

PAA EXTENDED Abstract

Introduction

Jamaica is a part of the Caribbean which has the second highest rate of HIV infection after Sub Saharan Africa and is challenged to reduce the transmission of HIV and STIs in its population. In 2003 overall prevalence of HIV/AIDS in the Jamaican population was 1.2%, 1.5% of the adult population was living with HIV/AIDS, 13 out of every 1,000 pregnant women were infected with HIV and 1 in 2 persons with HIV/AIDS had a history of STIs. Several studies among Jamaican women attending antenatal clinics show high levels of sexually transmitted diseases and high risk for HIV infection (Figueroa et al 1997; Dowe et al 1996; Figueroa et al 1995).

Given that individual personal sexual behaviour is critical in the efforts to stem the transmission of STI/HIV it is important to assess their risk perception for infection and to determine their action(s) to reduce or avoid perception. The reality of their exposure for STI/HIV, the level of personal risk assessment and related actions could provide valuable information for the development of interventions to encourage women to be strategic in their risk assessment and to heighten their response to protect themselves against infection.

Methodology

A cross-sectional study design was used to survey a random sample of 203 women, 100 antenatal and 103 family planning clients in the age range 18 to 40 years. A structured questionnaire covering demographic information, knowledge and attitude to reproductive health matters, fertility, family planning practices, safe sex practice and risk factors for STIs/HIV, was used to collect the data. Each antenatal respondent was assigned a unique identification number which was used to identify their results for VDRL and HIV tests.

Results

The mean age of the sample was 28.4 years. Family planning clients were significantly older (29.5 years) compared to the antenatal clients (27.2 years), ($p = 0.0117$). The former were also less likely to belong to church and more likely to be engaged in multiple, casual and married unions. Both groups had similar educational and employment status.

Overall family planning clients were significantly less knowledgeable than antenatal clients. Using based on a possible score of 25 for right answers related to the issues of HIV/AIDS transmission, how to reduce the risk of infection and correct condom use, the average score for family planning clients was 8.0 and for antenatal 9.7, ($p = 0.0001$).

Family planning clients were also more likely to report that they had never used a condom, (Fischer's Exact $p = 0.0249$). They were also less like to identify situations in which they would use a condom. Attitudes to condom use were

generally similar and mostly positive for both groups except for two statements, one, that condoms are a sign of not trusting one's partner and two, that condoms are only for persons who have more than one partner. In both instances antenatal clients were more likely to agree with the statements, ($p < 0.05$). In each group the majority gave positive responses to statements that condoms are easy to use, condom use is a sign of mutual respect, it is not embarrassing to purchase condoms, it is not a sign of distrust and that a woman would lose a man's respect if she asked him to use a condom. Despite the positive attitudes 87 percent of the antenatal women and 66 percent of the family planning women did not use a condom at last sexual intercourse and approximately 45 percent of each group did not believe that their partner is faithful to them.

Responses to questions indicating degree of control felt they have over their own and their partners' behaviours were similar except in relation to their right to insist on condom use. Family planning clients were less convinced that they had the right to insist that their partners use condoms (Fishers Exact $p = 0.00988$). With respect to STI infection there was no difference in ever having been treated between antenatal and family planning clients. However antenatal clients (10.0%) were five times as likely to have had a recurrent STI compared to family planning clients (1.9%), Fishers Exact $p = 0.01745$. There was no difference in whether they had had an STI in the past 12 months.

The diagnostic test results for HIV and STIs for all the antenatal clients at the University Hospital of the West Indies as part of the routine antenatal care were negative.

There were no differences in the risk for HIV/STI infection in the groups in relation to multiple partners, consistent condom use with steady partner or casual partner, Table 1. Family planning clients were however less likely to have used a condom at last sexual intercourse (Fisher's Exact $p = 0.00046$). Approximately 45 percent reported that they either did not believe or are unsure of their partners' faithfulness.

Table 1 Reported Risk Factors for HIV Transmission

Factors	Antenatal	Family Planning
	(n= 100) %	(n=103) %
Currently has more than one partner	1.0	2.9
Did not use a condom at last sexual intercourse	87.0	65.6
Did not use condoms consistently with steady partner	90.8	81.7
Did not use condoms consistently with casual partner	50.0	54.5
Ever treated for a STI	26.0	20.4

There was no difference between the two groups in their perception of personal risk for STI and HIV infections. The majority, 80 percent or more felt they had either no risk or a small risk for either infection. The main reason offered for this assessment by at least 20 percent in each group was that they had only one sexual partner. Faithful partner was mentioned by approximately 14 percent of the antenatal and 9 percent of the family planning clients., while consistent condom use was 3 - 4 percent and 11 -13 percent respectively. Approximately 7 percent of the family planning clients and 10 percent antenatal felt they had a high risk for infection. Almost half (47%) fear being infected and the majority identified unprotected sexual intercourse as the greatest risk factor. It was universally underscored that condoms are the best protection against HIV/STIs.

In relation to future plans 45 percent of the antenatal clients and 31 percent family planning indicated that they will not engage in sexual intercourse without using a condom, while 13 and 23 percent will use only if it is convenient and 16 and 20 percent will use as long as the partner does not object. One fifth of each group reported that they do not plan to use condoms and less than 5 percent will use only if the partner insists.

Conclusion

Respondents are generally aware of the risk behaviours for HIV/STI and the measures to protect against them. Despite this awareness they are not taking the requisite action even though many are unsure of their partner's faithfulness and are worried about infection. They have assessed their risk on factors such as faithfulness and a single sexual partner over which they have no direct control. More focused intervention is needed to promote objective risk assessment and to firmly place the responsibility for protection on each individual.