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Room: Ballroom

HIV-related sexual risk behaviors among university students in Northern NigeriaA. Saad^{1,*}, A. Awaisu², L. Rampal¹, K. Sabitu³, A. Lawal⁴, U. Gwarzo⁵¹ *Universiti Putra Malaysia, Serdang, Selangor DE, Malaysia*² *Qatar University, Doha, Qatar*³ *Ahmadu Bello University, Zaria, Kaduna, Nigeria*⁴ *Ahmadu Bello University, Zaria, Nigeria*⁵ *UNFPA, Kaduna, Nigeria*

Background: Human immunodeficiency virus (HIV) constitutes an important health challenge for young adults worldwide as a result of high prevalence of risk behaviors. Universities in Sub-Saharan Africa including Nigeria are faced with the pervading ramifications of the HIV/AIDS epidemic on a regular basis. Unfortunately, institutions in the region are only slowly acknowledging the ravaging menace of HIV. The aim of the present study was to investigate the different types of sexual risk behaviors engaged by youths and whether they have the knowledge of basic concepts on HIV/AIDS and sexually transmitted diseases (STI).

Methods & Materials: A cross-sectional study was conducted at Ahmadu Bello University, Zaria. A three-stage proportionate to size random sampling technique was applied. A validated questionnaire was used to collect data on HIV-related sexual risk behaviors, STI knowledge, attitudes towards prevention, and HIV-related stigma.

Results: Of the 240 students approached for the study, 236 (98%) responded. The average age of the respondents was 22 years (mean = 21.78 ± 1.4; range = 17 – 24; 95% CI = 21.9, 21.96) and 175 (74.5%) were male. The results showed that 136 respondents (58%) reported ever having sex with average age of sexual debut of 16 years (mean = 16.3 ± 2.66; range = 9–21; 95% CI = 15.84, 16.76). The average number of lifetime partners was 4 (mean = 4.23 ± 3.34; range = 1–17; 95% CI = 3.65, 4.80). Amongst the 136 participants who reported ever having sex, 111 (82%) did not use condom at initial sexual encounter. The maximum possible scores for STI, HIV-related knowledge and attitude were 25, 34 and 65 respectively. The overall mean score for STI knowledge was abysmally low (8.70 ± 4.77), whereas the mean HIV-related knowledge score was moderate (22.85 ± 4.26). The respondents showed moderate scores in HIV prevention attitudes and high favorable scores in stigma scores.

Conclusion: The level of HIV and STI knowledge among the students was unsatisfactory and the high level of sexual risk behaviors is alarming. It is highly recommended that a culturally-sensitive peer-led HIV-STI intervention be implemented.

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Can smart phones and tablets improve the management of childhood illness in Tanzania? A qualitative study from primary health care worker's perspectiveA.F. Shao^{1,*}, C.R. Althaus², N. Swai³, J.K. Maro³, B. Genton², V. D'Acremont², C. Pfeiffer²¹ *National Institute for Medical Research, Tukuyu-Mbeya, Tanzania, United Republic of*² *Swiss Tropical and Public Health Institute, Basel, Switzerland*³ *City Medical Office of Health, Dar es Salaam, Tanzania, United Republic of*

Background: The impact of Integrated Management of Childhood Illness (IMCI) worldwide has been less than anticipated because of poor uptake. Electronic IMCI has the potential to improve quality of health care in children. However, feasibility studies for electronic protocols in mobile devices over time are limited. This study investigated barriers and facilitators that influence the uptake of an Algorithm for Management of Childhood Illness (ALMANACH) in mobile devices among primary health workers in Dar es Salaam, Tanzania.

Methods & Materials: A qualitative approach was applied using in-depth interviews and focus group discussions with altogether 40 primary health care workers from 6 public primary health facilities in the three municipalities of Dar es Salaam, Tanzania. Health worker's perceptions related to factors facilitating or constraining the uptake of the ALMANACH were identified.

Results: In general, the ALMANACH was assessed positively. The majority (96%) of the respondents felt comfortable to use the devices and 71% stated that patient's trust was not affected. Most health workers said that the ALMANACH simplified their work, reduced antibiotics prescription and gave correct classification and treatment of common causes of childhood illnesses.

Only few (17%) reported technical challenges using the devices and complained about having had difficulties typing. However, 88% of the respondents were cautious that the devices increased the consultation duration compared to routine practice. In addition, health system barriers such as lack of staff (58%), lack of medicine (25%) and lack of financial motivation (83%) were identified as key reasons for the low uptake of the devices.

Conclusion: Although the ALMANACH was perceived to be as a powerful tool, health system challenges influenced the uptake of the devices in the selected health facilities.

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