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Is awareness of HIV enough to alter high-risk behaviour? What do HIV positive individuals have to say?

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Abstract

This study was done to find out the awareness of HIV among HIV positive individuals before being diagnosed HIV positive. The study also provides information on whether their knowledge influenced their risk behavior if any. This is a descriptive study and data has been collected from 108 HIV positive individuals from Chennai, South India. Awareness of HIV and its mode of transmission were as high as 85%. Gender and literacy has not been a barrier to awareness. In spite of awareness of HIV/AIDS and its spread, 73% of the respondents continued risk behaviour. The respondents included men and women and their reasons for risk behavior and their manifold misconceptions have been reported. The findings call for the need to address these issues in preventive programmes aimed at HIV control.

Key words: HIV, awareness, misconceptions, high-risk behaviour.

Introduction

India's socio-economic status, traditional social ills, cultural myths on sex and sexuality and a huge population of marginalized people make it extremely vulnerable to the HIV/AIDS epidemic. In fact the epidemic has become the most serious public problem since independence. South and South East Asia are now the epicenters of the HIV epidemic with the majority of future infections expected to occur in these regions. Within South Asia India is expected to have

the largest burden of the epidemic in terms of numbers. With a population of 1,027 billion people, the HIV/AIDS infection rate is estimated at 0.7% of the adult population¹. Many predict that this nation of one billion people will soon see infection rates soar if current prevention programmes are not scaled up².

The government has taken up health education programmes and the awareness of HIV/AIDS has increased considerably^{3,4}. In the absence of a cure or vaccine for HIV infection, prevention and education remain the primary strategy against HIV transmission⁵ and early HIV detection^{6,7}. Previous studies have also shown that knowledge leads to changes in perception of personal vulnerability to HIV and to subsequent action to reduce HIV risk behaviors^{8,9}. Education in health promotion/risk avoidance is therefore often considered the first line of defense against public health threats¹⁰.

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However even where knowledge has been substantially increased, 'knowing' is not necessarily 'doing'. In the individual-level literature on adults, HIV knowledge was found to be necessary but not sufficient condition to effect change in HIV risk behaviors¹¹. Increases in rates of syphilis in the US in the minority communities reflect the failure of educational efforts to reach them¹². Change is therefore the desideratum of health education. There are on the one hand positive effects of health education and on the other hand education does not seem to influence behavior change. There is dearth of information in this context from India except for the impact of health education with the increase use of condoms among truck drivers and commercial sex workers^{13,14}.

It was therefore felt that with all these prevention efforts made towards HIV control, it is important to find out the impact of awareness of HIV /AIDS on risk behavior from HIV positive individuals themselves. These individuals had obviously exposed themselves to risk before a diagnosis of HIV was made. It was also important to find out from them what led them to risk behavior. It is against this background that this study was planned. The findings of this study could help to bring out important issues, which need to be addressed in health education programmes aimed at prevention of HIV /AIDS.

Methods

The respondents were HIV positive individuals attending the clinics in Tambaram Sanatorium, STD clinic of the General Hospital and the Tuberculosis Research Centre, Chennai as out patients from October 2000 to March 2002. Respondents, who were

willing to participate, spare their time and not too ill to respond were considered for the study after their informed consent was obtained. They were assured strict confidentiality that their names would not be used for the purpose of the study. One hundred and eight HIV positive individuals were interviewed using a semi structured interview schedule. Qualitative data was collected with the help of vignettes, which were noted down as expressed by the respondent. The respondents were divided into two groups depending on their awareness of HIV/AIDS risk behaviour. The researcher has used the terms '*Before*' and '*After*'. '*Before*' refers to the group who had risk behaviour before being aware of HIV as a disease, before their diagnosis of HIV. The '*After*' group are those who had risk behaviour in spite of being aware of HIV, before their diagnosis was made. "Risk" refers to premarital and extra marital intercourse and IV drug abuse and for those married refers to unprotected sexual intercourse in spite of being aware of their spouse's promiscuous behaviour. "Awareness" refers to their awareness of HIV/AIDS as a disease and its mode of spread and not their HIV status. Data were checked for errors, entered and analyzed using the SPSS (10.5 version) package.

