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Determinants of HIV/AIDS Prevention Method Utilization among Secondary School Students in Kamwenge District, Western Uganda

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ABSTRACT

The HIV/AIDS epidemic remains a global and national concern, and there is a need to focus on HIV prevention, especially in high-risk groups. A cross-sectional study was conducted to assess the factors influencing the utilization of HIV/AIDS prevention methods among selected secondary school students in Kamwenge District. The study involved 364 students from 6020 secondary schools, with data collected through questionnaires and analyzed using SPSS. The results showed that 68% of students utilized HIV/AIDS prevention methods, with 43.3% abstaining, 11.0% faithful, and 45.7% using condoms. 84.5% of participants had heard about HIV prevention methods, and 67.9% agreed that prevention methods protect against HIV/AIDS. 72.2% of participants used HIV/AIDS prevention methods, and 67.9% had good knowledge on the practice of these methods. Most students were males, older, and from rural areas, with a higher percentage of them being sexually active. Awareness and knowledge about protective methods affect their utilization of HIV/AIDS control methods. Overall, the study highlights the importance of addressing the global and national challenges of HIV/AIDS and promoting effective HIV prevention strategies among secondary school students.

Keywords*:* risk factors, HIV, AIDS, prevention

INTRODUCTION

Health is one of the essential concerns in all population globally. A well-defined and efficient health system is a major determinant to achieving a healthy population or society. Like other countries in the world, Uganda faces many challenges in regard to its living conditions, health being one of them. Recognizing this fact, the current government has since its coming into power in 1986 created a need based and cost-effective health care system. In order to achieve this, the Ugandan government carried out a decentralization of the health sector to increase responsibility, accountability and participation on the lower level [1-7].

Globally, HIV/AIDS has been a complex socio-economic problem for the last four decades. Thus the fight against HIV/AIDS goes beyond deductive type conventional approach to self-empowered approach. That is, students should have the experiences to re-evaluate their perception in terms of HIV/AIDS, sexuality and career/life development. Indeed, the appraisal process builds their personal frame of references, meta-cognitions; self-concepts and these assist them to be determined to overcome challenges and adapt long lasting skills in behavioural skills. [8-14]. Moreover, premeditated responses against HIV/AIDS require sorting out high risk behavioral groups and that urges to address information, education, and communication. Besides, formal education and training, knowledge and attitudes could be scaled up by educational guidance and counseling for vulnerable groups such as students at schools, colleges, and universities. Thus, these findings call for urgency to launch inclusive packages to care for adolescents at their contexts [15-19].

In Uganda HIV/AIDS scourge being one of its key concerns, Uganda aid commission (UAC) was established by parliamentary statute No.2 of 1992 situating it under the office of the president. The UAC was established to oversee the coordination, monitoring, implementation and the evaluation of the HIV/AIDS activities in Uganda

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[1]. In 2002, presidential initiatives on AIDS strategy for communication to the youths (PIASCY) was established under ministry of health which was aimed at prevention of spread of HIV/AIDS and mitigate its impact on primary and post primary education institution in Uganda. This emphasized, abstinence from sex, being faithful to the partner and condom use [1, 20-23].

Ugandan government together with some NGOs have over time put effort to combat HIV/AIDS scourge in Uganda through sensitization of the students/youth about HIV/AIDS prevention methods and has provided ART drugs to HIV victims, among others. These have led to the decrease of HIV/AIDS spread and prevalence [24-32]. The students' level of knowledge, attitude and practice against the disease can form a basis for behavioral intervention [33-34].

METHODOLOGY

Study design

The research design was a cross-sectional method using quantitative and qualitative approaches. **Study area**

The study was conducted in Kamwenge District. Kamwenge District is located in western Uganda approximately 300km by road from Uganda's capital City-Kampala.

Target Population

The study was conducted among selected secondary school students in Kamwenge District

Inclusion criteria

All secondary school students (S.1 to S.6) who registered for that particular term, and were and above who consented to the study

All secondary students who registered for that particular term, below 18 years of age whose parents have consent for the participation of their children

Exclusion criteria

All other students at primary level and tertiary institutions.

