

## Mid - Term Assessment of Knowledge, Attitudes and Practices Regarding HIV/AIDS among Communities Adjacent to Road Construction Corridor in Kwale County, Kenya

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### ABSTRACT

The Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) has become one of the leading causes of death around the globe, mainly ravaging Sub-Saharan Africa (SSA). The study sought to determine the Knowledge, Attitudes and Practices (KAP) regarding HIV/AIDS among communities adjacent to the road the construction corridor, at mid - term period of a HIV prevention program implementation in Kwale County, along the Kenyan Coast. The study used a cross-sectional descriptive survey design, which employed mixed methods (qualitative and quantitative). The participants were members of the communities adjacent to road construction area / corridor who were randomly chosen. Forty (40) self-administered in-depth individual interviews and six (6) focus group discussions (FGDs) were conducted. The study tools were an in-depth questionnaire (individual household interviews) and Focus Group Discussions (FGDs) guides respectively. Quantitative data was processed using a web-based online platform (*JIBUSASA*). Statistical tables were produced and further processed into charts and text while the qualitative audio recordings and field notes were transcribed and used as verbatim quotes.

The KAP mid-term findings for communities adjacent to the road construction show and demonstrate a tremendous improvement in knowledge, attitudes and practices amongst the communities. It can be concluded from the study that exposure to the right behavior based interventions contributes to a positive trend in the HIV/AIDS outcomes, including knowledge, practices and attitudes.

**Key words:** Adjacent, Attitudes, Communities, HIV/AIDS, Knowledge, Practices.

### INTRODUCTION

The Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome (HIV/AIDS) has become one of the leading causes of death around the globe. In Africa, it is estimated that HIV/AIDS is responsible for one in every five deaths in Sub-Saharan Africa (SSA) (1). In the general population, majority (71%) of the people living with HIV (PLHIV) as well as those with new HIV infections (70%) and AIDS-related deaths (74%) worldwide are recorded in SSA (2). According to UNICEF and UNAIDS (3, 4) data's majority (about 80%) of the

1.8 million adolescents living with HIV/AIDS live in SSA (4, 5).

In Kenya, according to KENPHIA (2018) published in 2020 (6), there were 1.3 million (95% CI: 1.2-1.4 million) adults aged 15-64 years 4.9% (95% CI: 4.5%-5.3%) and 139,000 children aged 0-14 years living with HIV (0.7% (95% CI: 0.4% -1.0%). HIV prevalence was twice as high among women at 6.6% (95% CI: 6.0%-7.1%), compared to men at 3.1% (95% CI: 2.7% - 3.5%).

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The HIV prevalence was 4.7% (95% CI: 4.1% - 5.3%) in urban and 5.0% (95% CI: 4.5% - 5.5%) in rural areas in Kenya. The annual incidence of HIV among adults in Kenya was 0.14% (95% confidence interval (CI): 0.06- 0.23 %): 0.15% (95% CI: 0.01- 0.29 %) among women and 0.13% (95% CI: 0.02 % - 0.24 %) among men. This corresponds to an estimated 36,000 (95% CI: 16,000 - 56,000) new infections per year among adults. According to NASCOP (6), the HIV prevalence among adults aged 15-64 years in Kwale was 4.2 % (95% CI: 2.4%-5.9%), Mombasa 5.6% (95% CI: 3.7%-7.5%) and Kilifi 2.3% (95% CI: 0.7% - 4.5 %) respectively.

During the last two decades, the Government of Kenya and its development partners have invested significantly in HIV response. In order to address HIV and AIDS, the Kenya Government developed the Kenya AIDS Strategic Framework 2014/15 and 2018/19 (KASF 2014/15-2018/19), with the vision of a Kenya free of HIV infections, stigma and HIV related deaths.

### **Study Objectives**

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

### **Study Setting**

The mid-term knowledge, attitudes and practices (KAP) study was undertaken among communities adjacent to Mwache Junction-Tsunza- Mteza Section road 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, the design, sampling, the study participants, data collection tools, and data analysis for the KAP study.

### **Study Methods and Approaches**

The mid-term KAP study used a cross-sectional descriptive survey design, which employed mixed methods (qualitative and quantitative) for corroboration, triangulation and validation.

### **Sampling, Size and Participants**

The study participants were members of the communities (youth, men and women) adjacent to the road construction area / corridor where the HIV program is currently being implemented. The study participants were randomly chosen among the above categories. A total of forty (40) in-depth individual self-administered questionnaires were successfully filled and returned. Similarly, six (6) focus group discussions (FGDs) were conducted, comprising fifty (50) participants (28 females and 22 males) - (Youth, Women and Men), drawn from the communities adjacent to the road construction, where the HIV program is being implemented.