Results

Profile of patients

The demographic details are presented in Table 1. Among the 108 respondents 65% were males, 80% were between 25-44 years. One third of the male respondents were drivers and half of the female respondents were housewives. Fifty percent of the respondents were illiterate. Six of the respondents were commercial sex workers.

Awareness of HIV/AIDS

Of the 108 respondents 92 (85%) said they were aware of HIV/AIDS before their diagnosis of HIV. Most the responses were that HIV was caused by having sex with multiple sex partners, IV drug use and blood transfusion. The main source of information among them was the mass media especially the television programmes and the other source was through word of mouth. Forty-two (78%) of illiterates were aware of HIV/AIDS (Fig 1).

Risk behavior 'before' and 'after' being aware of HIV/AIDS

Among the 92 (85%) who were aware of HIV/AIDS, 26(28%) indulged in risk behaviour (sexual / drug abuse) before being aware of HIV/AIDS. They comprised of 13 women and 13 men. The other group, 66 (72%) indulged in risk behaviour in spite of being aware of HIV/AIDS. They comprised of 15 women and 51 men.

Reasons for risk behavior 'before' being aware of HIV among women (n = 13) and men (n = 13)

Among the women respondents, there were multiple reasons given for indulging in risk behaviour before being aware of HIV/AIDS. The main reason given was that they trusted their husbands 8 (62%). The other reasons expressed were no choice in the matter, sexual desire or used condoms. Four of the six commercial sex workers said that it was part of their job. To elaborate on these reasons narrative summaries from the women respondents have been quoted. (Box 1)

Some of the reasons given by the male respondents to having risk behaviour before being aware of HIV/AIDS were, 'did not think I

will be infected' (31%) sexual desire (23%), peer pressure (23%), sign of manhood (15%), alcohol (15%) or part of the job (15%). Some of these reasons are expressed in narrative summaries. (Box 2)

Reasons for risk behavior 'after' being aware of HIV among women (n = 15) and men (n = 51)

The reasons for continuing risk behaviour 'after' knowing about HIV are reported in (Fig 2 & Box 3a, Box3b). Among the women respondents the reasons given were, No choice/Sexual harassment (33%) and acceptance of spouse's HIV status (33%). The reasons given by the men were peer pressure (41%) followed by sexual desire (25%) influence of alcohol (29%), part of the job culture (18%) did not think I would be infected (18%), sex with known persons (14%), and that they used precautions (11%) cheated/ seduced. Some of the misconceptions for their risk behavior were that they thought HIV/AIDS is a disease of the west, only city girls have AIDS, heat of the engine would kill HIV germs, sex was a sign of manhood and that messages on HIV/AIDS were only to scare people and that they believed HIV is curable. Some respondents said their marital problems led them to risk behavior.

Table1	Profile of interviewed patients (n =108)			
	Male (n = 70)		Female (n = 38)	
	No.	%	No.	%
Age in years				
15-24	4	6	8	21
25-34	37	53	19	50
35-44	21	30	9	24
45+	8	11	2	5
Occupation				
Unskilled	12	17	-	-
Skilled	11	16	-	-
Driver	25	35	-	-
Business	11	16	3	8
Agriculture	8	11	4	10
Salaried	3	4	3	8
Housewife	-	-	22	58
Commercial Sex Worker	-	-	6	16

Box 1. Women believed their husbands

- "My husband said he had not had sex before marriage and I believed him"
- "I have never had sex outside marriage nor have I ever suspected my husband's fidelity"
- "My husband died of HIV. I knew about his HIV status only when he was ill. I took him to different places and he was treated for various illnesses. I did not know my husband had sex outside marriage. In any case even if I knew it would not have made a difference. I have never refused him sex when he wanted it. I had to agree. He would hit me if I refused him"
- "My mother struggled to get me married. She was a widow. She chose my husband from a good family. I never thought he would have HIV. Now that I have already tested positive there is nothing I can do. I cannot go back home, my sister's marriage will be affected. I had vowed that I will be with my husband at our wedding whether in sickness or in good times. I need to accept my fate and move on"
- "I have no idea how I could have got this infection. Ours was a love marriage. I left my family to marry this man. I have only him"

