

Knowledge and Attitude of Asian Men in Glasgow (UK) relating to HIV Infection

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ABSTRACT

The aim of this exploratory study is not only to collect the base line data on knowledge and attitude on AIDS/HIV among Asian men but also to examine the need for future health education programme on AIDS for the Asians in UK.

A self administered questionnaire survey of 400 Asian males aged 17 years and above was conducted in the Glasgow (UK) city area and a number of knowledge and attitude variables were studied. The response rate was 61%. It was observed that although the level of knowledge on most common methods of transmission was quite high including homosexual contact (88.5%), heterosexual contacts (90.9%) and injecting drugs with shared needles (91.8%), the respondents were found to have a low level of knowledge on transmission of HIV through casual contacts like unwashed cups and glasses, donating blood in UK and through sneezing and spitting. In the present study the younger age group was found to have better knowledge than their seniors in many respects. The respondents were found to have great confusion in their attitude towards people with HIV infection. The level of misconception was observed to be high in both the younger and the older age groups. The most common source of information for respondents on AIDS/HIV was from television (95%), followed by newspaper (84.3%), magazines (55.4%) and radio (43.8%).

The Asian males of Glasgow were chosen in for the study because of the cultural background of the Asian community. It is generally believed that Asian community is a male dominated society; the woman stays indoors and look after the family affairs. Also, because of the cultural heritage it was thought that the co-operation of Asian women for answering questions related to sexual behaviour would be difficult. The Asian community is

composed of all men and women who have migrated from the Indian subcontinent to the UK. They belong to different religious group like Islam, Hinduism and Sikhism. Asians form 2.3% of the British population, ie. 1.225 m (Central Statistical Office 1985).

METHODS

This cross sectional study was conducted in 1990. The names of the Asian men who were staying in Glasgow and had originated from the Indian subcontinent were identified from the electoral registrars and a sampling frame was prepared for the Asian population. The study population consisted of 400 subjects who were randomly selected from the electoral register by using computer generate random numbers. Each household of the study population was visited by the investigator and a questionnaire was handed over to the respondent directly, if he was found to be present during the investigators visit, and was requested to fill up the questionnaire there and then. If he was found to be otherwise occupied he was left a reply envelope with a request to send the questionnaire by post. Similarly if the respondent was absent during the investigator's visit, a questionnaire and a reply paid envelope were handed over to another member of the household with a request to hand over the questionnaire and the reply paid envelope to the respondent, as soon as he returned home. Those who could not traced due to a change of address were substituted by the other people drawn randomly by computer from the sampling frame. Two reminders were sent to those who did not return their questionnaire by post.

RESULTS

A self administered questionnaire was given to 400 Asian males for self completion. 243 people (61%) returned the questionnaire. The response analysis was made by computer using SPSSX (Statistical Package for

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Table 1
Knowledge of HIV Transmission

<i>Question</i>	<i>No of correct responses</i>	<i>No of wrong responses or uncertain</i>
Can the AIDS Virus be transmitted by:		
Sexual intercourse between men	215 (88.5%)	28 (11.5%)
Sexual intercourse between men and women	221 (90.9%)	22 (9.1%)
Injecting drugs with dirty needles	223 (91.8%)	20 (8.2%)
Donating blood in UK	100 (41.2%)	143 (58.8%)
Unwashed cups and glasses	182 (74.9%)	61 (25.1%)
Sneezed or spat upon by one with AIDS	166 (68.3%)	77 (31.7%)

Social Science) package. The country of origin of the respondents from the Indian subcontinent were as follows. 162 (66.7%) from Pakistan, 73 (30%) from India, and 8 (3.3%) from Bangladesh. The respondents had 3 different religions viz. Muslims: 175 (72%), Sikhs 36 (14.8%) and Hindus 32 (13.2%). 49% of the respondents were married, with a regular partner and 0.8% were widowed. 42% were between 17-24 year old, 29.2% between 25-39 and 28.8%, 40 year old or more.

1. Assessment of Knowledge

The respondents were asked certain questionnaire to assess their knowledge of the AIDS virus. Table 1 shows the result of this assessment.

2. Assessment of Attitude

The respondents were asked certain questions to

assess their attitude towards the HIV infected person. Table 2 shows the results of this assessment.

3. Information on Aids

The respondents were asked whether they saw or heard anything about AIDS in newspaper, magazines, TV or radio in the last two years. 204 (84.3%) answered that they had read something about AIDS in the newspaper and 134 (55.4%) had read something in magazines. 230 (95%) had seen something about AIDS on TV and 106 (43.8%) had heard something about it on the radio.

