

Harari Police Force and Factors which Influence Preventive Behaviors of HIV/AIDS in the Harari Regional State, Ethiopia

Roba Argaw

Abstract

Background: HIV/AIDS is one of Ethiopia's most formidable public health challenges to the socio-economic development and security of the country. In particular, this disease challenge has individual and organizational impacts which results in police services which are less able to effectively protect and serve the public and to combat crime in the nation.

Objective: To assess factors that influence HIV/AIDS prevention among Harari police in the Harari Regional State of eastern Ethiopia.

Methods: A cross-sectional study design was employed and the data were computed and analysed quantitatively and qualitatively. This study was conducted in January 2010.

Results: Half (51%) of the respondents were aware of being engaged in risky sexual practices and believed that they were susceptible to HIV infection. A total of 29% had multiple sex partners. A total 45% and 74% used condoms consistently and used VCT, respectively. Being an average of 39 years of age, occasional alcohol drinking, VCT service accessibility, peer education, condom availability, insufficient condom promotion in the work place and some attitudes and perceptions showed significant associations with their sexual behaviors.

Conclusions: Attitudes and perceptions show that there are misconceptions about HIV/AIDS risk factors and its prevention. Ongoing information, education and communication and behavioral change communication on HIV/AIDS, a strengthening of peer education about the disease and establishing anti-AIDS clubs for members of the police force are recommended.

Introduction

Police forces globally face a serious risk of HIV/AIDS (1). The United Nation AIDS program states that the uniformed services including police forces are highly vulnerable to STIs including HIV and AIDS. This is in part due to long periods of deployment away from home during their sexually active age and other factors that expose them to higher risks of HIV infection (2). In the course of their work, police constantly interact with populations which help to drive the HIV epidemic such as commercial sex workers, jail and prison detainees, injecting drug users, illegal immigrants and homosexuals (3).

There are more than 1.3 million people living with HIV/AIDS in Ethiopia. It is a problem throughout society. More than 350 people contract the virus every day and most of these are young persons. According to recent data from federal police hospital, 24.8% of the women who come for maternity check-ups are HIV positive (4).

The impact of HIV/AIDS on the police force and the role of the police force in fighting HIV/AIDS is a neglected area of research. This is partly due to a lack of testing and to poor systematic data collection among police services and governments around the world. This lack of information extends to the basic and fundamental issues like levels of prevalence of HIV/AIDS and the vulnerability of police forces to HIV/AIDS. As a result, the vast majority of conclusions which have been drawn in the literature are speculative and they are based upon anecdotal evidence (2).

Objectives

General Objective:

1. To assess the factors that influence HIV/AIDS on prevention behaviors among police personnel in the Harari Regional State.

Specific Objectives:

1. To assess sexual activities of the police related to HIV/AIDS in the Harari Regional State.
2. To identify factors influencing prevention behaviors regarding HIV/AIDS among the police force.

Methods

Study Area and Period: This research study was conducted in the Harari Regional State which is located 510 km from Addis Ababa. The regional state has nine districts with a total population of 209,000 persons. The HIV prevalence rate of the region is 3.2 % (5). The study was undertaken in January 2010 in the Harari Regional State.

Study Design: A cross-sectional study design was used in this research. Both quantitative and qualitative data were used for analysis.

Source and Study Population: All police force members located in the study area during the study period were the source population while all of the sampled police force members in the study area were the study population.

Sample Size Determination: A single population proportion with an assumption of the proportion of the existence of factors that influence preventive behavior was taken as 50%; the marginal error was 0.005 and a 95% confidence level was used. The final sample size was 310 persons. Ten percent of the study subjects were selected for the qualitative portion of the study.

Sampling Techniques: A simple random sampling technique was used to select the study subjects by using their identification numbers as a sampling frame.

Study Variables

Dependent Variable: Sexual behaviors of the Harari police personnel were taken as the dependent variable.

Independent Variables: Socio-demographic and economic variables, the availability and accessibility of condoms and VCT services were taken as independent variables.

