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ความรู้ ทัศนคติเกี่ยวกับเอชไอวี/เอดส์ และการปฏิบัติสุขภาวะทางเพศของนักศึกษามหาวิทยาลัยชั้นปีที่หนึ่ง

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Knowledge and Attitudes about HIV/AIDS and Sexual Health Practices among First-year University Students

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หลักการและวัตถุประสงค์: วัยรุ่นไทยถือเป็นกลุ่มเสี่ยงต่อการติดเชื้อเอชไอวีหรือโรคเอดส์ความรู้และทัศนคติต่อการติดเชื้อเอชไอวีหรือโรคเอดส์และการปฏิบัติสุขภาวะทางเพศของวัยรุ่นกลุ่มนี้จึงมีความสำคัญอย่างมากต่อการเสริมสร้างการพัฒนาสุขภาวะที่มีประสิทธิภาพและยังนำไปสู่การพัฒนาหลักสูตรการเรียนรู้เกี่ยวกับการมีเพศสัมพันธ์ที่ปลอดภัยอีกด้วย ดังนั้นการศึกษานี้จึงมีวัตถุประสงค์เพื่อสำรวจความรู้ทัศนคติต่อการติดเชื้อเอชไอวี/เอดส์และสุขภาวะทางเพศของนักศึกษามหาวิทยาลัยชั้นปีที่หนึ่ง

วิธีการศึกษา: เป็นการศึกษาเชิงพรรณนา กลุ่มตัวอย่างเป็นนักศึกษามหาวิทยาลัยชั้นปีที่หนึ่ง มหาวิทยาลัยแห่งหนึ่ง จำนวน 682 ราย เครื่องมือวิจัยประกอบด้วย แบบสอบถามข้อมูลส่วนบุคคล แบบวัดความรู้และทัศนคติเกี่ยวกับเอชไอวี/เอดส์ และแบบสอบถามการปฏิบัติสุขภาวะทางเพศ

ผลการวิจัย: กลุ่มตัวอย่างมีความรู้และทัศนคติที่ดีเกี่ยวกับเอชไอวี/เอดส์ (ร้อยละ 84 ได้คะแนนมากกว่าร้อยละ 70) เกือบทั้งหมดไม่เคยติดเชื้อทางเพศสัมพันธ์ (ร้อยละ 99.0) อย่างไรก็ตามในทางปฏิบัติยังพบว่ากลุ่มตัวอย่างมีการป้องกันการติดเชื้อโดยการใช้ถุงยางอนามัยในระดับต่ำ (ร้อยละ 21) และเกือบทั้งหมด (ร้อยละ 93.3) ไม่เคยตรวจคัดกรองเอชไอวี/เอดส์ด้วยการตรวจเลือด ส่วนใหญ่ (ร้อยละ 76.1) ไม่เคยมีการพูดคุยเกี่ยวกับเรื่องการติดเชื้อเอชไอวี และรู้สึกมั่นใจในตนเองว่าจะไม่ยอมมีเพศสัมพันธ์ถ้าไม่ใช้

Background and objectives: Thai youth are an emerging at-risk group for HIV/AIDS. Exploring their knowledge and attitudes about HIV/AIDS and sexual health practices is important for developing effective sexual health and safe-sex education programs. This study aimed to explore knowledge and attitudes about HIV/AIDS and sexual health practices among the first-year university students.

Materials and methods: This descriptive study designed data was collected from 682 first year students of a University. The research instruments consisted of demographic data, knowledge and attitudes about HIV/AIDS and sexual health behaviors.

Results: Results showed that students' HIV/AIDS knowledge and attitudes were good (84% scored more that 70%). Most (99%) had never been infected with STDs. However, always using condom to protect themselves from HIV/AIDS was low (21%) and nearly all (93%) had never had their blood checked for HIV/AIDS. Seventy-six percent had not talked with friends about HIV/AIDS. Most (77%) felt confident that they would not have sex without a condom and could negotiate not to have sex if they didn't want to (83%).