4. Assessment of knowledge on AIDS virus in different age groups

The data for knowledge on AIDS virus were further analysed to three age groups ie. below the age of 25, 25 to

Table 2
Attitude towards HIV infected people

<i>Questions</i>	<i>Numbers with a positive response</i>	<i>Numbers with negative or uncertain response</i>
If you knew there was someone with the AIDS virus there, would you:		
Use the same restaurant ?	115 (47.3%)	128 (52.7%)
Use the same hair dresser ?	120 (49.4%)	123 (50.6%)
Use the same dentist ?	89 (36.6%)	154 (63.4%)
Send your child to same school ?	108 (44.4%)	135 (55.6%)

Table 3
Knowledge on AIDS Virus in different age groups

Age group	<i>Being sneezed or spat upon by one with AIDS virus</i>		<i>Donating blood in U.K.</i>		<i>Sexual intercourse between man and women</i>		<i>Sexual intercourse between men</i>		<i>From Unwashed Cups and glasses</i>		<i>Injecting drugs with dirty needles</i>	
	<i>Correct answer</i>	<i>Wrong answer</i>	<i>Correct answer</i>	<i>Wrong answer</i>	<i>Correct answer</i>	<i>Wrong answer</i>	<i>Correct answer</i>	<i>Wrong answer</i>	<i>Correct answer</i>	<i>Wrong answer</i>	<i>Correct answer</i>	<i>Wrong answer</i>
Below 25 years	84 (82.4%)	18 (17.6%)	42 (41.2%)	60 (58.8%)	97 (95.1%)	5 (4.9%)	94 (92.2%)	8 (7.8%)	87 (85.3%)	15 (14.7%)	99 (97.1%)	3 (2.9%)
25 to 39 years	42 (59.2%)	29 (40.8%)	28 (39.4%)	43 (60.6%)	68 (95.8%)	3 (4.2%)	63 (88.7%)	8 (11.3%)	51 (71.8%)	20 (28.2%)	65 (91.5%)	6 (8.5%)
40 years and above	40 (57.1%)	30 (42.9%)	30 (42.9%)	40 (57.1%)	56 (80%)	14 (20%)	58 (82.9%)	12 (17.1%)	44 (62.9%)	26 (37.1%)	59 (84.3%)	11 (15.7%)

X^2	= 16.07	X^2 = 0.17	X^2 = 14.33	X^2 = 3.52	X^2 = 11.61	X^2 = 8.97
DF	= 2	DF = 2	DF = 2	DF = 2	DF = 2	DF = 2
P	= 0.001	P = 0.92	P = 0.008	P = 0.17	P = 0.003	P = 0.01

39 and 40 and above to find out which age group had a better knowledge of AIDS. (Table 3)

previous parameter (assessment of knowledge), and the results are shown in Table 4.

5. Assessment of Attitude towards HIV infected person in different age group

The data on attitude towards HIV infected person was analysed in relation to the age of the respondent, as for the

6. Information on AIDS

The data on source of information (ie. Newspaper, Magazines, TV and Radio) on aids were also analysed using age group as the main parameter. (Table 5)

Table 4
Attitude towards HIV infected person in different age groups

Age Group	<i>Use the same restaurant which HIV infected person uses</i>		<i>Use the same hair dresser which HIV infected people use</i>		<i>Use the same dentist which HIV infected person uses</i>		<i>Send your child to same school which HIV infected child uses</i>	
	<i>Correct answer</i>	<i>Misconception</i>	<i>Correct answer</i>	<i>Misconception</i>	<i>Correct answer</i>	<i>Misconception</i>	<i>Correct answer</i>	<i>Misconception</i>
Below 25 years	54 (52.9%)	48 (47.1%)	61 (59.8%)	41 (40.2%)	38 (37.3%)	64 (62.7%)	44 (43.1%)	58 (56.9%)
25 to 39 years	28 (39.4%)	43 (60.6%)	30 (42.3%)	41 (57.7%)	24 (33.8%)	47 (66.2%)	31 (43.7%)	40 (56.3%)
40 years and above	33 (47.1%)	37 (52.9%)	29 (41.4%)	41 (58.6%)	27 (38.6%)	43 (61.4%)	33 (47.1%)	37 (52.9%)

X^2	= 3.1	X^2 = 7.65	X^2 = 0.38	X^2 = 0.29
DF	= 2	DF = 2	DF = 2	DF = 2
P	= 0.22	P = 0.02	P = 0.83	P = 0.863

Table 5
Source of information on AIDS in different age groups

Age group	Newspaper	Magazine	TV	Radio
Below 25	85 (84.2%)	64 (63.4%)	98 (97.0%)	49 (48.5%)
25 to 39	62 (87.3%)	45 (63.4%)	70 (98.6%)	33 (46.5%)
40 and above	57 (81.4%)	25 (35.7%)	62 (88.6%)	24 (34.3%)
	X ² = 2.9 DF = 4 P = 0.56	X ² = 16.29 DF = 4 P = 0.02	X ² = 9.54 DF = 4 P = 0.04	X ² = 5.54 DF = 4 P = 0.24

