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THE FREQUENCY OF DISCUSSION ON HIV/AIDS AMONG ADOLESCENTS IN BOTSWANA

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INTRODUCTION

The issue of HIV/AIDS (Human Immuno Deficiency Virus/Acquired Immune Deficiency Syndrome) has become a source of concern to individuals, families, communities and nations at large. Researchers have made attempts to study the trends of HIV/AIDS and scientists are searching for ways to treat and cure the AIDS pandemic. Some studies have focused on AIDS Education and Prevention Strategies to reduce the spread of HIV, knowledge attitude and belief of different groups to HIV and People with AIDS (PWA). Different approaches to care of people with AIDS, effective HIV/AIDS interventions are being explored, while Governments are assessing the social-economic implications of HIV/AIDS, on the people. The issue of HIV/AIDS have been studied from different backgrounds and by varied professionals with the united goal of preventing the spread of HIV/AIDS, changing HIV risk behaviour, providing adequate counselling, treatment and care for the infected, support for the affected and possibly an eventual cure in future for the disease.

GLOBAL TRENDS OF AIDS

AIDS which was first described by Dr. Michael Gottlieb in Los Angeles in 1981, is a deadly disease spreading at an alarming rate. In a publication reported by WHO (1991) the world case total rose from 202, 599 (December 1989) to 314,611 (December 1990) and increase of 55%. By March 1991, a cumulative global total of 334,215 cases of AIDS had been reported from 159 countries, which represented an increase of nearly 11,000 cases over the previous 14 months as observed in WHO (1991) update AIDS cases.

Data from industrialized countries suggest that in the 1990s, AIDS and other HIV related diseases will become an important cause of morbidity among young adults living in many large urban Centres.

Harries (1991) noted that the cumulative number of AIDS in Africa rose from 2,978 in 1986, 10,697 in 1987, 20,905 in 1988, 38,248 in 1989 to 81,091 in 1990. The HIV/AIDS pandemic overview by World Health Organization (WHO) noted that by 1st July 1994, a total of 985,119 AIDS cases had been reported world wide. The global estimates and projections of HIV/AIDS by WHO in the 1994 overview, is that during this decade, around 10-15 million HIV infections may be expected in adults in most developing countries while as many as 5-10 million children will be HIV infected through their mothers, the majority of them in the sub-Sahara Africa.

Dr. Peter Piot, the Executive Director of UNAIDS in 1997 noted that the bulk of infections are in the sub-Saharan Africa where the bulk of infection have been concentrated today. South Africa estimated that one in ten adults are living with HIV up by more than a third since 1996. And in Namibia, AIDS kills twice as many people as malaria, the next common killer. In Zimbabwe, infection was estimated at one in five adults in 1996, UNAIDS and WHO Report 1997.

A new report released by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) in 1997 noted that infection with HIV, is more common than previously thought. Over 30 million adults and children are believed to be living with HIV infection, one in every 100 sexually active adults worldwide and if the current transmission rates hold steady, by the year 2000, the number of people living HIV/AIDS will be over to 40 million. UNAIDS and WHO estimate that 5.8 million people were infected in 1997 at a rate of 16,000 new infections every day, while the total number of children under the age of 15 currently living with HIV/AIDS was estimated at 1.1 million. UNAIDS also estimated conservatively that 9 out of 10 HIV positive people have no idea they are infected.

TRENDS IN BOTSWANA

The Ministry of Health, Gaborone AIDS update of June 1992 noted that the first AIDS case was reported in Botswana in 1985. The cumulative AIDS cases reported as of June 5 1992 was 353 of which 190 were females.

The results of a pilot study on the issue undertaken in Botswana in 1992, enabled the National AIDS Control Programme (NACP) in Botswana to estimate that about 35,000 people in Botswana were HIV seropositive by the end of 1991. Surveys have also been carried out in Botswana on the issue of HIV/AIDS. The surveys use HIV prevalence among pregnant women who attend antenatal clinics as a proxy for infection among women and men in the larger population. The HIV sentinel surveillance in Botswana carried by the

AIDS/STD Unit (1994) revealed that out of the 3374 pregnant women and 1027 men with sexually transmitted diseases (STD) tested for the presence of antibodies to the HIV in serum, 30% of the pregnant women were found to be HIV positive, while between 25% and not more than 50% of the men were found to be HIV positive.

On the Basis of 1997 sentinel survey data by AIDS/STD Unit in Botswana, it was estimated that over 207.000 individuals are likely to have been infected with HIV in Botswana. This is an increase of about 148.000 infected individuals between 1992 and 1997. Compared to the general population of Botswana, it means that 14% of the total population have been infected with HIV, and that 25% of the sexually active and economically productive age group (15-49) are infected with HIV.

