PERSPECTIVES

HIV/AIDS: Prevalence and Level of Knowledge in a Population

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(Submitted: 10 March 2017 – Revised version received: 02 May 2018 – Accepted: 4 May 2018)

The human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) epidemic has become one of the problems the most serious public health globally while Asia has been disproportionately affected by the disease (Liu et al., 2010). Acquired Immunodeficiency Syndrome (AIDS) is a complicated disease that can pass on from person to person and can damage the human body’s immune system. Thus, the victim remains susceptible to various other infections (Bhattacharjee, Nath, Das, & Acharjee, 2010).

Prevalence estimates of human immunodeficiency virus (HIV) among men who have sex with men (MSM) in developing Asian countries are high: 7.8% in Cambodia, 9.0% in Indonesia, 14.7% in India, and 24.6% in Thailand. In India, prevalence varies geographically from 7.5% to as high as 20.9%, and in Thailand, HIV prevalence has increased rapidly 17.3% in 2003, 28.3% in 2005, and 30.8% in 2007. As HIV susceptibility and/or infectiousness is associated with the presence of other sexually transmitted infections such as syphilis, it is not surprising that syphilis is also a major public health issue among MSM in developing Asian nations 4.3% in Indonesia, 8.4% - 14% in India, and 33% among those newly diagnosed with HIV in Thailand (Wu et al., 2013). HIV disease is often perceived as a condition affecting young adults. However, approximately 11% of new infections occur in adults aged 50 years or older (Am J Public Health. 2012;102: 1516–1526. doi:10.2105/AJPH.2012.300844). Despite sexual activity and risk for HIV infection, few older Americans use condoms to protect themselves from infection during sexual intercourse. According to the 2008 National Survey of Sexual Health and Behavior, among all persons aged 50 years
or older, condoms were not used during most recent intercourse with 91.5% of casual partners, 76.0% of friends, 69.6% of new acquaintances, and 33.3% of transactional sexual partners (Brooks, Buchacz, Gebo, & Mermin, 2012).

Clinical management of injecting drug users (IDU) is a cause for concern in the field of substance use prevention and treatment and has implications for the human resource development initiatives of many Asian countries including India. Prevention and control of HIV among IDU, through decreasing injecting drug use, reducing sharing of injecting equipment and promoting safe sex, are essential transmission control strategies for IDU and should minimize the transmission of HIV into the general population [5–7]. Harm reduction strategies and programmes carried out since the early 1990s, including ensuring a supply of clean needles, syringes and condoms, detoxification, substitution therapy, healthcare and peer-led outreach services, have been shown to reduce the risk of HIV [2,8,9]. Addressing environmental issues, such as stigma and discrimination including police harassment, can support interventions and result in positive behaviour change for participants in such programmes (Mahanta et al., 2008).

Knowledge has been believed to be an effective tool for the prevention of HIV/AIDS (Wang et al., 2013). The level of knowledge on HIV was higher than on viral hepatitis. Eight of ten statements were known by more than 80% of participants. A total of 56% of respondents were confident that Africans will not be deported from Germany just for having HIV and 36% were familiar with the anonymous and free HIV/STI-testing service in Hamburg; women were less aware of HIV-testing services than men (Santos-Hövener et al., 2015).

Health professionals’ knowledge was good overall. The mean score on the knowledge test was 80% (range 35–100%). But there was some misinformation: kissing was thought to be a transmission route by 24%, mosquitoes by 22%. The weakest area of knowledge was in the areas of maternal-child transmission: only 57% were aware that HIV was transmitted in breast milk, only 22% that maternal to child transmission can be reduced by drugs and only 19% that caesarean section is the preferred mode of delivery for HIV positive women (caesarean section is easily accessible in all these areas). Over 70% correctly identified the major modes of transmission and 62% were aware of the protective effects of condoms, but only 15% knew of
the risks of breast feeding. Knowledge scores were consistently higher in mothers in Derhong compared with the three other areas grouped together (Hesketh, Duo, Li, & Tomkins, 2005).

Response rates for school and incarcerated adolescents were high, 96.7% and 91.1%, respectively. Most of the incarcerated youth correctly identify sharing of intravenous drug needles (86 percent) and sexual intercourse (90 percent) as routes of HIV transmission compared with 89 and 90 percent, respectively, for their school-based peers. Knowledge of risk-reduction strategies identified informational gaps among both school and incarcerated youth; although incarcerated youth were less knowledgeable. While 85 percent of school youth correctly identified condom use as a means of reducing the risk of HIV transmission, only three-fourths of the incarcerated youth did so. Further, only 62 percent and 56 percent of incarcerated youth recognized that, respectively, sexual abstinence and not having sexual partners who use IV (intravenous) drugs reduce the risk of HIV infection (DiClemente, Lanier, Horan, & Lodico, 1991).

Conflict of Interest

None declared.

References


