



HIV/AIDS Awareness Is Improving in China

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The AIDS epidemic is one of the most urgent threats to public health in China. According to the Chinese Center for Disease Control and Prevention, there were an estimated 840,000 people living with HIV/AIDS in 2003, including 80,000 AIDS patients. Some observers believe that the number of people living with HIV/AIDS already exceeds one million.

First observed in coastal and border regions, the epidemic is spreading across the country. Between 2001 and 2002, the number of reported AIDS cases increased by 44 percent. By 2003, cases had been reported in 31 provinces, autonomous regions, and municipalities. Some have estimated that if infection levels continue to increase at the current rate, an estimated 10 million Chinese will be living with HIV/AIDS by 2010.

In addition to expanding geographically, the epidemic is spreading from high-risk groups to the general population. The main transmission route is through needle sharing among injecting drug users, but the proportion of sexually transmitted infections is rising—from 6 percent in 1997 to 11 percent at the end of 2002. Data from sentinel surveillance indicate that HIV prevalence is increasing among sex workers. Mother-to-child transmission of the virus is also rising.

Behavioral surveys suggest substantial ongoing risk to support further spread of the epidemic. Needle sharing is common among injecting drug users,

condom use between sex workers and clients is low, sexually transmitted infections (which increase the likelihood of HIV transmission) are widespread, and there is continuing risk of infection through blood transfusions and other medical procedures.

One area of concern for the Chinese government has been the low level of awareness among the general population. Lack of knowledge is often accompanied by continuing risk behavior, limited adoption of preventative measures, and negative attitudes toward people living with HIV and AIDS. This issue of *Asia-Pacific Population & Policy* discusses a three-year information, education, and communication (IEC) project conducted by the National Population and Family Planning Commission (NPFPC) to improve HIV/AIDS knowledge and attitudes in China.

ABOUT THE PROJECT

In October 2000, the NPFPC initiated a pilot project to test the effectiveness of IEC activities in improving HIV/AIDS knowledge and attitudes among the Chinese population. Support for the project was provided by the Ford Foundation, the United Nations Children's Fund (UNICEF), and the Joint United Nations Program on HIV/AIDS (UNAIDS).

The project began with a baseline survey conducted in December 2000. This was followed by a multifaceted IEC

program, focusing on five rural and two urban communities with varying levels of economic development and HIV prevalence.

The program began with a series of training courses on how to conduct IEC campaigns for AIDS prevention. Participants were family planning staff, provincial-level heads of family planning IEC departments, county-level program officers, mayors, and district governors of the seven project areas. Based on experience with these training courses, the Commission produced a *Training Manual on IEC for AIDS Prevention*, which was distributed to family planning IEC facilitators at all levels.

The Commission also produced three 20-minute television programs on AIDS prevention, first aired on World AIDS Day, 1 December 2001. In addition, print and audiovisual materials were distributed free in the seven project areas. Sample copies of all these materials were made available to provincial family planning commissions throughout China for adaptation and reproduction in every province.

The baseline survey interviewed 7,053 men and women age 15–49 in the seven project areas. In August 2003, the Commission conducted a follow-up survey to assess project implementation and impact and to provide a benchmark for future work. The follow-up survey included the seven project areas plus six additional sites, covering a total of three urban communities in Shanghai Municipality and Hainan Province and 10 rural communities in Beijing Municipality and Guangdong, Guangxi, Heilongjiang, and Henan Provinces. The second survey interviewed 12,998 men and women, also age 15–49.

The six additional sites were originally included in the follow-up survey to provide a comparison with the seven project sites. The classification of the 13 sites into project and control

groups did not turn out to be useful, however, because many of the project interventions were also adopted in the control areas. Indeed, with HIV prevalence levels rising everywhere in the country, it would have been unconscionable to restrict prevention efforts to a few sites. Thus, the analysis compares results from seven sites in 2000 with results from 13 sites in 2003.

KNOWLEDGE IMPROVING, ATTITUDES AMBIVALENT

AIDS awareness increased significantly over the 32 months between the two surveys. By 2003, more than nine out of 10 respondents had heard of AIDS, up from eight out of 10 in 2000.

