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Multidimensional Approach for HIV Prevention

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Abstract:

Objective: the main objective of this study is to identify the preventing model to reduce the Human Immune Deficiency Virus (HIV) risk behavior. Methodology: Mix research design was used to draw the data from 404 respondents of Kathmandu valley, Nepal. Simple random sampling was done to select the respondents. Statistical analysis was done for quantitative data and manual editing and analysis was done for qualitative data. Ethical approval was taken from the Nepal Health Research Counsel to conduct this research. Result: comprehensive multidimensional approach was developed to prevent the risk of HIV transmission. Multidimensional approach had covered the involvement of individual, community, private organization, Non-Governmental organization and governmental organization. Among them, majority respondents reported the role of individual as a prime role to prevent the risk behavior. Conclusion: There is a positive association found between the Individual factors and HIV risk behavior. So, individuals should be more careful and take responsibilities to improve in HIV risk taking behavior and reduce the transmission of HIV.

Key words: Approach, HIV, Multidimensional

1. Introduction

HIV and AIDS remains one of the world's most significant public health challenges, particularly in low- and middle-income countries. As a result of recent advances in access to antiretroviral therapy (ART), HIV-positive people now live longer and healthier lives. In addition, according to the WHO, it has been confirmed that ART prevents onward transmission of HIV.

Certain behaviors can increase HIV risk. Risky behavior of HIV and AIDS is defined "Risk arises from individuals engaging in risk-taking behavior for a variety of reasons. They may, lack information on HIV, may think that HIV and AIDS affect a different social stratum than their own, or may not have access to condoms" (UNAIDS, 1998, p. 4). In National and international context, various factors are found associated with increasing the risk of HIV and AIDS from the previous literatures. For example: having unprotected vaginal, anal, or oral sex with someone who is infected with HIV or whose HIV status you don't know, having many sexual partners, having sex with a sex worker or an IV drug user and sharing needles, syringes, or equipment used to prepare or inject drugs with someone who is HIV infected. Besides that, having sex after drinking alcohol or taking drugs or having a mother who was infected with HIV before the child was born may increase the chances of HIV transmission.

2. Methodology

This study was conducted in the Kathmandu valley in 2013. Research was based on the descriptive and exploratory research design. The simple random sampling technique was used to select the respondents. Total 404 respondents were selected from garment factory workers, brick factory workers, transport workers and health workers for the questionnaire survey and 22 people were taken for in-depth interviews and 5 case studies were developed. The concurrent mix method (qualitative and quantitative) technique was used to collect the data. The result was drawn from the primary data and critically discussed with the secondary data. Frequency table was drawn from quantitative data by using the SPSS and manual editing, transcribing and analyzing was done for qualitative data.

3. Results

In the study, total (n=404) respondents in the survey by sex, 29.46 percent were females and rests were males. Among them, 229 respondents were married and 175 were unmarried. As per ethnicity 53.2% of respondents were Janjati (ethnic group) followed by 30.44% Chhetri and Brahmin, 11.38% Dalit and 5% Muslim/Yadav were participating in research. The mean age of the respondents was 27.31 years and Std. Deviation was 7.614, which ranges from 15 years to 49 years. As data of education level of respondents shows that majority (25.50%) of respondents had primary level of education followed by 27.48% respondents from the Higher secondary level and above, 21.29% from the lower secondary level, 13.12% from secondary level, 7.92% from literate and 4.7% were illiterate respondents. Regarding the preventing model of HIV transmission, multidimensional approach was developed after discussion with participants and analysis of primary data. Multidimensional approach means, 'An assessment of the situation from the multi-sectors or angles to find out the solution of the problem'. This approach is developed by addressing the different factors associated with the risk of HIV and AIDS on the basis of primary data of research.

