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Knowledge of HIV/ AIDS and its risk perception and VCT acceptance among adolescents of Kersa woreda

This policy brief describes Knowledge of HIV/ AIDS and its risk perception and VCT acceptance in KDS-HRC, 2008

Introduction

Since the beginning of the HIV/AIDS epidemic, millions of young people have been infected with HIV and similar proportions of them have died of the pandemic as they had insufficient knowledge about HIV/AIDS. Some 35% of Ethiopia's 5.1 million people living with HIV/AIDS (PLWHA) are young and likely to be in the reproductive ages.

2. Knowledge and risk perception of HIV/AIDS and VCT acceptance

A total of 864 adolescents, 448 males (51.9%) and 416 females (48.1%), were included in the study. Four hundred forty six (51.6%) of adolescents have ever heard of HIV/AIDS. They responded that HIV/AIDS can be caused by virus 272(61.0%), curse from God 84 (18.8%) , fungus 65(14.0%), bacteria 14(3.1%), parasite 7 (1.6%), respectively. As to mode of transmission of HIV/AIDS 410 (92.3 %) said unprotected sexual intercourse, 214(48.0%) unsafe blood transfusion, 180(40.5%) mother to child transmission , and through breast feeding 83(18.6%). Very few of hem have demonstrated misconceptions in the mode of HIV transmission.

Adolescents were also asked their own risk

perception of HIV/AIDS and the majority (71.1%) replied that they are not at risk of acquiring HIV/AIDS at all.

Three hundred sixty one (80.9%) reported that HIV/AIDS is preventable The majority 679(78.6%) do not believe that it is impossible to acquire HIV with one act of sexual intercourse and 718(83.1%) believe that healthy looking individuals could not be a carrier for HIV. Only three adolescents have undergone VCT at health Centre and they believe that VCT helps in the prevention of HIV/AIDS.

3 Predictors of knowledge of HIV/AIDS among adolescents

Accordingly, 318(71.3%) of study participants were found to be knowledgeable about HIV/AIDS. Gender, educational background of respondents, and ever receiving an information on RH issues were found to be the predictors of HIV/AIDS knowledge of adolescents at $P. value < 0.05$.

Table 1: Distribution of predictors of condom use among adolescents, Kersa woreda, 2008.

Variables		HIV knowledge (N=446)		COR	AOR	P.V *
		Yes	NO			
Sex	Male	64(50.0)	200(62.9)	1.695(1.120, 2.565)	0.162 (0.038,0.685)	0.013
	Female	64(50.0)	118(37.1)	1.00	1.00	
Age	12-15	26(20.3)	45(14.2)	0.647 (0.379,1.103)	4.667 (0.850,25.605)	0.076
	16-19	102 (79.7)	273(85.8)	1.00	1.00	
Level of education	Illiterate	53(41.4)	47(14.8)	0.245 (0.154,0.392)	10.477 (1.865,58.848)	0.008
	Literate	75(58.6)	271(85.2)	1.00	1.00	
Father's education	Illiterate	105(82.0)	190(59.7)		2.634 (0.445,15.582)	0.286
	Literate	23(18.0)	128(40.3)	1.00	1.00	
Received information on RH	Yes	4(19.0)	70(63.1)	7.256 (2.285,23.040)	7.811 (1.549,39.393)	0.013
	No	17(81.0)	41(36.9)	1.00	1.00	

Conclusions

- Substantial number of adolescents have ever heard of HIV/AIDS and responded that HIV/AIDS can be caused by virus.
- The majority of adolescents know the correct mode of transmission of HIV with few misconceptions.
- Slightly more than half of the adolescents responded that the presence of genital lesions due to other STIS could enhance the acquisition of HIV/AIDS.
- The majority (71.1%) replied that they are not at risk of acquiring HIV/AIDS at all.
- Gender, educational background of respondents, and ever receiving an information on RH issues were

found to be the predictors of HIV/AIDS knowledge among adolescents at P. value < 0.05

Policy

Recommendations

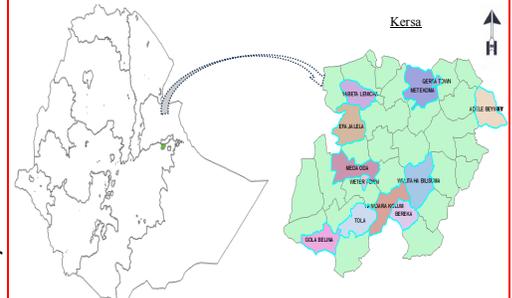
- Strengthening the knowledge of adolescents upon the possibility of an *ease acquisition HIV through different mass media is strongly recommended.*
- *Health education on strong health care seeking behavior for the early treatment of other sexually transmitted infections should be emphasized.*

Kersa Demographic Surveillance and Health Research Center (KDS-HRC), Haramaya University:

The surveillance site was established in September 2007 in Kersa district, Eastern Hararge of Oromia region, East Ethiopia with aim of tracking demographic changes like death, birth, migration and marital status change. The surveillance activities further extended by adding surveys in Nutrition, Reproductive Health, Environmental Health, HIV/AIDS, Morbidity/health seeking behavior and health care utilization during the month of January-March 2008.

The surveillance activity is instituted in 12 kebeles (the smallest administrative unit in Ethiopia with approximate population Size of 4-5 thousand). Two of the kebeles are semi urban and the remaining 10 are rural kebeles.

According to the first census there were 10,256



households and 53,482 people in the study site with an average household size of 5.2 and sex ratio of 104.5. In the study area the crude birth and death rates were 26.8 and 9.2 per 1000 population. Infant and under five mortality rates were 44.9 and 108.2 per 1000 live births respectively.

The activities of the surveillance are lead by a coordinator and a group of six staff members from the College of Health and Medical Sciences.

