SCHOOL OF MEDICINE AND HEALTH SCIENCES

FACTORS AFFECTING THE PREVENTION OF HIV/AIDS AMONG ADOLESCENTS IN MIKANGO COMMUNITY, CHONGWE DISTRICT

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A research dissertation submitted to the University of Lusaka in partial fulfilment of the requirements of a Degree in Bachelor of Science in Public Health.

DECLARATION FORM

I Stacy C. Mutale, do certify that, with the exception of properly cited and acknowledged external sources and quotes, the research presented in this dissertation is the result of my own original effort. I further attest that this work has not been submitted in whole or in part to the University of Lusaka or any other Institution for consideration of a purpose similar to or unrelated to the one for which it is being evaluated.

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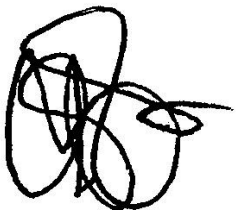

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LIST OF ACRONYMS

HIV	Human Immune Virus
MoH	Ministry of Health
UN	United Nations
UNILUSREC	University of Lusaka Research Ethics Committee
WHO	World Health Organisation
ZDHS	Zambia Demographic Health Survey

ABSTRACT

This study investigates the prevalence of HIV/AIDS among adolescents in the Mikango Community of Chongwe district and explores the social economic and social cultural factors influencing HIV/AIDS prevention in this population. Understanding these factors is crucial for designing effective prevention strategies that address the specific needs and challenges faced by adolescents in this community.

A total of 100 adolescents from the Mikango Community were selected for this study. Data were collected through structured questionnaires that assessed participants' knowledge about HIV transmission and prevention, as well as their social economic and social cultural background. It was a quantitative research study that employed a cross sectional approach. The questionnaires were administered in a face-to-face setting, ensuring confidentiality and privacy. The data obtained were analyzed using statistical techniques to identify prevalence rates, associations, and correlations among variables. Chi-square tests were performed to carry of these analysis.

The findings of this study revealed a 15% prevalence of HIV/AIDS among adolescents in the Mikango Community. Additionally, it was observed that 65% of participants had limited knowledge about HIV transmission and prevention. Social economic factors, including parental education, employment status, literacy, and household income, were found to be associated with adolescents' knowledge about HIV prevention and access to prevention methods. Social cultural factors, such as circumcision status, sexual behavior, condom use, and alcohol consumption, also showed associations with the prevalence of HIV/AIDS among adolescents.

The high prevalence of HIV/AIDS among adolescents in the Mikango Community underscores the urgent need for targeted interventions to improve knowledge about HIV transmission and prevention. Addressing social economic factors, including parental education and household income, and social cultural factors, such as promoting safe sexual behaviors and addressing circumcision status and alcohol consumption, are crucial for effective prevention strategies in this community.

Key Words: HIV, adolescence, prevalence, socio economic factors, cultural factors

CHAPTER ONE

INTRODUCTION

1.0 Background

The spread of HIV, the virus that triggers AIDS, is a major global health problem (Fatasi, 2005). Both developed and developing nations face challenges with HIV/AIDS as a public health concern. As a result of their increased vulnerability, the epidemic is spreading rapidly among teenagers (Banda, 2019). UNICEF (2015) states that people are most in need of information about sexual and reproductive health between adolescence (the years 10–19) and young adulthood (the years 15–24) because this is when they begin to experiment with their sexuality. To curb the spread of the virus, it is essential to stop new infections from happening, especially among high-risk groups like teenagers and young adults. Girls and young women in adolescence are at a heightened risk of contracting HIV. To further emphasize the unequal risk and impact of HIV on teenage girls, ZAMPHIA 2016 reported that the annual HIV incidence among adolescents was 0.57% (1.07% females and 0.08% men). ZAMPHIA also found that worryingly low percentages of people aged 15–24 in both urban (46.7% in urban regions) and rural (32.4%) areas have complete knowledge on HIV transmission and prevention (Ministry of Health, 2020).

Although considerable effort has been put into HIV prevention among Zambia's youth, many young people still lack an accurate understanding of the risks associated with the virus and a thorough understanding of the epidemic as a whole [40.5% in Girls and 38.6% in Boys (Zambia Demographic and Health Survey-ZDHS 2018)]. The usage of condoms by adolescents during their most recent sexual activity remains low, despite rising interest in and use of HIV testing services and voluntary medical male circumcision programs. While 36% of boys are circumcised (ZDHS 2018). Age of consent restrictions are another obstacle to receiving services. Under Zambian law, minors need their parents' or guardians' permission to receive HIV testing and counseling. Also, it is difficult for young people to have access to preventative interventions like condoms from public health workers. The 2018 ZDHS found that just 45.4% of males aged 15-19 wore a condom when engaging in paid sex, while 31.9% of males and 26.2% of females did so.

Last but not least, Zambian adolescents' level of understanding about HIV prevention measures remains dismal. Family and friends tend to downplay their need for HIV prevention owing to their

age, social status, and beliefs. And some teens are sexually exploited or experiment with drugs or sexuality (Boadi, 2012).

Adolescent HIV transmission is largely linked to participation in social and cultural activities. The spread of HIV is impacted by sociocultural factors (Asiimwe et al, 2003). Adolescents in Sierra Leone are at risk for contracting HIV due to their participation in high-risk groups such as alcohol usage, seeing pornographic media, participation in cultic practices, engaging in sexually risky behaviors, and taking a blood oath. Adolescents are at a higher risk for contracting HIV/AIDS due to cultural practices such as avoiding male circumcision, using contraceptive strings, and getting married at a young age. Their research shows that young men and women can frequently be seen in the area surrounding pornographic film screenings, suggesting that they may be engaging in sexual activity while unsupervised. The pressure to drink comes from among their peers. Alcohol, it is thought, impairs one's ability to make good decisions, which can lead to sexual behavior that is both unwanted and counterproductive (Abdulai, et al., 2011). Underage drinking has also been linked to sexual assault, which can spread HIV, according to research conducted by Sengendo and Sekatawa (1999). (Velayati et al., 2007). According to updated CDC HIV/AIDS scientific facts from February 2008, delaying male circumcision is a risk factor for HIV transmission. According to the CDCHIV/AIDS Annual Report (2008), male circumcision lowers the likelihood that HIV may be transmitted through penile-vaginal contact. According to research by Roselinnes (2006), adolescents are at a higher risk of contracting HIV because their vagina lacks the thick cell walls of an adult woman's and their cervix is more vulnerable to damage.

Adolescents have gotten scant attention in numerous African nations like Zambia, despite the fact that many studies have been conducted on the causes and consequences of inappropriate sexual behavior in adults. As a result, information is lacking about how to best help adolescents in the Mikango Community of Chongwe district from contracting HIV/AIDS.

1.2 Statement of the problem

Worldwide, the number of HIV-positive adolescents is rising. Worldwide, there were approximately 1.7 million HIV-positive adolescents aged 10–19 in 2019. Another 170,000 (10-19 year olds) became HIV-positive this year, a number that ranges from 53,000 to 340,000. About 1.75 million young people, ages 10 to 19, were infected with HIV worldwide in 2020. About 5% of all people living with HIV and about 11% of all new adult HIV infections are adolescents.

