

Is Knowledge of HIV/AIDS Translated into Behaviour among Men in Nepal?

Introduction

Within Southern Asia, Nepal's HIV/AIDS prevalence rate of 0.29 per cent is second highest to India (0.7 per cent) (UNAIDS and UNICEF, 2001). Recent studies confirm that Nepal has entered a "concentrated epidemic phase". The HIV prevalence is 17.3 per cent among sex workers in Kathmandu and 40.4 per cent among intravenous drug users nationwide (FHI, 2002). Among a total of 2,440 HIV positive cases reported by August 2002, the majority (72.4 per cent) were males (NCASC, 2002). According to the UNAIDS and UNICEF (2001), HIV/AIDS will make AIDS the leading cause of mortality among people of 15-49 years in the very near future.

Successive Nepal Demographic and Health Surveys (NDHS) and other small studies have shown that awareness of HIV/AIDS is increasing (Ministry of Health Nepal, New ERA, IRC Macro, 2002). Previous studies have not been able to establish a consistent relationship between knowledge of HIV/AIDS and sexual behaviour. While some studies claim that knowledge of HIV/AIDS is associated with safer sexual behaviour (Ingham, 1995; Lindan et al., 1991; Hogsborg and Aaby, 1992; UNAIDS, 2000), others argue to the contrary (WHO, 1997; Messersmith et al., 1994; Rugpao et al., 1995; Mondez, 1997). The 2001 Nepal DHS reported that 72 per cent of Nepali men knew about HIV/AIDS; however, 72 per cent of all reported HIV/AIDS and the coexisting high HIV/AIDS prevalence among Nepali men, very little is investigated in this regard in Nepal.

This paper therefore seeks to examine whether or not knowledge about HIV/AIDS is associated to safer sexual behaviour among men in Nepal. It is expected that the finding of this study will help national HIV/AIDS Prevention and Control Programme in designing appropriate policies.

Data, variables and methods

This paper reports an investigation using nationally represented survey data from the 2001 Nepal DHS that interviewed 8,726 married women of 15-49 and 2,261 married men aged 15-59 years. The present study considers only the male respondents to the survey.

The dependent variable used is 'sexual behaviour'. This is a dichotomous variable where '0' code indicates no risky sexual behaviour and '1' means risky sexual behaviour during the last 12 months of the survey. Risky sexual behaviour is defined by those men who had two or more partners except their wife/wives. Knowledge of HIV/AIDS is a composite variable defined by awareness of the three programmatically important ways to avoid contracting HIV/AIDS: abstaining from sex, using condoms and limiting sexual partners. In addition to this, knowledge of principle mode of HIV/AIDS transmission is another composite variable. The following modes of HIV/AIDS transmission were included in this variable: having sex with prostitutes, blood transfusions, using needles (injections), having sex with intravenous drug users, sharing razor blades with AIDS patient, having sex with some one who has AIDS.

The independent variables used were the following socio-economic and demographic factors: current age, rural/urban residence, ecological region, level of education, religion, access to mass media, marital duration, drinking alcohol and work status. Some variables were excluded from the analysis due to their strong correlations with other variables. Variable selection was based on subject matter knowledge, previous studies and significance of variables.

Bi-variate analysis with chi-squared testing was used to assess the association between dependent and independent variables. For further analysis of the contribution of covariates to probability of safer sexual behaviour, logistic regression models were used.

Findings

The analysis reveals that about two-thirds of men are aware of the three main ways of avoiding HIV/AIDS transmission. About three quarters of men know that using condom can prevent them from contracting HIV/AIDS. However, only forty five per cent of men reported that they used condoms with non-cohabiting partners and six per cent of men use condoms with their spouse. Condom use is common among urban men and men with at least secondary level education. Sexual intercourse outside marriage is higher among younger men under 25, those residing in the plain region and those with secondary level education.

This analysis also reveals that men who know how to avoid HIV/AIDS transmission are still unlikely to adopt safer sexual behaviour than other men. There is also considerable variation. Their knowledge of modes of transmission is also slightly more extensive. Other covariates associated with risky sexual behaviour include marital duration and alcohol consumption. The marital duration effect probably arises in part because recently married men whose wives remain living in their parental home continue to engage in their previous sexual behaviour until their wives move in with them. Men engaged in risky sexual behaviour are significantly more likely to have consumed alcohol than other men.

Conclusion

HIV/AIDS prevention programme should also target men who are aware of the risk of HIV/AIDS but are not adopting safer sexual behaviour. Promotional messages for safer sexual behaviour should be included to dispel the misconceptions about condom use. Further research is needed to identify why highly educated men are not adopting safer sexual behaviour.