The Botswana Human Development Report (1997) which was a collaborative effort between the Botswana Government, the United Nations Development Programme (UNDP) and the wider civil society noted that while there is no reliable data on the extent to which children are being orphaned as a result of HIV/AIDS, it projected that:

- i) there will be 65,000 AIDS orphans in Botswana by the year 2000
- ii) the pandemic will see Botswana's life expectancy reduced from an expected 67 years to 52 years, plummeting down to 33 years by 2010.

THE PROBLEM

Like any other country, Botswana is concerned with the issue of prevention, management of the AIDS pandemic. The Ministry of Health (1993) in the review of Botswana Medium Term Plan for the prevention and control of HIV/AIDS highlighted the major achievement of the Government of Botswana in the programme management of HIV/AIDS. A number of non-governmental agencies have also been involved in the prevention of HIV/AIDS and the management of People with AIDS (PWA). There is the need for a multifaceted approach to the prevention and control of HIV/AIDS. Studies on HIV/AIDS among different age groups can also be helpful to understand this issue of concern among this group.

The focus of this paper is on adolescents and the issue of HIV/AIDS. One of the characteristics of adolescent is rapid development which include secondary sexual characteristics. The sexual behaviour of the young adults is that they can be described as being sexually active. It can be reasonably assumed that the extent of discussion of HIV/AIDS among this group may be an indication as to what this group knows and the possible consequences for their sexual behaviour.

Different researchers have expressed a growing awareness of the threat to adolescents from the AIDS pandemic. Brooks-Gunn J, et al. (1988) contend

that in USA, it is believed that majority of today's teenagers have had sexual intercourse before the age of 15. Flora et al. (1988) argued that the risk for adolescents of HIV transmissions and AIDS infection results from high rate of unprotected sexual activity and lack of knowledge. Brooks-Gunn et al. (1988) believe that adolescent's behavioural risks are strengthened by adolescent's ignorance about the causes and the prevention of HIV and AIDS infection.

METHODS

This paper highlights the frequency of talk or discussion of HIV/AIDS issues by adolescents which is part of a Knowledge, Attitude and Beliefs (KAB) study conducted among adolescents in Botswana, (Alao, Odirile and Kandjoo-Murangi, 1995). The subjects in the study were 644 adolescents randomly selected from twelve Community Junior Secondary Schools and four Senior Secondary Schools in Gaborone, Botswana. The subjects reflected the varying socio-economic background of the society. Three hundred and sixty three female and two hundred and eighty one male students were involved in the study. The instrument used in data collection was adapted from similar inventories used by the World Health Organization and other relevant organization, to collect information on knowledge, attitude, belief and talk about issues related to HIV/AIDS. The questionnaire was pre-tested on 50 adolescents in secondary schools not used in the study to ensure clarity of terms and/or to detect ambiguities in the questionnaire, if any. Section A of the questionnaire dealt with demographic variables such as sex, educational background and socio-economic status. Section B of the questionnaire comprised items on six areas one of which is the frequency by which students talk about HIV/AIDS to different people, which is the focus of this paper. Other areas covered in the study by Alao, Odirile and Kandjoo-Murangi (1995) but not highlighted in this paper include:

- i) the frequency of time, information on HIV/AIDS is received by subjects,
- ii) where subjects would prefer to acquire information about HIV/AIDS Education
- iii) knowledge of how AIDS virus is transmitted and the AIDS disease in general
- iv) attitudes to people with AIDS virus and AIDS and
- v) belief about AIDS virus and AIDS in general

DISCUSSION OR TALK ABOUT HIV/AIDS

The talk or discussion of AIDS by subjects in the past month or so, with parents, friends, school mates, teachers, a doctor or health worker was analysed from never (with a score of 1) to once/twice (with a score of 2), three/four times (with a score of 3) and more than four times (with a score of 4). Given the concern on the issue of AIDS in general, discussion or talk about AIDS less than twice in a month was considered in-adequate while talk or discussion on the issue at least twice or more in a month, was considered adequate. Table 1 revealed the percentages of inadequate talk among subjects with reference to the different demographic variables under consideration.

Table 1: Percentage of subjects with Inadequate Discussion or Talk on AIDS with reference to Education, Gender and Socio-Economic Status

	Total Number	Mean	Standard Deviation	Inadequate Number	Talk Percent
EDUCATION					
JSS	309	11.36	4.23	224	78.96
SSS	250	11.30	3.82	200	80.00
GENDER					
Male	287	10.88	4.15		82.58
Female	344	11.68	4.07	257	74.71
Socio-Economic Status					
Low	143	11.43	4.44	110	76.92
Medium	307	11.47	4.20	235	76.55
High	73	11.38	3.92	56	76.71

From Table 1, eighty percent of the Senior Secondary School subjects with a mean of 11.36 had less talk on AIDS compared to 78.96% of Junior Secondary School subjects with a mean of 11.30. More males 82.58% with a mean of 10.88 had inadequate talk on AIDS, while 74.71% of female subjects with a mean of 11.68 had inadequate talk on AIDS.

