HIV Prevention in the Armed Forces: Perceptions and Attitudes of Regimental Officers

Brig Z Singh*, Lt Col A Banerjee (Retd)*

Abstract

Background: Involvement of commanders and regimental officers is believed essential for a successful human immunodeficiency virus (HIV) infection prevention programme in the armed forces.

Methods: A structured questionnaire was sent to 40 different Information, Education and Communication (IEC) nodes to elicit the perception and attitude of regimental officers/commanders. From each station, 40 regimental officers/commanders were randomly selected and information from 1002 valid and completed questionnaires was analysed.

Results: Less than 50% could correctly assess the burden of HIV/AIDS in the armed forces. Only 41.19% felt HIV/AIDS is a problem serious enough to adversely affect operational efficiency. Majority had communicated with the troops on the subject of HIV/AIDS. The perceived threat of HIV being a problem in own unit was low. Though condom was often advocated, the felt need of condom in the unit was not commensurate with this advocacy. There were statistically significant differences in the perception and attitude among the three services. Only 7.08% of the officers emphasised the need of maintaining confidentiality while dealing with a HIV positive soldier.

Conclusion: Energetic advocacy on HIV prevention including condom promotion involving the regimental officers is indicated. Wider dissemination of surveillance figures generated at AIDS Control Organisation (ACO) is needed for apprising them about the menace of HIV in the armed forces.

MJAFI 2006; 62 : 335-338

Key Words: HIV prevention; Condom promotion

Introduction

The armed forces around the world face a serious risk of human immunodeficiency virus infection (HIV) and other sexually transmitted infections [1]. By 2010, the number of HIV infections in India is predicted to rise from 4 million to 20-25 million [2-4]. The regimentation of armed forces implies that the solution to a problem depends on the priority given to it by the unit commanders/regimental officers. Among successful HIV intervention programmes in developing countries, Thailand with its "100% condom promotion programme" is the best documented. Recent decline in HIV prevalence and incidence among males in Thailand (including military conscripts) have resulted from a combination of increased condom use and a reduction in sex worker patronage [5,6]. Strategies for promoting condom use have included target audience research and advocacy of opinion leaders in the community [7-9].

Material and Methods

A short questionnaire to elicit information and practice attitude towards condom promotion and HIV/AIDS, among commanders and regimental officers was developed and pretested. Commander in the study is an officer in command

of troops. Regimental officers were officers other than medical officers in the unit who have interaction with troops. The questionnaire designed to be self-administered. Information solicited was awareness of magnitude of the problem in the armed forces, whether HIV/AIDS was perceived as a threat to the operational efficiency of the armed forces, whether they had communicated with their troops on HIV/AIDS or condom use, what action they would taken on having a HIV positive soldier in their unit, action they would take/recommend to tackle the HIV/AIDS problem and so on.

Through 40 Information, Education & Communication (IEC) nodes located in the Station Health Organisations, the questionnaire was administered to more than 1200 commanders and other regimental officers. Each IEC node selected randomly 30 commanders/regimental officers for administering the study instrument. The respondents were assured anonymity and personal identification details in the questionnaires were excluded. The data was compiled and analysed at AIDS Control Organisation (ACO), Armed Forces Medical College (AFMC) Pune.

Results

A total of 1062 filled questionnaires were received. Out of these 60 (6.5%) were rejected due to incomplete information. Information from the remaining 1002 completed questionnaires was analysed.

*Commandant, Military Hospital, Jalandhar Cantt. *Assoc Prof (Community Medicine), Padmashri Dr D Y Patil Medical College, Pune-18.

The profile of the 1002 respondents consisted of 775 (77.3%) from Army, 119 (11.9%) from Indian Navy and 108 (10.8%) from Air Force. One (0.19%) was a Maj Gen/equivalent, 10 (1.0%) Brig/equivalent, 133 (13.3%) Col/equivalent, 255 (25.4%) Lt Col/equivalent, 396 (39.5%) Maj/equivalent, 159 (15.9%) Capt/equivalent and 48 (4.8%) were Lt/equivalent.

