

CHAPTER I INTRODUCTION



1.1 Introduction:

The first public report concerning AIDS patients was issued in the USA in 1981. Two years later, in 1983, the virus producing AIDS was discovered in France and in the USA. In 1985, the antibody medical examination, an examination to find out an infection of the HIV virus, was developed. Medically speaking, the AIDS disease was fast made clear and the medicine to control it has been already developed.

It is estimated that at the end of 2001 there were 40 million people infected with HIV/AIDS and over 20 million persons have died of AIDS. Why is it that HIV infection, that could be so easily prevented and brought to control with new developed medicines, has spread so widely during the past 24 years, without being able to stop it?

Africa is the continent where HIV/AIDS has shown explosive developments followed by Asian countries. The reasons for it vary from country to country, but lack of preventive practical education in many developing countries, as well as the superficial knowledge regarding the dangers of AIDS are serious problems. On the other hand, the low rate of compulsory education and the lack of human rights' awareness exert great influence.

Looking at the spread of HIV/AIDS in every country and region in the world it is easily realized that the HIV/AIDS spread not only has close relations with the common development as a whole but with a number of elements and living condition of the community as well. This fact was also showed that the epidemic does not exclude any countries, any individuals, rich or poor if individual and community necessarily preventive measure is not introduced. The importance of medical intervention for HIV/AIDS treatment is an undeniable element, however, it has not a satisfactory result from social aspects. Apart from, the HIV/AIDS prevention campaigns often play important roles particularly in South East Asian societies where each individual is closely combined with the community contacts and small communities has larger ties with other communities according to a fixed culture value

HIV/AIDS infection has become a serious health issue in Viet Nam. Since the first HIV positive case was detected in Ho Chi Minh City in December 1990, the HIV/AIDS epidemic has been developing rapidly. The HIV/AIDS estimation and projection programme was started relatively early in Viet Nam. In 1990, experts from the United Nations Development Programme (UNDP) carried out an estimation and projection activity and declared an estimated figure of 570,000 HIV infections by the year 2000. In 1993, the World Health Organization estimated that HIV infections would be around 350,000 in 2000. In 1998, the Ministry of Health (AIDS Division) conducted an HIV/AIDS estimation and projection exercise. The HIV surveillance system was well-monitored and sufficient data were collected to enable the Ministry of Health and the World Health Organization to estimate that there would be 135,000 HIV/AIDS cases by the year 2000. In order to estimate and project HIV/AIDS infections from 2001 to 2005 for the 5-year AIDS prevention plan, the Ministry of Health, with the relevant national sectors, technical institutes and international organizations, implemented an HIV/AIDS estimation and projection activity for 2001-2005 with an important conclusion was although HIV transmission is documented, it is still at an early stage in Viet Nam (*Ministry of Health, 1999*). This is a suitable stage for planning and implementing HIV/AIDS transmission prevention and control activities.

The data estimated and came from real condition showed that Young Vietnamese today have become open to sexual activities and, since their awareness has not changed much, the cases of HIV infection among the young have increased. It is believed that, in order to solve the AIDS problem, there is a need to reform the social system and customs. However, despite the very high number of people already living with HIV/AIDS, it is estimated that less than 10 percent of them are aware of their HIV serostatus mainly because of the limited availability, access, and use of HIV counseling and testing services (VCT).

Such a high prevalence rate necessitates the implementation of multifaceted prevention activities and programs. One of the approaches is voluntary counseling and testing (VCT). VCT is an intervention that comprises of a minimum of pre- and post- test counseling associated with testing. The primary aim of VCT is to help people change

their sexual behaviour so as to avoid transmitting HIV to sexual partners, if sero-positive, and to remain sero-negative if negative. VCT is one of the few potentially effective and affordable methods for reducing the transmission of HIV in developing countries.

HIV counseling and testing has long been a component of HIV prevention and care efforts in developed countries, but only recently is it increasingly being implemented in resource-constrained countries. In the presence of a high prevalence of HIV, and the growing awareness several governments have included voluntary HIV counseling and testing services as a major component of their national HIV prevention and care programs.

