

BEHAVIOURAL SURVEILLANCE SURVEY IN TIMOR-LESTE, 2008 FIRST ROUND RESULTS FOR UNIFORMED PERSONNEL

JASON LEE, PATRICK RAWSTORNE AND HEATHER WORTH International HIV Research Group | The University of New South Wales Australia

INTRODUCTION

Although there are limited data on HIV prevalence rates for specific sub-populations and indeed the overall population in Timor-Leste, the country is considered to have a low-level epidemic, with a national HIV prevalence of less than 0.1%.

In 2008 a behavioural surveillance survey among uniformed personnel was conducted by the University of New South Wales, Australia. The survey was conducted on behalf of the Timor-Leste Ministry of Health as part of the national HIV program, which is funded by the Global Fund Against HIV/AIDS, Tuberculosis and Malaria. Members of the uniformed personnel surveyed included the Forças Defesas de Timor-Leste and the Polícia Nacional de Timor-Leste. The survey collected key data on sexual and drug using practices; levels of knowledge relating to sexually transmissible infections (STIs) and HIV; access to medical services, attitudes towards people with HIV; and demographics.

This brochure presents a summary of the key findings of the survey.

METHODOLOGY

A two-stage cluster sample design was employed. With this method, a primary sampling unit or cluster (i.e. a police station or army barrack) is selected, and individual respondents are chosen from within the cluster. In total, two hundred and eight men and women participated in the survey.

RESULTS

Demographics

KEY FINDING 1: Uniformed personnel in Dili in general are well educated and married.

Of the 208 uniformed personnel surveyed, 77.9% (162) were men and 22.1% (46), women. This roughly reflects the gender breakdown within the uniformed personnel in Dili. Participants had a median age of 30 years and ranged in age from 21 to 56 years. The majority of uniformed personnel had completed senior school (80.8%) and 13.0% had completed a diploma or degree (Table 1). Almost all the uniformed personnel were Roman Catholic (98.6%) and of Timorese origin (98.1%).

Table 1. Highest level of education completed

EDUCATION	NUMBER	%
Completed primary school	4	1.9
Completed junior school	9	4.3
Completed senior school	168	80.8
Completed diploma or higher degree	27	13.0
TOTAL	208	100

Most of the uniformed personnel were married (84.1%); 13.0% were single. Reflecting this, almost three quarters (74.0%) of participants lived with their spouse and almost a quarter (24.5%) were living with parents; 15.4% were living with children. The mean length of military service in the sample was 6.3 years, with length of service ranging from two years to 20 years. More than half (61.5%) the participants had spent less than a month away

from home in the previous year, while 38.5% had spent from one month to three months away from home during that period. The majority (61.5%) of participants lived in their own home, while 22.6% were living in their parent's home.

Most participants earned between US\$101 and US\$200 per month; 16.4% earned over US\$201 (Table 2). On average, each uniformed personnel had 6.7 dependents and a median personal expenditure of USD\$5.00 per day.

Table 2. Monthly disposable income of uniformed personnel in Dili

USD	NUMBER	%
< \$ 50	1	0.5
\$ 50 – \$ 100	6	2.9
\$ 101 – \$ 200	167	80.3
\$ 201 – \$ 300	27	13.0
> \$ 300	7	3.4
TOTAL	208	100.0

Drug use

KEY FINDING 2: Drug use is low amongst the uniformed personnel, with no reported drug or injecting drug use within the previous 12 months.

Drug use was low amongst the uniformed personnel, with only 5.8% of respondents ever having tried hashish. Respondents reported no drug use or injecting in the previous 12 months.

Sexual practices

KEY FINDING 3: Partner numbers are low for both male and female uniformed personnel.

Almost all (99.0%) the uniformed personnel had ever had sexual intercourse. For men the mean age at sexual debut was 21 and for women 23. Very few used a condom during their first sexual experience, with only 5.0% and 6.7% of males and females respectively reporting condom use at sexual debut.

Partner numbers in the previous 12 months were low for both men and women. Men reported having on average 1.2 regular, 1.2 non-regular (casual) and 1.4 commercial partners in the previous 12 months; whilst women reported having on average 0.9 regular partners and no non-regular (casual) partners over the time period.

Condom use

KEY FINDING 4: Condom use for vaginal and anal intercourse was negligible with regular partners and very low with non-regular (casual) and commercial partners in the previous 12 months.

Condom use with regular partners

One hundred and forty seven (94.8% of the full sample of men) male uniformed personnel reported having had a regular partner in the previous 12 months. Of those men, one participant did not report any vaginal intercourse with his regular female partner during this period. Almost all participants had had some unprotected vaginal intercourse with their regular partner in the previous 12 months (Tables 3 and 4).

For both men and women, the most common reasons cited for no condom use were: 'partner was faithful' (76.9% men; 65.0% women); and 'didn't think it was necessary' (22.4% men; 25.0% women).