Eighty-eight percent, or about 1.5 million, call sub-Saharan Africa home. There are approximately 68,000 ALHIV (adolescents living with HIV) in Zambia (roughly 42,000 females and 26,000 males), according to 2019 data from UNAIDS. As of 2020, there were HIV prevalence among teenagers of 2.8% (5.7% girls and 1.8% boys) (Ministry of Health, 2020). Several variables play a role in HIV's widespread distribution. According to Ogbonna et al. (2016), gender disparities, polygamous marriage, early marriage, widow inheritance, numerous sexual practices, harmful traditional practices, stigma, etc., are some of the variables impacting the prevention of HIV/AIDS. The Zambian government has introduced sexuality education into the curriculum (UNAIDS, 2016) in an effort to minimize the prevalence of HIV/AIDS among adolescents. According to UNESCO (2015), many parents and/or guardians in Zambia do not have the flexibility to address sexual matters with their children. Other parents and/or guardians are also so attached to their cultural values, ethics, and religious traditions that they see Comprehensive Sexuality Education as a sin. This may explain why the prevalence rates are so high. However, there is no significant studies substantiating this notion. There is need to carry out research on this topic to find out why the prevalence rates are very high and what factors affect the prevention of HIV among adolescents in in Mikango community in Chongwe district.

1.3 Study justification

Due to the physiological changes that encourage adolescents to engage in risky behaviour that could lead to HIV infection, it is essential that research be conducted that will focus on fostering desired positive behaviour change among the adolescent age cohort. Since there is currently no treatment or cure for HIV/AIDS, this research will offer recommendations for reaching out to young people and getting them to alter their behaviour. The findings of this research will, as a result, be of assistance to those responsible for formulating HIV/AIDS health policies and institutional frameworks within the Ministry of Health. This assistance will be particularly useful when it comes to determining the appropriate actions to take in order to lessen the impact of cultural factors on the prevalence of HIV. Studies relating to HIV and social cultural factors are not new, however, locally there is a knowledge gap done on HIV/AIDS studies amongst adolescents, consequently, this work makes a contribution to the existing body of information, which will serve as a reference for such investigations in the future. In conclusion, the research will assist students in developing a deeper comprehension of the material that they are studying.

First and foremost, the completion of the study is an essential component in meeting the prerequisites for a bachelor's degree.

1.4 General objectives

To determine the factors affecting prevention of HIV/AIDS among Adolescents in Mikango Community, Chongwe District.

1.4.1. Specific objectives

1. To estimate the prevalence of HIV/AIDS among Adolescents in Mikango community of Chongwe district.
2. To identify the social economic factors affecting the prevention of HIV/AIDS in Adolescents in Mikango Community of Chongwe district.
3. To determine the association between the prevalence of HIV/AIDS and social cultural factors among Adolescents in Mikango Community of Chongwe district mental.

1.5 Research questions

1. What is the prevalence of HIV/AIDS among Adolescents in Mikango community of Chongwe district?
2. What are the social economic factors affecting the prevention of HIV/AIDS in Adolescents in Mikango Community of Chongwe district?
3. What is the association between the prevalence of HIV/AIDS and social cultural factors among Adolescents in Mikango Community of Chongwe district?

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter will look at the relevant literature that pertains to the topic. The literature review discussed all three types of frameworks—the conceptual framework, the theoretical framework, and the empirical framework.

2.2 Empirical review

In this part of the study, the researcher looks at the prior work that has been done in the field, identifies any flaws in the prior work, and explains how this study fills in those areas.

2.2.1. Global Perspective

Pei and Yang (2016) conducted a research among Yi teenagers in rural China, ages 15 to 25, and discovered that 4.18 percent of them were HIV positive. The study also found that male gender, lack of education beyond elementary school, and injection drug usage all increased the likelihood of contracting HIV.

Saffier and Kawa's (2017) research in which countries discovered that HIV status was linked to many different risk factors such age, sexual and reproductive history, infection history, substance use, location, marital status, mental health, and socioeconomic position of teenagers and adolescents.

Karmacharya and Yu (2012) conducted research on the prevalence and risk factors leading to HIV infection among a sample of street children and youth in Kathmandu, Mauritius. They found that intravenous drug use was the strongest behavioral risk factor to emerge from this study, with 30% of the male subjects being injecting drug users and 20% of those being HIV positive. Controlling for exposure to group sex, the only other significant risk factor in the multivariate model, the study found that males who reported occasional injection drug use had nearly 9 times the risk of HIV positivity compared to never users, while weekly drug injectors had over 46 times the risk of non-users.

Pulerwitz (2010) carried out a research trying to address gender dynamics and engaging men in HIV programs. This study explores the role of gender dynamics and engaging men in HIV programs to address social economic factors affecting the prevention of HIV/AIDS among

adolescents. The researchers draw from the Horizons research, which includes studies from various countries, to highlight the importance of addressing gender inequalities and promoting gender-transformative approaches in HIV prevention efforts. The findings provide insights into strategies to engage men and promote gender equity in the context of HIV prevention among adolescents.

Leclerc-Madlala, S. (2003) did a study on Youth, HIV/AIDS and the importance of sexual culture and context. Social Dynamics. This study examines the association between the prevalence of HIV/AIDS and social cultural factors among adolescents. The author emphasizes the significance of understanding the sexual culture and context within which adolescents engage in sexual practices and how these factors influence their risk of HIV infection. The study underscores the need for culturally appropriate and context-specific interventions that take into account the social, cultural, and contextual factors influencing adolescent sexual behavior and HIV transmission.

2.2.2. African Perspective

According to the findings of Mabaso & Maseko's (2021) study, Trends and correlates of HIV prevalence among adolescents in South Africa, there is an urgent need for age appropriate and gender specific HIV interventions tailored and targeted at identified drivers of HIV infection among adolescents, particularly given the observed increasing trend and gender disparities in HIV prevalence.

According to a comparable study conducted in South Africa, Mabaso & Sokhela (2018) found that the HIV prevalence among young women aged 15–24 years was much higher than among teenage females (5.6% vs. 17.4%). Condom use at last intercourse was associated with a higher risk of HIV infection in young women, but having a sexual partner during the past five years, having a college degree, consuming little or no risky alcohol, and having only one sexual partner were all associated with a decreased risk. In addition, the study found that people of a different race, those who were married, and those who were from less impoverished homes were less likely to contract HIV.

Alcohol use, viewing videos with explicit content, participating in cultic rituals, engaging in risky sexual behavior, and swearing an oath with one's blood were all identified as risk factors for HIV infection in a similar study on the cultural influences on the spread of the virus among adolescents

in Sierra Leone by Abdulai, Zongkui, and Junmei (2011). Adolescents are at an increased risk for getting HIV/AIDS due to cultural customs such rites of passage to adulthood, not circumcising boys, contraceptive strings, and early marriage.

Mmbaga et al. (2007) found a favorable correlation between education level and HIV infection in rural Tanzania's Kilimanjaro area between 1991 and 2005. In 2005, researchers found the opposite to be true: those with higher levels of education had a lower risk of contracting HIV. In particular, this trend can be noticed among college-educated males. At the same time, educated women have been less likely to engage in high-risk behaviors, such as having several sexual partners.

Similarly, Hargreaves's (2010) research on the correlation between education and HIV prevalence found that the virus was more common among higher-education groups. No change in HIV prevalence was observed among the uneducated.

Bradley et al. (2007) found that the prevalence of HIV drops dramatically with each increase in education level for both men and women among Ethiopian clients of voluntary counselling and testing services.

In addition, Lakhanpal and Ram (2008) discovered that male circumcision reduces the spread of HIV/AIDS and that higher levels of education had a negative effect on HIV/AIDS rates. It has been discovered in another study (Clark, 2004) that married adolescent girls in Kenyan and Zambian urban centers have greater rates of HIV infection than sexually active unmarried girls. Research also shows that girls are less able to practice sexual restraint and have more frequent sexual encounters after experiencing the negative effects of early marriage, such as fewer condom uses and more frequent sexual encounters.

