LUNDS UNIVERSITET

HIV/AIDS Knowledge and Perception among young students in Borama, Somaliland

Author: Semira M. Taher

Department of Nursing and Midwifery, School of Nursing and Midwifery at Amoud University

Somali Supervisor, Fatma Abubakar

Amoud University

Swedish Supervisor, FaustineNkuluKalengayi

Umea University

Abstract

Introduction

Annually, since 2010, the number of new infections was 15 years and older represented approximately 1.9 million while in 2015 the estimate was between 1.7 million to 2.2 million globally. The problem of the study was the increasing prevalence of HIV/AIDS in Borama district, yet the disease is preventable. The overall objective of the studywas to explore prevailing knowledge and perception about HIV/AIDS among young people in Borama in order to improve their knowledge, raise their awareness and thus prevent risk behavior and the spread of infection.

Method

This study hasused qualitative research design and adopted a convenience sampling method. The target population was young people aged 14-24years residing in Borama district, Somaliland. The sample size was not predetermined but was determined by saturation. The researcher has conducted the interviews and collected data until saturation was attained. Data was analyzed with content analysis technique by coding the extracted data and conclusion is made from there.

Results

The results show thatparticipants believed that HIV destroys the body and its ability to fight disease. They also believed HIV and AIDS are related and the virus lead to the other. And They had knowledge on spread of the virus and how it is prevented from.

Conclusion

The study suggeststhat young students in Borama, whether it is high school leavers or university attendants, majority has good knowledge and awareness about HIVAIDS.

TABLE OF CONTENTS

TABLE OF CONTENTS ---- IV

BACKGROUND ---- 1

Aim and objectives ---- 3

Theoretical Framework ---- 4

METHODS ---- 5

Study Design ---- 5

Study Setting ---- 5

Sampling ---- 5

Participants ---- 5

Data Collection ---- 6

Data Analysis ---- 6

Ethical Considerations ---- 7

RESULTS ---- 8

Virus destroying the body and its ability to fight disease ---- 8

Illnesses indicating HIV ---- 9

Identifying infected and sick persons and warning signs ---- 9

The ways the virus spreads and avoiding ---- 9

HIV/AIDS and prevention, although it is not curable ---- 10

DISCUSSION ---- 11

CONCLUSION ---- 12

ACKNOWLEDGEMENT ---- 13

REFERENCES ---- 14

APPENDIX ---- FEL! BOKMÄRKET ÄR INTE DEFINIERAT.

BACKGROUND

Human immunodeficiency virus (HIV) is a virus that gradually attacks the immune system, which is our body's natural defense against illness (AIDSgov, 2017). Acquired immune deficiency syndrome (AIDS) develops to disease when HIV damages the immune system and increases the severity of illnesses (AIDSgov, 2017). Acquired immunodeficiency syndrome (AIDS) was first diagnosed in the United States (US) in 1981; over 90% of all infected cases occur in developing countries and the number of cases is increasing every year (Ahmed et al, 2009). Annually, since 2010, the number of new infections was 15 years and older represented approximately 1.9 million while in 2015 the estimate was between 1.7 million to 2.2 million. Children, who are infected with HIV are from 290 000 (250 000–350 000)in 2010 while in 2015 was about 150000 (110 000–190 000)(UNAIDS, 2016).In sub-Saharan Africa, adolescent girls and young women accounted for 25% of new HIV infections among adults, and women accounted for 56% of new HIV infections among adults (UNAIDS, 2016).. In 2015, nearly 7,500 young women aged 15–24 years acquired HIV each week (Mukherjee, 2017). According to Somalia, the estimate is approximately 0.5% (0.3-0.7% are 15 years and older), consequent to counted 30,000 people living with HIV/AIDS in Somalia. There has been a balanced rising drift in prevalence in the previous decade, with a per annum increase of 2700 to 3000 in the number of new HIV infections (UNICEF,2017). According to Borama regional hospital records, there were 22 new HIV infections per 632 HIV cases in 2015 and 26 per 416 HIV cases in 2016 in Borama town. There is no data about the death rate because people infected with HIV have no contacts with the hospitals (personal information). However, these figures might be underestimated if there is no monitoring system of the country situation.

