

HIV-related Knowledge and Attitude toward People Living with HIV/AIDS among University Students in Japan

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Background



- Since HIV/AIDS became a known disease in the 1980s, it has been associated with fear, prejudice, stigmatization, and discrimination.
- In Asian countries, the number of People Living with HIV/AIDS (PLHA) has been increasing.
- The accurate knowledge through AIDS education is not only for preventive purpose but also for reducing prejudice and stigma toward PLHA.

Objectives



- To examine relationship between attitude toward PLHA and knowledge on HIV transmission
- To compare attitude toward PLHA of Chinese market workers (Lee et al, 2005) and Japanese university students.

Methods



Subjects :

Seventy-four college students (33 male & 41 female) from a university in the metropolitan area of Japan.

They were recruited from psychology classes in July, 2007. The age range was 19 to 33 ($M=20.73$, $SD=1.82$).

Participation of the respondents was completely voluntary, based on informed consent. The answers were collected anonymously.

Measurements :

- **Experienced contact with PLHA:** Yes-No Questions.
- **Fear of HIV/AIDS:** Fearful response to HIV/AIDS(4-point scale)
- **Intension towards HIV Antibody Testing:**
Participants were asked about having been tested for HIV voluntarily as well as their intention to get a free HIV test.
- **Attitude toward PLHA (Lee et al., 2005) :**
4 items were rated on a 4-point scale
 - i) Punishment : Punishment was an appropriate response toward PLHA.
 - ii) Isolation : PLHA should be isolated.
 - iii) Childrearing : PLHA should not take care of other people's children.
 - iv) Friends : Unwilling to be friends with infected individuals.
- **Knowledge on HIV transmission:**9 items of Yes-No Questions

Results



- Experienced contact with PLHA
Yes : 1(1.4%) No : 67(90.5%)
No Answer : 6(8.0%)
- Intention towards HIV-Antibody Testing
Yes : 22(29.7%) No : 52(70.3%)

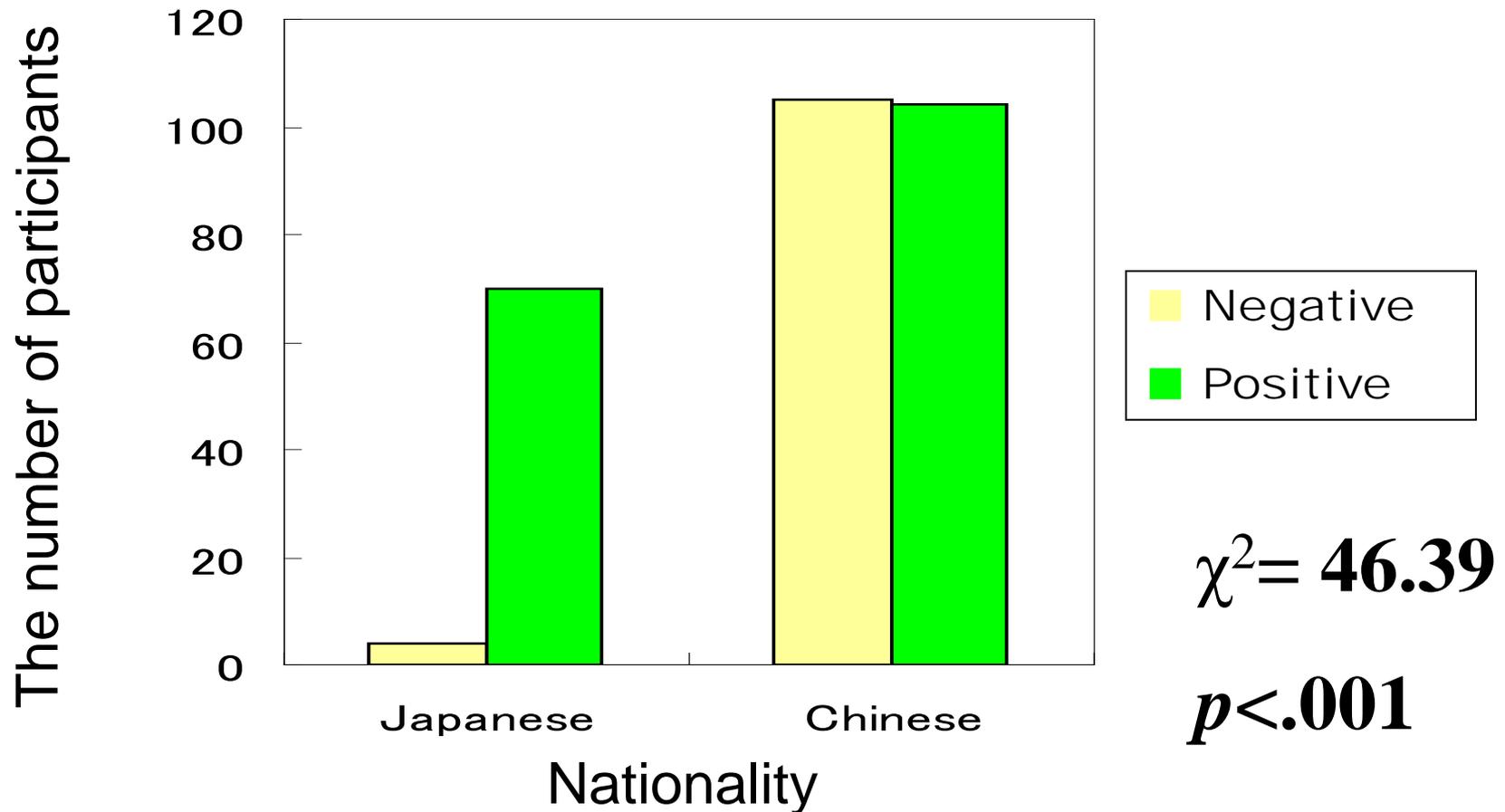
Table1 Correct responses about Knowledge on HIV transmission for total sample.