### **Tools**

The study utilized two (2) data collection tools namely: an in-depth questionnaire (individual household interviews) and Focus Group Discussions (FGDs) guide.

### **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, presented in the results section below.

Qualitative data was collected through audio recording of FGDs and note taking for discussions sessions. The audio recordings were transcribed and the interview notes typed for each category. The qualitative findings are presented as verbatim quotes in the results section below.

## **RESULTS**

This section contains the results of the mid-term KAP survey. They include socio - demographic, knowledge, attitudes and practices findings regarding HIV/AIDS for the community household respondents at mid-term.

### **SOCIO-DEMOGRAPHIC**

#### **CHARACTERISTICS OF THE COMMUNITY HOUSEHOLDS RESPONDENTS**

This section presents the findings on the demographic characteristics of the household respondents including gender, age distribution, marital status and education levels at mid-term.

## Gender of Respondents

The gender of the household respondents was 55.0 % females and 45.0 % males.

## Age Distribution

The age distribution of the household respondents was 15-20 years at 7.0 %, 20-25 years at 35.5 %, 25-30 years at 15.5 %, 30-35 years at 8.5 %, 35-40 years at 12.5%, 45-50 years at 13.5%, 50-55 years at 2.5 %, 55-60 years at 2.5 % and 60-65 years at 2.5 % respectively.

## Marital Status

The marital status of the household participants was single at 47.5 %, married at 45.5%, divorced at 5.0 % while 2.0 % gave no responses.

## Education Level

The education level of the household respondents was as follows: secondary at 22.5 %, college / university at 40.0 %, primary at 32.5 % and vocational school at 5.0. % respectively.

## COMMUNITY HOUSEHOLDS

### RESPONDENTS KNOWLEDGE ABOUT HIV/AIDS

This section is a presentation of findings of the household respondents HIV/AIDS knowledge levels at mid-term.

#### If Ever Heard of HIV/AIDS

On whether they have ever heard about HIV/AIDS, all (100 %) of the household respondents interviewed answered Yes.

#### Sources They Heard About HIV/AIDS From

On being asked from what sources they had heard about HIV/AIDS, 49.0% mentioned Mass media, Family doctors centre at 22.0 %, 5.0 % at the workplace, 14.0 % Friends/neighbors and 10.0 % Family members respectively.

#### Best source of information about HIV/AIDS

Regarding the best source of information about HIV/AIDS, 45.0 % mentioned mass media, 35.0 % said family Doctor, and 15.0 % mentioned friends / neighbors while 5.0 % answered family members. These results were corroborated by those of FGDs.

*'We would prefer getting information through social media especially Facebook, twitter, SMS and*

*WhatsApp. That is how we communicate best with our peers and friends' - Female Youth FGD participant.*

#### If HIV Can Be Transmitted By Practicing Unprotected Sex

Asked if a HIV person can become HIV infected by practicing unprotected sex, the household respondents mentioned Yes at 80.0 %, No at 2.5 %, Don't know at 7.5 % and No response at 10.0% respectively. These findings are similar to those of FGD participants who commented:

*'Engaging in sex, flesh to flesh, is the biggest way through which one can get HIV... ' Men FGD participant.*

#### HIV Transmission by Using Common Dishes

On whether HIV can be transmitted by using common dishes, the household respondents answered No at 87.5%, Don't know at 7.5% and Yes at 5.0%.

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

Asked if HIV can be transmitted from mother to child (during pregnancy or birth), 92.5% of the household respondents mentioned Yes, 5.0% answered No and 2.5% said Don't Know.

#### HIV Transmission by Shaking Hands

Regarding whether HIV can be transmitted by shaking hands, household respondents mentioned No at 87.5%, Yes at 7.5%, No response at 2.5% and Don't know at 2.5%.

#### HIV Transmission through Blood Transfusion or Infected Blood Products

On whether HIV can be transmitted through blood transfusion or infected blood products, 92.5% of household respondents interviewed mentioned Yes, 5.0% said No and 2.5% mentioned Don't know respectively.

#### HIV Transmitted Through a Kiss

Regarding if HIV can be transmitted by a kiss, interviewed household respondents answered No at 72.5%, Yes at 25.0% and Don't know at 2.5%.