All general measures of AIDS awareness improved over the project period. By 2003, four out of five respondents knew that HIV is transmitted through unsafe sex, and three out of four knew that the virus is transmitted through unsafe blood transfusions.

In both surveys, the most frequently mentioned way to prevent HIV in-

fection was to practice abstinence or to have only one sex partner (Figure 1). Between the two surveys, knowledge of other ways to avoid infection—using condoms, avoiding unsafe blood transfusions, and using disposable or sterilized needles—increased several fold. Yet even in 2003, nearly one in five could not name a single way to prevent HIV transmission.

As shown in Figure 1, 60 percent of respondents in 2003 knew that using condoms correctly can prevent HIV transmission, a dramatic increase from only 14 percent in 2000. By 2003, nearly three-fourths (71 percent) of all respondents also expressed a willingness to use condoms. Sixty-three percent knew that condoms are distributed free by the family planning department, but only 26 percent knew that condoms can be purchased from shops or drugstores.

The surveys asked several questions about attitudes toward HIV/AIDS and toward people living with the virus. In 2003, more than one-third of respondents (36 percent) reported that they were worried that they might become infected, up from 29 percent in 2000.

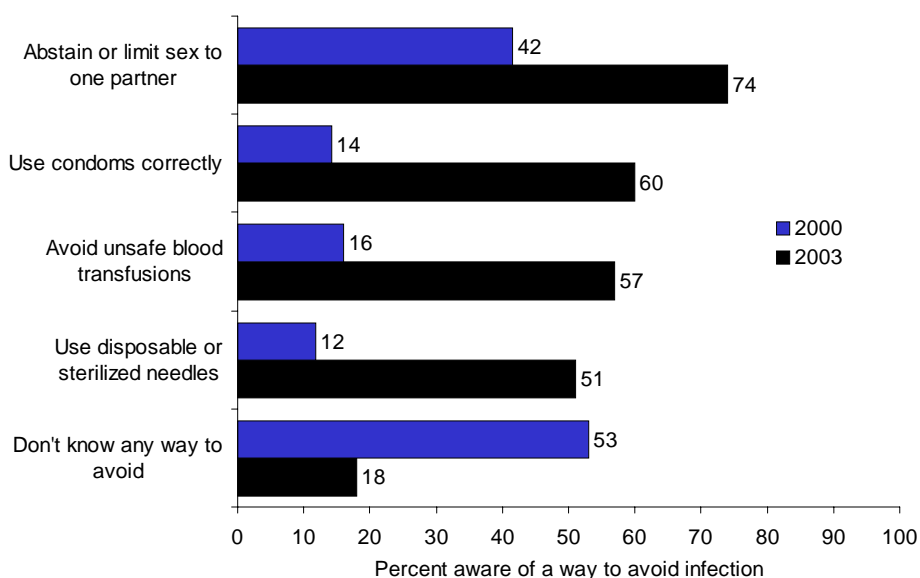


Figure 1 Awareness of ways to prevent HIV infection, 2000 and 2003

Note: Multiple responses were allowed.

Although most respondents in 2003 said that they would feel sympathy or concern toward someone living with HIV/AIDS, many also reported that they would “avoid contact” or would “detest” or “blame” such a person (Figure 2). Multiple responses were allowed, and many people expressed views that were mutually contradictory. Ten percent of all respondents in 2003 expressed concern and sympathy but at the same time said they would avoid a person living with HIV/AIDS.

Some people may have negative attitudes toward people with HIV because they have a poor understanding of how the virus is transmitted. Very few respondents in either survey expressed misinformation about HIV transmission, however. In 2003, fewer than one in 10 believed, erroneously, that they could become infected by hugging, kissing, or shaking hands with an infected person or by touching an infected person’s belongings.

Nevertheless, more than one-half said that they would not play cards, work in the same room, use the same toilet, or swim in the same swimming pool as a person living with HIV. Four out of 10 said that they would not shake hands with an infected person.

SOURCES OF INFORMATION

Most people who knew about AIDS learned about the disease from television (Figure 3). All sources of information gained in importance during the project period, but the increase was particularly large for lectures and print materials provided by family planning personnel, demonstrating the impact of project activities. Use of the Internet and telephone hotlines, although still low, is also increasing.