Item No.	Content	N(%)
9	Someone who looks healthy can be HIV infected.	73 (98.6)
5	Transmission of HIV/AIDS by hugging someone infected.	71 (97.2)
1	Tranmission of HIV/AIDS by sharing needles.	71 (95.9)
2	Transmisson of HIV/AIDS by cough and sneeze.	70 (94.5)
3	Transmission of HiV/AIDS by unprotected sexual intercourse between a man and a man who has AIDS.	70 (94.5)
7	Transmission of HIV/AIDS through a glass , fork/spoon	66 (89.2)
6	Transmission of HiV/AIDS by unprotected sexual intercourse with someone just one time	65 (87.8)
8	Oral Contraceptive can protect HIV/AIDS infection.	61 (83.6)
4	Transmission of HIV/AIDS by an HIV–infected pregnant woman to her baby	11 (14.9)

Note. The items were sorted in order of a correct response rate

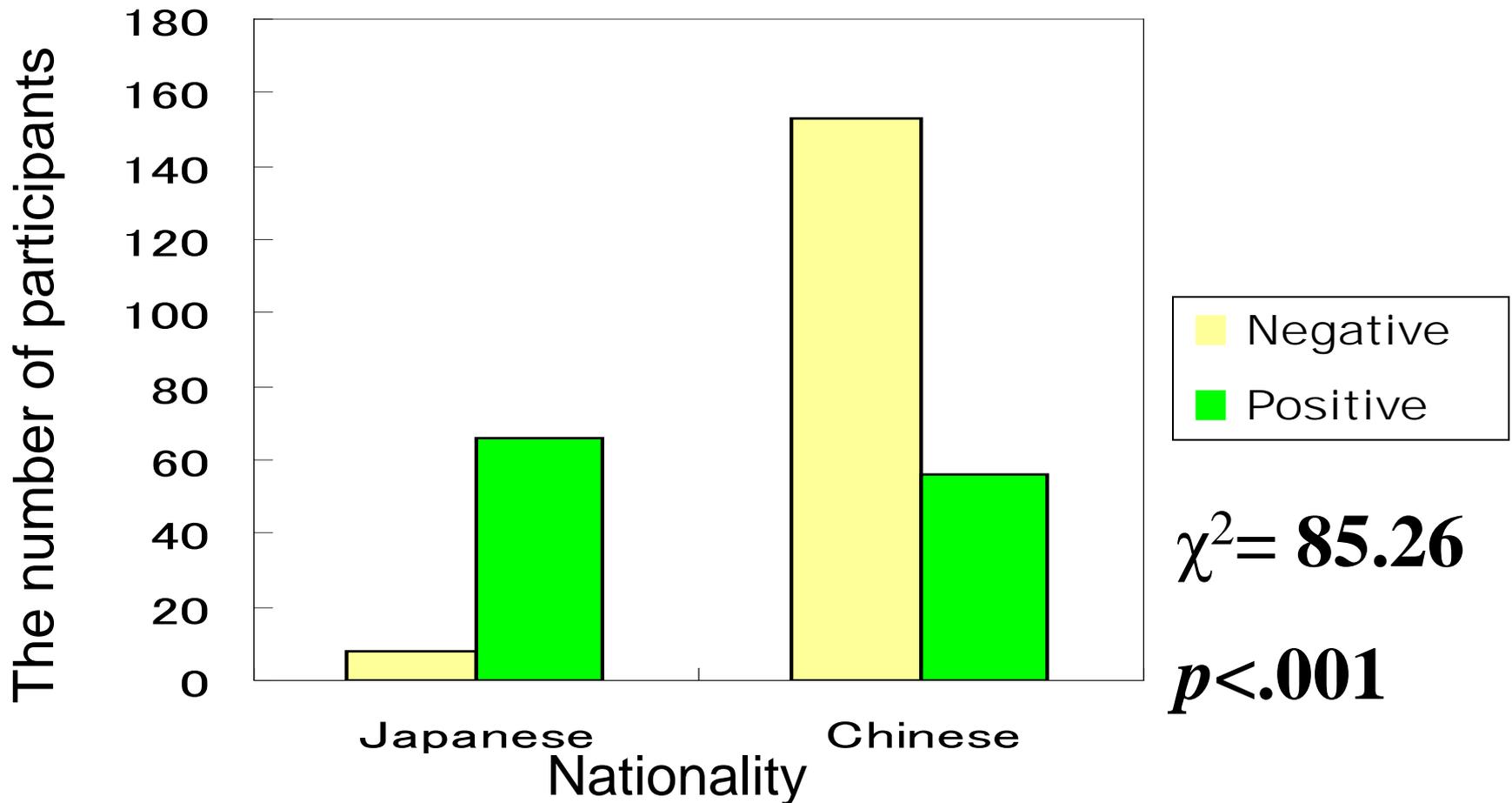
Comparison: Punishment

1 “Punishment was an appropriate response toward PLHA.”