#### 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 household respondents mentioned Yes at 80.0% and No at 20.0%.

**HIV transmission through Breast Milk**

Asked if HIV can be transmitted through breast milk, 72.5% of the interviewed household respondents mentioned Yes, 20.0% answered No and 7.5% responded No response.

**HIV Transmission by Coughing**

Regarding if HIV can be transmitted by coughing, household respondents answered No at 95.0%, Yes at 2.5% and Don't know 2.5%.

**HIV Transmission by Sharing Needles**

On whether HIV can be transmitted by sharing needles, 92.5% of the household respondents mentioned Yes while 7.5% responded No.

**HIV Transmission through Sweat**

If HIV can be contracted through sweat, the household respondents mentioned No at 90.0 % and 10.0 % answered Yes.

**HIV Transmission by Sharing One Toilet**

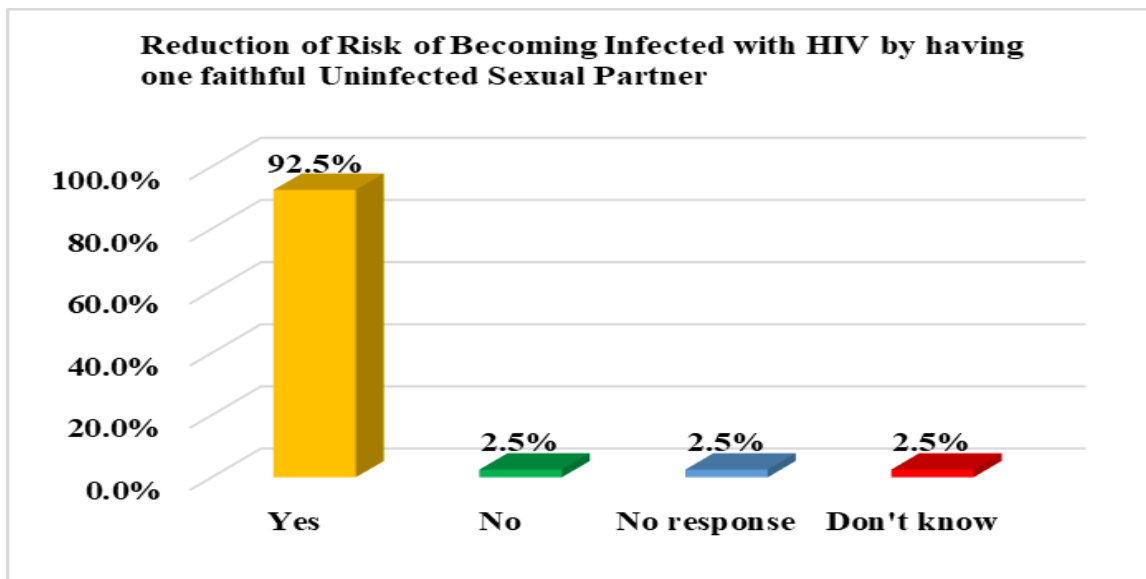
Asked if HIV can be transmitted by sharing one toilet, all (100%) of the household respondents answered No.

**Healthy Looking Person Infection with HIV**

On being asked if a person that looks absolutely healthy could be infected with HIV, 85.0% of the household respondents said Yes, 12.5% answered No and 2.5% responded Don't know.

**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, interviewed household respondents answered Yes at 92.5%, No at 2.5%, No response at 2.5% and Don't know at 2.5% respectively, as the chart below shows.



**Figure 1: Reduction of Infection by Having One Faithful Partner**

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

Regarding if a person can reduce the risk of becoming infected with HIV by always using sterilized injecting equipment, household

respondents mentioned Yes at 80.0%, No at 12.5%, Don't know at 5.0% and No response at 2.5%.

**Reduction of HIV infection Chance by Using Condoms during Sexual Intercourse**

Asked if in their opinion, a person can reduce the chance of becoming infected by using condoms during sexual intercourse, 95.0% of the household respondents said Yes, 2.5% answered No response and 2.5% responded No.

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

On if an HIV positive pregnant woman can prevent her unborn child from becoming infected by taking ARV treatment during pregnancy, household respondents mentioned Yes at 87.5%, No at 10.0% and Don't know at 2.5% respectively.

**COMMUNITY HOUSEHOLDS RESPONDENTS ATTITUDES TOWARDS HIV/AIDS**

**Extent of Access to Condoms**

Asked to what extent they have access to condoms (they can buy them whenever they need to), the household respondents answered to lesser extent at 35.0 %, to a larger extent at 25.0 %, to large extent at 18.0%, don't know at 15.0 %, Low access / not at all at 5.0 % and No response at 2.0 %.

