

Attitude towards AIDS and Knowledge Assessment in AlAhsa Community

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Abstract: ***Introduction:** AIDS (Acquired Immunodeficiency syndrome) is an epidemic disease worldwide. Mortality rate of AIDS is 1.5 million. In order to decrease the spread of AIDS, many countries are going to increase the awareness. There are very few studies evaluate awareness of AIDS in Saudi Arabia. This study aims to evaluate the awareness and attitude toward AIDS in AlAhsa, Saudi Arabia. **Method:** Self-administrated questionnaires have been distributed to visitors of 30 Primary health care centers randomly chosen in AlAhsa. 1st part of questionnaire was asking about demographic data. 2nd part was containing special form which prepared previously and modified to be applicable in Saudi Arabia. **Results:** 609 respondents by mean age 29 years (Response rate almost 100%). 82.8% of participants have good knowledge. No different in knowledge between male and female (p-value =1.000), even between city and village residents (P-Value=.442). Married people have good knowledge more than single (P-Value = .000). Primary school educational level are worse knowledge and people with master degree and high are the best. Participants who work in medical field have good knowledge more than the others. **Conclusion:** We can say that the level of knowledge of AIDS is very good in AlAhsa. Most of participants are afraid from getting AIDS. They are believed that Chasity can protect from AIDS. They can't decide whether AIDS is a problem in Saudi Arabia or not.*

Keywords: AIDS, HIV, Awareness, Attitude, STD

1. Introduction

AIDS (Acquired Immunodeficiency syndrome) is an epidemic disease worldwide, as 35 million people are suffering from AIDS at the end of year 2013. And mortality rate of AIDS is 1.5 million [1]. In order to decrease the spread of AIDS, many countries are going to increase the awareness, either by campaigns, improve behavior of health-seeking, knowledge of AIDS and apply STD (Sexually Transmitted Disease) testing [2].

Her in Saudi Arabia as Muslim people, in which sexual intercourse without married and drug abuse are highly prevented, we imagine that incidence of AIDS should be very low. But, the surprise is there were more than 20,000 cases have been reported in Saudi Arabia from beginning of 1984 to 2013, 1.777 cases of them were detected in 2013 [According to Ministry of Health].

In previous studies that focus in assessing the awareness of STD, they found that information is superficial and there are some false ideas about protection from STD and how STD transmitted from one to one [3]. However, there are very few studies evaluates awareness of AIDS in Saudi Arabia [4].

This study aims to evaluate the awareness and attitude toward AIDS in AlAhsa, Saudi Arabia.

2. Methodology

This part is formulated from 28 questions to assess the attitude towards AIDS by 6 questions and knowledge by 22 questions.

From the 1st day of year 2017, 600 self-administrated questionnaires have been distributed among general population specific Primary Health Care (PHC) centers visitors in AlAhsa, Eastern Region of Saudi Arabia up to 20th of January in 2017, ten questionnaires have been distributed randomly before that as pre-test. Choosing sample has been done using multistage sampling. 1st stage is to choose 30 PHC centers out of 54 by Simple Random Sampling. 2nd stage is to choose 20 participants from each PHC centers by Systematic Sampling.

Questionnaire contains two parts. 1st part was asking about demographic data (Age, Gender, Marital States, Residency and Educational level). 2nd part was containing special form which prepared previously and modified to be applicable in Saudi Arabia [5] [Table1]

As questions should be answers either by true, false or Don't know. Questionnaire has been translated to Arabic language to be easy for hole papulation to answer. In order to evaluate the level of knowledge, each question has score 1 when the answer is correct, and 0 when the answer is wrong or don't know. Total scores are 22. Participants who got scores 0-11 will be categorized into poor knowledge, and 12-22 will be categorized into good knowledge.

Table 1: Evaluation of knowledge and attitude toward AIDS form (True or False).

