

# HIV/AIDS

## Awareness and Behaviour



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**NOTE**

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The designations “developed countries”, “developing countries”, “more developed regions” and “less developed regions” are intended for statistical convenience and do not necessarily express a judgement about the stage reached by a particular country or area in the development process. The term “country” as used in the text of the present publication also refers, as appropriate, to territories or areas.

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## PREFACE

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The Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat is responsible for providing the international community with up-to-date and scientifically objective information on population and development. The Population Division provides guidance to the United Nations General Assembly, the Economic and Social Council and the Commission on Population and Development on population and development issues and undertakes regular studies on population levels and trends, population estimates and projections, population policies and population and development interrelationships.

As part of its regular work programme, the Population Division prepares biennial population estimates and projections for all countries and areas of the world. Since 1992, the demographic effects of the acquired immunodeficiency syndrome (AIDS) epidemic have been explicitly taken into account in each new set of estimates and projections.

The present publication as well as other population information may also be accessed on the Population Division's world wide web site at:

**<http://www.unpopulation.org>**

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## EXECUTIVE SUMMARY

**T**wenty years into the HIV/AIDS pandemic, social and behavioural research on HIV/AIDS remains limited. Data on sexual behaviour and AIDS-related knowledge and attitudes are sparse and difficult to compare. The present publication, prepared by the Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, relies primarily on a unique source of information to document AIDS awareness and AIDS-related behaviours. The Demographic and Health Surveys (DHS) contain a wealth of data on HIV/AIDS which until now was not disseminated to a wider audience.

This publication, which is being released on the occasion of the first anniversary of the special session of the United Nations General Assembly on HIV/AIDS (25-27 June 2001), highlights findings from a series of national demographic and health surveys that are directly relevant to the AIDS epidemic. It provides a picture of HIV-and AIDS-related awareness and behaviour across countries and population groups, age and gender. Information about risk-related behaviours, their determinants and the context within which they occur has direct relevance to the effective targeting of AIDS prevention efforts.

### According to data from 39 African, Asian and Latin American countries:

► The level of awareness of AIDS is generally high. In over half of the countries, at least 90 per cent of the female population have heard of AIDS, and in more than three fourths of the countries, at least 90 per cent of the male population have heard of the disease. However, awareness remains low in

a few countries. In Bangladesh and Nepal, less than one in three ever-married women have heard of AIDS;

► In most countries, awareness of AIDS is higher among men than women. This gender gap reaches 34 percentage points in the Niger and 28 percentage points in Chad. Also striking are the gender differences in AIDS awareness in Bangladesh (19 percentage points), Benin (13 percentage points), Eritrea (17 percentage points), Mali (19 percentage points), Mozambique (12 percentage points) and Nigeria (15 percentage points);

► Awareness grows with the incidence of HIV/AIDS. In 12 countries where HIV prevalence exceeds 5 per cent, awareness has reached at least 90 per cent, whereas in 2 countries where prevalence is less than 1 per cent, less than half the female respondents are aware of AIDS;

► Urban residents are much more aware of AIDS than rural populations are. In all but three countries, the level of awareness among women in urban areas reaches 93 per cent. The differential between rural and urban knowledge is enormous in several countries, including Bangladesh, Bolivia, Chad, Eritrea, Guatemala, Indonesia, Nepal and Peru;

► More education is associated with greater awareness and better knowledge. In most countries, nearly all respondents with at least a secondary education have heard about AIDS. In 31 out of 34 countries for which data are available, at least 95 per cent of the most educated female respondents knew about AIDS;

## EXECUTIVE SUMMARY

► In some countries, the differentials between the more and less educated respondents are striking. In Indonesia, for example, 88 per cent of the most educated group are aware of AIDS, compared with only 14 per cent of those with no education;

► However, where national awareness is very high, even those with no education have heard of AIDS. In 14 countries with high awareness, 90 per cent or more of those with no education have heard of AIDS. In Brazil, Malawi, Uganda and Zambia, fully 98 per cent of those with no education say they know about AIDS;

► Radio is by far the most often cited source of knowledge about AIDS. About half of the female respondents and more than 7 in 10 male respondents have heard about AIDS on the radio. Also striking is the fact that in many countries, men are far more likely than women to have heard about AIDS on the radio;

► Second only to radio, friends and relatives prove to be one of the most important sources of AIDS information in many countries. At least 50 per cent of female respondents in 10 African countries say they have heard of AIDS from friends or relatives;

► Schools and teachers appear to play little of a role currently in AIDS awareness. In many countries — particularly those with low levels of AIDS awareness — schools and teachers are mentioned by fewer than 10 per cent of respondents;

► Among those who have heard of the disease, a large majority of female respondents know that people who have the disease almost always die of it. In some countries, however, a substantial minority do not hold this

belief. In Colombia, Jordan and Mozambique, about a quarter of the respondents think that AIDS is almost never or only sometimes fatal;

► In many of the countries surveyed, a majority of female respondents who know about AIDS are aware that a healthy-looking person can have AIDS and that a period of years may elapse before an infected person shows signs of illness;

► While, globally, at least three fourths of respondents know about mother-to-child transmission, in some countries, many women who know they are HIV-positive still wish to become pregnant;

► In practically all countries surveyed, including those where HIV prevalence is high, at least two thirds of female respondents and 8 of 10 male respondents said that they are either at no risk at all or at small risk of getting AIDS. In none of the countries surveyed, does the level of education make a significant difference in the responses;

► Women have a somewhat higher risk perception than men. Male respondents to the surveys are more likely than women to believe that they are at low risk of getting HIV/AIDS and only a minority of couples share a similar perception of risk;

► In all countries, a large majority of respondents who had heard of AIDS knew at least one way to avoid sexual transmission of the disease. Still, in half the countries surveyed, including some countries where HIV prevalence exceeds 5 percent of the adult population, one quarter to one third of female respondents know of no way to avoid getting AIDS;

## EXECUTIVE SUMMARY

► At least 8 in 10 men — and often 9 in 10 — know of at least one sexually transmitted infection. Similar levels of knowledge are reported for women in a few countries: Brazil, Kenya, Uganda, Zambia and Zimbabwe. However, in other countries, about half the female respondents do not know that they can get a disease through sexual contact;

► Using a condom and having only one sexual partner are the two safe behaviours most often mentioned by respondents who knew about the sexual transmission of HIV;

► In all countries surveyed, a large majority of men, ranging from 60 to 90 percent, reported that they had changed their behaviour to avoid AIDS. In contrast, in only half the countries have a majority of female respondents made a behavioural change;

► Among those respondents, whether male or female, who did change their behaviour, the most frequently cited change had entailed confining sexual activity to one partner;

► Only a small percentage of respondents began using condoms to prevent HIV transmission. Fewer than 8 per cent of women in all countries surveyed report that they have changed their behaviour by using condoms. Among married women, the percentages are particularly low. Figures are usually higher for men, ranging between 15 and 25 per cent in most countries.

The Declaration of Commitment on HIV/AIDS<sup>1</sup> adopted at the special session of the General Assembly on HIV/AIDS, held in June 2001,

acknowledged that prevention of HIV infection must be the mainstay of responses to the epidemic. The results from this study highlight the enormous challenges lying ahead in the prevention of the spread of HIV/AIDS. HIV/AIDS campaigns have significantly raised awareness and knowledge of the infection, particularly in urban areas. Key messages on HIV prevention have reached out to individuals at risk, as evidenced by changes in their sexual behaviour. At the same time, the scope for improving policy intervention looks daunting. Prevention measures that are promoted globally are often at odds with what couples perceive as acceptable strategies to protect themselves within their own social and family environment. And, in countries where large families are the norm, the promotion of safer sexual behaviour comes up against the desire for more children. In sum, existing programmes have done little, so far, to adequately inform the vast majority of couples who live in the rural areas of many African and Asian countries.

Clearly, dramatic changes in sexual and reproductive awareness and behaviour in many less developed countries are needed in order to defeat the HIV/AIDS epidemic. As the Secretary-General of the United Nations indicated in his statement on 20 July 2001 to the Conference of G-8 heads of State in Genoa, Italy (SG/SM/7896:A1OS/31), the first priority is “to ensure that people everywhere — particularly the young — know what to do to avoid infection”.

*Note:*

<sup>1</sup> General Assembly resolution S-26/2, annex.

## INTRODUCTION

The spectre of the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) epidemic has, over the last two decades, grown from a localized health concern to a global issue that now looms large in national and international agendas. As the disease spreads to more countries and as it affects the lives and well-being of growing numbers of persons, the efforts to combat it have taken on an urgency and require the imaginative use of data and resources. The disease is usually seen as a medical issue, with prevention, treatment and care as the main defensive weapons. Such remedies, however, cannot be successful by themselves without addressing the changes in behaviour that must be achieved if AIDS is to be defeated. The present publication focuses on what needs to be known about AIDS-related behaviour in many developing countries and what this knowledge suggests about the formulation and implementation of policies and programmes that could be most effective.

AIDS has been a concern of the United Nations for many years and, in June 2001, the United Nations General Assembly held a special session to review and address the problem of HIV/AIDS in all its aspects. The special session of the Assembly highlighted the need to intensify international action and to mobilize the resources needed to fight the epidemic.

As a backdrop to the special session of the General Assembly on HIV/AIDS, the Population Division of the United Nations Secretariat published in English and French the most recent data on population and policies relating to HIV/AIDS in the form of a wall chart, entitled *HIV/AIDS: Population Impact and Policies, 2001*.<sup>1</sup>

The present publication is being released on the occasion of the first anniversary of the special session of the General Assembly on HIV/AIDS. This publication highlights findings from a series of national demographic and health surveys that are directly relevant to the AIDS epidemic. It provides a picture of HIV- and AIDS-related awareness and behaviour across countries and population groups, age and gender. Information about risk-related behaviours, their determinants and the context within which they occur has direct relevance to the effective targeting of AIDS prevention efforts.

Twenty years into the pandemic, social and behavioural research on HIV/AIDS remains limited. Data on sexual behaviour and AIDS-related

knowledge and attitudes are sparse and difficult to compare. This report relies primarily on a unique source of information to document AIDS-related issues: the Demographic and Health Surveys (DHS). These surveys contain a wealth of data on HIV/AIDS but, so far, the data have not been disseminated to a wider audience.

Demographic and Health Surveys assist developing countries in collecting and using data to monitor and evaluate population, health and nutrition programmes. The surveys provide information on levels and trends of fertility, family planning, maternal and child health and child survival. In the second half of the 1990s, the scope of the surveys was expanded to include questions in some countries on awareness and behaviour with regard to HIV/AIDS and other sexually transmitted infections (STIs).

The Demographic and Health Surveys programme was undertaken by Macro International, Inc.<sup>2</sup> The programme consists of nationally representative household surveys with large sample sizes — about 5,000 households in each country. The standard Demographic and Health Survey includes a household questionnaire and a questionnaire for women aged 15-49. Increasingly, a questionnaire for men is being added to some country surveys. The questionnaire consists of core questions, common to all surveys, and of additional questions and/or modules tailored to meet host country needs. The core questions were developed with the explicit goal of allowing for cross-national comparisons.

Data presented in this publication are taken from 39 Demographic and Health Surveys conducted between 1994 and 2000 that included an AIDS module. Most information comes from women's responses to the survey questionnaires, but men's responses are included whenever they are available and relevant. Topics are chosen to highlight various issues of awareness, behaviour and attitudes of respondents with regard to HIV/AIDS. The implications of these findings for prevention programmes are discussed in the final section of this publication.

### Notes:

<sup>1</sup> United Nations publication, Sales No. E.01.XIII.6.

<sup>2</sup> For more information about DHS surveys, data and publications, see <http://www.measuredhs.com>.

# Fertility and sexual activity of women

The data used here reflect the whole spectrum of fertility levels observed in the developing countries. Twenty-six countries had a total fertility rate higher than four children per woman at the time of the survey. They include many of the countries with very high fertility (more than six children per woman): Benin, Burkina Faso, Chad, Eritrea, Madagascar, Mali, the Niger, Uganda and Zambia. Surveys were also taken in countries where the fertility transition is in an advanced stage, such as Brazil (2.5 children per woman), Indonesia (2.8 children per woman), Turkey (2.6 children per woman) and Viet Nam (2.3 children per woman)(see table 1).

Table 1.

Total fertility rate (children per woman)	
	Total fertility rate*
<b>HIGHEST</b>	
Niger (1998)	7.2
Uganda (1995)	6.9
Mali (1996)	6.7
<b>LOWEST</b>	
Turkey (1998)	2.6
Brazil (1996)	2.5
Viet Nam (1997)	2.3

Source: Demographic and Health Surveys (DHS).  
\* For the five years preceding the survey

Data on self-reported sexual activity show an equally wide range of variation. Among African countries, between 40 and 69 per cent of the female respondents said that they had been sexually active in the four weeks preceding the survey. Higher proportions of sexual activity were reported, on average, in Asian and Latin American countries, the highest being 82 per cent in Indonesia (see table 2).