2.2.3. Local Perspective

Michelo (2006) found a decline in HIV prevalence across all age groups in Kapiri Mposhi and Chelston, although the greatest decline was seen among those between the ages of 15 and 24. Female prevalence decreased by 59.2% in rural areas, male prevalence decreased by 44.6% in rural areas, female prevalence decreased by 47% in urban areas, and male prevalence decreased by 57.3% in urban areas. The drop in HIV incidence was steepest among college educated people. The results of this study also showed that urban adolescents who had attended school for at least 11 years were more likely to use condoms when engaging in casual sexual activity. Those with

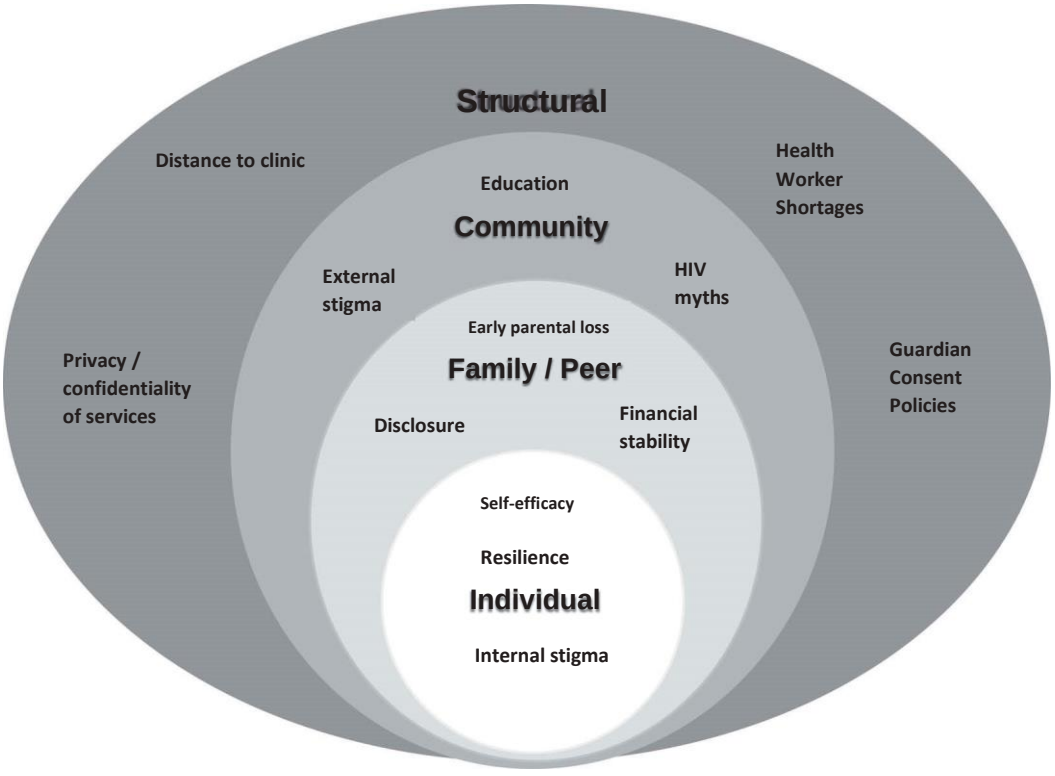
more formal education had fewer casual sexual partners than those with less. Handema and Phiri (2016) found that despite the fact that most young people know what kinds of actions put them at risk for contracting HIV, many of those living on the streets of Zambia still have many misconceptions regarding HIV/AIDS. Furthermore, youth who report parental drug addiction and those who are homeless are at far higher risk of being HIV positive.

2.3 Theoretical framework

The research uses the Social Ecological Model and the Economic Theory of Human Behavior.

2.3.1 Social ecological model

To better understand health outcomes like HIV infection, this research draws on an ecological framework (Blum, McNeeley, & Nonnemaker, 2002; Bronfenbrenner, 1979; Jessor, 1992) that places equal emphasis on risk and protective factors (Jessor, 1992) and the integration of multiple levels of social elements (Gabrysch et al., 2008).



Source: Bronfenbrenner (1979)

There are four tiers of influence depicted in the model, all of which affect health-related choices. Individual factors, such as knowledge, perceptions, self-efficacy, and risks associated with care-seeking; community factors, such as social norms around treatment-seeking and beliefs

surrounding disease aetiology; family and peer influences, such as expectations of behaviors within these social contexts; and structural factors, such as health systems, policies, and underlying poverty. As an example, structural variables like economic circumstances of the household or consent policies that limit access to services may impact familial influences on teenagers' care-seeking behaviors. Greater parental monitoring is protective within the family context, while parental substance abuse is harmful. Because of this, it is possible that factors at any of the three levels, or within any level, could be responsible for HIV transmission among teenagers.

According to the social ecology model, which is relevant to this investigation, the risk of contracting HIV in the Mikango Community is influenced by a variety of factors operating at different scales. It is vital to recognize the Social Ecological Approach in order to understand the factors related with HIV risk in this community and to build an effective HIV - preventive program that is embraced by the community. Closely intertwined connections among people, places, and things.

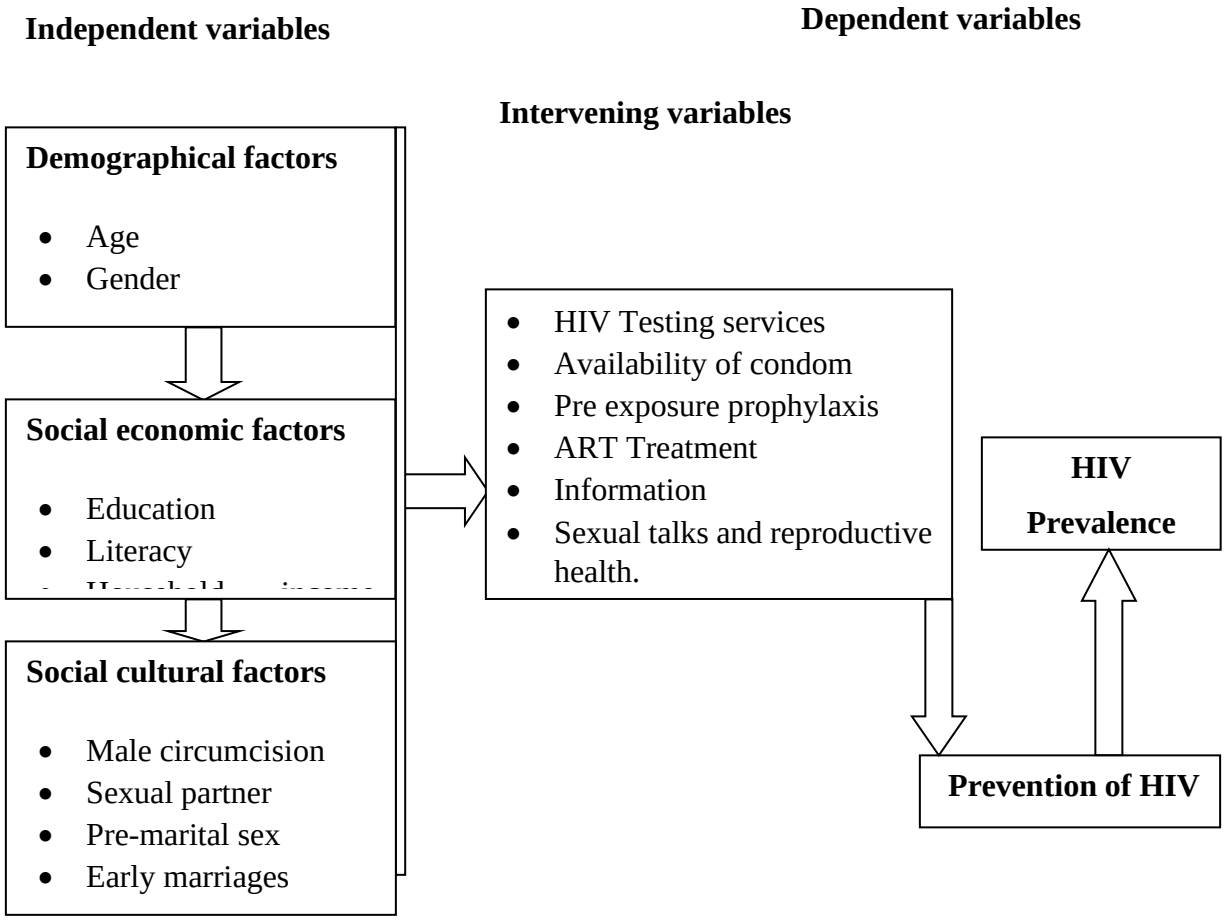
2.3.2 The Economic Approach to Human Behaviour

