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Research Paper

HIV Risk Behaviour of Police Personnel: A Study in Relation to Age, Gender and Marital Status

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ABSTRACT

Marital status, age and gender have been considered as related to HIV risk behavior of Police personnel. In the present study 130 police personnel (95 Males and 35 females) aged 19 to 56on Risk Behavior questionnaire. ANOVA results revealed that age, gender and marital status were significant contributor to the HIV Risk behavior.

Keywords: HIV, Police personnel, Age, Gender, Marital Status

IV Risk is defined as the probability or likelihood that a person may become infected with HIV. Certain behaviors create, increase, and perpetuate risk (Pearce, 2008). Stages of HIV disease is also marked by changes in physical functioning and quality of life, transmission of risk behavior is often related to the individual's state of health (Eaton &Kalichman 2009). A number of studies state that the period immediately preceding the acquisition of HIV is characterized by high rates of risk behaviors. Such behavior increases the likelihood of rapid spread of HIV during the time when transmission risk is greatest and the individual is least likely to be aware that he or she is infected with HIV (Eaton & Kalichman2009). When individuals with HIV experience long periods of asymptomatic HIV infection; they often revert to risk behaviors.

The prevalence of HIV infection amongst police personnel in India was found to be 2.5 % (Mehtaet.al, 2007). Prevalence of HIV infection is dependent on several factors and varies not only with the geographic area but also with the period of working, posting of police personnel at places away from families drive them to seek commercial and underlying sex, which increases the risk of HIV infection. Various factors have been explored which have been found to be conductive factors for HIV risk behavior of police personnel. Lack of knowledge and skills required to protect oneself and others, factors pertaining to the quality and coverage of services (e.g. inaccessibility of service due to distance, cost or other factors), and societal factors, such as human rights violations, or social and cultural norms, are some variables to be considered in this regard, (Jindal & Arora 2007).

Police play a complex and interlinked role with the communities they serve and the occurrence of HIV/AIDS adds an extra layer of complexity to that relationship. There is a

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lack of empirical research about HIV/AIDS in police personnel, its impacts and the lessons which have so far been identified. Further, more, out of all the uniformed forces, the police are the forgotten force (Pearce 2008). UNAIDS records that the highest rate of new infection is amongst 5- to 24-year-olds and that is also generally higher in young women than young men. Automatic assumptions that uniformed actors have a higher-than-average level of infection, are potentially dangerous and add to a climate of fear and confidentiality. It could be concluded that there is relatively little in-depth data showing, prevalence rates in different police forces across the world that are sufficiently detailed to show the difference between prevalence across genders new operational a civilian within the police force. Pharoach and Meini (2004) identify some organizational factors within the police at could mean HIV/AIDS has a disproportionately negative impact on the police as an organization the hierarchical structure of the police can create a lack of information sharing vertically within the organization and therefore can lead to a loss of memory. This can potentially become a severe problem when there is a high turnover of staff due to the incidence of HIV/AIDS.

Police services often provide generous levels of compassionate paid leave and sick leave, funeral benefits, generous, pensions or life insurance. The biter is at greater risk of becoming infected than the person who is bitten because the former comes into contact with the victim's blood while the reverse may not be the case (Flavin, 1998). Collectively these parks can mean that the police could be more adversely affected as result of HIV/AIDS than private businesses, In Chhattisgarh state police personnel are working in Naxalite areas. These forces stay away from to know the HIV/AIDS risk behavior of police personnel in the context their age sex and marital status. Their family for long time may indulge in risk behavior. This creating awareness among them about such risks is an important issue requires concern against this work done the present study was understand

Objectives of Study

Following are the broad objectives of the study:

- To find out the perceptual differences among male and female respondents in terms of quality of life, awareness and risk behaviour.
- To find out the perceptual differences among Constable and Sub-Inspector in terms of quality of life, awareness and risk behaviour.
- To find out the perceptual differences among rural and urban category of respondents in terms of quality of life, awareness and risk behaviour.
- To find out the perceptual differences among married and unmarried respondents in terms of quality of life, awareness and risk behaviour.
- To build and test a model whether gender, marital status and age statistically significantly predict risk behaviour.

METHODOLOGY

Sample

A total of 130 police personnel were taken from to police training institute located in capital of the state of Chhattisgarh. There were 73 constables (males48, females25) and57sub-inspectors (males47, females10) in the sample. All the subjects were divided in two age groups on the basis of their median age score (Md = 24year). In this process, subjects of median age were dropped, and thus, 117 subjects were finally selected. Age range of the selected subjects was 19 years to 56 years. There were 74 unmarried 43 married subjects.