Overall, these data suggest an inverse relationship between the level of fertility and women's sexual activity: the higher the fertility, the lower the reported sexual activity. A major explanation for this apparent discrepancy is the custom of prolonged sexual abstinence following the birth of a child that prevails in much of Western and Central Africa. Lower levels of sexual activity were found in countries where post-partum abstinence is common (see figure 1). In Benin, Burkina Faso, Côte d'Ivoire,

Table 2.

Proportion of women who have been sexually active in previous four weeks	
	Percentage
<b>HIGHEST</b>	
Indonesia (1997)	82
Philippines (1998)	74
Brazil (1996)	78
<b>LOWEST</b>	
Benin (1996)	44
Togo (1998)	43
Burkina Faso (1999)	40

Source: Demographic and Health Surveys (DHS).

Guinea and Togo, a majority of women of reproductive age said they had not been sexually active in the previous four weeks. One third to one fifth of these women had been abstinent for at least a year. By contrast, in Brazil and Indonesia, where the median period of abstinence following the birth of a child was less than 2.5 months, four out of five women said they had been sexually active in the previous four weeks.

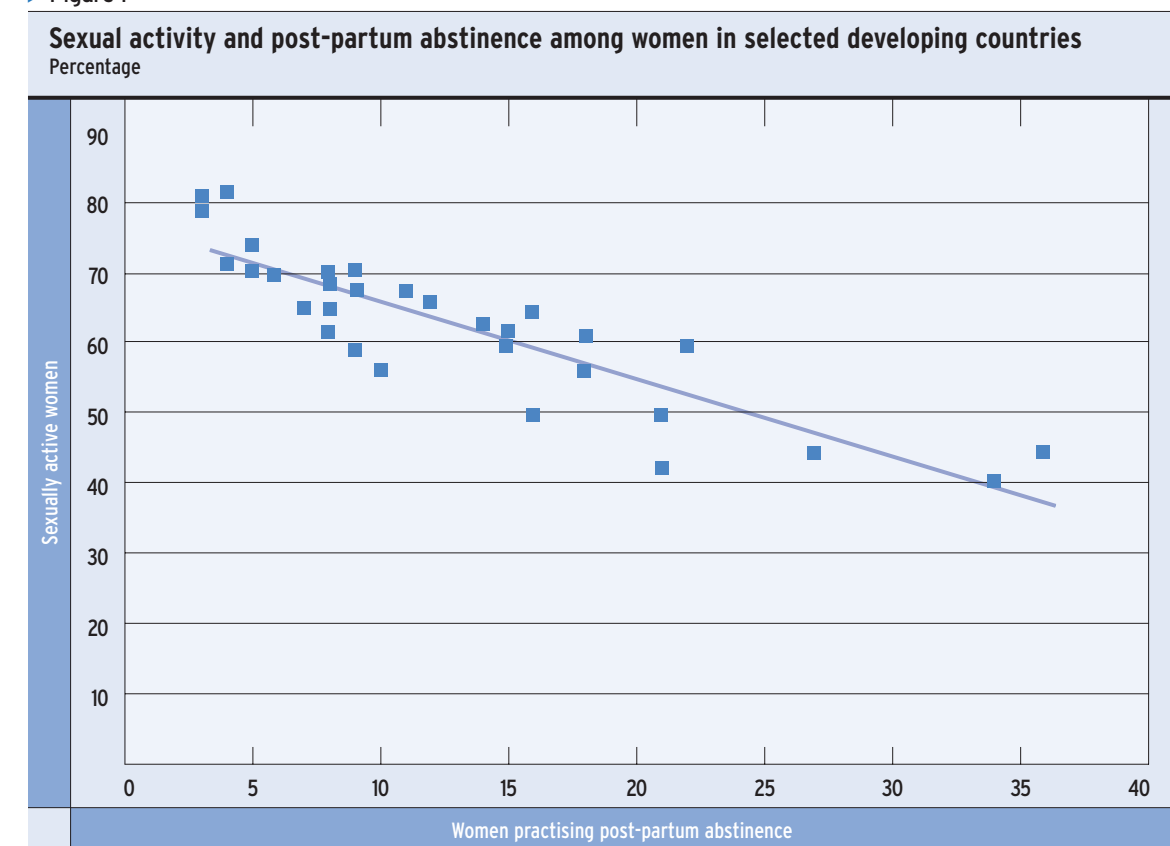
Benin, Burkina Faso and Guinea, the three countries with the highest prevalence of post-natal abstinence (see table 3), were also the countries where polygyny was most common: at least half of the women in these countries reported living in polygynous unions (see table 4). However, polygyny was also quite prevalent in countries where the duration

Table 3.

Proportion of women practising post-partum abstinence	
	Percentage
<b>HIGHEST</b>	
Guinea (1999)	36
Burkina Faso (1999)	34
Benin (1996)	27
<b>LOWEST</b>	
Dominican Republic (1996)	4
Bangladesh (1997)	3
Brazil (1996)	3

Source: Demographic and Health Surveys (DHS).

Figure 1



Source: Demographic and Health Surveys (DHS).

of post-natal abstinence was short, such as Mali, the Niger and Senegal.

By and large, the level of self-reported sexual activity among women was similar across age groups. In two thirds of the countries surveyed, female sexual activity in the youngest age group — 15-19 years of age — differed by less than 10 percentage points from that among the older women. Teenage girls reported levels of sexual activity lower than or similar to the levels reported by older women, except in Bangladesh, Indonesia and Togo.

Whereas the level of sexual activity of the younger women was similar to that of the older women, it is important to note that the marital status of the younger women was quite different. Less than half of the women aged 15-19 years were married or living with a partner in the countries surveyed, with the exception of the Niger. Moreover, data from the DHS show large differences in the age at which women first engaged in sexual activity. In most countries, the median age at first engagement in intercourse was between 16 and 19 years for female respondents. However, in some countries —

the Central African Republic, Chad, Côte d'Ivoire, Guinea, Mali, Mozambique and the Niger — at least half the women reported that their first engagement in intercourse had occurred prior to age 16. In contrast, a majority of women in Indonesia and the Philippines reported that they had been in their twenties before they first began to engage in sexual intercourse.

Table 4.

Women in polygynous unions	
	Percentage
<b>HIGHEST</b>	
Burkina Faso (1999)	55
Guinea (1999)	54
Benin (1996)	50
<b>LOWEST</b>	
Eritrea (1995)	7
Nepal (1996)	6
Madagascar (1997)	4

Source: Demographic and Health Surveys (DHS).



# Level of Awareness of AIDS

Public awareness of AIDS is an important prerequisite of behavioural change. Levels of awareness provide a measure both of the impact of past information campaigns carried out by Governments, non-governmental organizations and the mass media, and of the magnitude of the challenges lying ahead.

Awareness of AIDS, as reported in the Demographic and Health Surveys, is based on the number of respondents who replied positively to the question "Have you ever heard of an illness called AIDS?" and those who spontaneously mentioned AIDS when asked whether they had heard about diseases that could be transmitted through sexual activity.

## Level of awareness of AIDS is generally high

In over half of the countries, at least 90 per cent of the female population had heard of AIDS, and in more than three fourths of the countries, at least 90 per cent of the male population had heard of the disease (see

table 5). In some countries — Brazil, Colombia, the Comoros, the Dominican Republic, Ghana, Haiti, Kenya, Malawi, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe — virtually the entire adult population was aware of AIDS.

## Awareness is low in a few countries

In contrast, responses to the DHS point to moderate levels of AIDS awareness in Indonesia and the Niger and low levels of awareness in Bangladesh and Nepal. Fifty-one per cent of women in Indonesia in 1997, and

Public awareness of AIDS is an important prerequisite of behavioural change

55 per cent in the Niger in 1998 had heard of AIDS. In Nepal in 1996, the level of awareness of AIDS was only 27 per cent among ever-married women (men were not surveyed). In Bangladesh, only 31 per cent of

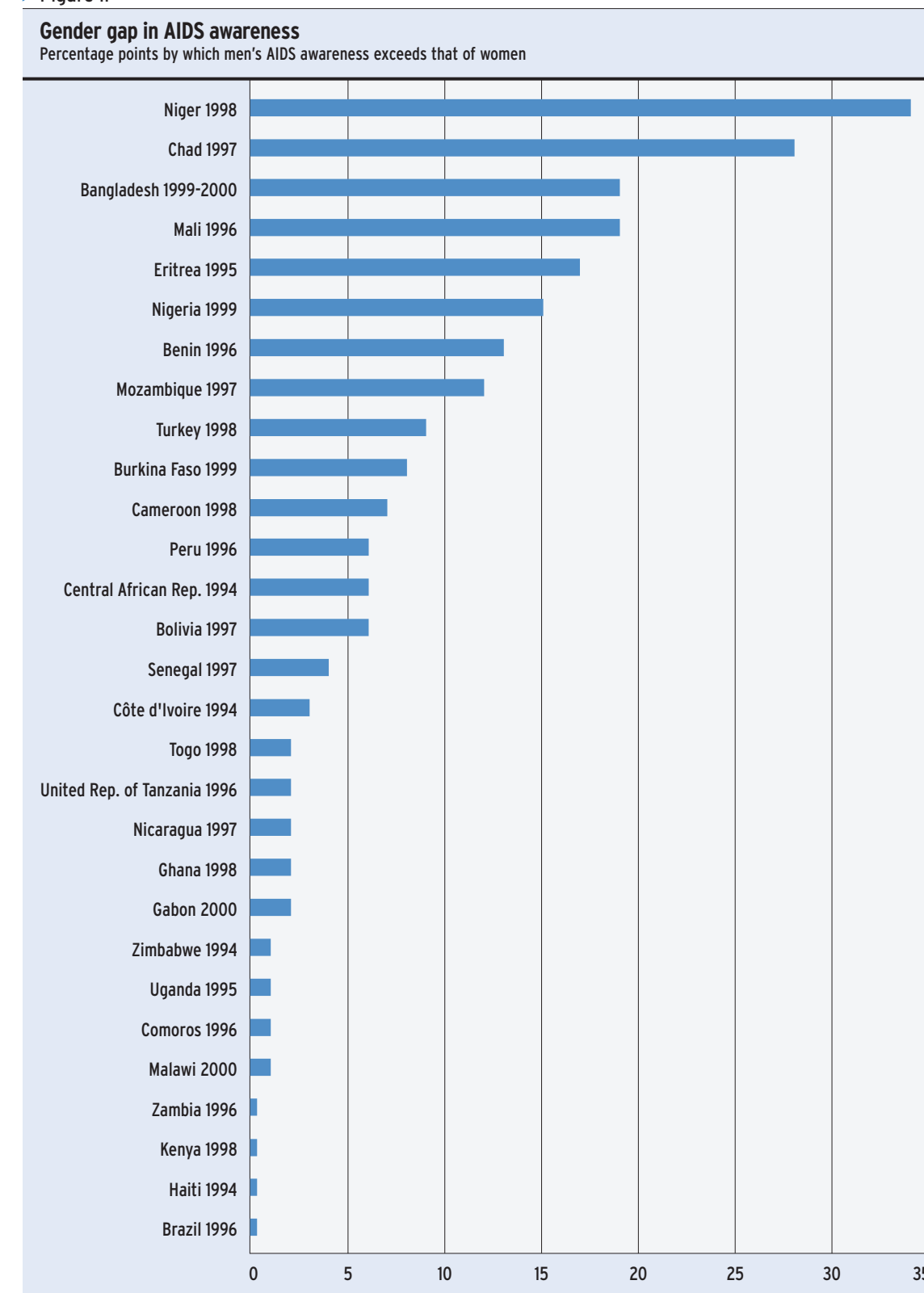
Table 5

Proportion of respondents who had ever heard of AIDS					
	Percentage			Percentage	
	FEMALES	MALES		FEMALES	MALES
Zambia (1996)	100	100	Senegal (1997)	92	96
Dominican Republic (1996)	100	..	Peru (1996)	90	96
Uganda (1995)	99	100	Cameroon (1998)	90	97
Zimbabwe (1994)	99	100	Burkina Faso (1999)	88	96
Malawi (2000)	99	100	Turkey (1998)	84	93
Brazil (1996)	99	99	Mozambique (1997)	82	94
Kenya (1998)	99	99	Benin (1996)	82	95
Colombia (1995)	99	..	Bolivia (1997)	79	85
Haiti (1994)	98	98	Mali (1996)	77	96
Comoros (1996)	98	99	Nigeria (1999)	74	90
Ghana (1998)	97	99	Eritrea (1995)	72	89
United Republic of Tanzania (1996)	97	99	Madagascar (1997)	69	..
Nicaragua (1997)	96	98	Chad (1997)	60	88
Togo (1998)	96	98	Niger (1998)	55	89
Guinea (1999)	95	..	Indonesia (1997)	51	..
Côte d'Ivoire (1994)	93	96	Bangladesh (1999-2000)	31	50
Central African Republic (1994)	93	99	Nepal (1996)	27	..