**Condom Use Is Absolutely Necessary For Sexual Relation With An Occasional Partner**

On the question of if it is absolutely necessary to use condom if one has a sexual relation with an occasional partner, the household respondents answered Agree at 85.0%, 12.5% responded Disagree and 2.5% gave No response respectively.

**Discomfort in Discussing Condom Use with the Sexual Partner**

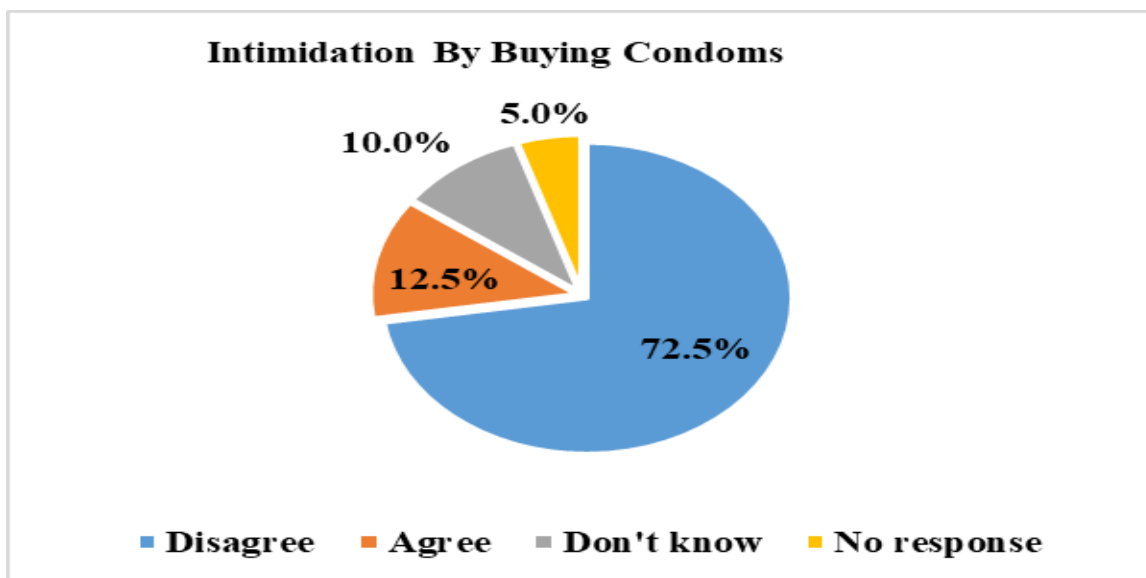
Asked if it is uncomfortable to discuss about condom use with the sexual partner, the household respondents indicated Agree at 27.5 %, Disagree at 67.5 %, Don't know at 2.5 % and No response at 2.5 %.

**Intimidation by Purchase of a Condom**

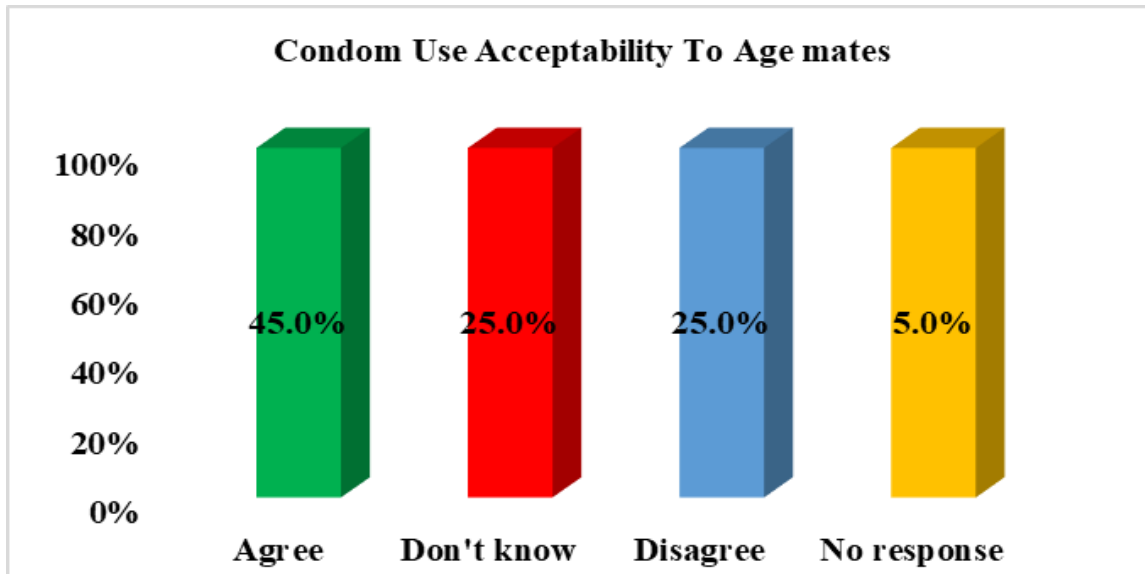
Regarding if purchase of condom would intimidate them, household respondents mentioned Disagree at 72.5%, Agree at 12.5 %, Don't know at 10.0 % and No response at 5.0 % respectively, as shown in the chart below.

