



Knowledge of preventive measures and management of HIV/AIDS victims among parents in Umuna Orlu community of Imo state Nigeria.

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Abstract

This study was aimed at ascertaining knowledge of preventive measures and management of HIV/AIDS victims among parents in Umuna Community of Orlu Local Government of Imo State. In line with the eight objectives of the study eight research questions and four null hypotheses were formulated. Related literature were reviewed and summarized, Descriptive survey research design was used. The sample for the study consisted of 300 male and female parents from five randomly drawn villages in Orlu Community. The instrument used for data collection was self developed structured interview protocol, Validity and reliability of the instrument were established through the data analysis and from the questionnaires. The instrument was administered on face to face basis to the respondents by the researcher with the help of executive members of Umuna Development Union (male and female wing). Data collected from 282 copies of the structured interview guide were tallied and analyzed using descriptive statistics of frequency percentage and grand mean as well as inferential statistics of Chi-square the findings revealed that all the six null hypotheses tested for the study were rejected, indicating that knowledge of both preventive measures and management of HIV/AIDS victims were based on age, Gender and levels of education. Level of knowledge of preventive measures of HIV infection was moderate while level of knowledge of management of HIV/AIDS victims was low. Based on the findings and conclusion, it was recommended among others, that there should be printing of posters, Flyers and advert messages that contains issues on the preventive measure of HIV AIDS as well as management of HIV AIDS victims by government Non Governmental organizations as well as health educators through intensive Campaign/ Educational programmes to the grassroots.

Keywords: Knowledge, Preventive measures, Management of HIV/AIDS victims. Parents, Umuna Orlu

Introduction

The increasing importance of HIV infection has created a demand for more specific disease code

that would allow public health officials, clinical medicine care to accurately monitor diagnosis

of Acquired immune Deficiency syndrome (AIDS) and other manifestations of human deficiency virus (HIV). Infections are coded on death certificates and medical records. It has become clear that AIDS virus was widespread in many countries before the causative virus was discovered to be in existence. AIDS was first described in the United State of America in 1981 the first few cases were recognized because of the usual clustering of disease such as pneumocystic, carnie, pneumonia and leaposis sarcoma in people less than 60yrs of age especially homosexuals. Weiss (1997) analyzed AIDS as one of the pandemic infection of the late 20th century. A lot of controversies and ambiguities have surrounded different areas of AIDS. AIDS is an abbreviation of the name of the disease condition which has become a challenge to the developing world in particular, it is a complex foundation in immunological science, it is an acquired absence of soldiers of the body the micro phages hypocylex and gammaglobins (osuala, 1993). The mechanism by which AIDS disease affect human being is the depression of the immune system that usually protects the body against invasion by virus, bacteria and fungi.

HIV/AIDS equally affects both the rich and the poor. Orch and Nzeriri (1996) were of view that AIDS is a very difficult disease to talk about because it brings one two extreme sensitive issues sex and deadly. The causative agent of the deadly disease is Human Immune Deficiency Virus (HIV). Osuala (1993) pointed out that there are many types of strains of HIV which appear in small but significant ways and these strains differ from one part of the world to another. There are two types of HIV, type I which is associated with developed countries and HIV type II found in Africa.

The time from infection to clinical disease and death varies. There has never been a well documented case of an infection but rather developed into AIDS, which terminate at death. A person infected with HIV/AIDS can remain without symptom for months or years. The time between infection and the 1st manifestation of HIV virus in blood test is known as the windows period. HIV causes defect in the infected person's immune system. Several factors may contribute to the development of AIDS.

According to Ogbalu(1997) a number of factors are known to be associated with AIDS or its transmission and these include sexual intercourse, use of unsterilized equipment, blade razor, clipper,

ear piercing machine, circumcision, tribal marks, manicure and pedicure etc. Blood and all products use for transfusion pre natal transfusion through the mother to her unborn child. Organ transplant example kidney transplant. Odeniyi (1992), Osuala (2000) and Wayne (1993) pointed out that, the use of infected razor blades, needles and tooth brushes are ways of contacting the disease HIV.

