

Mid - Term Assessment of Knowledge, Attitudes and Practices Regarding HIV/AIDS among Road Construction Workers in Kwale County, Kenya

Athuman Nyae Chiguzo^{1*}, Edward Mwangi Wangenya², Rebecca Waweru³, Malik Nyiro Athuman⁴

¹Kenya Medical Research Institutes P.O. Box 54840 00200 Nairobi, Kenya; Zagato Health Consultants Limited P.O. Box 41142-80100 Mombasa, Kenya. ²Kenya NGOs Alliance Against Malaria (KeNAAM) P.O. Box 788-00100 Nairobi, Kenya; ZAGATO Health Consultants Limited P.O. Box 41142 -80100 Mombasa Kenya. ³Private Consultant - Research and Community Development P.O. Box 6778 - 00300, Nairobi. ⁴ZAGATO Health Consultants Limited P.O. Box 41142 -80100 Mombasa, Kenya. *Corresponding Author's Email: athuman.chiguzo@gmail.com

ABSTRACT

Knowledge, attitudes and practices (KAPs) about HIV/ AIDS form a foundation upon which interventions against the disease can be anchored. Migration for socio-economic purposes as well as availability of readily available and disposable income especially for low cadre workers pre-disposes them to risky sexual behavior, with resultant increased risk of HIV infection. Construction workers are classified as key vulnerable populations to HIV infection because of their mobile nature, lack of adequate information and other socio-economic and cultural factors. The objective of the study was to assess HIV/AIDS Knowledge, Attitudes and Practices (KAP) among construction workers, at mid - term period of a HIV program being implemented in Kwale County, along the Kenyan Coast. The study used a cross-sectional descriptive survey design, which used a quantitative method. The participants were forty (40) construction workers, who were randomly chosen from five (5) consortium companies, located in Kwale County of the Kenyan Coast. Forty (40) self-administered individual interviews were conducted. The study tool was an in-depth questionnaire. Quantitative data was processed using a web-based online platform (JIBUSASA) into statistical tables, which were processed further into charts and text. The mid-term KAP findings indicate an increase in knowledge levels, and positive change of attitudes and practices regarding HIV/AIDS amongst the construction workers. It can be concluded from the study that prevention, awareness and supportive interventions can yield positive changes towards mitigating the negative effects of the disease, along its elimination continuum.

Key words: Attitudes and Practices, HIV/AIDS, Knowledge, Workers.

INTRODUCTION

Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome (HIV/AIDS) has rapidly spread to many countries over the years, since 1981, and it has since become a global health challenge (1).

The dynamics through which the disease spreads makes developing countries be the most affected by the pandemic. Sub-Saharan Africa (SSA) is one

of the worst affected regions in the world, with about two-thirds of the afflicted people worldwide living in the region (2).

The current HIV prevalence in Kenya stands at 4.7 % and it is in this light that projects to raise awareness on HIV and AIDS have been prioritized by the Kenyan Government. To this end, eight strategic directions and attendant priority

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intervention areas have been laid out in the Kenya AIDS Strategic Framework (KASF) 2014/15-2018/19. The reduction of new infections through education is one key strategic intervention. Community and workplace interventions through advocacy, outreach testing and referrals have been identified as key in addressing the pandemic. Priority populations as identified by the KASF 2014/15-2018/19 include migrant workers who are location - specific and require targeted interventions. Behavior change interventions targeted for these populations are geared towards using specific interpersonal tools and techniques, regular outreach and contact with key populations through peer-based education, testing, treatment and support services, and offering risk reduction interventions, as well as scaling up access to care.

Study Objectives

The study sought to determine the knowledge, attitudes and practices (KAP) regarding HIV/AIDS among construction workers, at mid - term period of a HIV prevention, testing and counselling program being currently implemented.

Study Setting

The mid-term KAP study was undertaken among construction workers at Mwache Junction-Tsunza-Mteza Section road construction, along the construction corridor in Kinango and Matuga sub counties of Kwale County, adjacent to sections of Kilifi and Mombasa Counties, along the Kenyan Coast.

MATERIALS AND METHODS

This section outlines methods and approaches, design, sampling and the study participants, data collection tools, and data analysis used in the construction workers mid-term KAP study.

Study Methods and Approaches

The study used a cross-sectional descriptive survey design, which employed a quantitative method to assess the status at mid-term.

Sampling, Size and Participants

The study participants were construction workers (drawn from the five (5) construction consortium contractors) who are targeted by the current HIV

program. The study participants were randomly chosen among the workers from the various cadres of employees. A total of forty (40) in-depth individual self-administered questionnaires were successfully filled and returned for data processing and analysis.

Tools

The study tool was an in-depth questionnaire (self-administered), containing questions on knowledge, attitudes and practices.

Data Collection and Analysis

Quantitative data was processed using a web-based digital technology platform (JIBUSASA). The data was entered, cleaned and outputs produced into statistical tables, which were processed further into charts and text, and presented in the results section below.

RESULTS

This section contains the construction workers mid-term knowledge, attitudes and practices findings.

