



Enquête Paris Ouest*

2008

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« *AIDS Knowledge* »

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Protocol

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by

L2, L3 and M1 STAPS

Under the supervision of

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The General Context of the Survey

AIDS (Acquired Immune Deficiency Syndrome) is an illness that is due to infection by the VIH virus, leading to a collapse of the immune system characterised by a destruction of CD4 lymphocytes and macrophages. This makes possible the emergence of opportunistic infections (pneumonia, herpes) and certain cancers (Kaposi's sarcoma, lymphoma).

The end of the 1970s saw the beginning of what would become a pandemic, making AIDS one of the gravest problems in world health. Prevention, notably through the use of condoms, is by far the best option insofar as no vaccine is currently available which provides protection from the virus. In western countries, the number of people who are HIV-positive has diminished somewhat as a result of public health information campaigns.

The emergence of antiretroviral therapy (first presented at the July 1996 Vancouver Conference) has made it possible to contain the action of the virus in an effective manner. Antiretroviral therapy thus extended life-expectancy from 17 months, before 1994, to more than five years in 2005. While antiretroviral therapy can delay the onset of the AIDS condition by slowing the proliferation of VIH within the organism, it does not however bring about a cure. Furthermore, due to their cost, such therapies are not easily available outside those developed countries which are able to bear the financial burden they entail. The AIDS epidemic remains therefore a pressing issue. According to the 2004 UNAIDS report, the number of people in Western Europe who were HIV-positive in 2003 was 580 000.

In the general population, the discovery of antiretroviral therapy, which received widespread coverage in the media, aroused the hope that a solution had been found. This caused a lowering of the threshold of vigilance and an increase in the numbers becoming infected. While public health campaigns about the enduring threat posed by the disease and about the limits of antiretroviral therapy have been kept up, the fact that the population's confidence in the declarations of its governments has been affected by a succession of communiqués which were subsequently to prove inaccurate (as in the case of the Chernobyl radioactive cloud, which "stopped" at the French national border), there is reason to question the actual impact of such information campaigns.

The aims of the survey

The object of our survey is to take stock of the knowledge of students concerning AIDS. In particular, our interest is focused on their knowledge about the transmission of the disease. We also study their positioning on the question of sexual risk (whether or not they take risks, and the reasons which lead them to run a particular risk). Lastly, our intention is to establish the current state of their knowledge concerning antiretroviral therapy.

- Evaluation of knowledge relative to sexual risk practices.
- Factors involved in sexual risk behaviour

- Myths, legends, and knowledge about antiretroviral therapy

The survey population

The survey is to be carried out in 11 European universities and three universities outside the EU. The list of the countries and universities taking part in the survey is provided in an appendix. In each university, a number of classes will be identified (if possible at random). In each of the classes thus selected, all students over 18 and under 28 and who have given their written consent will be included in the survey.

Inclusion in the survey population

Inclusion in the survey population is on a voluntary basis. Students will have received prior notification that the questionnaire involves questions of a sexual character, which may shock people. Students who agree to participate in the survey will indicate their consent in writing. After reading the questionnaire, they will have the liberty to withdraw from the survey without filling in the document.

Criteria for non-inclusion in the survey

The following groups will be excluded:

- Under-eighteens
- Students who do not speak the language in which the questionnaire is proposed (depending on the particular country where the survey is being conducted)

Procedures adopted for the survey

Students will be asked to fill up an anonymous auto-survey questionnaire containing the following information:

- Socio-demographic data
 - Age-group, gender
 - Academic year, field of studies
 - Degree of religious practice
 - Nationality (with two possible answers: see below the paragraph entitled “Ensuring participant anonymity”)
 - Social desirability questions
- General questions about sexuality
 - Age, knowledge, and protection at the time of the first sexual relation
 - The number of sexual partners
- Knowledge about AIDS
 - How the disease is transmitted
 - Testing
 - Sexual risk practices and the factors causing the student to resort to them.

- Antiretroviral Therapy
 - Emergency treatment
 - The effect of antiretroviral therapy

The full questionnaire may be consulted as an appendix to the present document.