Mobilization and community diagnose by health professionals and other health related organizations to get the public informed about HIV infection. They can also organize the community to participate in fund raising to organize seminars and workshops and invite resource persons to lecture the community members on HIV/AIDS infection and its prevention.

Aim

The main purpose of the study was to ascertain the knowledge of Preventive measures and management of HIV/AIDS Victims among Parent in UMUNA ORLU Community.

Hypotheses

The following, null hypotheses were postulated for their study.

1. There is no significant difference between male and female parents in Umuna Orlu Community on their level of knowledge of preventive measures of HIV/AIDS.
2. There is no significant difference among parents of various ages in Umuna Orlu Community on their level of knowledge of preventivemeasures of HIV/AIDS.
3. There is no significant difference among parents of various levels education in Umuna Orlu Community on their level of knowledge of preventive measures of HIV AIDS between male and female parents in UMUNA ORLU Community in their level of knowledge of management of HIV/AIDS Victims.
4. There is no significant relationship among parents of various ages in the level of knowledge of management of HIV/AIDS victims.
5. There is no significant relationship among parents of various ages in the level of knowledge of management of HIV/AIDS.

Methodology

Research design

In this study the research adopted descriptive survey research design to determine the level of knowledge of preventive measures and **management** of HIV/AIDS possessed by parents in UMUNA community of Orlu local government area of Imo State.

Population of the study

The target population for the study consisted of all the male and female resident parents 20-55 years whose primary residential area is among the chosen villages in Umuna Orlu . The accessible populations for the study consisted of an established three thousand (3000) parents from villages in Umuna Orlu.

Description of the study area

Umuna Orlu is situated on a high Land area, and is bounded North East by Mgbée in Ideato L.G.A and South East by Owerri ebeiri in Umuowa and by East by Eziachi in Orlu L.G.A Imo State. North by Amaifeke in Orlu L.G.A., their source of Natural water is Ogidi Stream at Amaifeke in Orlu L.G.A, the area they occupy lies about 36 kilometers North West of Owerri the state capital on Owerri Orlu road and Owerri Okigwe road. (Umuna Orlu as it is known was one of largest and prominent community in Orlu Local Government area of Imo State. It is made up of 12 villages according to Orlu L.G.A white paper of September 1999, the population of Ummuna was estimated at 54,088 (fifty four)

Amaorji Uzoubi Umuna Orlu	-	22
Umusasa Uzoubi Umuna Orlu	-	10,302
Umuegbe Uzoubi Umuna Orlu	-	6,995
Umudike Umuna Orlu	-	6,
Ebenato Uzoubi Umuna Orlu	-	6,

In the colonial days Umuna holds the Orlu traditional / culture that gave them the privilege to produce the Igwe of Orlu a highly respected traditional stool in Igbo Land.

It may be necessary to point out that Umuna as the name signifies is known as the greatest by its five traditional markets which are. Orié Umuna which is the Orlu Modern market now called international market Orlu, Orié Odura, Afor, Nkwo, Eke, these five markets are custodians of the five tradition staffs of Identity and authority of Umuna.

Also the early missionaries settled in Umuna, thereby established one of the early Churches in 1912 called St Joseph Catholic Church Umuna and a Teacher Training College Umuna which is one of the early Teachers Training College. (TTC)

In early days all these markets served as a place of scarifies where they will gather and serve their gods. In this village or town some of them has what to do and earn living, like Umuozu. They used to be Gold smiths and they are good in molding things as carpenters, by the use of plant, which they collected from trees around them, they build tables, chairs, bed etc. Umuna Orlu has remained essentially to which characteristics, -she has retained unchanged from the colonial period.

In the area of agriculture, at least 68 percent of the population of Umuna Orlu community engage in subsistence farming. Farming in Imo State is guided by seasonal distribution of rainfall and dry season. Some of the main sample food crops that are produced include yam, cocoyam, Cassava, fruits like guava, oranges, paw-paw and grapes are also produced in relatively large quantities. The people of Umuna Orlu produce banana, Plantain pineapple, palm oil, melon, palm wine, pepper depending on locations. These agricultural products are usually sold off at their various market days. Umuna Orlu people also engage in local industries especially Gold smiting and iron smiting by umuozu people. They also engage in long distance trading in palm oil, local pots, salt, and fish. Etc.