Socio- Demographic Characteristics of the Construction Workers

This section presents the findings on the socio-demographic characteristics of the interviewed construction workers including gender, age distribution, marital status, education levels, and position at work and duration they have worked at the company.

Gender of Respondents

The gender of the construction workers who participated in the study was 37.5 % females and 62.5 % males.

Age Distribution

The age distribution of the construction workers' respondents was 15 - 20 years at 2.5%, 20 - 25 years at 5.0%, 25 - 30 years at 35.0%, 30 - 35 years at 32.5%, 35 - 40 years at 15.0%, 40 - 45 years at 2.5%, 45 - 50 years at 5.0% and 50 - 55 years at 2.5% respectively.

Marital Status

The marriage statuses of the construction workers study participants was single at 40.0%, married at

42.5%, cohabiting at 7.5%, divorced at 5.0 % and 5.0 % gave no responses.

Education Levels

The education levels of the construction workers' respondents were secondary at 17.5 %, college / university at 67.5 %, primary at 10.0 % and vocational school at 5.0 %.

Position at Work

Asked what their position in the company was, 30.0 % of the interviewed construction workers mentioned worker, 22.5 % said engineer, 25.0 % answered other, 12.5% mentioned Manager/Specialist and 10.0 gave No Response respectively.

Duration Worked in the Company

Asked for how long they have worked in the company, the interviewed construction workers mentioned Less than a year at 15.0 %, 6-10 years at 2.5 %, 1-2 years at 52.5 % and 2-5 years at 30%.

CONSTRUCTION WORKERS

KNOWLEDGE ABOUT HIV/AIDS

If Ever Heard of HIV/AIDS

On whether they had ever heard about HIV/AIDS, 97.5% of the interviewed construction workers responded Yes while 2.5% said No.

Sources They Heard About HIV/AIDS From

On being asked from what sources they had heard about HIV/AIDS, 28.0% of the interviewed construction workers mentioned Mass media, 18.0% Family doctors centre, 23.0% at the workplace, 15.0 % Friends/neighbors and 16.0 % Family members respectively.

HIV Transmission by Practicing Unprotected Sex

Asked if a person can become HIV infected by practicing unprotected sex, the interviewed construction workers mentioned Yes at 98.0%, No at 2.0%.

HIV Transmission by Using Common Dishes

On whether HIV can be transmitted by using common dishes, the interviewed construction

workers answered No at 90.0%, Don't know at 2.0% and Yes at 8.0%.

HIV Transmission from Mother to Child (During Pregnancy or Birth)

Asked if HIV can be transmitted from mother to child (during pregnancy or birth), 78.0% of the interviewed construction workers mentioned Yes, 18.0% answered No and 4.0% said Don't know respectively.

HIV Transmission by Shaking Hands

Regarding whether HIV can be transmitted by shaking hands, interviewed construction workers mentioned No at 98.0 % and Yes at 2.0 %.

HIV Transmission through Blood Transfusion or Infected Blood Products

On whether HIV can be transmitted through blood transfusion or infected blood products, 98.0 % of the interviewed construction workers mentioned Yes and 2.0% said No.

HIV Transmitted Through a Kiss

Regarding if HIV can be transmitted by a kiss, interviewed construction workers responded No at 60.0 %, Yes at 35.0% and Don't know at 5.0 %.

HIV Transmission by Use of Non-Sterile Needles or Other Non-Sterile Medical Equipment

Asked whether HIV can be transmitted by using non-sterile needles or other non-sterile medical equipment, interviewed construction workers mentioned Yes at 90.0%, No response at 5.0 %, Don't know at 3.0 % and No at 2.0% respectively.

HIV transmission through Breast Milk

Asked if HIV can be transmitted through breast milk, 80.0 % of interviewed construction workers mentioned Yes, 10.0% answered No, 8.0 % gave No response and Don't Know responses were 2.0 %.

HIV Transmission by Coughing

Regarding if HIV can be transmitted by coughing, interviewed construction workers responded No at 90.0%, Yes at 3.0%, Don't know 2.0% and No Response at 5.0 %.

HIV Transmission by Sharing Needles

On whether HIV can be transmitted by sharing needles, 95.0 % of the interviewed construction workers mentioned Yes, 3.0 % responded No while 2.0 % said Don't know respectively.

HIV Transmission through Sweat

If HIV can be transmitted through sweat, the interviewed construction workers mentioned No at 85.0 %, 13.0 % answered Yes and 2.0 % gave No response.

HIV Transmission by Sharing One Toilet

On if HIV can be transmitted by sharing one toilet, interviewed construction workers said No at 90.0%, Yes at 8.0% and No response at 2.0%.

Healthy Looking Person Infection with HIV

Asked if they think a person that looks absolutely healthy could be infected with HIV, interviewed construction workers said Yes 85.0%, No at 13.0% and Don't know at 2.0% respectively.