Conclusions: the study suggested that the first year students still lack of the correct practice to prevent HIV/AIDS. Therefore, extracurricular activities regading

ถุงยางอนามัย (ร้อยละ 77.1) และสามารถต่อรองกับคู่นอนให้ใช้ถุงยางอนามัยได้ในรายที่ไม่ต้องการใช้เวลามีเพศสัมพันธ์ (ร้อยละ 83)

สรุป: ผลจากการศึกษาแสดงว่า นักศึกษาชั้นปีที่ 1 ยังขาดการปฏิบัติที่ถูกต้องในการป้องกันเอชไอวี/เอดส์ ดังนั้นควรมีการจัดการกิจกรรมเสริมหลักสูตรในประเด็นการปฏิบัติเกี่ยวกับสุขภาพทางเพศเพื่อการป้องกันเอชไอวี/เอดส์ ในบรรยากาศผ่อนคลายเพื่อให้นักศึกษากล้าพูดคุยในเรื่องดังกล่าวมากขึ้น

sexual health practices for preventing HIV/AISD should be preformed in relaxing atmosphere for the students dare to talk about the topics.

Keywords: attitude, sexual health knowledge, HIV/AIDS, first year university students.

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Introduction

HIV/AIDS is a major global health problem that has caused illness and death for many people worldwide for over 3 decades. In 2008, it was the 6th leading cause of death[1]. Although Thailand was acknowledged globally as the first country to rapidly and efficiently contain the spread of AIDS and as a role model for other countries, recent research shows increasing HIV incidence among certain groups, e.g., pregnant women, homosexual males, and newly emerging risk groups such as youth and students[2-5].

Although the AIDS situation in Thailand is not as large as in the recent past, Thai youth are at increasing risk for HIV and STD infections. The Thai Working Group and Team A[2] showed 6,268 new cases of HIV/AIDS patients in 2016[6], mostly youth and teenagers. Young people at this age are transitioning from childhood to adulthood and face rapid physical, mental, emotional, social, and especially hormonal developmental changes. The youth grow and develop quickly and naturally have sexual drive that makes them interested in the opposite sex. Thai youth social and sexual practices are also changing quickly due to globalization of youth culture, and values. With the rapid development and easy access to media and technology such as the social networking, Thai young people are increasingly influenced by media and youth role models that can easily promote sexual behavior[7]. Additionally, cafes, bars, and entertainment centers are emerging in greater numbers near academic institutions and attract young students undergoing these rapid developmental stages increasing their chances of risky sexual practices. Therefore the knowledge and attitudes about HIV/AIDS and sexual health behaviors of the first year health sciences students at a university are important to study for developing effective health education strategies to promote healthy sexual behavior and reduce their risk of HIV infection.

Methods

Research design

This descriptive study used a survey questionnaire to explore knowledge and attitudes about HIV/AIDS and sexual health behaviors among the first year students of a university.

Participants

The participants were 682 first year students from 7 of the University's health science faculties: 77 students from Veterinary Science, 67 from Dentistry, 39 physical therapy students from Associated Medical Sciences, 52 medical technology students from Associated Medical Sciences, 111 from Nursing, 204 from Medicine, 69 from Pharmaceutical Science, and 63 from Public Health. Faculty members in each faculty recruited students on a convenience sampling basis by introducing the research project in first year intake classes and inviting volunteers to participate.

Research instruments

Research instruments included demographic data, knowledge and attitudes about HIV/AIDS and sexual health behaviors.

A two-part self-administered survey questionnaire was developed by a committee of the AIDS Institute, KhonKaen University (references). It was based on previous research questionnaire items and validated by review by other AIDS Institute researchers.

