

HIV/AIDS: WHO IS AT RISK AND WHY?

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ABSTRACT

In Singapore, the number of reported Human Immunodeficiency Virus (HIV) cases has increased from 2 in 1985 to a cumulative total of 5,521 as of end June 2012. The current trend in HIV/AIDS is that infected individuals are at a late stage of infection and the majority of the diagnosed HIV infections among men are through heterosexual and homosexual routes. Understanding risky behaviours and the attitudes that sustain it helps identify strategies that can be employed during opportunistic counselling to encourage safer sex and regular voluntary testing. Moreover, beyond promoting condom use which can be challenging for healthcare providers, evidence indicates better understanding of the lifestyle preferences an individual adopts which can lead to targeted interventions for at-risk groups. Changing the message of condom use from protection to good sex and safer sex has resulted in greater condom use in some countries such as Cambodia.

Keywords: Heterosexual Men, Msm, Condom Use, Protection, Prevention, Message Change

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INTRODUCTION

HIV is a complex disease that goes beyond putting on a condom and stepping up for a test. Multiple factors inter-play and influence both the practice and perception of preventive behaviour, including luck or chance, societal values and moral judgement. While HIV prevention may be intuitive to the healthcare professional, patients may not share the same understanding. Opportunistic counselling during sentinel events [e.g. presence of sexually transmitted infections (STI)] is an excellent opportunity to empower patients to limit their risks when it comes to HIV. As a starting point, it is important to understand who are those at risk, and why.

CURRENT HIV/AIDS LANDSCAPE IN SINGAPORE

In Singapore, the number of reported HIV cases has increased from 2 in 1985 to a cumulative total of 5,521 as of end June 2012 with there being 461 notifications in 2011. The current trend, however, is that individuals are often diagnosed at a late stage of infection (symptomatic). Among those diagnosed, 9 in 10 are males. Interviews with patients attending the Department of STI Control (DSC) Clinic indicate that most STIs are contracted locally from casual partners. Local regulated sex workers continue to have very low levels of STIs, underlining the benefits of the programme of routine screening, treatment and condom negotiation skills (Chan et al, 2013)¹.

WHO ARE AT RISK?

In 2011, among Singapore residents tested positive for HIV, 9 out of 10 were males³, with sex as the main mode of transmission, including heterosexual sex and sex between men (MSM)².

i. Men³

- More than 75% of those tested positive are 40 years old and older
- 23% are married
- Half of them were diagnosed through the course of medical care
- Among those who buy sex²:
 - Three-quarters of those who purchase sex are Chinese
 - Only half of them think having paid for sex (illegal) puts them at risk of contracting an STI

ii. Women³

- 45% are married
- If divorcees are included – 64% are married or previously married, signaling a high possibility that transmission was through their spouse

WHY ARE THEY AT RISK?

Risk reduction begins with recognition of the individuals' risk profile. Not everyone is aware of the risk of their sexual behaviours and even if they do, may not consistently practice safe sex.

A. Heterosexual men

The sexual risk climate of men has increased and changed over the years largely due to a shift in preference for at-risk partners namely a decrease in reported commercial sex engagement but increase in casual sex partners.

In a study done among men who purchase sex, it was found that only 66% of the men surveyed had used condoms for paid vaginal sex in the preceding 12 months. The majority (73%) continued unprotected sex with their wives.

i. Why is he at risk?

Sexual risk behaviours have increased from 9.6% (1989) to 24% (2007)

- Decrease in commercial sex from 7.6% (1989) to 2.7% (2007)
- Increase in casual sex from 2.1 (1989) to 22.5% (2007)

Casual partners have replaced female sex workers as the biggest group of primary contacts of STIs in Singapore (Sen et al, 2006)⁴.

Motivations for non-condom use include:

- Trust established with the wife
- Trust and/or pleasure with casual or paid partners

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B. Men who have sex with men (MSM)

Studies reveal that 67% of those tested positive for HIV are between the ages of 20-39 years³. About 3 out of 4 self-identified MSM are below the age of 30 years, with 1 out of 2 indicating they are university graduates³. The majority of MSM debut sexually between 18-29 years with more than 90% becoming sexually active by 29 years. Moreover, 15-20% of MSM self-declare that they are bisexual.

i. Why is he at risk?

