

A review of factors influencing the utilization of HIV/AIDS prevention methods among secondary school students

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Abstract

Keywords

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As HIV/AIDS Continue to be a global and national concern, amidst other strategies to curb this epidemic, there is a need to focus on HIV prevention especially in the high-risk groups. Now days, the girls seem more worried about getting pregnant than having HIV. This has exposed more young people to HIV he added. A well-defined and efficient health system is a major determinant to achieving a healthy population or society. 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. Moreover, premeditated responses against HIV/AIDS require sorting out high risk behavioral groups and that urges to address information, education, and communication.

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 [1-6]. 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 [7-9].

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 [10-14]. 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 [10, 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 [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].

‘It was widely believed that HIV originated in Kinshasha in DRC in 1920s when HIV Crossed species from chimpanzees to humans. Until 1980s, we did not know how many people were infected with HIV or developed aids. HIV was unknown transmission was not accompanied by the noticeable signs or symptoms. By 1980, HIV had spread to 5 continents, that is to say, North America, South America, Asia, Europe, and

Africa. The history typically started from the first diagnosis of AIDS but ignored where, when, and how the virus originated [20-27].

Utilization of HIV/AIDS Prevention Methods

In a study done among university students in Sierra Leone, respondents had a history of sexual intercourse. The mean age at sexual debut was 15.78 years. Of these, 124 (64.6 %) indicated that their last three sex partners were the same person, 108 (56.3 %) used a condom during their last three sexual encounters, 36 (18.8 %) were intoxicated during their last sexual encounter, and 36 (18.8 %) said their last sexual partner was at least 10 years older than them. One hundred and eighty-eight (40.5 %) reported they had done an HIV test before, while only 42 (22.3 %) of these did the HIV test within 12 months prior to this study. Only 166 (38.1 %) knew their HIV status. None of the 464 participants used injectable drugs or share needles as a result. With a median score of 6, 59.4 % of the study participants [28-30].

Adolescence is a very crucial phase in life and adolescents who perceive that their care givers support them have statistically higher levels of risk avoidance and lower levels of risk behaviors. HIV is ultimately driven by individual behavior; however, the context in which young people grow up and make decisions, including sexual decisions, contributes greatly to the types of decisions taken (i.e. whether to engage in risky behavior) [31-33].

In this study, in regard to demand for condom use in Cameroon; 50% of the study population had very strong control over their sexual lives, 23.3 % had strong control, 6.9 % had no control while 6.0 % could not tell if they had any control [31].

In study done among university students in Ethiopia showed that; 92% of respondents exhibited positive practices against HIV/AIDS transmission. Notably, 85.5% of the participants in the study stated that they abstained from sexual contact before joining the University. Perhaps, this high level abstinence possibly accounted the high percentage of respondents to have better

status in HIV/AIDS prevention practice [10]. However; it was noted that HIV/AIDS related knowledge and attitude as had no significant direct effect on practice of HIV/AIDS prevention methods [34-38].

Although the overall prevalence of HIV in Universities in Uganda is lower than the national prevalence, the prevalence of HIV related risk factors is high, and there is a high likelihood that HIV prevalence in universities may increase [39-40].

Sociodemographic Factors Affecting the Utilization of HIV/AIDS Prevention Methods

According to the article published in international journal of medicine and surgery; Young people (15-24 years old) are of international concern in the HIV/AIDS epidemic and are labeled as risk group. Young women are especially vulnerable to HIV, and they disproportionately account for a higher percentage of the young people living with HIV/AIDS worldwide. The importance of focusing on young people recognized at a global level by the 2002 United Nations General Assembly Special Session. The Millennium Development Goals (MDGs) are an essential framework for young people's health. The millennium development goal (MDG) six is particularly relevant to young people's health about HIV/AIDS. However, despite these promises, young people remain at the center of the HIV/AIDS pandemic. College and University students as a population are particularly vulnerable to HIV infection. Centre for Disease Control and Prevention stated that the epicenter of the HIV/AIDS epidemic is college students [41]. The nature of students; their age, ambition, experience of new events [42] and other contextual driving factors, increase their risk of exposure to HIV/AIDS [43]. In study done among university students in Ethiopia; most importantly, the socio-cultural and religious influences such as restriction on premarital sex perhaps contributed to the students' decision to abstain from sexual contacts. Similarly, the report from the report participants showed that they attempted to foster healthy behaviors as a form of response against

HIV/AIDS; nonetheless, condom use was found to be the least option used for HIV/AIDS prevention [10].