All other secondary school students out of Kamwenge District

All secondary school students (S.1 to S.6) who had registered for that particular term, above 18 years and will not consent to the study

All secondary school students (S.1 to S.6) who had registered for that particular term, are below 18 years and whose parents have not consent to the study

Sampling technique

The methods/techniques selected for the study was based on probability sampling. The main method that was employed in selecting schools from the District was stratified random sampling technique where schools was grouped into those that belong to the same sub county, and one school was selected per Sub County by simple random sampling. At each of the selected schools, respondents were selected by simple random sampling where by small pieces of paper written on participant or non-participant was folded and mixed up then put in a box from which each participant was asked to select and not return it back. Only those who will pick papers written on participant will then be asked to fill out a brief questionnaire. The aim of the simple random sample is to reduce the potential for human bias in the selection of cases to be included in the sample. Each school in Sub County was given equal chance for participation in this study and each of students at the selected school had equal chances of participating in the study.

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Sample size determination; using Morgan's table

N	*S*	*N*	*S*	*N*	*S*
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	1000000	384

Note.—*N* is population size. *S* is sample size.

Source: Krejcie & Morgan, 1970

It is used when the target population is known. Kamwenge District has 6020 secondary students. And according to estimation using Morgan's table, sample size was; 364 students

Data analysis

All data collected was reviewed at two levels prior to data entry into the research database and upon entry prior to analysis. The data collection and entry process was planned in such a way that all data collection sheets completed in a day was reviewed and entered on the same day. Data was entered using Epidata Version 3.1 and was analyzed using STATA 14.0, the information was summarized in the form of graphs, pie charts, narrations and tables to give descriptive statistics as per the theme of the study in one way or another.

Ethical considerations

Before embarking on research with human subjects, ethical approval is required. History shows us that prior to the development of ethical and human rights over the last 40 years, patients' rights were often ignored and many individuals were seriously harmed by medical experimentation. For this study to be ethical, the following was considered.

RESULTS

According to the study findings, majority of the total participants; 245(67.9%) were males, 135(37.4%) were aged 16-19 years, 152(42.1%) were bakiga, 170(47.1%) were Catholics, 293(81.2%) were residing in boarding section, 260(72.0%) were from rural areas. These were mostly 100 (27.7%) in S.4, 89(24.7%) in S.3, 61(16.9%) in S.6, 47(13.0%) in S.2, 40(11.1%) in S.1 and 24(6.6%) in S.5

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Table 1: Socio-demographic Characteristics of the Study participants at selected secondary school students in Kamwenge District

Variables	Frequency (n=361)	Percentage (%)
Sex		
Male	245	67.9
Female	116	32.1
Age (years)		
11 – 15	130	36.0
16 – 19	135	37.4
20 – 25	83	23.0
Other	13	3.6
Tribe		
Mukiga	152	42.1
Mutoro	44	12.2
Munyankole	51	14.1
Mufumbira	93	25.8
Others	21	5.8
Religion		
Catholic	170	47.1
Protestant/Anglican	125	34.6
Moslem	41	11.4
Born again Christian	25	6.9
Place of residence		
Boarding	293	81.2
Day	68	18.8
Home area		
Urban	101	28.0
Rural	260	72.0
Class of study		
S.1	40	11.1
S.2	47	13.0
S.3	89	24.7
S.4	100	27.7
S.5	24	6.6
S.6	61	16.9

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The level of Utilization of HIV/AIDS prevention methods among selected secondary school students in Kamwenge District.

