Original Article

Evaluation of the Role of the Family in the Prevention and Control of HIV/AIDS Among Youths in North-Western Nigeria, a Community Survey

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ABSTRACT

Sexually active youths are increasingly at risk of HIV/AIDS and other sexually transmitted infections with the family being the primary agent of socialization, it can exert a strong influence on youths' sexual behavior. Therefore, to aid in the design and implementation of effective prevention programs, it is important to understand the role of the family in influencing sexual behaviors among youths. This study is a cross-sectional descriptive study with 133 youths drawn via a probability sampling method from Sabon-Gari LGA of Kaduna State using a self-administered questionnaire, data was entered and analyzed using the statistical packaged for social sciences (SPSS) now IBM statistics version 25, with summaries presented as frequency Tables, and charts where appropriate. Test of association between variables was done with those with $p<0.05$ taken as statistically significant. The results showed that parents' role in preventing the spread of HIV/AIDS among youths include teaching of precautionary measures towards prevention of HIV/AIDS, abstinence, delay early onset of sexual activity, condom use, discouraging Youths from having multiple sexual partners as well as encouraging youths to visit counselling centers. It was observed that activities of the family have a significant influence on the practice of precautionary measures among respondents, with statistically significant association between family communication about HIV/AIDS prevention and abstinence ($p<0.05$), also occupation was found to be associated with awareness of HIV/AIDS ($p=0.029$). The family is an important agent of socialization; teaching norms, culture and traditions. it helps to model its members and make them fit for the society. Prevention programs that seek to educate youth about sexual risk behaviors most strongly encourage communication about HIV/AIDS between youths and the family members

Keywords: Communication, Family, HIV/AIDS, Prevention and Control, Youths

INTRODUCTION

Throughout history human survival has been threatened by diseases, with HIV/AIDS emerging as a major scourge of the 21st century[1]. The virus is transmitted through unprotected sexual intercourse with an infected partner, unsafe injection and transfusion practices, and through mother to child transmission [1,2]. In Nigeria, unprotected heterosexual sexual contacts is the main driver of the disease [2,3], with Nigerian youths 10-24 years, identified as at-risk group for early sexual exposure due to lack of information and life planning skills to delay the age of early sexual debut[4]. According to the 2023 National Demographic and Health Survey (NDHS), 25% of young people have initiated sexual activity by the age of 18, among females aged 10 to

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19, the figure rises to 50%.[5]

Since 1986 when the first case of AIDS was reported in a 16-year-old girl, the National HIV prevalence has ranged from 1.8% in 1991 to 5.8% in 2001, followed by a steady declined to 1.4% in 2018 [2]. Furthermore, the national HIV-Sero-surveillance survey 2023 also reported 5,454 new cases of HIV infections among youth (15-24years) [6]. currently Nigeria has two million people living with HIV/AIDS, the fourth largest in the world [2], The major symptoms of HIV/AIDS include weight loss greater than 10% of body weight, unexplained or recurrent fever for more than a month and diarrhea that is continuous or intermittent for more than one month, other minor symptoms and signs are also described[1,2] .Though HIV/AIDS currently has no cure, it can be effectively managed with antiretroviral therapy(ART)[2],this necessitating the role of prevention as an important intervention in curtailing the scourge of the disease in human populations, with the main focus being behavior change[1,2,6]

The family, one of humanity's oldest institutions, bears the vital responsibility of meeting physiological, social, and emotional needs, it fosters relationships both within the home and in the broader community,playing a pivotal role in shaping a child's future success—academically and in life[7,8]. Above all, the family serves as the primary source of societal norms, values, and traditions.[8]

HIV/AIDS programs have adopted primary prevention strategies by focusing on the family and schools with the family providing education on risk behaviors, transmission barriers, and stigma reduction[8,9,10]

The aim of this study is to assess the role of the family in the prevention and control of HIV/AIDS among Youths in Sabon Gari LGA of Kaduna State.