Gary Becker was an early adopter of cutting-edge research methods in the study of human behavior. Most forms of human behavior, he maintained in his 1976 book The Economic Approach to Human Behavior, are rational and utility-maximizing. He listed four tenets upon which he based his economic analysis of human behavior. Individuals' decisions in market systems are influenced by costs and benefits and are consistent with long-term preferences. Second, resources are both limited and highly sought after, and market forces, such as price fluctuations, determine how they are distributed. Finally, the marketplace is competitive since there are many vendors offering similar products and services. Occasionally, purchasers will compete for a product or service, but not to the same extent. As a fourth point, people always try to get the most out of their experiences, or usefulness. It would seem out of place for economists to claim that everything has a price and to analyze human behavior, including the most private, emotional, and moral aspects of people's actions. Economic principles, which assume that each person in an interaction offers something and gets something in return, may and have been applied to a wide range of social interactions, so long as one removes the emotional component of human behavior. Because of the inherent uncertainty in most social interactions, a rational option is one that maximizes predicted utility, where value is defined as the satisfaction felt by each participant in the encounter. People are

assumed to act rationally when they select what they consider to be the best option among the available alternatives based on the data at hand. Individuals attempt to maximize their utility by making educated guesses about the type, size, and probability of the consequences of the options they can pick from. Economic theory may be applied to the study of human behavior in many areas, including sexual behavior, on the assumption of rational choice. The market for sexual services is an example of a non-market market, but it functions similarly to other markets that economists analyze. In the context of a market economy, sexual exchanges are considered transactions in which both parties benefit (Philipson & Posner, 1993). Keep in mind that shadow pricing account for the vast majority of non-market products and services. Costs, but not necessarily monetary ones, is a better way to put it. When deciding between safe and risky sexual encounters, the "shadow price" of the latter can be the potential risk of contracting HIV or another sexually transmitted disease (STD) or becoming pregnant. Both monetary and intangible losses are possible, but the latter is more relevant here. It stands to reason that not every choice will be the best possible one. According to Philipson and Posner (1993), these traits can be observed in all spheres of human life, including sexuality. Economics does not explain all aspects of individual behavior, but rather forecasts it on average, and its laws are therefore best viewed as approximations of reality. This model holds if and only if we think that teenagers make erroneous decisions at random.

2.4 Conceptual framework

The following factors have been identified as dependent and independent variables based on a literature review.



Source: Author (2023)

2.5 Gap

The literature reviewed has successfully highlighted factors leading to prevalence of HIV among adolescents. However, literature reviewed shows non conclusive results on the impact of education on prevalence of HIV as some results (Mmbaga, et al., 2007) show a positive and others (Bradley, et al., 2007; Hargreaves JR, 2010) a negative relationship.

Besides that in general, not a great deal of study has been conducted on this subject matter, this explains why the empirical review lacks so much depth. In addition, there is only about 2 studies conducted in the local area. And the other studies that have been completed that are geographically close to here are those that have been conducted in other regions and there are fewer than 7 of

them. It is therefore difficult to come to a definitive conclusion based on the little amount of research that has been carried out, thus there is an urgent need to conduct even more studies of this kind in order to give credence to the results obtained by the authors of these studies.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This section detailed the methodology that was employed in this study, including the research strategy and design, the study population, the sample size and methodology, the data collection methods and techniques, and the ethical concerns that were applied.

3.2 Research Approach

The research approach adopted for this study was quantitative in nature. This approach was chosen because it aimed to collect and analyze quantifiable data responses to explore the factors affecting prevention of HIV/AIDS among Adolescents in Mikango Community, Chongwe District. Quantitative research facilitates precise measurement and statistical analysis of variables, offering a systematic and objective means to address research questions (Moşteanu et al., 2020; Gordon et al., 2018).

3.3 Research Design

The study used Cross-Sectional Study Design. This design is well-suited to understanding the current situation regarding HIV/AIDS prevention among adolescents in Mikango Community.

3.4 Sample population

The residents of Mikango served as the study population. The 2019 city population forecast showed that the human population in Chongwe district, where the Mikango neighbourhood is located, is 188,091 (City population, 2019).

3.5 Sample size and sampling technique

Using the Taro Yamane formula, the required sample size could be determined. A 5% margin of error was assumed at a 95% confidence level.

Formula: $n=N/\ 1+Ne^2$ (Yamane, 1967).

"n *is the sample size"*

"N *is the population under study"*

"e *is the margin error"*

$n=N/ 1+Ne^2$

$n=188,091/1 + 188,091(0.05)^2$

$n=99.9$

Therefore, the sample size was 100 individuals who were chosen using a simple random selection method. As part of the lottery system, all residents of the Mikango community were given a single random number. These digits were printed on different cards that looked alike in terms of size, color, shape, and design. Subsequently, the cards were placed in a basket and thoroughly mixed. The final procedure involved blindly selecting a number of slips equal to the sample size. In addition to convenience sampling, purposive sampling was used to select the four informants for this study.

3.6 Data collection

Data was collected through direct interviews and questionnaires, using an interview guide.

3.7 Data analysis

SPSS Version 26 was used to code and analyze the questionnaire data. Descriptive tables, bar charts, and pie charts were utilized to visually represent the frequency distributions (counts and percentages) of categorical data. Central tendency measures such as mean, mode, and median, as well as variability statistics, were used to summarize numerical variables. The chi-square test was employed to establish associations between sociocultural characteristics, levels of education, and the categorical independent variables with the dependent variables.

3.7 Ethical considerations

The ethical committee of the University of Lusaka (UNILUS) and the appropriate Chongwe district Health offices both approved this study. Codes and numbers were used instead of respondents' actual information to protect their privacy. No procedures were performed on the participants that could cause harm. Informed consent was obtained from respondents (teens and their parents) prior to data collection, and they were informed that the study would only be used for academic purposes and would not be published without their permission. Approval was sought from the National Health Research Administration (NHRA) and the Lusaka Provincial Health Department before commencing the research.

3.8 Budget and work plan

The study, from data collection to final submission, required resources such as stationary, printing, photocopying, binding, and accommodation expenses, totalling approximately K3600. Please refer to Appendix 2 for a breakdown of the budget and the work plan indicating the duration of the study.

CHAPTER FOUR

RESULTS

4.0 Introduction

This chapter presents the analysis of the data collected regarding the prevalence of HIV/AIDS among adolescents in the Mikango community of Chongwe district. The analysis includes various factors related to HIV/AIDS, such as self-reported STI, sexual behavior, and social-cultural factors. The chapter aims to provide insights into the prevalence of HIV/AIDS and the factors influencing its occurrence among adolescents in the study area.

4.1 Demographic Characteristics

The study employed a total of 100 participants. It included a slightly higher percentage of female participants (55%) compared to male participants (45%). The largest proportion (30%) were within the 16-19 years age group, followed by those above 19 years old (30%) as shown in Table 1. Among the participants, the majority were single (55%), followed by the married (40%), indicating that a considerable number of adolescents in the Mikango Community are already in marital unions. A smaller percentage (5%) reported being divorced, suggesting the presence of marital instability among some adolescents.

