
Chapter 4

IMPLICATIONS OF ACM: Results and findings

Kerala is renowned for its relatively high levels in the quality of life indicators which remain not only above the national averages, but even comparable to international standards also. This phenomena, widely known as "Kerala Model of Development" has its own historic and political under currents as the factors backing it. The people in the state are highly mobile and occupationally diversified. Kerala is the first state of India accomplished 100% literacy. But still the health status stands as a question before the policy makers in the context of increasing number of HIV/AIDS cases, coronary heart diseases, tuberculosis, diarrhoeal diseases etc.

HIV/AIDS in particular, is destabilising on a broad scale because it claims mainly the most economically productive members of society. HIV/AIDS is much more than a medical issue; its consequences are not confined to health, but are felt in the socio-economic spheres as well. In a short span of about seven years HIV infection has reached practically every state in India. Population groups practising behaviours such as multi-partner, or sharing injecting equipment served as entry points for the epidemic in many states. Infection has been building up in these specific groups, following the pattern which was observed in Africa in the mid-1980s. From these groups infection has started to percolate to the general population. Rising trends are now seen in ante-natal clinic attendees, as per reports available from various sites in different states of the country.

Distribution of infection is not uniform, and depends upon a number of factors such as industrial development, urbanisation, trade and so on. Available data from the major cities of countries shows that the disease tuberculosis is forming an "epidemic within an epidemic" amongst HIV positive people, and there is concern that once it is established in this group, it may spread further into the general population. Poor access to

sexually transmitted disease (STD) treatment, because of its attached stigma and inadequate supply of drugs and other equipment, remains an important problem. New evidence confirms the importance of controlling STDs to contain the spread of HIV/AIDS.

In India, particularly in Kerala, the epidemic has its roots in India's patterns of economic and social development, and in the attitudes, beliefs and values that determine people's sexual behaviour. It is increasingly clear that the HIV epidemic is primarily a development problem, which requires a multiplicity of responses from individuals, communities, government agencies and wide spectrum of non-governmental organisations. Based on this reality, we in the Department of Futures Studies, University of Kerala had decided to carry out an elaborate study to understand the current status of HIV/AIDS in Kerala and how experts perceive the threat.

The relevance of understanding the status of HIV/AIDS is obvious so as to tackle the emerging issues in future like; improving advocacy; the need for more rational use of blood transfusions; further development of care and support networks for AIDS sufferers; counselling; the special needs of women and AIDS, including their access to health care facilities and health-seeking behaviour.

Delphi study

A better understanding of the existing situation, of Kerala in the context of HIV/AIDS, can help the formulation of constructive policies, which can be implemented successfully even at the grass-root levels. Consensus building through 'Delphi technique' can throw light onto the beliefs and attitudes of the personnel (experts) currently working in this area. The inferences from the Delphi study can be used to frame integrated prevention strategies and formulation of competent intervention methods against HIV/AIDS. Thus we have conducted a Delphi study as a preliminary effort in this area. The results of the Delphi study follows.

The first round of the Delphi study started on a structured questionnaire (Appendix-1), covering various trends related to HIV/AIDS in Kerala. The questionnaire was prepared after preliminary interactions with a few experts and reviewing latest literature on this area. The panel of experts constitute twenty persons including medical practitioners, psychologists, counsellors, social activists, professors and administrators. The first round consisted of twenty-seven questions, each of which the experts have to rate on a seven-point scale, which ranges from the verbal analogue strongly agree (1) to strongly disagree (7). In the first round, the panel reached consensus on all items except six.

In the second round of Delphi (Appendix-2), besides the statements on which consensus were not reached in the first round, other statements based on the remarks of experts on first round were also included. The second round carried a total of ten statements with a feedback of the significant first round results.

Results of this Delphi study can be grouped into the following headings:

Present health environment

Kerala has one of the foremost health facilities and services environment in India, but still diseases like TB, malaria and various STDs are spreading alarmingly. In this context the issue, Kerala now has a satisfactory health environment is raised. Experts have not reached consensus on this statement in first round of this Delphi study. After re-framing the statement and through feedback in the second round consensus has been reached, and the experts generally agreed that HIV/AIDS will be a threat to Kerala's present health status.