The first part of the questionnaire included demographic information such as, age, sex, address, current living circumstances, home town, and monthly expenses. The second part had 26 items on sexual health behaviors, sexual health and AIDS and STD knowledge, as below;

sexual health behaviors; the students were asked about their sexual behavior during the past 6 months. There were10 true/false questions on AIDS and STD knowledge (a correct answer counted as one point, an incorrect answer as 0 giving a possible maximum score of 10, There were 10 questions on general knowledge of AIDS and STDs. Items No. 1-7 and 9-10 were correct and item No. 8 was wrong); - attitudes about HIV/AIDS; 8 Likert-type scale items (rated from, strongly agree (5 points), agree (4 points), not certain (3 points), disagree (2 points), to strongly disagree (1 point)). The maximum score possible was 40;

Confidence about safe sexual behavior; 8 Likert-type scale items(rated from, highly confident of being able to do it (5 points), fairly confident of being able to do it (4 points), not certain of being able to do it (3 points), fairly confident of not being able to do it (2 points), to highly confident of not being able to do it (1 point). The maximum score was 40.

Research instruments were validated by 3 experts (an infectious disease doctor, a STI doctor, and a clinical specialist nurse in HIV/AIDS). The reliability of instruments, were calculated using Cronbach's as attitudes about HIV/AIDS IOC=0.8, confidence about safe sexual behavior IOC=0.85, and for all variables as 0.824

Data Collection

The purpose of the study was carefully explained in each class by the researchers. A request for volunteer participation was made and participants gave their consent orally. Given the sensitive nature of the topic area the researchers stressed that participants could decide not to participate or answer any questions and that all data collected would remain anonymous. The questionnaires were distributed and completed in class and collected by the researchers. All data was collected in July, 2012.

Data Analysis

Data were analyzed using descriptive statistics

Ethical Review

The research proposal was reviewed and approved by the Human Research Ethics Committee of KhonKaen University (HE#551262).

Results

Demographic data

More than half of the participants were female (69.4%) with an average age of 18.75 years (SD = 0.74). A similar number lived in off-campus dormitories (45.7%) as lived in university dormitories (45.1%) . Nearly half shared rooms with friends (45.6%), while one-third (33.7%) lived alone. The lowest monthly allowance received from home was 1,000 baht and the highest allowance was 20,000 baht
($\bar{x}$= 7,120.49, SD = 3219.54). Most (91.1%) reported their allowance as adequate for monthly expenses.

Sexual health behaviors

Only 5.4 percent (37) of the students reported having been sexually active. The majority of these students, 41 percent (15), reported having sexual intercourse without using condom, or, only sometimes (38%, 13). Only 21 percent (8) reported using a condom every time. One had been pregnant before. Sixty two percent (25) had never used contraceptive pills and only 34% (12) had used them. Most of the larger student group (76.1%) reported they had never talked to their friends or boy or girl friends about HIV/AIDS. Most of the students (93.3%) had never had their blood checked for HIV/AIDS, while 64.7% said they never thought of checking. As high as 99.0% had never had a sexually transmitted disease

Knowledge of HIV/AIDS and STDs.

The majority of participants (84%), got 70% of the questions right, as below;

a) AIDS infected people usually do not show any symptoms at the beginning, but they can spread the disease – (96.2% correct, 3.8% wrong answer).

b) Circumcision can reduce infection - (20.5% correct, 79.5% incorrect).

c) The trend of AIDS infection is higher among teenagers and male homosexual group - (92.2% correct, 7.6% incorrect).

d) Breast feeding by AIDS infected mothers can infect the child - (69.4% correct, 30.6 % incorrect).

e) AIDS infected people who do not receive treatment usually die from opportunistic infection - (96.5% correct, 3.5% incorrect).

f) At present, longevity for AIDS infected people is similar to normal people - (21.5% correct, 78.5% incorrect).

g) Blood examination for AIDS infection will show a positive result at 6 weeks to 3 months after infection - (88.0% correct, 12.0% incorrect).

h) AIDS infection can spread through eating together - (84.3% correct, 15.7% incorrect).

i) AIDS infection is high in blood, CSF, heart effusion and pleural effusion, semen, vaginal mucus - (96.6% correct, 3.4% incorrect).

j) The factor accelerating HIV infection is having a STD such as syphilis, gonorrhea - (84.9% correct, 15.1% incorrect).