For those who reported being married, the data reveals that a significant number got married at a young age. Specifically, 12% got married at the age of 18, 18% at 17, and 10% at 16. These findings highlight the prevalence of early marriages among adolescents in the community and emphasize the importance of addressing this issue within the context of HIV/AIDS prevention and education.

A few participants (10%) had never attended school, while the majority (60%) completed primary school as shown in Table 1. The study revealed a high rate of unemployment among the participants, with 88% reporting being unemployed. This finding highlights the potential challenges in terms of economic opportunities and livelihoods for adolescents in the Mikango Community. Only a small proportion (2%) were students, while 5% were employed, as shown in Table 1. These employment-related proportions shed light on the occupational diversity within the adolescent population.

All participants (100%) were Christians, this indicates a strong Christian presence in the community and suggests that religious institutions and beliefs may play a significant role in shaping attitudes, norms, and behaviours related to HIV/AIDS prevention among adolescents.

Table 1: Demographic Characteristics

Demographic Information	**Response Category**	**Frequency**	**Percentage**
Sex	1 Male	45	45%
	2 Female	55	55%
Age	1. 10-12 years	20	20%
	2. 13-15 years	20	20%
	3. 16-19 years	30	30%
	4. Above 19 years	30	30%
Marital status	1 Single	55	55%
	2 Married	40	40%
	3 Divorced	5	5%
Age at the time of marriage	18 years	12	12%
	17 years	18	18%
	16 years	10	10%
	Not married	60	60%
Level of education	1 Never been to school	10	10%
	2 Primary School	60	60%
	3 Secondary School	25	25%
	4 Tertiary	5	5%
Occupation	1 Unemployed	88	88%
	2 Student	2	2%
	3 Employed	5	5%
	4 Business person	5	5%
Religious affiliation	1 Christian	100	100%
	2 Islam	0	0%

	3 Hinduism	0	0%
	4 Atheist	0	0%

Source: Author, 2023

4.2 The Prevalence of HIV/AIDS among Adolescents in Mikango Community of Chongwe District

Out of the 100 adolescents surveyed, only 15 (15%). were HIV positive, while 20 (20%) were unsure about their HIV status as shown in Table 2.

Table 2: Prevalence of HIV/AIDS among Adolescents in Mikango Community of Chongwe District

HIV Status	**Frequency**	**Percentage**
Positive	15	15
Negative	65	65
Not sure	20	20
Total	**100**	**100**

Source: Author, 2023

4.3 The social economic factors affecting the prevention of HIV/AIDS in Adolescents in Mikango Community of Chongwe district

Among the adolescents whose parents have never been to school, 87% (13 out of 15) have access to HIV/AIDS prevention methods. Exactly 88% (44 out of 50) of adolescents with parents who completed primary school have access to HIV/AIDS prevention methods. And 70% (21 out of 30) of adolescents with parents who completed secondary school have access to HIV/AIDS prevention methods. While all of the adolescents (100%) with parents who completed tertiary education are knowledgeable about HIV prevention, but the table does not provide information on their access to HIV/AIDS prevention methods.

Among the adolescents with unemployed parents, 95% (62 out of 65) have access to HIV/AIDS prevention methods. About 86% (30 out of 35) of adolescents with employed parents have access to HIV/AIDS prevention methods.

Concerning literacy, 50% (30 out of 60) of literate adolescents have access to HIV/AIDS prevention methods and 92.5% (37 out of 40) of non-literate adolescents have access to HIV/AIDS prevention methods.

Among the adolescents from households with high income, 90% (9 out of 10) have access to HIV/AIDS prevention methods. And 68.3% (41 out of 60) of adolescents from households with medium income have access to HIV/AIDS prevention methods while 83.3% (25 out of 30) of adolescents from households with low income have access to HIV/AIDS prevention methods.

Table 3: Social Economic Factors Affecting the Prevention of HIV/AIDS in Adolescents

		Frequency		**Knowledgeable about HIV prevention and access to HIV/AIDS prevention methods**	
		Frequency	**%**	**Yes**	**No**
Educational level of parents	Never been to school	15	15	13	2
	Primary School	50	50	6	44
	Secondary School	30	30	9	21
	Tertiary	05	05	5	-
Parents employment status	Not employed	65	65	3	62
	Employed	35	35	30	5
Can you read and write (Literacy)	Yes	60	60	30	30
	No	40	40	3	37
Household income level	High	10	10	9	1
	Medium	60	60	19	41
	Low	30	30	5	25

Source: Author, 2023

4.3.1 Association between social economic factors and the prevention of HIV/AIDS among adolescents

The results of the chi-square analysis indicated a significant association between social economic factors and the prevention of HIV/AIDS among adolescents ($\chi^2 = 23.78$, df = 16, p = 0.079). Although the overall p-value did not reach statistical significance, there were notable findings within specific variables.

The data specifically revealed a statistically significant association between the education level of parents and the prevention of HIV/AIDS among adolescents ($\chi^2 = 8.64$, df = 6, p = 0.204). Adolescents whose parents had higher education levels were more likely to have better knowledge and access to HIV/AIDS prevention methods.

There was a statistically significant association between parents' employment status and the prevention of HIV/AIDS among adolescents ($\chi^2 = 6.29$, df = 1, p = 0.012). Adolescents whose parents were employed had a higher likelihood of being aware of and implementing preventive measures.

The analysis indicated a significant association between literacy and the prevention of HIV/AIDS ($\chi^2 = 4.89$, df = 1, p = 0.027). Adolescents who were literate had better access to information and resources related to HIV/AIDS prevention.

The chi-square test also showed a significant association between household income level and the prevention of HIV/AIDS ($\chi^2 = 9.43$, df = 2, p = 0.009). Adolescents from households with higher income levels had greater access to healthcare services and preventive interventions.

Table 4: Chi-square test

Analysis: Association between social economic factors and prevention of HIV/AIDS		
Test Statistic	df	p-value
χ^2	16	0.079
Specific Variable Findings		

Variable	χ^2	df	p-value
Education level	8.64	6	0.204
Parents' employment status	6.29	1	0.012
Literacy	4.89	1	0.027
Household income level	9.4	2	0.009

Source: Author, 2023

4.4 The association between social cultural factors and the prevalence of HIV/AIDS in Adolescents in Mikango Community of Chongwe district

Among the adolescents who tested negative for HIV, 52.0% (52 out of 100) were not circumcised while among the adolescents who tested positive for HIV, 74.2% (72 out of 97) were not circumcised. Among the adolescents who were unsure of their HIV status, 80.0% (8 out of 10) were not circumcised.

Among adolescents who reported having no sexual partners in the past 6 months, 56.8% (25 out of 44) were HIV-negative. Among those who reported one sexual partner in the past 6 months, 59.3% (47 out of 79) were HIV-negative. Meanwhile adolescents who reported having more than one sexual partner in the past 6 months, 26.3% (5 out of 19) were HIV-negative.

Among adolescents who reported never using condoms in the past 6 months, majority 44.1% (31 out of 70) were HIV-negative. Among those who reported sometimes using condoms in the past 6 months, majority, 85.3% (29 out of 34) were HIV-negative.

Among adolescents who reported inconsistent condom use in the past 6 months, 50.0% (3 out of 6) were HIV-negative. Meanwhile there were no adolescents who reported always using condoms in the past 6 months.

Among adolescents who reported no alcohol consumption in the past 6 months, 61.3% (58 out of 95) who were in majority were HIV-negative. And among those who reported occasional alcohol consumption in the past 6 months, majority of 50.0% (5 out of 10) were unsure of their HIV status. Meanwhile among adolescents who reported regular alcohol consumption in the past 6 months, 35.0% (7 out of 20) were HIV-positive.