**Condom Use Acceptability for Most Age mates**

On the question if condom use is acceptable for most people of their age, the household respondents mentioned agree at 45.0 %, don't know at 25.0 %, disagree at 25.0% and no response at 5.0 % respectively, as displayed in the chart below.



**Figure 2 : Intimidation by Buying Condoms**



**Figure 3 : Condom Use Acceptability to Age mates**

### **Comfortable Place to Pick / Buy a Condom**

Regarding where they would be comfortable picking / buying a condom, the household respondents answered health facility at 67.5%, Shop at 15.0 %, No response at 7.5 %, Bar / Lodging at 5.0 % and Workplace at 5.0 % respectively.

### **Opinion on Shame of HIV as a Disease**

Asked if HIV is a shameful disease, the household respondents mentioned it is not a shame at 85.0 %, it is a shame at 7.5 %, Don't know at 5.0 % and No response at 2.5%.

### **Keeping Secrecy about Family Member Infected with HIV**

Regarding confidentiality of family members with HIV, household members responded Yes at 82.5 %, No at 12.5 % and 5.0 % mentioned Don't Know.

### **Taking Care of a Family Member with AIDS**

Asked if they would take care of their family member who has AIDS, 95.0 % of household respondents said yes, 2.5 % responded No while 2.5 % responded Don't Know.

### **HIV Infection Status Disclosure**

On the question of whom they would tell about being HIV infected, 8.0 % of household respondents said I would not tell anybody, 22.0% said Spouse, 2.0% answered Co- workers, 3.0% mentioned

Friends, 23.0 % said Parents, 40.0 % mentioned Doctor and 2.0 % said Don't know respectively.

### **Working with an HIV Positive Colleague in the Same Office**

Asked the question if they would work with a HIV positive colleague in the same office, 92.5% responded yes, 5.0 % mentioned No while 2.5 % gave no response.

### **Using a Common Toilet with an HIV Positive Colleague**

On whether they can use a common toilet with an HIV positive colleague, 95.0% indicated Yes, 2.5 % responded No while 2.5% responded Don't know.

### **Having Lunch at the Same Canteen with HIV Positive Colleague**

Asked if they would have lunch at the same canteen their HIV positive colleague goes, 97.5 % of the interviewed household participants 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, 100 % of the household respondents indicated Yes.

### **Shaking Hands with someone who is HIV Positive**

Regarding whether they would shake hands with someone who is HIV positive, all (100 %) of the Household respondents mentioned Yes.

### **Buying food from an HIV Positive Retailer**

Asked if they would buy food from an HIV positives retailer, 97.5 % household respondents answered Yes while 2.5 % answered No.

### **An HIV Positive Teacher Working in School**

On whether an HIV positive teacher should work in a school, the household respondents said Yes at 95.0%, Don't know and No at 2.5 % respectively.

## **COMMUNITY HOUSEHOLDS**

### **RESPONDENTS PRACTICES ON HIV/AIDS**

#### **HIV Testing During the Last 12 Months**

On being asked if they had taken a HIV test within the last 12 months, 82.5 % of the household respondents said yes while 17.5 % responded No.

#### **If Yes, on Whose Wish It Was Taken**

Regarding on whose wish or advice the household respondents took the HIV test, 88.0 % indicated on own wish, on doctors request at 3.0 %, on someone's advice at 3.0 % and on employers request at 3.0 % while No Response was at 3.0 % respectively. This stance was corroborated by FGD discussions where they said.

*'HIV testing is voluntary and done out of own wish, not compelled...'* Male Youth FGD Participant.

#### **Pre HIV Test Consent Agreement**

Asked whether they signed an agreement confirming consent to take HIV test, 52.0 % of the household respondents said Yes, 36.0 % mentioned No while 12.0 % gave no response respectively. This finding was corroborated by an FGD session as quoted below.

*'Before being tested, one is asked for permission by the health worker in most cases...'* Men FGD Participant.

