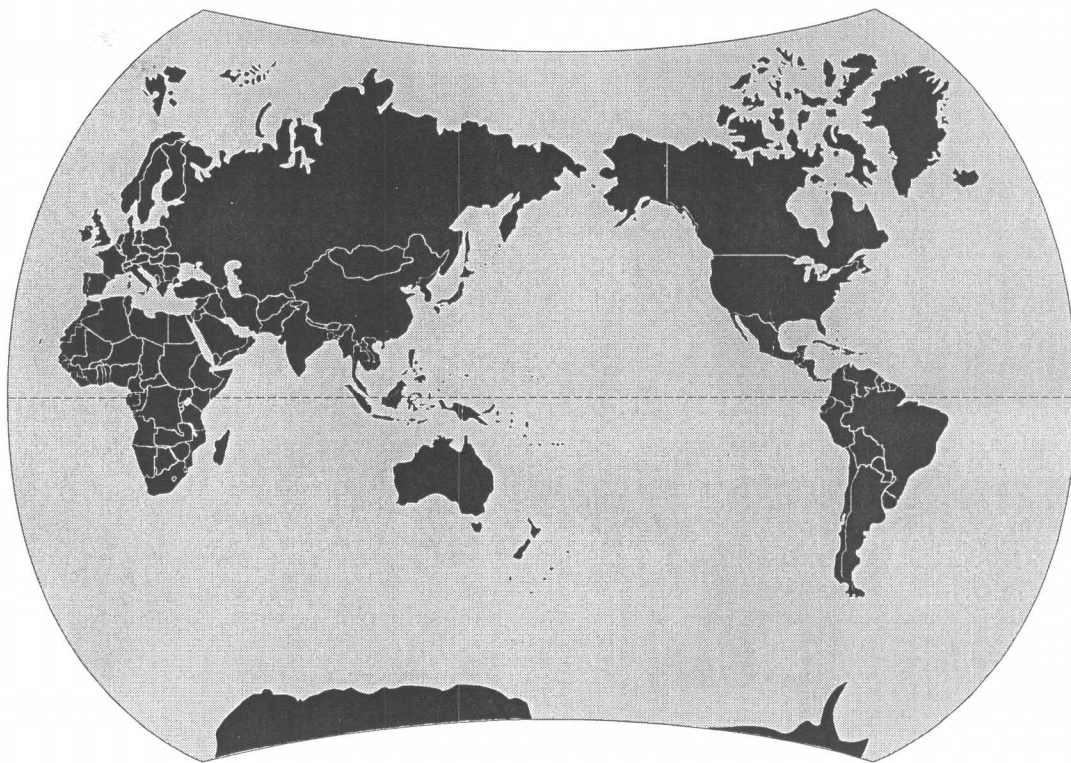


TropEd Masters Programme in International Health

Exposure of Expatriates to HIV/AIDS

The influence of contextual factors and knowledge about HIV/AIDS on sexual risk or preventive behaviour.



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by

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Executive summary

Aim: To suggest issues that need to be considered for improving HIV/AIDS counselling/prevention strategies for expatriates prior to departure.

Objective: To assess expatriates' knowledge and sources of knowledge about HIV/AIDS, its influence on sexual behaviour, and the interaction with other "contextual" factors affecting sexual risk or preventive behaviour.

Methodology: A questionnaire survey on knowledge about HIV/AIDS, the risks of sexual exposure and HIV prevention was completed by 88 expatriates (response rate 45%). The survey was complemented by six case studies (unstructured interviews). Data collection took place from April to September 2001.

Main findings: From the view of expatriates theoretical knowledge about HIV/AIDS was seen as being important for a great majority of the respondents in terms of better protecting themselves.

Knowledge and sexual behaviour: Of the ten multiple-choice questions in the survey the majority answered 5-7 questions correctly. A comparison of knowledge and sexual behaviour was done within the subgroup of expatriates who had had unprotected sex with casual expatriate partners. This showed that expatriates with 2-5 correctly answered questions were as equally represented in the subgroup as expatriates with 6-10 correctly answered questions. Therefore a lack of knowledge about HIV/AIDS was not the deciding factor that had led to unprotected sexual intercourse with casual partners.

Health education: The survey and the interviews revealed that it cannot be presumed that all expatriates (medical personnel and non medical personnel) receive information on health issues and HIV/AIDS from their employing organisation prior to departure. Overall, a significantly lower number of expatriates were satisfied with the information received from their last employing organisation.

Contextual factors: It was shown that contextual factors do not stand alone. They cannot be looked at as being isolated from the personality of individuals (their views, intentions, principles and behaviour pattern in their home countries). Decisions were often "contextually-dependent" and meaningful to the person given the situation and level of information at the time. The study revealed behaviour patterns leading to "risk" situations as well as factors that were shown to have a stronger influence on sexual risk behaviour than others. These factors were: an unstable dangerous environment; places in which many organisations were stationed with the development of a particular "expatriate culture" (parties, alcohol, escapism, adventurous non-binding relationships); the greater availability of sexual partners; the carelessness and negative attitude of partners in using condoms (local and expatriate partners); the perception that having unprotected sex with an expatriate partner was not any different (in terms of risks) than with a partner at home, and also having acquired some "bad habits" at home (for example, abandoning condom use early on in the relationship, or not having any experience at home in using condoms). Such "habits" often proved difficult to change even when circumstances abroad dictated the need for changes in habits.

Main conclusions and recommendations: For expatriates, HIV/AIDS was clearly shown to be a major issue and great importance was attributed to health education. Three areas of potential risks for expatriates could be elicited: (1) The risks associated with the specific features of the AIDS virus itself; (2) risk factors linked to the context abroad; (3) risk factors in relation to the individuals themselves. Many suggestions were made in order to cover these aspects by the respondents as well as by the interviewees.

To be effective, health education by the employing organisation should emphasise all three areas mentioned above. Medical personnel should not be excluded from health education since only one of the three areas is purely medical. Furthermore, it was shown in the study that it should not be assumed that all health professionals know the basics of HIV infection and transmission.

Additional recommendations include the need for dissemination of information about HIV/AIDS, the sharing of specific “evidence based” studies on this subject to raise greater awareness and individual counselling.