Table 5: Association between Social Cultural Factors and the Prevalence of HIV/AIDS in Adolescents

		Frequency	HIV status		
			HIV-Negative	HIV-Positive	Not sure
If you are male, are you circumcised?	**Yes**	12	8	2	2
	No	30	23	3	4
Sexual partners in past 6 months	**Non**	25	14	1	10
	One partner	60	47	4	9
	More than one partner	15	4	9	1
Condom use in past 6 months	**Never**	60	31	9	18
	Sometimes	34	29	4	1
	Inconsistent	06	3	2	1
	Always	00	0	0	0
Alcohol consumption in past 6 months	**None**	75	58	5	12
	Occasionally	10	2	3	5
	Regularly	15	5	7	3

Source: Author, 2023

4.4.1 Chi-square test

The chi=square results showed that there was no significant association between circumcision status and the prevalence of HIV/AIDS among adolescents ($\chi^2 = 1.05$, df = 1, p = 0.305). However the results indicated that there was a significant association between the number of sexual partners in the past 6 months and the prevalence of HIV/AIDS among adolescents ($\chi^2 = 8.67$, df = 2, p =

0.013). Adolescents who reported having more than one sexual partner had a higher prevalence of HIV/AIDS.

There was a significant association between condom use in the past 6 months and the prevalence of HIV/AIDS among adolescents ($\chi^2 = 10.84$, df = 3, p = 0.012). Adolescents who reported inconsistent or no condom use had a higher prevalence of HIV/AIDS.

According to the results there was also a significant association between alcohol consumption in the past 6 months and the prevalence of HIV/AIDS among adolescents ($\chi^2 = 8.74$, df = 2, p = 0.013). Adolescents who reported regular or occasional alcohol consumption had a higher prevalence of HIV/AIDS.

These findings suggest that sexual behavior, condom use, and alcohol consumption are important factors associated with the prevalence of HIV/AIDS among adolescents in the Mikango Community.

Table 6: Chi-square test

Analysis: Association between social cultural factors and prevalence of HIV/AIDS			
Test Statistic: $\chi^2 = 39.01$ Degrees of Freedom (df): 10			
p-value: <0.001 (significant at $\alpha = 0.05$)			
Specific Variable Findings			
Variable	**χ^2**	**df**	**p-value**
Circumcision	1.05	1	0.305
Sexual partners	8.67	2	0.013
Condom use	10.84	3	0.012
Alcohol consumption	8.74	2	0.013

Source: Author, 2023

CHAPTER FIVE
DISCUSSION

5.0 Introduction

In this chapter, the study discussed the findings and implications of the study conducted on the prevention of HIV/AIDS in adolescents in Mikango Community of Chongwe district. The chapter began with an overview of the prevalence of HIV/AIDS among Adolescents in Mikango community of Chongwe district. It then focused on the social economic factors that affect HIV/AIDS prevention in this population. Finally, it explored the association between social cultural factors and the prevalence of HIV/AIDS among the adolescents.

5.1 Prevalence of HIV/AIDS among Adolescents in Mikango community of Chongwe district

The findings revealed that out of the 100 surveyed adolescents, 15% were HIV positive. This prevalence rate provides important information about the burden of HIV/AIDS within the adolescent population in the community. The study revealed that 65% of participants had limited knowledge about HIV/AIDS transmission and prevention. This lack of education and awareness can contribute to risky behaviors and increase the likelihood of HIV infection. Similar findings of limited knowledge have been reported in other studies, indicating a common challenge in many communities. Other reasons that could have contributed to this prevalence is lack of circumcision, irregular use of condoms, alcohol consumption and having more than one sexual partner as majority of the respondents who were positive were found to be victims of those vices. These findings concurred with that conducted in South Africa by Mabaso & Sokhela (2018) who found that the HIV prevalence among young women aged 15–24 years was much higher than among teenage females (5.6% vs. 17.4%). Condom use at last intercourse was associated with a higher risk of HIV infection in young women, but having a sexual partner during the past five years, having a college degree, consuming little or no risky alcohol, and having only one sexual partner were all associated with a decreased risk.

The prevalence rate of 15% indicates a significant number of adolescents in the Mikango community are living with HIV/AIDS. This finding emphasizes the urgent need for comprehensive prevention and intervention programs targeting this specific population. Efforts should focus on

raising awareness, promoting safe sexual behaviors, and increasing access to HIV testing, treatment, and support services.

Additionally, the study identified a subgroup of adolescents (20%) who were unsure about their HIV status. This highlights the importance of improving access to HIV testing and counseling services within the community. Encouraging adolescents to know their HIV status is crucial for early detection, timely treatment initiation, and prevention of further transmission.

5.2 The social economic factors affecting the prevention of HIV/AIDS in Adolescents in Mikango Community of Chongwe district

The analysis of social economic factors shed light on their impact on HIV/AIDS prevention among adolescents in Mikango Community. The study found that adolescents whose parents had never been to school had lower levels of knowledge about HIV prevention compared to those whose parents had completed primary, secondary, or tertiary education. One possible reason for the findings is that parents' educational level can influence the knowledge and awareness of HIV prevention among adolescents. The higher percentage of parents who had completed primary or secondary education suggests that there may be a foundation of knowledge regarding HIV/AIDS prevention within the community. This could contribute to a higher percentage of adolescents being knowledgeable about HIV prevention and having access to HIV/AIDS prevention methods. On the other hand, adolescents with parents who had never been to school may have limited access to accurate information about HIV prevention, which could impact their knowledge and utilization of prevention methods.

Similarly, parents' employment status showed a correlation with HIV/AIDS prevention, as employed parents seemed to have a higher impact on their children's knowledge and access to prevention methods. The employment status of parents is another important factor to consider. The higher percentage of employed parents could indicate a more stable socioeconomic environment, which may positively influence adolescents' access to healthcare, including HIV/AIDS prevention services. This could contribute to a higher percentage of adolescents being knowledgeable about HIV prevention and having access to prevention methods. Conversely, the percentage of unemployed parents could suggest economic challenges within the community, potentially affecting adolescents' access to healthcare and prevention resources. These results are in line with those of Pei and Yang's (2016) research among Yi teenagers in rural China who found that lack of education beyond elementary school increased the likelihood of contracting HIV. Similarly,

Mmbaga et al. (2007) discovered a favorable correlation between education level and HIV infection in rural Tanzania, with higher education levels being associated with a lower risk of HIV contraction. These findings highlight the importance of parental education as a factor influencing adolescents' knowledge about HIV prevention.

The literacy status of the adolescents also played a role, with those who were able to read and write showing higher levels of knowledge about HIV prevention. The literacy level of adolescents is crucial for their understanding and utilization of HIV/AIDS prevention information. The significant number of adolescents reporting the ability to read and write is encouraging, as it indicates a higher likelihood of comprehending educational materials and accessing relevant resources. This could contribute to a higher percentage of adolescents being knowledgeable about HIV prevention and utilizing prevention methods effectively. Additionally, household income level appeared to have an influence, as adolescents from higher-income households tended to have better access to HIV/AIDS prevention methods. The household income level also plays a role in adolescents' access to resources for HIV/AIDS prevention. The higher percentage of adolescents falling under the medium income category suggests that a significant portion of the community may have the financial means to afford healthcare services and prevention tools. This may positively impact the percentage of adolescents who are knowledgeable about HIV prevention and have access to prevention methods. These results concur with those of Saffier and Kawa's (2017) whose study found that employment status was linked to HIV risk factors among teenagers and adolescents in different countries. Employed parents were found to have a higher impact on their children's knowledge and access to prevention methods. Literacy status and household income level as factors influencing HIV/AIDS prevention align with existing literature as well. Previous research, such as the study by Lakhanpal and Ram (2008), has shown that higher levels of education have a negative effect on HIV/AIDS rates. Adolescents who were able to read and write in the study conducted in Mikango Community showed higher levels of knowledge about HIV prevention, reinforcing the role of education in promoting awareness and understanding of preventive measures. This in contrast to the findings of Lakhanpal and Ram (2008). Additionally, the association between household income level and access to prevention methods is supported by the literature, which emphasizes the importance of addressing income disparities to ensure equitable access to HIV/AIDS prevention resources.

