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Knowledge, Attitudes and the Likelihood of Being Tested for HIV-AIDS in Ghana

S.P. Whelan, A. Rammohan, Economics, University of Sydney, AUSTRALIA;

Objectivos (Objectives):

The HIV-AIDS virus has spread rapidly over the last two decades, with countries in the Sub-Saharan region of Africa accounting for nearly 72% of the global AIDS deaths. Despite significant international transfers associated with HIV/AIDS to developing countries, the need for prevention and treatment in low and middle-income countries outstrip the resources that are currently available. Given the need to set priorities on how funds should be efficiently allocated to the range of prevention and treatment alternatives, Canning (2006) has persuasively argued for more funding to be allocated to public health campaigns to raise awareness of HIV/AIDS, and to prevent further infections. The issues are complicated by the fact that unlike other public health campaigns, disseminating knowledge about HIV/AIDS in developing countries presents several unique challenges, in part due to the deep fears and prejudices that HIV/AIDS evokes.

A key issue facing policy makers is the long gestation period between the time that the HIV positive status of an individual becomes full-blown AIDS. Being knowledgeable of their HIV status is therefore vital to contain and prevent further infections. In this paper we examine the determinants of undergoing voluntary testing for AIDS.

Metodologia (Methodology):

In this paper, we use the 2003 Ghanaian Demographic Health Survey (GDHS) dataset, to estimate the likelihood of voluntary testing for AIDS. One of the key issues facing policy makers is the difficulty of getting an accurate picture of the extent of knowledge of HIV/AIDS and estimates of the HIV prevalence rates in the population. Compared to earlier studies, a key benefit of the data used in this paper is that it considers the behaviour of males aged 15-59. The HIV-prevalence data available for most African countries relied on Sentinel Surveillance, which was based on anonymous testing of predominantly urban pregnant women visiting antenatal clinics. The selectivity of this sample does not provide an accurate measure of the HIV prevalence in the broader community. Moreover, it is also the case that heterosexual intercourse is the prime transmission mechanism for AIDS in Ghana so an understanding of the behaviours and knowledge of males is critical to the development of appropriate policies designed to limit the transmission of AIDS.

Our estimation strategy estimates a series of models that take into account the joint determination of AIDS-related knowledge, behaviours and the likelihood of undergoing voluntary testing for AIDS. To this end we estimate a series of single equation and multiple

equation probit models that identify the determinants of knowledge about AIDS; participation in risky behaviours that contribute to the transmission of AIDS; and voluntary testing for the presence of AIDS.

Resultados (Results):

The characteristics of individuals suggests that those individuals who have better knowledge of the transmission mechanisms and those that know of ways to avoid AIDS are much more likely to get tested for AIDS. Our econometric analysis finds that individuals with greater knowledge of ways to avoid AIDS were significantly more likely to be aware of the transmission mechanisms of AIDS, belong to the highest wealth quintile and were better educated. Further, those with more knowledge of ways to avoid AIDS are significantly less likely to get tested. However, contingent on knowledge these individuals were significantly less likely to get tested.

Conclusões (Conclusions):

Our analysis provides insight into the nature of public education campaigns that may be useful in encouraging individuals to undergo voluntary AIDS testing, and enhancing the knowledge of individuals about AIDS. Moreover, the econometric methodology indicates that examining the relationship between knowledge, behaviour and testing is important and studying the determinants of getting tested for AIDS, independently of knowledge can lead to inconsistent estimates.