Out of 1002 respondents only 415 (41.4%) knew the true figures of HIV infection in the armed forces. 286 (28.5%) couldn't guess and 301 (30.1%) underestimated the true figures. None overestimated the HIV/AIDS burden. Overall 412 (41.19%) of the respondents felt that HIV/AIDS is serious enough to affect military efficiency (Table 1). Significantly, a greater proportion of Naval and Air Force officers than Army officers felt that it may affect military efficiency.

912 (91.0%), felt that HIV/AIDS should be tackled jointly by the medical and administrative authorities. 53 (5.39%) felt it is the domain of the medical authorities only while 31 (3.19%) felt it should be tackled solely by the administrative authorities, whereas six (0.69%) felt it should be addressed by others such as volunteer agencies or civil health authorities.

860 (85.8%) discussed HIV/AIDS at some time or the other with soldiers. Interaction was most in the Army and least in the Air Force (Table 2). Only 186 (18.6%) felt that HIV/AIDS is a problem in their unit (Table 3). There was no significant difference among the Army, Navy and Air Force officers on this aspect.

Out of the 1002 respondents, 198 (19.76%) had a HIV positive person in their present unit while 335 (33.4%) had

HIV positive persons in previous units. Naval officers had significantly more experience in dealing with HIV positive personnel and Air Force officers the least.

802 (80.0%) had advocated use of condoms to prevent contracting HIV/AIDS to their troops at some time or the other. This advocacy was significantly more in the Army and Navy (>80%) as compared to Air Force (Table 4). Only 141 (14.1%) officers were of the view that particulars of the individual be maintained while drawing condoms while 36 (3.6%) were of the opinion that there should be some other system, such as compulsory issue like ration item, ordnance item, etc. Respondents were asked whether they had felt need for condoms in the unit. 390 (38.9%) replied in the affirmative and it was most in the Army and least in Air Force (Table 5).

469 (46.8%) said that measures being undertaken are adequate, while 533 (53.2%) felt that the measures being undertaken are insufficient to tackle the problem of HIV/AIDS in the armed forces. This dissatisfaction was most among Air Force and least among Naval officers (Table 6). Those dissatisfied with the present system wanted more widespread distribution of information material among the rank and file and more interactive and small group talks on the subject.

142 (14.17%) stressed on active promotion of condoms as a measure to combat HIV/AIDS. Some, suggested that condoms should be an essential item to be carried by soldiers at all times and surprise checks should be made to that effect. 82 (8.18%) felt that HIV/AIDS education and information material should be included in syllabi for promotion and other cadre courses in the armed forces.

Table 1

Whether HIV/AIDS is a problem serious enough to affect operational efficiency?

Response	Army	Air Force	Navy	Total
Yes	296 (38.19%)	56 (51.85%)	60 (50.42%)	412 (41.1%)
No/cannot say	479 (61.81%)	52 (48.15%)	59 (49.58%)	590 (58.9%)
Total	775 (100%)	108 (100%)	119 (100%)	1002 (100%)

Chi sq = 12.13, df = 2, p = 0.002

Table 2

Whether ever talked about HIV/AIDS with troops?

Response	Army	Air Force	Navy	Total
Yes	703 (90.71%)	63 (58.33%)	94 (79%)	860 (85.83%)
No	72 (9.29%)	45 (41.67%)	25 (21%)	142 (14.17%)
Total	775 (100%)	108 (110%)	119 (100%)	1002 (100%)

Chi sq = 86.88, df = 2, p < 0.001

Table 3

Whether HIV/AIDS is likely to be a problem in your unit?

Response	Army	Air Force	Navy	Total
Yes	138 (17.81%)	22 (20.37%)	26 (21.8%)	186 (18.56%)
No/cannot say	637 (82.19%)	86 (79.63%)	93 (78.2%)	816 (81.44%)
Total	775 (100%)	108 (110%)	119 (100%)	1002 (100%)

Chi sq = 1.38, df = 3, p = 0.50

Table 4**Whether advocated use of condoms for prevention of HIV to troops?**

Response	Army	Air Force	Navy	Total
Yes	646 (83.35%)	58 (53.7%)	98 (82.35%)	802 (80.04%)
No	129 (16.65%)	50 (46.3%)	21 (17.65%)	200 (19.96%)
Total	775 (100%)	108 (100%)	119 (100%)	1002 (100%)