Tools

To measure HIV risk behavior, a questionnaire was developed. It has 20questions related to four areas namely safety, physical health, sexual practices and mental health. The scale has three response categories: yes, no and can't say Out of twenty questions, five questions are negatively worded and fifteen were positively worded. The direction of scoring is higher the score higher the risk behavior.

In order to test the hypothesis of study Independent sample 't' test was used. Multiple regression analysis was used to find out the prediction from the given constant variable used in the study.

Analysis and Interpretation of Data

H01: Male and female do not differ in awareness level, risk behaviour and quality of life.

				Equal			
Dimension	F	Sig.	t	Variance	df	P-Value	Hypothesis
awareness	.900	.345	2.379	Assumed	133	.019	Rejected
Risk behaviour	3.646	.058	3.589	Assumed	133	.000	Rejected
Quality of life	.620		1.711	Not-Assumed	84.321	.091*	Accepted
n n	1		T				

 Table 1 t-test table Showing Values of Variables in context of Gender

Source: Own analysis from primary data source

The table 1above indicates that difference in terms of gender does not exist for quality of life, while male and female respondents differ significantly in terms of awareness and risk behaviour.

H02: Difference in terms of status (constable and sub inspector) on awareness level, risk behaviour and quality of life.

Table 2 t-test	table Showing	Significant	Values	of	Variable	in	Context	of	Status
(Constable and	Sub inspectors)								

	_	~		Equal			
Dimension	F	Sig.	t	Variance	df	P-Value	Hypothesis
awareness	1.569	.213	1.802	Not-Assumed	115.987	.074*	Accepted
Risk behavior	4.894	.029	.495	Not-Assumed	94.718	.622*	Accepted
Quality of life	.168	.682	.339	Not-Assumed	127.189	.735*	Accepted

Source: Own analysis from primary data source

The table 2above indicates that difference in terms of status does not exist for all dimensions of quality of life, awareness and risk behaviour.

H03: Difference in terms of background (rural and urban) on awareness level, risk behaviour and quality of life.

Table 3	t-test table Showing	Significant V	<i>Values of Variable</i>	in Context of Locale
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				Equal			
Dimension	F	Sig.	t	Variance	df	P-Value	Hypothesis
awareness	.005	.946	1.963	Not-Assumed	132.052	.052*	Accepted
Risk behaviour	.580	.448	670	Not-Assumed	129.748	.504*	Accepted
Quality of life	.023	.879	1.010	Not-Assumed	126.280	.314*	Accepted

Source: Own analysis from primary data source

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The table 3 above indicates that difference in terms of background (rural and urban) does not exist for all dimensions of quality of life, awareness and risk behaviour.

H04: Difference in terms of marital status on awareness level, risk behaviour and quality of life.

 Table 4
 t-test table Showing Significant Values of Variable in Context of Marital Status

Dimension	F	Sig.	t	Equal Variance	df	P-Value	Hypothesis
awareness	.434	.511	1.577	Not-Assumed	114.656	.117*	Accepted
Risk behaviour	2.154	.145	-1.314	Not-Assumed	118.598	.191*	Accepted
Quality of life	.026	.871	377	Not-Assumed	101.375	.707*	Accepted

Source: Own analysis from primary data source

The table 4 above indicates that difference in terms of marital status (married and unmarried) does not exist for all dimensions of quality of life, awareness and risk behaviour.

DATA MODELLING

Gender, marital status and age statistically significantly predict the risk behaviour or not. The Durbin-Watson statistic for this analysis is 1.629. The value signifies that there is independence of errors (residuals).

Table 5

Model Summary of Multiple Regression Analysis

Model	R	-	9	Std. Error of the Estimate	Durbin-Watson
1	.311ª	.097	.076	3.732	1.629

a. Predictors: (Constant), gender, marital stat., age

b. Dependent Variable: riskbeh

The *F*-ratio in the **ANOVA** table is the ratio of the mean sum of squares for regression to the mean sum of squares for the residuals. It tests whether the regression model is a good fit for the data. The table shows that the independent variables statistically significantly predict the dependent variable, F (3, 131) = 4.682, p < .005 (i.e., the regression model is a good fit of the data).

