Abstract

Background: Acquired Deficiency Syndrome (AIDS) has referred only to the latest stage of the Human Immune Deficiency Virus (HIV) infection. Although HIV/AIDS is still low in the North African countries in general, its visible trend is towards increasing in many of these countries. Sudan is one of three North African countries (together with Somalia, and Djibouti), which at the verge of the rapid spread of the infection. The study assessed the level of Knowledge, Attitude and Practice about HIV/AIDS of the IDPs living in three camps in Khartoum state (Mandela, Wad elbashIier, Panteo) from September _October 2007. Methodology: descriptive, cross-sectional, community based study was done in three IDPs camps in Khartoum, a sample of 98 was selected by stratified selection, a questionnaire was interviewed with IDPs, then data was analyzed using computer using (SPSS). Results and Discussion: It was found that the majority of respondents didn’t know the causative agent of AIDS, the respondent showed a very good knowledge about different routs of HIV transmission, but still there were large numbers of them have a misconception that mosquito and cough could transmit the disease, also it was yield a very good knowledge about different ways of HIV prevention except for condom use which the majority showed no idea about it. About practice the majority of respondent practiced sex, and also the majority practiced it with only one partner and the majority of respondent weren’t dealing with traditional medicine using sharp tools and also didn’t share shaving instrument while the majority of them practiced sex with their husbands or wives and few of them practiced out of marriage. About the respondent attitude towards HIV testing; majority of them said it must before marriage and for the tow partners, but some of them thought that testing had to be done only when we felt ill. Also the majority said that they were ready for caring of an HIV +ve person at home and playing, eating and sharing him the same but not his shaving tools. Conclusion: knowledge of the IDPs HIV/AIDS is very good except some of misconceptions concerning causative agent routs of transmission and ways of prevention, the attitude of IDPs towards HIV +ve people was very good, while Practices of IDPs are very safe, but condom use as a way of preventing wasn’t used by the respondent. It is recommended to increase the quality of health educational activities, conduction of courses about HIV/AIDS for the local chives and establishment of local counseling and testing centers inside the camps.