Chi sq = 52.62, df = 2, p < 0.001

Table 5**Whether felt need for condoms in the unit?**

Response	Army	Air Force	Navy	Total
Yes	320 (41.29%)	28 (25.92%)	42 (35.29%)	390 (38.92%)
No	455 (58.71%)	80 (74.08%)	77 (64.71%)	612 (61.08%)
Total	775 (100%)	108 (100%)	119 (100%)	1002 (100%)

Chi sq = 10.16, df = 2, p = 0.006

Table 6**Whether educational and other measures to combat HIV/AIDS are adequate at present?**

Response	Army	Air Force	Navy	Total
Yes	351 (45.29%)	46 (42.59%)	72 (60.5%)	469 (46.81%)
No	424 (54.71%)	62 (57.41%)	47 (39.5%)	533 (53.19%)
Total	775 (100%)	108 (100%)	119 (100%)	1002 (100%)

Chi sq = 10.45, df = 2, p = 0.005

On being asked what steps should be taken in case of having an HIV positive person in the unit, only 71 (7.08%) felt the need of maintaining confidentiality, 78 (7.78%), said that the individual should be isolated/segregated. 90 (8.98%) of the respondents opined that HIV positive individual should be discharged from service. 63 (6.28%) said that they should be brought to the notice of other troops in the roll call/durbar, 65 (6.49%) said that disciplinary action should be taken against such individuals as a deterrent to other troops contacting HIV/AIDS and 80 (7.98%) stated that next of kin/wife should be informed.

73 (7.28%) had strong objection to condom promotion, including condom vending machines. 91 (9.1%) wanted mandatory testing of all troops periodically.

Discussion

The findings of the present study may be put in proper perspective by a survey conducted on "HIV/AIDS Prevention, Testing and Care in Current Military Medical Practice" [10] with questionnaires sent to armed forces of 119 countries. Serious gaps existed in programme implementation, particularly in condom promotion. Soldiers were instructed about the importance of condom use, but the military did not supply the condoms to the troops. In the present study also, the felt need of condoms in the unit was not commensurate with the level of advocacy by the commanders/regimental officers.

A commitment to win the war against HIV/AIDS implies that the commanders/regimental officers should

become personally involved and exercise leadership to address the above deficiencies. In the present study, less than 50% of the officers could correctly guess the true burden of HIV and a similar proportion perceived it serious enough to affect military efficiency. None of the officers overestimated the burden of HIV in the armed forces. At present HIV surveillance data generated at ACO, AFMC is being disseminated down to Command and equivalent levels in the Navy and Air Force every month. The greater threat perception among Naval and Air Force officers may be due to better dissemination of the surveillance figures among them.

It is encouraging that 91.0% felt that HIV should be tackled jointly by the medical and administrative authorities. Similarly, it was noteworthy that 85.8% of the officers had discussed HIV/AIDS with the troops.

It may seem paradoxical that only 18.6% perceived HIV/AIDS as a likely problem in their units while 41.19% perceived it as a problem serious enough to affect the operational efficiency of the armed forces. This may be due to the paternal attitude coupled with denial when dealing with troops of their own unit. Army and Navy officers had more experience in dealing with HIV positive personnel in their present/previous units as compared to Air Force officers due to lower prevalence of HIV in the Air Force. The higher condom advocacy in the Army and Navy may be due to the above fact. Anonymity in distribution of condom is the correct

approach, which should be encouraged.

Conservative attitude towards sexual promiscuity may cause a large number of officers to have hesitancy in condom promotion. This may explain, why only 38.9% expressed a felt need for condom distribution among soldiers in their units and only 14.17% stressed the need for active promotion of condoms as an additional strategy. This hesitancy may be removed when faced with actual cases of HIV as suggested by the fact that the felt need of condoms was more in Army and Naval units which have a higher burden of HIV, than Air Force which has a lower incidence. A small proportion (7.28%) of respondents had strong objections to any form of condom promotion in their units. The above reticence has to be addressed among commanders and regimental officers if we are to achieve "100 % condom promotion" among the rank and file. Similar reservations about condom promotion have been observed in a study by Salunke et al [11] in a civil population of opinion leaders. In this study, an overwhelming majority of the community leaders preferred to continue with soft option activities such as creating awareness rather than moving on to hard, concrete options such as providing care and support, empowering and condom promotion.