Umuna is well known for cultural heritage eg. Yam festival, Okonko and Ekeleke, Umuna cultural festival. The Imo state University Teaching Hospital is located at Umuna and have maternity homes, Non Orthodox sources of health care which include native doctors, traditional birth attendants, healing homes and patent medicine store. Umuna Orlu community could be described as one of the 6, community that has the greatest number of Christian worshippers (Iheagwam, 2000).The people of Umuna predominately are Christians of different denomination namely Catholics, Anglicans, Apostolic and other Pentecostal Churches.

Sample/Sampling techniques.

The sample for the study consisted of 300 male and female resident parents from the five randomly drawn villages in Umuna community. Three staged sampling procedure was used. Stage 1- This involved clustering parents in Umuna community into twelve (12) based on the twelve (12) existing villages in the community.

Balloting with replacement technique was used in drawing five villages out of the existing twelve villages. Stage 2- The parents in the five randomly drawn villages were stratified into two using gender (male and female). In stage three, Non-probability (chance) selection was

used in choosing the first 30 males and 30 females that attended the monthly village meetings for the month of 20012 in each of the five drawn villages. At the end, 150 males and 150 females were chosen for the study.

s/n	Stage 1	Male	Female	Village
1	Amaorji Uzoubi Umuna Orlu	30	30	3
2	Umusasa Uzoubi Umuna Orlu	30	30	3
3	Umuegbe Uzoubi Umuna Orlu	30	30	2
4	Umudike Uzoubi Umuna Orlu	30	30	2
5	Ebenator Uzoubi Umuna Orlu	30	30	2
	Total	150	150	12

Instrument for Data Collection

The study instrument used for data collection was structured interview as some of the respondents were illiterates.

Validation of the Instrument

The structural interview protocol was first approved by the thesis supervisor and validated by three other lecturers in the department of public Health off Imo State University Owerri. The valuator were asked to examine the different section and items of the instrument to justify the relevance of the contents in terms of their clarity, language and the ability of the questions to elicit response for the study. Modifications were made following comments from the validators before final approval by the project supervisor.

Reliability of the instrument

The valid research instrument was subjected to pre-test and post, test reliability tests. Ten copies of the structured interview were administered on face to face basis to ten parents in Ebenator community with the help of executive members of Ebenator progressive union (Men and Women wing). Though Ebenator was not part of the study population; it shared similar characteristics with the study population.

Thirteen days later, the same people were re-visited and given the same but fresh copies of the interview guide to fill. The pre-test result were collected and analyzed using Spearman Rank Order Correlation co- efficient. It yielded a high positive correlation of .81.

Method of data collection

A letter of introduction Appendix E signed by the thesis supervisor was presented to the village heads of each of the village used to allow entry into the village.

The instrument was administered on face to face basis to the respondents by the researcher with the help of Umuna development union assistant secretary, provote (male and female wing) as well as trained research assistant . The trained research assistants worked in pairs with the community based escort appointed by the executive members of the village development union

Three hundred copies of the structured interview were administered but only 292 (97.3%) copies were completed and returned.

Method of data analysis

Data collected were analysed using descriptive statistics of frequency and percentage (%), as well as inferential statistics of Chi-square (X^2).

Percentages were used in answering the research questions; while chi square was used in testing the null hypotheses at .05 levels of significant and appropriate degrees of freedom.

Data Presentation and Analysis

The chapter deals with presentation, analysis of data and discussions on the level of knowledge of preventive measures and management of HIV/AIDS Victims possessed by parents in Umuna Orlu Community. Each item in the questionnaire carries 5% score. For a respondent to score 70% and above, he /she must have ticked yes to 14 items and above there by indicating knowledge of them. Scores of 70% and above were considered high level of knowledge of preventive measure in which case she / he must have ticked yes 10-13 items scores below 50% were considered low level of knowledge of preventive measures in which case, the respondent must have ticked yes to 0-9 items in the structured interview protocol.