The main risk factor is multiple partners:

- 65% have casual partners
- 63% have regular partners
- 47.5% have more than one partner in the last six months

ii. How is he at risk?

Consistent condom use in the last six months is generally low; and perceived risk relative to the type of sex partner i.e. information given via face-to-face interviews is also low.

- 33% have regular partners
- 43% have casual partners
- 13% engage with commercial sex partners

Motivations for non-condom use:

- Trust established with a regular partner
- The sense of pleasure or spontaneity with casual partners

WORKING WITH THE AT-RISK GROUPS

There are key considerations for healthcare workers including Family Physicians when managing at-risk cases, such as:

- Better understanding and exploring the lifestyle issues, values and motivations that underpins an individuals' intention to indulge in casual heterogeneous sex, and/or and sex with individuals of the same gender who are often grappling with complex feelings.

- Recognising opportunities and lead in questions to bring up the subject of safe sex in various types of relationships may prove challenging for healthcare providers who are not trained or comfortable in this field.

- Awareness of the connotations linked to HIV in our society such as infidelity, commercial sex and multiple sex partners. These are implicit when the topic of HIV is broached and we should be cognizant that a patient's defenses may come up.

Also, not all individuals understand that their behaviour put them at risk of sexually transmitted infection including HIV infection – the absence of a face to HIV in this era lowers people's risk perception of contracting HIV.

Paradigm shift that works

Fortunately there is a paradigm shift that can work which involves a greater emphasis by healthcare providers to assist a person to better understand his risks and taking preventive actions to prevent him from being infected and infecting parallel transmissions to their spouses and regular sex partners.

Advocating behavior change without the knowledge of risk and its downstream implications to self and others should not be under-played.

The knowledge-protection-detection model emphasises that:

- Risk is not always intuitive – ASK the question “Does the individual really understand the inherent risks of his actions?”
- We're not being judgmental about his lifestyle – It is not about preaching moral values but managing his risks; it's also about protecting the people he loves
- Early detection of HIV or sexually transmitted disease(s) is key to management and assurance of quality of life – both of himself and the people he loves

The actionable steps to pursue then are:

- Assess the person's understanding of HIV, and his risks
- Advise on management of risks, understanding in special circumstances there are limitations e.g. wife of an abusive husband, young girl who is embarrassed to buy condoms
- Encourage regular screening if high-risk activities are to be continued - informed consent is important.

Message change

There are new ways to promote condom use by using a positive appeal which should be explored. The message “use condoms to prevent HIV” is currently used most often in HIV education programmes. This disease – oriented message may not be effective in persuading men to use condoms because their main reason for not using a condom was its reduced sense of pleasure. Men often do not think about disease during their sexual encounters. (Wong et al, 2012)².

There is some evidence of success in promoting the pleasurable aspects of condom use in some countries. A water-based lubricant sachet packaged with two condoms which was introduced in Cambodia, with the key message that it reduced friction and enhanced pleasure has led to an increase in condom use (Phipott et al, 2006)⁶.

A similar appeal of using condoms to enhance pleasure, enable long-lasting intercourse, and protect the family should be explored in Singapore (Wong et al, 2012)².

COUNSELLING INDIVIDUALS TO ADOPT SAFER SEXUAL PRACTICES

To support healthcare professionals in the provision of effective lifestyle counselling, the Health Promotion Board (HPB) recently launched Health Choices – a Lifestyle Advice Resource for Healthcare Professionals which is a point-of-care tool including a flip chart to guide brief or intensive advice on unsafe sexual practices. The flip chart also includes priority topics on three other targeted behaviours such as smoking cessation, weight management, and stress management.

The Health Choices Practice Manual for Healthcare Professionals & Flip Chart⁵ can assist with consultation and

advice on life choices for HIV prevention. Three pages of the flipchart have been reproduced in this reading:

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Figure 1: Why change

WHY CHANGE?



Chlamydia
Itch, discharge, burning sensation during urination



Gonorrhoea
Yellow discharge, pain during urination



Syphilis
Painless sore, warts, non-itchy body rashes

LET'S PRACTISE SAFER SEX

BENEFITS OF CHANGE

A. Health

- You can lower your risk of getting STIs and HIV
- You can prevent unwanted pregnancies

B. Costs

By protecting yourself you can avoid the costs of:

- Life-long treatment for STIs like HIV
- Unplanned and unwanted pregnancies

C. Social

- By practising safe sex, you will enjoy a more positive sexual relationship with your partner
- You can plan when you're ready to have a child



WHERE DO I GO NEXT?