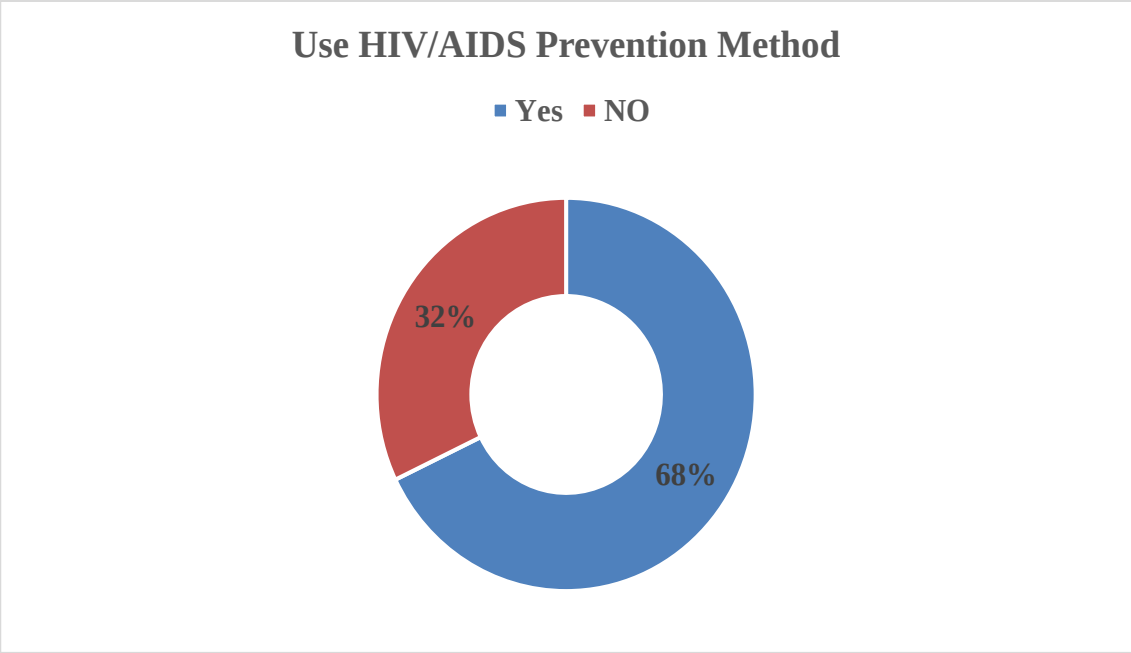

Figure 1: Utilization of HIV/AIDS Prevention Methods among selected secondary school students in Kamwenge District

The level of utilization of HIV/AIDS prevention Methods stands at 68% among the students at the selected secondary schools in Kamwenge District.

Similarly, 106(43.3%) do abstain, 27(11.0%) are faithful and 112(45.7%) use a condom to respectively avoid HIV/AIDS. Thus, it was evident preventive methods preferences is 268(74.2%), 49(13.6%), 31(8.6%) and 13(3.6%) corresponding to Abstinence, condom use, being faithful to one partner and safe male circumcision respectively.

Table 2: Utilization of HIV/AIDS Prevention Methods among selected secondary school students in Kamwenge District

Variable		Use HIV/AIDS Prevention Methods		TOTAL
		Yes [N(%)]	No [N(%)]	N (%)
which methods are commonly used	Abstinence	106(43.3%)	113(97.4%)	219(60.7%)
	Being faithful	27(11.0%)	1(0.9%)	28(7.8%)
	condom use	112(45.7%)	2(1.7%)	114(31.5%)
Methods offer protection against HIV	Yes	244(99.6%)	94(81.0%)	338(93.6%)
	No	1(0.4%)	22(19.0%)	23(6.4%)
The most preferred method of HIV prevention	Abstinence	153(62.4%)	115(99.1%)	268(74.2%)
	Condom use	48(19.6%)	1(0.9%)	49(13.6%)
	Being faithful	31(12.7%)	0(0.0%)	31(8.6%)
	Circumcision	13(5.3%)	0(0.0%)	13(3.6%)

According to the study findings; majority of total participants who use HIV/AIDS prevention methods 168(68.6%) were male by sex, 210(62.7%) aged >16 years, 214(87.3%) Christians by religion, 199(81.2%) in boarding section, 177(72.2%) from rural areas and 184(76.0%) at O-level by class. However, the male gender and those <16 years of age have 1.11 and 2.14 odds to utilization of HIV/AIDS prevention methods though all statistically insignificant (p-values >0.05).

