

HIV/AIDS

Strategic Information Bulletin Lifestyles, Knowledge, Attitudes, and Practices

A baseline household survey of residents from Rundu, Namibia, 2004

WHAT WAS DONE

A random household survey of 300 people was conducted to assess the attitudes, perceptions, and behaviors with regard to HIV/AIDS prevention, treatment and support, in the 10 km catchment area around the Rundu State Hospital. This study is part of a larger nation-wide study for the President's Emergency Plan for AIDS Relief programs and activities for targeted groups and communities-at-large in Namibia, implemented in support of the HIV/AIDS programs of the Government of the Republic of Namibia.

The purpose of the baseline survey is to assess individual-level perceptions of residents of the Rundu community in the areas of: (a) HIV/AIDS awareness and knowledge; (b) People Living with AIDS (PLWA); (c) Community Responses to HIV/AIDS; (d) HIV Voluntary Counseling and Testing Clinics (VCTs); (e) Prevention of Mother-to-Child Transmission of HIV; (f) and Sexual Behaviors and Contraception practices

Audience Analysis

In Rundu, fewer respondents were unemployed (only 33%) than in Andara or Nyangana and most possessed basic household utilities, such as electricity and piped water. Nearly all had attended school with many still reporting themselves as students. The relationship status of most Rundu respondents was single, with a significant proportion involved in boyfriend/girlfriend relationships.

- Of the 300 people interviewed, they were almost evenly split between males (48%) and females (52%), with 66% between the ages of 15 and 24 years and 33% 25+ years of age.
- Three-fourths of respondents were single (73%), with almost a fourth reporting their marital status as divorced or separated (21%). Two percent reported living together and 2% were married.
- Nearly a third of respondents (29%) grew up speaking Kwangali as their main language, with 14% speaking Rukwangali, 14% Nyemba, 11% Rugiriku, and 8% Oshivambo, among other languages. Two percent grew up speaking English as their main language.
- Nearly all respondents (97%) attended school, with most (85%) reporting that they had completed 8 to 12 years.
- More than half were Catholic (55%), a quarter (25%) were Protestant (Evangelical or Pentecostal), and 3% were mainstream Protestant.
- Fourteen percent reported that religion had no effect on their behavior and 20% reported it had only a slight effect on their behavior. About another third reported (31%) that religion guided everything they did. One in five (20%) reported that religion had a moderate effect on their behavior and 13% reported religion significantly influenced their behavior.
- One-third of the people interviewed were unemployed (33%), 42% were students, 8% day laborers, 7% entrepreneurs, and 2% homemakers.
- Nearly all owned their own home (96%), with Rundu respondents having the most modern facilities as compared to Andara and Nyangana. Eighty-eight percent had electricity, 66% piped water, 13% indoor toilets, and 17% a telephone.

Knowledge and Perceptions of HIV/AIDS

Everyone had heard of AIDS in Rundu, although they were less knowledgeable than those in Andara or Nyangana about other sexually transmitted diseases. Rundu respondents perceived that HIV infection and AIDS are very serious and important, and they were more likely than respondents in Andara and Nyangana to perceive themselves at risk for getting HIV. Many also recognized that condoms, sex avoidance and partner faithfulness are keys to preventing HIV infection. Fewer individuals had misinformation compared to respondents in Andara and Nyangana. Respondents also appeared to talk more about HIV/AIDS issues with others.