Data Collection Procedures

For the quantitative portion of the study, a structured questionnaire prepared in the Amharic language including closed-ended and partially open-ended questions were used. For the qualitative portion of the study, in-depth interviews using an unstructured Amharic questionnaire using open-ended questions were used. Trained data collectors coupled with a supervisor and the principal investigator collected the data.

Data Quality Control: An English language questionnaire was prepared and was then translated into Amharic. The Amharic questionnaire was then translated back into English to look for any language inconsistencies. The data collectors were trained for two days on how to use the questionnaire. Pre-testing was conducted among 10% of the non-selected study group. Check-ups on the completeness of the filled questionnaires were made on a daily basis in the field by the principal investigator.

Data Analysis: Quantitative data were analyzed using SPSS Version 16. Bivariate and multivariate analyses were computed to identify exploratory variables. Qualitative data was recorded and translated. It was summarized into different thematic areas for examination.

Ethical Considerations: Ethical clearance was secured from the Institutional Research Ethics Review Committee of the Haramaya University College of Health Sciences located in Harar. A formal letter of support was then written to the local police officials. All study participants voluntarily signed a written consent form. After the consent form was signed, the information was collected. The information was recoded anonymously and strict confidentiality was maintained with all data collection, storage and analysis.

Results

Socio-demographic Characteristics: A total of 310 persons participated in the study for a response rate of 100%. The ages ranged from 20 years of age to 57 years of age with a mean age of 30.4 years and $SD \pm 7.47$. A total of 85% of them were in the age category of 20 to 39 years.

About 36%, 30%, and 27% attended tertiary, secondary and preparatory education, respectively. A total of 27% and 31% were constables and assistant inspectors, respectively. Fifty-nine percent were Muslims while thirty-three percent were Orthodox Christians. Sixty-seven percent of the respondents were married.

Table 1. Selected Variables Measured by Multiple Sexual Partners among the Police Force in the Harari Regional State, 2010.

Characteristics(n=159)	Sexual partners		OR(95 % CI)
	Single	Multiple	Crude
<i>Age in Years</i>			
≤ 39	68	80	8.50 (1.06,68.1)*
≥40	01	10	1.00
<i>Income level (ETB)</i>			
≤ 720	28	21	2.24 (1.1,4.5) *
≥721	41	68	1.00
<i>Do You Drink Alcohol?</i>			
Yes	08	14	1.96 (0.75,5.16)
Occasional	15	35	2.62 (1.25,5.47)**
No	46	41	1.00
<i>Consistent Condom Use</i>			
Yes	36	36	0.71 (0.36,1.43)
Occasional	08	19	1.70 (0.64,4.49)
No	25	35	1.00
<i>Susceptibility to HIV/AIDS</i>			
Yes	30	52	1.80 (0.94,335)
No	39	38	1.00

*P.value<0.05 **P.value<0.01 ***P.value<0.001

Factors Associated with Preventive Behavior of HIV/AIDS: More than half (56%) of respondents had used a condom during their last sexual intercourse while 29% had committed multiple sexual practices. Fifty-one percent were aware of being engaged in high-risk sexual practices and they perceived themselves to be susceptible to HIV/AIDS. The three most influential attributes to creating preventive behaviors towards HIV/AIDS among police personnel were the mass media 58% (n=179), past experiences with the disease 17% (n= 52) and the advice from health professionals 14 % (n=43).

In multivariate analysis, those being age ≤ 39 years of age were more than eight times more likely to have multiple sexual partners than their older counter-parts. Those occasionally consuming alcohol were more than twice as likely to have multiple sexual partners (COR [95%CI] =2.62[1.25-5.47]).

Factors Related to Service and Patterns of Service Provision: It was found that 74 % (n=229) of the respondents used VCT services. Most of the respondents reported that condoms were available in the vicinity while only 45% (n=72) of

respondents used them consistently. HIV/AIDS peer education services and condom promotion and distribution occurred very little in the work place.

Table 2. Factors Related to Service and Pattern of Service Provision Measured by VCT Utilization among Police Force in the Harari Regional State. 2010.

