Increasing Awareness of HIV/AIDS Among Women in Central Asia: How Much and for Whom?

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Extensive efforts to improve reproductive health generally, and to increase awareness of HIV and AIDS specifically, have taken place across Central Asia over the past two decades. Such programs have coincided with significant increases in HIV/AIDS awareness. However, among women comprehensive HIV/AIDS knowledge remains modest across the region, and misconceptions concerning HIV transmission remain. Differentials by age, education, and rural/urban residence in awareness and knowledge regarding HIV and AIDS persist among women in the countries of Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan. Using Demographic and Health Surveys and Multi-Cluster Indicator Surveys from 1999 through 2011 and reports, records, and interviews from health programs in the region, I examine increases in HIV and AIDS knowledge, tracing patterns of improvement across demographic, social and cultural sub groups within each country. Findings indicate a concerning trend in poor knowledge relating to needle transmission (the major transmission route for HIV in the region) and a persistent gulf in reported knowledge (at all levels) by marital status, age, education and urban residence. These results raise questions concerning the relevance of programmatic content (emphasizing ABCs and sexual transmission) in the region and program access and reception.

In the early years of Central Asian independence, reproductive health improved across the countries of Uzbekistan, Tajikistan, Kyrgyzstan, and Kazakhstan. Dramatic increases in contraceptive knowledge were documented, use of modern contraceptives increased and reliance on abortion, long a stable of birth control in the Soviet era, declined (David 1999). There remained significant indicators of unmet need, a lack of detailed contraceptive familiarity and knowledge, and concerns over health care access, however by many measures women’s reproductive health was improving. These changes followed expansive programs targeting the health of women and children, such as the Red Apple campaign in Kazakhstan and Uzbekistan and the Zdrav-Plus program across the region. Often funded by international donors, these programs increasingly sought to incorporate sexual health information, specifically HIV/AIDS education, into their efforts in the mid to late 1990s (Buckley 2007). By the turn of the century, the rapid rise of HIV throughout Ukraine and Russia began to provide ample stimulus for enhanced efforts to raise HIV/AIDS awareness and knowledge. Large scale survey efforts by USAID (Demographic and Health Surveys) and the United National Fund for Population Activities (Multi Indicator Cluster Surveys) across the region in the late 1990s through 2011 have documented overall improvements in reproductive health, including HIV/AIDS awareness and knowledge (see Table One),
but there have been relatively few investigations of how these improvements have varied across the women in this region (Buckley et. al. 2008).

**National Reproductive Health Surveys Including HIV/AIDS Awareness and Knowledge Modules, Central Asia 1999-2012**

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*Note that at the time of submission, these data have not yet become available. They will reportedly become available in March of 2013, enabling assessment for the IUSSP conference. Applications for these data have been submitted.*

Using the shared DHS/MICS module to assess HIV/AIDS awareness and knowledge I seek to document the improvement of general indicators of awareness (Have you heard of AIDS?), knowledge of ABC’s (avoiding sex, having sex with only one person, and always using condoms as effective strategies), knowledge of needle transmission, and the rejection of HIV/AIDS myths (mosquito or sharing food transmissions) in each of the four countries. Comparing general results for the available cross sectional data can provide insights into improvements in HIV/AIDS awareness and the precise areas in which knowledge has improved (see Figure 1 and 2).

**Figure 1. Percent of Women 15-49 Who have Heard of AIDS, Central Asia 1999/00 and 2005/06.**
These trend analyses will lead into bivariate logistic regression models examining the demographic, economic, and cultural characteristics that influencing the likelihood of individual women reporting high levels of HIV/AIDS awareness and knowledge. As many of the educational program grew out of family planning initiatives, I expect to find knowledge improvements to be concentrated among married women with at least one child, women possessing higher levels of education and living in wealthier households, and members of the majority ethnic group. I suspect to find youth relatively excluded from knowledge improvements (Kesterton and DeMello 2010; Goldman 2012). Given the opportunities to construct migrant proxies with the DHS survey results (White and Buckley 2011), I also plan to examine whether women in migrant household have also been less able to join in the general rise in HIV/AIDS awareness and knowledge. Comparing the patterns of demographic, economic and cultural factors across the four countries of the region can add to our understanding of contextual factors in determining receptivity to reproductive health campaigns, while providing important information on the ways in which program interventions influence differentials in health knowledge.

With Central Asia widely noted as a new hot spot for the global pandemic (Thorn et;al. 2012; Breyer 2011; UNAIDS 2010), it provides both an excellent region for the study and assessment of differentials in health knowledge and an important case for policy assessment and critique. Transmission in the region is presently led by needle transmission (Aceijas et.al 2012), but as occurred in the Ukraine, this is a transmission route that easily morphs into sexual transmission. As the region and the
international community seek to address this growing concern, it is important to both document and assess the efficacy of previous program, and identify population groups that may be excluded in educational efforts for contextual or cultural reasons (Amirkhanian et.al. 2011; Smolak 2010; DeJong et.al. 2005), particularly as regional and international funds for sexual health programs are dwindling.

Preliminary Bibliography