- Most respondents (84%) had heard of diseases transmitted through sexual relations, with 100% acknowledging that AIDS is a sexually transmitted disease. Yet, fewer respondents than in Andara and Nyangana knew of gonorrhea (60%) and syphilis (53%). Slightly fewer than the other two regions were aware of genital warts (25%), herpes (22%) and chlamydia (19%).
- Half of respondents (53%) agreed with the statement, "AIDS is the worst thing that can happen to me."
- Nearly two-thirds of respondents (62%) believed that they had a good knowledge of AIDS with 11% believing their level of knowledge to be excellent.
- Most respondents knew that using a condom (82%) and abstaining from sexual intercourse (84%) prevent HIV infection. Fewer people knew that limiting the number of sex partners (32%) and having only one sex partner (33%) prevent HIV infection.
- The vast majority (86%) recognized that AIDS is not curable.
- Forty-one percent believed that people infected with HIV look sick.
- Respondents have been talking with others about HIV/AIDS issues. Thirty percent have talked about the issue a lot, 30% have talked about HIV/AIDS a few times, and 23% have talked about it once. Seven percent reported that they talked about it all of the time. Only 10% reported that they had never spoken with others about HIV/AIDS.
- About one-third (36%) believed that it was at least possible for them to get HIV or AIDS and 30% believed it was very likely that they would get HIV or AIDS sometime in the future. Although 4% felt getting HIV or AIDS was certain, 30% believed it not at all likely.
- Forty-three percent did not think that they already had HIV or AIDS. However, 25% thought it slightly possible, another 26% thought it very likely, and 6% thought it was certain they had HIV or AIDS.
- Tables 1-3 show people's perceptions about whether or not they have or will get HIV in their lifetime. Table 1 represents the percentage of people in Rundu who said there was no chance that they would get HIV in the future and that there was no chance they already had HIV or AIDS. Tables 2 and 3 show the percentage of people who believed it was at least possible that they might get HIV/AIDS (Table 2) or even already had HIV or AIDS (Table 3).
- One in five (20%) knew of a family member living with HIV or AIDS and 28% thought a family member might have HIV or AIDS. Still, 43% reported that no one in their family had HIV or AIDS.
- About half of the respondents (51%) believed that many people and about one-third (30%) believed that few people in their community were living with HIV. Only 9% believed no one had HIV or AIDS in their community.
- Almost everyone (96%) knew they could get infected with HIV through sexual intercourse, with fewer people knowing that one could get infected with HIV through the sharing of needles (42%), unclean medical equipment (30%), blood transfusions (31%), contact with the blood of an infected person (33%), contact with an infected person's toothbrush or shaving materials (28%), or that HIV could be transmitted from mother to baby during pregnancy (24%), when giving birth (24%), or through breast milk (23%).
- When respondents were asked to spontaneously list ways one could avoid getting HIV/AIDS, 100% said abstaining from sex, 60% said having only one sex partner, 53% said always using condoms and 25% said limiting the number of sex partners.

Table 1. Percentage of respondents from Rundu who believed there was no chance they either had or would get HIV or AIDS in the future.

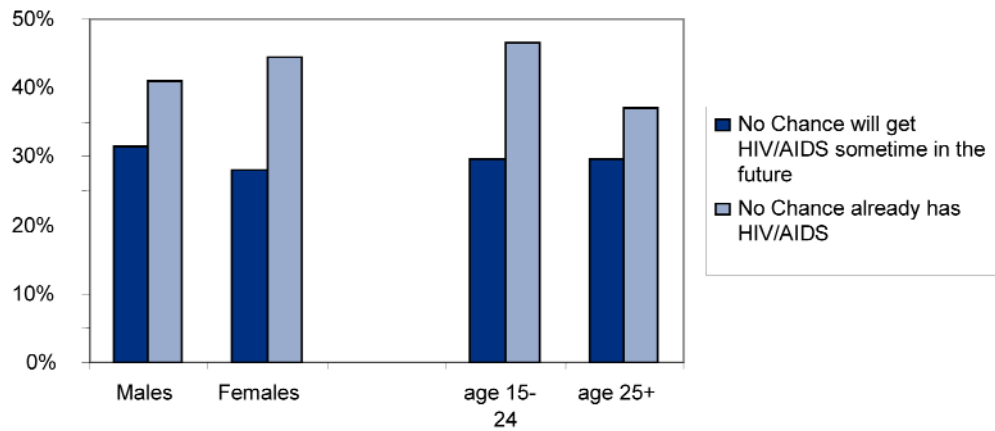


Table 2. What are the chances you will get HIV/AIDS sometime in the future?

