

INVESTIGACIÓN FORMATIVA

PATRONES DE RIESGO Y PREVENCIÓN DE VIH/SIDA ENTRE LA PNC Y ANSP EN EL SALVADOR

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EXECUTIVE SUMMARY

Background

The CHANGE Project (Academy for Educational Development/Manoff Group), a USAID-funded behavior change project, in partnership with the Asociación Salvadoreña Pro Salud Rural (ASAPROSAR) y Asociación de Mujeres Salvadoreñas (AMS), Policía Nacional Civil (PNC) and the National Academy for Public Security (ANSP) completed formative research related to HIV/AIDS and behavior change in the National Police Force (Policía Nacional Civil or PNC) and the National Academy for Public Security (Academia Nacional de Seguridad Pública or ANSP). This research was funded by the U.S. Agency for International Development/El Salvador.

Based upon epidemiological and behavioral data, USAID/El Salvador identified the PNC as a population particularly vulnerable to HIV/AIDS and, consequently, a target population for reducing HIV/AIDS throughout El Salvador. The overall objective of The CHANGE Project in El Salvador is to strengthen institutional skills in behavior change to reduce and prevent the transmission of HIV/AIDS in the PNC, ANSP their family members and associates, and key segments of the communities served by these two organizations.

Objectives and Study Methodology

The purpose of this formative research was to improve program planning and to identify the determinants of a number of behaviors, including multiple partners, the use of condoms with various types of partners, and voluntary counseling and testing. An additional objective was to identify high-risk segments of the population. This study also provides a baseline against which end-of-project results can be compared.

CHANGE, ASAPROSAR, AMS, PNC and ANSP conducted a survey of risk and preventive behaviors related to HIV, and the range of factors influencing these behaviors, among members of the PNC and ANSP through a representative sample of 1,239 individuals. The data collection instrument included questions about current risk and prevention practices; potentially related high risk behaviors (including use of alcohol and drugs); sexual relations with spouses, companions, girlfriends/boyfriends, commercial sex workers, casual relationships, colleagues within the PNC/ANSP, and same-sex partners; knowledge about HIV/AIDS and condom use; behavioral determinants (including self-efficacy, social norms, attitudes and perceptions about advantages and disadvantages of condom use); stigma related to HIV/AIDS; program exposure; and sociodemographic information.

Sample size was based on three outcomes (consistent condom use in the past 12 months, average number of partners in the last 12 months, and percentage of individuals who receive voluntary counseling about HIV/AIDS). Sample size calculations yielded a required sample size of 1071 from the PNC and 51 from the ANSP. The ANSP was oversampled (by a factor of 3) yielding a total sample size of

1224. Two-stage cluster sampling was used for this survey. The first stage of sampling included random selection of police delegations at the national level. The second stage was to include random selection of individuals within each delegation. However, because police were needed to contain a doctors' strike and to staff the PanAmerican Games, many of the individuals randomly selected within each delegation were unavailable for interview. Where possible, interviewers conducted the survey among randomly selected individuals within that delegation. If interviewers were not able to interview a fourth of all delegation members (the percent previously determined necessary to reach a total sample size of 1224), interviewers conducted the survey among individuals present.

Development of data collection instruments was informed by the experience of personnel from The CHANGE Project, ASAPROSAR, AMS, the PNC, the ANSP and local and international consultants; behavior change theory; current literature; and by focus groups and in-depth interviews with members of the PNC. The data collection instrument was pre-tested in the San Salvador Central police delegation.

Fifteen interviewers (7 male, 8 female) from the Medical School at the University of San Salvador and 5 supervisors from ASAPROSAR, AMS and The CHANGE Project were trained for 3 days in data collection and supervision. Data collection began on the 18 of November and finished the 7 of December 2002.