Table 3. Condom use by male participants for vaginal intercourse with regular partners in the previous 12 months

MALE PARTICIPANTS	NUMBER	%
100% condom use for vaginal intercourse	2	1.4
Some unprotected vaginal intercourse	144	98.6
TOTAL	146	100.0

Note: 16 of the 162 men surveyed did not answer this question.

Table 4. Condom use among female participants for vaginal intercourse with regular partners in the previous 12 months

FEMALES PARTICIPANTS	NUMBER	%
100% condom use for vaginal intercourse	0	0
Some unprotected vaginal intercourse	40	100.0
TOTAL	40	100.0

Note: 6 of the 46 women surveyed did not answer this question.

Twenty-three men reported having had anal intercourse with their regular female partner in the previous 12 months. All of those men reported some unprotected anal intercourse with their regular female partner. Similarly, all four women who reported anal intercourse with their regular male partner in that time period had had some unprotected anal intercourse.

Condom use with non-regular partners

Fifty four (34.8% of the full sample of men) male uniformed personnel reported having had a non-regular (casual) female partner in the previous 12 months. Of those 54 men, two men reported not having had any vaginal intercourse with their non-regular female partners.

Table 5. Condom use by male participants for vaginal intercourse with non-regular (casual) partners in the previous 12 months

MALE PARTICIPANTS	NUMBER	%
100% condom use for vaginal intercourse	13	25.0
Some unprotected vaginal intercourse	39	75.0
TOTAL	52	100.0

Note: 110 of the 162 men surveyed did not answer this question

Fourteen men reported having had anal intercourse with a non-regular (casual) female partner over the previous 12 months.

Table 6. Condom use by male participants for anal intercourse with non-regular (casual) female partners in the previous 12 months

MALE PARTICIPANTS	NUMBER	%
100% condom use for anal intercourse	2	14.3
Some unprotected anal intercourse	12	85.7
TOTAL	14	100.0

Note: 148 of the 162 men surveyed did not answer this question.

Condom use with commercial partners

Thirty eight (24.7% of the full sample of men) male uniformed personnel had paid for sex in the previous 12 months. More than half, 57.9%, had had some unprotected vaginal intercourse with commercial partners over that time period. The main reasons given for not using condoms were that they took away pleasure (33.3%); that their partner objected (15%); or that they didn't know how to obtain condoms (12.1%).

Table 7. Condom use by male participants for vaginal intercourse with commercial partners in the previous 12 months

MALE PARTICIPANTS	NUMBER	%
100% condom use for vaginal intercourse	16	42.1
Some unprotected vaginal intercourse	22	57.9
TOTAL	38	100.0

Note: 124 of the 162 men surveyed did not answer this question.

Only seven men reported having anal intercourse with their commercial female partners over the previous 12 months. Amongst these men, four used a condom every time, whilst three had some unprotected anal intercourse with their commercial partners over that time period.

Of the 46 female uniformed personnel that were interviewed, 42 (91.3%) reported that they had never engaged in commercial sex work, with the remaining 8.7% declining to answer the question.

SEXUAL PRACTICES

Men who had sex with men

Only three (1.9%) male uniformed personnel reported having ever had sex with another man. Of those, only one respondent had had anal intercourse with another man in the previous 12 months. This one individual reported having one regular and four non-regular (casual) male partners over the previous 12 months, and engaging in some unprotected anal intercourse with these male partners. However, a condom was used for anal intercourse with another man on the last occasion.

Access to sexual health services

KEY FINDING 5: Awareness of STIs is high; however, knowledge about STIs is low. Uniformed personnel are likely to seek treatment for STIs from clinical services.

Almost all (93.1%) the uniformed personnel had heard of sexually transmissible infections (STIs); however, less than half (43.2%) knew that STIs could be asymptomatic. A small number (5.3%) of uniformed personnel reported ever having had STI symptoms. All (100%) of those respondents that reported having had STI symptoms sought treatment from a health care worker or VCT (voluntary counselling and testing) centre.

Almost all (92.6%) the uniformed personnel surveyed would prefer to seek treatment for an STI at a government hospital. Slightly over half (61.1%) had received information on HIV/AIDS, and most (53.2%) of the time the main source of this information was non-government organisations.

Knowledge about HIV

KEY FINDING 6: Awareness of HIV and knowledge surrounding the sexual routes of transmission of the virus is high. However, incorrect knowledge surrounding non-sexual transmission of HIV is also high.

Awareness of HIV was relatively high, with almost all (95.7%) the uniformed personnel having heard of HIV. Media sources (television, radio and newspapers) were the main source of information (Table 8).

Table 8. Main source of information from which the most thorough understanding of HIV/AIDS was acquired

	NUMBER	%
Television	53	26.6
Non government organisations	38	19.1
Health services	22	11.1
Newspaper/Magazine	21	10.6
Radio	19	9.5
Friends/Family	16	8.0

Note: 9 of the 208 participants did not answer this question.