Source: Demographic and Health Surveys (DHS).

Note: Two dots (..) indicate that data are not available.

Figure II



Source: Demographic and Health Surveys (DHS).

ever-married women and 50 per cent of currently married men had heard of AIDS in 1999-2000, the period during which the survey was conducted. However, these figures represent a significant increase over the level of knowledge observed in the period 1996-1997, when no more than 19 per cent of ever-married women and 33 per cent of currently married men were aware of AIDS.

### More men than women are aware of AIDS

In many countries, survey results reveal that awareness of AIDS is higher among men than women. This gender gap reaches 34 percentage points in the Niger and 28 percentage points in Chad (see figure II). Also striking are the gender differences in AIDS awareness in

Bangladesh (19 percentage points), Benin (13 percentage points), Eritrea (17 percentage points), Mali (19 percentage points), Mozambique (12 percentage points) and Nigeria (15 percentage points).

### Awareness grows with incidence of AIDS

As expected, awareness increases with the spread of the disease. In 12 countries where HIV prevalence exceeded 5 per cent, awareness had reached at least 90 per cent, whereas in 2 countries where prevalence was less than 1 per cent, less than half the female respondents were aware of AIDS (see table 6). Results from the DHS show little variation in awareness according to the age of respondents in most countries.

Table 6

Awareness of AIDS in relation to prevalence		Proportion of female respondents who have heard of AIDS			
		LESS THAN 50 PER CENT	50-65 PER CENT	65-90 PER CENT	90 PER CENT AND OVER
Proportion of adults living with AIDS	10 PER CENT AND OVER			Mozambique	Zimbabwe Zambia Malawi Kenya Central African Republic Côte d'Ivoire
	5-10 PER CENT			Burkina Faso Nigeria	Uganda United Rep. of Tanzania Cameroon Togo Haiti Nigeria
	1-5 PER CENT		Chad Niger	Eritrea Benin Mali Senegal Guinea	Gabon Ghana Dominican Republic
	LESS THAN 1 PER CENT	Bangladesh Nepal	Indonesia	Turkey Madagascar Bolivia	Brazil Peru Colombia Nicaragua Comoros

Source: Demographic and Health Surveys (DHS).

*In over half of the countries, at least 90 per cent of the female population have heard of AIDS, and in more than three fourths of the countries, at least 90 per cent of the male population have heard of the disease. However, awareness remains low in a few countries.*

*In most countries, awareness of AIDS is higher among men than women. In a few countries, the gender differences in AIDS awareness are striking.*

*Awareness grows with the incidence of HIV/AIDS. In 12 countries where HIV/AIDS prevalence exceeds 5 per cent, awareness reaches at least 90 per cent, whereas in the three countries where prevalence is less than 1 per cent, less than half the female respondents are aware of AIDS.*

# Awareness of AIDS in relation to urban/rural residence

## Urban residents are much more aware of AIDS than rural populations

Awareness of AIDS varies significantly according to the place of residence, with urban residents reporting higher levels of awareness than rural residents. In all countries surveyed, at least 64 per cent of urban females had heard of AIDS, and in all but three countries, the level of awareness in urban areas reached 93 per cent.

In several countries, including Bangladesh, Bolivia, Chad, Eritrea, Guatemala, Indonesia, Nepal and Peru, the differential between rural and urban knowledge is enormous (see table 7 and figure VII). In Bolivia, only 44 per cent of rural respondents had heard of AIDS in the 1997 survey, compared with 93 per cent of urban respondents. The differential was just as great in the Niger in 1998, where 45 per cent of rural respondents and 94 per cent of urban respondents said they had heard of AIDS.

The two countries with the lowest general awareness of AIDS showed very low levels of knowledge among rural respondents, especially among women, and large differentials between urban and rural areas. In Bangladesh, although nearly two out of three female urban respondents knew about AIDS, only 23 per cent of rural women were aware of the disease. Men were more knowledgeable about AIDS in both urban and rural areas, with proportions of 76 per cent and 44 per cent, respectively. Moreover, in Nepal, two thirds of urban respondents but only 23 per cent of rural respondents said they had heard of AIDS.

Where general awareness of AIDS is high, as in Dominican Republic, Kenya, Uganda and Zambia, it is high in both rural and urban settings. In 18 of the 37 countries examined, at least 90 per cent of both urban and rural respondents were aware of the disease.

The data suggest a general relationship between the level of AIDS awareness, in particular among

women, and the level of urbanization of a country. Clearly, in several countries that are predominantly rural, the majority of people still have little or no

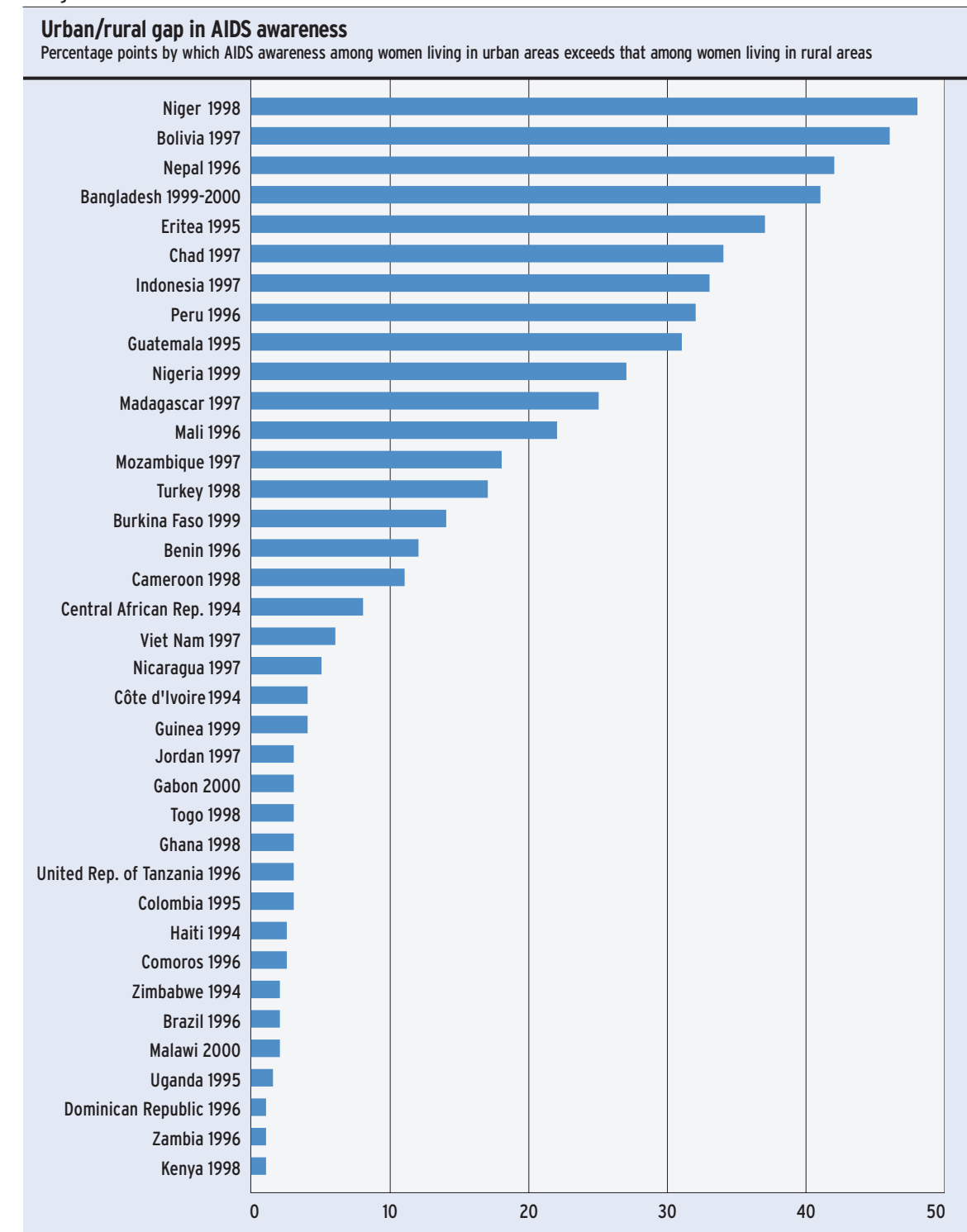
knowledge of AIDS. Yet in a number of predominantly rural countries, such as Uganda and Viet Nam, very high levels of awareness are reported.

Table 7

Proportion of respondents who had ever heard of AIDS					
	Percentage			Percentage	
	URBAN	RURAL		URBAN	RURAL
Kenya (1998)	100	99	Viet Nam (1997)	97	89
Zambia (1996)	100	99	Central African Republic (1994)	98	89
Dominican Republic (1996)	100	99	Cameroon (1998)	97	86
Uganda (1995)	100	99	Benin (1996)	90	77
Malawi (2000)	100	99	Burkina Faso (1999)	99	85
Brazil (1996)	100	98	Turkey (1998)	90	72
Zimbabwe (1994)	100	98	Mozambique (1997)	96	78
Comoros (1996)	99	97	Mali (1996)	91	70
Haiti (1994)	100	97	Madagascar (1997)	87	62
Colombia (1995)	100	97	Nigeria (1999)	88	61
United Republic of Tanzania (1996)	100	96	Guatemala (1995)	89	57
Ghana (1998)	99	95	Peru (1996)	98	65
Togo (1998)	99	94	Indonesia (1997)	77	42
Gabon (2000)	99	94	Chad (1997)	87	52
Jordan (1997)	99	93	Eritrea (1995)	97	60
Guinea (1999)	99	93	Bangladesh (1999-2000)	64	23
Côte d'Ivoire (1994)	97	90	Nepal (1996)	67	23
Nicaragua (1997)	98	91	Bolivia (1997)	93	44
			Niger (1998)	94	45

Source: Demographic and Health Surveys (DHS).

Figure III



Source: Demographic and Health Surveys (DHS).

# Awareness of AIDS in relation to level of education

## More education is always associated with greater awareness

In AIDS, as in many health issues, the level of education influences awareness: education is associated with greater awareness. In most countries, nearly all respondents with at least a secondary education had heard about AIDS. In 31 of 34 countries examined, at least 95 per cent of the most educated female respondents knew about AIDS.

In 31 of 34 countries examined, at least 95 per cent of the most educated female respondents knew about AIDS.

**Table 8.**  
Proportion of girls aged 15-19 who had heard about AIDS at school/from teachers

	Percentage
Viet Nam (1997)	0
Indonesia (1994)	0
Bangladesh (1997)	0
Nepal (1996)	1
Indonesia (1997)	1
Mali (1996)	2
Chad (1997)	3
Burkina Faso (1999)	5
Niger (1998)	6
Central African Republic (1994)	6
Mozambique (1997)	7
Côte d'Ivoire (1994)	7
Benin (1996)	7
Guinea (1999)	8
Comoros (1996)	9
Madagascar (1997)	11
Turkey (1998)	14
Jordan (1997)	14
Guatemala (1995)	16
Haiti (1994)	17
Eritrea (1995)	19
Bolivia (1994)	19

Source: Demographic and Health Surveys (DHS).

Respondents with no education were much less likely to know about the disease. In eight countries, fewer than half the respondents with no education were aware of AIDS. Awareness was found to be particularly low among uneducated women in all three Asian countries with data: Bangladesh (12 per cent), Indonesia (14 per cent) and Nepal (17 per cent)(see figure IV).

## High awareness among respondents with no education is found in a few countries

In countries where awareness was generally high, level of education made little difference. In 14 countries with high awareness, 90 per cent or more of those with no education had heard of AIDS. In Brazil, Malawi, Uganda and Zambia, fully 98 per cent of those with no education said they knew about AIDS.

