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Original Research Article

PREMARITAL COUPLE'S OPINIONS ABOUT PREVENTION AND TREATMENT OF AIDS IN YAZD, IRAN

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Abstract

Objective: The Purpose of this study was to assess the opinions of couples referred to the family regulation pre-marital counseling center about prevention and treatment of HIV infection.

Material and Methods: In this descriptive, cross-sectional study, a simple random sampling was done among young couples referred to the premarital counseling center. The couples were 1000 men and 1000 women referred to mentioned center. Finally, the data was analyzed using SPSS software and chi-square statistical test.

Results: There was a statistically significant difference between educational (p= 0.000) and occupational (p= 0.041) groups about this subject that AIDS is treated as definitive. Also, there was a statistically significant difference between age and educational groups (p= 0.000) about the fact that AIDS is preventable.

Conclusion: According to the results, it can be concluded that enhancing the level of education as a strategy to enhance voluntary cooperation of couples with the premarital counseling centers.

Keywords: HIV, Couples, Premarital

Introduction

Premarital examination and testing include clinical assessment for familial disorders, infertility problems and basic investigations such as complete blood count, liver and kidney functions, and HIV testing, as well as semen analysis for males [1].

HIV/AIDS has been identified as one of the greatest scourges of mankind in the 21st century. It was estimated by W.H.O. that by the end of 2005, 38.6 million people would be HIV-infected[2-4].

Most HIV infection occurs due to heterosexual intercourse between couples in a relationship.

HIV testing is an important HIV prevention strategy[5]. Population movement has been identified as a major risk factor for HIV infection and transmission[6]. There is evidence that awareness of HIV infection

leads to substantial reductions in high-risk sexual behavior.

The disease has continued to be in the front burner for many years now, despite initial denials and cover-ups by some countries[7].

Affecting mainly the reproductive age group, it is a chronic illness which has a long incubation period, with many infected individuals including pregnant women not being aware of their HIV status[8].

HIV continues to spread rapidly around the world, particularly in developing countries. Asia has now become an epidemic center, with a rapidly increasing rate of HIV transmission[9, 10]. About 2.5 million people were newly infected with HIV/AIDS in 2011 alone, with 4.2 million adults and 800,000 children under 15 years. Premarital health counseling seems to be acceptable in predominantly Muslim countries [11-14].

The global literature has revealed some demographic and behavioral factors that are related to HIV testing[15]. Female gender, younger age, race, and being single are positively associated with HIV testing behavior[16, 17].

As regards HIV testing because of its ethical considerations, is not mandatory in our country and pre-marital infectious tests such as syphilis are mandatory[5]. Even though premarital HIV testing is not mandatory, this study aimed to assess the opinions of couples referred to the family regulation pre-marital counseling center about prevention and treatment of HIV infection. This is important for the purpose of influencing policy decisions and for prevention interventions.

Materials and Methods

In this descriptive, cross-sectional study, a simple random sampling was done among young couples referred to the premarital counseling center. The couples were 1000 men and 1000 women referred to mentioned center.

This study assessed the willingness rate of young couples aged less than 20 years, 20-29 years and above 29 years referred to the counseling center for pre-marital HIV testing in 2012 in Yazd.

The ethics committee of Shahid Sadoughi University of medical sciences approved the study. The Participants were explained about confidentiality of information. The completion of questionnaires was performed by the couples themselves and if they were illiterate by main investigator. This study was funded by grant of research assistance of Shahid Sadoughi University of medical sciences, Iran. The couples were given a questionnaire containing 8 questions. The sample size was determined based on the following formula:

$$x = \frac{p(1-p)z^2}{d^2 0.03^2}$$

P was considered 0.5 and d (5-20% of P) is the desired level of precision.By considering, z=1.96, the sample size was determined. Considering the error of 3%, 1000 cases was required and because the results of estimation about two sexes are important, overall, 2000 cases (1000 men and 1000 women) were investigated.

The following parameters were used in questionnaire: age, gender, profession and level of education.

Statistical analysis

Statistical analysis was performed using Statistical Package for the Social Sciences 16.0 (SPSS Inc., Chicago, IL, USA). $P<0.05$ was accepted as significant.