3.1. Framework of Multidimensional Approach

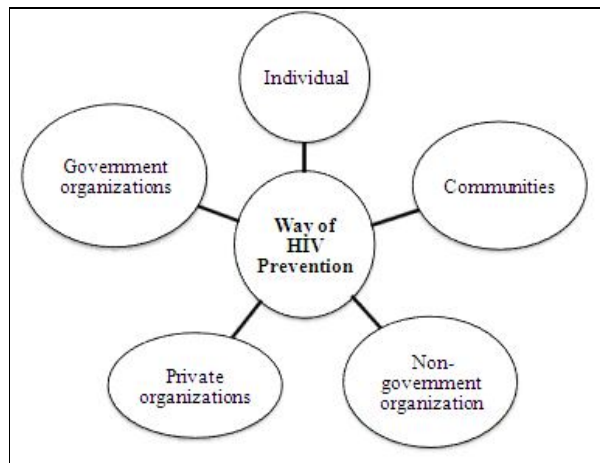


Figure 1: Multidimensional approach for HIV risk reduction

Defining the factors associated with the actors and their roles and responsibilities to reduce the risk of HIV transmission:

Table No. 1: Description of Multidimensional Approach				
Actors	%	Factors associated with actors		Roles & Responsibilities
		Latent Function	Manifest Function	
Individual	94.6%	Use of alcohol during the sexual intercourse, High ambition, high sexual desire, Pressure of friends, Misuse of Internet/technology, Trust on sex partners, Secrecy of HIV status	Negligence, unsafe sex, Multiple sex partners, sharing of needles,	To be sincere, each individual adopt safer sexual behavior Negligence behave should be corrected, Openly talk about sex education Be faithful with their sex partners, Sharing of knowledge and information with peers, families and community people
Community	39.6%	Girls (Human) Trafficking, Socio-cultural taboos, gender based discrimination	Stigma and discrimination Social awareness,	Accept the HIV and AIDS as a social problem Intensive support and involvement in awareness campaigns, Reduce the stigma and discriminatory behavior to HIV infected or affected people,
Private Organization	37.1%	Inadequate involvement in social awareness campaigns	Unsafe sex business of Hotel/restaurant/(Prostitution)	Increase the involvement in corporate social responsibilities Organize at least quarterly one health awareness program targeting their workers, Create the employment opportunities for youths,
Government organization	49.0%	Poverty, Illiteracy, conflict, Human (Girls) Trafficking,	Government health policy/strategy: health service delivery, Unemployment (Migration/prostitution) problem,	Develop the policy on the ground of underlying causes of HIV and AIDS, Launch the program addressing the social, cultural, educational and economic factors, sex trade should be managed legally; cannot be controlled, Mobilize multi-sectoral agencies Extension of health services in hard to reach areas

Table No. 1: Description of Multidimensional Approach				
Actors	%	Factors associated with actors		Roles & Responsibilities
		Latent Function	Manifest Function	
Government Non-Organization	40.1%	Support for infected and affected people	Geographical coverage of health awareness program	Increase the community participation in each movement, Identify the real needy communities for intervention Provide comprehensive package of services for infected and affected people

Table 1

The above framework has tried to identify the manifest factors (the factors which found directly associated with risk behavior for HIV transmission) and latent factors (the factors which indirectly induce the risk behavior for HIV transmission) on the basis of different actors. Here actors mean these institutions or individual who should be responsible to prevent the HIV transmission. The above framework has identified the actors and their roles in HIV prevention.

4. Discussion

The above explained risk reduction model was discussed with other previous study which stated the HIV risk reduction model. National HIV and AIDS Strategy 2006 – 2011 of Nepal has highlighted the importance of involvement of multi-sector, which stated that "Since HIV and AIDS is more than a public health priority and is a complex; multifaceted problem affecting all aspects of society, decentralized, multi-sectoral and interdisciplinary involvement must be established for building an adequate response to the HIV epidemic" (Government of Nepal, October 2007, p. XIII). Similarly, developed next 5 years (2011-2016) National HIV and AIDS strategy has also stated that "addressing the all dimensions of continuum of care from prevention to treatment, care and support"(National Centre for AIDS and STD Control, November 2011). But, the National strategy plan has not highlighted the roles of different stakeholders to prevent the risk of HIV transmission.

J. N. Sayles has reported that condom use and negotiation of safer sex are reported to be the most effective means of HIV risk reduction (2006). Similarly, a previous study conducted by J. A. Catania, S. M. Kegeles, and T. J. Coates had reported that the AIDS risk reduction model in which self-efficacy plays an important role (1990). The concept of self-efficacy is defined as having confidence in one's ability to perform a particular behavior, and it has been regarded as an important component of health-related behavioral change (A. Bandura, 1977). Self-efficacy emphasize three stages where a young person has knowledge about a particular safer sex behavior (i.e., using condoms), they then have to think that the behavior is socially acceptable (norms/attitudes) and to believe that they would be able to practice the behavior (self-efficacy) before they actually engage in the behavior (J. A. Catania, 1990).

