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OBSTETRICS

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## Factors Associated with AIDS Preventive Behaviors in Pregnant Women

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### ABSTRACT

**Objective** To find the factors associated with AIDS preventive behaviors and to examine the predictive ability of various factors associated with AIDS preventive behaviors in pregnant women at Phranakornsriyuthaya Hospital, Phranakornsriyuthaya Province.

**Design** Cross-sectional analytical research.

**Setting** Antenatal Care Clinic, Phranakornsriyuthaya Hospital.

**Subjects** One hundred and eighty-eight of pregnant women who came to Antenatal Care Clinic Phranakornsriyuthaya Hospital during December, 1995-March, 1996.

**Main outcome measures** Scores of knowledge about AIDS, perception of AIDS and AIDS preventive behaviors in pregnant women at Phranakornsriyuthaya Hospital.

**Results** The factors associated with AIDS preventive behaviors in pregnant women were income, education, knowledge about AIDS and information about AIDS. Information about AIDS and knowledge about AIDS were predictive factors associated with AIDS preventive behaviors in pregnant women.

**Conclusion** The factors associated with AIDS preventive behaviors in pregnant women were income, education, knowledge about AIDS and information about AIDS. Information about AIDS and knowledge about AIDS were predictive factors associated with AIDS preventive behaviors in pregnant women. It is advisable to inform pregnant women about AIDS, and set educational programme on AIDS at Antenatal Care Clinic which can protect women and their families from AIDS infection.

**Key words :** AIDS preventive behaviors, pregnant women

**Table 5.** Number and percentage of pregnant women classified by knowledge about AIDS

Knowledge about AIDS (Total score 15)	No	%
Good (score 13-15)	41	21.8
Fair (score 9-12)	100	53.2
Unsatisfy (score 1-8)	47	25.0
Total	188	100.0
Mean = 10.53 SD = 2.53 Min = 1 Max = 15		

**Table 6.** Number and percentage of pregnant women classified by AIDS preventive behaviors

AIDS preventive behaviors (Total score 15)	No	%
Good (score 12-14)	51	27.1
Fair (score 9-11)	100	53.2
Unsatisfy (score 4-8)	37	19.7
Total	188	100.0
Mean = 10.10 SD = 2.05 Min = 4 Max = 14		

**Table 7.** Correlation coefficient of variables

Independent Variables	Correlation coefficient	P-Value
Age	-0.063	0.390
Income	0.146	0.045
Education	0.259	<0.001
Occupation	0.116	0.112
History of sexually transmitted disease	-0.015	0.829
Number of pregnancy	-0.029	0.686
Information about AIDS	0.249	0.001
Perception about AIDS	0.074	0.331
Knowledge about AIDS	0.388	<0.001

**Table 8.** The predictive factors associated with AIDS preventive behaviors in pregnant women

Number of independent variables	b	Beta	R	R <sup>2</sup>	R <sup>2</sup> -change
Knowledge about AIDS	0.287	0.354	0.388	0.150	0.150
Information about AIDS	1.762	0.184	0.428	0.183	0.032

Constant = 5.464 P-Value = <.001 Overall F = 20.796

of AIDS at good level (Table 2) ; 60.1% had perception on severity of AIDS at fair level (Table 3) ; 44.1% had perception on benefit of advice at good level (Table 4) ; 53.2% had knowledge about AIDS at fair level (Table 5) ; 53.2% had AIDS preventive behaviors at fair level (Table 6).

By using Pearson's product moment correlation coefficient, the factors associated with AIDS preventive behaviors in pregnant women were knowledge about AIDS, education and information about AIDS and income (Table 7).

By using multiple regression analysis stepwise method, it was found that knowledge and information about AIDS were predictable variables. The predictive ability of 18.3% can be explained by an equation contains the following factors : level of knowledge about AIDS and information about AIDS. The multiple correlation coefficient (R) was 0.428 at the level 0.001 (Table 8).

## Discussion

At present although treatment for HIV infection may be unsatisfactory, prevention of infection can be carried out by changing behaviors especially prevention of exposure to HIV. Although most of pregnant women in this study had some knowledge about AIDS, perception on AIDS and AIDS preventive

behaviors at a fair level, many of them still had incorrect idea on the disease. Some of them had poor preventive behaviors on AIDS. Many women believed that their husbands who used to have intercourse with prostitutes would not get infected. Ejaculation outside vagina could protect them from HIV infection. Mosquitoes were carriers of AIDS. Masturbation was not the HIV prevention method. They are under the impression that their husbands could not have HIV infection from having sexual intercourse with expensive prostitutes. Their husbands did not need to use condom with prostitutes if they were healthy. AIDS patients could have the activities like ordinary persons. HIV screening was not necessary required in pregnant women. Their poor AIDS preventive behaviors were for instance had sexual intercourse with their husbands without using condom. They did not advise their husbands to masturbate in order to prevent AIDS infection. They did not inform their husbands about risk factors of HIV infection in order to avoid AIDS. They did not suggest their husbands to use condom when having sexual intercourse with prostitutes and they did not suggest AIDS preventive behaviors to their husbands. These incorrect knowledge about AIDS, wrong perception on AIDS and poor AIDS preventive behaviors, could lead to HIV infection.<sup>(4-7)</sup> Therefore, it is advisable to provide correct information



and educational programme on AIDS to poor AIDS preventive behaviors in pregnant women in order to promote appropriate knowledge about AIDS. These health education can be done at Antenatal Care Clinic. These correct information and knowledge will improve AIDS preventive behaviors in pregnant women.

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