Table 6

Analysis of Variance of the Multiple Regression Analysis Model

Model		Sum of Squares	df	Mean Square	F	Sig.	
	Regression	195.575	3	65.192	4.682	.004 ^b	
1	Residual	1824.174	131	13.925			
	Total	2019.748	134				

a. Dependent Variable: risk beh.

b. Predictors: (Constant), gender, marital stat., age

Gender, marital status and age statistically significantly predict risk behaviour F(3, 131) = 4.682, p < .005A multiple regression analysis was conducted to predict risk behaviour from gender, marital status and age. The assumption of linearity, independence of errors, homo scedasticity, unusual points and normality of residuals were met. These variables statistically significantly predicted Risk behaviour F(3, 131) = 4.682, p < .0005, adj. $R^2 = .076$. Two

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(age and marital status) of the three variables do not statically predict the risk behaviour while gender statically significantly predict the risk behaviour. Regression coefficients and standard errors can be found in Table 7:

Table 7 Regression Analysis Showing Prediction of Risk Behavior from Age, Marital Status and Gender

Variable	В	SEB	β
Intercept	22.24	2.072	
Age	-0.038	0.068	-0.05
Marital Status	0.796	0.722	0.099
Gender	-2.485	0.709	-0.293*

*P < 0.05, B = Un-standardized regression coefficient, $SE_B = Standard error$ of Coefficient, $\beta = Standardized$ coefficient

RESULT AND DISCUSSION

Following results were obtained from the study:

- Male and female respondents were indifferent in their perception on quality of life, where the same were found having differences over awareness and risk behaviour.
- Constable and Sub-Inspector were indifferent in their perception on quality of life, awareness and risk behaviour.
- Rural and urban categories of respondents were indifferent in their perception on quality of life, awareness and risk behaviour.
- Married and unmarried respondents were indifferent in their perception on quality of life, awareness and risk behaviour.
- Age and marital status do not statically predict the risk behaviour under the study.
- Gender is found to statically significantly predict the risk behaviour in the current study.

CONCLUSION

The objective of this study was to examine the HIV risk behavior of police personnel with reference to their age, gender and marital status. In the present study, female/male, constable/subinspector, rural or urban and marital status of being married and unmarried, their HIV awarness risk is also seen and the impact on quality of life after this study, it was found that gender, marital status and age are directly related to HIV risk behaviour, so we can Conclude that compare to HIV awareness, quality of life there is a no direct impact of all these three variable gender, marital status and age of the person.

REFERENCES

- Anderson, C & Wilkie, (1992) Reflective helping in HIV and AIDS.*Milton Key ness Open* University Press.
- Brotson, B. &Hertiz, C. (2002) facing AIDS: Reactions among police officers nurses & the general public in Sweden.
- Eaton, LA &Kalichman, SC (2009) Changes in Transmission Risk Behavior across Stages of HIV Disease among people living with HIV *Journal of association Nurses & AIDS care.*
- Flavin J. (1998) police and HIV/AIDS: the risk, the reality, the response American journal of criminal justice Vol. (23-1)33-35.
- Friedland, J. & McCall, M. (1996) Coping and Social Support as Determinants of quality of life in HIV/AIDS. *AIDS Care 8 (1), 15-31.*

- Jindal, N. & Arora, U (2007) Trend of HIV infection in police personnel attending VCTC of a tertiary care hospital *Indian Journal of Community Medicine Vol-(32) 201-202*.
- Nwokoji, U &Ajuwon, A (2009) Knowledge of AIDS & HIV risk related sexual behavior among Nigerian level personnel.
- PharoachandMeini(2004) HIV/AIDS, Crime and Security in Southern Africa African Journal of criminology and Justice StudiesVol. (3-2).
- Ransley, J. & Mazerolle, L (2009) Police practice and research: in an era of uncertainty *Police practice and research Vol.*(10-4) 365-381.
- Soloman, et.al (2010). The impact of HIV and high-risk behavior on the wives of married men who have sex with men and injecting drug users: implications for HIV prevention. *Journal of the International AIDS Society*.
- Sopheab, et.al (2006) HIV- Related risk behaviors in Cambodia and effects of mobility. National Center for HIV/AIDS, Dermatology and STDs Ministry of Health, Cambodia.
- Whitimine, J.T & Mecall, P.L (2004) Determinants of perceived risk for HIV infection among police officers.

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Conflict of Interest

The author(s) declared no conflict of interest.

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