The experts have agreed that the governmental health activities in Kerala are determined by bureaucrats and political leaders. This kind of a circumstance can lead to bias, and thus the needed may not get proper health care services. Peoples' participation, a

massive involvement of the population that are never consulted and are often stigmatised and discriminated, is required to overcome this concern.

Kerala's socio-cultural environment is the most suitable one for HIV transmission is moderately agreed by the experts. The startling rate of HIV/AIDS incidence in Kerala dominantly through heterosexual mode, substantiate this view.

In the absence of a reliable sero-prevalence study, the true picture of HIV/AIDS in Kerala is still nebulous. The experts have not reached consensus on the issue that, HIV/AIDS are officially under reported, even in the second round feedback, but the group opinion indicates a 'moderate agreement'. There is a moderate agreement on Keralite's awareness over dreadful diseases and their keenness to take precautions. Consensus have not reached on the issue of high labour mobility deteriorates health environment in the state. But the median of group opinion 'moderately agree' on the fact. Experts agree to this issue in the second round. Experts disagree with the statement that, Keralites may include in the significant section of transmitters of HIV in future.

The official statistics

This Delphi study demonstrate the general trend that, official estimates (by State AIDS cell, Kerala; NACO, India & WHO) on the situation of HIV/AIDS in the country, specifically Kerala, is not supported by the panel of experts, but undecided. The unique result of not believing in official projections, even by the experts who are currently working against HIV/AIDS in the state of Kerala, indicates an urgent need of a reliable sero-prevalence study on the status of HIV/AIDS in Kerala. The estimate that one out of every 200th Keralite is an HIV positive is undecided by experts and there has been no consensus on this. Experts are also undecided on this statement based on projections that, if the present rate of HIV transmission sustains (8 fold increase from 1993 to 1994), all Keralites will be HIV positive within 33 years.

Future of HIV/AIDS in Kerala

In future, if HIV hits Kerala in a large scale, it can ensue a drastic socio-economic change. This is moderately agreed. The moderately disagreed view by experts is that, people will learn to live with than fight HIV. The inference may be, people will learn to live and fight HIV simultaneously.

Experts disagree on Ayurveda's possible contribution of a preventive medicine against HIV. The notion of poor R&D in the field of Ayurveda may be the reason documenting this conviction. In the developing context of Kerala, insufficient health facilities will aggravate the HIV/AIDS incidence in future, experts agree this fact. Controlling the opportunistic infections will be one of major challenges we are going to face in the near future.

The difficulty in changing people's attitude towards HIV/AIDS and its transmission substantiate this agreed upon view on the issue that, even in an HIV stricken environment, the belief that, "I will not get HIV" will exist. Since there is no likelihood of a cure/vaccine in the foreseeable future and the only available means of controlling the spread of AIDS is preventive education, the single most effective strategy for prevention is safer sexual behaviour. Thus persuading people to refrain from risky sexual behaviour lies at the heart of HIV prevention.

A moderate agreement is observed in the various statistics showing Kerala's deteriorating cultural values and ideology. Kerala's cultural environment is in a fast transformation resulted from impressive urbanisation and mass media influence. The panel of experts strongly emphasise a mass movement against HIV/AIDS regardless of colour, culture, race or religion.

One of the upcoming trends in the context of high HIV incidence in Kerala is the increasing number of HIV phobia cases. Experts agree with this verity.

HIV testing

The issue of periodical HIV testing legally enforcing to all is strongly disagreed by the panel of experts. This is also a virtually ineffectual measure, especially in a developing country like India it would be prohibitively expensive.

A much contentious issue is that, HIV test report should be a criterion for marriage/immigration eligibility; on which consensus among the panel of experts is lacking and the group opinion disagrees.

Modes of transmission

As there is parenteral transmission possibility of HIV, experts have not reached consensus on the statement that, people having monogamous relationship or celibacy life-style are at no-risk. People having monogamous relations are at low risk, experts 'moderately agree' to this in the second round feedback. The exposure of common people to the HIV can not be ignored, even if they follow a healthy sexual life. Experts also do agree with the issue that, if proper sterilisation of the skin-piercing tools is not practised, the risk of HIV transmission is very high.

Prevention strategies

The importance of awareness creation as a prevention method is stressed in the statement that, its no longer the survival of the fittest; but the survival of the well-informed. And experts agree to it. The panel of experts strongly favour the opinion that, in the case of HIV/AIDS, primary and secondary prevention strategies should be accented than the tertiary.