Box 2. Reasons for risk behavior before awareness - Men

- "I am a drug user. I did not know that this caused HIV/AIDS. I thought HIV was only through women and I never went to women. This was my only vice"
- "I knew about STD and so I used to go only to women I knew and not to commercial sex workers"
- "I was too young and not aware of HIV. Most young men go to Commercial sex workers, as we cannot control our sexual desires. I do not feel guilty"
- "Me and my friends would have a few drinks and then go to sex workers. If I did not comply they would 'make fun of me. I never knew about HIV/AIDS. I would not have gone, if I knew"

Box 3a. Reasons for risk behavior "after" awareness

Women

- "I was aware my husband was promiscuous. I thought he would get infected. I never thought I could get infected by him!"
- "I knew my husband was having sexual relationships outside our marriage. In I refused him sex he would bring other women"
- "I knew my husband was infected with HIV. I still continued my relationship with him as I love him very much and I consider this my fate"

Box 3b. Reasons for risk behavior "after" awareness

Men

- "Once I heard about HIV/AIDS I stopped going to sex workers. I only go to known persons"
- "I used precautions 90% of the time ever since I heard about HIV"
- "'I thought this was a disease of the west. Every time I went to a sex worker I washed my genitals with soda and I thought I was safe'
- 'I am influenced by my friends under the influence of alcohol. For us truck drivers this is part of our job"
- "Among the truck drivers we believe that the heat from the engine kills germs and we are exposed to a lot of heat I therefore indulged in sex with a number of sex workers and never thought I would get infected"
- "My friends told me that every time I went to a prostitute I should have penicillin shots and that would protect me. I did just that and thought I was protected"
- "My friends told me that village girls do not get AIDS. Only city girls get AIDS"
- 'My wife does not enjoy sex so I went to other women in spite of knowing about HIV. How else could I satisfy my sexual desire?'
- 'My desires got the better of me. I thought HIV was treatable"
- 'I used to get drunk and then go to women. I had no idea what I was doing then. I did know about the risk of HIV but who thinks of all that then?'"