Reduction of HIV Infection Risk by Having One Faithful Sexual Partner Who is Not Infected with HIV

Regarding if a person can reduce the risk of becoming infected with HIV by having one faithful sexual partner who is not infected with HIV, 93.0% of the interviewed construction workers said Yes while 7.0% responded No.

Reduction of the HIV infection Risk by Always Using Sterilized Injecting Equipment

Asked if a person can reduce the risk of becoming infected with HIV by always using sterilized injecting equipment, 80.0 % of the interviewed construction workers responded Yes, 12.5 % said No, 5.0 % said Don't know and 2.5 % said No response.

Reduction of HIV infection By Using Condoms during Sexual Intercourse

Asked if a person can reduce the chance of becoming infected by using condoms during sexual

intercourse, 95.0 of the interviewed construction workers answered Yes while 5.0 % responded No.

Ways to Receive HIV/AIDS Information

Asked, in their opinion, how they would like to receive HIV/AIDS information, interviewed construction workers mentioned SMS at 13.0 %, Bill Board at 11.0 %, Health worker at 40.0%, Colleague at 8.0 %, Partner/spouse at 3.0 % and Work place Health talk at 25.0 % respectively.

Extent of Access to Condoms

Regarding to what extent they have access to condoms (they can buy them whenever they need), interviewed construction workers responded To a larger extent at 42.0 %,To large extent at 30.0%,To lesser extent at 15.0 %, Low access / not at all at 5.0%, Don't know at 3.0 % and No response at 5.0 % respectively.

HIV Positive Pregnant Woman Prevention of infection To Unborn child by taking ARVs during Pregnancy

Asked if an HIV positive pregnant woman can prevent her unborn child from becoming infected by taking ARV treatment during pregnancy, interviewed construction workers mentioned Yes at 78.0%, No at 12.0%, Don't know at 8.0% and No response at 2.0% respectively, as shown in the chart below.

CONSTRUCTION WORKERS ATTITUDES TOWARDS HIV/AIDS

Discomfort in Discussing Condom Use with the Sexual Partner

On being asked if it is uncomfortable to discuss about condom use with their sexual partner, the interviewed constructions workers indicated disagree at 72.5 %, agree at 20.0 %, No response at 5.0 % and Don't know at 2.5 %.

Condom Use Is Necessary For Sexual Relation With An Occasional Partner

On the question if it is absolutely necessary to use condom if one has a sexual relation with an occasional partner, 85.0% of the interviewed construction workers answered Agree, 12.5%

answered Disagree while 2.5% responded Don't know respectively.

Intimidation by Purchase of a Condom

Regarding if purchase of condom would intimidate them, interviewed construction workers responded Disagree at 75%, Agree at 7.5%, No Response and 2.5% Don't Know respectively, as displayed in the chart below.

Condom Use Acceptability for Most Age mates

On being asked if condom use is acceptable for most people of their age, the interviewed construction workers responded Agree at 65.0%, Disagree at 27.5% and Don't know at 7.5%.

Opinion on Shame of HIV as a Disease

On HIV being a shameful disease, the interviewed construction workers responded it is not a shame at

70.0 %, it is a shame at 22.5%, Don't know at 5.0 % and No response at 2.5 % respectively.

Keeping Secrecy about Family Member Infected with HIV

On being asked on confidentiality about family members with HIV, interviewed construction workers responded Yes at 70.0 %, No at 20.0 %, 8.0 % mentioned Don't Know and 2,0 % gave No Response.

Taking Care of a Family Member with AIDS

Asked if they would take care of their family if they had HIV, all the respondents (100 %) responded yes.