MATERIALS AND METHODS

Setting

This was a Cross-sectional descriptive-community study involving 133 youth aged 15-24 years chosen via probability sampling from the eleven wards of Sabon Gari LGA of Kaduna State North-western Nigeria

Study area

Sabon-Gari LGA was created on 27th August 1991 from the old Soba LGA of Kaduna State, which was established in 1906 as a rehabilitation Centre for workers (Mostly non indigenes) of the British colonial master. It is located in the Guinea savanna zone of North-western Nigeria about 65KM from Kaduna town. From 2006 census, the LGA was Estimated to have 286,671 inhabitants in its two districts and eleven political wards. There are 22 PHC,22 Private Clinics and 12 Public hospital in the LGA.

Study Population

The youths between the age of 15-24years, residing in Sabon-gari LGA in Kaduna state, who are permanent residents in the Community and are not known HIV/AIDS patients.

Sampling technique

A multistage sampling technique was employed, beginning with the random selection of four out of eleven political wards. In the second stage, 33 households were randomly chosen from each of the selected wards using a table of random numbers. In the final stage, one eligible youth was selected from each household; where multiple eligible youths were present, a ballot was conducted to choose one participant.

The Cochrane Sample size formular involving a single proportion was used

$$n = \frac{z^2 pq}{d^2}$$

where n=minimum sample size for a single population parameter

Z=Normal standard deviation (1.96)

P=Proportion of youth with family communication from previous study (0.086)[10]

d=desired precision

q=proportion of youth without desired family communication

In addition to 10% non-response

n=133

Instrument for Data collection

A semi-structured, Self-administered questionnaire

arranged in five sections to reflect the objectives of the study was used. Information taken include Socio-demographics, awareness of HIV-AIDS, Role of Family in control of HIV-AIDS, Factors affecting Family-youth communication on HIV-AIDS prevention and control, while the fifth section looked at practice of precautionary measures among respondents.

Methods of Data analysis

Data was manually cleaned, checked for errors and entered into statistical software for social sciences now IBM corporation version 23. Summaries were presented using frequency tables and Charts where appropriate. Appropriate test of association was used to find relationships between variables with level of significance set at $p<0.05$

Ethical Approval

Ethical approval was obtained from the ethics committee of Ahmadu Bello University Zaria, furthermore, permission was sought from the district heads in addition to informed consent from the respondents.

RESULTS

The mean age of the respondents was 18.9 years with 36(27.1%) were younger than 16 years. The majority were single, accounting for 123(92.5%). Males constituted 87 (65.4%), and Hausa was the predominant language spoken by 100 respondents (75.2%). Regarding educational attainment, 60 participants (45.1%) had completed secondary education, while 27 (20.3%) had no formal education. Additionally, 76 respondents (57.1%) were currently enrolled in school.(Table 1). Majority 128(96.2%) of the respondents were aware of HIV/AIDS, however, only 81 (60.9%) know the correct cause of HIV/AIDS, 17 (12.8%) were wrong, while 39 (29.3%) said they do not know the cause of HIV/AIDS, also majority of the respondents correctly identify unprotected sex 121 (91.0%), blood transfusion 48 (36.1%), sharing of sharps 71(53.4%) and tattooing 20 (15.0%),mother to child 26(19.5%) as route of transmission of HIV/AIDS, however, sharing eating utensils 21(15.8%),Mosquito bite 2(1.5%) and handshake/hugging 1(0.8%) were wrongly identified as route of transmission of HIV/AIDS. About methods of prevention, respondents correctly identify use of condoms 96 (72.2%), abstinence 70 (52.6%), faithful to one partner 57 (42.9%), screening of blood before transfusion 34 (25.6%), avoid sharing sharps 52(39.1%), in addition 35(26.3%) identified being prayerful as methods of prevention of HIV-AIDS. Furthermore, 22 respondents (51.2%) reported having ever used a condom, while 15 (68.2%) indicated condom use during their most recent sexual encounter. The majority, 27 individuals (62.8%), had sexual relations with a regular partner, whereas 16 respondents (37.2%) reported having multiple sexual partners. Also, majority of the respondents 109(82.0%) never had HIV test, with 49 respondents (36.8%) showing willingness to be tested. Overall,58 respondents (43.6%) had good knowledge on HIV/AIDS (Table 1). While Occupation and marital status showed statistically significant association ($p<0.05$) with awareness of HIV/AIDS on bivariate analysis and remained so when subjected to multiple logistic regression, level of education, however, only showed such association on multiple logistic regression (Table 2). Radio 103(77.4%) followed by healthcare workers 76 (57.1%), school 66(49.6%), television 59(44.4%), friends57(42.9%) and family 46 (31.6%) were the major source of Information on HIV/AIDS while other sources account for 18(13.5%) Figure 1. Majority of the respondents 83(62.4%) agree that the family has a role in the prevention and control of HIV/AIDS,26 (19.5%) disagree, and 24 respondents (18%) said they don't Know (Figure 2). However, when ask if respondents have had communication on HIV/AIDs prevention and control with their family 87 respondents (65.4%) answered no as seen in Figure 3.