Sexual Health Support:

Visit Action for AIDS


- For more information on HIV and STI testing
- For counselling services related to STI and HIV
- To access anonymous HIV testing
- Phone: 6254 0212
- Website: www.afa.org.sg/anonymous.php

Visit the Family Service Centres if you:

- Require counselling and support
- Are facing a crisis and require supportive services
- Hotline: 1800 222 0000
- Website: www.ncss.org.sg

Figure 2: Safer sex --- 3 action model

UNSAFE SEXUAL PRACTICES



LET'S PRACTISE SAFER SEX

ASK	ADVISE	ACTION
<p>FOR HEALTHCARE PROFESSIONALS BRIEF ADVICE (3As) – 1 to 5 MIN</p> <p>Identify patients who are at risk of STI*/HIV**</p> <p>Prompt:</p> <ul style="list-style-type: none"> Presence of STIs or opportunistic infections Pregnant teen (<20 years old) Request for emergency contraceptives <p>ASK:</p> <p>'Are you sexually active at the moment?'</p> <p>Assess current sexual behaviour & lifestyle</p> <ul style="list-style-type: none"> Current sexual relationships & practices Use of condom Date of last STI & HIV test <p><small>* Sexually Transmitted Infection</small> <small>** Human Immunodeficiency Virus</small></p>	<p>Advise on benefits of safe sexual behaviour & lifestyle</p> <ul style="list-style-type: none"> Provide brief, personalised, non-judgmental advice e.g. "your current infection can be prevented. I encourage you to look at ways to prevent Sexually Transmitted Infections." <p>Assess readiness to change behaviour to minimise risk</p> <p>ASK:</p> <p>'How willing are you to look into safer sex practices?'</p> <div style="background-color: #f1c40f; padding: 5px; margin-bottom: 10px;"> <p>YES – Ready to attempt change</p> <ul style="list-style-type: none"> Reinforce decision & benefits of change Non-judgmental language </div> <p>Prompt: Benefits of change</p> <ul style="list-style-type: none"> Lower your risk of getting STIs and HIV Prevent unwanted pregnancies Avoid the costs of life-long treatment for STIs like HIV Enjoy a more positive sexual relationship with your partner <ul style="list-style-type: none"> Advise on need for early detection & treatment (STI & HIV) Advise on prophylaxis (barrier protection, vaccination) <div style="background-color: #f1c40f; padding: 5px; margin-bottom: 10px;"> <p>NO – Not ready</p> <ul style="list-style-type: none"> Ask why they are not keen Assess barriers to self-protection Acknowledge barriers Advise on positive benefits of condom use: prevention of STI/HIV Assess interest in changing at a later date </div> <p>Record lifestyle habits in patient's records</p>	<p>If YES:</p> <ul style="list-style-type: none"> Provide HIV pre-test & post-test counselling (Refer to Health Choices Practice Manual) Offer Hepatitis B vaccination <p>If NO:</p> <ul style="list-style-type: none"> Advise on risk mitigation (condom use or abstinence)* <p><small>*Inform that proper use of condoms may be only 99% effective in preventing STIs & unwanted pregnancies.</small></p> <p>Arrange follow-up:</p> <ul style="list-style-type: none"> Imperative if a confirmatory test is needed Patient to return for testing when ready

Figure 3: Safer sex --- 5 action model

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LEARNING POINTS

- The three step Knowledge-Protection-Detection model can be used to promote behaviour change to reduce HIV infection risk.
- The current trend in HIV/AIDS in Singapore is that infected individuals are at a late stage of infection and more HIV infections are being diagnosed among MSM and fewer in heterosexuals.
- Most STIs are contracted locally from casual partners.
- Finding out what an individual does and how he/she does it helps in defining the behaviour change strategies towards safer sex, and also regular voluntary testing.
- Promoting condom use can be challenging but understanding lifestyle preferences can provide the direction to take.
- Changing the message of condom use from protection from HIV infection to condom use for good sex and safer sex has resulted in greater condom use in Cambodia.