DISCUSSION

The respondents in the present study demonstrated a low score of knowledge on many aspects of HIV transmission. More than 58% of the sample gave an incorrect answer about HIV transmission stating that it was by blood donation in the UK. Similarly for HIV transmission through sneezing, spitting and through unwashed cups and glasses the incorrect answers were 32% and 25% respectively. However, all respondents demonstrated a high score of knowledge of the major methods of transmission i.e. through homosexual contact among men, injecting drugs with shared needles, and heterosexual contacts. The present study showed that a great deal of confusion did exist regarding the mode of spread of HIV. Many thought that unwashed cups, sneezed or spat upon by someone infected with the virus would transmit the virus. Many studies done in other countries had shown that wide spread confusion regarding the HIV transmission through casual contacts did exist among people. Buisman² reported the same regarding the HIV transmission through kissing, shared eating utensils and working with HIV carriers. Similarly Nutbeam⁶ in his study found wide spread confusion regarding HIV transmission through coughing, sneezing and sharing towels, soaps, drinking utensils and lavatory seats. He found 20% of the sample perceived risk of catching AIDS virus through sneezing and being spat upon by a person infected with the AIDS virus. In South Carolina a study done by Jones et al⁵ observed that 45 to 48% of the study population gave incorrect answers about transmission of HIV through blood donation. Deborah et al³ in the United States reported that 25% of the sample considered donating blood was a likely mode of transmission, 21% thought that HIV could be transmitted by working near someone with AIDS and 47% answered that HIV could be transmitted through sharing eating utensils.

In the present study the younger age group was found to have better knowledge than their seniors especially in the mode of transmission of HIV through casual contacts

like using unwashed cups and glasses (P=0.003) and through sneezing and spitting (P=0.001). Both groups however had a low level of knowledge about transmission of HIV through donating blood in UK; the difference of this knowledge was not significant (P=0.92). The younger age group was more aware than their seniors on the transmission of HIV infection through heterosexual contacts (P=0.008) and injecting drugs with dirty needles (P=0.01). In relation to HIV transmission through homosexual contact, the difference of knowledge between the two groups were not statistically significant (P=0.17). The better knowledge among the younger age group might be due to the fact that they had their schooling in fact while their seniors had migrated to UK for gainful employment after schooling in their original countries and is might not have had exposure to knowledge about HIV in UK.¹

The level of misconception was observed to be high in both groups in using the same restaurant, same dentist, sending the child to same school which HIV infected people use. In many other studies conducted in different parts of the world, it was also observed that people had a high level of misconceptions in stigmatising and discriminating against the AIDS patient. Buisman² in his study observed that 40% of the respondents would definitely not send their children to a school in which there was a child with the AIDS virus, and 41% would at least have a second thought. Dab et al in their study in Paris observed that misunderstanding about modes of transmission clearly encouraged adoption of the most coercive measure of prevention such as quarantine. Eskander⁴ in his study in the United States observed that AIDS related knowledge was generally incomplete and there were still misconceptions regardless of ethnicity or national origin. In the present study, the misconception towards HIV carrier among Asians might also be due to the deeply held religious beliefs and value system. Nuttal and Cruwys⁷ suggested that these should carefully be considered in the design of HIV educational programme for ethnic minorities.

The respondents were asked whether newspaper, magazine, television or radio was the most important source of information about AIDS transmission. Due to lack of time, magazines and the radio were not popularly used by the Asians. The businessmen and the shop assistants were 47% of the total sample and they were extremely busy in their shops. These people used to work almost round the clock. With little time spend for watching TV became the main and most popular source of information on AIDS among the Asians (95%). Kraft in his study observed that 52% of the respondents had received considerable extensive information about HIV/AIDS from television, 37% from newspaper and 21% from radio. It was also observed that the television was more often reported as a major source of information in the older (62%) than the younger age group (44%) in Norway. In another study Buisman observed that the most popular source was television. In the present study there was a significant difference between younger and older age groups for magazine ($P=0.02$) and television ($P=0.04$).

CONCLUSION

The present study revealed that many Asian men in UK had a low level of knowledge of the modes of transmission of HIV and had high level of misconception in their attitude towards the HIV carrier. Since the older people have less knowledge than the younger age group, a special health education programme should

be designed in Asian languages targetting the elderly people taking into consideration of the religious beliefs and value system of the Asians.

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