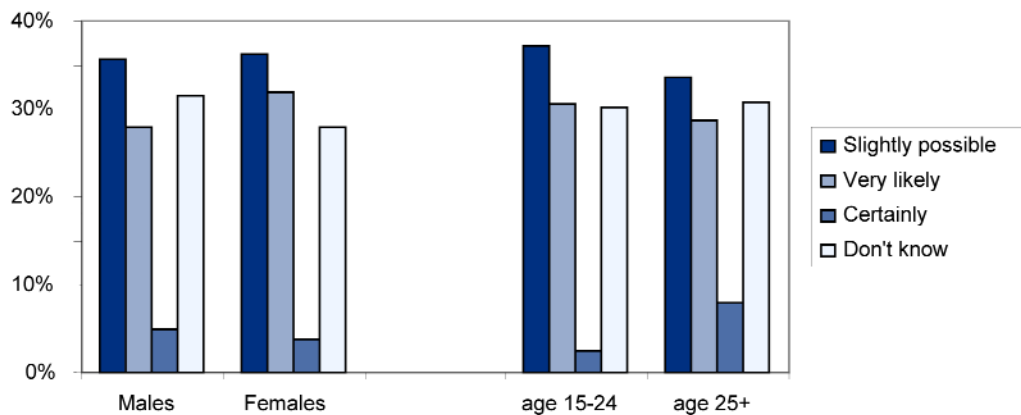
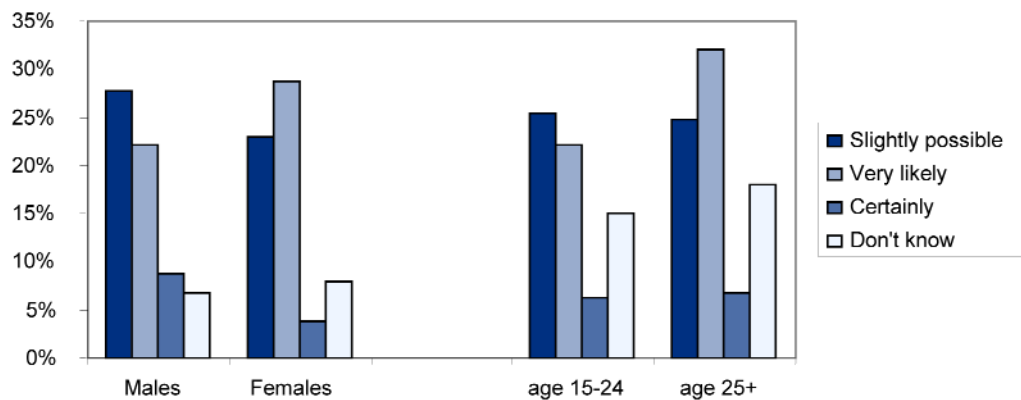


Table 3. What are the chances that you already have HIV or AIDS?



People Living With AIDS (PLWA)

Stigma associated with AIDS or HIV infection was mixed in Rundu. Although many appeared to be tolerant of those with the disease, one-third would keep a family member's infection a secret, and five individuals said they would commit suicide if infected. Seven other individuals said they would just wait to die.

- Everyone in Rundu knew that AIDS is not curable (100%), 90% knew that neither sex with a virgin nor traditional healers (90%) could cure it. Fourteen percent believed that the morning after pill could prevent HIV infection and 17% believed that special herbs could prevent HIV transmission.
- About three-fourths of respondents (72%) said they would be willing to care for family members if they became sick with AIDS, but 35% would definitely want to keep it a secret.
- The majority of respondents (70%) were willing to purchase food from shopkeepers who were infected with HIV, and they also believed (72%) that teachers infected with HIV, but who were not sick, should be allowed to continue teaching.
- Half of respondents (50%) said that people living with HIV or AIDS should seek medication from a doctor, pray (40%), tell friends and family (30%), eat well (23%), talk with a counselor (23%), get moral/spiritual counseling (22%), and take antibiotics (17%).
- When HIV infected or developing AIDS, almost half of respondents believed that sexual activity should be reduced (47%), 18% believed that physical activity should be reduced and one-fourth (25%) thought effort should be spent preventing re-infection.
- Two-thirds of respondents (67%) recognized that HIV/AIDS medicines were for those individuals who were infected with HIV or who had AIDS, 64% said they were to be used with pregnant women and 9% said they were to be used with babies. Seventeen percent believed they should be used for those not infected with HIV.
- Few respondents (15%) in Rundu believed that AIDS medicines could cure AIDS. There was, however, uncertainty about the safety of AIDS medicines for pregnant women: 52% perceived them to be safe and 48% unsafe.
- Almost two out of every three respondents (62%) knew that medicines for people living with AIDS or infected with HIV needed to be taken for the rest of their lives, fifteen percent (15%) believed that these medicines were only needed three to five years. Only five percent (5%) believed that medicines were needed for less than three years.
- Respondents thought that people with HIV or AIDS could improve their quality of life by avoiding alcohol (62%) and tobacco (47%), decreasing sexual activity (47%), and having good nutrition (30%).
- Pessimism was evident among some respondents as seven reported that people living with AIDS should just wait to die and five individuals said they would commit suicide if diagnosed with AIDS.