Univariate, bivariate and multivariate analyses were conducted to describe levels of knowledge, attitudes and behaviors. Bivariate analyses were used to compare behavioral determinants among doers (for example, those who always or almost always used a condom with a particular partner) and non-doers (those who rarely or never used a condom). Multivariate analyses were used to identify the most important determinants of condom use; abstinence or sexual relations with a single partner; and use of VCT services.

Summary of Study Findings

With respect to results, 87% of individuals interviewed were male. Seventy percent were between 25 and 34 years of age. Forty-one percent of the sample was married, 35% were in union, 21% were single and 3% were separated or divorced. Fifteen percent of the sample was made up of administrative personnel (no formal training in the ANSP); 81% was made up of operative personnel and 4% were students at the ANSP or carried out other functions.

Results were mixed regarding knowledge of HIV, with most individuals knowing the basics regarding transmission and prevention but with many individuals having incorrect information. For example, 58% of those sampled said sharing such personal objects as a comb, towel, handkerchief and soap could transmit the HIV virus. Thirty-nine percent indicated mosquito bites transmitted HIV. With respect to prevention of HIV/AIDS, 92% or more of the sample knew that mutual fidelity, sexual relations with a single, faithful (uninfected) partner, avoidance of intravenous drugs, reduction in the number of sexual partners, and condom use with all partners were effective ways

of reducing the risk of contracting HIV/AIDS. Even so, 50% or more of those sampled indicated that avoiding casual (non-sexual) contact with individuals suffering from AIDS and not using public bathrooms were effective means of preventing HIV/AIDS transmission.

Ninety-nine percent of the sample had heard of condoms and 99% of those knew of at least one place where they could obtain them but only 22% had purchased condoms in the previous 30 days while 38% had received them for free. Only 20% indicated they were carrying a condom at the time of interview.

Most individuals (99%) had heard of sexually transmitted infections. Of those eighty percent mentioned gonorrhea, 74% had heard of syphilis and 58% spontaneously mentioned HIV/AIDS. Ninety-nine percent of those interviewed knew about tests to determine HIV status; 50% had themselves taken the test (53% of those tested had done so voluntarily, while 47% did so upon request). Eighty-three percent found out their results, but only 41% recognized receiving counseling prior to being tested and only 29% indicated receiving post-test counseling. Sixty percent of the sample indicated that it was unlikely/improbable that they were infected with HIV/AIDS, 7% thought infection was somewhat likely, 31% that it was very likely/probable and 3% did not know. Among those who said it was unlikely/improbable that they were infected, 46% felt so because they were faithful to their partner, 37% said they were cautious, 29% said they did not have sex with just anyone, 19% said their partner was faithful, and 13% said they use condoms during sexual encounters. Among those who said it was very likely/probable that they were infected, 27% said everyone runs a risk of becoming infected, 26% said the nature of their work made HIV infection likely, and 17% indicated contact with blood made it likely they were infected.

Forty percent of the sample reported currently drinking alcohol: of those 2% on a daily basis, 9% once a week or more, 26% twice a month, 34% once a month and 30% less frequently. Eleven percent of the sample indicated they had used drugs at some point in their life, with marijuana and cocaine being the most popular drugs (80% and 26%, respectively). It is likely that alcohol and drug use were underreported in this study.

Sexual and Condom Use Behaviors

With respect to sexual behaviors, 99% of the population said they had ever had sexual relations, with 97% of those who had ever had sex indicating they were sexually active in the previous 12 months. More than 60% of those interviewed reported a single sexual partnership in the past 12 months. Many (50% of the total) of those with a single partner indicated that partner was a spouse or “life companion” and another 12% said the partner was a single girlfriend or boyfriend. Just under 40% of the sample admitted to having had multiple partners in the past 12 months. 20% had ongoing sexual relations with a spouse and a by/girlfriend. One percent of the sample had sexual relations with a spouse/companion, and a commercial sex worker (CSW); 2% had relations with a spouse/companion, CSW and other partners; and 8% had sexual relations with 3 or more types of partners in the previous 12 months.