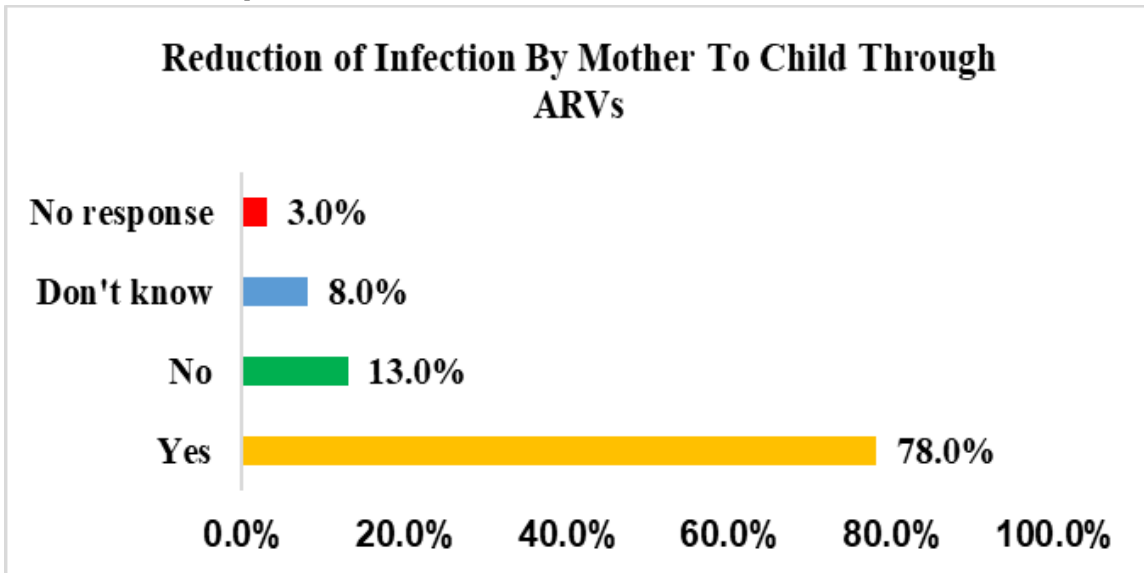


Figure 1: Mother Reduction of Infection to Child through ARVs

HIV Infection Status Disclosure

On the question of HIV status disclosure, 34.0 % of the interviewed construction workers mentioned spouse, 20.0 % mentioned parents, 18.0 % mentioned doctor, 13.0 % mentioned I would not tell anybody, 7.0% mentioned friends, 3.0 % mentioned co-workers, 3.0 % mentioned Don't Know and 2.0 % gave no response.

Working with an HIV Positive Colleague in the Same Office

On being asked if they would work with a HIV positive colleague in the same office, 97.5% responded yes while 2.5 % responded they Don't Know.

Using a Common Toilet with an HIV Positive Colleague

On whether they can use a common toilet with an HIV positive colleague, 95.0 % of the interviewed construction workers indicated yes, 2.5 % responded no while 2.5% responded Don't know.

Having Lunch at the Same Canteen with HIV Positive Colleague

On being asked if they would have lunch at the same canteen their HIV positive colleague goes, 97.5% of the interviewed construction workers responded Yes, while 2.5% responded Don't know.

Sharing a Room with Someone Who Is HIV Positive

On being asked if they would share a room with someone who is HIV positive, 97.5% of the interviewed construction workers responded Yes while 2.5% answered Don't know.

Shaking Hands with Someone Who Is HIV Positive

Regarding whether they would shake hands with someone who is HIV positive, all the interviewed workers responded yes (100 %).

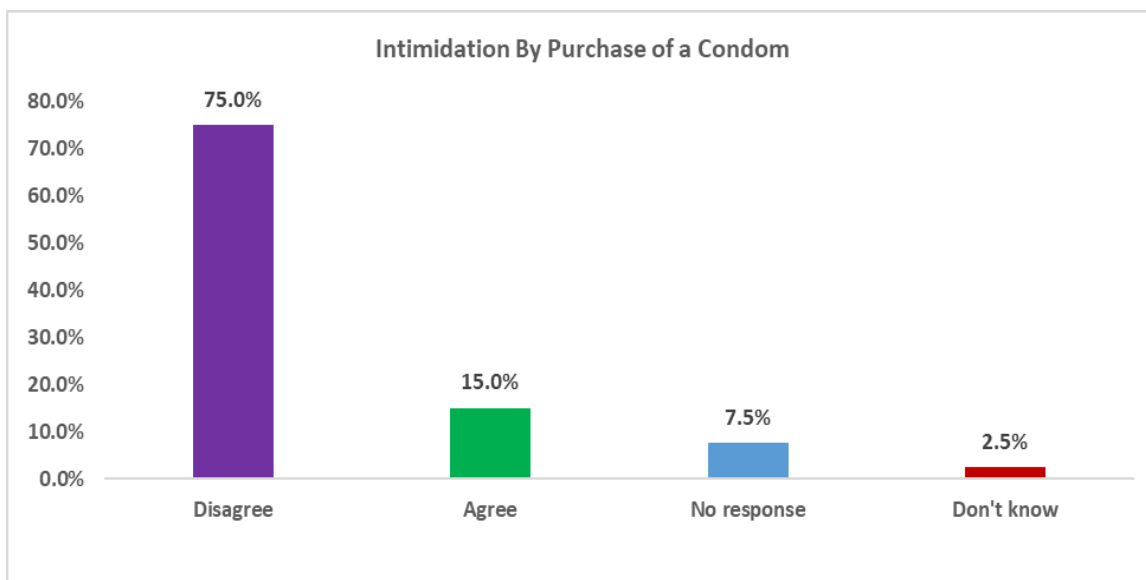


Figure 2: Purchase of Condom Would Intimidate Workers

Buying Food from an HIV Positive Retailer

Asked if they would buy food from an HIV positives retailer, 85.0 % of the interviewed construction workers responded Yes, 10.0 % gave no response, 2.5% answered Don't know while 2.5% answered No, as shown in the chart below.

An HIV Positive Teacher Working in School

On whether an HIV positive teacher should work in a school, the interviewed workers responded Yes at 97.5%, and Don't know and No at 2.5% respectively.

CONSTRUCTION WORKERS HIV/AIDS PRACTICES

HIV Testing During the Last 12 Months

Asked if they had taken a HIV test within the last 12 months, 87.5 % of the interviewed construction workers responded Yes while 12.5 % responded No respectively.