Less than half the uniformed personnel (46.2%) knew of someone who was either infected with HIV or had died from an AIDS-related illness. Of those who knew someone infected with HIV, 14.5% described this person as being a close friend.

Whilst knowledge surrounding sexual transmission of HIV was high, common misconceptions surrounding non-sexual routes of HIV transmission were evident.

Table 9. Knowledge about HIV transmission amongst uniformed personnel

QUESTION	PERCENTAGE WHO ANSWERED CORRECTLY
Can the risk of HIV transmission be reduced by having sex with only one, faithful, uninfected partner	88.0
Can people protect themselves from getting HIV sexually by using a condom correctly every time they have sex?	85.6
Can a person get the HIV virus from mosquito bites?	38.4
Do you think that a person with HIV can be healthy looking?	18.7
Can a person get HIV by sharing a meal with someone who is infected?	49.2

Attitudes towards people living with HIV

KEY FINDING 7: There are indications of some stigmatising attitudes and beliefs towards people living with HIV.

Table 10. Attitudes towards others with HIV

QUESTION	PERCENTAGE WHO ANSWERED YES
Would you be willing to work with someone you knew had HIV?	51.8
If a relative of yours became ill with HIV, would you be willing to care for him or her in your household?	54.0
If a student has HIV but is not sick, should he or she be allowed to continue attending school?	44.5
If you knew a shopkeeper or food seller had HIV, would you buy food from them?	28.9

Approximately a fifth (21.9%) of the uniformed personnel could correctly identify ways of preventing the sexual transmission of HIV and correctly reject misconceptions about ways in which HIV is transmitted (Table 11).

Table 11. UNGASS indicators* for knowledge and attitudes surrounding HIV

UNGASS INDICATORS	NUMBER	%
Participants who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission	7 (out of 32 participants)	21.9

Note: 176 of the 208 participants did not answer this question.

* UNGASS (UN General Assembly Special Session) indicators are used to help countries assess their response to the AIDS pandemic.

HIV testing

KEY FINDING 8: HIV testing rates are low amongst uniformed personnel, with only 13.9% having ever been tested.

Despite the fact that 68.3% of the uniformed personnel knew about the availability of confidential HIV testing services, only 13.9% had ever had an HIV test. Of those uniformed personnel who had been tested, 69.2% had received their test at a government hospital. Return visits for results were high for those tested, with 82.1% returning to obtain their results. Over half (60.7%) of those tested had had the test within the previous 12 months.

SUMMARY

At this stage in the HIV epidemic, uniformed personnel do not represent a highly vulnerable group for HIV transmission. However, this situation could change quickly if the rate of HIV infection were to increase even slightly among the female sex workers and other women with whom male uniformed personnel are having sex. While there were relatively few men who had had sex with non-regular or commercial partners in the previous 12 months, among those who did, condom use was very low. Drug use was almost negligible, with no uniformed personnel reporting any drug use in the previous 12 months. Health seeking behaviour was high, with almost all uniformed personnel seeking treatment for STIs at clinical services. In relation to condom use, outreach workers from non government organisations have reported that poor quality and inappropriate sized condoms are an issue preventing sustained condom use. However, poor quality and inappropriate sized condoms were not reported as reasons for non-condom use in this survey, despite participants being given the opportunity to give reasons why they did not use a condom. The most common reasons cited were that condoms didn't feel as good and that their partner objected. However, having a range of condoms available would be a strategy that could encourage sustained condom use.

RECOMMENDATIONS

Although uniformed personnel, when compared to the other populations surveyed (such as men who have sex with men and female sex workers) do not represent a highly vulnerable group for HIV transmission at present, it is important to:

- continue monitoring sexual practices and drug use amongst this group
- continue awareness and educational programs for HIV, particularly surrounding common misconceptions regarding non-sexual routes of HIV transmission
- continue promoting condom use, particularly with non-regular and commercial sexual partners
- ensure adequate and consistent availability of a range of condoms
- encourage condom use through community-based and culturally appropriate marketing to dispel widespread beliefs about the negative effects of condoms on sexual sensations
- promote regular sexual health screens for STIs and, if appropriate, HIV testing.

This report is based on field work carried out between May and August 2008 in Timor-Leste.

The opinions expressed in this document are those of the authors.

The research was made possible through funding by the Global Fund to Fight against HIV/AIDS, Tuberculosis and Malaria, and implemented via the Timor-Leste Ministry of Health in conjunction with the Instituto de Ciências da Saúde, Timor-Leste.

No part of this publication may be reproduced, stored, transmitted or photocopied without the prior permission of the authors and the Timor-Leste Ministry of Health.

Please contact Jason Lee at jason.lee@unsw.edu.au should you require further information on the report.

<http://ihrg.sphcm.med.unsw.edu.au>



Republic Democratic De Timor Leste
Ministerio Da Saude



Instituto De Ciências De Saúde
Timor-Leste