83% of the sample had sexual relations with spouse or life companion. For those reporting sexual relations with a spouse/companion, only 4% used a condom all of the time, 3% used a condom almost all of the time, 14% used a condom some times and 79% never used a condom. Eighty-five percent of those using a condom with a spouse/companion did so to prevent pregnancy; 5% did so to prevent STIs (including HIV/AIDS) and 6% used a condom as a family planning method and a means of preventing STIs.

Girlfriends/Boyfriends and Casual Partners

Of the 1239 persons interviewed, 265 identified themselves as “single” and 497 reported sexual relations with a boyfriend or girlfriend in the past 12 months. Condom use for girlfriends/boyfriends was considerably higher: 47% used a condom all the time or almost all the time; 17% used a condom sometimes and 36% used a condom rarely or never.

From the random sample, 12% admitted sexual relationships with casual partners in the past 12 months. Likewise, condom use for casual partners was higher: 66% used them all the time or almost all the time, and 34% said they rarely or never used condoms. Among individuals who had casual partners and used condom at least some of the time, prevention of STIs was mentioned by 76% of the group as one of the principal advantages of condom use, 56% used condoms to avoid pregnancy and 46% mentioned HIV/AIDS prevention.

While 44% of the sample indicated they had ever had sexual relations with a CSW, only 4% reported having sex with a CSW in the previous 12 months. Seventy-nine percent always or almost always used a condom and 22% indicated they infrequently or never used condoms with CSWs. Seventy-six percent of those who had used condoms with CSWs indicated they would postpone having sex if during the encounter they did not have a condom. Ninety-three percent said that if a condom is used correctly, it is possible to avoid getting HIV/AIDS.

Other Types of Relationships

Recent (previous 12 months) sexual relations among colleagues were rare (3.2%) or perhaps underreported. Likewise, same-sex relations were either rare or underreported: 1% of men indicated they had had sexual relations with homosexuals, gays, or transvestites, 1% reported having oral sex with other men, 1% had experienced penetrative (anal) sex and 1% had engaged in masturbation with other men. Only 5 women admitted having oral sex with other women and only 1 woman had touched the vulva of another woman.

Factors Influencing Multiple Partners and Condom Use with Various Partner Types

Bivariate analyses were used to explore behavioral determinants for those who always/almost always used condoms with a particular partner (doers) and those who rarely/never used condoms (non-doers).

Spouses

Those who regularly use condoms with spouses/partners were about as likely to use them as those who did not use condoms if their primary motive for condom use was family planning. However, people who used condoms for both family planning and as a way of preventing STIs and/or HIV/AIDS were more likely to be regular users. Ironically, regular condom users were more likely to cite the disadvantages of condom use, including decreased pleasure, interruption and the implication that using a condom is a sign of distrust. Even so, regular users are dedicated to their use; regular users were far more likely to feel capable of postponing a relationship if they did not have a condom on hand.

Girlfriend/ Boyfriend

In contrast to regular users of condoms with spouses/partners, those who regularly used condoms with girlfriends/boyfriends were significantly more likely to use condoms as a method of STI/HIV/AIDS prevention and as a method of family planning. They were also far more likely than irregular users to cite condoms as advantageous for the prevention of pregnancy and STIs, including HIV/AIDS. Like those who regularly used condoms with spouses/partners, those who had girlfriends/boyfriends and used condoms regularly were more likely than irregular users with girlfriends/boyfriends to cite the disadvantages of condom use. This is probably because regular users understand both the pros and cons of use, and have decided the benefits outweigh the costs.

Due to the small sample sizes of subsamples and perhaps under reporting of sex with sex workers, it was difficult to draw statistically meaningful conclusions about condom use for those reporting relations CSWs. Of note, regular condom users were more likely than irregular users to report prevention of sexually transmitted infections as a major benefit of condom use. They were less likely to report diminished pleasure as a barrier to the use of condoms and felt more certain that by using condoms with CSWs, they could avoid getting HIV/AIDS.