For the management of HIV/AIDS those respondents who indicated that they could manage the victims at home base were regarded those who could manage the victims with the help of the professionals and were regarded as those who could manage moderately while those who indicated that they rarely could do anything for the HIV/AIDS Victims were regarded as those who manage to a low extent. Hence

the result of the 15-11 items on the respondents were marked and graded accordingly.

The research questions were answered using descriptive statistics of frequency and percentages (%) while the null hypothesis were tested using inferential statistics of Chi-Square (X^2) at 05 level of significance and appropriate Degree of freedom.

Table 1 :Frequency distribution of respondents' gender.

Gender	frequency	%
Male	146	50%
Female	146	50%
Total	292	100%

Table 1 Reveals Frequency distribution of respondents' gender. It shows that 146 (50%) are males, while 146 (50%) are Females.

Table2: Frequency distribution of respondent's ages.

Ages	Frequency	%
Age range	44	15.1%
15 -24 yrs	117	40.1 %
25 - 34 yrs	90	30.8%
35 - 44 yrs	41	14.0%
45 - and above		
Total	292	100%

Table 4.2 Indicates the age range of the respondents, Forty four 15.1% of the respondents are within the age range of 15 - 24 years 117 (40.12) are within the age

range of 35 - 34 years, 90 (30.8% while 41 (14%) are 45 years and above.

Table 3 :Frequency distribution of respondent's level of education.

S/N	Level of education	frequency	%
A	Primary education	65	22.2%
B	Secondary education	85	29.1
C	Tertiary education	100	34.2%
D	Non-formal education	42	13.6%
	Total	292	100%

Table .3 reveals the level of education of the respondents. One hundred (34.2%) had tertiary education, 85 (29.1%) had secondary education 55 (22.%

had primary education; While 40 (13.6%) had non formed education.

Table 4.4 :The level of knowledge possessed by parents on preventive measures of HIV/AIDS

	Preventive measures of HIV/AIDS	High	Moderate	Low	Total
1	Avoidance of pre-marital sex can prevent you from having HIV/ AIDS infection .	70% & above	50-69%	Below 50	
2	Avoidance of pre — mature sex can prevent you from having HIV/ AIDS.	170(58.2%)	72(24.1%)	50(17.1%)	292(100%)
3	Maintaining one faithful sexual partner can reduce HIV/AIDS.	120(41%)	126(43.1%)	46(15.19)	292(100%)
4	Use of properly screened blood can prevent HIV/AIDS disease.	130(44.5)	53(18.1%)	109(37.3%)	292(100%)
5	The use of sterilized instruments for ear piercing, barding, tribal marks, circumcision can prevent HIV/ AIDS	100(34.2%)	59(20.2%)	133(45.5%)	292(100%)
6	VISITING health personnel from medical before marriage can save you from HIV/AIDS infection .	200(68.4%)	62(4.2%)	30(10.2%)	292(100%)
7	Having sex with condom can prevent HIV/AIDS	100(34.2%)	100(34.2%)	92(31.5%)	292(100%)
8	Abstinence can prevent you from being infected.	70(24.0%)	60(20.5%)	162(55.40)	292(100%)
9	All blood that are HIV positive in the first test (assay) should not be used	55(18.8%)	116(39.7%)	121(41.4%)	292(100%)
12	Casual sex while drunk can make you to be infected with HIV/AIDS	120(41%)	102(34.93)	70(44.0%)	292(100%)
	GRAND TOTAL	1067	750	813	292(100%)
	GRAND AVERAGE	119(40.8)	83(28.4%)	90(30.8%)	292(100%)

Table 4.4 Reveals the level of knowledge possessed by parents on preventive measures of HIV/AIDS one hundred and seventy (58.2%) respondents possess high level knowledge that avoidance of premarital and premature sex can prevent you from having HIV/AIDS infection while 72 (24.1%) 50 (17.1%) possessed moderate and low level.

Knowledge of preventive measure respectively and thirty (44.5%) possess high level of knowledge that the use of properly sexual blood can prevent HIV / AIDS disease. While 53 (18.1%) and 109 (37.3%) possessed moderate and low level of knowledge of preventive measures respectively on this same issue.