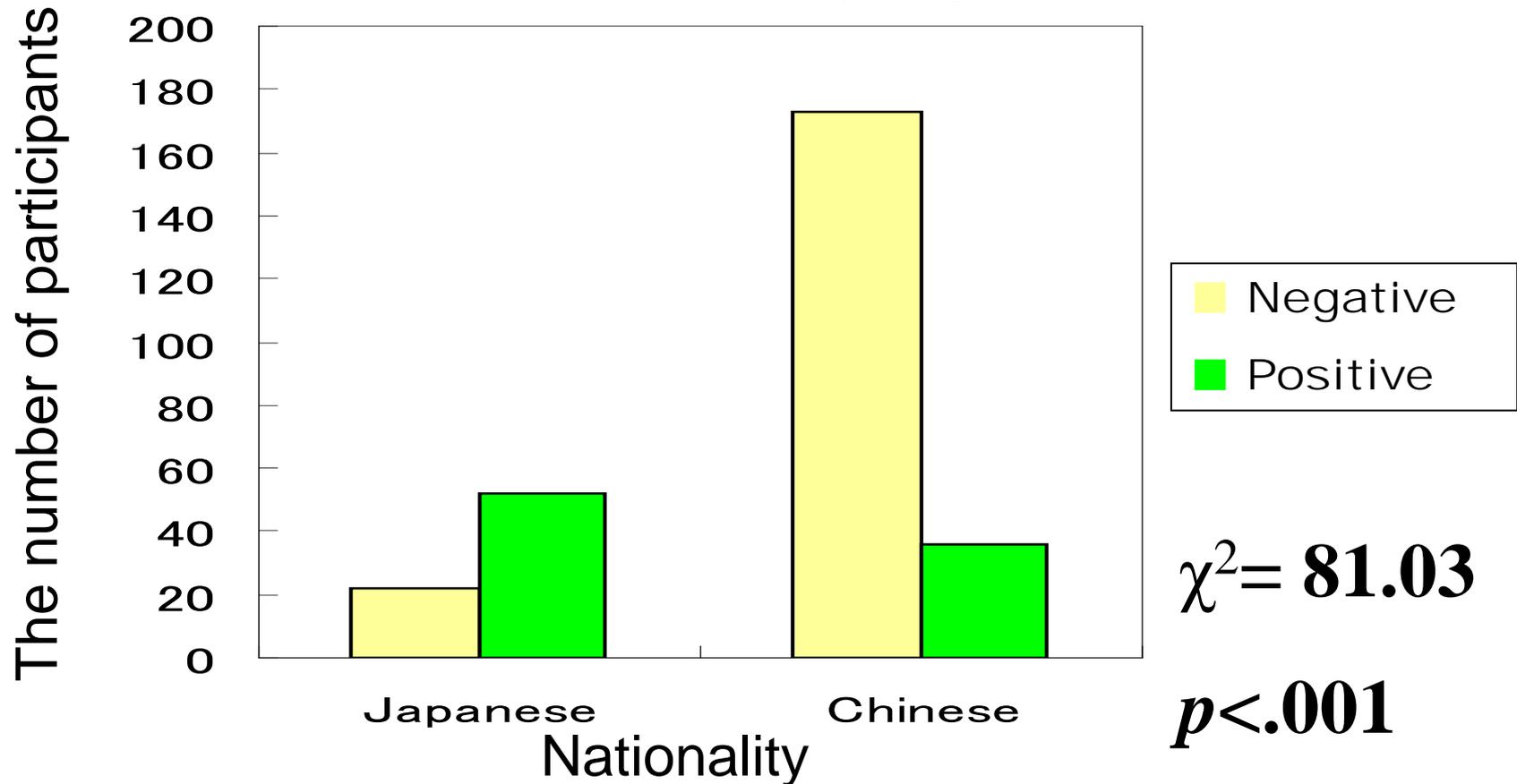
Comparison: Isolation

2 “PLHA should be isolated.”



