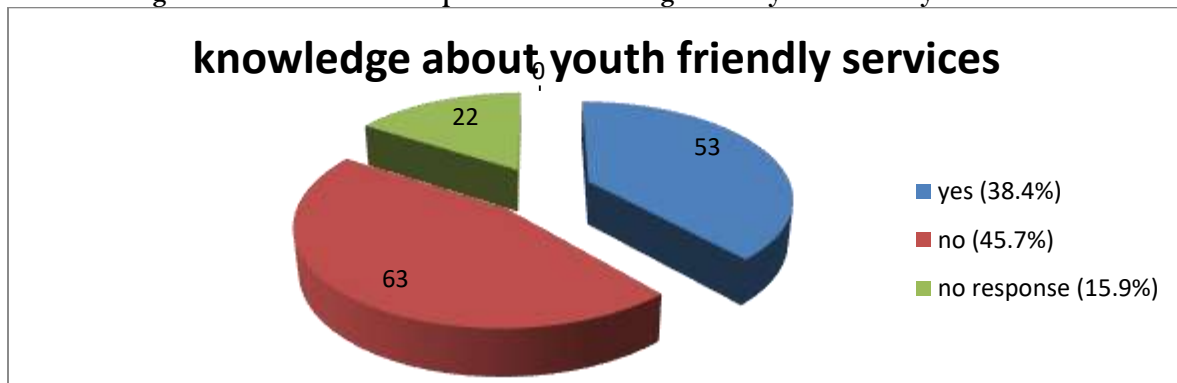


Figure 10 shows that majority of the respondents 99(71.7%) had not visited VCT 12 months before this study while a minority of the respondents 39(26.3%) had visited VCT 12 months before this study. It can also be seen that more girls 26 (41.3%) than boys 13 (17.3%) did attend VCTs. Similarly, respondents that had engaged in sex 17 (25.4%) sought VCTs more than those that had not 8 (11.3%).

Figure 11: below shows respondents' knowledge about youth friendly services



The respondents were asked about their awareness of the youth-friendly services. Figure depicts that majority of the respondents (46.9%) had heard about youth friendly-services, while 38.5% had not heard of the services. Only 14.6% did not respond to the question.

Table 9: below shows the respondents' views on activities related to HIV prevention undertaken in schools.

Activities related to HIV prevention in school	frequency	Percent (%)
Peer education/counseling	70	50.7
Guidance and counseling	44	31.7
Taught by teacher on HIV	6	4.3
Straight talk club	16	11.6
Others	2	1.5
Total	138	100.0

The respondents were asked about activities related to HIV prevention undertaken by them in school. From table above it is shown that a bigger number of the respondents 70(50.7%) participate in peer education/counseling, 44 (31.9%) of the respondents take part in Guidance and counseling. Attending tutorials conducted by teachers on HIV 6 (4.3%) and participation on straight talk 16 (11.6%) were also

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mentioned as the main activities related to HIV prevention undertaken by them in school. 2 (1.5%) mention other activities.

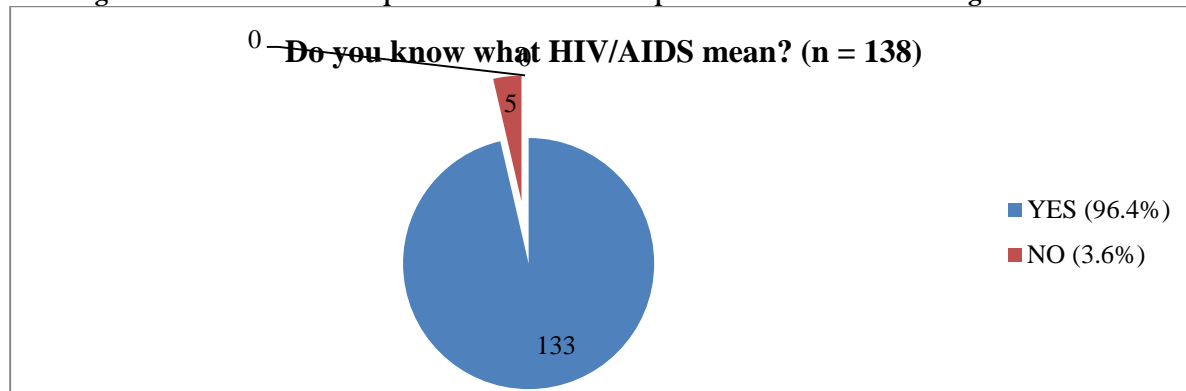
Table 10: below shows respondents' views on factors Predisposing Adolescents to HIV/AIDS