Nearly all respondents agreed that young people should learn about sexuality, reproductive health, and HIV/

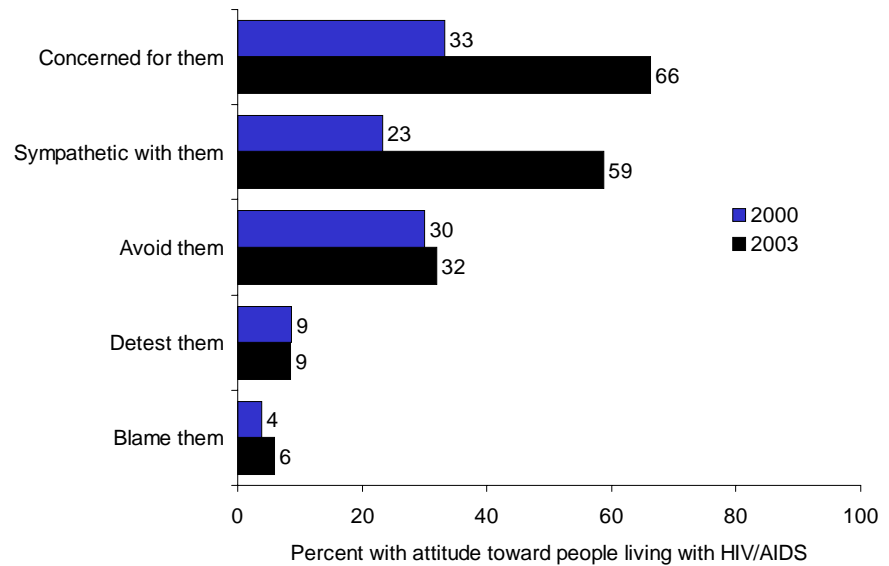


Figure 2 Attitude toward people living with HIV and AIDS, 2000 and 2003

Note: Multiple responses were allowed.

AIDS prevention in school. In 2003, 93 percent thought that schools should teach about HIV/AIDS prevention, and 89 percent thought that schools should provide sex education. The majority of respondents felt that AIDS prevention and sex education should be taught in junior middle schools, where pupils are, on average, 13–15 years old.

KNOWLEDGE AND ATTITUDES IN SPECIFIC POPULATION GROUPS

Knowledge. The demographic characteristic with the largest effect on knowledge of HIV/AIDS was education. Awareness of ways to prevent infection, for example, increased consistently with level of education. The largest gain was for respondents who had completed primary school compared with those who were illiterate or had only attended literacy classes.

Knowledge of HIV/AIDS also varied according to the respondents’ age. AIDS awareness increased between the two surveys for all age groups, but knowledge levels were consistently lowest

among the youngest respondents—age 15–19 years. In 2003, fewer than one-half (49 percent) of this age group were aware that correct use of condoms can prevent HIV transmission, compared with nearly three-fourths (72 percent) of respondents age 20–29.

Knowledge of HIV/AIDS was much lower in rural than in urban areas. In 2003, nearly three-fourths (72 percent) of rural residents knew that practicing abstinence or limiting sex to one partner is one way to avoid HIV infection, but knowledge of the other three most important ways to avoid infection was much lower. One in five (20 percent) rural residents could not name a single way to avoid infection, twice the proportion for urban residents.

There were also some striking differences between urban and rural residents in sources of information about HIV/AIDS. Although television and family planning IEC campaigns had reached similar proportions in both population groups, a much smaller proportion of the population in rural areas reported learning about HIV/AIDS from books, newspapers, or radio than in urban areas.