It is also important to note that 53.2% felt that educational and other measures being undertaken now are inadequate to deal with the HIV/AIDS menace. It is a matter of concern that only 7.08% felt the need for confidentiality in detecting an HIV positive person in the unit. Lack of confidentiality will push the epidemic underground as people will not come forward for voluntary testing and will be counterproductive to control measures. Other negative attitudes such as disciplinary action, isolation/segregation, etc. which were expressed by varying proportions of officers should also be countered.

A baseline behavioural surveillance survey (BSS) has been carried out in military stations with the help of these IEC nodes for monitoring and evaluation of control measures by adapting from UNAIDS best practice collection [6]. The present study can also be taken as a baseline measure. Similar study after couple of years can be used to monitor and evaluate any changes in attitudes of commanders/regimental officers as a result of these IEC activities.

The present study is an exploratory study. In the absence of any empirical evidence on the likely proportion of outcome of interest no proper sample size calculation has been carried out. However, the sample of 1002 may be adequate for a pilot study of this nature. In similar situations, UNAIDS have advocated a

minimum sample size of 800 [12]. For ensuring that it is representative, this sample was drawn from 40 different stations. Varying strength of troops in these stations has not been considered. Outcome variables have been simplified and measured mostly on categorical scales permitting only 2 X 2 tables and Chi Square tests. We expect more exact measurement scales to develop in future which may permit more sophisticated statistical tests. The study did not include very senior officers. Though very senior officers play frame policy, junior officers who are in direct contact with troops and are more important in influencing day to day 'safe behaviour.' Larger studies in the future may study the breakup among arms and services and rank distribution in attitudes among the officers, besides resolving other issues.

Conflicts of Interest

None identified

References

1. Family Health International (FHI). Developing a comprehensive HIV/AIDS/STIs program for uniformed services. FHI/UNAIDS Best Practices in HIV/AIDS Prevention Collection. UNAIDS and Family Health International 2003; 1- 3.
2. Potts M, Walsh J. Tackling India's HIV epidemic: lessons from Africa. *BMJ* 2003; 326: 1389-92.
3. UNAIDS. Report on the global HIV/AIDS epidemic. Geneva UNAIDS 2000/2002.
4. Hawkes S, Santhya K G. Diverse realities: sexually transmitted infections and HIV in India. *Sex Transm Infect* 2002; 78 (supplement): 31S-39 S.
5. WHO. The World Health Report 1999. Making a difference. WHO 1999; 26.
6. Kunanusont C. How Thailand is tackling HIV/AIDS. HIV/AIDS in India. In: Gupta S, Sood O P, eds. Proceedings of the Sixth Round Table Conference ; 2000 April 5; New Delhi. Gurgaon (India) :Ranbaxy Science Foundation, 2000: 135-43.
7. Bull SS, Cohen J, Ortiz C, Evans T. The POWER campaign for promotion of condoms: audience research and campaign development. *Health Commun* 2002; 14 : 475-91.
8. McQuiston C, Flaskerud J H. "If they don't ask about condoms, I just tell them": a descriptive case study of Latino lay health advisers' helping activities. *Health Educ Behav* 2003; 30 : 79-96.
9. Kapiga S H, Lugalla J L. Male condoms use in Tanzania: results from a national survey. *East Afr Med J* 2003 ; 80: 181-90.
10. Kingma S J, editor. Winning the War against HIV and AIDS. Hanover: The Civil-Military Alliance to Combat HIV and AIDS, 1999.
11. Salunke D, Sapalya R, Hira S. Empowered opinion leaders in India and the HIV/AIDS programme. *The National Medical Journal of India* 2001;14: 99-102
12. UNAIDS/WHO. Evaluation of a national AIDS programme: A methods package. UNAIDS Best Practice Collection. UNAIDS, Geneva; 1999.