#### **Benefit from Pre-test Counseling**

Whether the household respondents benefitted from pre-test counseling before testing, 82.0 % responded Yes, 9.0 % responded No while 9.0 % also gave No Response.

#### **Knowledge of HIV Test Result**

Asked if they got aware of their HIV test result, 91.0% of the household respondents mentioned Yes while 3.0% mentioned No while No response recorded 6.0 %.

#### **Information of Test Results in Person**

Asked further if they were informed about test results in person, 88.0% of the household respondents mentioned Yes, 9.0% answered No while 3.0% mentioned No response.

#### **Benefit from Post-Test Counseling**

Asked if after taking the HIV test they benefited from post-test counseling, 85.0% of household respondents answered Yes, 9.0% responded No while 6.0% answered No response. However, some FGD participants mentioned that post-test counselling is mainly given to persons whose test outcome was positive.

*'When we attend prenatal clinics, it is mandatory to be tested and when the result turns out negative, we are not given counselling...'* Women FGD participant.

#### **Taking HIV Test / Repeat HIV Test**

Regarding if they would take / repeat the HIV test, the household respondents mentioned Yes at 82.5. %, No response at 15.0 % and No at 2.5 % respectively.

#### **If No, Reasons For Not To**

Asked about reasons that would make them not take / repeat the HIV test, the household respondents mentioned: I am Afraid of the results at 14.3 %, I am afraid the doctors will not keep confidentiality at 14.3 %, I think I am Healthy at 14.3 % and No response at 57.1 %. The FGDs had similar findings.

*'Although I have taken a HIV test before, I would be hesitant to repeat the test because of fear of result and the question of 'what if? what if?...' - Male Youth FGD participant.*

#### **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, household respondents mentioned Yes at 85.0%, No at 7.5%, No response at 5.0% and Don't know 2.5% respectively.

#### **If Yes, Place To take the HIV Test**

Regarding where they can take the HIV test, the household respondents answered VCT Center at

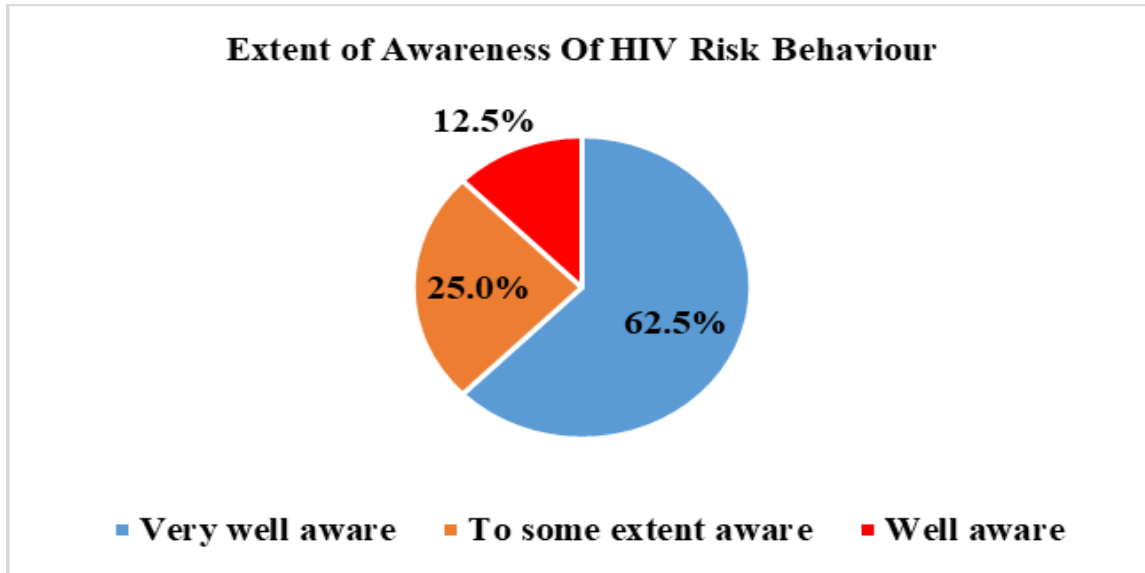


68.0 %, hospital at 24.0 % and private medical center at 8.0 %.

**If Not, Where Else**

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, 47.5 % of the household respondents had No Response, 12.5 % mentioned up to 5 km, 20.0 % mentioned , 12.5 % said they Don't Know, 5.0 answered 11-20 km while 2.5 % responded 6-10 km respectively.