A statistically significant association was found between the practice of family communication and practice of abstinence by the youths $p=0.001$.Table 3.

Table 1: Socio-demographic characteristics of the respondents

Category	Frequency	Percentage
Age range (years)		
15-16	36	27.1
17-18	29	21.8
19-20	29	21.8
21-22	18	13.5
23-24	21	15.8
Gender		
Male	87	65.4
Female	46	34.6
Ethnic Group		
Hausa	100	75.2
Fulani	6	4.5
Igbo	3	2.3
Yoruba	12	9.0
Others	12	9.0
Religion		
Islam	84	63.2
Christian	49	36.8
Marital Status		
Single	123	92.5
Married	10	7.5
Occupation		
Farming	13	9.8
Trading	26	19.5
Student	76	57.1
Civil servant	5	3.8
Housewife	6	4.5
Others	7	5.3
Highest level of education		
No formal education	27	20.3
Primary	42	31.6
Secondary	60	45.1
Tertiary	4	3.0
knowledge of the cause of HIV/AIDS		
Bacterium		
Virus	10	7.5
Protozoa	81	60.9
Punishment from God	2	1.5
Witchcraft	4	3.0
Don’t know	1	0.8
knowledge of the routes of transmission of HIV/AIDS	39	29.3
Mosquito Bite		
Handshake/Hugging		
Sharing eating Utensil	2	1.5
Unprotected sex	1	0.8
Tattooing	21	15.8
Blood Transfusion	121	91.0
Sharing of Sharps	20	15.0
Mother to Child	48	36.1
knowledge of the methods of HIV/AIDS	71	53.4
prevention	26	19.5
Abstinence		
Being faithful to one partner		
Use of condom	70	52.6
Blood screening before transfusion	57	42.9
Being prayerful	96	72.2
Avoid sharing Sharps		
General knowledge on HIV/AIDS	34	25.6
Poor	35	26.3
Good	52	39.1
Ever used a condom		
Yes		
No	75	56.4
No response	58	43.6
Sex with a regular sexual partner		
Yes	22	51.2
No	20	46.5

Table 2: Association between Awareness and other sociodemographic variables

Variable	Awareness		Log regression	p-value
	Yes	No		
Age				
15-19	76	4	4.557	0.871
20-24	53	-		
Gender				
Male	86	1	2.963	0.085
Female	43	3		
Level of education				
Formal	105	1	7.944	0.0047*
Informal	24	3		
Occupation				
Student	76	-	12.552	0.014*
Non student	54	3		
Marital Status				
Married	8	2	10.004	0.002*
Unmarried	121	2		