Variable	VCT utilization			Odds ratio(95 % CI)	
	Yes	No	%	Crude	Adjusted
<i>VCT Service Accessible in the Vicinity</i>					
Yes	212	55	86	5.95(2.99,11.63)***	4.52(2.03,10.10)***
No	17	26	14	1.00	1.00
<i>Condoms Available in the Vicinity</i>					
Yes	203	58	84	3.10(1.64,5.83)***	1.64(0.74,3.62)
No	26	23	16	1.00	1.00
<i>Work Place Condom Promotion and Distribution</i>					
Enough	14	4	6	1.11(0.35,3.50)	0.58(0.16,2.07)
Not enough	29	18	15	0.51(0.27,0.99)*	0.36(0.17,0.78)*
No	186	59	79	1.00	1.00
<i>Peer Education Services among Members</i>					
Yes	75	12	28	2.80(1.43,5.49)***	3.09(1.39,6.86)**
No	154	69	72	1.00	1.00

P.value*<0.05 *P.value*<0.01 ****P.value*<0.001

Factors Related to Attitudes and Perceptions: Forty five percent of the study respondents did not perceive that HIV/AIDS was a serious enough disease to affect their operational efficiency while 46% felt that HIV/AIDS was not a problem in their unit. Ninety-two percent of respondents felt that measures being undertaken currently by the police force were not sufficient to tackle the problem of HIV/AIDS. Moreover, 62% of respondents disagreed that a person committing one unsafe sexual act might cause an HIV infection.

Table 3. Factors Related to Attitude and Perception towards HIV/AIDS among the Police Force in Harari Regional State, 2010.

Statements	Self risk perception			Odds Ratio (95 % CI)	
	Yes	No	%	Crude	Adjusted
<i>AIDS can Happen to All People.</i>					
Agree	108	78	60	2.16(1.27,3.68)**	2.15(1.20,3.85)**
Not sure	18	24	14	1.17(0.55,2.49)	1.10(0.48,2.53)
Disagree	32	50	26	1.00	1.00
<i>AIDS is a Curable Disease.</i>					
Agree	16	28	14	0.47(0.24,0.92)*	0.63(0.29,1.35)
Not sure	28	30	18	0.77(0.43,1.38)	1.10(0.56,2.16)
Disagree	114	94	68	1.00	1.00
<i>AIDS Patients Can Die Easily Because of Opportunistic Disease.</i>					
Agree	82	101	59	0.49(0.26,0.90)*	0.43(0.21,0.85)*
Not sure	41	30	23	0.82(0.40,1.68)	0.84(0.37,1.87)
Disagree	35	21	18	1.00	1.00
<i>Consistent Condom Use can Prevent HIV Infection.</i>					
Agree	70	64	43	0.83(0.50,1.40)	1.07(0.57,2.02)
Not sure	29	43	23	0.51(0.28,0.95)*	0.36(0.17,0.75)**
Disagree	59	45	34	1.00	1.00
<i>Refraining from Having Sex with a CSW Can Prevent HIV.</i>					
Agree	53	74	41	0.51(0.31,0.83)**	0.42(0.23,0.79)**
Not sure	25	21	15	0.48(0.43,1.66)	0.81(0.37,1.79)
Disagree	80	57	44	1.00	1.00
<i>Having Only One Sexual Partner is not Enjoyable.</i>					
Agree	51	27	25	1.93(1.12,3.33)*	3.12(1.64,5.93)**
Not sure	11	27	12	0.42(0.20,0.89)*	0.46(0.20,1.12)
Disagree	96	98	63	1.00	1.00

*P.value<0.05 **P.value<0.01 ***P.value<0.001

Results of the Qualitative Study: A lack of control over their own sexual behavior, a lack of initiative and readiness to change behaviors, an unknown sero-status, experiencing peer pressure, a lack of knowledge about HIV/AIDS and negative attitudes towards PLWHA were main influencing factors identified in the qualitative study. Insufficient VCT services, frequent contact with commercial sex workers, stigma and discrimination were constraints stated by participants related to services and socio- economic factors.

The main reason for not using VCT services was the fear of a sero-positive result. Feelings of hopelessness following an HIV positive result, a lack of privacy during counseling and being tested before and during marriage were also constraints.