1. Viral infection can cause AIDS.
2. AIDS is congenital
3. Stress can cause AIDS
4. Cause of AIDS is Unknown
5. AIDS is condition on which the body can't fight the disease
6. Homosexual are more likely to get AIDS
7. Some persons are immune to AIDS
8. AIDS is a life threatening disease

Volume 6 Issue 2, February 2017

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9. Most people die from AIDS
10. Kissing a patient with AIDS can cause AIDS
11. Touching a patient with AIDS can cause AIDS
12. Eating with AIDS patient can cause AIDS
13. Using personal belonging of AIDS patient can cause AIDS
14. Living with and being around AIDS patient can cause AIDS
15. Having sex with AIDS patient can cause AIDS
16. Shaking hands of AIDS patient can cause AIDS
17. Blood transfusion can cause AIDS
18. Sharing drug needle can cause AIDS
19. AIDS can be cured
20. There is no cure for AIDS
21. AIDS Can be cured if treated early
22. There is a new effective vaccine against the disease
23. I am afraid of getting AIDS
24. Chastity can protect from AIDS
25. I am not kind of parson to get infected with AIDS
26. I am not worried about getting AIDS
27. I am less likely to get AIDS than others
28. AIDS is a problem in Saudi Arabia

Table 2: Demographic Data

		Frequency (%)
Age	Mean = 28.67	
Gender of responders	Male	377(61.9)
	Female	232(38.1)
Education level	Uneducated	2(0.3)
	Primary school	27(4.4)
	High school	236(38.8)
	Bachelor	322(52.9)
	Master and higher	22(3.6)
Marital status	Married	351(57.6)
	Single	258(42.4)
Residency	City	488(80.1)
	Village	121(19.9)
Are you in medical field	Yes	139(22.8)
	No	470(77.2)

3. Results

609 persons participated in this study (response rate almost 100%). mean age of participants around 29 years. Male participants were 377(61.9%), while female were 232(38.1%). Only two of participants were uneducated (0.3%), 27(4.4%) were in primary school, 236(38.8%) were in high school, while 322(52.9%) have Bachelor degree and 22(3.6%) have master degree and higher. 351 participants are married (57.6%) and 258(42.4%) are not. 488 (80.1%) live in city and 121(19.9%) lives in village. 139 (22.8%) of our participants works in medical field while 470(77.2%) are not [Table 2].

By looking at assessment of knowledge level in AIDS [Table 3]. 504 persons have good knowledge in AIDS (82.8%) and 105(17.2%) have poor knowledge. Male and Female are equal in knowledge level as 82.8% of both of them have good knowledge and remaining (17.2%) have poor knowledge (P-value = 1.000). Knowledge of married participants is better than single in which 87.7% of married have good knowledge and only 76% of single have good knowledge (P-value = .000). There is no significant different between people who live in cities and villages as percentages of good knowledge within residency status are 82.2% and 87.7% respectively (P-value = .442). Knowledge assessment showed significant different in knowledge of AIDS between different educational levels (P-value = .000) in which participants at level of primary school have worse knowledge assessment (almost 30% of them have poor knowledge) and participants with master degree and higher have the best level of knowledge (100% of them have good knowledge). Participants in medical field are better in knowledge than the others (P-value = .000) in which 92.8% of them have good knowledge, while only 79.8% of those who are not in medical field have good knowledge.

Data analysis has been done by using SPSS. Comparison in scores between many variables has been done using chi-square test, $p < 0.05$ consider as significant.

Table 3: Knowledge Level assessment

		Knowledge level categorization		P-value
		Poor Knowledge	Good Knowledge	
Gender	Male (% within Gender)	65(17.2)	312(82.8)	1.000
	Female (% within Gender)	40(17.2)	192(82.8)	
Marital State (MS)	Single (% within MS)	62(24.0)	196(76.0)	.000
	Married (% within MS)	43(12.3)	308(87.7)	
Residency	City (% within Residency)	87(17.8)	401(82.2)	.442
	Village (% within Residency)	18(14.9)	103(85.1)	
Educational level (ED)	Uneducated (% within ED)	0(0.0)	2(100)	.000
	Primary school (% within ED)	8(29.6)	19(70.4)	
	High School (% within ED)	59(25.0)	177(75.0)	
	Bachelor (% within ED)	38(11.8)	284(88.2)	
	Master and higher (% within ED)	0(0.0)	22(100)	
Are you in medical field? (MD)	Yes (% within MD)	10(7.2)	129(92.8)	.000
	No (% within MD)	95(20.2)	375(79.8)	
Total Knowledge assessment (% within Knowledge)		105(17.2)	504(82.8)	