Fig 1. Education vs. awareness among HIV / AIDS patients

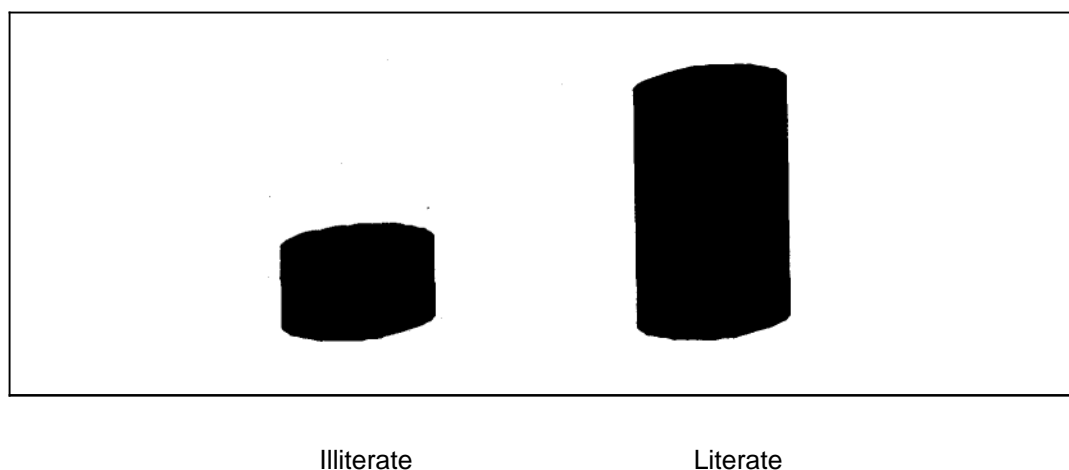
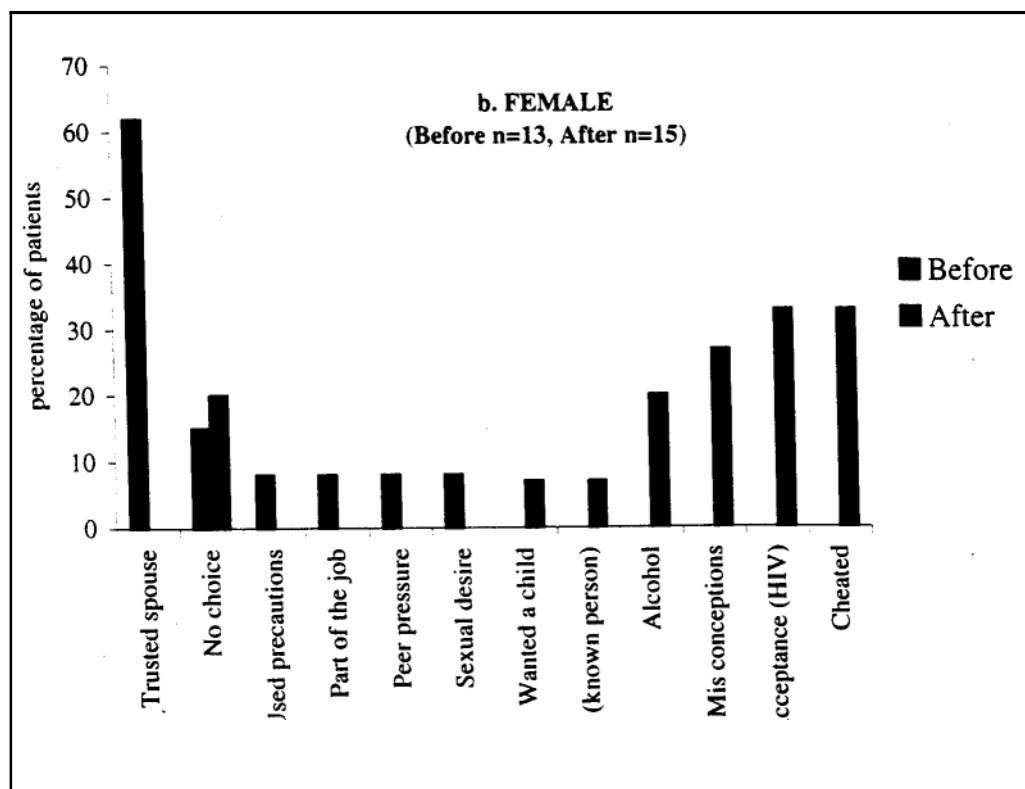
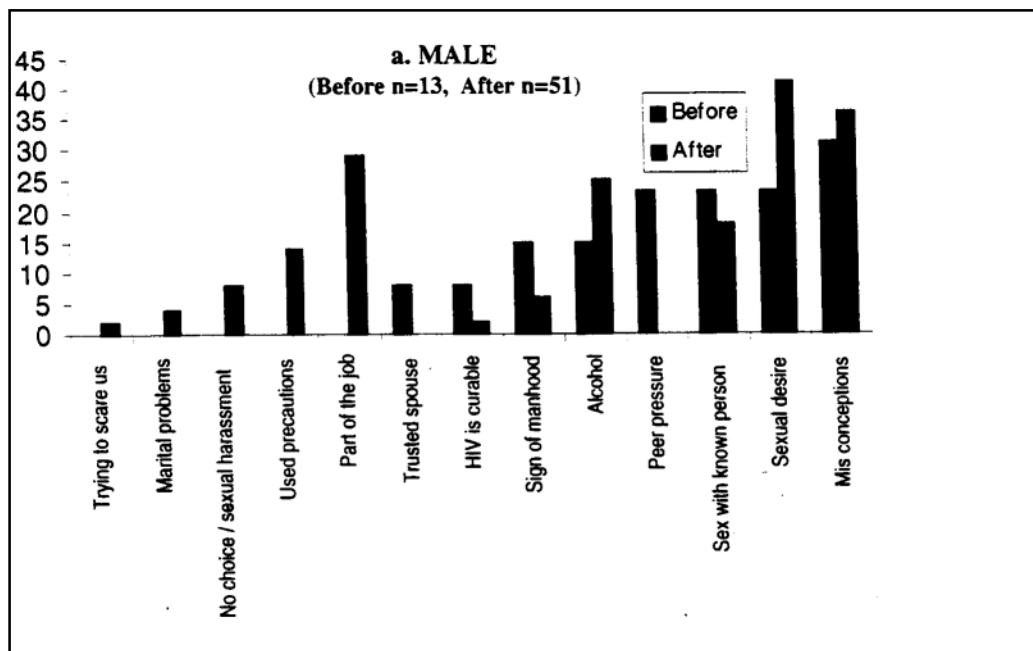