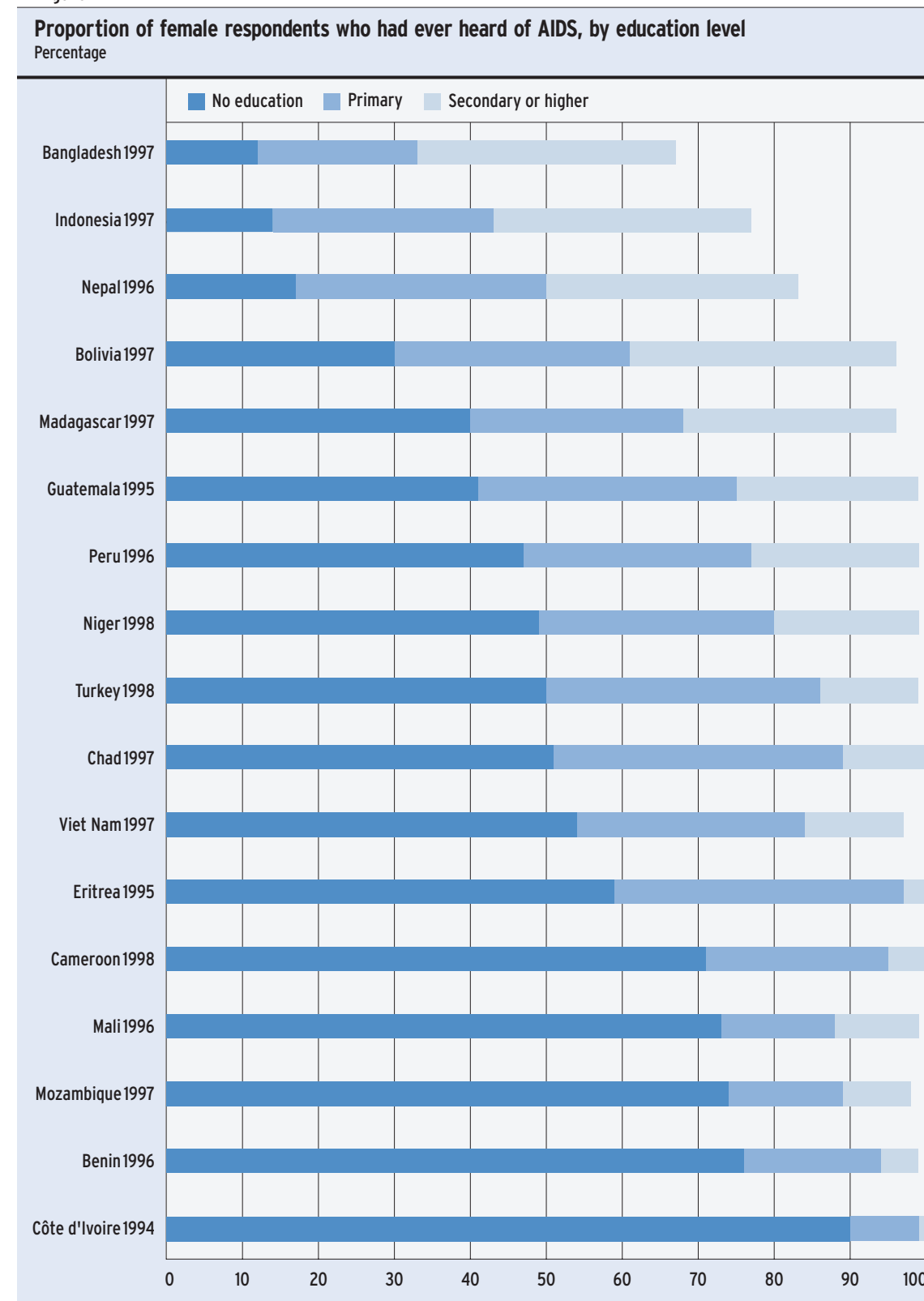
## Education/awareness gap striking in a number of countries

In some countries, however, the differentials between the more and less educated respondents were striking. In Peru, for example, virtually all of the most educated respondents (99 per cent) said they had heard of AIDS compared with fewer than half (47 per cent) of those with no education. Indonesia also reported considerable educational differentials in its 1997 survey: whereas 88 per cent of the most educated group knew about AIDS, only 14 per cent with no education and 43 per cent with a primary education were aware of the illness.

## Schools and teachers play little role in AIDS awareness

Surprisingly, schools and teachers were not an important source of AIDS information in most countries surveyed. In many countries — particularly those with low levels of AIDS awareness — schools and teachers were mentioned by fewer than 10 per cent of respondents (see table 8). Only in Brazil did at least half the young women cite this source of information.

► Figure IV



Source: Demographic and Health Surveys (DHS).

## Sources of information on AIDS

Radio, television, and newspapers or magazines rank first, third and fourth, respectively, among the sources of information mentioned by DHS respondents (see figure V). Radio is by far the most often cited source of knowledge about AIDS. About half of the female respondents and more than 7 in 10 male respondents had heard about AIDS on the radio. Also striking is the difference in media exposure between men and women. In many countries, men are far more likely to have heard about AIDS on the radio. The gender gap is at least 20 percentage points in 14 African countries and is highest in Benin, Chad, Mali, the Niger and Nigeria (see table 9).

In some countries, where television is widely accessible, respondents mentioned television more frequently

Radio is by far the most cited source of knowledge about AIDS. About half of the female respondents and more than 7 in 10 male respondents had heard about AIDS on the radio.

than any other source. At least three quarters of those questioned cited television as a source of information in Brazil, Colombia, the Dominican Republic, Jordan,

Turkey and Viet Nam. By contrast, television was mentioned by fewer than 10 per cent of female respondents in the Central African Republic, Chad, Madagascar, Mozambique, Nepal, Uganda and the United Republic of Tanzania. Newspapers and magazines were cited by only about 14 per cent of female respondents overall, but they were a significant source of information about AIDS in Latin American countries and Jordan.

### Many hear about AIDS from friends and relatives

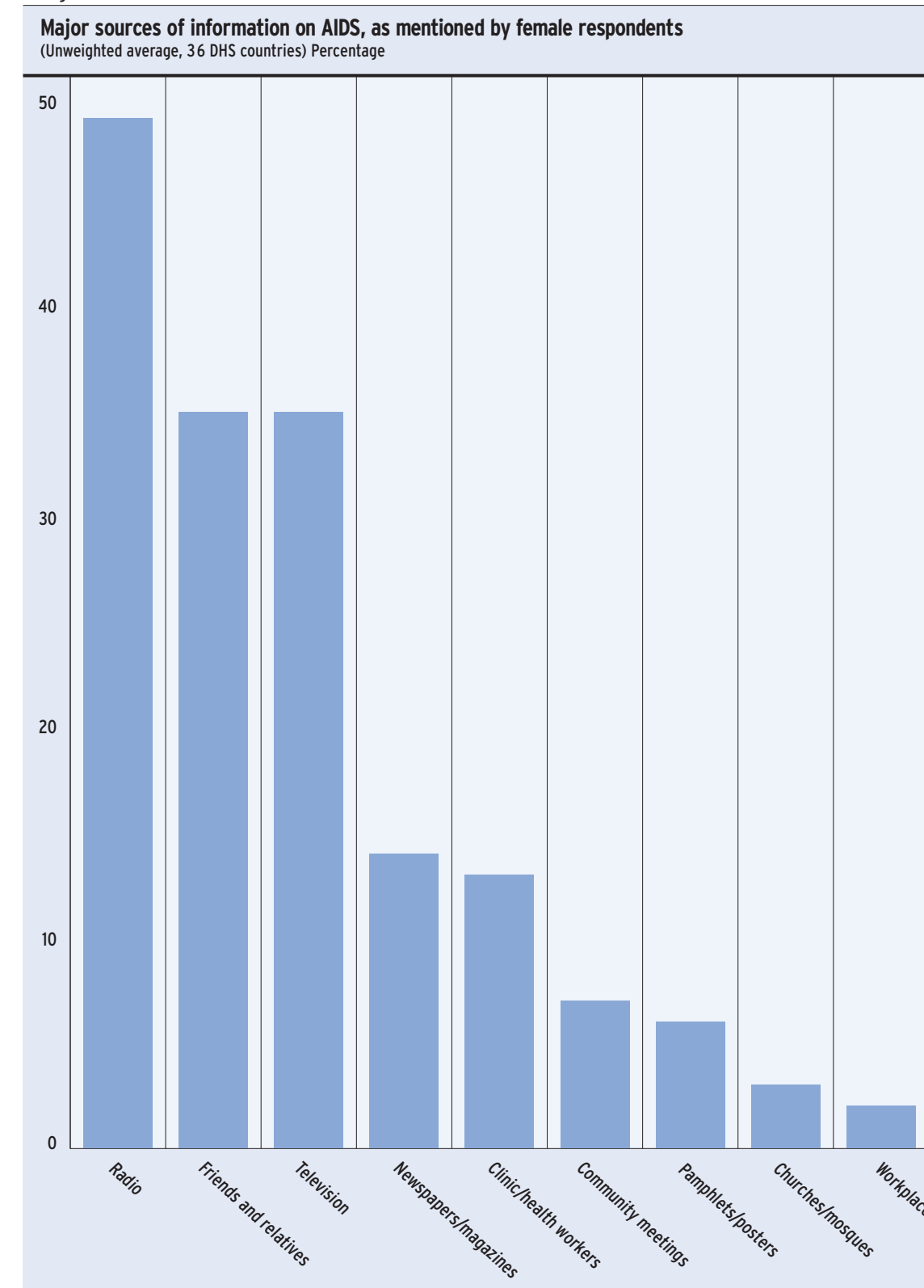
Second only to radio, friends and relatives proved to be one of the most important sources of AIDS information in many countries. At least 50 per cent of female respondents in 10 African countries said they had heard of AIDS from friends or relatives, and in Uganda and the United Republic of Tanzania, the proportions were 82 per cent and 65 per cent, respectively. However, few respondents mentioned channels that are often thought to be sources of information, such as clinics and health workers, community meetings, pamphlets and posters, churches or mosques and the workplace.

Table 9.

	Proportion of respondents who had heard about AIDS on the radio		
	Percentage		
	MEN	WOMEN	GENDER GAP
Chad (1997)	69	31	38
Niger (1998)	68	33	35
Nigeria (1999)	72	46	27
Benin (1996)	85	59	26
Mali (1996)	76	50	26
Burkina Faso (1999)	81	56	25
Cameroon (1998)	72	47	24
United Republic of Tanzania (1996)	87	64	23
Togo (1998)	69	47	22
Central African Republic (1994)	87	64	22
Zambia (1996)	76	54	22
Uganda (1995)	63	41	22
Côte d'Ivoire (1994)	78	57	21
Mozambique (1997)	63	43	20

Source: Demographic and Health Surveys (DHS)

Figure V



Source: Demographic and Health Surveys (DHS).

# Perceived severity of AIDS

While public awareness of AIDS is a necessary condition for behavioural change, actual change depends to a great extent on: the perceived severity of the disease; the accuracy of knowledge about contracting and preventing AIDS; and each individual's perception of the risk of becoming infected with the disease. To find out whether people who had heard of AIDS were well informed about the nature of the disease, the Demographic and Health Surveys asked them further questions: Do people with AIDS always die of the disease? Can a healthy-

looking person have AIDS? What do you think your chances of getting AIDS are?

## Some do not know that AIDS is fatal

Among those who have heard of the disease, a large majority of female respondents knew that people who had the disease almost always died of it. In five countries — the Dominican Republic, Guatemala, Mali, Togo and Uganda — at least 90 per cent of respondents were aware that AIDS was fatal (see table 10). In some countries, however, a substantial minority did not hold that belief. In Bangladesh and Turkey, about one fifth of the respondents and, in Jordan and Mozambique, about one quarter of the respondents thought that AIDS was almost never or only sometimes fatal.

Level of education and urban/rural residence had little effect on the proportion of respondents who thought AIDS was fatal. In some countries, such as Bolivia and Cameroon, educated women were somewhat less likely than their less educated counterparts to think that AIDS was fatal.

## Most respondents know that a healthy-looking person can have AIDS

One of the most insidious aspects of the HIV/AIDS epidemic is the length of time the virus takes to make its victims visibly ill. A period of years may elapse before an infected person shows signs of illness. During that time, the victim may have no idea that he or she has contracted an incurable disease and may continue to infect others.

In most of the countries surveyed, a majority of female respondents were aware that a healthy-looking person could have AIDS. In half of the countries examined, at least two thirds of the respondents were aware, and awareness reached a high of 90 per cent in the Dominican Republic. In only a few countries — Chad, Côte d'Ivoire and the Niger — did fewer than 40 per cent of the respondents know that a person who appeared to be healthy could nonetheless have the virus.

Place of residence made a significant difference in responses to this question. Rural residents were far less likely to be aware that a person who looked healthy could have AIDS. In 11 of the 35 countries surveyed, fewer than half the rural respondents were aware of this fact.

Table 10.