Sexual health beliefs

Participants beliefs about sexual health are presented (Table 1) as below;

1. You think HIV infected people should not have a partner: 29.2% of participants rated disagree and not certain 27.9%

2. You think condom can protect against STDs.: 53.7% rated agree and strongly agree 28.4%

3. You think if you tell your partner to use condom, he or she will doubt: 46.2% rated disagree and 25.4% strongly disagree

4. You think masturbation is not proper: 43.7% rated disagree and 30.9% for not certain

5. You think contraceptive pills can protect against: 50.9% rated strongly disagree and 29.2% disagree

6. You think coitus interuptus can protect against HIV: 35.7 % rated disagree and 31.1% strongly disagree

7. You think washing vagina after intercourse can prevent pregnancy: 38.0% rated disagree and 31.4% strongly disagree

8. You think anal intercourse with condom can protect against HIV: 34.5% rated not certain 27.7% agree.

Confidence about safe sexual health behaviors

Participants' self-ratings of the likelihood of engaging in various safe sex behaviors are presented (Table 2) as below;

Table 1 Beliefs about sexual health (n = 682)

Sexual health beliefs	Strongly agree n (%)	Agree n (%)	Not certain n (%)	Disagree n (%)	Strongly disagree n (%)
1. You think HIV infected people should not have a partner.	91 (13.3)	139 (20.4)	190 (27.9)	199 (29.2)	63 (9.2)
2. You think condom can protect against STDs.	194 (28.4)	367 (53.7)	80 (11.7)	34 (5.0)	8 (1.2)
3. You think if you tell your partner to use condom, he or she will doubt you have HIV.	13 (1.9)	49 (7.2)	132 (19.3)	315 (46.2)	173 (25.4)
4. You think masturbation is not proper.	8 (1.2)	39 (5.7)	211(30.9)	298 (43.7)	126 (18.5)
5. You think contraceptive pills can protect against STDs.	12 (1.8)	59 (8.6)	65 (9.5)	199 (29.2)	347 (50.9)
6. You think coitus interuptus can protect against HIV.	16 (2.4)	60 (8.8)	151 (22.1)	243 (35.6)	212 (31.1)
7. You think washing vagina after intercourse can prevent pregnancy.	8 (1.2)	42 (6.1)	159 (23.3)	259 (38.0)	214 (31.4)
8. You think anal intercourse with condom can protect against HIV.	67 (9.8)	189 (27.7)	235 (34.5)	123 (18.0)	68 (10.0)

Table 2 Likelihood of safe sex behaviors (n= 682)

Safe sexual health behaviors	Highly confident of being able to do it n (%)	Fairly confident of being able to do it n (%)	Not sure n (%)	Fairly confident of not being able to do it n (%)	Highly confident of not being able to do it n (%)
1. You won't have intercourse if your partner doesn't use condom.	268 (39.3)	259 (38.0)	133 (19.5)	15 (2.2)	7 (1.0)
2. If there is unsafe sex, you will ask a doctor or officer.	142 (20.8)	296 (43.4)	211 (30.9)	26 (3.8)	7 (1.0)
3. In case of unsafe sex, you will talk to your parents.	123 (18.0)	222 (32.6)	241 (35.3)	63 (9.2)	33 (4.8)
4. If you don't want to have sex, you will negotiate with your partner.	300 (44.0)	266 (39.0)	95 (13.9)	13 (1.9)	8 (1.2)
5. You can find an effective birth control method if you don't want a child.	286 (41.9)	316 (46.3)	69 (10.1)	11 (1.6)	0
6. If you or your partner is accidentally pregnant, you are certain to manage it safely.	194 (28.4)	295 (43.2)	167 (24.5)	19 (2.8)	7 (1.0)
7. You can access a condom if you want it.	327 (47.9)	268 (39.2)	79 (11.6)	8 (1.2)	0
8. With AIDS medicine, you think you can have sex without using a condom.	64 (9.4)	118 (17.3)	205 (30.0)	121 (17.7)	174 (25.5)

1. You won't have intercourse if your partner doesn't use condom: 39.3% rated highly confident of being able to do it and 38.0% fairly confident of being able to do it.