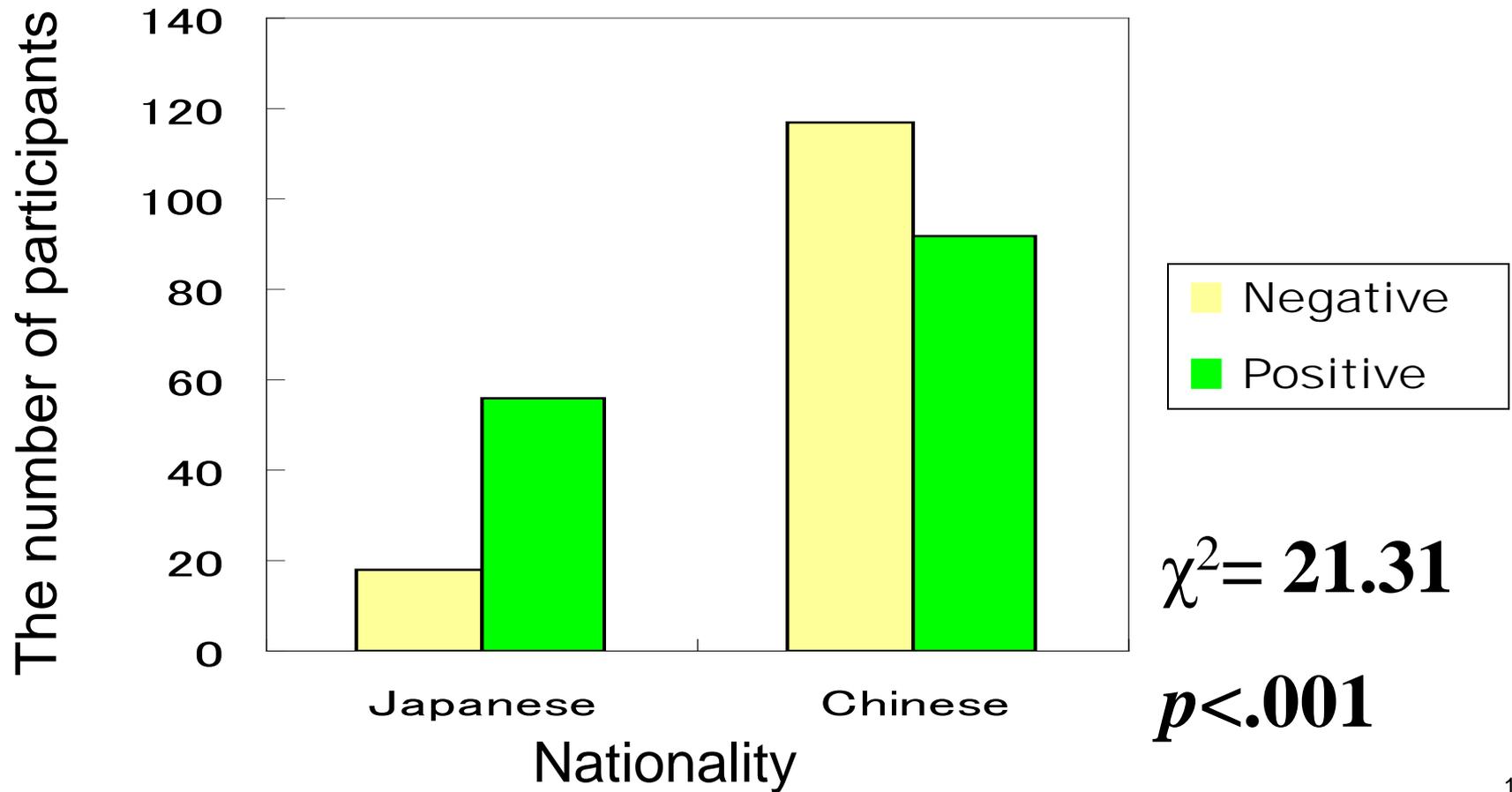
Comparison: Childrearing

3 “PLHA should not take care of other people's children.”



Comparison: Friends

4 “Unwilling to be friends with infected individuals”



Relationship between attitude toward PLHA and knowledge on HIV transmission.