Knowledge about HIV/AIDS and Its Prevention Methods

According to the article published in North America medical journal of medical sciences, about high school students in India showed that; A total of 215 students (113boys and102 girls), majority of the total participants got the formation from the television (82% of the total participants), followed by newspapers (74% of the total participants) and friends 66% of the total participants) and relatives (44% of the total participants). There was no significant difference in boys and girls about the source of information [44]. As regard to modes of transmission of HIV/AIDS among the girl students, 91.1% of the total girls said it was through unprotected sex followed by; (88.2%) of the total girls sharing injections, (84.3%) of the total girls said through blood transfusion and (69.6%) of the total girls said through sex with multiple partners. For the boys, about 92.0% of the total boys said through sharing injections, 89.4% of the total boys said through unprotected sex, and 86.7% of the total boys said through blood transfusion. 75.8% of the total students said it was through mother to child transmission [44]. Most of these, said it is transmitted during pregnancy, followed by breast feeding and during delivery, respectively. Regarding high-risk groups, 29.4% of the total girls said that prostitutes were high risk groups for HIV infection, followed by the 23.5% of total girls said adolescents, 23.5% of the total girls said homosexuals and only less than 1.0% girls felt that truck drivers were high risk group for HIV/AIDS. For the boys; and 32.7% boys of total boys said that prostitutes were high risk groups for HIV infection, followed by 22.1% of the total boys said adolescents are at high risk and 20.3% of the total boys said that homosexuals were high risk groups for HIV infection and 4.4% boys felt that truck drivers were high risk group for HIV/AIDS [44].

In study done among Irish university undergraduates showed that there was a myth that; of the total respondents; 67.3% believed that HIV can be transmitted through sharing toothbrush or razor, 38.2% of the total respondents believed that HIV can be transmitted through mosquito bites, 33.8% of the total respondents agreed that HIV can be spread through saliva. About 11.7% of the total respondents believed that HIV can be contracted through sharing utensils, and 11.0% of the total respondents agreed that HIV can be contracted through sharing cigarettes. While fewer than ten percent of the total respondents agreed that HIV can be spread through sharing food, (8.6%) of the total respondents believed that HIV can be transmitted coughing and sneezing, (5.2) of the total respondents believed that HIV can be transmitted through hugging an infected person [45]. However; the majority of participants believed that HIV can be transmitted through sexual intercourse (99.8%) of the total participants, sharing needles (99.6%) and blood transfusion (98.8%) or from mother to her baby (95.7%). About (94.9%) of total participants agreed that HIV can be transmitted through an open wound. Of the respondents, just (95.3%) of total participants believed that HIV can cause death, and almost (97.6%) of total participants agreed that using a condom can reduce the risk of HIV transmission. 43% of total participants agreed that life is normal for people who are HIV positive without AIDS. Therefore; the overall results of the study revealed that knowledge of the students was high as compared to studies carried out in other countries. It may be explained by the implementation of many successful programs to support HIV/AIDS education and prevention in Ireland [45].

Conclusion

The level of utilization of HIV/AIDS prevention Methods stands is average among students at the selected secondary schools 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 are sexually active with the use of HIV/AIDS control methods unlike their counterparts. Knowledge especially awareness since majority had ever heard of it, being knowledgeable on the protectiveness and use of the HIV/AIDS control methods affect their utilization.