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Table 3: The Cross tabulation of the socio-demographic factors and the utilization of HIV/AIDS prevention methods among selected secondary school students in Kamwenge District

Variable		Use HIV/AIDS Prevention Methods		TOTAL N (%)	P-Value	OR [95% C.I]
		Yes [N(%)]	No [N(%)]			
Sex	Male	168(68.6%)	77(66.4%)	245(67.9%)	0.677	1.11(0.69-1.77
	Female	77(31.4%)	39(33.6%)	116(32.1%)	Ref	1
Age (years)	<16	125(37.3%)	5(21.7%)	130(36.3%)	0.637	2.14(0.78-5.91)
	>16	210(62.7%)	18(78.3%)	228(63.7%)	Ref	1
Origin	Western	227(93.4%)	111(95.7%)	338(94.2%)	0.391	0.64(0.23-1.79)
	Others	16(6.6%)	5(4.3%)	21(5.8%)	Ref	1
Religion	Christian	214(87.3%)	102(87.9%)	316(87.5%)	0.875	0.95(0.48-1.86)
	Moslem	31(12.7%)	14(12.1%)	45(12.5%)	Ref	1
Residence	Boarding	199(81.2%)	94(81.0%)	293(81.2%)	0.97	1.01(0.58-1.78)
	Day scholar	46(18.8%)	22(19.0%)	68(18.8%)	Ref	1
Home Area	Urban	68(27.8%)	33(28.4%)	101(28.0%)	0.89	0.97(0.59-1.58)
	Rural	177(72.2%)	83(71.6%)	260(72.0%)	Ref	1
CLASS	O-Level	184(76.0%)	91(78.4%)	275(76.8%)	0.61	0.87(0.51-1.48)
	A-Level	58(24.0%)	25(21.6%)	83(23.2%)	Ref	1

Statistically Significant (P-Value=<0.05), Ref=reference category

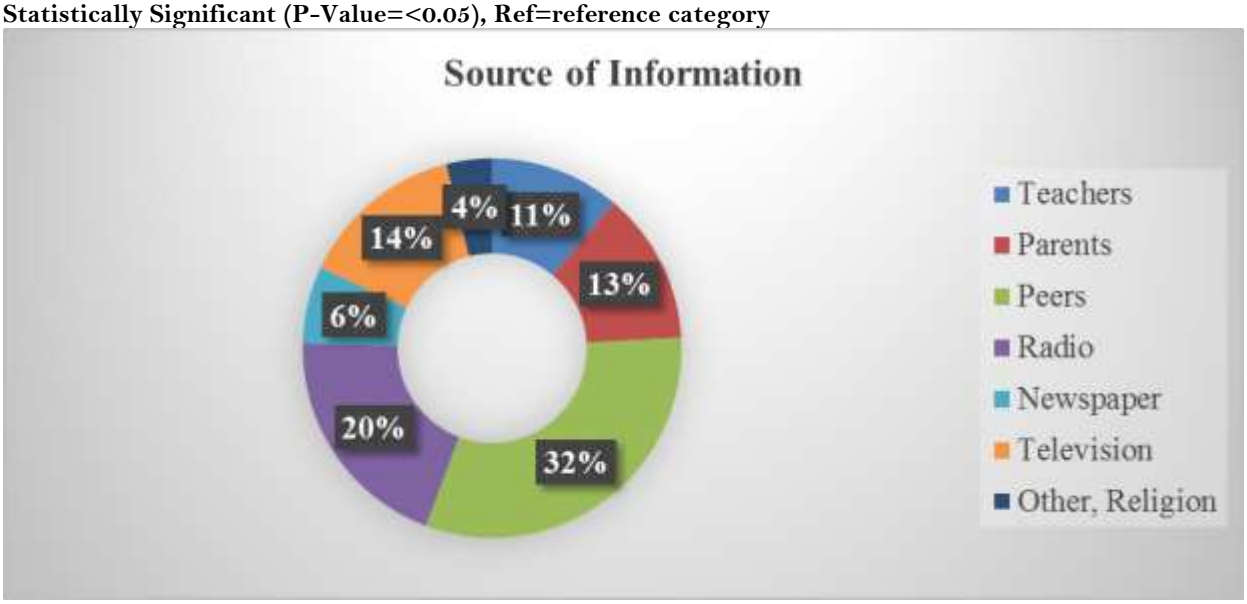

Figure 2: Source of Information (knowledge) among secondary school students in Kamwenge District