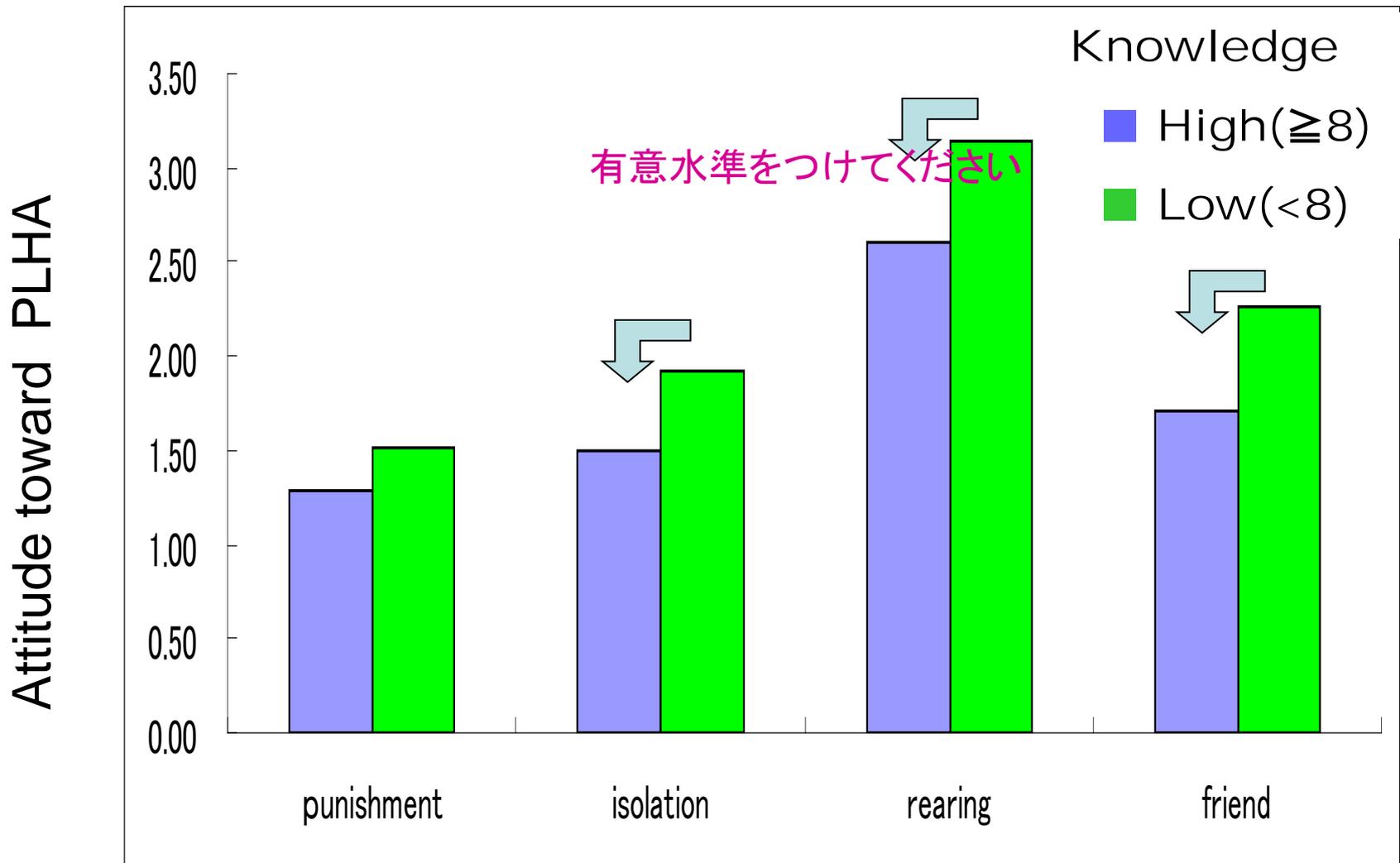


Table 2 Correlation coefficients between score on HIV/AIDS related knowledge and on attitude toward PLHA, fear, and intension towards HIV antibody testing.

		HIV/AIDS related knowledge
Attitude	Punishment	-.233*
	Isolation	-.222
	Childrearing	.306**
	Friends	-.306**
Fear of HIV/AIDS		.235*
Intention towards HIV antibody testing		-.044

*Note: 1) Pearson 2) * $p < .05$ ** $P < .01$*

Discussion

This study evaluated the knowledge and attitude of Japanese university students towards people living with HIV/AIDS (PLHA).

The Japanese university students are not to support for extremely punitive policies towards PLHA fewer than Chinese market workers.

The results could be interpreted that:

1) Chinese older participants (mean age of 35) with low level education (only 11% had completed high school) were more conservative than were Japanese younger participants (mean age of 20.73) with higher education.

2) There was difference in cultural contexts; for example, in China, person living with HIV sometimes must move far from the family home in order to avoid bringing stigma and discrimination on their family (Lee *et al.* , 2005)

As more than one fourth of them showed in two items (“Childrearing” & “Friends”) negative attitude towards people living with HIV/AIDS, HIV/AIDS can be thought as a stigmatized conditions in Japan.

People with accurate knowledge of HIV/AIDS tend to have low level of prejudice towards PLHA, replicating similar results that previous studies pointed out (Herek *et al.*, 2003; Dias *et al.*, 2006;).

Stigmatizing attitudes(prejudice) are strongly correlated with misunderstanding the mechanisms of HIV transmission and overestimating the risk of casual contact (Herek *et al.*, 2003).

The issues of stigma should be addressed in HIV preventions and educated programs (Herek *et al.*, 2002).



This study has at least two limitations: the sample and the measures of stigmatizing attitude.

In this study, the samples were recruited originally as a pilot study designed for revealing relationship between stigmatizing attitude and knowledge on HIV transmission.

Because there have been few HIV/AIDS related psychological studies after Highly Active Antiretroviral therapy(HARRT) has been developed in Japan, assessment of attitude toward stigma in this study was based on Lee *et al's* study and equivalence of subjects' attribute is problematic. However, the results of this study provide basic information in the development of culturally sensitive measures of stigmatizing attitude toward PLHA in Japan.

Conclusions



- The accurate knowledge through AIDS education will contribute not only to preventive purpose but also to reduction of prejudice and stigma toward PLHA.
- It suggests that the primary prevention education is important to reduce prejudice.

References

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