If Yes, On Whose Wish It Was Taken

On whose wish or advice the workers took the HIV test, 85.0 % of the interviewed construction workers indicated on own wish, on doctor's request

at 10.0% and on someone’s advice and on employers request at 5.0 %.

Pre HIV Test Consent Agreement

On whether they signed an agreement confirming consent to take the HIV test, 54.0 % of the interviewed construction workers said No, 37.0 % mentioned Yes while 9,0 % gave No Response .

Benefit from Pre-test Counseling

Whether they benefitted from pre-test counseling, 88.6% of the interviewed construction workers responded Yes, 5.7 % responded No while 5.7 % gave no response respectively.

Knowledge of HIV Test Result

Regarding if they got aware of their HIV test result, 89.0% of the interviewed construction workers mentioned Yes while 11.0% mentioned No.

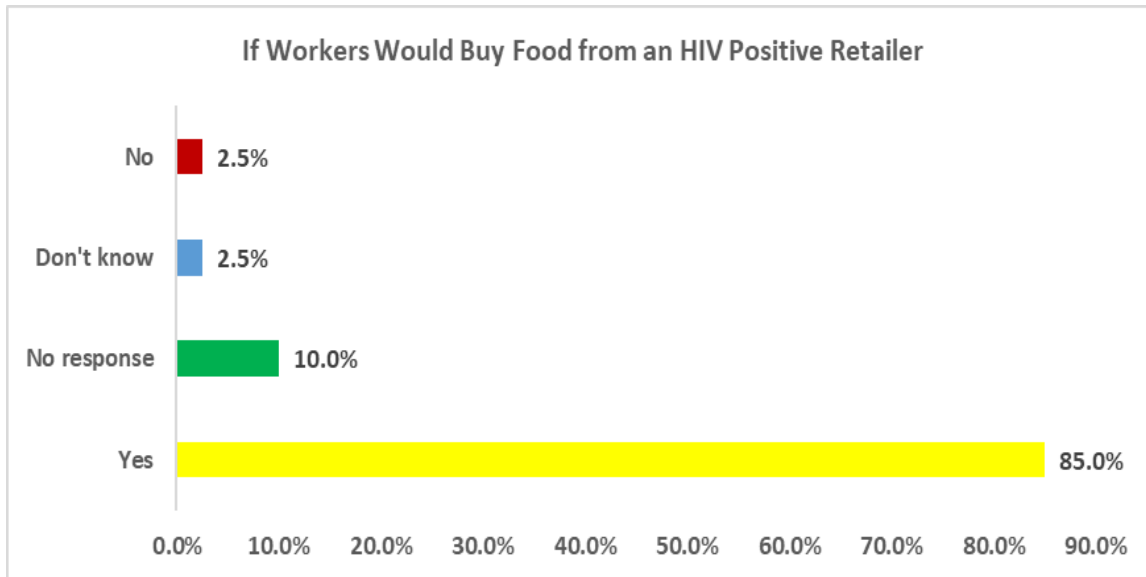


Figure 3 : If workers would buy food from an HIV positive retailer

Information of Test Results in Person

Asked if they were informed on test results in person, 89.0% of the interviewed construction workers mentioned Yes, 9.0% answered No while 2.0% mentioned No response respectively.

Benefit from Post-Test Counseling

Regarding if after taking the HIV test they benefitted from post-test counseling, 89.0% of the interviewed construction workers answered Yes, 9.0% responded No and While 2.0% answered No response.

Taking the HIV test /Repeat the HIV test

On if they would take the HIV test / repeat the HIV test, the interviewed construction workers mentioned Yes at 94.0%, No response and No at 3.0% respectively.

Taking HIV Test / Repeat HIV Test

Asked what reasons they would have for not taking / repeating HIV test, the interviewed construction workers mentioned I am Afraid of the results at 34.0 %, I did Not Have risk situation at 33.0 % and No response at 33.0 % respectively.

Marrying From a Family Having a HIV Infected Person

Asked if they would marry a person from a family having a HIV infected person, the interviewed construction workers responded Yes at 80.0%, No at 18.0% and No response at 2.0%.

Isolation of HIV Infected Person at Work Place / Community

Asked if an HIV infected person is identified within their work place / community, if they would propose that he / she should be separated and

treated isolated, the interviewed construction workers responded No at 90.0%, Don't know at 5.0%, Yes at 3.0% and No response at 2.0% respectively.

Allowing Children to Play and Study with Children with HIV/ AIDS

Whether they allow their children to play with children who may have HIV/AIDS, the interviewed construction workers mentioned Yes at 87.0 %, No Response at 5.0. %, No at 5.0 % and Don't Know at 3%.

Possibility of Taking the HIV Test in Their Town / City

On being asked if it is possible to take the HIV test in their village / town / city, all the interviewed construction workers (100%), mentioned Yes.

If Yes, Place To take the HIV Test

On where they can take the HIV test, the interviewed construction workers mentioned VCT Center at 49.0 %, hospital at 28.0 %, private medical center at 16.0 %, Family Doctors at 5.0 % and Other at 2.0 % respectively.