Predisposition to HIV/AIDS	N	Mean	Std. Deviation
Peer pressure/influence	113	3.38	1.381
Reading or watching pornography	119	3.23	1.513
Poverty	98	3.17	1.483
Drug use and abuse	121	3.06	1.517
Poor role modeling by parents	101	3.05	1.461
Curiosity/need to experiment	107	3.02	1.340
Male circumcision	114	2.92	1.473
Relaxed rules at home/church/ in society	103	2.88	1.557
Availability of contraceptives	93	2.85	1.369
Influence from mass media	106	2.65	1.373

Scale: 1- Strongly disagree, 5 -Strongly agree

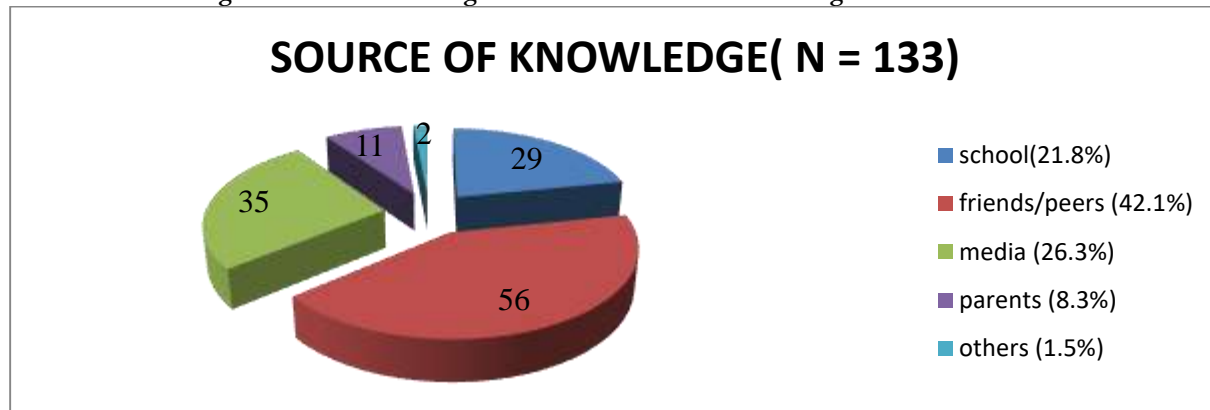
Table 10 above shows that the respondents highly ranked peer pressure/influence (3.38) as a factor predisposing adolescents to HIV/AIDS. Exposure to pornography (mean=3.23) was also highly ranked as a factor that may lead adolescents to HIV/AIDS., Poverty, drug use and abuse, poor role modeling from parents, Curiosity/need to experiment, safe male circumcision, and relaxed rules at home/church/society were ranked as 3.17, 3.06, 3.05, 3.02, 2.92, and 2.88 respectively. Influence from mass media (mean=2.65) and availability of contraceptives (mean=2.85) were regarded least as factors predisposing adolescents to HIV and AIDS.