**Figure 4 : Extent of Awareness of HIV Risk Behavior**

**HIV Information on Awareness Campaign about Risk Behavior for HIV Infection in the Last Six Months**

On the question of if they had received any information on awareness campaign about risk behavior for HIV infection conducted in the last six months, 87.5 % of the household respondents indicated Yes, 10.0 % answered No and 2.5 % said Don Know.

**Extent of Awareness of Risky Behavior for HIV Infection**

Asked to what extent they are aware of the risk behavior for HIV infection, 62.5 % of household respondents answered Very well aware, 12.5 % mentioned Well aware and 25.0 % said To some extent aware, as the chart below shows.

**Awareness of Any Available Services That Support HIV/AIDS Care And Treatment**

Asked how aware of any available services that support HIV/ AIDS care and treatment they are,

household respondent interviewed mentioned Very well aware at 30.0 %, Well aware at 40.0 %, To some extent aware at 15.0 %, Not aware at 10.0 % and No response at 5.0 %.

**Places Where the Services Are Found**

Asked where they get HIV/AIDS care and treatment support services, 35.0 % of the household respondents mentioned Dispensary, 22.5 % answered Health Centre , 20.0 % said Hospital, 2.5 % responded Private Clinic and 20.0 % mentioned Mission / NGO health facility respectively.

**HIV/ AIDS Care Services Offered at the Facilities**

On what HIV/AIDS care services they get at the facility, 2.5 % of the Household respondents interviewed mentioned HIV Counseling and Testing, 35.0% said ARV treatment, 12.5 % answered Comprehensive care services, 42.5 % mentioned VCT services and 7.5 % gave No response respectively.

**Extent of Satisfaction with the Services Offered at the Health Facility**



Regarding the extent to which the interviewed household respondents are satisfied with services offered at the health facilities, 60.0 % mentioned To a larger extent, 25.0 % mentioned To a lesser extent, 5.0 % answered Not at all and 10.0% recorded No response.

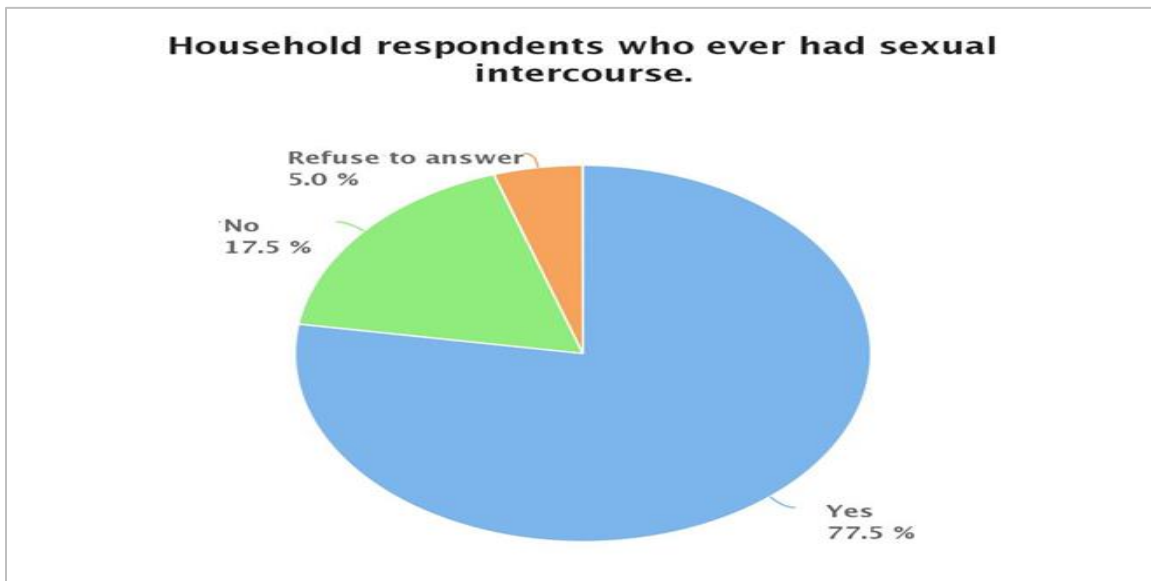
### **Necessity of HIV/AIDS Care Support Services**

Asked how necessary they think HIV/AIDS care support services are, the interviewed household

respondents mentioned Very necessary at 74.0 %, To some extent necessary at 13.0 %, Not at all necessary at 3.0 % and Don't know at 10.0 % respectively.