Proportion of female respondents who know of AIDS and believe that AIDS is almost never or only sometimes a fatal disease	
	Percentage
Mozambique (1997)	25
Jordan (1997)	24
Bangladesh (1997)	21
Turkey (1998)	20
Nepal (1996)	17
Bolivia (1998)	14
Cameroon (1998)	14
Eritrea (1995)	14
Madagascar (1997)	14
Brazil (1996)	13
Kenya (1998)	12
Zambia (1996)	12
Guinea (1999)	12
Mali (1996)	10
Nicaragua (1997)	10
Peru (1996)	10
Viet Nam (1997)	9
Niger (1998)	8
Burkina Faso (1999)	8
Comoros (1996)	7
Dominican Republic (1996)	7
Benin (1996)	7
Uganda (1995)	6
Chad (1996/1997)	5
Togo (1998)	5
Guatemala (1995)	3

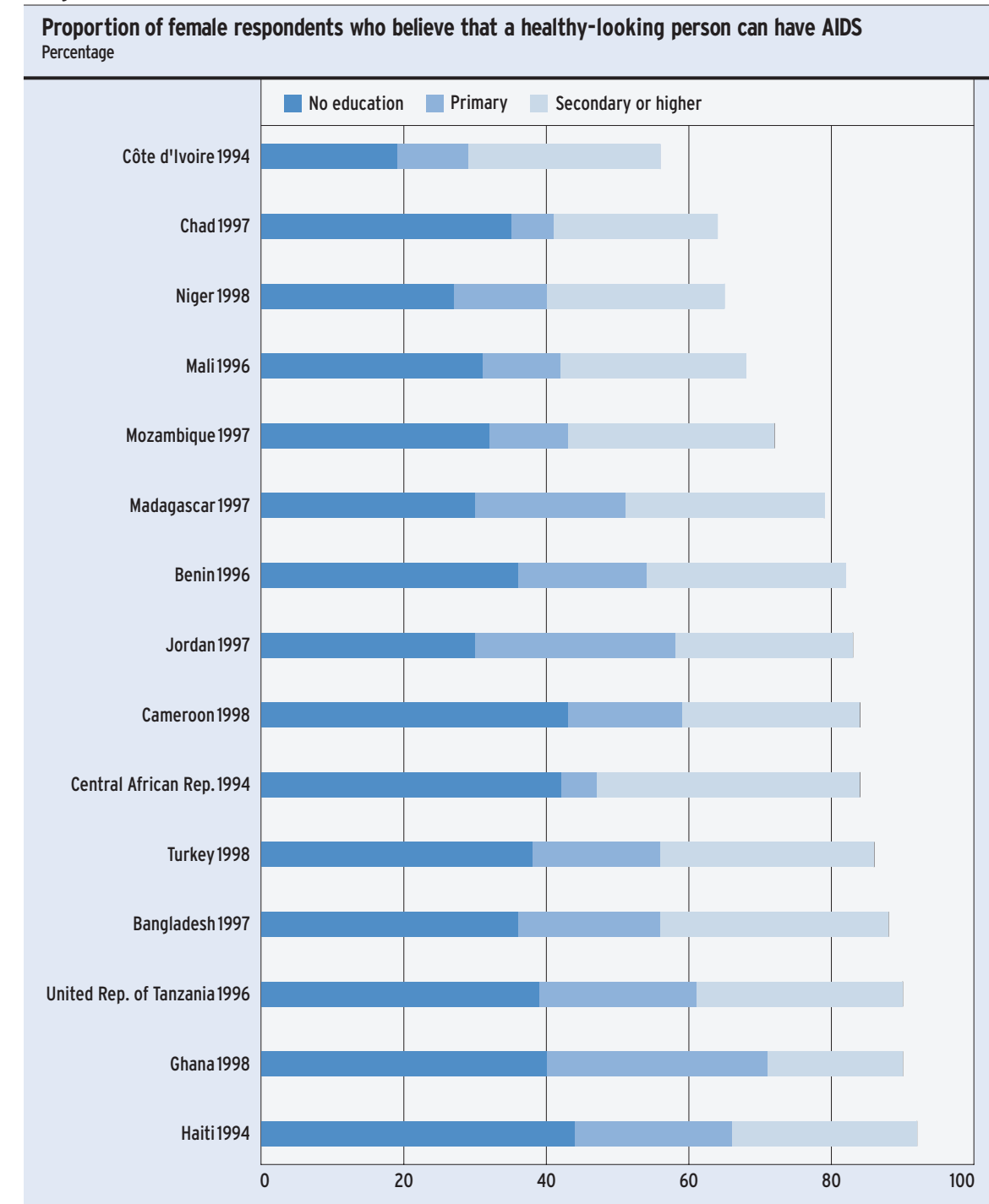
Source: Demographic and Health Surveys (DHS).

## Better-educated respondents have better knowledge

Education was also an important factor (see figure VI). Far more educated respondents — 84 per cent

overall — said they were aware that a healthy-looking person could have AIDS, whereas fewer than half (48 per cent) of those with no education knew. In 13 countries, at least 90 per cent of the most educated respondents were aware of this fact.

Figure VI



Source: Demographic and Health Surveys (DHS).

# Perception of the Risk of Getting AIDS

## Most people do not view themselves as being at risk for getting AIDS

One of the most intriguing findings is the large number of respondents who believe that they are unlikely to get AIDS. In practically all countries surveyed, at least two thirds of female respondents and 8 of 10 male respondents said that they were either at no risk at all or at small risk of getting AIDS (see figure VII). In several countries, such as the Dominican Republic, Eritrea and the Niger, the proportion reached 90 per cent or more (see figure VIII). In contrast, only in the Comoros did the

In practically all countries surveyed, at least two thirds of female respondents said that they were either at no risk at all or at small risk of getting AIDS.

percentage of female respondents who believed that they were at either moderate or great risk of getting AIDS reach the 50 per cent mark.

Also striking is that fact that in none of the countries surveyed did the level of education make a significant difference in the responses. This suggests that education has not been effective in making people aware of their own susceptibility to AIDS.

## Women have a higher risk perception than men

Male respondents to the surveys were more likely than women to believe that they were at low risk of getting AIDS. In 16 of the 18 countries for which data on both sexes were tabulated, more men than women saw their risk as small or non-existent, usually by a few percentage points. In some countries, such as the Comoros, Guinea, Mali, Uganda and Zambia, the difference between men's and women's perceptions was more substantial.

Surprisingly, only a minority of couples shared a similar perception of risk. In most countries, fewer than 40 per cent of spouses

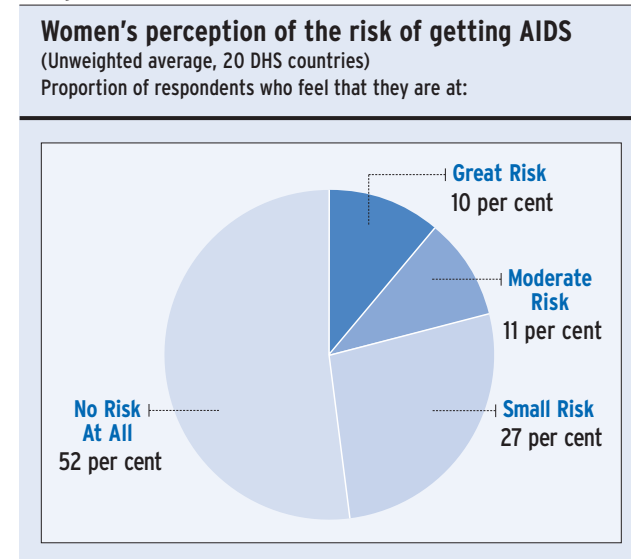
gave the same response. Also, in a majority of countries, women thought their risk was slightly higher than their husbands did. Several DHS country reports suggest that some women consider their risk higher because they suspect their husbands of risky extramarital behaviour.

## Risk perception is culturally defined

That the large majority of the populations surveyed thought they had very little chance of getting infected might possibly be attributed to the fact that individuals tend to distance themselves from AIDS when responding to specific questions. Risk denial might also provide an explanation for the fact that, even in countries where most people know how AIDS is transmitted, such as the Dominican Republic, a vast majority of respondents expressed the view that they were not at risk.

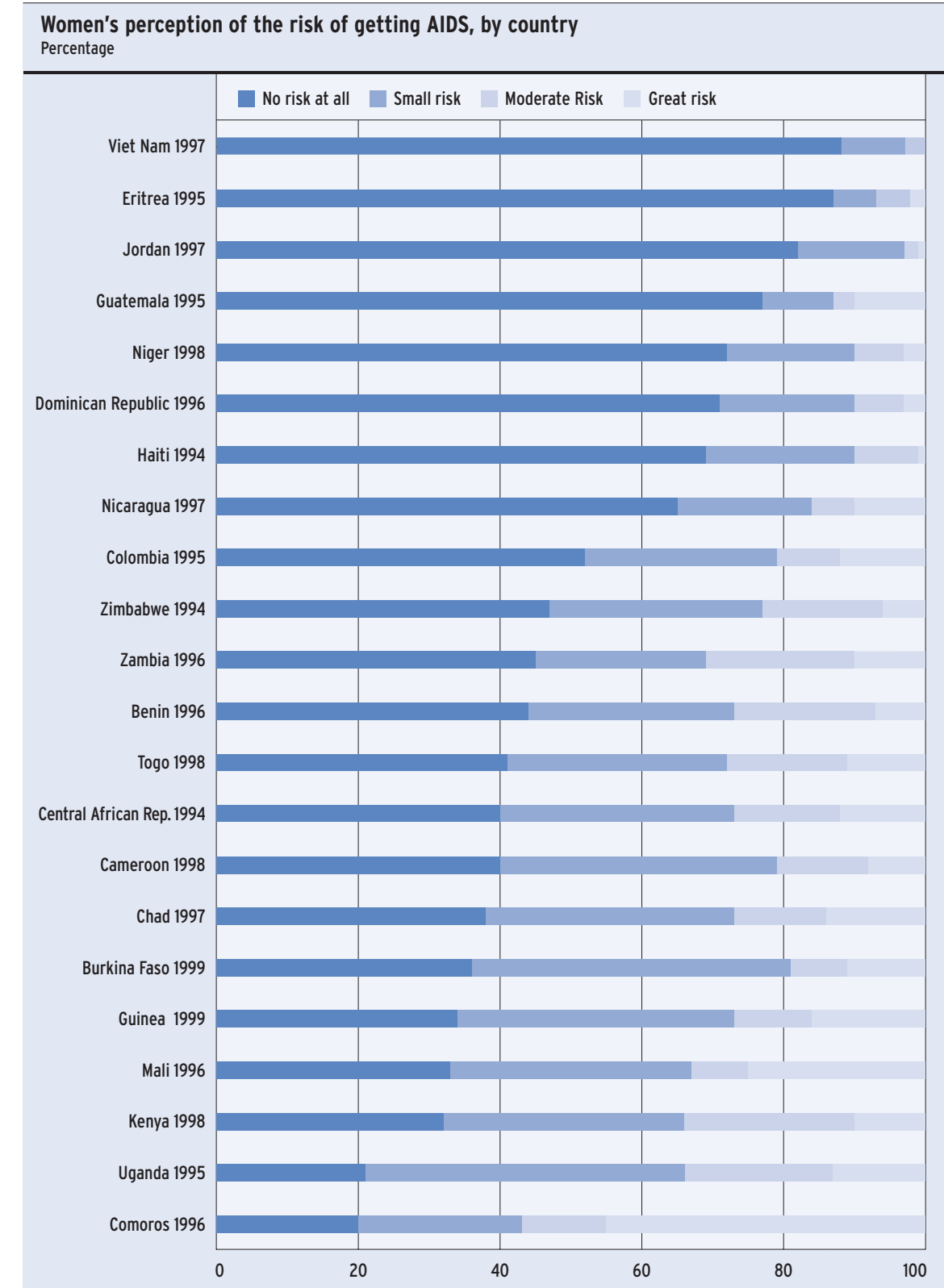
It could also be argued that questions addressing individuals' perceptions of sexuality and death are unlikely to produce much insight in societies where long-established taboos govern communication about vital notions. This may explain why in countries with high HIV prevalence rates, such as Zambia and Zimbabwe, more than 7 in 10 women and almost 9 in 10 men viewed themselves at low risk of contracting the disease.

► Figure VII



Source: Demographic and Health Surveys (DHS).

► Figure VIII



Source: Demographic and Health Surveys (DHS).

# Knowledge of ways to avoid getting AIDS

**K**nowledge of the ways in which HIV is transmitted is critical to adopting behaviours that prevent infection. An array of questions sought to find out how much respondents knew about HIV transmission. Questions enquired about knowledge of sexual and non-sexual transmission, and some questions probed for misinformation. Many surveys also asked about sexually transmitted infections (STIs) in general.

## Men know much more than women about sexually transmitted infections

At least 8 in 10 men — and often 9 in 10 — knew of at least one STI. Similar levels of knowledge were reported for women in a few countries: Brazil, Kenya, Uganda, Zambia and Zimbabwe. However, in other countries, about half the female respondents did not know that they could contract a disease through sexual contact. These countries include Benin (46 per cent), Burkina Faso (48 per cent), Chad (47 per cent), Mali (58 per cent), Madagascar (46 per cent) and the Niger (52 per cent)(see figure IX). Among men who knew about STIs, at least 7 in 10 spontaneously mentioned AIDS as a sexually transmitted infection. In Uganda, where awareness was highest, 94 per cent of men mentioned AIDS, whereas the lowest proportion, 56 per cent, was found in the Niger. In nearly all countries, men were much more likely than women to mention AIDS as a sexually transmitted infection, but in some countries, at least half the women knew. In three countries — Benin, Burkina Faso and the Niger — the percentages of women who mentioned AIDS were strikingly low.

