

A Facility-Based Study On Self-Awareness Of Hiv Serostatus In Lagos

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Citation

A Akinbami, M Dada, A Dosunmu, K Wright, T Adeyemo. *A Facility-Based Study On Self-Awareness Of Hiv Serostatus In Lagos*. The Internet Journal of Hematology. 2008 Volume 6 Number 1.

Abstract

OBJECTIVE: The benefit of self awareness of HIV serostatus is crucial for the prevention and control of a condition which is capable of eroding the entire human race. This study was therefore conducted to assess personal knowledge of HIV serostatus and its determinants in a sample of prospective blood donors at a tertiary health institution in Lagos. **MATERIALS AND METHODS:** A descriptive cross sectional study was carried out on a sampled population of five hundred and eighty four (584) consecutively recruited prospective donors at the Lagos State University Teaching Hospital Ikeja using a pre-tested and structured questionnaire, Data analysis was done with SPSS version 13. **RESULTS:** Over two thirds (69.2%) of respondents had fore knowledge of their HIV serostatus prior to screening. It was also observed that HIV serostatus knowledge was significantly related to level of education and marital status. **CONCLUSION:** There is an apparent need for the key fighters of this pandemic health condition to redeploy resources to improve self awareness of HIV serostatus across board through enlightenment campaigns and provision of accessible screening services.

INTRODUCTION

The human Immunodeficiency virus (HIV) was unknown until the early 1980's but since that time has infected millions of persons in a worldwide pandemic.

At the end of the 20th century, over 21 million persons worldwide had died from AIDS; another 34 million were living with HIV infection whilst the majority 95% of HIV infected persons were residents of developing nations. ¹²

The cornerstone of HIV control and prevention in a population is the knowledge of HIV serostatus of the populace ³. However, research findings have shown that most people are not aware of their HIV status. Many factors militate against people not wanting to know their HIV status. These include the fear of a positive result, level of education of the individual, stigmatization and discrimination against HIV/AIDS.

Research conducted in developed and developing countries have shown that knowledge of HIV status can reduce high risk sexual practices and reduce rates of spread. ⁴⁵. In the year 2000, among the estimated 850,000-950,000 persons living with HIV in the United States, approximately 25% (180,000-280,000) were unaware that they were HIV

Infected ⁶. In addition, many persons with HIV are tested late in the course of infection, usually as a result of illness ⁷. During 1994-1999, among persons who had HIV diagnosed in the U.S, 43% were tested late in the infection i.e. had acquired immunodeficiency syndrome (AIDS) diagnosed within one year of HIV diagnosis. ⁸ Late testing results in missed opportunities for prevention and treatment of HIV.

In a study correlating HIV Knowledge and testing in 2003 by Barbara et al in South Africa, it was shown that as education level increased, so did knowledge of HIV ⁹. Females had more knowledge of HIV than males and an independent sample t-test showed that those who had been tested for HIV appear to have more knowledge than those who had not. ⁹

Amonou (1998) in an article on the attitude of society of HIV testing and results in Cote d'Ivoire found that only 14% of 595 interviewed persons had done HIV test and 41% of them did it prior to a blood donation ¹⁰. Similarly, according to Oteino et al (2004) a prevalence of 41% of men and 12.8% of women respectively were found to know their HIV status in a Kenya study on AIDS awareness and HIV serostatus knowledge. ¹¹

A high percentage of 44.7% out of 163,962 respondents had

been tested for HIV in a U.S. study conducted by Shahul et al.¹² This is comparable to 47% of participants who had been tested for HIV in South African study conducted by Kalichman et al.¹³ in 2003. It was found that the risks for HIV were substantial among people who had been tested, including 28% having been diagnosed with sexually transmitted infection and 13 % having a history of genital ulcer.¹³

Kalichman and Simbayi (2003), reported that one in five South Africans who are aware of voluntary counseling and testing have been tested.¹³ This study therefore attempts to estimate the prevalence of self awareness of HIV serostatus and to identify some sociodemographic factors which may impede or facilitate awareness of HIV serostatus amongst blood donors at a tertiary facility level in Lagos.

MATERIALS AND METHODS

This descriptive cross-sectional study was carried out amongst a sample of blood donors at Lagos State University Teaching Hospital Ikeja which is a tertiary health institution and referral centre to both primary and secondary health institutions in Lagos State.

The aim was to assess self-awareness of HIV status by these donors prior to the mandatory pre-donation screening.

Respondents were recruited consecutively over a period of ten weeks on each clinic day of the blood donor clinic which runs from 8:00 to 4:00 pm on scheduled days. Participation in the study was voluntary. The study instrument was a pre-tested self-administered questionnaire.

A total of five hundred and eighty four (584) questionnaires were distributed. Response rate was 100% and both data entry and analysis were done with statistical package for social science (SPSS) version 13. Results include frequency and cross tables with tests of significance to assess relationship between variables at level of significance of $P < 0.05$.