One hundred and twenty (41.0%) respondents possess high-level of knowledge that maintaining one faithful sexual partner can prevent HIV/AIDS infection while 126 (43.1%) and 46 (15.1%) possessed moderate and low level knowledge of preventive measures respectively.

One hundred and twenty (41.%) respondents were highly knowledgeable that casual sex while drunk can lead to HIV/AIDS infection. While 102 (34.9%) and 70 (24.0%) possessed moderate and low level of knowledge of preventive measures respectively on this same issue. This generally has revealed, the moderate level of knowledge of preventive measures possessed by parents in Umuna Orlu community.

Table .5: Frequency distribution of respondents on knowledge of management of HIV/AIDS victims.

s/n	Management of HTV/ATOS Victims.	High	Moderate	Low	Total
1	HIV/AIDS Victims should not be ostracized	70% & above	50-69%	Below	
2	Family members should make provision for the welfare and care of zero oositive and AIDS victims	114(38.0%)	59(19.2%)	119(39.2%)	292(100%)
3	Hospital and non - governmental agencies should pay for cost of treatment for HIV/ AIDS victims.	53(18.1%)	80(27.3%)	159(54%)	292(100%)
4	A.Z.T (Zidouudine) antiretroviral vaccine or syrup should be eiven to babies anaiust HIV infection after	140(47.9%)	51(27.42%)	101(34.5%)	292(100%)
5	Co-workers, friends and families should offer osvcholoelcal sunnort to victims of HIV/ AIDS	44(15.0%)	83(28.45%)	165(56.5%)	292(100%)
6	Nutritional advice and assistance should be given to HIV/AIDS victims.	115(39.3%)	56(19.1%)	121(41.4%)	292(100%)
	Total	616	391	745	292(100%)
	Average	103	65	124	292(100%)

Table .5 present respondents on the level of knowledge of management of HIV/AIDS victims possessed by parent in Umuna Orlu Community.

From the table 150 (51.3%) of the respondents possessed high level of knowledge that HIV/AIDS victims should not be ostracised or castigated. While 62 (21.2%) and 80 (27.3) possessed moderate and low level of knowledge on the same issue of HIV / AIDS victims.

One hundred and forty (47.9%) respondent were, highly knowledgeable that AZT (Zidovudine anti - retroviral drugs should be given to babies against HIV infection after delivery. While 51 (17.4%) and 01(34.5%) possessed moderate and low level knowledge respectively on the same issue. Also, 44 (15.0%) of the respondents possess high level of knowledge that co-workers, friends and families should offer psychological support to victims of HIV/AIDS, while 83 (28.4%) and 165 (56.5%) possess moderate and low level knowledge respectively on the same issue.

From this same table, 115 (39.3%) respondents possessed high level knowledge that nutritional advice and

assistance be given to. HIV/AIDS victims while 56(19.1%) and 121 (41.4%) possessed moderate and low levels knowledge respectively.

Hypothesis 1:

There is no significant difference between male and female parents in their level of knowledge of preventive measures of HIV/AIDS. See attached chi - square analysis of knowledge of preventive measures of HIV/AIDS by gander. Table .6

Level of knowledge of preventive measures of HIV/AIDS $X^2 = 26.84$ $df = 1$ critical value 3.8)

$P < 0.05$. Since $X^2_{cal} = 26.84$ is greater than X^2 table value of 3.84 at one degree of freedom and .05 level of significance we project null Hypothesis and conclude that there was significance relationship between male and female parents in Umuna Orlu Community, their level of knowledge of preventive measure of HIV/AIDS infection. Male parents possess high) knowledge than female parents.

Hypothesis 11

There is no significant difference in level of knowledge of Preventive measures of HIV / AIDS possessed by parents in Umuna Orlu community based on their ages.

Table .7

(Ch - square analysis of knowledge 2 preventive measures of HIV/AIDS among the respondents by their ages. Preventive measures of HIV/AIDS based on ages

High	(70% and above
Moderate	(50% - 69%)
Low level	(less than 50%)
$X^2= 28.78$ df =	6 critical value 12.592 $p < 05$.