Results

There was not a statistically significant difference between two gender groups about the fact that AIDS is preventable (p= 0.734) but, there were significant differences between age and educational groups about this subject (p= 0.000) (Table 1).

Of 2000 couples, 1296 cases (69%) believed that AIDS is preventable that there were

statistically significant differences between occupational groups (p= 0.000) (Table 1).

Of 2000 couples, 750 cases (75%) men and 742 (74.2%) women and overall, 1492 cases (74.6%), were believed to be the definitive cure for AIDS. There was no statistically significant difference between the two groups (p= 0.866) (Table 2).

Of 2000 couples, 206 cases (69.1%) under 20 years and 1106 cases (76.4%) of those aged 20 to 29 years, and 180 cases (70.9%) of those over 29 years and overall, 1492 cases (74.6 %) believed that AIDS is treated as definitive that there was a statistically significant difference between age groups (p= 0.000) (Table 2).

There was a statistically significant difference between educational (p= 0.000) and occupational (p= 0.041) groups about this subject that AIDS is treated as definitive (Table 2).

Of 2000 couples, 544 cases (54.4%) men and 528 (52.8%) women and overall, 1072 cases (53.6%), were believed that asymptomatic cases are required to undergo HIV test that there was no statistically significant difference between the two groups (p= 0.163) (Table 3).

There was a statistically significant difference between age (p= 0.000), educational (p= 0.000) and occupational (p= 0.000) groups about this subject that asymptomatic cases are required to undergo HIV test (Table 3).

Discussion

Our results showed a significant difference between age and educational groups about the fact that AIDS is preventable. This study also approved a statistically significant difference between educational and occupational groups about this subject that AIDS is treated as definitive.

In a study, majority of the respondents were married, 88 (72.7%), and control groups 84 (72.4%), 76.1% of the study group and 79.3% of the control group had at least secondary education, and 39.7% of the study group and 37.9% of the control group were primigravidae. Before intervention, 88.4% of the study group and 88.8% of the control group were willing to undergo voluntary HIV screening. There was an increase in this number after intervention ($P < 0.05$). Age, education, occupation, marital status, and parity were not significantly associated with a willingness to be screened for HIV before and after intervention among the study or control groups[18].

In another study, mean age of respondents was 20.6 ± 2.6 years, 52.0% were males and 52.7% had completed their senior secondary education. Though 82.8% believed that mandatory premarital HIV testing (MPHT) could reduce the spread of HIV, 43.8% stated that it will increase the stigma associated with HIV infection. Attitude towards mandatory pre-marital HIV testing however was positive. Males were about two times more likely to have positive attitude towards mandatory pre-marital HIV testing. Positive attitude towards MPHT among study respondents offers a window of opportunity of undergoing HIV testing before marriage[19].

In a study, more than half of the subjects were 36–54 years old (54.5%) and had secondary or higher education (61.9%). Hinduism was the majority religion (75.3%), and four-fifths had occupations that might require high mobility[20]. There was almost equal representation of participants from urban and rural areas. Most (87.9%) of the married men reported having their sexual debut after 18 years of age, had only one marriage (98.1%), knew about AIDS (86.6%), never received a blood transfusion (94.6%), and had not paid for sex in the past year (99.8%). The results indicated that knowledge about HIV testing in hospitals and other health/welfare centres, knowledge about transmission of HIV, poor education, religion, economic status, occupation, early

sexual debut, and use of contraceptives other than barrier methods were significant predictors for reported willingness to be tested. Knowledge about routes of transmission of HIV, younger age, educational level, religion other than Hindu or Muslim, economic status, occupation and history of blood transfusion were significant correlates of previously being tested[20]. The present study approved a statistically significant difference between educational and occupational groups about this subject that AIDS is treated as definitive. It also showed a significant difference between age and educational groups about the fact that AIDS is preventable.