If Not Possible, How Far the Alternative is

On being asked if it is not possible to take the test in their town / city how far they need to go to benefit from this service, 50.0 % of the interviewed construction workers had No Response, 25.0% mentioned 6-10 km while 25.0 % mentioned they go more than 20 km respectively.

HIV/AIDS Education or Training at Workplace in Past 6 Months

On if the construction workers have received any HIV/AIDS education, such as a training course on HIV/AIDS at their workplace in the past 6 months, 57.5 % of the interviewed workers responded Yes, 37.5% answered No and 5.0 % said No Response respectively.

Information on Availability of HIV VCT Services in the Community

Asked if it is possible for them to get informed at the workplace about available services in the community providing HIV voluntary counseling and testing, 88.0 % of the interviewed workers mentioned It is possible, 5.0 % said Not really possible, 3.0 % mentioned Not possible and 4.0% gave No response.

Information on Availability of Support and AIDs Treatment in the Community

Asked if it is possible for them to get informed at their workplace on HIV care and support services, including AIDS treatment in their community, construction workers mentioned It is possible at 87.0%, Not really possible at 5.0%, Not possible at 3.0% and No response at 5.0%.

Company Financing of HIV Prevention and Control Activities

On if they think the company administration is involved in financing HIV prevention and control activities, 60.0 % of the interviewed construction workers mentioned Yes, 13.0 % answered No, 22.0 % said Don't know and 5.0 % gave No response respectively.

Company Infringement of the Rights of HIV Positive

Asked if the company does not infringe on the rights of HIV positive people during employment process, and recognizes that HIV positive employees can continue working as long as their health allows them, the interviewed construction workers mentioned totally disagree at 23.0%, partially agree at 17.0%, totally agree at 50.0% and don't know at 10.0% respectively.

Company Attitude towards HIV Positive Workers

On being asked if the company has the same attitude towards HIV positive people as towards other people, as long as they fulfill their duties, interviewed construction workers mentioned Totally disagree at 15.0%, Partially agree at 15.0%, Totally agree at 60.0%, Don't know at 8.0% and No response at 2.0%.

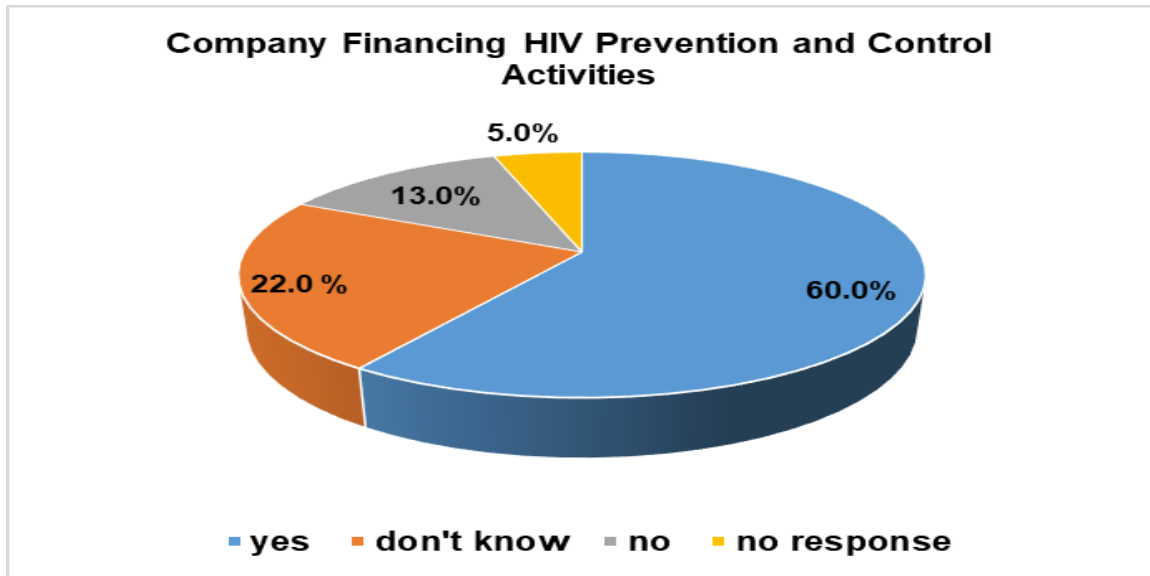


Figure 4: Company Financing HIV Prevention and Control Activities

Company Offering Appropriate Health Conditions for HIV Positive Workers

Regarding if company offers working conditions appropriate to the health condition to HIV positive people, interviewed construction workers mentioned Totally disagree at 15.0 %, partially agree at 10.0 %, totally agree at 54.0 %, don't know at 13.0 % and No response at 8.0% respectively.

Company Non-Discrimination of HIV Positive Workers

On whether the company provides the necessary conditions to ensure nondiscrimination of HIV positive people at the workplace, interviewed construction workers mentioned totally disagree at 15.0 %, partially agree at 25.0 %, totally agree at 48.0 %, don't know at 10.0 % and partially Disagree at 2.0 %.