### **Having Ever had Sexual Intercourse**

Asked if they have ever had sexual intercourse, 77.5% of the household respondents answered yes, 17.5 % mentioned No while 5.0 % refused To Answer, as displayed in the chart below.



**Figure 5 : Household Respondents Who Have Ever Had Sexual Intercourse**

### **Number of Sexual Partners in the Past 12 Months**

Regarding how many sexual partners they have had within the last 12 months, the household respondents mentioned One at 67.7%, More than one at 22.6 % and No response at 9.7 %.

### **Frequency of Condom Use in the Past 12 Months**

Regarding how often they had used condoms within the last 12 months, the household respondents mentioned At every sexual intercourse at 39.0 %, Sometimes at 32.0 %, Never at 23.0 % and I haven't had sexual intercourse in the last 12 months at 6.0 % respectively.

### **Use of Condom During last Sexual Intercourse**

Asked whether they used a condom at their last sexual intercourse, 48.5% of the household respondents interviewed mentioned Yes, 45.0 % mentioned No while 6.5 % refused to answer.

### **If Not, Reasons For Not Using a Condom**

The reasons they gave for not using a condom are: Didn't have a condom with me at 21.0 %, I didn't want to use a condom, don't like it at 29.0 %, Partner refused to use it at 10.0 %, I don't think it is necessary at 7.0 %, No response at 7.0 %, We want to have children at 11.0 % and I trust my partner at 15.0 %. These findings are corroborated by those of the FGD participants who said:

*'We don't like condoms because they reduce the amount of pleasure in sexual encounters and the female condoms are uncomfortable to wear and use...'* Male, Youth FGD Participant.

## DISCUSSION

### Community Household Respondents HIV/AIDS Knowledge, Attitudes and Practices Discussion

This section contains discussion on the community household respondents HIV/AIDS knowledge, attitudes and practices.

Knowledge of ways in which HIV/AIDS is transmitted is precursors to effective risk reduction interventions. Similarly, knowledge and communication are crucial in behavior change endeavors as well as in de-mystifying myths and misinformation about HIV/AIDS.

On knowledge, the household respondents had high and correct knowledge about HIV/AIDS and modes of transmission. That finding is similar to that of (7), who, in a study on knowledge levels about HIV/AIDS among the Villagers in Bangladesh, revealed that almost all the respondents (92.0%) had ever heard about HIV/AIDS from different sources including mass media, health care workers and workplace among key places. It is noteworthy to mention that the study findings established preference for sources of information differed between the young to older generation, with the youth preferring social media while older generations preferred traditional media. These findings resonate with those of (8) who observe that youth are most vulnerable to infection because they engage in risky practices, like unprotected sex, and due to a lack of adequate information and knowledge about HIV/AIDS.

Regarding attitudes, it is noteworthy to say that HIV/AIDS is shrouded by attitudes emanating from misinformation, beliefs, opinions and perceptions about the disease. The study established varied HIV/AIDS attitudes towards prevention, testing, treatment and care. On average, the attitudes established by the study inclined towards positive behavior and practices, as evidenced by the reported increased uptake of condom use, care of HIV persons, and reduced shame, isolation and stigma towards the disease and persons suffering from it. These findings correspond with those of (9) who, in a knowledge, attitude and practices HIV/AIDS study in Pakistan, found out the communities

had sympathetic attitudes towards HIV/AIDS and they were against isolating HIV patients.

Practices as far as HIV/AIDS are concerned, populations display behavior and practices which are instrumental in reducing or escalating the prevalence of the disease. The study findings have established various aspects of practices and behavior responsible for or lack of HIV infection prevention, testing, treatment and care. According to (10), risky behaviors such as sharing of needles, inconsistent, non-use or incorrect use of condoms during sex are important determinants of risk for HIV infection. This position is supported by (11), who, in a study on knowledge, attitudes and practices of young adults towards HIV prevention in South Africa found that 27.4 % of the participants reported not using a condom during last sexual encounter and 36.7% reported that it was not easy to get a condom if they wanted it. The findings are corroborated further by those of National AIDS Control Council (12) indicator survey (2012) where majority of the respondents saw themselves as having low risk or no risk at all, especially where they had one sexual partner, and reported low condom use even among persons with more than one partner.

## CONCLUSION

The KAP mid-term findings for communities adjacent to the road construction show and demonstrate a tremendous improvement in knowledge, attitudes and practices amongst the communities. It can be concluded from the study that exposure to the right behavior based interventions contributes to a positive trend in the HIV/AIDS outcomes, including knowledge, attitudes and practices.

## ACKNOWLEDGEMENT

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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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