Community Responses to HIV/AIDS

Those in Rundu appeared to be willing to talk about HIV/AIDS issues, yet few were actively working to solve the AIDS crisis. Community meetings have been effective venues for talking about HIV/AIDS, but few respondents have sought out many of the available services in their area. Many appeared to rely on the word of friends/peers, parents and teachers, or the television and radio for information.

- Forty-two percent of respondents thought the AIDS problem in Namibia could be solved but it would take a long time. Another 20% believed the problem would never be solved, because people "will never change."
- Thirty percent believed that the community had worked together in the past year to solve AIDS-related problems. Only 13% reported participating in the past year's community AIDS activities.
- The distribution of condoms (31%), community meetings (24%), and general AIDS education (15%) were the three most often reported methods that communities have used to address the AIDS crisis.
- Although many were aware of the use of medicines for HIV/AIDS (48%) and knew of medicines to maintain the health of those with HIV (70%), far fewer were aware of other support services. Specifically, 27% knew of financial services, 14% were aware of psychological services, 15% knew of post-test clubs, and 11% knew of legal support.
- While many relied on friends (50%), parents (49%) and teachers (38%) for HIV/AIDS information, 73% relied on the radio, 55% on television, and 51% on newspapers to learn more about the topic.
- In the past two months, 62% reported using HIV/AIDS information services, 40% used AIDS support groups, 34% had sought AIDS counseling, 14% reported using other related medical services and 17% reported using public assistance.

HIV Counseling and Testing

Almost no one in Rundu had been tested for HIV, yet they appeared to be very willing to be tested. Of those who were tested, most received testing to be sure of their status, but like other regions, there was fear associated in testing and the certainty of learning one's HIV status. Everyone was aware of Voluntary Counseling and Testing Clinics (VCTs), although there appeared to be some concerns about health care workers who might be rude or tell others their private health information. Respondents preferred anonymous testing, where they did not know the health care worker and the health care worker did not know them.

- Only 1% of Rundu respondents had been tested for HIV, although 73% reported a willingness to be tested for HIV. Approximately the same percentage (75%) would encourage family and friends to be tested for HIV.
- The three reasons most often given for seeking HIV counseling and testing services were to be safe/sure one did not have HIV (84%), because one was pregnant (10%), and because family members encouraged the person to go (2%).
- Eighty percent told a partner about their test results, 66% told a family member, 45% told friends, and 29% told their doctor. Only 4% spoke with a religious leader about their test results.
- Fifty-one percent of respondents knew they could get HIV/AIDS counseling at a clinic. Other places mentioned for getting HIV/AIDS counseling were hospitals (65%), at an AIDS center (21%) and a pharmacy (7%).
- Most respondents slightly agreed (48%) or strongly agreed (27%) (combined total of 75%) that they would like to get counseling about HIV/AIDS issues.
- Everyone was aware of HIV test clinics in their community; 36% slightly agreed and 21% strongly agreed (combined total of 57%) that their community HIV clinic gave accurate results.
- More than half (56%) of respondents either slightly agreed (32%) or strongly agreed (24%) that health care workers in their community were rude to clients. More than half (59%) of respondents also slightly agreed (34%) or strongly agreed (25%) that health care workers told others their private health information.
- In general, respondents had average to strong levels of trust for both doctors and nurses in their community, scoring around the mid-point of a 1-4-point scale.