RESULTS

There was a total of five hundred and eighty four respondents consisting of age groups shown in (Table i) The majority age group was 25-34 constituting 44.3% of all respondents followed by 36.5% in the age group 35-44. A male preponderance (92.6%) was observed. (Table ii). Majority of respondents had tertiary education (62.3%) followed by 27.4% who had secondary education, only 1% had no education, (Table iii). Whilst 78.8% of respondents

were married, 18.2% single, 0.3% widowed, whilst 0.2% were divorced (Table iv)

A high percentage of respondents (69.2%) had knowledge of their HIV status while only 27.7% did not know their HIV status (Table v)

Comparing the level of education and knowledge of HIV status, majority (71.5%) of those who knew their HIV status had tertiary education, followed by 23.7% who had secondary education and 3.7% with primary education. Just about 0.9% of the total 404 who knew their HIV status were illiterate. (Table vi).

In evaluating knowledge of HIV status with sex of respondents 69.3% and 65.2% of male and female respectively had knowledge of their HIV status. (Table vii)

Figure 1

Table 1: Age distribution of respondents

Age in groups (years)	Frequency (Num)	Percentage (%)
18-24	44	7.5
25-34	259	44.3
35-44	213	36.5
45-54	37	6.3
55-64	7	1.2
No Response	24	4.1
Total	584	100

Figure 2

Table 2: Sex distribution of respondents

Sex	Frequency (Num)	Percentage (%)
Male	532	92.6
Female	23	3.9
No Response	20	3.4
Total	584	100

Figure 3

Table 3: Level of education of respondents

Level of education	Frequency (Num)	Percentage (%)
No formal education	6	1
Primary	31	5.3
Secondary	160	27.4
Tertiary	364	62.3
No Response	23	3.9
Total	584	100

Figure 4

Table 4 : Marital status of respondents

Marital status	Frequency (Num)	Percentage (%)
Single	106	18.2
Married	460	78.8
Divorced	1	0.2
Widowed	2	0.3
No Response	15	2.6
Total	584	100

Figure 5

Table 5: Knowledge of HIV status

Aware of HIV Status	Frequency (Num)	Percentage (%)
Yes	404	69.2
No	162	27.7
No Response	18	3.1
Total	584	100

Figure 6

Table 6: Level of education and knowledge of HIV status

Level of education	Knowledge of HIV Status			Total
	Yes	No	No Response	
No formal	4 (0.9%)	1(0.6%)	1(5.5%)	6
Primary	15(3.7%)	15(9.2%)	1(5.5%)	31
Secondary	96(23.7%)	60(37%)	4(22.4%)	160
Tertiary	289 (71.7%)	86(53.2%)	12(66.6%)	387
Total	404 (100%)	164 (100%)	18 (100%)	584

$P=0.000 \chi^2=0.000$

Figure 7

Table 7: Comparing sex with knowledge of HIV status

Sex	Knowledge of HIV Status		
	Yes	No	No Response
Male	389 (69.5%)	155(29.5%)	17
Female	15 (65.2%)	7(34.8%)	1
Total	404	162	18

$P=0.000 \chi^2=0.000$

DISCUSSION

Knowledge of HIV status is dependent on the level of education of the individual.

Majority (62.3%) of the 582 in this study had tertiary education; however, there appears to be a significant relationship between testing for HIV, educational level and gender. Barbara et al (2007) in a study noted an increase in educational level is commensurate with knowledge of HIV status⁹. Chi-square analysis of the study indicated that as education level increased so did the frequency of testing.

The findings from this study reflects a high percentage (69.2%) of respondents who had knowledge of their HIV status whilst only 27.7% did not know their status which is similar to the findings in a U.S. survey conducted by Fleming et al⁶. This is however at variance with a low proportion of 14% obtained by Amonou (1995) in Coted'Ivoire¹⁰ and 14.1% obtained by Oteino et al in the Kenya study¹¹.

In the study comparing Race/Ethnic disparities in HIV testing and knowledge in the U.S. Shahul et al reported that 44.7% of the overall respondents had been tested for HIV. Testing rates were however significantly lower among Whites (42.4%) than Blacks (59.7%) or Latinos (45.6%) in that study.

Gender has been found to be a determinant of HIV testing. Females had more knowledge of HIV than males in the study by Barbara et al (2007) which is in contrast to the present study which shows a 69.3% male and 65.2% female had knowledge of HIV status.

CONCLUSION

The knowledge of HIV status is dependent on many factors such as, the level of education which has been found to be related with knowledge of HIV status. However, most study designs on this topic were cross sectional and therefore do

not permit predictive, directional, or causal interpretations of findings.

Results obtained will be dependent on the level of education of the cohort used for the study, sociodemographic factors¹² and the prevalence of HIV in the population because knowing someone who has HIV/AIDS or someone who has died of the disease tends to increase testing behaviour. 9.

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