The importance of psychological prevention strategies, pre-test and post-test counselling, against HIV/AIDS is agreed by the experts. The demand for behavioural level changes to prevent HIV transmission is evident from this judgement. Promoting

safer sex and responsible sexuality is also important for the prevention of other STDs which are known to enhance the sexual transmission of HIV. Hence the necessity of appropriate sex-education with positive dimension for all is strongly supported. The use of condoms as a physical barrier against HIV transmission during penetrative sex is proved to be satisfactory. Experts agree to the idea of popularisation of condom use. Experts also agree that, the use of condoms for 'safer sex' practices must be given the prior importance as a pragmatic prevention strategy.

General awareness creation can do only a little to check the alarming rate of HIV infection. In this regard, experts agree to the requirement of extensive prevention strategies to be implemented without delay. These strategies can be like targeted interventions, anticipated crisis interventions etc.

Need for Sex Education

Long-term prevention strategies should aim at the adolescents. Experts unanimously and strongly agree to the necessity of giving proper sex-education to adolescents, to face the challenge of HIV in near future. The purpose of sex education would be to provide adolescents with knowledge and skills which will enable them to behave in a responsible way and thereby protect their own health and well-being. Majority of experts seem to believe that the introduction of sex-education before adolescence can bring about a more healthy social-life style in future.

Importance of Sex-education in HIV/AIDS Prevention

Infection with the human immunodeficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS) are urgent problems worldwide with broad social, cultural, economic, political, ethical, and legal implications. Sexual intercourse is the predominant mode of transmission of HIV infection. Because of the sensitivity of issues

associated with sexual behaviour, public health officials and educators confront major problems in the prevention and control of HIV/AIDS/STDs.

In many communities, the young people are both an important target group and a potential resource for prevention of HIV/STD infection. About 30% of the world's population is between 10 and 24 years of age; in many developing countries more than half of the population is below the age of 25 years. In many countries over two-thirds of adolescents aged 15-19 years, male and female, have had sexual intercourse. Adolescents and young adults (20-24 years of age) account for a disproportionate share of the increase in reported cases of syphilis and gonorrhoea world-wide. At least one-fifth of all people with AIDS are in their twenties, and most are likely to have infected with HIV as adolescents. Because at present there is no cure for HIV infection and many viral STDs or the treatment is prohibitively expensive, and because treatment for other STDs may be neither sought nor available, primary prevention through education must be a major aim of any HIV/AIDS/STD prevention efforts.

Adolescence can be a period of profound physical and psychological change, during which young people learn to assume control over their own lives and make mature decisions in the light of the consequences for themselves and others. However, rapid changes in the society - urbanisation, industrialisation, increased travel, the spread of non-traditional values through the mass media, the decline of the influence and support of the extended family - have given many adolescents a wider range of behaviour from which to choose, some of which may be dangerous. Not only sexual behaviour, but also experimenting with injectable drugs or skin-piercing instruments, may lead to infection. Young people need to be made aware of the potential consequences of such behaviour and to be helped to develop the skills and resources to avoid them.

A large number of young people throughout the world attend educational institutions like schools, colleges etc. or are in contact with those who do. Information, values, skills conveyed in the educational institutions can thus have a considerable impact on their lives. Education systems should inform young people about HIV/AIDS/STD

infection, transmission, and means of prevention, and help them to develop the skills to act on their knowledge and communicate it to others. A comprehensive programme on sex-education can facilitate understanding and prevent both fear and discrimination.

Policy Suggestions

1. Scientific data bank

The need of a reliable and efficient study on prevalence rate of HIV/AIDS in Kerala is very clear from the responses of experts, as all the projected statistics by official organisations are not supported but undecided.

2. Sex-education in Schools

Proper sex-education policy should be implemented. To the students below the age of puberty it should be hygiene-education, and from high-school onwards appropriate sex-education can be activated.

3. Health and Care support to the infected

Health care needs of the people who are infected with HIV is going to be a major task in the future. Both physical and emotional health care support will be needed with the maintenance of secrecy.

4. Control of opportunistic infections

In reality HIV infection leads to the destruction of immunity among individuals and opportunistic infections like candidiasis, tuberculosis, diarrhoea, pneumocystis carinii etc., causes death. This problem can only be managed through strengthening of available health facilities.