According to the study findings, majority (32%) of the students in the study obtain their information regarding HIV/AIDS from peers on 4% and 6% obtain such information from other means such as religion, and newspapers respectively.

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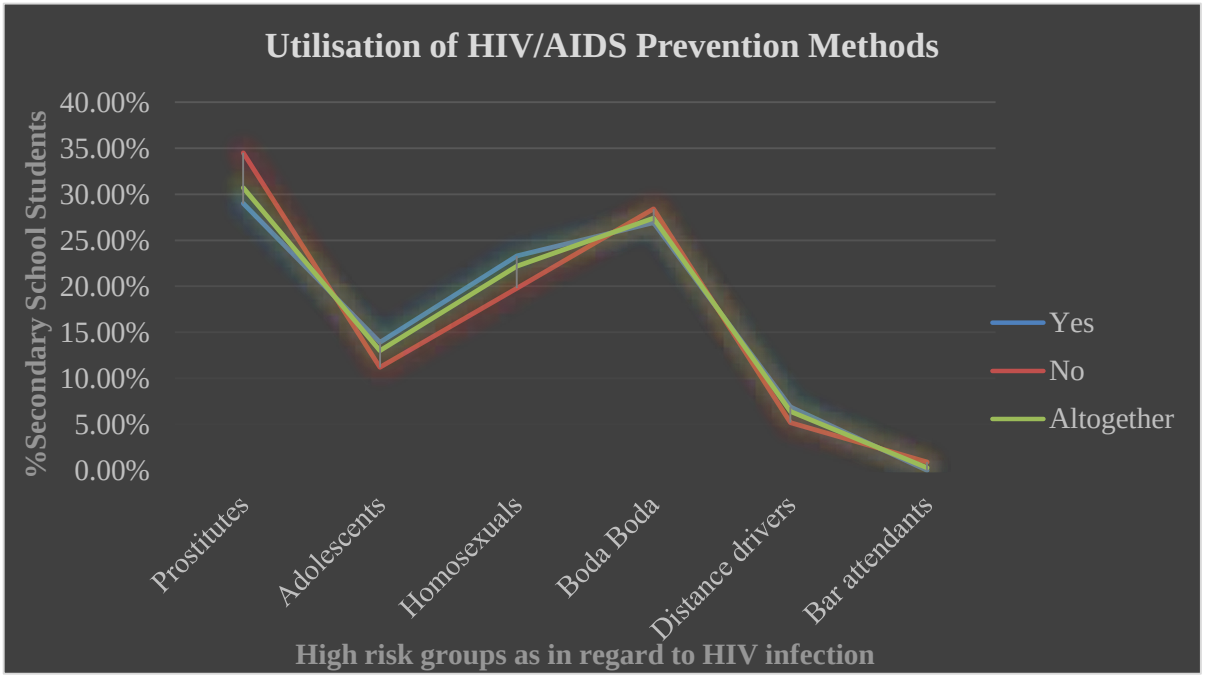

Figure 3: Known high risk HIV infection groups known to Secondary school students in Kamwenge District

Generally, prostitutes and Boda-boda are the highly recognized as the groups bearing the highest risk in the HIV/AIDS spread/infection known to the secondary school students in Kamwenge District.