## Knowledge of ways to avoid getting AIDS is limited

In all countries, a large majority of respondents who had heard of AIDS knew at least one way to avoid sexual transmission of the disease. Still, in half the countries surveyed, one quarter to one third of female respondents knew of no way to avoid getting AIDS. This was true in some countries where HIV/AIDS prevalence exceeds 5 per cent of the adult population, such as Kenya, Togo and the United Republic of Tanzania (see table 11). In Mozambique, another country where HIV prevalence exceeds 5 per cent of

the adult population, two thirds of female respondents knew of no way to avoid getting AIDS.

## Condom use and monogamy are the most often cited safe behaviours

Respondents who knew about the sexual transmission of HIV mentioned two safe behaviours most often: using a condom and having only one sexual partner (see figure X). With regard to condom use, more than 70 per cent of women in three Latin American countries — Brazil, Colombia and the Dominican Republic — mentioned using condoms as a way to prevent transmission. However, more than half the women in most other countries surveyed did not give this response. In Indonesia and Jordan, fewer than 10 per cent of the women mentioned condom use.

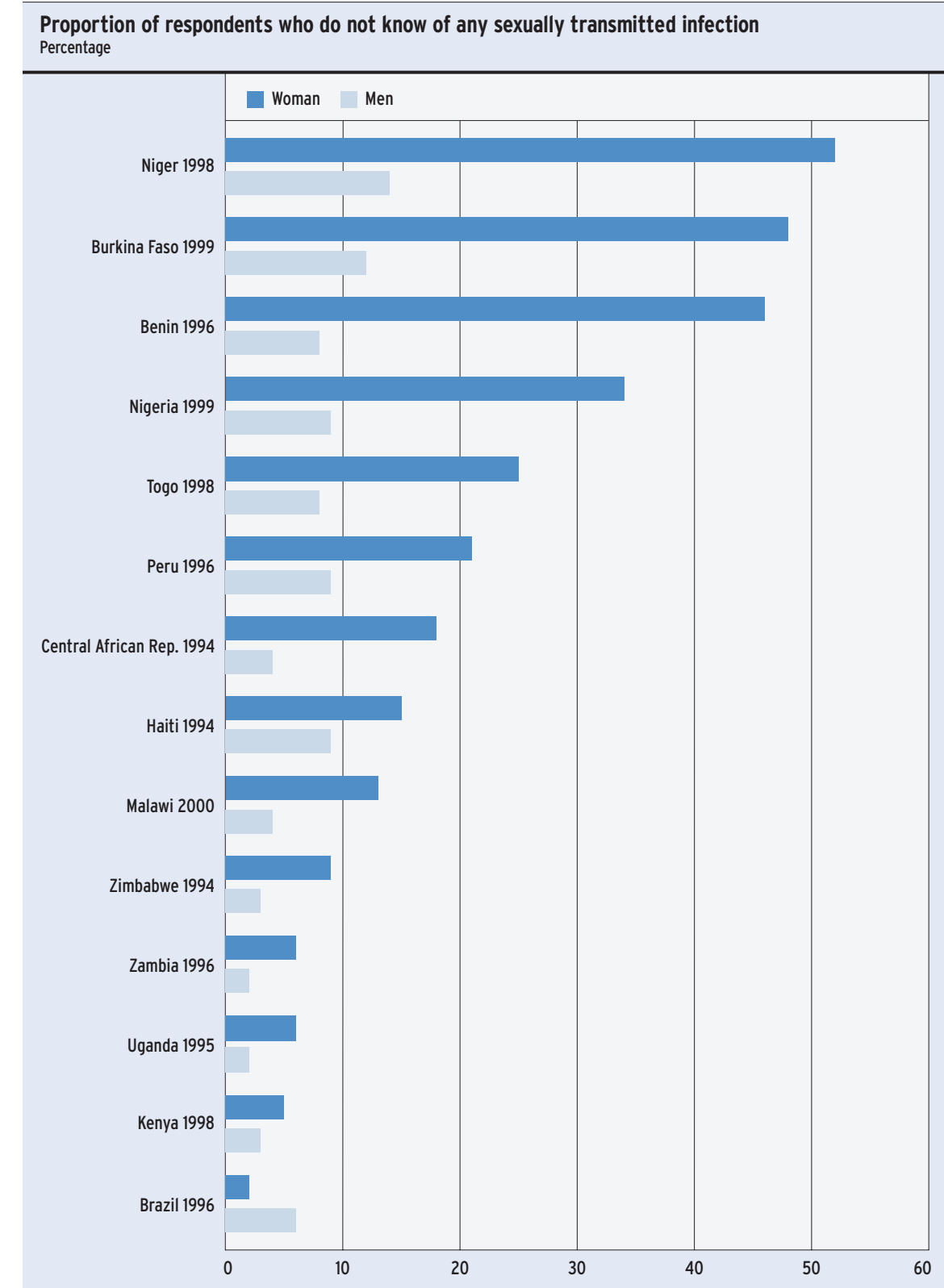
Many respondents were aware that having multiple sex partners increased the chances of getting AIDS, and they said that one could avoid AIDS by limiting sexual contact to only one partner. More than 60 per cent of women gave this response in Brazil, Colombia, the Dominican Republic, Guinea and Viet Nam. In other African surveys, at least half the women mentioned having only one sex partner in Côte d'Ivoire, Ghana and Uganda, and just less than half gave this response in Burkina Faso, the Central African Republic and Zambia. Interpretation of the replies to

Table 11.

Proportion of female respondents who do not know of any way to avoid getting AIDS	
	Percentage
Bangladesh (1997)	69
Mozambique (1997)	66
Guatemala (1995)	37
Comoros (1996)	37
Chad (1997)	36
United Republic of Tanzania (1996)	36
Madagascar (1997)	33
Benin (1996)	32
Niger (1998)	31
Burkina Faso (1999)	30
Turkey (1998)	30

Source: Demographic and Health Surveys (DHS).

Figure IX



Source: Demographic and Health Surveys (DHS).



this question is somewhat difficult because it is not clear whether respondents who mentioned limiting sexual contact were referring to their own behaviour or to that of their partners, or whether they were making an impersonal statement.

Only a minority of respondents mentioned avoiding sex with prostitutes as a way of preventing transmission of AIDS. In half the countries surveyed, less than 10 per cent of female respondents made reference to prostitutes. The highest frequencies were in Nepal and Côte d'Ivoire, where prostitutes were mentioned by more than one third of the females. References to prostitutes were more frequent among male respondents and the proportion reached 41 per cent in Bangladesh and 51 per cent in Côte d'Ivoire.

Abstaining from sex altogether in order to avoid getting HIV was also mentioned by a relatively small number of respondents. In most countries, less than 15 per cent of female respondents made reference to abstinence. Only in the Dominican Republic did most women (78 per cent) mention it.

### Level of awareness of mother-to-child transmission is generally high

Perhaps the most preventable form of HIV transmission is from a mother to her child, whether during pregnancy, at childbirth or during breastfeeding.

Transmission can be prevented only if the pregnant woman knows she is infected with the virus and if the appropriate drugs are available. In some of the surveys conducted by the DHS, respondents were asked whether they thought the virus that causes AIDS could be transmitted from a mother to her child.

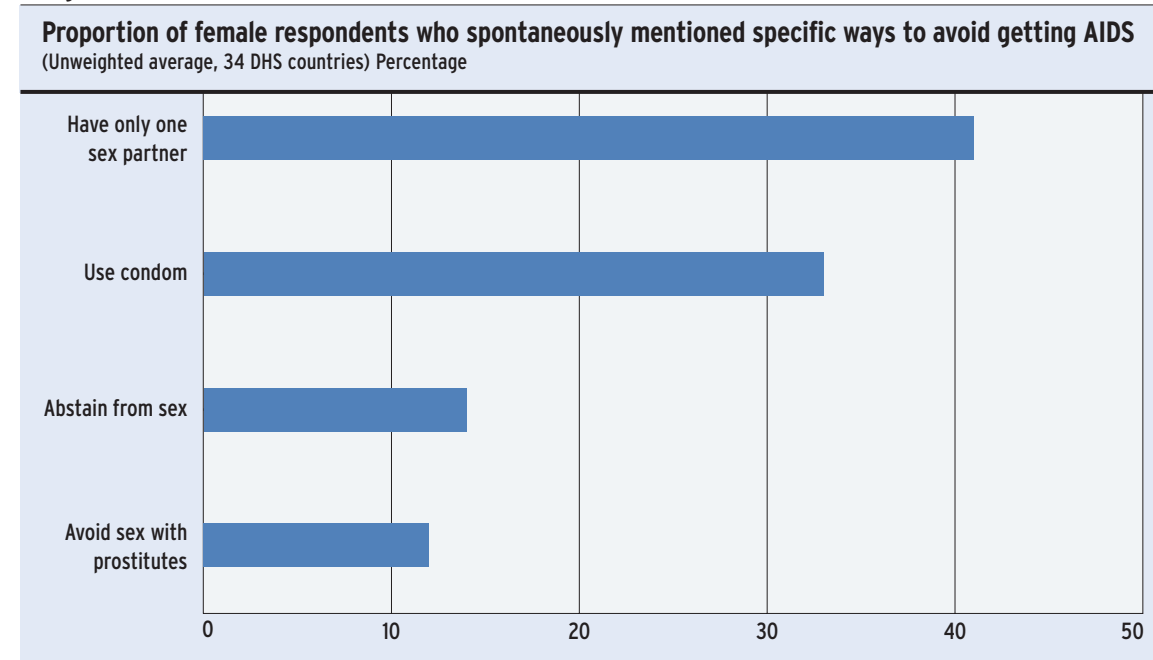
Overall, at least three fourths of respondents knew about this form of transmission in most countries. No significant difference was found between male and female respondents. Highest levels of awareness were reported in Colombia and the Dominican Republic, 95 per cent and 96 per cent, respectively, for female respondents. In a few countries, however, fewer than half the male and female respondents knew about mother-to-child transmission of the virus. In the Niger, only 48 per cent of males and females knew about mother-to-child transmission, and in Nigeria, just 47 per cent of the men knew of it. In several countries, about one third of respondents said they did not know about this form of transmission. This was true for women in Burkina Faso, Mali and Nigeria and for men in Chad and Mali.

Preventing mother-to-child transmission may involve more than testing reproductive-age women for HIV and administering drugs. In some countries and cultures, the desire for children is so strong that many women who know they are HIV-positive still wish to become pregnant.

*In all countries, a large majority of respondents who have heard of AIDS knew at least one way to avoid sexual transmission of the disease. Still, in half the countries surveyed, including some countries where HIV/AIDS prevalence exceeds 5 per cent of the adult population, one quarter to one third of female respondents know of no way to avoid getting AIDS.*

*Using a condom and having only one sexual partner are the two safe behaviours most often mentioned by respondents who knew about the sexual transmission of the HIV virus.*

► Figure X



Source: Demographic and Health Surveys (DHS).

# Changes in sexual behaviour to avoid getting AIDS

**B**ehavioural change is critical if the spread of the HIV virus is to be prevented. Some questions aimed at assessing whether knowledge of the nature and severity of HIV/AIDS had led respondents to modify their sexual behaviour in order to reduce the risk of infection. Responses to these questions show significant gender differences.

## More men than women have changed their behaviour

In all countries surveyed, a large majority of men, ranging from 60 to 90 per cent, reported that they had changed their behaviour to avoid AIDS. In contrast, in only half the countries had a majority of female respondents made a behavioural change. In some countries, however, the percentage of women who had made some change in sexual behaviour to avoid AIDS was significant. More than three in four women in the Central African Republic, Ghana, Guinea, Kenya, Mozambique and the United Republic of Tanzania had made some change. On the other hand, only 1 woman in 10 had modified her behaviour in Guatemala, Indonesia and Nepal, and only about 2 in 10 women had done so in

Brazil, Colombia and Zimbabwe.

Overall, the level of change in sexual behaviour among female respondents shows no relation to the country's HIV/AIDS prevalence rate, whereas behaviour change among male respondents tends to increase with prevalence. This discrepancy could possibly reflect the fact that larger proportions of males than females were engaged in risky behaviour.