5. Control of sexually transmitted diseases (STDs)

HIV/AIDS in India and developing countries is dominantly transmitted through sex. People at high risk of STDs in general are also at high risk HIV/AIDS. Thus it is important to concentrate on the prevention and treatment of STDs.

6. Awareness creation against social stigmatisation

AIDS is more of a social problem as society usually stand against the infected. Thus the reduction of social stigma is a necessity.

7. Protection of human right, particularly of weaker sections and women

Human right violation of the infected, particularly of the Commercial Sex Workers (CSWs) and women are a common phenomenon. This concern is also to be tackled.

8. Pragmatic Interventions

The need of pragmatic intervention strategies are evident as the general awareness creation can do a little to cause behavioural level changes. Successful prevention strategies will require both changing individual behaviour and changing the social environment to support such behaviour change. The concept and application of targeted interventions; empowerment of weaker sections, particularly women; anticipated crisis interventions; condom promotion activities are promising.

Evaluation of Anticipatory Crisis Management training phase

To study the efficacy of the ACM training programme given to the consultees (National Service Scheme volunteers), a comparison of the scores obtained before (using

ACM pre-training evaluation questionnaire, *Appendix - 4*) and after (ACM post-training evaluation questionnaire, *Appendix - 5*) has been carried out. In fact, same questionnaires have been administered for collecting information corresponding to pre- and post-training programme. In addition to the sameness with pre-training evaluation questionnaire, the post-training evaluation questionnaire also carried six 10-point rating scales on various aspects of the training programme.

a. Observations from the ACM pre-training evaluation questionnaire

Before the ACM training phase, the participants had strong opinion that all persons should be tested for HIV periodically. Majority of them think that they are confident to discuss about sex, but are not having correct information about sexuality, sexual identity and believed that physical appearance is the basis of sexual pleasure. They also believed that, masturbation can lead to the deterioration of one's health. They have the viewpoint that, sex outside marriage and prostitution should be strictly prohibited by law to prevent the spread of HIV/AIDS. Most of the trainees, especially females, were against the common belief that, girls invite rape and enjoy it. They also know sex with strangers is not safe.

The group opinion of the trainees indicate that, they had fairly good knowledge about HIV/AIDS. They know that, one cannot transmit HIV through touching. They are also aware that, one cannot recognise a person with HIV from the way he/she looks. They knew, even if medicines are given early enough AIDS cannot be cured and HIV infected people die from other illness.

The participants were not aware of the importance of counselling in finding solutions to the problems that one may face. They think individuals under stress cannot be helped to reduce it. But they think, one should share their family problems with close friends. Regarding alcohol consumption, majority knew that alcohol do not reduce tension.

b. Observations from the ACM post-training evaluation questionnaire

In the ACM training phase, participatory teaching methods are used. Participatory methods facilitate the process of discovery and communications between learners. It creates a climate that favours the beginning and sustainment of behaviour change. This is especially important in dealing with sensitive issues like sexuality and relationships.

From the post-training evaluation responses, it is obvious that there is remarkable changes in the attitudes and believes of the trainees. More over they were used with counselling procedure through role plays, and tried it later in the intervention phase of ACM successfully.

The group opinion of 'agree' towards periodical HIV testing for all changed to 'moderately disagree' in the post-training response. Trainees realised it as a prohibitatively expensive and virtually ineffective measure to prevent HIV transmission. And rationalised, behavioural level changes among populace can easily prevent the HIV/AIDS transmission. Eventhough the participants were confident to discuss about sex before ACM training, they had a lot many mistaken beliefs about the facts regarding sexuality. Later, after the ACM training, a major transition in their level of knowledge can be noted from the ACM post-training scores.

Though there were high difference of opinion, majority of the trainees had fair knowledge about HIV/AIDS even before the training. This may be because the trainees were National Service Scheme (N.S.S.) volunteers, who have already attended many HIV/AIDS awareness campaigns. The efforts of NACO through State AIDS Cell, has also helped to communicate awareness about HIV/AIDS in whole Kerala at a great scale. The extent of differences in opinion concerned to the facts about HIV/AIDS, existed among the trainees before ACM training, has reduced considerably. The decreased quartile deviation of the scores of ACM post-training evaluation substantiates this argument.

