

Interventions for hiv aids prevention education

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Based on results gathered from two major research works conducted, various conclusions are drawn for the two works. First is on the outcome of peer-led versus community health nurse-led interventions for HIV / AIDS prevention education. According to the results from this research, it was identified that most of the respondents were adolescents whose ages are in the range of 14 and 15 years. Greater percentage (55%) of the respondents was also females as against 5% who were males. There was a three-tier interventional system whereby trained peers were made to lead education on HIV/AIDS prevention, community health nurses were made to lead HIV/AIDS prevention education and a control group who did not receive any education on HIV/AIDS prevention. At the close of the day, the group which was led by peer educators showed more knowledge on HIV/AIDS prevention followed by those led by community health nurses and then the control group came last. Knowledge on HIV/AIDS was tested through the use of a questionnaire. From the results, it can be concluded that adolescents are more comfortable sharing issues that relate to their sexuality and for that matter issues of HIV/AIDS with their peers than with 'professionals'. The simple implication could be given as that once adolescents are sharing knowledge with their peers, they are able to express themselves more freely and made better contributions and inputs. Because educators are of the same age group, very little guilt may be felt over questions that are asked. Particularly also because a larger size of the sample were females, it would only be valid to presume that the females are more reserved and thus feel

more comfortable among their mates than among professionals. Above all, it is even more serious if no education is given all together. This was evident in the control group.

The second research was on the outcome of traditional weight control programs and non-diet alternatives. Variables were compared for a period of one year. There were therefore two major intervention groups, who were made up of traditional weight control group and diet free forever group. There was also a control group that did not take part in any of the interventions. According to the results, when the baseline of respondents were measured at the end of 10 weeks, there had been general higher restraint, external and emotional eating score, greater body preoccupation and physical self esteem among the experimental group than the control group. Among the two intervention groups however, it was established that those with diet free forever group had a significant decrease in their restraint eating behavior than the reverse. Meanwhile, it was established that there is a positive correlation between restrained, emotional and external eating. It can therefore be concluded that people who adapt to diet free forever (DFF) have better chances of succeeding with their weight control programs. This is so significant to the extent that they stand the chances of benefiting from other biomedical variables of weight control programs that are related to diet free forever as an intervention. Indeed, such people stand a better chance of recording better cholesterol and blood pressure levels as the research showed a significant positive correlation between body weight and blood pressure; though body weight was not significantly correlated to cholesterol levels.

REFERENCE LIST

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Outcomes of a traditional weight control program and a non-diet alternative:
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