Figure 12: below shows responses on whether respondents know the meaning of HIV/AIDS



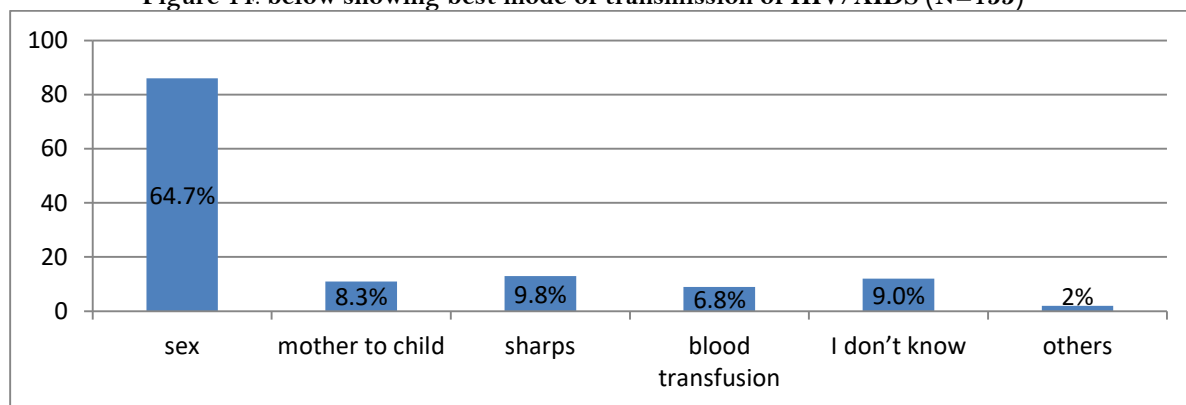
133(96.4%) of the respondents have ever heard and know the meaning of HIV/AIDS and 5(3.6%) did not know what HIV/AIDS mean.

Figure 3: below showing most often source of knowledge on HIV/AIDS



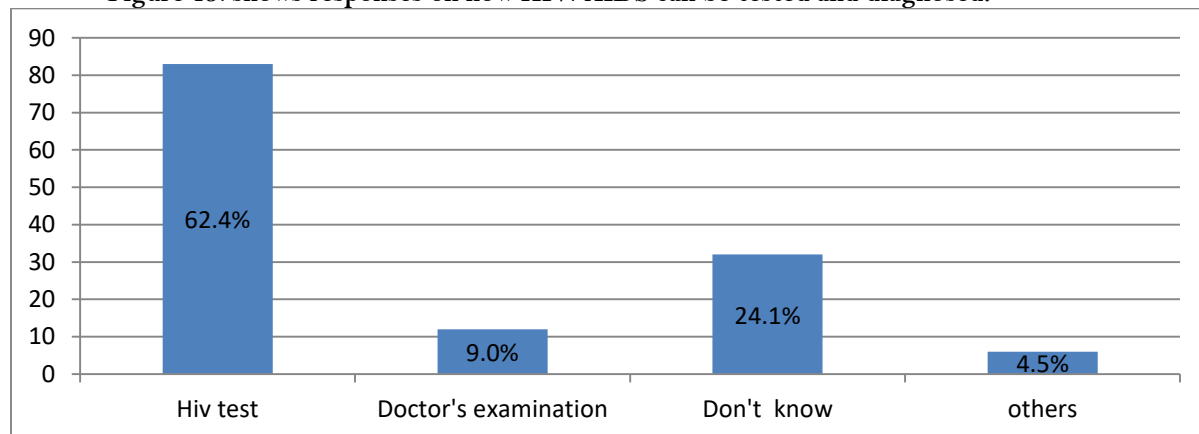
Majority 56 (42.1%) respondents confirmed acquiring knowledge about HIV/AIDS from friends/peers, 29 (21.8%) got the information from school, 35 (26.3%) from media programs, 11 (8.3%) from parents and guardians, 2(1.5%) from other sources (health workers).

Figure 14: below showing best mode of transmission of HIV/AIDS (N=133)



From figure 14 above, 86 (64.7%) of respondents confirm that unprotected sex with infected person is most common, 11 (8.3%) say mother to child transmission is most common, 13 (9.8%) say sharing contaminated sharps with infected person, 9 (6.8%) say blood transfusion, 12 (9.0%) do not know the most common method of transmission while 2 (1.5%) reported other methods of transmission that included mosquito bites and sharing meals.