Prevention of Mother-to-Child Transmission (PMTCT)

Most perceived that not breastfeeding and taking HIV/AIDS medicines are important to prevent mother-to-child transmission of the virus. However, if a mother decided not to breastfeed, some in the community might perceive her to have AIDS. Still, the percent who would have this perception was significantly lower than it was in Andara or Nyangana. When not breastfeeding, half showed some concern that the child would not grow well, would become infected with HIV or suffer from illness more often.

Table 4. Perceptions about health care workers by sex. Rundu

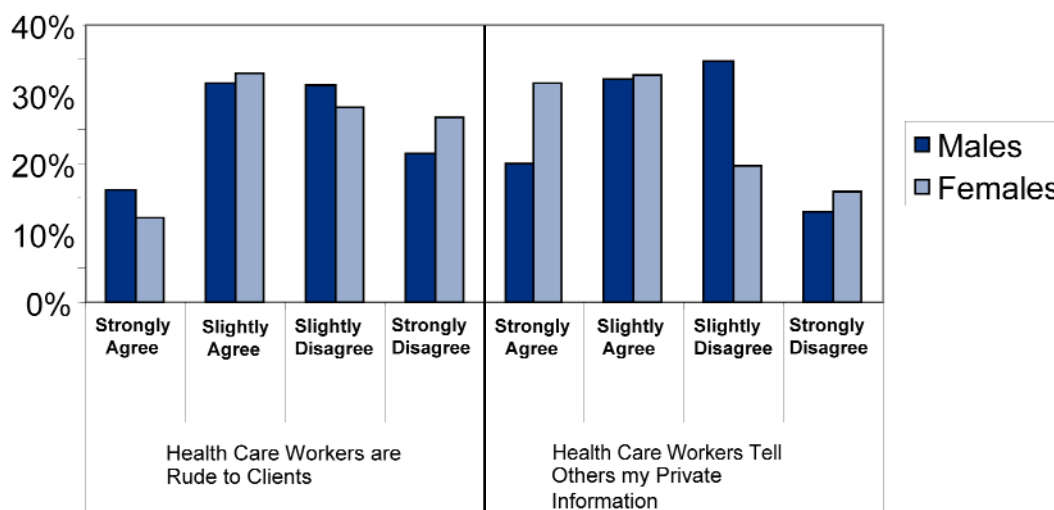
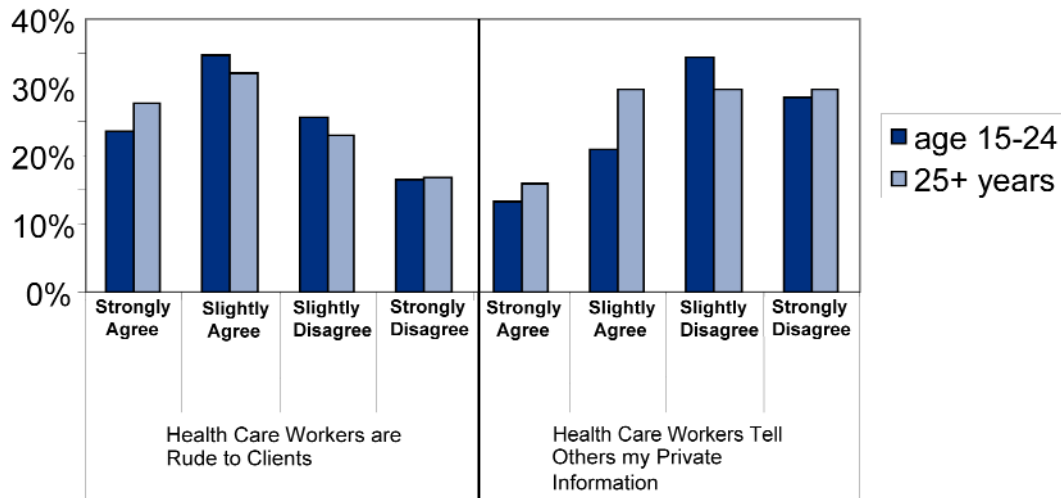