The overall organisation of the survey

The carrying-out of the survey involves a dual organisation, at the global and local level. The duty of the global coordinator will be to:

- Brief the local coordinators. This will involve overseeing the translation of documents (questionnaire and protocol) and their diffusion.
- Ensure that the local coordinators both accept and comply with the survey protocol.
- Forward the questionnaire to the local coordinator.
- Take reception of the completed questionnaires from the local coordinator.
- Check that the number of questionnaires returned matches the number which has been recorded by the local coordinator.
- Open the envelopes and oversee the registration of the questionnaires. These will first be numbered, in preparation for dual data entry. The questionnaires will then be distributed. The coordinator will subsequently match the dual data entries and will make corrections, when required.
- Exclude from the survey those countries for which the number of questionnaires returned is so small as to make it possible to identify participants by crossing certain variables.

In each university the carrying-out of the survey will be overseen by a local coordinator. The responsibility of the local coordinator will be to:

- Choose the particular classes which are to take part in the survey. Classes can either be chosen at random or, alternatively, an entire academic cohort may be included in the survey.
- Secure the agreement of a teacher and of his or her superiors, in order to gain permission to intervene during a class.
- Present the survey to the students and, more specifically, inform them of the sexual and potentially shocking character of certain questions.
- Secure the prior agreement of students.

- Ensure that those who agree to participate in the test actually correspond to the criteria for inclusion in the sample-group.
- Ensure that the test is conducted in such a way as to guarantee the anonymity of participants.
- Collect the sealed envelopes containing the completed questionnaire in the box designated for this purpose.
- Lastly, the coordinator is to forward the (sealed) envelopes to the overall survey coordinator.

Regarding the distribution and collection of the questionnaires, local coordinators may, if they wish, solicit the assistance of students (in the context of a training period assignment or a research methodology class).

How to carry out the survey

To ensure that the number of students present is the highest possible, the questionnaire will be proposed to students while they are attending class. Two procedures are possible for the students' participation in the survey.

- **Voting booth + sealed envelope + ballot box:** in class groups where the teacher has agreed to supervise the organisation of the survey according to this procedure, students who have given their consent will be asked to leave the classroom one by one, in order to fill up their questionnaire in a voting booth, before inserting it in an envelope which they will then seal and place in a ballot box (ballot box or a large envelope or a bag). Any envelope bearing a distinctive mark is to be refused. Should a voting booth be unavailable, a vacant classroom can be used.
- **Questionnaire to be filled in at home + sealed envelope + ballot box:** since the previous procedure may interfere with the normal organisation of the classroom, the alternative is to invite students who have agreed to participate to fill in the questionnaire at their homes. Regarding the collection of the completed questionnaires, the best solution is for the coordinator to be present the following day before the same group. At this second meeting, the coordinator will collect the questionnaires and, if necessary, propose a third (last) meeting for those who wish to participate in the survey and who may have forgotten or lost their questionnaire. It is preferable to inform the student that a third meeting will occur ONLY at the second meeting.

There is no change regarding the conditions for handing over the completed questionnaire: always in a sealed envelope provided by the coordinator (thus ensuring that all envelopes are identical) and always in a ballot box or envelope or bag.

When all the envelopes have been collected, the coordinator will open the ballot box and will recover all the envelopes. He shall not open envelopes. These will be sent to the global survey coordinator for collation.

Ensuring participant anonymity

Participant anonymity is guaranteed, to begin with, by the procedures adopted in carrying-out the test. Anonymity is subsequently preserved by grouping the answers to those variables which might make identification possible.

- **Age:** the possible responses are 18-19; 20-21; 22-23; 24-25; 26 and over.
- **Nationality:** specific characteristics are ignored: only two responses are possible, the nationality of the country where the test is conducted and “other”.

Procedures for processing information

All information is anonymous. Students fill up a questionnaire which has not been numbered, on which they do not record their name or any other piece of information liable to lead to their identification. On return, each envelope will be assigned two numbers. The first, a double-digit number, is to identify country of origin. The second, a four-digit number, is allocated at random. The association of these two numbers generates a single identifier that will be used for the computerised processing of the questionnaires.

Statistical processing of the data will be by way of the R software programme. All the data will be used.