Despite of the recognized importance of VCT in national AIDS control programs, VCT services are not fully developed in most resource-constrained countries including Vietnam. Where available, these services tend to be of limited quality and coverage, they are implemented by NGOs and some public and private clinics and hospitals. These services are limited because of lack of trained staffs, concerns about confidentiality, stigma and discrimination, lack of knowledge about the existence and benefits of the VCT services by potential clients, and the lack of financial resources to cover the cost of running such services.

In Vietnam, there are indications that despite a multitude of prevention activities people continue to be infected by HIV. Prevention programs seem not to be as successful as intended. One possible explanation is that prevention programs have focused on risk behaviour and behaviour change rather than considering factors affected to knowledge of people on HIV/AIDS which may encourage risk behaviour or make individuals vulnerable to infection with HIV. This could be factor such as poor education, poor living, working conditions and poverty. Another explanation is that prevention messages have failed to reach population groups in condition of low income, poor education, people who live in urban area, the difference of knowledge between male and female and other socioeconomic factors because these factors have strong relationship with the knowledge of people on HIV/AIDS.

There is evidence showed that the lack of knowledge about HIV/AIDS is one of main causes for spreading of HIV/AIDS transmission in Vietnam especially the population in age of active sexual activity from 15-49 yrs. In order to enhance the knowledge for people to prevent HIV/AIDS transmission, HIV/AIDS counselling and testing service considered as an efficient way to provide knowledge about HIV/AIDS to population. So that expanding HIV/AIDS counselling and testing service is priority to strengthen knowledge of people in society with aim is prevention of HIV/AIDS transmission.

The problems that manager and policy maker may be faced are the effects of individual socioeconomic characteristics on willingness to pay for HIV/AIDS counselling-testing service and knowledge about HIV/AIDS. Setting price for HIV/AIDS counselling-testing service also is an important problem because fee for that service must be met the ability to pay of people and relevant to socioeconomic characteristics of individual.

This study will focus on findings and analysis of socioeconomic characteristics of individual that can influence to willingness to pay for HIV/AIDS counselling-testing service and knowledge about HIV/AIDS. Simultaneously, study the relationship between knowledge about HIV/AIDS and willingness to pay for counselling-testing service with the aim is to set price for HIV/AIDS counselling-testing service in order to expand this service to provide knowledge about HIV/AIDS prevention for people in Thaibinh City.

1.2 Research questions:

- 1) What is the proportion of population who have correct knowledge about HIV/AIDS in Thaibinh City?
- 2) What is the most important socioeconomic characteristic of individual affecting to WTP for counselling-testing service and knowledge about HIV?
- 3) Can knowledge of HIV improve willingness to pay for HIV counselling and testing service?

1.3 Objectives:

1.3.1 General objective:

To analyze the association between socioeconomic factors and willingness to pay for HIV/AIDS counselling-testing services and knowledge about HIV/AIDS of individual

1.3.2 Specific objectives:

1) To study the proportion of population who have correct knowledge about HIV/AIDS in Thaibinh City.

2) To define the relationship between socioeconomic factors of people and knowledge about HIV/AIDS of people.

3) To determine the relationship between socioeconomic factors of people and willingness to pay for HIV/AIDS counselling - testing services.

1.4 Hypothesis:

1) Willingness to pay for HIV/AIDS counselling-testing service of people depends on socioeconomic characteristics and knowledge about HIV/AIDS.

2) There is an association between individual socioeconomic characteristics and knowledge about HIV/AIDS

1.5 Usefulness of the study:

1) Willingness to pay for HIV/AIDS counselling and testing service is an important basis to expand this service with the aim is to provide knowledge about HIV/AIDS for people.

2) The relationship between individual socioeconomic characteristics and willingness to pay for HIV/AIDS service can help managers provide service to target groups.

3) Association between individual socioeconomic characteristics and knowledge about HIV/AIDS may be a basis for implementing intervention programs efficiently according to characteristic of individual.

4) Association between knowledge about HIV/AIDS and willingness to pay for HIV/AIDS counselling-testing service is a basis for adjusting the size and location of this service.

1.6 Scope:

Although there are many factors that influence willingness to pay for HIV counselling-testing service and knowledge about HIV/AIDS of people, this study focuses only on socioeconomic characteristics in perspective of individual and set up associations between these factors and willingness to pay for HIV counselling-testing service and also the relationship between these factors and knowledge about HIV/AIDS of people in Thaibinh City, Thaibinh Province, Vietnam.