Figure 15: shows responses on how HIV/AIDS can be tested and diagnosed.

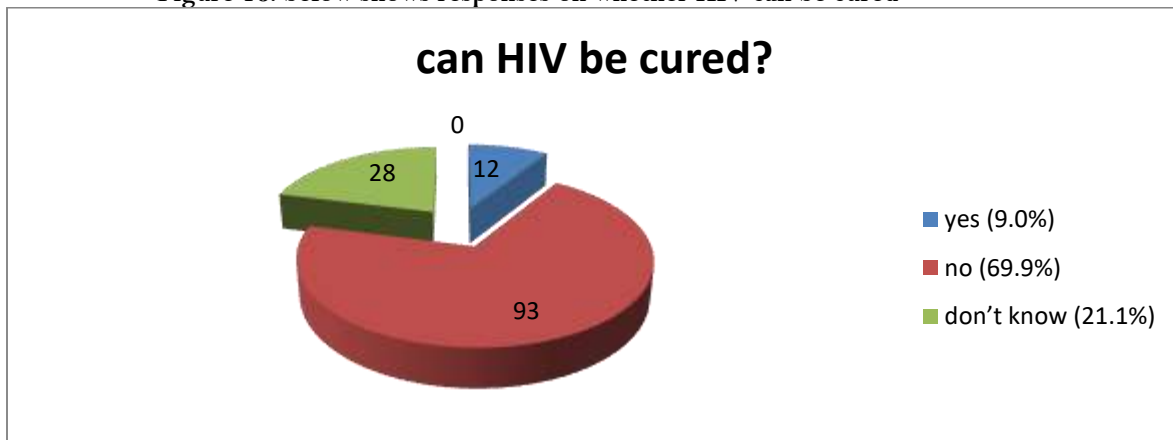


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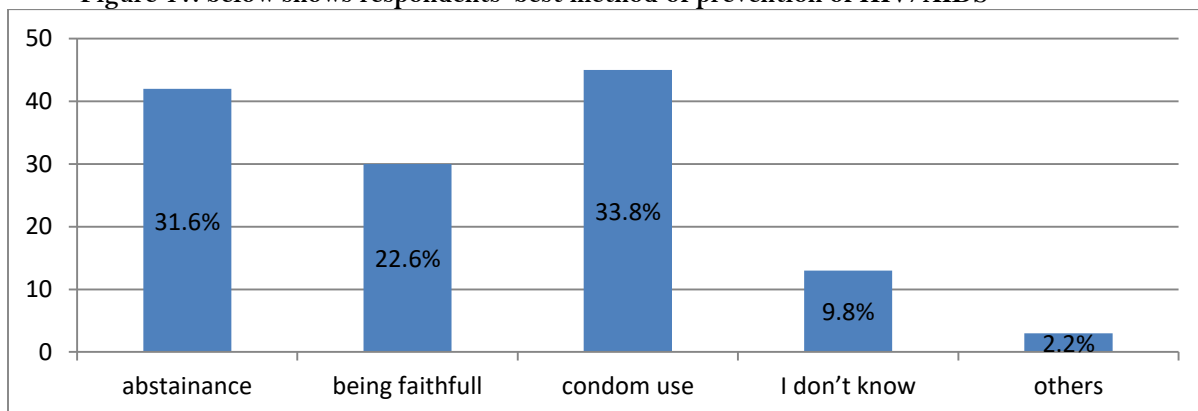
Most respondents, 83 (62.4%) knew that HIV testing is the way to if one has AIDS, 32 (24.1%) Did not know, 6 (7.0%) mentioned of other ways while 12 (9.0%) confirmed that it's the doctors examination to diagnose AIDS.

