

HIV KAP STUDY

KEY FINDINGS FOR THE SAMHS

Written by Lt Col Adrian D. van Breda
(Military Psychological Institute)

MASIBAMBISANE –

We stand United in the Fight!

The HIV KAP study monitors changes in the HIV-related knowledge, attitudes and practices of the Department of Defence (DOD) members. This KAP study is a third of its kind and was conducted in June 2004.

A total of 5,082 employees participated in the 2004 KAP study. This constitutes 6,8% of the SA DOD population. An analysis of demographic data indicates that this sample is adequately representative of the SA DOD population.

This article provides a summary of key KAP findings at national level. The SAMHS is a key driver in HIV prevention in the SA DOD. It is therefore important for SAMHS members to take note of HIV trends in the entire organisation.

The Overall Prevention Programme Evaluation of key findings pertaining to the entire DOD community include the following:

a. *Awareness of Masibambisane.* There is an increase in exposure to the Masibambisane programme. In 2004, three quarters (76%) of the DOD were aware of Masibambisane and close to half (44%) had received training in the previous two years.

b. *Readiness for Change.* There has been an improvement in the ability of DOD members to evaluate their risk for HIV infection based on their behaviour. This is important, as it is a step towards increased readiness to change risky behaviour.

c. *Attitudes to Condoms.* There is an increased willingness to use condoms with a new sexual partner – in 2004, 60% of DOD members were positive about using condoms.

d. *Risk Behaviour.* There has been a slight reduction in risk behaviour over time. In 2004, 69% of DOD members reported no risk behaviours in the previous year. A third (31%) of those who did report risk behaviour, also reported consistent condom use – a dramatic improvement from the previous KAP studies.

e. *Adverse Outcomes.* The percentage of people reporting an HIV positive test or symptoms of Sexually Transmitted Infections has remained stable over the three KAP studies. This is probably good news, given that there has been an increase in HIV in the general South African population.

f. *Summary:* Overall we detect an increase in our efforts to prevent HIV, an improvement in knowledge about HIV and attitudes towards condoms, a reduction in risk behaviour and a stabilisation of HIV and STI infections. This suggests that we are making a positive difference to HIV in the military community in South Africa. These findings are illustrated in the graphic below.

Specific Findings: The following specific findings in the KAP study have generated six recommendations:

a. *Programme Rollout.* The HIV programme has not rolled out adequately. Although there has been an increase in HIV prevention efforts, these have reached less than half of the DOD population. The data indicate that those who have been exposed to HIV prevention programmes have better knowledge and attitudes and lower risk behaviour.

b. *Mechanisms of HIV Transmission.* Almost half the DOD population still do not know the facts concerning how HIV is and is not transmitted. This leads to difficulty in assessing whether a particular behaviour is high risk or not; and further, to whether or not one's own behaviour places one at risk for HIV infection. The ability to assess a personal risk for HIV

infection is an important part of behavioural change.

c. *Occupational Exposure.* More than half the DOD population is unsure about how to protect themselves from exposure to potentially infected blood when helping someone who is bleeding from injury. Furthermore, there has been no improvement in this knowledge over the past three years.

d. *Condom Knowledge and Use.* We thought that, by now, people would know how to use condoms correctly. However, half the DOD population still lack knowledge. For instance, a third of DOD members think one can use oil-based lubricants on a condom. In addition, only about a third of people who have multiple partners use condoms consistently.

e. *Antiretroviral Knowledge.* For the first time, we asked basic knowledge questions about antiretroviral therapy. Only 17% of the DOD population had the correct knowledge. For example, only two thirds of respondents know that ARVs cannot cure HIV and only a third know that ARVs can make you feel ill. Large numbers of respondents (up to almost half) were uncertain about the facts.

f. *Sexual Risk Behaviour.* Approximately a third of DOD members report sexual risk behaviour. These respondents are much more likely to report an HIV positive test or symptoms of STIs.

Recommendations. In the light of these findings, specific recommendations for the SAMHS on HIV prevention in the SA DOD are:

a. *Programme Rollout.* We should facilitate the comprehensive rollout of the HIV programme across all units, using the Military Community Development Committees (MCDC) and HIV Work Place Programmes. In particular, World AIDS Day activities and HIV training should be advanced.

b. *Mechanisms of HIV Transmission.* HIV trainers should address the mechanisms of HIV transmission in more depth, pulling this information through into insight regarding the relative risk of various behaviours (eg oral sex, French kissing, holding hands). This should be followed by efforts to increase accurate self-assessment for HIV risks based on recent (past 12 months) behaviour.

c. *Occupational Exposure.* We need to increase OHS and HIV training on self-protection when assisting an injured person who is bleeding.

d. *Condom Knowledge and Use.* Knowledge regarding correct condom use should be developed. The importance of using condoms consistently with all partners when engaging in risk behaviour, should be made explicit in HIV training.

e. *Antiretroviral Knowledge.* Knowledge of antiretrovirals should be promoted among all members of the DOD, particularly in those areas where ARVs are available through Phidisa or the national rollout.

f. *Sexual Risk Behaviour.* A more concerted effort towards fewer sex partners, with emphasis on abstinence/faithfulness, should be made in all facets of the HIV programme – training, mass awareness, etc.

Conclusion. While the KAP Study demonstrates that we are making progress in the fight against HIV and AIDS, it also indicates many areas where we need to work much harder.