Table 5. Perceptions about health care workers by age. Rundu



- Sixty percent believed that if a mother had HIV, her child(ren) would have it too.
- About half (49%) believed that mothers could reduce the risk of HIV transmission to their child, with 50% identifying not breastfeeding as a primary method for reducing HIV risk and taking HIV/AIDS medicines as a second line of defense (24%). However, 69% reported that mothers should always breastfeed their children.
- Eighty-five percent of Rundu respondents reported that if a mother was infected with HIV she should not breastfeed her child(ren).
- Although 12% knew of a child in the community with HIV or AIDS, 63% reported that they knew of no child with HIV or AIDS.
- When it came to discussing how to prevent mother-to-child transmission of HIV, 58% sought the services of a health care worker, 41% spoke with a friend or peer, 38% spoke with parents, and 31% spoke with a community member or neighbor (multiple responses allowed).
- The primary concerns if a mother did not breastfeed her child were that the child would get HIV (55%), may not grow well (52%), and/or suffer from illnesses more often (47%).

Orphans and Vulnerable Children (OVC)

Almost no one was assisting children whose parents or caretakers were sick or had died from AIDS. It was assumed by most respondents that children whose parents or caretakers were sick or had died from AIDS would rely on their extended family for care. The vast majority believed that children whose parents or caretakers were sick or who had died from AIDS should stay in school, yet only two-thirds believed they should receive special assistance to remain in school. Respondents, however, were more uncertain as to whether or not children whose parents were affected by HIV/AIDS were treated differently in the community.

- Almost no one (98%) was assisting with children whose parents or caretakers had died from AIDS or were sick from AIDS.
- Most (81%) assumed that the extended family would provide care for children if a parent became sick or died (80%) from AIDS. However, respondents perceived that the responsibility for care should fall primarily on the government (78%) and then the extended family (46%) (multiple responses allowed).
- Thirty-six percent said the Red Cross and 50% said Catholic AIDS Action were organizations providing special services for children whose parents or caretakers had died from AIDS.
- The vast majority (80%) agreed that children whose parent or caretaker was affected by HIV or AIDS should remain in school, yet only 71% supported the idea of giving special assistance to these children in order for them to stay in school. Few (15%) perceived that OVCs should avoid going to school with children who are not affected by AIDS.
- Twenty-three percent agreed that OVCs were treated differently from other children in the community, 33% disagreed, and 40% were unsure.

Sexual Behaviors and Condoms

Many used condoms on a regular basis, especially with boyfriends or girlfriends. In general, the vast majority had only one sexual partner in the past year. Many in the region also reported the use of sexual avoidance as a key tool to prevent HIV infection, although many more perceived sexual avoidance to be a good idea (but have not implemented this behavior as regularly as condoms.)

- The overall median age for first sexual intercourse was 16 years for women and 17 years for men. The median age for first sexual intercourse for those aged 20-24 years was 16 years for women and 16.5 years for men.
- Half (50%) reported having sex with the same number of persons in the last 12 months as in the year before and 40% reported having fewer sex partners than in the previous year. Three of four respondents (78%) reported only one sex partner in the past 12 months.
- Just over half of respondents (54%) used condoms the last time they had sex with a spouse, and 86% used condoms with a boyfriend or girlfriend the last time they had sex. Rundu respondents had the highest reported levels of condom use despite their lower intentions to always use condoms (24%).
- Sixty-one percent had purposely avoided sex in the past year. Forty percent said they avoided sex to prevent HIV/STD infection, 21% said they desired to finish school/pursue a career, and 20% said they desired to have control over their own lives.
- Respondents were split in their belief that condoms reduced sexual pleasure: 47% slightly or strongly agreed that they reduced pleasure and 54% slightly or strongly disagreed.
- Slightly over half of respondents (53%) slightly or strongly agreed that their religion opposes the use of condoms.



Research Facilitation Services

Funded by the President's Emergency Plan for AIDS Relief (United States).