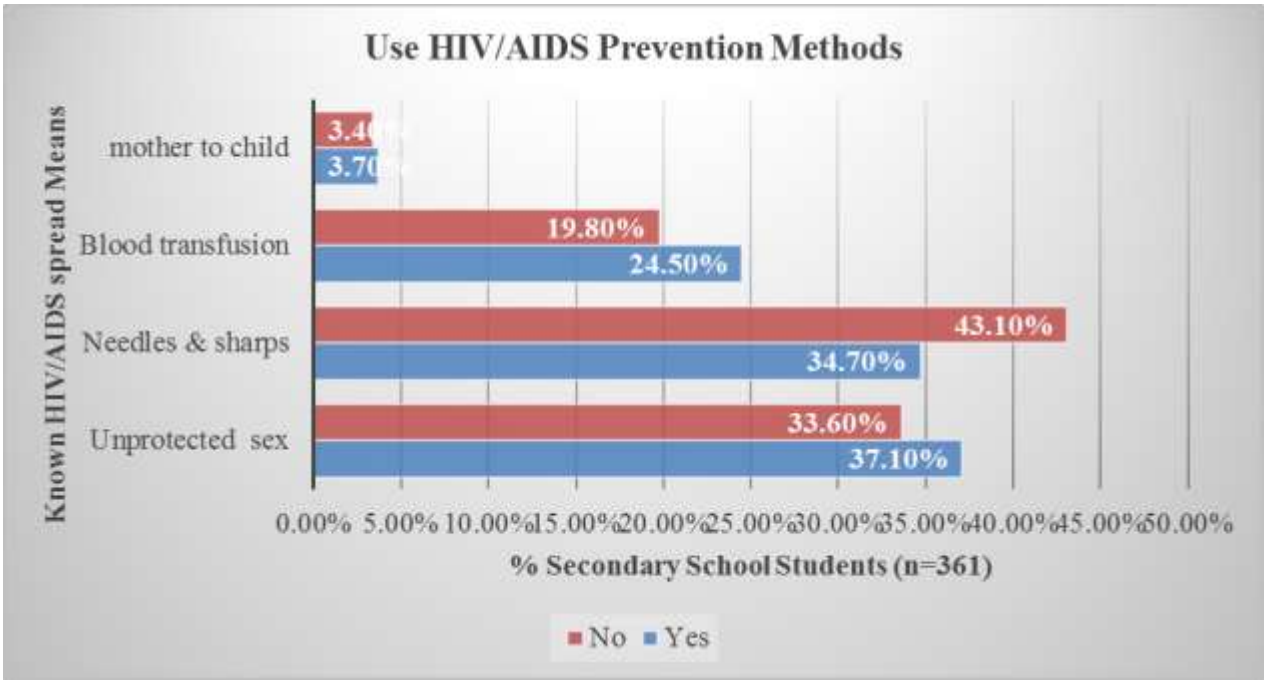

Figure 4: Means of HIV/AIDS spread known to secondary school students in Kamwenge District

Majorly, unprotected sex, needles and sharps, blood transfusion and mother to child transmission are in that order the means known to the secondary school students in Kamwenge, through which HIV/AIDS spread.

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Table 4: Bivariate analysis of the Knowledge and utilization of HIV/AIDS prevention methods among selected secondary schools in Kamwenge District

Variable		Use HIV/AIDS Prevention Methods		TOTAL N (%)	P-Value	OR [95% C.I]
		Yes [N(%)]	No [N(%)]			
Aware of the methods	Yes	242(98.8%)	115(99.1%)	357(98.9%)	0.759	0.70(0.07-6.82)
	No	3(1.2%)	1(0.9%)	4(1.1%)	Ref	1
Ever tested for HIV/AIDS	Yes	40(16.3%)	21(18.1%)	61(16.9%)	0.674	0.88(0.49-1.58)
	No	205(83.7%)	95(81.9%)	300(83.1%)	Ref	1
Heard about HIV prevention methods	**Yes**	**236(96.3%)**	**69(59.5%)**	**305(84.5%)**	**<0.001**	**17.86(8.34-38.27)**
	No	9(3.7%)	47(40.5%)	56(15.5%)	Ref	1
Prevention methods protect against HIV?	**Yes**	**244(72.2%)**	**1(4.3%)**	**245(67.9%)**	**<0.001**	**57.11(7.59-429.66)**
	No	94(27.8%)	22(95.7%)	116(32.1%)	Ref	1
Knowledge on Practice of the Methods	**Abstain**	**245(72.5%)**	**23(100.0%)**	**268(74.2%)**	**0.004**	**0.91(0.88-0.95)**
	Sexually active	93(27.5%)	0(0.0%)	93(25.8%)	Ref	1