The trainees were given counselling situations for role-play during the ACM training phase. They were trained for active listening, empathy and unconditional acceptance towards those (clients) comes to them for help. Along with the helping situation they were skilled to convey awareness messages about HIV/AIDS. The scores of post-training questionnaires points out a significant transformation in their attitude towards counselling and the group opinion 'agree' that, people under stress can be directed to help himself/herself out of it, with decreased difference of opinion.

c. Significance of the ACM training phase

The statistical significance of the difference in scores of the pre- and post-training evaluation questionnaire has been tested using the 'z-test' for mean difference. Denoting \bar{X}_1 and \bar{X}_2 as the average of pre- and post-training evaluation questionnaires (based on the scores obtained); and the combined standard deviation 'S' (of the pre- and post- pooled data); the test statistic can be defined as:

$$z = \frac{\bar{X}_1 - \bar{X}_2}{S \sqrt{1/n_1 + 1/n_2}}$$

If the value of 'z' is greater than 1.96, the difference in performance is significant at 5% level; and if the value is greater than 2.58, the difference is significant at 1% level.

The 'z-value' is found to be **5.01** and since it is greater than 2.58, it can be inferred that, there is a significant difference at 1% level, in the performance of the participants after the ACM training programme. This indicates that the ACM training programme had a profound impact on the attitudes, beliefs, and values of the participants regarding HIV/AIDS, sexuality, and the importance of counselling.

In the ACM intervention phase, the trainees (consultants) showed a consistent increase in their ability to identify and resolve problems among their fellow beings. They exhibited remarkable enthusiasm to help their clients along with the communication of messages for HIV/AIDS prevention.

d. Rating of ACM training programme by the trainees

Along with the ACM post-training questionnaire, a 10-point rating scale was also provided. The participants were instructed to express their extent of achievement through the training programme. The overall fulfillment of expectation score by the trainees is 7.55 and the highest rating is given to achievement of knowledge and skills on preventive behaviour and scientific information on HIV/AIDS; the average scores are 8.30 and 8.27 respectively. The lowest scores are assigned to acquisition of scientific information and skills in communicating human sexuality; corresponding scores are 7.39 and 7.46. Regarding the skills and information to identify adolescent problems, the trainees have assigned an average value of 7.67.

Serial No.	Different aspects of ACM training	Scores	
		Average	QD
1	Scientific information on human sexuality	7.39	1.48
2	Skills in communicating sexual matters	7.46	1.84
3	Scientific information on HIV/AIDS	8.27	1.38
4	Knowledge and skills to prevent HIV/AIDS	8.30	1.59
5	Skills & information to identify adolescent problems	7.67	2.07
6	Extent of expectation fulfilled	7.55	1.60

Participants have gained much, as per their view, on knowledge and skills on preventive behaviour, and scientific information on HIV/AIDS. This rating by the trainees, satisfies the aim of Anticipatory Crisis Management training programme. They have also gained skills and information to identify various problems of adolescents. Comparatively low score on scientific information about human sexuality and skills in communicating sexual matters signify the trainees desire to know more about sexuality and related issues. Being the training programme a participatory one, the trainers have

limitations in communicating completely, as queries of participants are not much. The participants were quite reluctant to speak more about sexuality openly due to the socio-cultural environment existing here.

Trainees' opinion as a whole and on the average (median score is 7.55) about the programme substantiates the argument that ACM training programme has been a success in enabling the participants to work as peer group educators and social-health communicators. As all the scores are above 7, it can be inferred that the Anticipatory Crisis Management is an effective programme for HIV/AIDS prevention as well as for stress inoculation.

Evaluation of the Anticipatory Crisis Management intervention phase

'Anticipatory Crisis Management intervention phase' has been carried out for three months, from October 1996 to December 1996. The target population of the programme was from various places in and around Thiruvananthapuram city. Out of the 150 students trained in the ACM training phase, only 96 people actually participated in the intervention phase of the ACM programme. With this 96 consultees we could reach nearly 1000 people of the target population in a limited period of three months.

All the consultees were precisely erudite to promote those behaviours that prevent the transmission of HIV/STD, to foster attitudes and beliefs that will prevent discrimination against those who are infected with or have a high risk of acquiring infection and to promote ideas and values that are conducive to social concern, willingness to cooperate, and respect for humanities.

