

P4.2. Assessment of Effectiveness of the Different IEC Interventions in Improving Awareness and Reducing HIV Related Stigma among High School Adolescents in Awassa Town, Southern Ethiopia - Alemayehu Bekele Mengesha, Awassa College of Health Sciences; Ahmed Ali, Awassa College of Health Sciences
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Background/Significance: Stigma and discrimination are common human reactions to disease. HIV/AIDS related stigma and discrimination negatively affect preventive behaviors, HIV test-seeking behavior, and care-seeking behavior, quality of care and perception of PLWHA by communities, families, and partners.

Objective/Activity Tested: The aim of this study was to assess the presence of HIV/AIDS related misconceptions and stigma in adolescents and determine the effectiveness of different IEC interventions in reducing the HIV/AIDS related stigma and to ascertain long-term effects of the IEC interventions.

Methodology: Interventional study was employed from January to March 2007 on the adolescents of the four high school students using four different IEC Interventions, namely interpersonal communication, pamphlets, educational video and the combination of the three Interventions. Immediate post intervention and follow up assessments for misconceptions and stigmatizing attitudes were carried out

Findings: Misconceptions on HIV transmission/prevention were 0-52.3%. Stigmatizing attitudes ranged from 0-65.2%. Multivariate logistic regression analyses showed Grade, Religion, beliefs in HIV transmission by witchcraft and HIV transmission by feeding on uncooked egg/meat of chicken that swallowed used condom were significantly associated with avoidant behavioral intentions, AOR, 2.23(95% CI 1.2-4.1), AOR, 0.43 (95% CI, 0.22-0.82), AOR, 0.22(95%CI, 0.06-0.77), AOR, 3.5, (95%CI, 1.4-8.8) and AOR, 2.1(95% CI, 1.1-3.9) respectively. Regarding beliefs in HIV transmission/prevention, variables like coughing/sneezing, feeding on raw egg of a chicken that swallowed used condom and practicing sex with virgin girls were found to be statistically significantly associated with blaming attitude AOR, 4.8(95% CI, 1.5-15.4), AOR, 2.7(95% CI 1.5-4.9) and AOR, 3.8(95% CI, 1.1-13.4) respectively. Residence, fathers' education, Television ownership, transmission by witchcraft, healthy looking person can have HIV, HIV prevention by having sex with virgin girls and PLWHA had multiple sexual partners were found to be determinants of coercive attitude AOR, 0.2(95% CI 0.05-0.80) AOR, 6.4(95% CI, 1.02-40.42), AOR, 5.9(95% CI, 1.0-34.6), AOR, 12.9(95% CI 2.8-58.4), AOR, 6.1 (95% CI, 1.7-22.0), AOR, 22.3(95% CI, 5.1-97.1) and AOR, 2.9(95% CI, 1.02-8.45) respectively. Mothers' education and HIV transmission by eating with PLWHA were also found to be determinants of the negative sympathetic feelings to PLWHA AOR, 2.1 (95% CI, 1.10-4.14) and AOR, 2.75(95% CI, 1.04-7.30) respectively. IEC interventions were effective in reducing HIV stigma and discrimination. ANOVA (F statistics) revealed that the interventions were effective, ANOVA, 17.484 (p-value<0.0001).

Lessons Learned: Misconceptions on the transmission/prevention of HIV and associated stigmatizing and discriminatory attitudes were prevalent among the adolescents. Remarkable reduction in the HIV related misconceptions, stigmatizing and discriminatory attitudes were observed using the combined interventions. Hence, campaigns using combined IEC interventions on HIV/AIDS need to be intensified to dispel some of the prevailing misconceptions and the associated stigma and discrimination among high school adolescents.