Multivariate analysis found the variables: having been tested for HIV, concurrent sexual partners, transactional sex partners in a life time, low HIV risk perception, and difficulty of getting condoms, acceptable to have coerced sex, high relationship control, and participating in 1-2 love Life face-face programs to be significantly associated with high self-efficacy for males. Similarly with regards to females, low HIV risk perception, HIV and AIDS stigma, ever drugs and having life goals were associated with high self-efficacy in multivariate analysis (Julia Louw, 2012, p. 3).

From a public health standpoint, conceptual framework for HIV prevention was developed by Vikrant V. Sahasrabuddhe and Sten H. Vermund considering HIV prevention in three phases: (i) primary prevention, for hitherto uninfected by HIV, (ii) secondary prevention, for recent HIV 'acutely infected' individuals and (iii) tertiary prevention targeting persons with chronic HIV infection. To address these phases, different strategies were applied at the micro (individual or family) level, meso (community) level, and macro (policy or structural) level (2007). Vikrant V. Sahasrabuddhe and Sten H. Vermund also reported. "prevention and control of sexually transmitted infections (STIs) have proven effective in reducing HIV infection when treatment is available promptly for symptomatic persons in conditions of an emerging infection. Biologically, it is assumed that reduced genital tract inflammation reduces the infectiousness of HIV as well as reduces susceptibility in HIV-uninfected persons" (2007, p. 1).

From the above discussed on previous study also, it is found that individual factors are mostly reported as associated factors with risk of HIV and AIDS. In my study also, 94.6% respondents reported individual factors to be the most effective means of HIV risk reduction. So the finding of my study shows the similar result with previous studies.

5. Conclusion

The study found out the direct and indirect association of socio-cultural, individual, economic, political and educational factors with risk of HIV transmission. Data shows that individual behaviors are more responsible to transmit the HIV from one person to another, so individual factors is understood as a major responsible factor to reduce the risk of HIV transmission. Similarly, the roles of community, private organization, non-governmental and governmental organization are also equally important to address the issues of HIV and AIDS. By considering the roles of these different institutions, Multidimensional approach is developed for HIV risk reduction.

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7. References

1. Bandura. (1977). Self-efficacy: toward a unifying theory of behavioral change. *Psychological Review*, 84(no. 2), 191–215.
2. Government of Nepal. (October 2007). National HIV & AIDS Strategy (2006-2011). Teku, kathmandu: Ministry of Health & Population, National Center for AIDS and STD control.
3. J. A. Catania, S. M. (1990). Towards an understanding of risk behavior: an AIDS risk reduction model (ARRM). *Health Education Quarterly*, 17(no. 1), pp. 53–72.
4. J. N. Sayles, A. P. (2006). Factors associated with self-efficacy for condom use and sexual negotiation among South African youth. *Journal of Acquired Immune Deficiency Syndromes*, 43(no. 2), pp. 226–233.
5. Julia Louw, K. P. (2012, May 20). Correlates of HIV Risk Reduction Self-Efficacy among Youth in SouthAfrica. (K. I. Rappaport, Ed.) *The Scientific World Journal*, Volume 2012 (Article ID 817315), 1-8.
6. National Centre for AIDS and STD Control. (November 2011). NATIONAL HIV/AIDS STRATEGY 2011 - 2016. Teku, Kathmandu, Nepal: Government of Nepal: Ministry of Health and Population.
7. UNAIDS. (1998). Expanding the global response to HIV/AIDS through focused action Reducing risk and vulnerability: definitions, rationale and pathways. Geneva 27 – Switzerland: Joint United Nations Programme on HIV/AIDS.
8. Vikrant V. Sahasrabuddhe and Sten H. Vermund. (2007, March). The Future of HIV Prevention: STI control and Circumcision Interventions. *Infectious Disease Clinics of North America*, 21 (1), 241–xi