Company Confidentiality of the Medical Records for HIV Positive Workers

Asked if the company ensures confidentiality of the medical records of its employees including HIV positive people, interviewed construction workers

mentioned Totally disagree at 15.0 %, Partially agree at 15.0%, Totally agree at 65.0% and Don't know at 5.0 % respectively.

Company Workers Information about HIV/ AIDS issue

If the company pays a special attention to informing its employees about HIV/AIDS issue, interviewed construction workers answered Totally disagree at 23.0 %, Partially agree at 17.0%, Totally agree at 50.0 %, Don't know at 5.0 %, and No response at 5.0 %.

Having Ever had Sexual Intercourse

Asked if they have ever had sex, 95.0 % of the interviewed construction workers mentioned Yes while 5.0 % mentioned No.

Number of Sexual Partners in the Past 12 Months

Regarding how many sexual partners they have had within the past 12 months, the interviewed construction workers responded One at 60.5%, More than one at 28.9 % and No response at 10.5 %, as shown in the figure below.

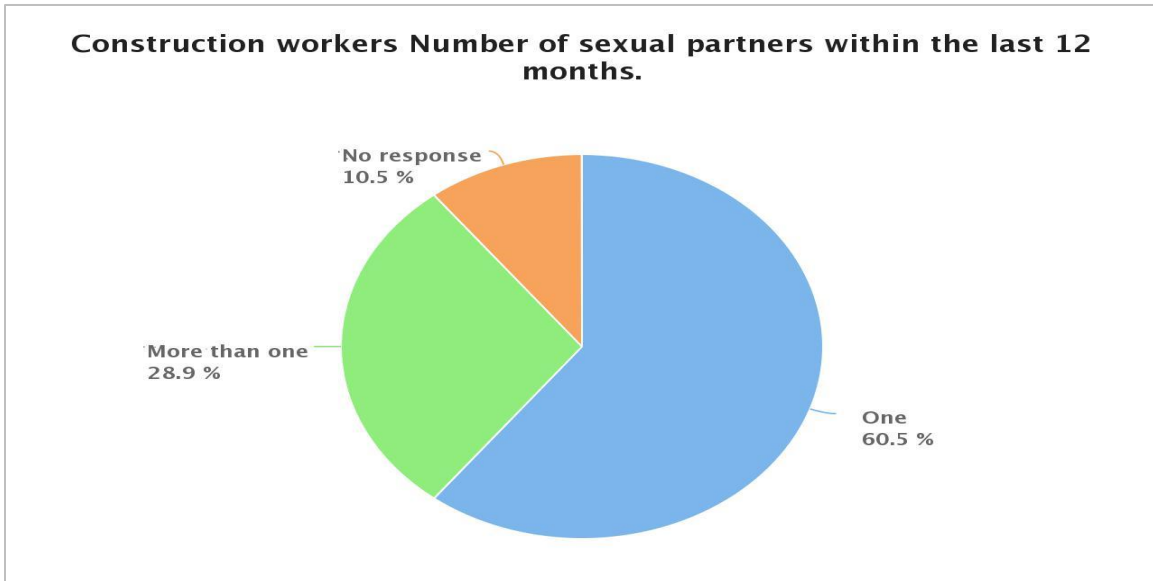


Figure 5: No of Sexual Partners within the Last 12 Months

Frequency of Condom Use in the Past 12 Months

Regarding how often they used condoms in the last 12 months, the interviewed construction workers mentioned never at 37.0 %, every sexual intercourse at 32.0 %, sometimes at 29.0 % and I haven't had a sexual intercourse in the last 12

months at 2.0 % respectively.

Use of Condom During last Sexual Intercourse

Regarding if they used a condom in their last sexual intercourse, 44.7 % answered Yes, 52.6 % mentioned No while 2.6 % refused to answer, as displayed in the chart below.