Other Partners

Owing to small sample sizes, it was not feasible to conduct bivariate analyses for those reporting sexual relations with colleagues in the PNC/ANSP and those reporting same-sex relationships.

With respect to other behavioral determinants, individuals who regularly used condoms with spouses/partners, girlfriends/boyfriends, CSWs and casual partners

were more likely than irregular users to have significantly higher levels of self-efficacy ($p < .05$ for all comparisons). Regular condom users also reported significantly better access to condoms for relationships involving spouses/partners, girlfriends/boyfriends and casual partners, but not for CSWs. Knowledge skills regarding how to use a condom were significantly better for those who regularly used a condom with spouse/partner and CSW and better (though not statistically significant) for girlfriends/boyfriends and casual partners. With respect to the impact of knowledge about HIV/AIDS transmission and how condoms can prevent transmission, regular condom users among girlfriends/boyfriends and among casual partners were significantly more likely than irregular users to have higher knowledge scores. Additionally, those who reported regular condom use for spouses/partners, girlfriends/boyfriends and casual partners were significantly more likely than irregular users to have favorable attitudes towards condom use.

FACTORS ASSOCIATED (P > .05) With REGULAR CONDOM USE, BY PARTNER TYPE

Factor	Type of Partner			
	Spouse	Girlfriend/ boyfriend	Casual	CSW
Higher skills and knowledge about condom use	X	<i>Greater than non-users, tho not stat signif</i>	<i>Greater than non-users, tho not stat signif</i>	X
Higher knowledge of HIV transmission		X	X	
Better access to condoms	X	X	X	
“Better” attitudes	X	X	X	
Belief condoms are effective for HIV prevention if used consistently and correctly	X			
Better self-efficacy to negotiate and use condoms	X	X	X	X
Motive for condom use is pregnancy prevention		X	<i>Not asked</i>	
Motive for condom use is to protect from STIs		X	<i>Not asked</i>	X
Motive for condom use is to protect from HIV		X	<i>Not asked</i>	
Motive for condom use is to protect from both pregnancy and STIs	X		<i>Not asked</i>	
Would chose to postpone sex if no condom	X	X	<i>Greater than non-users, tho not stat signif</i>	X
See the DISadvantages of condom use (primarily that it implies distrust)	X	X	X	

Risk factors for multiple partners include being male, spending long periods of time away from home, using alcohol and drugs, and being an agent in the PNC.

Owing to small sample sizes, multivariate analysis of factors influencing condom use was only possible for spouses/partners and girlfriends/boyfriends. The better educated are more likely to have multiple partners. Those who completed high school and those who completed college were 9 times and 14 times more likely than those who only completed grammar school to use a condom regularly. Those who felt condoms were good for prevention of HIV/AIDS *and* those who felt condoms implied distrust in the relationship were more likely to regularly use condoms with spouses/partners. Likewise, those who felt they were able to postpone sex if they did not have a condom and those who had favorable attitudes toward condom use were significantly more likely to use condoms.

With respect to predictors of regular condom use with girlfriends/boyfriends, a range of variable predicted regular condom use, including time spent away from home, sex of respondent, the perceived advantage that condoms are good for preventing STIs (including HIV/AIDS), the ability to postpone a relationship if a condom is not available, and indicators of self-efficacy, access and social norms.

Recommendations for project implementation focus on the need to emphasize education/information sharing as an important (but not sole) component of behavior change strategies, focusing on key transmission and prevention information and dispelling myths about transmission. Self-efficacy in using condoms and negotiating condom with various partners and in various situations should also be stressed. Furthermore, strategies to promote condoms must be partner specific with an increased commitment to negotiating regular condom use and or reducing casual partners.

The counseling component of voluntary counseling testing activities clearly needs strengthening, with a focus on risk reduction for negative HIV tests. As with other behavior change activities, strategies must be contextual and partner specific.

To receive an electronic copy of the report, instruments, etc., please address requests directly to changeinfo@aed.org.