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Table 1: The opinions of the study population about prevention from AIDS based on age, gender, occupation and level of education

Parameters	Yes		No		Un awareness		P-Value
	N	%	N	%	N	%	
Age							
Under 20 Years	144	48.3	70	23.5	84	28.2	
20-29 Years	970	67	166	11.5	312	21.5	
Above 29 Years	182	71.7	16	6.3	56	22	0.000
Gender							
Male	648	64.8	121	12.1	231	23.1	0.734
Female	648	64.8	131	13.1	221	22.1	
Level of Education							
Illiterate	22	73.3	2	6.7	6	20	
Reading Literacy	34	56.7	10	16.7	16	26.7	
Below Diploma	240	52.9	72	15.9	142	31.3	
Diploma	400	60.1	88	13.2	178	26.7	0.000
Associate Degree	98	68.1	18	12.5	28	19.4	
Bachelor	432	77.4	50	9	76	13.6	
Master	50	83.3	6	10	4	6.7	
Doctoral	20	71.4	6	21.4	2	7.1	
Occupation							

self-employment	556	63	118	13.4	208	23.6	0.000
Employee	200	72.5	26	9.4	50	18.1	
Student	172	77.5	22	9.9	28	12.6	
Housekeeper	262	61.2	62	14.5	104	24.3	
Worker	40	52.6	8	10.5	28	26.8	
Pupil	48	53.3	14	15.6	28	31.1	
Other Works	18	69.2	2	7.7	6	23.1	

Table 2: The opinions of the study population about the definitive treatment of AIDS based on age, gender, occupation and level of education

Parameters	**Yes**		**No**		**Un awareness**		**P-Value**
	N	**%**	**N**	**%**	**N**	**%**	
Age							
Under 20 Years	206	69.1	48	16.1	44	14.8	0.000
20-29 Years	1106	76.4	84	5.8	258	17.8	
Above 29 Years	180	70.9	22	8.7	52	20.5	
Gender							
Male	750	75	874	87.4	176	17.6	0.866
Female	742	74.2	80	8	178	17.8	
Level of Education							
Illiterate	16	80	0	0	6	20	0.000
Reading Literacy	32	53.3	16	26.7	12	20	
Below Diploma	318	70	44	9.7	92	20.3	
Diploma	474	71.2	54	8.1	138	20.7	
Associate Degree	118	81.9	12	8.3	14	9.7	
Bachelor	446	79.9	28	5	84	15.1	
Master	54	90	0	0	6	10	
Doctoral	26	92.9	0	0	2	7.1	
Occupation							
self-employment	658	74.6	68	7.7	156	17.7	0.041
Employee	204	73.9	16	5.8	56	20.3	
Student	180	81.1	18	8.1	24	10.8	
Housekeeper	310	72.4	38	8.9	80	18.7	
Worker	54	71.1	6	7.9	16	21.2	
Pupil	70	77.8	8	8.9	12	13.3	
Other Works	16	61.5	0	0	10	38.5	

Table 3: The opinions of the study population about premarital HIV screening in asymptomatic individuals based on age, gender, occupation and level of education

Parameters	Yes		No		Un awareness		P-Value
	N	%	N	%	N	%	
Age							
Under 20 Years	148	49.7	92	30.9	58	19.5	0.000
20-29 Years	778	53.7	332	22.9	338	23.3	
Above 29 Years	146	57.5	48	18.9	60	23.6	
Gender							
Male	544	54.4	220	22	236	23.6	0.163
Female	528	52.8	252	25.2	220	22	
Level of Education							
Illiterate	20	66.7	66	20	4	13.3	0.000
Reading Literacy	30	50	22	36.7	8	13.3	
Below Diploma	194	42.7	126	27.8	134	29.5	
Diploma	354	53.2	166	24.9	146	21.9	
Associate Degree	80	55.6	20	13.9	44	30.6	
Bachelor	342	61.3	108	19.4	108	19.4	
Master	32	53.3	16	26.7	12	20	
Doctoral	20	71.4	8	28.6	0	0	
Occupation							
self-employment	464	52.6	218	24.7	200	22.7	0.000
Employee	176	63.8	42	15.2	58	21	
Student	126	56.8	60	27	36	16.9	
Housekeeper	222	51.9	108	25.2	98	22.9	
Worker	34	44.7	14	18.4	28	36.8	
Pupil	36	40	28	31.1	26	28.9	
Other Works	14	53.8	2	7.7	10	38.5	