*p<0.05

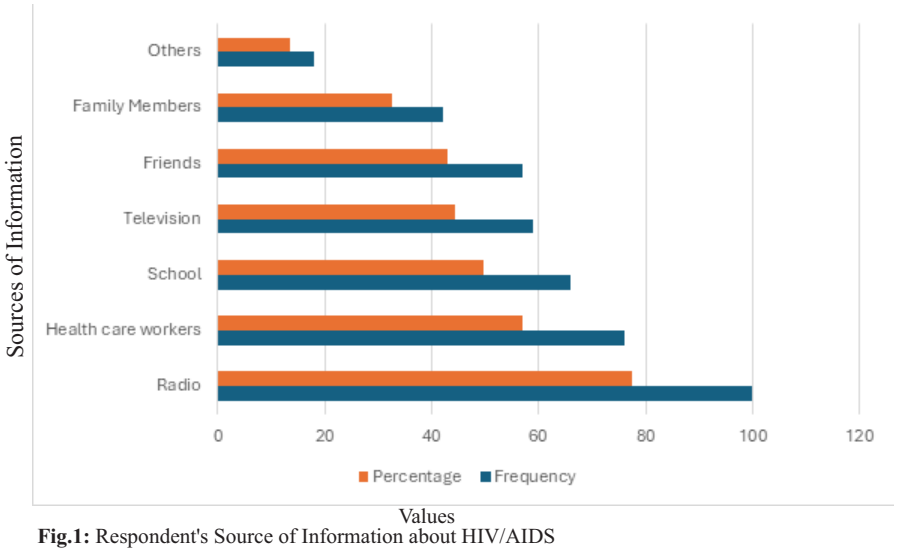

Fig.1: Respondent's Source of Information about HIV/AIDS

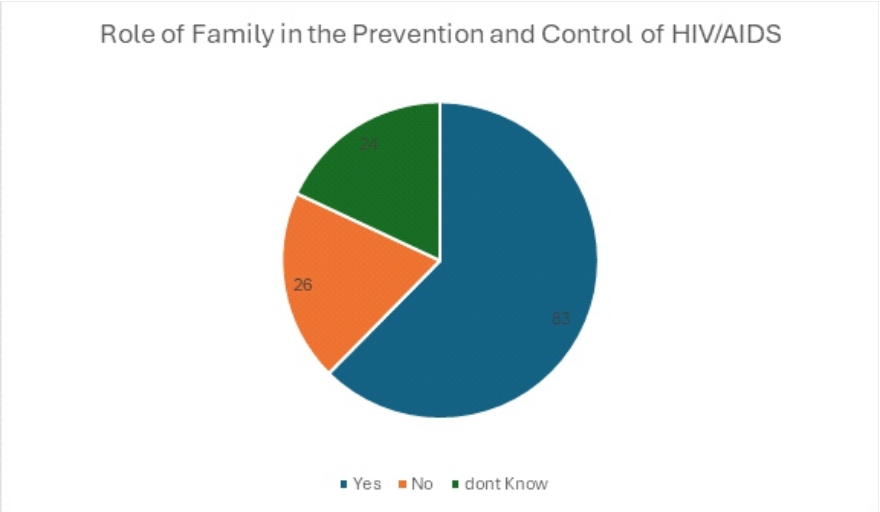

Fig.2: Opinion of Respondents on the role of family in Prevention and control of HIV/AIDs

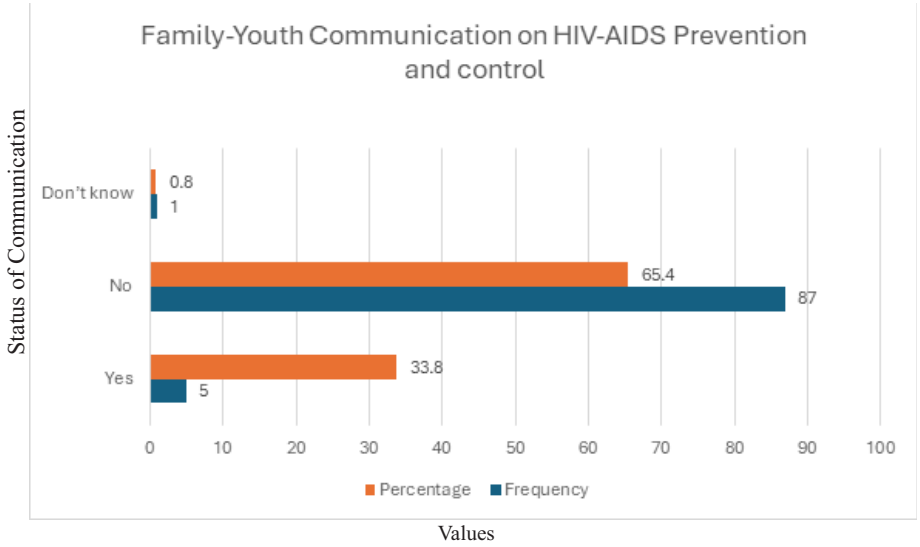

Fig 3: Proportion of respondents who ever had communication on HIV/AIDS prevention and control with Family

Table 3: Association between family communication and the practice of abstinence among respondents

Family Communication	Abstinence			
	Yes	No	Don't Know	Total
Yes	36	9	-	43
No	-	87	-	87
No response	-			