Statistically Significant (P-Value=<0.05), Ref=reference category

236(96.3%) of the total users and generally 305(84.5%) had ever heard about the HIV/AIDS prevention methods. This was found to be statistically significant (P-value=<0.001) with 17.86(8.34-38.27) odds to utilization. Similarly, 245(67.9%) agreed that the prevention methods actually protect against HIV/AIDS. Of these, 244(72.2%) use the methods; (P-value=<0.001) with 57.11(7.59-429.66) odds to utilization.

However, knowledge on practice of the HIV/AIDS prevention methods especially abstinence, 245(72.5%), abstainers (P-value=0.004) with 0.91(0.88-0.95) odds to utilization. Thus only 93(25.8%) are sexually active compared to 268(74.2%) who in general bare knowledge of abstinence and its function.

DISCUSSION

According to the study findings, the level of utilization of HIV/AIDS prevention Methods stands at 68% among the students at the selected secondary schools in Kamwenge District. This is higher compared to that reported among secondary students in Cameroon [35-36]. However; of those who use HIV/AIDS prevention methods (68%), 43.3% do abstain, 11.0% are faithful to one sexual partner and 45.7% use a condom to avoid HIV/AIDS. This is lower compared to a study by Tarekegn et al. [8] in which 85.5% of the participants in the study stated that they abstained from sexual contact before joining the University [8]. This could further explain the earlier reports by MOE that despite the concerted effort by education sector to curtail the spread of HIV/AIDS through PIASCY as the behavioral common strategy for adolescents and young people, among other interventions, the epidemic is still affecting the right to access of education and attainment of education for all. Now days, the girls seem more worried about getting pregnant than having HIV says Peter Tusubira, a retired head teacher which has exposed more young people to HIV [37-38]. More so, preventive methods preferences are; 74.2% of the total participants prefer Abstinence, 13.6% of the total participants prefer condom use, 8.6% of the total participants prefer being faithful to one partner and 3.6% of the total participants prefer safe male circumcision. Indicating that condom use which is the widely used worldwide is very low in the secondary schools in Kamwenge. Previously, a study by Thomas J, steward and his colleagues, showed that 64.6 % the participants had engaged in sexual activities and in their last three sex intercourse, had had it with the same person, of whom 56.3 % used a condom during their last three sexual encounters. (Thomas J, steward, et al., 2004). It also supplements with conclusions by [39-42] in which condom use was least option used for HIV/AIDS prevention [8].

Similarly, despite the availability of this widening array of effective HIV/AIDS prevention tools and methods as massive scale up of HIV treatment in the recent years, the new infections among the youth globally have not decreased significantly and the vast majority of the people living with HIV are in low- and middle-income countries. This was more evident with the male gender and those <16 years of age have 1.11 and 2.14 odds to utilization of HIV/AIDS prevention methods though all statistically insignificant. And according to earlier studies, this includes 180,000 those below 15 years of age. Most of these children in sub–Saharan Africa [39-42].

CONCLUSION

The level of utilization of HIV/AIDS prevention Methods stands at 68% among students at the selected secondary schools in Kamwenge District. And most students do use Abstinence, condom, being faithful to one partner and safe male circumcision. Socio-demographically, the Males, older age, especially in boarding section yet from rural

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areas and at O-level are sexually active with the use of HIV/AIDS control methods unlike their counterparts. Knowledge especially awareness since majority had ever had of it, being knowledgeable on the protectiveness and use of the HIV/AIDS control methods affect their utilization.

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