Approximately the same percentage of subjects from low, medium, high socio-economic status had inadequate talk about AIDS. The percentages were 76.92%, 76.55% and 76.71%, respectively. From Table 2, there was no significant difference between the JSS subjects and the SSS subjects with reference to the extent to which the subjects had talk or discuss AIDS issues with parents, friends and significant others. The *t*-ratio was 0.18, the degree of

freedom was 557, and the *P*-value was 0.8600, hence the null hypothesis that there will be no statistically significant difference in the talk about AIDS between subjects from Senior Secondary schools and Junior Secondary Schools was not rejected.

Table 2: Comparison of responses of subjects on Talk about AIDS according to educational background, sex and socio-economic background.

	<i>t</i> -ratio	Df	<i>P</i> -value	Conclusion
Education (JSS vs SSS)	0.18	557	0.8600	Do not reject H ₀
Sex (Male & Female)	-2.45	629	0.015	Reject H ₀
Socio-economic background (Low, Medium & High)	0.18	557	0.8600	Do not reject H ₀

Table 2 revealed statistical significant difference between male and female subjects with reference to talk about AIDS to parents, friends both sexes had inadequate talk on the AIDS, the males had more inadequate talk.

There was no significant difference among subjects from low, medium and high socio-economic background with reference to talk about AIDS to parents, friends, and significant others. The subjects displayed inadequate talk in the following order, socio-economic background. The significance or otherwise of each hypothesis is judged by the *P*-value associated to that hypothesis. The *P*-value can be interpreted as the probability that the null hypothesis is not false, given the observed data. Thus a "large" *P*-value implies that the null hypotheses cannot be rejected, while a "small" *P*-value indicates evidence against the null hypothesis; the smaller the *P*-value, the stronger the evidence against the null hypothesis. The value of 0.05 was used as a cut-off point above which the null hypothesis cannot be rejected.

DISCUSSION

The level of awareness of the subjects on issues related to AIDS sometimes can be assessed by the frequency of discussion on the topic under consideration, by this group under study. Taking initiatives by subjects to talk about AIDS could also be a measure of the concern attached to the topic of AIDS by this group. This study has revealed that the discussion about AIDS between young adolescents and parents, friends, school mates, teachers and the health worker or doctor appears inadequate. Willingness to discuss issues related to AIDS may also be a function of the attitude, belief or seriousness

attached to the issue. There is the need to encourage this group to feel free to discuss issues related to AIDS not only to update their information on the subject but also to correct misconception from time to time. The statistical significant difference between male and female subjects with reference to talking about AIDS, seem to suggest that the male subjects need to be encouraged to talk or discuss more about AIDS issue. Both sexes however exhibited inadequate discussion. The more the students talk about issues, the more awareness on this topic.

Weeks, et al. (1997) tested the effectiveness of involving parents in school based AIDS education with respect to altering AIDS related knowledge, attitudes, behavioural intentions, communication patterns and behaviour of students. Results of the study indicated that both treatment conditions (a) parent-interactive (classroom curricular + parent interactive component) and (b) parent non-interactive (classroom curricular only) had a strong impact on enhancing students knowledge, attitudes, communication patterns and behaviour intentions, compared to the control group (exposed to AIDS education ordinarily provided by the school). Best (1989) also observed that the family and the school are recognized as important, both as setting and context for health promotion and intervention.

Consequently, encouraging discussion of AIDS issues with parents and significant others with more knowledgeable about AIDS issues may be helpful to the adolescents. Results of recent epidemiological studies according to the Centre for Disease Control (1993), Hein (1992) indicate that the incidence of HIV infection is on the rise among heterosexuals, particularly among young adults. Vermund, et al. (1989) also observed that given the sometimes long latency period from infection to the showing of AIDS symptoms, it is likely that many of these young adults contracted HIV as adolescents. Consequently, there is the need to focus on adolescents understanding of AIDS with the aim to provide appropriate prevention programmes targeted at this group.

Adolescents in secondary schools in Botswana need to be encouraged to talk more about the issues related to AIDS. When information on HIV/AIDS is presented to students, they also need to be encouraged to discuss this information to reinforce what is known with parents, friends and significant others. Group discussions on AIDS or debates can increase the awareness of students on the topic.

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