References

1. MoH. Annual health sector performance report. 2015; <https://health.go.ug>. Annual.ug
2. Obeagu EI, Alum EU, Obeagu GU. Factors associated with prevalence of HIV among youths: A review of Africa perspective. Madonna University journal of Medicine and Health Sciences 2023; 16;3(1):13-8. <https://madonnauniversity.edu.ng/journals/index.php/medicine/article/view/93>.
3. Obeagu EI, Okwuanaso CB, Edoho SH, Obeagu GU. Under-nutrition among HIV-exposed Uninfected Children: A Review of African Perspective. Madonna University journal of Medicine and Health Sciences ISSN: 2814-3035. 2022 Nov 23;2(3):120-7. <https://www.journal.madonnauniversity.edu.ng/index.php/medicine/article/view/85>.
4. Obeagu EI. A Review of Challenges and Coping Strategies Faced by HIV/AIDS Discordant Couples. Madonna University journal of Medicine and Health Sciences ISSN: 2814-3035. 2023 Jan 1;3(1):7-12. <https://madonnauniversity.edu.ng/journal/index.php/medicine/article/view/91>.
5. Obeagu EI, Obeagu GU. An update on premalignant cervical lesions and cervical cancer screening services among HIV positive women. J Pub Health Nutri. 2023; 6 (2). 2023;141:1-2. [links/63e538ed64252375639dd0df/An-update-on-premalignant-cervical-lesions-and-cervical-cancer-screening-services-among-HIV-positive-women.pdf](https://doi.org/10.3390/1411-2.links/63e538ed64252375639dd0df/An-update-on-premalignant-cervical-lesions-and-cervical-cancer-screening-services-among-HIV-positive-women.pdf).
6. Omo-Emmanuel UK, Chinedum OK, Obeagu EI. Evaluation of laboratory logistics management information system in HIV/AIDS comprehensive health facilities in Bayelsa State, Nigeria. Int J Curr Res

- Med Sci. 2017;3(1):21-38.DOI:
[10.22192/ijcrms.2017.03.01.004](https://doi.org/10.22192/ijcrms.2017.03.01.004)
7. Ezeoru VC, Enweani IB, Ochiabuto O, Nwachukwu AC, Ogbonna US, Obeagu EI. Prevalence of Malaria with Anaemia and HIV status in women of reproductive age in Onitsha, Nigeria. *Journal of Pharmaceutical Research International*. 2021;33(4):10-9.
 8. Obeagu EI, Obeagu GU, Musiimenta E, Bot YS, Hassan AO. Factors contributing to low utilization of HIV counseling and testing services. *Int. J. Curr. Res. Med. Sci.* 2023;9(2):1-5.DOI:
[10.22192/ijcrms.2023.09.02.001](https://doi.org/10.22192/ijcrms.2023.09.02.001)
 9. Obeagu EI, Obeagu GU. An update on survival of people living with HIV in Nigeria. *J Pub Health Nutri.* 2022; 5 (6). 2022;129.[links/645b4bfcf3512f1cc5885784/An-update-on-survival-of-people-living-with-HIV-in-Nigeria.pdf](https://doi.org/10.22192/ijcrms.2023.09.02.001).
 10. Tarekegn T. Gameda, Abineh U. Gandile2and Demisse S. Bikamo, (2017). HIV/AIDS Knowledge, Attitude and Practice among Dilla University Students, Ethiopia. *African Journal of Reproductive Health September; 21 (3): 49-59*
 11. Obeagu EF, Onyenweaku FC, Nwobodo HA, Ochei KC, Ochiabuto Ogochukwu MT, Onwuasoanya UF. Impact of HIV and hepatitis b virus coinfection on selected haematological markers of the patients in Umuahia, Abia State, Nigeria. *Ann Clin Lab Res.* 2017;5(2):175.[links/61630ec90bf51d481768798f/Impact-of-HIV-and-Hepatitis-B-Virus-Coinfection-on-Selected-Haematological-Markers-of-the-Patients-in-Umuahia-Abia-State-Nigeria.pdf](https://doi.org/10.22192/ijcrms.2023.09.02.001).
 12. Offie DC, Obeagu EI, Akueshi C, Njab JE, Ekanem EE, Dike PN, Oguh DN. Facilitators and barriers to retention in HIV care among HIV infected MSM attending Community Health Center Yaba, Lagos Nigeria. *Journal of Pharmaceutical Research International*. 2021 Nov 30;33(52B):10-9.
 13. Odo M, Ochei KC, Obeagu EI, Barinaadaa A, Eteng UE, Ikpeme M, Basse JO, Paul AO. TB Infection Control in TB/HIV Settings in Cross River State, Nigeria: Policy Vs Practice. *Journal of Pharmaceutical Research International*. 2020 Sep 18;32(22):101-9.
 14. Obeagu EI, Eze VU, Alaebob EA, Ochei KC. Determination of haematocrit level and iron profile study among persons living with HIV in Umuahia, Abia State, Nigeria. *J BioInnovation*. 2016; 5:464-71.
 15. Ifeanyi OE, Obeagu GU. The values of prothrombin time among HIV positive patients in FMC owerri. *International Journal of Current Microbiology and Applied Sciences*. 2015;4(4):911-6.
 16. Izuchukwu IF, Ozims SJ, Agu GC, Obeagu EI, Onu I, Amah H, Nwosu DC, Nwanjo HU, Edward A, Arunsi MO. Knowledge of preventive measures and management of HIV/AIDS victims among parents in Umuna Orlu community of Imo state Nigeria. *Int. J. Adv. Res. Biol. Sci.* 2016;3(10):55-65.
 17. Chinedu K, Takim AE, Obeagu EI, Chinazor UD, Eloghosa O, Ojong OE, Odunze U. HIV and TB co-infection among patients who used Directly Observed Treatment Short-course centres in Yenagoa, Nigeria. *IOSR J Pharm Biol Sci.* 2017;12(4):70-5.
 18. Nwosu DC, Obeagu EI, Nkwocha BC, Nwanna CA, Nwanjo HU, Amadike JN, Elendu HN, Ofoedeme CN, Ozims SJ, Nwankpa P. Change in Lipid Peroxidation Marker (MDA) and Non enzymatic Antioxidants (VIT C & E) in HIV Seropositive Children in an Urban Community of Abia State. Nigeria. *J. Bio. Innov.* 2016;5(1):24-30.
 19. Igwe CM, Obeagu IE, Ogbuabor OA. Clinical characteristics of people living with HIV/AIDS on ART in 2014 at tertiary health institutions in Enugu, Nigeria. *J Pub Health Nutri.* 2022; 5 (6). 2022;130.
 20. Ifeanyi OE, Obeagu GU, Ijeoma FO, Chioma UI. The values of activated partial thromboplastin time (APTT) among HIV positive patients in FMC Owerri. *Int J Curr Res Aca Rev.* 2015; 3:139-44.
 21. Obiomah CF, Obeagu EI, Ochei KC, Swem CA, Amachukwu BO. Hematological indices o HIV seropositive subjects in