Table 4.7 reveals that-there was significant relationship among various, ages of parents in Umuna Orlu Community in their knowledge of preventive

measures of HIV /AIDS. Parents aged 15-24 years revealed higher level Knowledge while those aged 25-34 years disclosed lowest level of knowledge.

Table .8 Hypothesis III

There is no significant difference in the level of knowledge of preventive measure of HIV/AIDS possessed by parents in Umuna Orlu Community based on their levels of education.

Level of Primary Education.

High	15(5.1%)
Moderate	20 (4.8%)
Low	30(10.2%)
Total	65(22.2%)

Secondary Education

High	31(10.6%)
Moderate	28(8.5%)
Low	26(6.5%)
Total	85(29.1)

Tertiary Education

High	,60(20.5%)
Moderate	25(8.5%)
Low	15(5.1%)
Total	100(34.2%)

Non - Formal Education

High	13 (4.4%)
Moderate	10 (3.4%)
Low	19 (6.5%)
Total	42 (14.3%)

Figures in parenthesis are percentage % χ^2 32.5: df = 6 critical value 12.592 $p < 0.05$.

Decision: - Since χ^2 calculated of 32.5 is greater than chi - square table Values of 12.592 at 6 degrees of freedom and .05 level of significant we reject null hypothesis and conclude that there is significant relationship among parents of various ages in their level of knowledge of preventive measures of HIV/AIDS .

Tertiary level of education possess highest level of knowledge of preventive measures of HIV / AIDS. While those with primary education possess lowest level of knowledge. Hypothesis IV:

4.9 There is no significant relationship between male and female respondents in the knowledge of management of HIV/ AIDS victims

Levels of knowledge	Male
High	33(11.3%)
Moderate	40(27.3%)
Low	44 (5.4%)
Total:	146 (50%)

Bevels of knowledge	Female
High	70(27.32%)
Moderate	25(17.1%)
Low	48 (5.4%)
Total:	146 (50%)

$\chi^2=40.3, df=2$ critical values 5.991 $p < 0.05$.

Table 4.9: Reveals that there was significant relationship between male and female parents in Umuna Orlu Community in their level or knowledge of management of HIV/AIDS victims $P < 0.05$ female parents possess higher knowledge of management measures than male respondents. Hypothesis V.

There is no significant relationship in the level of knowledge of management of HIV/AIDS victims possessed by parents in Umuna Orlu Community based on their age .

Table 4.10 **Chi- square analysis knowledge of management measures of HIV/AIDS**

I High	Moderate	Low	Total
123 (7.8%)	50(17.1%)	20 (6.2%)	10(3.4%)
14 (4.7%)	17(5.8%)	20 (0.2%)	14 (4.7%)
7(2.3%)	50(17.1%)	50(17.1%)	17(5.82)
44 (15%)	117(40%)	90 (30%)	41(14%) 292 (100%)

Discussions

Knowledge of parents in Umuna Orlu Community towards preventive measures of HIV / AIDS. Cables 4.4: reveals the level of knowledge of preventive measures of Umuna Orlu Community, the result of the finding showed that an appreciable number of parents possess level of knowledge of preventive measures which is about 40.8% on the average slated literature confirmed high level of knowledge of preventive measures of HIV/AIDS).

One hundred and seventy (88.2%) subjects were highly knowledgeable that avoidance of premarital and premature sex can prevent you from having HIV/AIDS infection moderate and low level knowledge of preventive measures respectively.

One hundred and thirty (44.8%) have high level of knowledge that the use of properly screamed blood can prevent HIV / AIDS while 53 (18.1%) and 109(37.3%) possessed moderate and low level of knowledge preventive measures.

One hundred and twenty (41.0%) respondents were highly knowledgeable that maintaining one faithful sexual partner can prevent HIV/AIDS infection while 126 (43.1%) and 46 (15.1%) 'possessed moderate and low level of knowledge of preventive measure respectively.

One hundred and twenty (41.00%) respondents were highly knowledge that casual sex while drunk can lead HIV/AIDS infection while 102 (34.9%) and 70 (24.0%) possessed moderate and low of knowledge of preventive measures respectively on the same issue.

