

# What do our members know about HIV and AIDS?

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**O**n 1 September 2006 the report on the fifth HIV KAP study in the DOD was released to the Surgeon General. The KAP study measures changes in the Knowledge, Attitudes and Practices of DOD officials in respect of HIV and AIDS. The focus of the KAP study is the prevention of HIV infections. The first study was conducted in 2001, making this the longest running replicated health survey in the DOD.

## Methodology

A cross-sectional research design was followed to determine the knowledge, attitudes and practices of the population at specific times. This allows for comparisons to be made of the population over time. This methodology, often termed Behavioural Surveillance Survey methodology (BSS) (Family Health International, 2000), is "based on classic HIV and sexually transmitted disease (STD) serologic surveillance methods" (Utomo & Dharmaputra, 2001, p 6). This is the methodology used by our Department of Health, for example in the antenatal clinic HIV and syphilis prevalence surveys (NDOH, 2005).

Surveillance survey research does not evaluate a specific intervention or programme (Family Health International, 2000, 2001). Rather it is able merely to track changes over time in



various constructs that are relevant to the programme. It is not possible to attribute such changes, with certainty, to the specific programme.

The role of a specific programme, such as Masibambisane, in causing such change can, however, be suggested by the sequencing of indicators. If there is evidence of programme roll-out, of increased knowledge and attitudinal change and of reduced risk behaviour, then there is reason to believe that a reduction in seroprevalence may, at least in part, be attributable to that specific programme.

## Sample

In the 2006 KAP Study, a five percent sample of the DOD was drawn, using quota sampling. Service, region, gender and rank were used to construct a proportional sample frame.

The focus of the KAP Study is the prevention of HIV infection.

A total of 3 652 questionnaires were sent out, of which 2 721 were returned adequately (ie at least two thirds) completed, giving a 74.5% national return rate and a 3.7% sample of the DOD. This sample meets the criteria of representivity and the results of the KAP study can, with confidence, be generalised in respect of the DOD population.

This excellent return rate is a tribute to the HIV Nodal Points in SAMHS units. They have taken ownership of the KAP study and have worked tirelessly and assertively to collect the required data. Four units, Area Military Health Unit (AMHU) Eastern Cape, AMHU North-West, AMHU Northern Cape and 2 Military Hospital, returned 100% of their questionnaires, while AMHU KwaZulu-Natal, 3 Military Hospital and the Institute of Maritime Medicine (IMM) returned 90% or more.

## Key findings

Although in 2006 statistically significant improvements (at  $p < .01$ , using the Mantel-Haenszel chi-square test) were seen in 18 of the 30 indicators (60%), this is less than in 2004, where 21 of 31 indicators showed improvements (68%).

Furthermore, in the 2006 study three indicators significantly deteriorated, whereas in 2004 no indicators had deteriorated.

Overall, this suggests that the HIV prevention programme, while still showing improvements over time, is in need of revitalisation and refocusing. This finding is consistent with the impressions obtained through site visits, discussions with HIV Nodal Points and reviews of reported HIV projects.

These data in combination point towards a great need for a review of the HIV prevention programme of the DOD.

## Recommendations

Based on the findings of the KAP study, the following seven recommendations were supported by the Surgeon General:

### 1. Programme Implementation.

The comprehensive roll-out of the HIV programme remains low - only 49% report exposure to workplace programmes in the previous 12 months and 57% report exposure to HIV training in the previous 24 months. HIV workplace programmes must be established in every DOD unit. These programmes should be managed by the unit's Military Community Development Committee (MCDC), which should be chaired by the unit Commanding Officer, with SAMHS personnel in an advisory role.

**2. HIV Prevention Training.** The increase in exposure to HIV training found in the KAP study contradicts the reduction in reported HIV training found in the HIV Projects Database. This suggests that KAP participants have a broader definition of "HIV training" than we do. The quantity, type and quality of HIV prevention training provided

to DOD members should thus be urgently improved. Brief, large-scale information sessions (mass awareness programmes) should be avoided. HIV prevention training should be run with small groups of approximately 10-20 participants over at least ten hours, with periodic refresher training thereafter.

**3. Risk Behaviour.** Sexual risk behaviour remains high (32%), with clear indications that it is associated with higher risk for STIs and HIV. HIV prevention programmes need to target risk behaviour more aggressively, with stronger emphasis on the reduction of the number of sex partners. Faithfulness remains a crucial component of HIV prevention.

**4. Condom Use.** Knowledge of condom use remains very poor, with no sign of improvement in five years. For instance, a third (35%) of respondents in 2006 still believe that an oil-based lubricant (eg baby oil) can be used on condoms. This poor knowledge is compounded by low levels of condom use among those engaging in risk behaviour (31%). Furthermore, almost half (47%) of the respondents in 2006 reported negative attitudes towards condom use. In the light of these findings, training in the correct use of condoms, combined with training in condom negotiation within a sexual relationship, is essential.

**5. OHS Training.** Knowledge of self-protection when assisting an injured person who is bleeding remains low (50%), with no sign of improvement over the five years since 2001. Such knowledge should be addressed through training and mass awareness.

**6. Stigma and Discrimination.** There appear to be concerning levels of stigmatising attitudes towards people living with HIV and AIDS (ranging from 37% to 55%). A subprogramme on the prevention of stigma and discrimination in the workplace should be established and qualitative data obtained to provide further clarity

on how to address this issue. Units that have developed programmes to address stigma and discrimination are encouraged to report these to the Director HIV.

**7. Young Privates.** Young privates (under the age of 25) remain an extremely vulnerable group - 40% of these young people engage in sexual risk behaviour, compared with 32% of the entire sample. A concerted effort to reduce risk behaviour among young Privates, as early in their career as possible, is an essential part of reducing the HIV prevalence of the DOD as a whole.

## References

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