Youth are at an increased risk of HIV and account for about half of the new HIV infection in many nations. Being an important period for social development, the adolescent and young adulthood stages are critical for promoting healthy attitudes and behaviors to protect young people from HIV(Sharifi et al, 2017). Their elevated risk of HIV infection has been attributed to their lack of knowledge and engagement in risky sexual and injection behaviors; calling for targeted educational interventions in improving their HIV knowledge and decreasing their risky behaviors (Sharifi et al, 2017). Increasing HIV knowledge has been suggested as an effective HIV prevention behavioral intervention across different contexts. Elevating HIV knowledge creates motivation for risk reduction and has been associated with increased safe sex practices and HIV testing and treatment uptake (Sharifi et al, 2017).Rosenstock (1996) argues that programs to deal with a health problem should be based in part on knowledge of how many and which members of a target population feel susceptible to AIDS, belief it to constitute a serious health problem and believe that the threat could be reduced by changing their behavior at an acceptable psychological cost. This model is highly attractive due that responses to cues to action at each of the theorized stages are easily measurable by surveys of knowledge and attitudes and of self–reported behavior.

This study has adopted Health Belief Model (HBM). The HBM was one of the first theories developed to explain the process of change in relation to health behavior. When used appropriately, it provides organized assessment data about clients' abilities and motivation to change their health status (Gupta et al. 2008). Prevention is of great importance to combat the spread of HIV/AIDS globally, where multi-layered social, political and economic efforts are needed to reduce the HIV risk and vulnerability. The biggest goal of HIV prevention is to change individuals' risk behavior (Gupta et al. 2008). For the past 30 years, HIV prevention has been dominated by behavioral interventions that seek to influence attitudes, knowledge, and behaviors. Where sexual-health education, promotion of condom use and education of

injecting drug users about the dangers of sharing equipment are included (Gupta et al. 2008). Theories used in HIV prevention are drawn from several disciplines, including psychology, sociology, and anthropology. A theory becomes formalized when it is carefully tested with the results repeatable in a number of different settings, and generalizable to various communities (Goldman &Schmalz 2001).

Somali population does not get enough information about HIV/AIDS. The majority of Somalis including young people do not have enough information for understanding how HIV/AIDS is transmitted and can be prevented leading to misinformation, traditional beliefs, and misconception. HIV/AIDS stigma and discrimination is common in Somalia. HIV/AIDS has seen disagreement disease leading to rejection of the population and further discrimination (The World Bank and UNICEF, 2003).

Aim and objectives

The aim of this study is to explore prevailing knowledge and perception about HIV/AIDS among young people in Borama.

The specific objectives of this study are to:

1. Describe HIV/AIDS knowledge and perceptions among young people in Borama Somaliland
2. Explore knowledge about HIV/AIDS transmission and prevention among young people in Borama Somaliland.
3. Identify common misconceptions about HIV/AIDS among young people in Borama Somaliland

Research Questions

1. What are the knowledge and perceptions of young people in Borama about HIV/AIDS?
2. What are the common misconceptions about HIV/AIDS among young people in Borama?

Theoretical Framework

Phenomenological research is a rich, detailed description of the phenomenon being investigated. The description should present how the participants experienced the phenomenon investigated rather than any preconceived perception the researcher may have the phenomenon being studied (Toneff-Cotner, 2015). The Phenomenological reduction process assists the researcher with this, allowing the researcher to keep an open mind and listen in a receptive manner to the participant's descriptions of the studied phenomenon process. In traditional phenomenological research, this is achieved through the phenomenological process of the period. This allows the researcher to listen and record the participant’s description of an experience in an open(Toneff-Cotner, 2015). Because the researcher was trying to get full information about knowledge and perception of HIV/AIDS among young people a phenomenological theory is selected.

METHODS

Study Design

The qualitative research design used as the aim of the study is to explore and understand meaning, experience, knowledge, ideas, beliefs and shared values about HIV/AIDS (Wisker, 2005).

Study Setting

The setting for this study was Borama district. Borama lies at 9° 56' 0" North / 43° 11' 0" East (travel math)and located 120 kilometers (km) west of Hargeisa and three km from the border of Ethiopia (Borama Municipality Statistical Abstract, 2003). Borama district has a population of 714,264. Commonness, in 2017, 70% of the population in Borama is aged between14-24 years. Borama district has no alert or awareness about HIV/AIDS, and this makes it an appropriate site for this study of HIV/AIDS. There are Seven high schools and attended by 2350(Three are public, and Four are private) and one public university (Amoud University) in Borama. Somalia, which long beset by civil war and famine, 37.8 of its'population are literate.