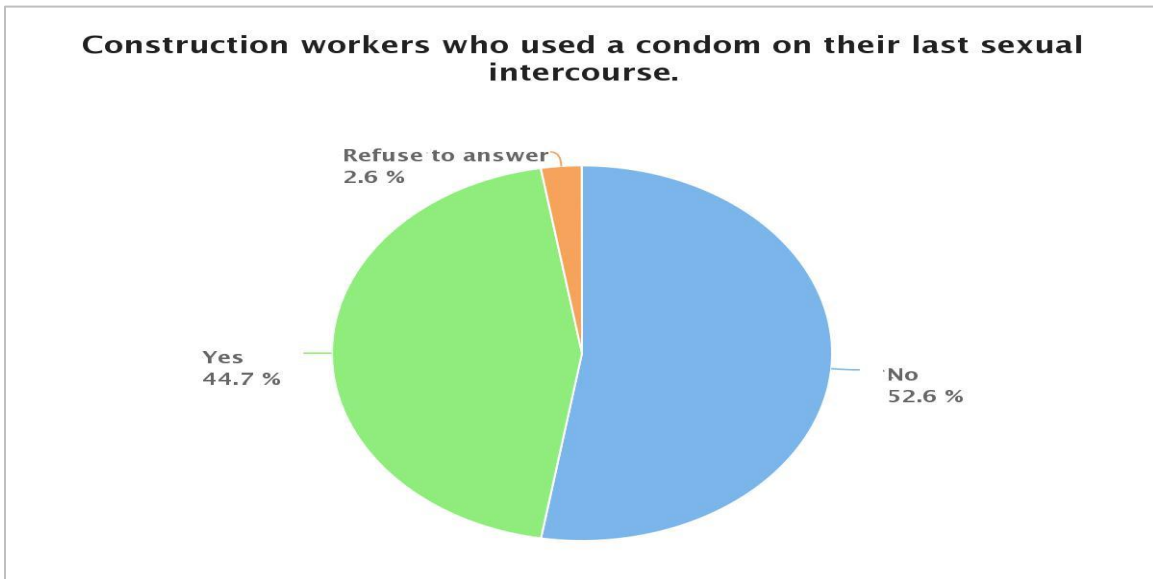


Figure 6 : Construction Workers Use of Condom in their Last Sexual Intercourse

If Not, Reasons For Not Using a Condom

On reasons why they did not use condom, 45.0 % of the interviewed construction workers said they trust partner, 27.0 % mentioned Didn't have a condom with me, 14.0 % said I didn't want to use a condom, don't like it, 4.0 % answered Partner refused to use it, 3.0 % said I use other contraceptives and I don't think it is necessary at 7.0 %.

Comfortable Place to Pick / Buy Condom

Asked where they would find comfortable to pick / buy a condom, interviewed construction workers mentioned Shop at 12.0 %, Pharmacy at 36.0%, Work place at 29.0 %, Eateries at 5.0 %, Bar / lodging at 16.0 %, Other at 1.0 % and No response at 1.0 % respectively.

DISCUSSION

Correct knowledge and its application is instrumental in behavior change based interventions. Knowledge about HIV/AIDS contributes to prevention, testing and post-test care, management and support. According to (1), right knowledge, attitudes and practices (KAPs) about HIV/ AIDS is one of the corner stones in the fight against, and the management of the disease. The mid-term KAP established that a high percentage of construction workers (at 97.5 %) have ever heard about HIV/AIDS, through Health workers at 41.0%, Work place Health talk at 25.0 %, SMS at 13.0 % and Bill Board at 11.0 % respectively. These findings correspond with those of (3) who, in a KAP study among factory workers in Myanmar, established that more than 80% of the respondents got HIV/ AIDS related information from media and colleagues. This indicates that workplace health interventions, social and mass media are instrumental in HIV/AIDS knowledge acquisition, transfer, communication and application.

On knowledge about how HIV can be transmitted, the interviewed construction workers correctly mentioned by practicing unprotected sex at 98.0 %, from mother to child (during pregnancy or birth) at 78.0%, through blood transfusion or

infected blood products at 98.0 %, by using non-sterile needles or other non-sterile medical equipment at 90.0% and sharing needles at 95.0 % respectively. Further, the workers correctly mentioned ways of prevention, including use of condoms. These findings are in agreement with those of (1) where, in a KAP study in Cameroon, they established that the majority of their study participants demonstrated an adequate understanding of HIV transmission and prevention.

HIV/ AIDS disease is shrouded in a myriad of attitudes and perceptions about many of its facets. Prevention tools such as condom use are such a preventative measure that experiences many attitudes. Similarly, shame, lack of confidentiality and misconceptions about HIV are rampant in relation to how people living with HIV and the disease itself are treated. Further, stigma based on misconceptions, myths and misinformation hamper efforts to reduce HIV among populations, including construction workers. The study established presence of positive work attitudes about HIV, which are crucial in taking care of the needs of workers infected with HIV. These findings are a deviation from what (4), in a study on knowledge, attitudes and practices about HIV and implications in risk and stigma prevention in Brazil, established high levels of HIV stigma (74.9%), with respondents having one or more negative beliefs towards persons living with HIV.

Human behavior and constituent practices are important determinants of transmission of HIV infection (5). Practices in relation to prevention, testing and health seeking behavior are key to the HIV disease. There are practices that are harmful while others are positive thus contributing to its reduction or accelerating its transmission respectively. According to (6), globally, HIV testing remains the biggest challenge to meeting the 95-95-95 targets. However, the study findings established crucial behavior that are conducive for prevention, testing, treatment and care of HIV among the interviewed construction workers,

indicative of the workers proactivity and acceptance towards the disease.

CONCLUSION

Knowledge, attitudes and practices (KAPs) about HIV/ AIDS form fundamentals and foundations upon which interventions against the disease are anchored. The KAP study has demonstrated that workers correct knowledge, attitudes and practices are crucial hallmarks of positive outcomes of HIV's multi-dimensional interventions. The study findings are indicative of a positive step in the right path in prevention, testing, counselling, treatment, care and support endeavors for construction and other types of workers, who are considered key vulnerable populations to HIV/AIDS.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interests regarding the study or this article.

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