These findings highlight the importance of addressing social economic factors when designing HIV/AIDS prevention programs for adolescents. Strategies that focus on improving parental education, enhancing employment opportunities, promoting literacy, and addressing income disparities can contribute to more effective prevention efforts.

5.3 Association between social cultural factors and the prevalence of HIV/AIDS in Adolescents in Mikango Community of Chongwe district

The analysis of social cultural factors provided insights into their association with the prevalence of HIV/AIDS among adolescents in Mikango Community. The data revealed correlations between specific factors and the risk of HIV/AIDS transmission.

One significant finding from the data is the potential association between circumcision status and HIV/AIDS prevalence. The higher percentage of uncircumcised adolescents testing positive for HIV suggests that cultural practices, such as circumcision, may have an impact on vulnerability to HIV/AIDS. This finding aligns with previous research, such as Abdulai, Zongkui, and Junmei's (2011) study in Sierra Leone, which identified circumcision status as a risk factor for HIV infection among adolescents. It highlights the importance of considering cultural practices and their potential influence on HIV/AIDS transmission within the community.

The data also revealed associations between sexual partners, condom use, and alcohol consumption with HIV/AIDS prevalence among adolescents. Adolescents who reported having more than one sexual partner or inconsistent condom use showed higher rates of HIV/AIDS. Possible reasons for these associations could be that engaging in multiple sexual partnerships increases the likelihood of exposure to the virus, while inconsistent condom use and alcohol consumption can impair judgment and lead to risky sexual behaviors. Additionally, alcohol consumption was found to be associated with increased HIV/AIDS prevalence. Alcohol use can contribute to risky sexual behaviors, including unprotected sex and impaired decision-making, which increase the likelihood of HIV transmission. These findings emphasize the significant role of sexual behavior and substance use in HIV transmission. Similarly, other studies, including those conducted by Saffier and Kawa (2017) and Mabaso & Sokhela (2018), also reported associations between sexual behavior, including multiple sexual partners and inconsistent condom use, and increased HIV/AIDS prevalence among adolescents. These findings emphasize the significant role of sexual behavior and the importance of promoting safe sexual practices in HIV transmission.

The findings regarding sexual behavior, condom use, and alcohol consumption are consistent with existing research, including Abdulai, Zongkui, and Junmei's (2011) study. This similarity suggests that these factors may have a universal influence on HIV/AIDS transmission among adolescents, irrespective of specific cultural contexts. However, it is important to note that cultural nuances and variations in social norms can contribute to differences in the prevalence of these risk factors across different communities.

These findings underscore the importance of addressing social cultural factors in HIV/AIDS prevention efforts. It is crucial to promote safe sexual practices, consistent condom use, and raise awareness about the risks associated with alcohol consumption in the context of HIV transmission.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.0 Conclusions

Mikango community had an HIV prevalence 15% among its adolescents. The study also revealed that social economic factors significantly influence HIV/AIDS prevention among adolescents, with parental education, employment status, literacy, and household income level showing associations with adolescents' knowledge about HIV prevention and access to prevention methods. In line with the last objective certain social cultural factors were found to be associated with the prevalence of HIV/AIDS among adolescents, including circumcision status, sexual partners, condom use, and alcohol consumption.

6.1 Recommendations

Based on the conclusions drawn from the study, the following recommendations are suggested for improving HIV/AIDS prevention efforts among adolescents in Mikango Community:

1. The Ministry of Health needs to implement comprehensive HIV/AIDS education programs targeting adolescents and their parents. These programs should focus on providing accurate information about HIV transmission, prevention methods, and dispelling myths and misconceptions.
2. Health facilities in Chongwe should engage parents in HIV/AIDS prevention initiatives by providing them with information and resources to support their children's knowledge and access to prevention methods. Promote parental education and literacy to enhance their understanding of HIV/AIDS and their role in prevention.
3. The ministry of health should ensure easy access to HIV/AIDS prevention methods, such as condoms and sexual health services, for adolescents. This can be achieved through the provision of youth-friendly clinics and community outreach programs.
4. There is need to incorporate culturally sensitive approaches in HIV/AIDS prevention programs. Address cultural practices and norms that may influence vulnerability to HIV transmission, while respecting the community's beliefs and values.

5. Foster collaboration among stakeholders, including government agencies, healthcare providers, schools, and community organizations, to create a comprehensive and coordinated approach to HIV/AIDS prevention. Engage multiple sectors in addressing social economic factors that impact prevention.

6.2 Areas for Future Research

To further advance the understanding of HIV/AIDS prevention among adolescents in Mikango Community, the following areas for future research are suggested:

Conduct longitudinal studies to track the long-term impact of social economic and social cultural factors on HIV/AIDS prevention among adolescents. Conduct qualitative research to explore the lived experiences, perceptions, and beliefs of adolescents regarding HIV/AIDS prevention. This can provide a deeper understanding of the cultural and social factors influencing their behavior.

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Appendix 1

Data collection tools

Informed Consent

UNIVERSITY OF LUSAKA

School of Health Sciences

COURSE CODE:

COURSE NAME:

TOPIC: PREVALENCE AND FACTORS AFFECTING THE PREVENTION OF HIV/AIDS AMONG ADOLESCENTS IN MIKANGO COMMUNITY, CHONGWE DISTRICT.

Dear Respondent,

My name is Stacy Mutale. I am currently conducting research on the aforementioned problem as part of my public health studies at the University of Lusaka's school of health sciences.

Since you were chosen at random to take part in this study, please keep in mind that your opinions will be used to represent those of people who were not chosen. You may rest assured that any information you provide here will be processed in strict confidence and put to good use. We really value your help and collaboration. And please note that you are at liberty to withdraw when you feel uncomfortable.

Procedures to be followed

In order to determine the prevalence of HIV/AIDS among teenagers in the Mikango village, Chongwe district, I will need to ask you some questions as part of this study. I'll fill out a questionnaire with your responses. Feel free to decline taking part in this study if you so choose.

As a reminder, your participation in this survey is entirely optional. As the study progresses, feel free to contact us with any questions you may have.

Refusing to answer a question or ending the interview altogether is within your rights. Leaving the study at any point will not affect the current or future services you receive from any other organization.

Benefits

Participation in this survey will help us assess the prevalence and risk factors of HIV/AIDS among teenagers, and the results may be used to improve health services for adolescents in your area and across the country.

Reward

As a participant, you will get no compensation for your time.

Confidentiality

In a private location that best suits the respondents, the interviews and conversations will be held. The questionnaire won't have a record of your name. Everything will remain confidential and the surveys will be kept safe.

Participant’s Statement

I understand all that has been said above about my role in the study. The opportunity to ask questions has been extended to me, and my inquiries have been addressed. It's important to me to stress that my participation in this study is entirely voluntary. I agree that my information will be kept confidential and that I am free to withdraw from the study at any time.

Name of Participant…….

_____ _____

Signature **Date**

Investigator's statement

I, the undersigned, have explained to the volunteer in a language s/he understands the Procedures to be followed in the study and the risks and benefits involved

Name of Interviewer………

Interviewer signature…… **Date_____**

Questionnaire

.

