

An Analysis of National HIV/AIDS Education Efforts Among 15-39 Year Olds and
Health Care Workers Applying the Health Belief Model (HBM)
in Six Cities in Sonsonate, El Salvador

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Abstract

This descriptive research used the Health Belief Model (HBM) to assess HIV/AIDS knowledge, perceived severity, perceived susceptibility, and behavioral practices within the population throughout the State of Sonsonate, El Salvador. Geographic Information Systems (GIS) was also utilized to display the results of this population study. The study population was composed of 15-39 year olds consisting of a total sample size of 1,500 (250 participants from each of the six cities). The basis of this study was to evaluate where this population fit within the Health Belief Model (HBM) and also to practically represent the results pictorially. Also, this information was collected so that the government of El Salvador could see and understand where their educational deficits existed so that future programs could be established to alleviate these discrepancies.

An instrument consisting of 65 items including demographics, knowledge, perceived severity, perceived susceptibility, and behavioral practices was used for the general population. The analysis of the data was two-fold using Geographic Information Systems (GIS) mapping and statistical analysis. GIS mapping was used to graphically pinpoint areas of knowledge deficit and misinformation about HIV/AIDS.

Results were based on a general population of 1,454. Various indices were created to show the level of knowledge or frequency of safe behavioral practices. The Perceived

Severity and Perceived Susceptibility sections were not aggregated into an index but rather treated as individual variables. An item analysis of the questionnaire found that on average the general population responded correctly to 78% of the knowledge questions. However, a total of 11 questions in the knowledge section had less 75% (n=385) of the general population answering correctly. Another 3 questions in the behavior section were also found to have less than 75% (n=385) indicating safe behavioral practices. Linear regression analyses were performed to explore correlations between the areas of demographics, knowledge level, perceived severity, and perceived susceptibility to safe behavior. GIS maps were created to pictorially show where this population's deficiencies were in regard to the HBM. This research helped to pinpoint where this population fits within the construct of the Health Belief Model so that future educational efforts can be targeted in geographic areas with the greatest need. This will help to move this sample toward behavioral change.

Dedication

I will lift my eyes to the mountains; from where shall my help come? My help comes from the Lord Psalm 121:1-2

So many times during this process I clung to this verse for strength and help to follow this all through to completion. I acknowledge that if not for my faith in Jesus Christ, I would not have made it to this point. Thank you God for being with me every step of the way.

I dedicate this dissertation to the memory of my Dad and my Grandma who passed away before its completion. Grandma, you were always my biggest cheerleader. I know seeing me get through this would have just tickled you so much. I miss you.

Dad: I don't know that you would have ever read it, but I know you would have bragged about this to everyone. This is for you Sis.

A very special thank you goes to Mom who with me running all over the world multiple times to complete this project, was 100% supportive and encouraging throughout the whole process. I know it could not have been easy with me running all over the world, but Mom, you never let on, thanks. Thank you to the rest of my family, Matt, Kate, Mark, and Erin who were tremendous encouragers and steadfast supporters throughout all the craziness of completing this dissertation.

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