Attitude of participants toward AIDS have been assessed [Table 4]. 385(63.2%) are not afraid of getting AIDS. According to 542 participants (89.0%); Chastity can protect from AIDS. Only 361(59.3%) agreed that they are not kind of

person who get infected with AIDS, 115(18.9%) disagreed while remaining 133(21.8%) said I don't know. Although, only 334(54.8%) not worried of getting AIDS, while 198(32.5%) and 77(12.6%) are not and said I don't know

respectively. 346(56.8%) trust that they are less likely to get AIDS, 129(21.2%) are not, while 134(22.0%) don't know. According to the opinion of 168(27.6%); AIDS is a problem

in Saudi Arabia, while only 114(18.7%) disagreed and most of participants (53.7%) don't know.

Table 4: Attitude of participants toward AIDS

	True (%)	False (%)	Don't Know (%)
1. I am afraid of getting AIDS.	385(63.2)	186(30.5)	38(6.2)
2. Chastity can protect from AIDS	542(89.0)	41(6.7)	26(4.3)
3. I am not kind of person to get infected with AIDS	361(59.3)	115(18.9)	133(21.8)
4. I am not worried about getting AIDS	334(54.8)	198(32.5)	77(12.6)
5. I am less likely to get AIDS than others	346(56.8)	129(21.2)	134(22.0)
6. AIDS is a problem in Saudi Arabia	168(27.6)	114(18.7)	327(53.7)

4. Discussion

This study is intended to give a brief idea about level of awareness about AIDS, and the attitude of AIDS in community of ALAHSa, eastern Saudi Arabia. PHC Centers were chosen to reach all population, as in PHC centers all community are here to take care of their general health whatever their demographic characteristics. However, in this study we carefully took the sample from many PHC centers to make the study highly representative to the area. We (as doctors) aim by doing this study to increase the quality of health in Saudi Arabia, as the results that we got will give a hint about what we need to improve and what we don't, to person who is responsible for health care. As reported before, there is no different in knowledge between male and female[6]. Also no different in knowledge between people in cities and those in villages; so, no evidence of less education or urbanization in village. Significant poor knowledge in single than married will lead us to improve the knowledge of single people about AIDS and sexual transmitted disease in general. Direct proportion between educational level and knowledge about AIDS is significant point that inforce us to develop new methods to increase the awareness in and out the school to Improve the knowledge for uneducated and those who are in primary and high schools. Anyway, there were only two uneducated people which, and those may not represent the exact level of knowledge about AIDS for all uneducated people in ALAhsa.

When we try to ask about attitude, we found that almost there is no completely correct answer, because every person see the correct attitude from his point of view. However, there are some points that Attention-grabbing, in which most of participants are afraid from getting AIDS, but also most of them said " I am not worried about getting AIDS ". Around 27% pf participants agreed that AIDS is a problem in Saudi Arabia, this comment will lead us to trust that there is believe of presence of AIDS in Saudi Arabia even with trust of Islamic instruction, especially when we look at 53.7% who don't whether it's a problem of not. Anyway we hope to eradicate this Syndrome from our life completely soon.

5. Conclusion

At conclusion we can say that the level of knowledge of AIDS is very good in ALAhsa. We found that there was a percentage of poor knowledge that should be release to reduce the incidence as we can. No different in knowledge of AIDS between male nor female, also no different between people who live in cities or villages. Single people are less

aware than married about AIDS. As expected, more educated people and people in medical field are knowledgeable about AIDS more than others.

Regarding to attitude toward AIDS, most of participants are afraid from getting AIDS. They are believed that Chasity can protect from AIDS. They can't decide whether AIDS is a problem in Saudi Arabia or not.

By looking at this result we suggest to increase the awareness about AIDS to reduce the incidence of it by awareness campaigns, schools and colleges teaching and publications.

6. Acknowledgement

It is our pleasure to thanks Dr. Muhammed AlBahrani as he was supporting us in preparing the questionnaire.

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