SECTION A (Socio Demographic Information)

Question Number	Question Description	Response category	Code
Q1	What is your sex?	1 Male 2 Female	
Q2	How old are you?	1. 10 -12 years 2 13 – 15 Years 3 16 – 19 Years 4 Above 19 Years	
Q3	What is your marital status?	1 Single 2 Married 3 Divorced	
Q4	If married, how old were you when you got married?	18yrs 17yrs 16yrs _____	
Q5	What is your level of education	1 Never been to school 2 Primary School 3 Secondary School 4 Tertiary	
Q6	What is your Occupation	1 Unemployed 2 Student 3 Employed 4 Business person	
Q7	What is your religious affiliation	1 Christian 2 Islam	

		3 Hinduism 4 Atheist	

SECTION B: To estimate the prevalence of HIV/AIDS among Adolescents in Mikango community of Chongwe district

Q8	Have you self-Reported any STI in the last 6 months	1 Yes 2 No	
Q9	Have you ever discussed sex-related matters with your mother or father?	1 Yes 2 No	
Q10	Self-perceived risk of HIV infection	1 No risk 2 Yes risk	
Q11	What is your HIV status?	1 Positive 2 Negative 3 Not sure	

SECTION C: To identify the social economic factors affecting the prevention of HIV/AIDS in Adolescents in Mikango Community of Chongwe district

			Frequency	**Knowledgeable about HIV prevention and access to**

				HIV/AIDS prevention methods	
				Yes	No
Q12	What is the education level of parents	Never been to school			
		Primary School			
		Secondary School			
		Tertiary			
Q13	Parents employment status	Not employed			
		Employed			
Q14	Can you read and write (Literacy)	Yes			
		No			
Q15	Household income level	High			
		Medium			
		Low			

SECTION D: To determine the association between social cultural factors and the prevalence of HIV/AIDS (HIV- Positive) in Adolescents in Mikango Community of Chongwe district mental

			Frequency	HIV status		
				HIV-Negative	HIV-Positive	Not sure
Q16		**Yes**				

	If you are male, are you circumcised?	**No**				
Q17	Sexual partners in past 6 months	**Non**				
		One partner				
		More than one partner				
Q18	Condom use in past 6 months	**Never**				
		Sometimes				
		Inconsistent				
		Always				
Q19	Alcohol consumption in past 6 months	**None**				
		Occasionally				
		Regularly				

Appendix 2

Work plan and Budget

Budget

Description	**Amount**
Stationery requirements	K 600
Printing, photocopying and binding	K 400
Internet	K 600
Transportation	K 2000
Total	**K 3600**

Work plan

	PROPOSAL SUBMISSION	DATA COLLECTION	DATA ANALYSIS	FINAL PRESENTATIO N	PRINTING	SPIRAL BINDING	REPORT SUBMITION
Oct-2022							
NOV	Currently						
DEC							
JAN-2023							
FEB							
MAR							
APR							

Research Approval forms

SCHOOL OF MEDICINE AND HEALTH SCIENCES LEOPARDS HILL CAMPUS
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SCHOOL OF MEDICINE AND HEALTH SCIENCES RESEARCH ETHICS COMMITTEE

Ref no: IORG0010092-2023/066

Date: 15th DECEMBER, 2022

STACY MUTALE - BSPH19218709

Re: RESEARCH TITLE: FACTORS AFFECTING THE PREVENTION OF HIV/AIDS AMONG ADOLESCENTS IN MIKANGO COMMUNITY, CHONGWE DISTRICT

The above research was submitted to the research ethics committee for review. The study has no major ethical problems and is approved subject to the following:

1. The study cannot be changed without express permission of the UNILUS Research ethics committee
2. Approval from the Lusaka District health Management or equivalent health authorities should be sought.
3. The study tools should be added.
4. An informed consent form should be attached and filled by all study participants (If dealing with primary data)
5. The risks and benefits should be included in the consent form.
6. Ensure before commencement that approval is sought from ZNHRA

Congratulations and the committee wishes you success in your work.

Prof Kasonde Bowa
MSc(Glasgow),M.Med(UNZA),FRCS(Glasgow),FACS,FCS,DPH(LSTMH),MPH(UCL)
Chairman- UNILUS REC
Professor of Urology and Consultant Urologist
Executive Dean
University of Lusaka and University Teaching Hospital School of Medicine and Health Sciences.

MIKANGO CAMP HOSPITAL
20 MAR 2023
REGIMENTAL MEDICAL OFFICER
P. O. BOX 31935, LUSAKA.

NATIONAL HEALTH RESEARCH AUTHORITY

Lot No. 18961/M, off Kasama Road, Chalala, P.O. Box 30075, LUSAKA

Tell: +260211 250309 | Email: znhrasec@nhra.org.zm | www.nhra.org.zm

Ref No: NHRA0001/26/01/2023 **Date:26th January 2023**

The Principal Investigator,
Mutale Chileshe Stacy,
UNILUS,
Lusaka, Zambia.

Dear Ms Mutale,

Re: Request for Authority to Conduct Research

The National Health Research Authority is in receipt of your request for ethical clearance and authority to conduct research titled **"Factors Affecting the Prevention of HIV/AIDS Among Adolescents in Mikango Community, Chongwe District."**

I wish to inform you that following submission of your request to the Authority, our review of the same and in view of the ethical clearance, this study has been **approved** on condition that:

1. The relevant Provincial and District Medical Officers where the study is being conducted are fully appraised;
2. Progress updates are provided to NHRA bi-annually from the date of commencement of the study;
3. The final study report is cleared by the NHRA before any publication or dissemination within or outside the country;
4. After clearance for publication or dissemination by the NHRA, the final study report is shared with all relevant Provincial and District Directors of Health where the study was being conducted, University leadership, and all key respondents.

Yours sincerely,

National Health Research Authority

Ms Sandra Chilengi Sakala,
Acting Director/Chief Executive Office

MIKANGO CAMP HOSPITAL
28 MAR 2023
REGIMENTAL MEDICAL OFFICER
P. O. BOX 31935, LUSAKA.

SCHOOL OF MEDICINE AND HEALTH SCIENCES LEOPARDS HILL CAMPUS

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E-mail:unilus@zamnet.zm,ictar@zamnet.zm

Date: 15th DECEMBER, 2022

.....
.....
.....

PERMISSION FOR **STACY MUTALE - BSPH19218709 TO** CONDUCT A RESEARCH STUDY AT YOUR FACILITY/ INSTITUTION/ORGANIZATION

Reference is made to the above subject matter

The University of Lusaka, School of Medicine and Health Sciences here by requests for permission for **STACY MUTALE** Public Health Student to conduct research at your facility/ institution/ organization, entitled; **FACTORS AFFECTING THE PREVENTION OF HIV/AIDS AMONG ADOLESCENTS IN MIKANGO COMMUNITY, CHONGWE DISTRICT.** The research is in partial fulfillment of the requirements for the degree of Bachelor of Science Public Health. This is purely for academic purposes and information gained in such a way will not be used in the public domain without prior authorization from the institutions/ organizations involved.

The research topic has been cleared by the University of Lusaka, School of Medicine and Health Sciences Research Ethics Committee as per the attached copy. Data collection is expected to be done from **1st January, 2023 to 31st March, 2023**.

The University of Lusaka avails itself of this opportunity to review to your office the assurances of its highest considerations and looks forward to your timely and favorable response.

Prof Kasonde Bowa
MSc(Glasgow),M.Med(UNZA),FRCS(Glasgow),FACS,FCS,DPH(LSTMH),MPH(UCL)
Chairman- UNILUS REC
Professor of Urology and Consultant Urologist
Executive Dean University of Lusaka and University Teaching Hospital School of Medicine and Health Sciences.

MIKANGO CAMP HOSPITAL
28 MAR 2023
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