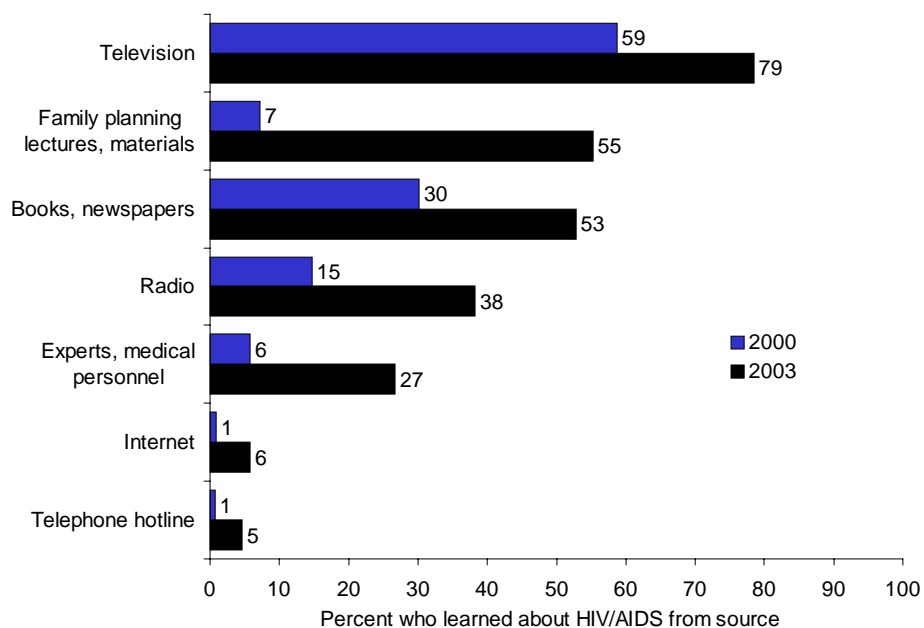


Figure 3 Sources of information about HIV/AIDS, 2000 and 2003

Note: Percentages are of respondents who had heard of HIV/AIDS. Multiple responses were allowed.

Analysis of results from the nine rural sites covered in the 2003 survey highlights the importance of general economic development for improving AIDS awareness. Knowledge of the causes of AIDS and how to prevent infection was much higher in villages that had access to a primary school, a hospital or clinic, and/or a bus station than in villages without these facilities.

Among urban communities, AIDS awareness was lower in communities with large migrant populations than in communities with relatively few migrants. AIDS awareness was particularly high in urban communities that have family planning IEC facilitators, suggesting that IEC facilitators can play an important role in increasing the public's knowledge of HIV/AIDS.

Attitudes. Respondents with high levels of education were more likely than other respondents to express sympathy or concern for people with HIV/AIDS, but they were also more likely to report that they would avoid contact with such people. Respondents in urban ar-

reas were much more likely to say that they would avoid contact with people living with HIV (41 percent) than were respondents in rural areas (28 percent).

Respondents in areas with relatively high HIV prevalence were particularly likely to report that they were worried about becoming infected and to say that they would avoid contact with people living with HIV. This suggests that worry and negative attitudes are likely to increase as the epidemic spreads across the country.

THE WAY AHEAD

A comparison of results from the 2000 and 2003 surveys shows that AIDS awareness has improved a great deal in China. Yet even in 2003, more than one in 10 (13 percent) of men and women age 15–49 could not name a single mode of AIDS transmission, and nearly two in 10 (18 percent) could not name a single way to protect themselves against infection. Survey results suggest that future AIDS-awareness activities

should focus on young people and on population groups that risk being left behind in China's general economic and social development—the uneducated, urban migrants, and residents in relatively disadvantaged rural villages.

In principle, better information will not only help people avoid infection, but should also improve their attitude toward people living with HIV. Results from these surveys suggest, however, that population groups with the best knowledge of HIV/AIDS do not necessarily have the most positive attitude toward people living with the virus.

Better information is likely to improve attitudes only if it is coupled with programs that promote support and sympathy for affected populations. IEC programs must be particularly careful in talking about intravenous drug use and sex work not to increase stigmatization or inhibit prevention efforts.

Survey results on people's current and preferred sources of information point consistently to the importance of mass media, particularly television. In addition, family planning lectures and materials and face-to-face meetings with medical personnel and other experts gained dramatically in importance as sources of HIV/AIDS information over the three-year project period. A comparison of respondents' actual and preferred sources of information suggests that many people in China would like to receive more information on HIV/AIDS from family planning and medical personnel. In addition, 13 percent of respondents under 20 mentioned that they would like to receive information on the Internet.

The materials developed and experience gained from this project should help family planning workers conduct successful IEC campaigns for HIV/AIDS prevention in other parts of China. Future programs should place special emphasis on improving attitudes as well as increasing HIV/AIDS awareness.