ACM consultees were specifically trained in various psychological and emotional problem identification skills. The consultees were also trained to provide counselling for the identified problems of the clients. In case the consultees are not able to help the clients themselves, the clients may be directed to the consultants. Hence nearly 60 clients were directed to the consultants for expertised facilitation. Along with the provision of

specific help to each client the ACM team (comprising of consultants and consultees) successfully conveyed the scientific knowledge about HIV/AIDS and the possible prevention strategies against HIV/AIDS.

Majority of the identified problems among the clients were sudden behaviour change (35.71%). These include the characters of depression, dejection, despondency, lack of enthusiasm, blaming oneself for failures, anxiety, frustrations etc. Suicidal thoughts were also there among some of the clients sought help from the ACM team. The ACM consultees essentially provided the clients with an environment for emotional outlets. The consultees actively listened to and empathised with the clients and the advantage of *catharsis* - a state of relief produced by the expression of ideas, thoughts, and suppressed material that is accompanied by an emotional response, exceptionally achieved its purpose of fetching mitigation to the clients.

Sexual identity crisis was another major cause for concern (15.71%) among the clients. Sexual identity is the complex of personal qualities, self-perceptions, attitudes, and role commitments that determine one's covert and overt behaviour, sexual behaviour in particular. Sexual identity includes *body image*, simply involves how one see himself/herself physically; *sexual orientation*, the direction in which one experience and channel sexual desires; *Sexual values and ethics*, the morality based societal constraints and standards on how people behave sexually; *erotic preferences*, one's personal tastes in sexual activities. One's sexual identity is shaped and reshaped gradually over an entire life time. The years up through young adulthood are probably especially influential, although substantial changes in the sexual activity can occur at later points in the life span. This shaping process involves a complex interplay between physiological and psychosocial determinants. The ACM team mostly encountered with issues out of body image and sexual values and ethics.

Stress caused due to the misconceptions and fear about sex and sexuality (7.85%) constituted another factor of concern primarily among the youth. Misconceptions about masturbation among males and menstruation among females were apparent. Peer

influence and pornography lead to the faulty information acquisition about sex and sexuality. Stress out of restrictions related to sexuality and marriage (7.14%); interpersonal problems (6.43%); stress out of love affairs (5%); Conflict with parents and other elders (4.29%); Drug abuse and/or alcohol (4.29%); Stress due to sex exploitation (2.14%) were the major identified problems with the target population.

In general, *stress* out of various issues led to most of the identified emotional disturbances (25.71%). Stress involves circumstances that threaten or are perceived to threaten one's well-being and tax his/her adaptive capacities. Stress may be either physical or psychological, and these kinds of stress may interact. Because the appraisal of stress is subjective, it may not be rational, and stress may often be self-imposed. One's response to stress is multi-dimensional. Effects of stress include impairments in cognitive functioning, disorientation, burnout, poor social relations, psychological problems and disorders, and physical problems and illnesses. Stress may have a long range impact, either positive or negative, on adaptational outcomes. As the perception of the stress is subjective, it will be influenced by one's personality, one's coping resources, one's familiarity with the stress, the imminence of the threat, and perceptions of controllability.

The various problems identified and helped by the consultees points out the feasibility of such an approach like 'Anticipatory Crisis Management' in the developing context of Kerala, involving University students as agents for behavioural and social change. This forms the gist of 'Anticipatory Crisis Management' intervention efforts.

Principal prevention interventions essential against HIV/AIDS

Interventions to prevent sexual transmission of HIV/AIDS

- Promote safer sexual behaviour
- Provide Condoms
- Provide STD care
- Promote STD care-seeking behaviour

Interventions to prevent HIV transmission through blood

- Provide safe blood supply
- Provide aseptic conditions for invasive skin-piercing, surgical and dental procedures
- Prevent unsafe drug behaviours

Interventions to prevent perinatal transmission of HIV

- Provide information about HIV prevention, perinatal transmission and family planning
- Provide health care services, including counselling, to woman known or thought to have HIV infection

In the context of HIV/AIDS a better understanding of individual and contextual factors, and of the interaction between the two, requires the development of methodological and paradigmatic triangulation of research approaches and methods, mixing qualitative and quantitative studies.

Future studies need to be focused on sexual behaviour and on its social and economic determinants to obtain clearer pictures of what is going on and thus draw the proper policy inferences to fight HIV/AIDS more efficiently.