- Nnamdi Azikiwe University teaching hospital (NAUTH), Nnewi. *Ann Clin Lab Res.* 2018;6(1):1-4.
22. Omo-Emmanuel UK, Ochei KC, Osuala EO, Obeagu EI, Onwuasoanya UF. Impact of prevention of mother to child transmission (PMTCT) of HIV on positivity rate in Kafanchan, Nigeria. *Int. J. Curr. Res. Med. Sci.* 2017;3(2):28-34.
 23. Obeagu EI, Amekpor F, Scott GY. An update of human immunodeficiency virus infection: Bleeding disorders. *J Pub Health Nutri.* 2023; 6 (1). 2023;139.
 24. Obeagu EI, Scott GY, Amekpor F, Ofodile AC, Edoho SH, Ahamefula C. Prevention of New Cases of Human Immunodeficiency Virus: Pragmatic Approaches of Saving Life in Developing Countries. *Madonna University journal of Medicine and Health Sciences* ISSN: 2814-3035. 2022 Dec 20;2(3):128-34.
 25. Aizaz M, Abbas FA, Abbas A, Tabassum S, Obeagu EI. Alarming rise in HIV cases in Pakistan: Challenges and future recommendations at hand. *Health Science Reports.* 2023 Aug;6(8):e1450.
 26. Walter O, Anaebio QB, Obeagu EI, Okoroiwu IL. Evaluation of Activated Partial Thromboplastin Time and Prothrombin Time in HIV and TB Patients in Owerri Metropolis. *Journal of Pharmaceutical Research International.* 2022 Jan 21:29-34.
 27. Odo M, Ochei KC, Obeagu EI, Barinaadaa A, Eteng EU, Ikpeme M, Basse JO, Paul AO. Cascade variabilities in TB case finding among people living with HIV and the use of IPT: assessment in three levels of care in cross River State, Nigeria. *Journal of Pharmaceutical Research International.* 2020 Oct 1;32(24):9-18.
 28. Oloro OH, Oke TO, Obeagu EI. Evaluation of Coagulation Profile Patients With Pulmonary Tuberculosis and Human Immunodeficiency Virus in Owo, Ondo State, Nigeria. *Madonna University journal of Medicine and Health Sciences* ISSN: 2814-3035. 2022 Oct 16;2(3):110-9.
 29. Obeagu EI, Ibeh NC, Nwobodo HA, Ochei KC, Iwegbulam CP. Haematological indices of malaria patients coinfecting with HIV in Umuahia. *Int. J. Curr. Res. Med. Sci.* 2017;3(5):100-4.
 30. Igwe MC, Obeagu EI, Ogbuabor AO, Eze GC, Ikpenwa JN, Eze-Stephen PE. Socio-Demographic Variables of People Living with HIV/AIDS Initiated on ART in 2014 at Tertiary Health Institution in Enugu State. *Asian Journal of Research in Infectious Diseases.* 2022 Aug 1;10(4):1-7.
 31. Collins Kingoum Nubed and Jane-Francis Tatah KihlaAkoachere (2016). Knowledge, attitudes and practices regarding HIV/AIDS among senior secondary school students in Fako Division, South West Region, Cameroon
 32. Vincent CC, Obeagu EI, Agu IS, Ukeagu NC, Onyekachi-Chigbu AC. Adherence to Antiretroviral Therapy among HIV/AIDS in Federal Medical Centre, Owerri. *Journal of Pharmaceutical Research International.* 2021 Dec 14;33(57A):360-8.
 33. Igwe MC, Obeagu EI, Ogbuabor AO. ANALYSIS OF THE FACTORS AND PREDICTORS OF ADHERENCE TO HEALTHCARE OF PEOPLE LIVING WITH HIV/AIDS IN TERTIARY HEALTH INSTITUTIONS IN ENUGU STATE. *Madonna University journal of Medicine and Health Sciences* ISSN: 2814-3035. 2022 Sep 29;2(3):42-57.
 34. Madekwe CC, Madekwe CC, Obeagu EI. Inequality of monitoring in Human Immunodeficiency Virus, Tuberculosis and Malaria: A Review. *Madonna University journal of Medicine and Health Sciences* ISSN: 2814-3035. 2022 Sep 24;2(3):6-15.
 35. Obeagu EI, Obeagu GU. Effect of CD4 Counts on Coagulation Parameters among HIV Positive Patients in Federal Medical Centre, Owerri, Nigeria. *Int. J. Curr. Res. Biosci. Plant Biol.* 2015;2(4):45-9.
 36. Obeagu EI, Scott GY, Amekpor F, Obeagu GU. Implications of CD4/CD8 ratios in Human Immunodeficiency Virus infections. *Int. J. Curr. Res. Med. Sci.* 2023;9(2):6-13.