Sampling

This study has adopted a convenience sampling method. This refers to the selection, on first come first served basis, those who happen to be available at the time of data collection (Oso &Onen, 2009). It enabled the researcher to collect data at the spur of the moment without the rigidity of procedure and to take advantage of those who happen to be there at the moment of data collection (Oso &Onen, 2013).

Participants

The target population was young people aged (14-24) residing in Borama district, Somaliland. The sample size was not predetermined but was determined by saturation. The

researcher has conducted the interviews and collected data until saturation was attained; in other words, until no new information comes up (Oso &Onen, 2013).

Data Collection

The semi-structured in-depth interview was used to collect data. Semi-structured in-depth-interviews are interviews where the respondents have to answer open-ended questions ((Jamshed, 2014).With the consent of the participants, the Semi-structured in-depth interview was used, participants were interviewed individually with full ethical consideration, interviews are recorded in Somali which later translated into English. Each interview was taken one and half hour. The topic of the interview was HIV/AIDS knowledge and perception among young people. Since the intervieweeswere attendingschools and university, the researcher visited them in their institutes and contacted word of mouth,and interviews were done in Somali at the schools and at the university. The researcher conducted interviews until saturation was attained, that is until no new information was coming out.

Data Analysis

Data analysis was based on content analysis. Firstly, the interview fromeach interviewee was read several times in order to become familiar with the coding. The second step was dividinginto the different topics depending on the extracteddata. The third step was grouping and reduced, meaning units together after they were compared for similar content and labelled with codes. The fourth step, the meaning and codes were created or structured into sub-theme which included codes with similar content. Fifthstep, the similar sub-themes are brought together and created final themes. After analysis, there were five themes and seven sub-themes or categories.

Themes and sub-themes are:

1. The virus and the disease: Virus destroying the body and its ability to fight disease

2. HIV and AIDS are related: The virus and the illness are both dangerous illnesses.
3. Indicating HIV: HIV led to an illness identifying infected and sick persons: Warning signs.
4. The ways the virus spreads: Body fluid transmission, Sharing contaminated items., and Physical contact.
5. HIV/AIDS and prevention, although it is not curable: Not cure but preventable.

Ethical Considerations

Ethical approval was sought from an Ethical review committee of Amoud University. Each participant signed a written consent prior to the in-depth interview after explaining the aim of the study. The researchers followethical principles of privacy, autonomy, confidentiality, beneficence, and non-maleficence (World Medical Association, 2013). On autonomy, the researchers explained both in written and orally the right and freedom of the respondents withdraw from the study without any consequences. Participation in the research was voluntary and no incentives were provided to the participants. To protect participants' confidentiality and the integrity, the interview took place in a quiet place in the high school and/or Amoud University. All collected data were stored in a secured computer. In addition, all identifying information was removed. Finally, this study was not an experimental study so that there was no potential harm to the participants since they are only telling their experiences on HIV while their confidentiality will be protected. Above all, the researcher will remain objective and true to the data.

RESULTS

Table 1 below shows participants' age, level of education and sex. Age 18-21 all of them are university education, four of them are female while two males. Age 15-17 is high school, one of them female while another one is male.

Table 1. Participant characteristics by level of education, gender, and age

Level of education	Sex	Age (years)	Number
University	Female	21	3
	Female	20	2
	Male	20	2
	Male	19	1
	Female	19	1
	Female	18	1
High School	Male	17	2
	Female	15	1

Virus destroying the body and its ability to fight disease

The virus and the disease

Majority of participants mentioned that the virus attacks the immune system of the human body, the body's natural defense system. They also mentioned that the disease could be transmitted through sexual intercourse and it could facilitate other diseases like Sexually Transmitted Infections (STIs). Some of the participants mentioned that HIV breaks down the white blood cells and therefore causes AIDS.

HIV and AIDS are related

The virus and the illness are both dangerous

All the participants concurred that HIV and AIDS are linked and when there is a virus (HIV) the syndrome (AIDS) follows. They also mentioned that HIV is the cause and the AIDS is the effect. Furthermore, one of participants mentioned that it takes around a year to see the effect after the virus infection.