## Restricting sexual activity to one partner is the most common response

Among those respondents, whether male or female, who did change their behaviour, the most frequently cited change entailed restricting sexual activity to one partner. Between one in four and one in two men made this change. In half the countries surveyed, the proportions of women who also made this change were similar. Overall, the range was wider for female respondents, extending from nearly zero in such countries as Guatemala, Indonesia, Nepal and Peru to 63 per cent in Guinea (see table 12). In addition, in many countries a significant number of men — up to one third of respondents in the Central African Republic, for example —

Table 12.

	Proportion of respondents who had reduced sexual contacts to avoid getting AIDS				
	Percentage				
	Restrict to one partner		Reduce number of partners		Avoid prostitutes
	FEMALES	MALES	FEMALES	MALES	MALES
Benin (1996)	25	32	2	..	34
Burkina Faso (1999)	34	29	1	19	5
Cameroon (1998)	36	33	7	23	9
Central African Republic (1994)	55	55	9	32	..
Comoros (1996)	29	39	4	21	..
Ghana (1998)	57	54	3	8	4
Guinea (1999)	63	36	9	23	17
Kenya (1998)	47	50	5	18	5
Mali (1996)	39	26	1	14	7
Mozambique (1997)	39	24	5	..	24
Niger (1998)	27	33	1	7	20
United Republic of Tanzania (1996)	49	45	15	24	18
Togo (1998)	33	37	3	22	13
Uganda (1995)	48	55	3	29	13

Source: Demographic and Health Surveys (DHS).

Note: Two dots (..) indicate that data are not available.

Whereas in all countries surveyed, a large majority of men, ranging from 60 to 90 per cent, reported that they had changed their behaviour to avoid AIDS, only in half of the countries had a majority of female respondents made a behavioural change.

reported that they had reduced the number of sexual partners. Corresponding figures for female respondents were very low, except for respondents from the United Republic of Tanzania (15 per cent).

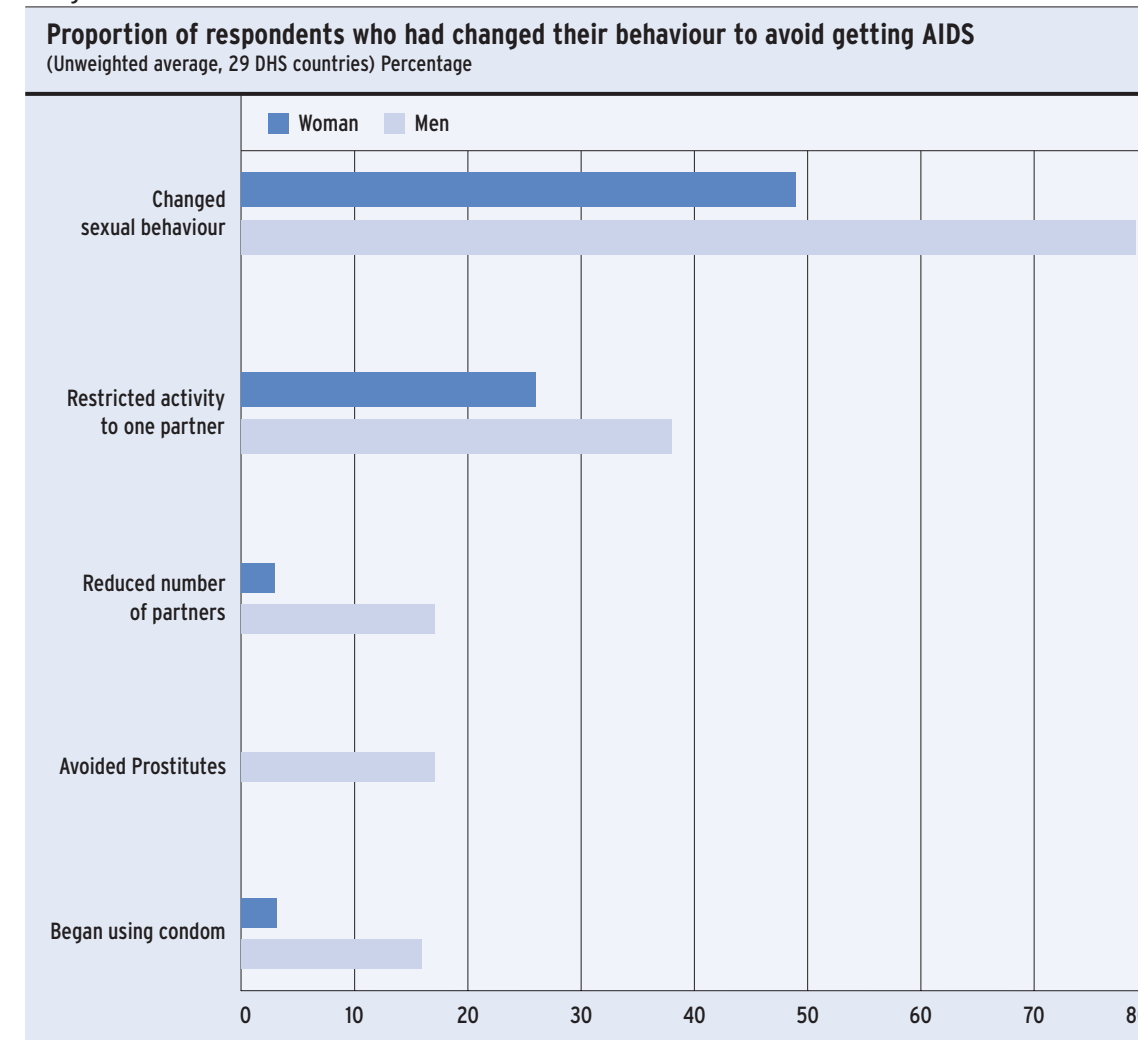
## Condom use shows little change

Only a small percentage of respondents began using condoms to prevent HIV transmission. Fewer than 8 per cent of women in all countries surveyed reported that they had changed their behaviour by using condoms (see figure XI). Among married women, the percentages were

particularly low. In a few countries — Burkina Faso, Cameroon and Togo — at least 10 per cent of never-married women said they had begun using condoms to avoid getting AIDS. Figures are usually higher for men, ranging between 15 and 25 per cent in most countries.

In several countries, a significant number of men also reported that they had discontinued sexual contacts with prostitutes to avoid getting infected. The proportion of male respondents who made this change varied from less than 10 per cent in Burkina Faso, Cameroon, Eritrea, Ghana, Kenya and Mali to 34 per cent in Benin and 40 per cent in Chad.

Figure XI



Source: Demographic and Health Surveys (DHS).

# Condom use and HIV/AIDS

Condoms, used properly and consistently are one of the leading methods of protection against HIV infection. Condom use as an effective means of protection against HIV/AIDS has been promoted in many parts of the world. Responses to the DHS on knowledge, perception and use of condoms provide an assessment of the impact of the social marketing of condoms.

### Awareness of condoms is generally very high

When women were asked whether they had heard about condoms, overall 4 out of 5 currently married women and 9 out of 10 never-married women indicated that they knew about them. In a few countries — Chad, Eritrea and Mozambique — awareness was much lower, with half or fewer of currently married women having heard of condoms. However, in these same countries, never-married women had much higher levels of awareness: more than 90 per cent in Eritrea and about 70 per cent in Chad and Mozambique.

### Women view condoms primarily as contraceptives, not as prophylactics

One in three women, on average, referred to the prophylactic use of condoms against AIDS (see figure XII). In only a few countries did most women know about condoms and mention them as a way of preventing AIDS. The discrepancy between the reported level of knowledge of condoms and the spontaneous references

to AIDS prevention suggested that women view condoms primarily as contraceptives, not as prophylactics.

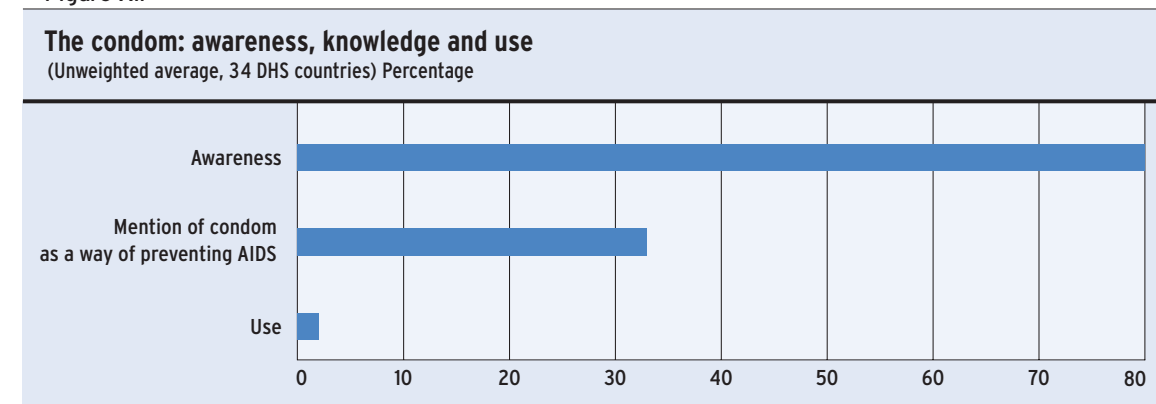
### Condom use is very low

The percentage of couples who used condoms was very low in all countries surveyed. Only 5 per cent or less of currently married women reported using condoms, even though contraceptive use was high in some countries. The proportion of women using any contraceptive method ranged from less than 5 per cent in Chad to over 70 per cent in Viet Nam.

Never-married women were far more likely than currently married women to say that they used condoms for contraceptive purposes. In Burkina Faso, for example, 32 per cent of never-married female respondents had used condoms, as had 24 per cent in the Comoros. In these same countries, only 1 per cent of the currently married had used condoms.

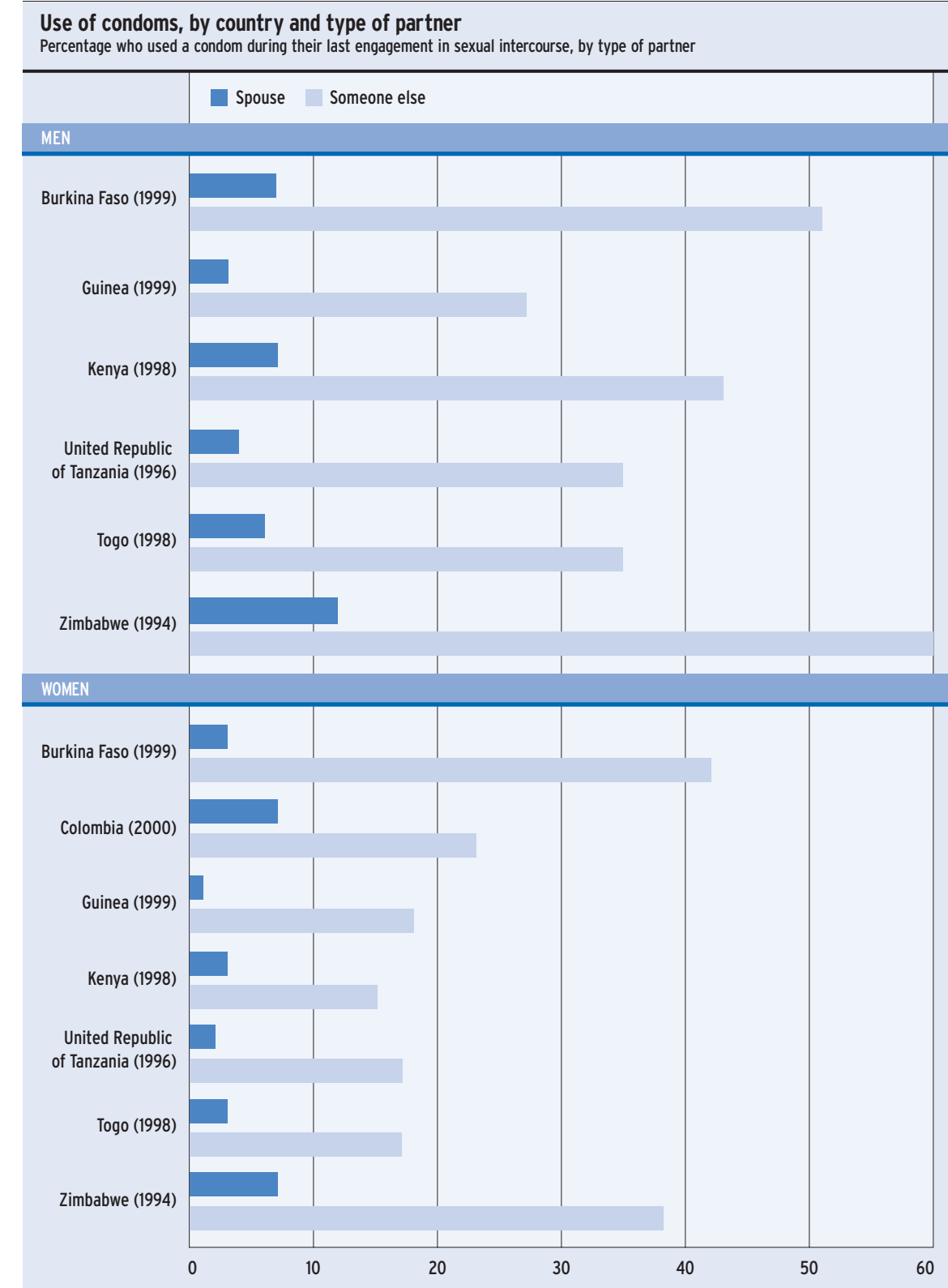
In some countries, the condom was clearly associated with extramarital sexual intercourse. While only a small number of both men and women reported having used condoms during their last engagement in intercourse with their spouse, the proportion of respondents who had used a condom during their last engagement in intercourse with someone other than their spouse jumped to at least 15 per cent among women in Guinea, Kenya, Togo and the United Republic of Tanzania (see table 13). The proportion went as high as 38 per cent in Zimbabwe and 42 per cent in Burkina Faso. Corresponding figures for men were even higher: 51 per cent in Burkina Faso and 60 per cent in Zimbabwe.