37. Obeagu EI, Ochei KC, Okeke EI, Anode AC. Assessment of the level of haemoglobin and erythropoietin in persons living with HIV in Umuahia. *Int. J. Curr. Res. Med. Sci.* 2016;2(4):29-33.
38. Ifeanyi OE, Obeagu GU. The Values of CD4 Count, among HIV Positive Patients in FMC Owerri. *Int. J. Curr. Microbiol. App. Sci.* 2015;4(4):906-10.
39. Mayega RW, Ddamulira JB, Tabusibwa BK, Rwamibazi H, Opio A, Kirungi W, Musinguzi J, Rwomushana J, Ababa F, Muwonge M, Musimenta E, Kigozi N. HIV/AIDS sero-behavioural survey in six universities in Uganda. 2010.
40. Obeagu EI, Okeke EI, Anonde Andrew C. Evaluation of haemoglobin and iron profile study among persons living with HIV in Umuahia, Abia state, Nigeria. *Int. J. Curr. Res. Biol. Med.* 2016;1(2):1-5.
41. Obeagu EI, Obeagu GU, Paul-Chima UO. Stigma Associated With HIV. *AIDS: A Review. Newport International Journal of Public Health and Pharmacy (Nijpp).* 2023;3(2):64-7.
42. Negeri EL. Determinates of risky sexual behaviors, relation between HIV risk perception and condom utilization among Wollega University students in Nekemt Town, Western Ethiopia. *Science, Technology and Arts Research Journal* 2014; 3(3):75-8
43. Alum EU, Ugwu OP, Obeagu EI, Okon MB. Curtailing HIV/AIDS Spread: Impact of Religious Leaders. *Newport International Journal of Research in Medical Sciences (NIJRMS).* 2023;3(2):28-31.
44. Gupta P, Anjuma F, Bhardwaj P, Zaidi SH. Knowledge about HIV/AIDS among secondary school students in India. *North America medical journal of medical sciences,* 2013; 1(2); 42-56
45. Choudhar HA, Ali RA, Altaf S. Knowledge, behaviour and attitudes regarding hiv/aids among undergraduate students in an Irish university. *International journal of Surgery and Medicine,* 2015; 1(2); 58-66
<https://www.unicef.org/aids/files/vision>

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