Figure 16: below shows responses on whether HIV can be cured



Majority of respondents 93 (69.9%) knew that HIV/AIDS cannot be cured, 12 (9.0%) knew that HIV/AIDS is curable while 28 (21.1%) respondents did not know.

Figure 17: below shows respondents' best method of prevention of HIV/AIDS



From figure 17 above, 42 (31.6%) students reported abstinence, another 45 (33.8%) students reported condom use, 30 (22.6%) students reported being faithful, 13 (9.8%) respondents did not know, 3 (2.2%) reported other methods.

DISCUSSION

The above survey findings show that of the 138 respondents to this research, 75 (54.3%) were boys while 63 (45.7%) of them were girls therefore more male respondents participated in the study as compared to female. Majority of the respondents (56.6%) were between the ages of 15 - 18 years, 33.3% respondents were between 11 - 14 years, while only 10.1% were between 19 to 24 years. Thus, most respondents are in the age bracket of the population most at risk of contracting HIV. 30.4% respondents were of catholic faith, 36.2% of respondents were of Anglican faith, 9.4% of the respondents were Muslims, 7.3% of the respondents were born again, there were 2.9% seventh day Adventists, and 1.5% had other religions, whoever 12.3% didn't give a response on their religions. Hence most of respondents identified themselves with a religion. Uganda consists of many religious groups and each of them has certain rules and norms which form part of regulating mechanisms in society. Most religions have a stand on the issue of pre-marital and extra-marital sex, abortion, contraceptives and polygamy in keeping with their beliefs. Since most of the respondents were affiliated to various religions, they may have been aware of teachings of their churches relating to HIV/AIDS and pre-marital sex [19-23].

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Survey findings show 48.6% respondents conceded to have had a sexual experience, while 51.4% reported to have never had sex. Furthermore 66.7% of the male respondents compared to 27.0% of the female respondents conceded to have had a sexual experience. It is however possible those boys accepted to having sex so as to look like real men. Girls on the other hand suppressed acknowledging exposure to sex so as not to appear to have loose morals. Majority of respondents 89 (64.5%) perceive themselves of being at risk of contracting HIV/AIDS, 30 (21.7%) reported not to be at risk, while 19 (13.8%) respondents gave no response. Majority of respondents 42 (47.2%) rated their risk as low on risk of acquiring HIV/AIDS, 34 (38.2%) respondents rated their risk as high, 13 (14.6%) respondents rated their risk as moderate. It's whoever noted that More girls (27.0%) compared to boys (11.2%) rated the risk as high while more boys (29.2%) compared to girls (18.0%) rated their risk as low. Results show high proportions of adolescents engaged in risky sexual behavior; significantly higher proportions of male adolescents are engaged in high-risk sexual behavior compared to females. This is consistent with many studies conducted in countries where HIV is highly prevalent showing that higher proportions of women than men perceive themselves as being at a high HIV risk [24-29]. Whoever it contradicts findings from Noroozinejad et al., 2013 that showed increasing perceived risk among Injecting Drug Users does not necessarily result in reduction of risk behaviors. From the study findings, the respondents identified the following to be the most effective behavior programmes targeted at the youth; decreasing frequency in number of sexual partners (24.6%), promoting abstinence (20.3%), delay of the onset of sexual intercourse (18.1%), treatment of Sexually Transmitted Infections (13.8%), and condom use during sex (14.5%). On knowledge about HIV/AIDS, 96.4% of the respondents have ever heard and know the meaning of HIV/AIDS while 3.6% did not know what HIV/AIDS means; this shows that majority have knowledge on HIV which is line with findings of [25, 30,31].

CONCLUSION

There is a relationship between perceived risk and behavior change for HIV/AIDS prevention among secondary school students. This can be explained by a high proportion of secondary school students that perceived themselves to be at risk of contracting HIV and this perception is probably associated with knowing someone who died of HIV, early sexual debut, and being sexually active. Risk sexual behaviors such as not using condoms and having multiple life time sexual partners are widespread among secondary school students.

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