► Figure XII



Source: Demographic and Health Surveys (DHS).

► Figure XIII



Source: Demographic and Health Surveys (DHS).

## Policy implications

The number and geographical range of countries included in the DHS project provide a picture that is currently unique. The broad background information on sexual and reproductive behaviour and AIDS-related awareness and behaviour presented here has important policy relevance.

Overall, awareness of AIDS was relatively high in the countries included in the survey, as was the accuracy of knowledge regarding the fatal nature of AIDS, its absence of visible symptoms and the way the virus is transmitted. A majority of respondents

Knowledge of the disease was strikingly low in the poorest countries included in the survey, but also in a few countries that were somewhat better off.

reported that they had changed their sexual behaviour in order to avoid getting AIDS, and they generally knew that having only one sexual partner and/or using condoms significantly lowered the risk of getting AIDS.

Among the major sources of information, so far, the school systems fell short of creating awareness and passing on a basic knowledge of AIDS. This may reflect the fact that school enrolment and attendance are somewhat limited in rural areas of much of the developing world. Still, examples exist that show that the formal education system can be an efficient medium for the dissemination of AIDS information.

On the other hand, there is ample evidence that radio messages about HIV/AIDS make a very significant difference in people's awareness and knowledge of the disease. Therefore, whether the explanation for this phenomenon lies in the fact that there are a large number of radio receivers, in the impact of constant background listening at work and at home, or in the social status and functions of radio, there is no doubt that HIV/AIDS broadcasting should be encouraged.

Significant differentials emerged from the general picture that need to be

addressed urgently at a programme level: rural/urban; gender; and knowledge-behaviour. Also, general population survey data provided a broad perspective on the challenge of promoting the prophylactic use of condoms in high-fertility populations at large, particularly in countries where the custom of prolonged sexual abstinence following childbirth prevails.

Knowledge of the disease was strikingly low in the poorest countries included in the survey, but also in a few countries that were somewhat better off. Indeed, in all these countries, the buzz of AIDS had not grown very loud in the rural areas where most of the population often lived. Targeting rural population should therefore be given a higher priority in these countries.

Data also pointed to women being, on average, significantly less knowledgeable than men about sexually transmitted infections as well as about how to avoid getting them. In a few countries, the large majority of women were not even aware of the existence of such infections. Obviously, this side of the gender gap had to do with both the issue of the status of women, including access to knowledge, and the sensitivity of sexual matters in many cultures.

To some extent, this gender gap also triggers a knowledge-behaviour gap. Whereas women who knew about AIDS — whether in general or within couples — tended to have a higher perception of the risk of disease than men, possibly as a result of the perception they had of their husband's or partner's past or current sexual behaviour, they were much less likely than men to have changed their sexual behaviour to avoid getting AIDS. The lower and dependent status of women, including their limited power to negotiate for safer sex, provides part of the explanation and calls for specific policy action.

Yet, the knowledge-behaviour gap goes beyond

Data also pointed to women being, on average, significantly less knowledgeable than men about sexually transmitted infections as well as about how to avoid getting them.

the issue of gender inequality. Even in countries where the HIV prevalence rate was high, a large majority of men and women

considered themselves at little or no risk. This very consistent finding suggests that the perception of risk is culturally conditioned and may involve considerable denial. Therefore, the notion of "risk perception" needs to be directly addressed in broad public programmes.

Much effort has been spent on promoting the prophylactic use of condoms as part of AIDS prevention. However, over the years, the condom has not become more popular among couples. The proportion of married women of reproductive age currently using condoms ranges from 1 per cent in Africa and Oceania, to 3 percent in Asia and 4 percent in Latin America and the Caribbean. On the other hand, the condom is often used by men in extramarital sex encounters and is therefore associated with non-spousal sex in many countries. Married women viewed the condom primarily as a contraceptive but, at the same time, expressed preference for other forms of contraception. This dual perception of the (male) condom makes promoting it as a prophylactic very difficult.

In sum, existing programmes have done little, so far, to adequately inform the vast majority of couples who live in the rural areas of many African and Asian countries.

In a number of Western and Central African countries, the difficulty in promoting the use of condoms is compounded by the fact that the large majority of women who are sexually active intend to become pregnant; therefore, they are not likely to resort to using the condom. This is the case for the high-fertility countries where the custom of prolonged sexual abstinence following childbirth prevails. In those countries, a large number of married men do have extramarital sexual encounters during their wife's (or wives) period of abstinence, making them more likely to become infected before resuming marital sex. The fact that, so far, HIV/AIDS prevalence remains relatively low in those countries, has limited the potentially dramatic impact of such

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behaviours. Yet, questions can be raised as to what changes will occur in women's sexual life and the consequences for the epidemic in the event of a decline in fertility.

The Declaration of Commitment on HIV/AIDS adopted at the special session of the General Assembly on HIV/AIDS, held in June 2001, acknowledged that prevention of HIV infection must be the mainstay of responses to the epidemic. The results from this study highlight the enormous challenges lying ahead in the prevention of the spread of HIV/AIDS. HIV/AIDS campaigns have significantly raised awareness and knowledge of the infection, particularly in urban areas. Key messages on HIV prevention have reached out to individuals at risk, as evidenced by changes in their sexual behaviour. At the same time, the scope for improving policy intervention looks daunting. Prevention measures that are promoted globally are often at odd with what couples perceive as acceptable strategies to protect themselves within their own social and family environment. And, in countries where large families are

the norm, the promotion of safer sexual behaviour comes up against the desire for more children. In sum, existing programmes have done little, so far, to adequately inform the vast majority of couples who live in

the rural areas of many African and Asian countries.

Clearly, dramatic changes in sexual and reproductive awareness and behaviour in many less developed countries are needed in order to defeat the HIV/AIDS epidemic. As the Secretary-General of the United Nations indicated in his statement on 20 July 2001 to the Conference of G-8 heads of State in Genoa, Italy, the first priority is "to ensure that people everywhere — particularly the young — know what to do to avoid infection".

Note:

<sup>1</sup> General Assembly resolution S-26/2, annex.

<sup>2</sup> SG-SM7896:A10S/31

**Basic AIDS and demographic data: 39 developing countries**

Region or country	Total population (thousands)	Adults (15-49) living with HIV/AIDS		AIDS deaths (thousands)	AIDS orphans (thousands)	Life expectancy at birth (years)		Total fertility rate (children per woman)	Condom use (percentage)
		Number (thousands)	Percentage			With AIDS	Without AIDS		
<b>AFRICA</b>									
Benin	6 446	67	2.5	6	17	54	57	5.7	1
Burkina Faso	11 856	330	6.4	43	211	48	56	6.8	1
Cameroon	15 203	520	7.7	52	181	50	59	4.7	2
Central African Republic	3 782	230	13.8	23	70	44	55	4.9	1
Chad	8 135	88	2.7	10	42	46	49	6.7	0
Comoros	727	<1	0.1	..	..	61	-	5.0	1
Côte d'Ivoire	16 349	730	10.8	72	287	48	59	4.6	1
Eritrea	3 816	49	2.9	..	..	52	56	5.3	0
Gabon	1 262	22	4.2	2	6	53	58	5.4	..
Ghana	19 734	330	3.6	33	119	57	62	4.2	3
Guinea	8 274	52	1.5	6	21	49	-	5.8	1
Kenya	31 293	2 000	14.0	180	547	49	66	4.2	1
Madagascar	16 437	10	0.2	<1	2	54	-	5.7	1
Malawi	11 572	760	16.0	70	276	39	53	6.3	2
Mali	11 677	97	2.0	10	32	52	55	7.0	0
Mozambique	18 644	1 100	13.2	98	248	38	49	5.9	0
Niger	11 227	61	1.4	7	22	46	-	8.0	0
Nigeria	116 929	2 600	5.1	250	971	52	58	5.4	0
Senegal	9 662	76	1.8	8	29	54	-	5.1	1
Togo	4 657	120	6.0	14	63	52	59	5.4	2
Uganda	24 023	770	8.3	110	997	46	54	7.1	1
United Rep. of Tanzania	35 965	1 200	8.1	140	667	51	59	5.0	2
Zambia	10 649	830	20.0	99	447	42	60	5.7	4
Zimbabwe	12 852	1 400	25.1	160	624	43	69	4.5	2
<b>ASIA</b>									
Bangladesh	140 369	13	0.0	1	<1	61	-	3.6	4
Indonesia	214 840	52	0.1	3	2	67	-	2.3	1
Jordan	5 051	<1	0.0	..	..	71	-	4.3	2
Nepal	23 593	33	0.3	3	2	60	-	4.5	2
Philippines	77 131	26	0.1	1	1	70	-	3.2	2
Turkey	67 632	3	0.0	..	..	71	-	2.3	8
Viet Nam	79 175	99	0.2	3	3	69	-	2.3	6
<b>LATIN AMERICA AND THE CARIBBEAN</b>									
Bolivia	8 516	4	0.1	<1	<1	63	-	3.9	3
Brazil	172 559	530	0.6	18	31	68	69	2.2	4
Colombia	42 803	70	0.3	2	2	72	-	2.6	6
Dominican Republic	8 507	130	2.8	5	7	67	70	2.7	1
Guatemala	11 687	71	1.4	4	5	66	-	4.4	2
Haiti	8 270	200	5.2	23	49	53	59	4.0	3
Nicaragua	5 208	5	0.2	<1	<1	69	-	3.8	3
Peru	26 093	47	0.4	4	6	70	-	2.6	4

**NOTES**

**TOTAL POPULATION** (column 1) refers to the mid-year 2001 population as estimated by the Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat. From *World Population Prospects: The 2000 Revision, vol.I: Comprehensive Tables* (United Nations publication, Sales No. E.01.XIII.8). Accessible at: <http://www.unpopulation.org>

**ADULTS (15-49 YEARS) LIVING WITH HIV/AIDS** (columns 2 and 3) refer to the number and percentage of persons aged 15-49 who were infected with HIV and were alive at the end of 1999. Data are from the Joint United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (UNAIDS), "Report on the global HIV/AIDS epidemic: update, June 2000". Accessible at: <http://www.unaids.org>

**AIDS DEATHS** (column 4) are the number of adults and children who died from AIDS during 1999. Data are from UNAIDS, "Report on the Global HIV/AIDS Epidemic: update, June 2000". Accessible at: <http://www.unaids.org>

**AIDS ORPHANS** (column 5) refer to the estimated number of children who had lost their mother or both parents to AIDS and who were alive and under age 15 at the end of 1999. Data are from UNAIDS, country fact sheets, June 2000. Accessible at: <http://www.unaids.org>

**LIFE EXPECTANCY AT BIRTH WITH AIDS** (column 6) and **WITHOUT AIDS** (column 7) is taken from estimates and projections prepared by the Population Division for the 45 countries most severely affected with HIV/AIDS. From "World Population Prospects: The 2000 Revision: highlights", (ESA/P/WP.165). Accessible at: <http://www.unpopulation.org>

**TOTAL FERTILITY RATE** (column 8) is the average number of children born to a woman. From *World Population Prospects: The 2000 Revision, vol. I: Comprehensive Tables* (United Nations publication, Sales No. E.01.XIII.8). Accessible at: <http://www.unpopulation.org>

**CONDOM USE** (column 9) refers to the percentage of couples using condoms for family planning purposes. Data were collected from currently married women of reproductive age, including where possible, those in consensual unions. From *World Contraceptive Use 2001* (United Nations publication, sales No.E02.XIII.7). Accessible at: <http://www.unpopulation.org>

**TWO DOTS (..)** indicate that information or data are not readily available or were not ascertained.

**A HYPHEN (-)** indicates that the difference between life expectancy without AIDS and life expectancy with AIDS is negligible.