2. If there is unsafe sex, you will ask a doctor or officer: 43.4% rated for fairly confident of being able to do it and30.9% not sure.

3. In case of unsafe sex, you will talk to your parents: 35.3% rated not sure and 32.6% fairly confident of being able to do it.

4. If you don't want to have sex, you will negotiate with your partner: 44.0 % rated highly confident of being able to do it and 39.0% fairly confident of being able to do it.

5. You can find an effective birth control method if you don't want a child: 46.3% rated fairly confident of being able to do it and 41.9% highly confident of being able to do it

6. You or your partner is accidentally pregnant, you are certain to manage it safety: 43.2% rated fairly confident of being able to do it and 28.4% highly confident of being able to do it.

7. You can access a condom if you want it: 47.9% rate highly confident of being able to do it and 39.2% fairly confident of being able to do it.

8. You think you can have sex without using a condom: 30.0% rated not sure and 25.5% for highly confident of not being able to do it.

Discussion

The findings revealed that participants were relatively well informed about HIV and STDs and safe sex behaviors affirming an earlier Thai study[12] and they also reported low rates of sexual activity (only 5% admitting to having had sexual experiences). However, as in other previous studies,[10, 11] there was very low rates of condom used amongst the students who were sexually active youths (79% never, or, only sometimes used condom protection). Thus, this study confirms that the young age group is still in the high risk of HIV/AIDs exposure.

Most students reported feeling confident about only ever engaging in safe-sex and also about having the communication skills to negotiate with a partner about this. However, their reported self-efficacy may not reflect the reality of their behavioral choices in actual real-life scenarios. More in-depth data collection methods, e.g., interviews and focus groups may be needed to explore this area more fully than a self-survey questionnaire can.

In addition, further research should explore male and female responses separately. Analyzing combined data for males and females assumes they have same levels of confidence about negotiating sexual behavior. This is unlikely, given different gendered roles and power asymmetries around sexual interactions.

For many students, commencing university studies is their first experience of living away from home and family oversight, and a time of new social and sexual experiences. As only a small number appear to be sexually active at this time, on the surface, it would appear be a judicious time to provide positive sexual health education. However, even with relatively high levels of sexual health information found in this study and others, most of the sexually active still engaged in risky sexual behavior. This suggests that more is needed than just increasing students' knowledge about sexual health and safe-sex behavior.

The low levels of open sexuality discussion reported in this study suggest that, stigma, personal embarrassment and cultural taboos might be barriers to promoting a supportive safe-sex communication culture and also need addressing in/alongside sexual health and safe-sex education programs. Thai youth social and sexual practices are increasingly influenced by a globalizing youth culture, values, social media, and entertainment role models. Destigmatising, or normalizing discussion of sexual health issues should be an important part of this cultural transition towards more open sexuality discussion and sexual activity risk reduction. We suggest further work is needed to more fully explore students' knowledge, attitudes about sexual behavior and issues that would act as facilitators or barriers to effective safe-sex education, supportive safe-sex environments, and more open sex-behavior communication cultures.

Recommendation

Sexual health-education programs for Thai youth need to go beyond health information to broader cultural and social attitude change. Lack of open discussion about sexual health may reflect personal embarrassment and cultural taboos and suggest need for normalizing discussion of sexuality, especially given the influence on Thai youth of a globalizing youth culture on social and sexual norms. Although most students reported self-confidence about only ever engaging in safe-sex behaviors, and in their capacity to negotiate with a partner to achieve this, whether these self-beliefs realistically reflect real life scenarios is raised.

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Conflict of Interests

The researchers declare there were no conflicts of interest.

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