> *"AIDS is depending on HIV. It means the virus of HIV enter the body after year person will develop AIDS" (participant 6).*

Illnesses indicating HIV

HIV led to an illness

When asked about the HIV caused illnesses the majority mentioned that HIV causes AIDS. One of the participants mentioned that HIV causes other dangerous diseases.

> *"AIDS is a most dangerous disease in the world… HIV is a very dangerous virus that causes AID" (participant 3).*

Identifying infected and sick persons and warning signs

When participants are asked about how to identify the sick persons and the warnings signs of the virus, most of participants mentioned that clinical manifestation of HIV/AIDS are diarrhea, rashes, sores, or lesions sore mouth, weight loss, fatigue, and fever.

> *"Set of the symptom such as diarrhea, and mouth infection"* (participant 1).
>
> *"This disease has the clinical feature such as weight loss, fever, diarrhea, and sweating" (*participant 3).

The ways the virus spreads and avoiding

Body fluid transmission, Sharing contaminated items, and Physical contact

In this regard, all but one of the participants said that HIV/AIDS can transmit in a different way including sex without protection, blood transfusion, sharing hygienic items and body fluids that are from an infected person. One of the participants mentioned that the virus could be transmitted by using surgical and medical equipments if not properly sterilized or shared once by different patients.*"HIV is directly transmitted through blood, semen, breast milk. Indirectly transmitted through kiss and sexwith condom" (participant6).*

HIV/AIDS and prevention, although it is not curable

Not cure but preventable

When participants asked about the prevention and cure of the the HIV/AIDS they all said that the virus is not curable but preventable. They said that the people infected of this disease are never cured. They also said that the virus could be prevented by avoiding used needles and stopping sharing shavers and other sharp equipments. Likewise they said that the partners should check their blood from the virus before they get marry.

*"I can protect myself by staying away from needles, stop sharing for shaver, and check my partner" (*participant 2).

DISCUSSION

This phenomenology study described the HIV/AIDS Knowledge and Perception among young Students in Borama, Somaliland. Along five main themes: The virus and the disease, HIV and AIDS are related, indicating HIV, the ways the virus spreads, and HIV/AIDS and prevention. The findings found out that educated young people, whether it is high school leaver or university, majority has good knowledge and awareness about HIV/AIDS**.**,During this discussion it came out that students receive lectures or courses oninformation about how HIV spreads, what precautions required to take for avoiding getting affected, and how affected people are treated with in the community.

Another study revealed that a considerable subgroup of Iranian youth knows little about HIV While most identified the basic routes of transmission, approximately half of the participantsdid not know that HIV cannot be transmitted through sneezes of PLHIV, and a large proportion of them falsely indicated that mosquito bites can transmit the HIV (Sharifi, italic 2017). This article demonstrates that young people are aware of the link between HIV and sexual encounters, but an understanding from a biomedical perspectivewas often limited and was rather informed by theindigenous knowledge systems (Ragnarsson, Onya&Aarø, 2009). Another study has revealed that the awareness about HIV/AIDS in Ghana and among young people is very widespread. However, alongside correct knowledge, there also existed a lot of misconceptions and miss information about the disease (Agyemang, &Tagoe-Darko, 2012). Findings and articles different accord their knowledge. Findings showed focus on educated young people living in Borama in Somaliland.

Methods of discussion

The phenomenological research design used in this study was easy and flexible to use, it allowed the participants to express their views without the researchers interruptions or probing. This study approach helped to not waste of time collecting repetitive data but the

interviews were continued until the saturation is attained. On the other hand, since the data is interpretted and shaped by the researcher, the researcher's own perspective may include which may reduce the validity and reliability of the study

CONCLUSION

The study found that most of educated young people have good knowledge in HIV/AIDS prevention. To motivate young people in HIV/AIDS prevention and to avoid HIV/AID epidemic, debates or programs on health promotion through local media were recommended.