Table 4.5: reveals that the level of knowledge of management of HIV/ AIDS victims possessed by parents in Umuna Orlu community. The result showed that an average of (35.5%) have high level of knowledge of management while 65% (22.3%) and (42.5%) possessed moderate and low.

Generally the result revealed low level of knowledge of management respectively from the table 150 (51.3%) of the respondent possessed high level of knowledge of management that HIV/AIDS victims should not be accepted encouraged and supported while 62 (21.2%) and 80 (27.3%) possessed moderate and low level of management of HIV/AIDS victims.

One hundred and forty (47.9%) respondents were highly knowledgeable that AZI (Zidovudine) anti - retrieval drugs should be given to babies after delivery against HIV/ infection while 81 (17.4%) and 101 (34.5%)

possessed moderate and low level of knowledge of management of HIV / AIDS victims.

Also 44 (15.0%) of the respondent had high level of knowledge of management that co-worker friends and families should offer psychological support to victims of HIV/AIDS while 83 (26.4%) and 165 (56.5%) had moderate and low level of knowledge of management of AIDS victims respectively.

From this same table 115 (39.3%) respondents possessed highly level knowledge of management of HIV/AIDS victims, while 56 (19.%) and 12,(41.4%) possessed moderate and low level knowledge of management respectively on this same issue.

Variables that influences knowledge of preventive measures and management of Table 4.6; Sought to ascertain the level of knowledge of preventive measures of HIV / AIDS possessed by parents in Umuna Orlu community based on gender. The result) of the study showed that there was significant relationship between male and female gender in their knowledge of preventive measures of HIV/AIDS.

Male parents revealed higher level of knowledge of preventive measures of HIV/AIDS than females. Females are biologically more vulnerable to HIV/AIDS Myles (1985) specially during childbirth and when they need financial support from the male counterparts. This calls for effective health education strategies on preventive measures of HIV/AIDS, counseling in health education as it relates to HIV/AIDS.

Table 4.7; also revealed the level of knowledge of preventive measures of HIV/AIDS based on age. In the result there was significant relationship among various ages of parents in their knowledge of preventive measures of HIV/AIDS. The table further revealed that parents aged 15 -24 years possessed the highest level of knowledge of preventive measures while those aged 25 - 34 years posed lowest.

Table 4.8; shows the level of knowledge of preventive measures of HIV/AIDS bases on level of education the result of the study indicates that there was significant relationship among various levels of education in the knowledge of preventive measures.

It revealed that the highest level of knowledge came from parent with level of education while the lowest knowledge came from parents with non-formal education.

This is expected of them as they may have acquired the knowledge in their course of study, while 31 (10.6) of the respondents with secondary level of education possessed moderate knowledge and primary 15 (5.1) and non- formal education 13 (4.4%) had low level of knowledge of preventive measures due to lack of understanding from the education look as regards preventive measures of HIV/AIDS Achalu (1993).

The result in the table 4.9 sought to determine the level of knowledge of management of HIV/AIDS victims, possessed by parents in Umuna Orlu community based on gender. The result of the study showed that there level of knowledge of management of HIV/AIDS victims. It also shows that female parents possess higher level of knowledge than the males levels of knowledge 70(27.3%) while the male 33(17.1%)gender have low level of knowledge of management of HIV/AIDS victims. This is expected of the female gender as mothers who could manage fever, diarrheas, dehydration, cough etc in their various homes and these are the cardinal symptoms of HIV/AIDS.

Table4.10; shows that parents aged 25-34year have the highest level of knowledge of management of HIV/AIDS than others in various age groups, with moderate and low level knowledge of management of HIV/AIDS victims possessed by parents in Umuna Orlu community based on their level of education.

The result of the study shows that there was significant relationship among various levels of education of their knowledge of management of HIV/AIDS victims. However, the finding further revealed that parents who attended the tertiary institution have the highest knowledge.

Conclusion

In conclusion the researcher observed that talking about sex makes many health workers uncomfortable, civil servants and patients uncommunicative the media nervous, and politicians reluctant for fear of offending someone. Remember this is the time to act, this is not the time for procrastination adopt an intelligent decision for self help to prevent HIV/AIDS "your health is in your hands."

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