Fishers exact:105.197, df=2, p<0.001

DISCUSSION

This study finds that the family has a role in the prevention and control of HIV-AIDS, with about two-third of respondents affirming this position. This is in keeping with previous studies where majority of the respondents attributed their adherence to the care and support, they received from their families. [7,9,10,12] Also, Willo Pequegnat opined that family plays an important role in disease prevention and health promotion,[8] this importance is especially seen in chronic diseases such as HIV/AID. Despite the vital role of the family, this current study observed that (65%) of respondents have not had any communication on HIV/AIDS prevention and control with their family, this finding is similar to findings in Jos [10] that observed that only 27.1% of respondents had communication with their families on HIV/AIDS prevention, and this however, was not the situation in Ghana where a study found that 73.6% of the respondents had talked to parents or other family members[11] .with the content of the communication being abstinence (80%), Use of Condoms (55.6%), and delay of sexual exposure (48.9%)[11], This finding highlights the need for enhanced strategies to strengthen communication between families and youth, particularly in the context of HIV/AIDS prevention and control programs in Nigeria

The respondents in this current study were Secondary school students (57.2%) and single (92.5%) with more males (65.4%) than females participating in the study, this finding corroborates findings from Ogun state where Majority of respondents were Youths of high school age with preponderance to pre-marital exposures [9]. This reflects the adventurous yet risk-conscious lifestyle often associated with youthful age.[4,12,13]

Majority of the respondents (96.2%) in this study have heard of HIV/AIDS, similar to other studies in Noth-western Nigeria[3,7] with source of information being the radio (77.4%), followed by healthcare personnel (57.1%).However, the family was the source of information for 31.6% of respondents in this current study; this is similar to other studies in Nigeria [3,7,9,10] This reflects a context where awareness levels are high, yet the primary sources of

information lie largely beyond the family unit, highlighting the imperative for families to actively engage the youths in discussions surrounding HIV/AIDS.

Only 43% of respondents in this study had good knowledge of HIV-AIDS, 60.9% knew that the disease is caused by a virus, with majority knowing the correct route of transmission as via unprotected sex (91%) and sharing of Sharps (53.4%), however respondents' knowledge on tattooing and Mother to Child transmission was low (15.0%) and 19.5%) respectively. Furthermore, myths and misconceptions such as transmission via eating Utensils (15.8%), Mosquito bite (1.5%) handshake/hugging (0.8%) are similar to findings in other studies in Nigeria [14-16] and India [17]. Knowledge on symptoms such as weight loss was 74.4% while only 48.2% knew that a person can look healthy and still have HIV infection. Furthermore 72.2% of respondents knew that correct use of condom can reduce the risk of transmission of the disease; this contrasts findings in a similar study from Calabar that found that use of condom (17.4%) could prevent HIV/AIDS transmission, with 48.4% of the adolescents knowing that avoidance of sex, keeping one sexual partner (2.6%), and screening blood before transfusion (5.3%) could prevent HIV/AIDS transmission. Mass media was the main source of information on HIV/AIDS among respondents in calabar[18]

Thirty two percent (32.3%) of the respondents in the current study are sexually active with 37.2% doing so with multiple partners. Also 46.6% of the sexually active youths did not use condoms during sexual exposures, indicating an increased risk of transmission of sexually transmitted infections including HIV/AIDS and high rates of teenage pregnancies and school dropout. These findings lay further credence towards the need to strengthen comprehensive sexuality education starting from the family unit and Implement age-appropriate, culturally sensitive sexual health education in schools and the community.

Awareness of HIV/AIDS in this study showed statistically significant association with Occupation, marital status and education ($p<0.05$) (Table 2). In addition, the practice of abstinence was found to be associated with Family communication $p<0.001$, this could be an important entry point for policy formulation on HIV/AIDS prevention and Control programs especially in Northern Nigeria where abstinence is both culturally and religiously accepted as a method of prevention and control of HIV/AIDS.

CONCLUSION

The family as an important institution has key roles to play in HIV/AIDS prevention and control programming especially in content specific HIV/AIDS communications such as abstinence, condom use, consent, and keeping healthy relationships.

Recommendations

The study recommends the need for government and stakeholders to develop, strengthen and promote open dialogue within families to enhance informed decision making amongst youth and adolescent, demanding a multi-sectoral response that combines education, access to, and empowerment to protect young people's health and future.

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