The belief of susceptibility at work came from the occasional exposure to potentially infected blood in emergency situations. Also, a lack of consistent condom use especially with alcohol consumption caused a belief of susceptibility. During one in-depth interview, a 35 year- old male respondent stated "I don't want to think about VCT because I have a fear of the disease and suspect I may be HIV positive. It is better for me to wait until it comes in its own time."

Discussion

The majority of the study subjects (85%) were between the ages of 20 and 39 years. This age group is comparable to a study conducted in South Africa (6). The age group behavioral factors put them at a higher risk. A lot of work which is related to HIV/AIDS needs to be conducted with the younger police officers.

About one third (29%) and over half (55%) of the respondents had multiple sexual partners and did not use a condom. This is higher than the 26% for multiple sexual partners and 16% for non-condom users from Dare-Salaam, Tanzania (7). This variation may be explained by differences in the study settings and the populations.

Despite the fact that they work in a high risk work environment, 49% considered themselves to be at no risk of HIV/AIDS which is one of the influencing factors of preventive behavior of the disease. This was emphasized in the in-depth interviews of the study. This is slightly lower than a study conducted by Hilary Pearce of the United Kingdom (2) while greater

than in a study conducted in Haiti (8). This may be attributed to differences in the study population in terms of social and economic characteristics.

For 84% of the participants, condom accessibility was not seen as a problem. Even so, only 44% used a condom during their last sexual intercourse. This may be due to a lack of frequent promotion and awareness activities to use condoms and perhaps to not providing condoms in their working environment. This is also supported by other studies (8, 9,10).

Conclusions

The need for preventive behaviors of HIV/AIDS is significant among the police group studied. The results of attitudes and perceptions show that there is a misconception about the disease risk factors and its prevention. Even with their risky sexual behaviors, about half of the respondents still did not believe of their susceptibility to the disease.

Recommendations

The following recommendations are suggested for implementation associated with this study of the police force in Harar:

1. VCT service utilization must be required of all new police recruits to learn of their sero-status.
2. VCT services should be conducted on a yearly basis as a requirement of employment.
3. Intense and consistent mass media regarding HIV/AIDS risks and risky behavior focusing specifically on the police forces is recommended.
4. Condoms should be readily available and promoted at their work sites.
5. There should be the establishment and encouragement of peer education regarding HIV/AIDS in all police units.
6. There should be the establishment of on-going Anti-AIDS clubs.
7. Information, education and communication and behavioral change communication about HIV/AIDS and its prevention needs to occur in all regular on-going police training. This health education should be accompanied by booklets and manuals in appropriate languages on how to avoid or at least reduce the risk of HIV/AIDS infection.

References

1. Thapa, N. HIV/AIDS strategy and work plan Government of Nepal Ministry of Home. Kathmandu, Nepal, 2005.
2. Pearce, H. Police and HIV/AIDS: J of Security Sector Management, 2008; 6(1).
3. Sarita, M. and Ramjan, T. Integrating HIV information with health and welfare issue, experience of implementing a toll-free help line for uniformed personnel. UNAIDS, India, 2009.
4. Federal Police MARCH Project. MARCHing to fight HIV/AIDS, Addis Ababa, Ethiopia, 2007.
5. MOH. Planning and Programming Department. Health and Health-related indicators. Addis Ababa, Ethiopia 2008.
6. Musuku S. HIV/AIDS in police and correctional services in South Africa's Management of AIDS in the Police Service, Center for the Study of Violence and Reconciliation, 2007.
7. Muhimbili University College of Health Science. The prevalence and incidence of HIV infection and syphilis and a potential population for an HIV vaccine trial in Dare Salaam, Tanzania, 2000; 14(3) 313-320.
8. Lothe, G. HIV/AIDS Knowledge, Attitude and Practice Survey: UN Uniformed Peacekeepers in Haiti, 2007.
9. ACIPH. Formative assessment for modeling and reinforcing to combat HIV/AIDS (MARCH) project among police officers, Addis Ababa, Ethiopia, 2008.
10. Emyu C. Impact and behavioral assessment of HIV/AIDS in the Addis Ababa Police Force, Ethiopia, 2004.
11. Pharaoh A. The impact of HIV/AIDS on human, national and regional security, Institute of Security Study, Southern Africa Region, 2003.