ACKNOWLEDGEMENT

Many thanks go to God Almighty who through His wonderful will allowed us to go through this incredible journey and put some incredible people in our lives. The Almighty has given us everything we have needed and has been always with us, Glory be to Allah! Isincerely appreciate the work done by mysupervisor; Icannot say exactly how grateful I am to mysupervisors Mrs. FaustineNkuluKalengayiandFatma Abubakar, thank you for your guidance, advice and time you accorded to us for the entirety program and enabled us to complete this study successfully. I extend a vote of thanks to anyone who unreservedly, contributed towards the accomplishment of this research work. In the same way, I would like to thank anyone who honestly contributed the data collection, surely, without their input; this study would not have come to fruition.

I cannot forget the efforts of the staff of Amoud University especially the lecturers at the Department of Nursing and Midwifery, School of Nursing and Midwifery for their input and effort that made us acquire the invaluable knowledge. Your contribution can never be quantified but will always be reminiscent whenever we look through this book. Lastly, Ithank to my parents and my husband for sacrificing the little they had, in thick and thin and invested in my education. Thank you for looking after us and enabling us to acquire a lifelong investment.

REFERENCES

Agyemang, S., Buor, D., &Tagoe-Darko, E. (2012). The extent of knowledge about HIV/AIDS among young people in the Ejura-Sekyedumase district of Ghana. Journal of AIDS and HIV Research, 4(11), 241-247

Ahmed, S. I., Hassali, M. A., & Aziz, N. A. (2009). An Assessment of the Knowledge, Attitudes, and Risk Perceptions of Pharmacy Students Regarding HIV/AIDS. American Journal of Pharmaceutical Education, 73(1), 15.

AIDS.gov. HIV/AIDS basics. Retrieved from: https://www.aids.gov/hiv-aids-basics/hiv-aids-101/what-is-hiv-aids/ (What Are HIV and AIDS? (Accessed by 2017)

Borama regional hospital records, 2017

Goldman, K. D., &Schmalz, K. J. (2001). Theoretically speaking: Overview and summary of key health education theories. Health Promotion Practice, 2(4), 277-281.

Graneheim, U. H., &Lundman, B. (2004). The qualitative content analysis in nursing research: concepts, procedures, and measures to achieve trustworthiness. Nurse education today, 24(2), 105-112.

Gupta, G., Parkhurst, J., Ogden, J., Aggleton, P., & Mahal, A. (2008). Structural approaches to HIV Prevention. The Lancet 372(9640), 764-775.

Jamshed, S. (2014). Qualitative research method-interviewing and observation. Journal of basic and clinical pharmacy, 5(4), 87-88. https://doi.org/10.4103/0976-0105.141942

Mukherjee, J. S. (2017). An Introduction to Global Health Delivery. Oxford University Press.

Oso, W. Y., &Onen, D. (2013). A general guide to writing research proposals and report. A handbook for beginning researchers (revised ed.) Nairobi, Kenya.

Ragnarsson, A., Onya, H. E., &Aarø, L. E. (2009). Young people's understanding of HIV: a qualitative study among school students in Mankweng, South Africa. Scandinavian journal of public health, 37(2_suppl), 101-106.

Saunders, M., Lewis, P. & Thornhill, A. (2012) "Research Methods for Business Students" 6th edition, Pearson Education Limited.

Sharifi, H., Shokoohi, M., Ahmad RafieiRad, A., SargolzaieMoghadam, M., Haghdoost, A. A., Mirzazadeh, A., &Karamouzian, M. (2017). Methamphetamine Use among Iranian Youth: A Population-based Knowledge, Attitude, and Practice study. Substance use & misuse, 52(9), 1214-1221.

Toneff-Cotner, G. E. (2015). Transformation or tragedy? A retrospective phenomenological study of school closure. Cleveland State University.

UNICEF (2014) MICS NEZ, NWZ and SCZ Report

Appendix : Interview questions

Part 1: Background Information

1. What is your name?
2. How old are you?
3. What is your educational level?

Party II: HIV/AIDS Knowledge and Perception among young students

1. What is HIV?
2. What is AIDS?
3. How would you describe HIV?
4. How would you describe AIDS? What is the difference between HIV and AIDS?
5. Why do you think so?
6. How is HIV transmitted or how do people get HIV infection?
7. Can you give an example?
8. How do or can people protect themselves from HIV? How do you protect yourself from HIV?
9. What is the most effective way to protect oneself from HIV?
10. Why do you believe that it is effective?