Fig 2. Reasons for high-risk behaviour reported by male and female HIV/AIDS patients before and after being aware of HIV (Multiple answers)



Discussion

This study is unique in that it brings out perceptions among HIV positive individuals on their awareness of HIV as a disease even before their diagnosis was made and the reasons for their risk behavior if any. It endorses the fact that awareness alone does not and will not result in behavioral change. Awareness is high among the respondents in keeping with the data that has been reported from India³. However nearly three fourths of the respondents continued to have risk behavior in spite of being aware of HIV/AIDS. The manifold misconceptions such as heat kills germs, only city girls have AIDS, washing genitals with soda bicarbonate or a shot of penicillin after a sexual act, throw a lot of light on the reasons for risk behavior in spite of awareness of HIV/AIDS. Among the very few who were drug users, one respondent said that he had heard of HIV but was under the impression that it was only through sex and not IV drug abuse. It has been reported that publishing 'scientific facts' of the disease to the general public results in little change in health related behavior¹⁵. In a study on behavior change in HIV infected subjects following health education it was reported that the knowledge of AIDS though adequate did not seem to influence significantly the 'change' or 'no change' in promiscuity¹⁶. This study has also brought out the largely influencing factors such as peer pressure, sexual desire, and alcohol for risk behavior. Among the women in this study irrespective of the group, whether before awareness or after awareness there is a sense of helplessness, exploitation and harassment. In India simply being married is a risk factor to HIV as the transmission from husbands to wives is frequently observed¹⁷⁻¹⁹. There is the issue of Indian culture where a woman is expected to serve

her husband whatever the case maybe. A woman who defies her husband should be willing to risk being thrown out of the house and rejected by society. There is therefore a sense of acceptance even if her husband is promiscuous or HIV positive. In general researchers have preferred many explanations for the HIV risk of minority women: feeling of powerlessness that lead to experience of helplessness, a short-term view of the world and of the consequences of behaviour due to a mere violent and chaotic environment, higher rates of prostitution due to economic strain, and denial of vulnerability to AIDS risk²⁰⁻²⁴. Ethnically determined values can influence perceptions of HIV, attitudes toward high-risk behaviour, norms of behaviour, and the potential for behavioral change²⁵⁻²⁹. Many forces that subject them to HIV risk therefore control women and the need of the hour is to address these issues so that their potential for behaviour change can be successfully utilized in HIV prevention programs.

Different population segments have different educational needs, requiring input from members of targeted population to develop gender sensitive, relevant, language appropriate and effective programs and materials. The influence of peer pressure and therefore the need for peer educators, which have already been introduced, needs to be exploited in all prevention programs'. However one has to keep in mind the influencing factors and misconceptions which could dilute the program if not addressed and render them inefficient to change behavior.

Parents need to be involved in imparting sex education at a very early age before their children give in to peer pressure. Therefore health education programmes targeting parents on how to impart this education and the message about Potential dangers of HIV/AIDS that are 'adolescent friendly' need to be developed.

Limitations

This study has been done in a hospital based setting among HIV positive individuals and therefore not representative of the general population. The sample is too small and insufficient to come to broad based conclusions. There is an urgent need to understand the awareness patterns and misconceptions on HIV among different sections of the community both in urban and rural areas in order to have a better perspective

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