

FOREWORD

AIDS Prevention And Control (APAC) project is administered by Voluntary Health Services (VHS) with financial support from USAID. APAC implements prevention and care programs with NGO partners in the State of Tamil Nadu and Pondicherry. APAC conducts research studies to strengthen the prevention programs and also to measure the effect of the programs. The Behaviour Surveillance Survey is conducted every year to understand the efforts of the intervention.

The surveillance exercise has got quantitative and qualitative data on behaviour practices. The HIV sentinel surveillance survey conducted by the Government of Tamil Nadu helps to understand the prevalence of HIV and the behaviour surveillance helps to monitor the behaviour trends. The information from BSS has helped APAC and other agencies to strengthen the intervention programs every year.

The fourth wave of HIV Risk Behaviour Surveillance in Pondicherry was conducted in the year 2004.

This document has the salient findings of the survey. I congratulate APAC team and the research organization, SRI-IMRB for executing the survey. I thank all the experts who have given their technical expertise for conducting the survey, **Dr. Dora Warren**, CDC, **Dr. Sanjay Kapur**, USAID, **Mr.S.Ramasundaram**, I.A.S., Joint Secretary, Government of India, Project Director, PACS, **Dr. L. Jayaseelan**, CMC Vellore and members of the research advisory group, **Mr. Vijayakumar**, I.A.S., Project Director, TNSACS, **Dr. Lakshmi Bai**, Project Director, TAI and **Dr. Narayana Reddy**.



I am grateful to **Dr. N.S. Murali**, Hony.Secretary, Voluntary Health Services for his valuable guidance and support of initiating and completion of the study.

I appreciate the efforts taken by **Dr. Praneeta Varma** Programme Manager - Research, for successfully conducting the BSS in Tamil Nadu and documenting this report.

I thank the consultants, the NGOs and the entire APAC team for all the inputs and co-operation extended by them.

This document has been prepared by **Dr. Praneetha Varma** and I hope it will be a valuable document for program implementers.

Dr. P. Krishnamurthy

Project Director, APAC Project.



CONTENTS

Introduction	01
Methodology	03
Current Trends in BSS indicators in Pondicherry	
Women in Prostitution	04
Truckers and Helpers	05
Male and Female Factory Workers	06
Male Youth in Slums	07
Men who have Sex with Men	08
Summary	09



INTRODUCTION

The AIDS Prevention And Control (APAC) project was established in 1995 by a tripartite agreement between Voluntary Health Services (VHS), Chennai, United States Agency for International Development (USAID) and Government of India to work for prevention and control of spread of HIV/AIDS through sexual mode. In its second phase (2002-2007), Pondicherry SACS invited APAC to extend the targeted intervention programmes to the Union Territory of Pondicherry.

APAC is monitored by a Project Management Committee chaired by Health Secretary, Government of Tamil Nadu and with representative members from NACO, TNSACS, USAID, VHS and Pondicherry SACS.

APAC measures the effectiveness of its intervention efforts annually through a Behavioural Surveillance Survey (BSS) to study the trends in sexual behaviour of high-risk populations. A baseline survey was carried out in 2001 and the fourth wave, the subject of this report, in October-November 2004. The objectives, methodology, sites of survey have remained constant right from the baseline survey.

This report documents the findings from the IV wave of BSS, Pondicherry conducted by Social and Rural Research Institute of IMRB International, Delhi.



The findings of BSS are used to:

- recognise successful strategies that drive high-risk populations towards safe sexual behaviour and those that fail to deliver the intended message
- identify those segments of population that have not adopted safe behaviour despite the message having reached them and the reasons for the same
- understand the other influences that counter the HIV/AIDS messages such as misconceptions and other impediments and
- redesign intervention strategies on the basis of the above findings



METHODOLOGY

Objective of BSS

BSS measures trends in sexual behaviour of target populations using the following indicators:

1. Knowledge
2. Sexual Behaviour
3. Urethritis Prevalence and Treatment seeking (for male respondents)
STD Symptoms and Treatment-seeking Behaviour (for WIP)
4. Perception of risk
5. Voluntary HIV testing
6. Exposure to Interventions
7. Injecting Behaviour
8. Stigma and Discrimination

Population Groups

The following risk groups were surveyed:

1. Women in Prostitution (WIP)
2. Truckers and Helpers (TH)
3. Male Youth in Slums (MYS)
4. Male and Female Factory Workers (MFW, FFW)
5. Men who have Sex with Men (MSM)

Sample Size & Research Techniques

Interview - schedules covering the behavioural indicators were administered to 1,896 members of high-risk groups and supplemented with 3 focus group discussions. Mystery client observations (40) were carried out by trained investigators to validate the data reported by WIP.

CURRENT TRENDS IN BSS INDICATORS IN PONDICHERRY

WOMEN IN PROSTITUTION

Interviews were administered to 250 WIP.

- *Knowledge* of at least two acceptable modes of prevention of STI and HIV/AIDS continues to be very high and is around 99% in 2004.

Knowledge without misconceptions - 60.4% of the respondents had misconception-free knowledge from 31.5% in 2003.

- *Sexual Behaviour and Condom usage* - Voluntary procurement of condoms has been consistently high. It is 85.8% in 2004.

Condom usage with clients is high at 96.2% for 2004, but usage with regular partners, has dropped from 58.85% in 2003 to 9.8% in 2004.

When faced with a client who refuses to use condom, a low 1.6% reported that they would acquiesce while the rest would refuse sex or renegotiate.

Mystery client investigations confirmed the reported statistics.

- *Risk perception* is nearly universal among non-users of condoms.
- *STI Symptoms* were reported by 3.2% in 2004, a drop from 16% in 2003. Against 84.4% who sought treatment from qualified medical practitioners in 2003, 75% did so in 2004.
- *HIV Test* was taken by 29.6% (53.4% opted for voluntary testing) and 45.2% of them were counselled.
- *Interpersonal intervention* has reached 42% in 2004, a level not dissimilar from previous rounds of BSS.
- *Stigma and Discrimination* - Percentage of WIP who consider HIV/AIDS a 'mark of shame' has dropped in 2004 to 47.7 % from 64 % in 2003. Figures for those who believe 'the afflicted should be isolated' remains unchanged at 38.5% in 2004.

TRUCKERS AND HELPERS

Data was collected using questionnaires from 250 Truckers and Helpers.

- Knowledge of at least two acceptable modes of prevention of STI and HIV/AIDS has been consistently high and for 2004 they stand at 91.6% and 98.4%, respectively.

Knowledge without misconceptions at 35.6% in 2004 is not different from 34.4% in 2003.

- *Sexual Behaviour and Condom usage* : Non-regular sex has remained static at 13.6% in 2004 (11.6% in 2003). Condom usage in non-regular sex has gone up from 67.6% in 2003 to 85.1% in 2004. Half of those who had casual sex, used condoms. Condom use with paid partners remains at the 95% level in 2004.

Voluntary condom procurement has gone up from 30.3% in 2003 to 52.4% in 2004.

- *Symptom of Urethritis* was reported by just 1 respondent in 2004 and he sought treatment from a qualified medical practitioner.
- *HIV Test* was taken by 20.8% (65.4% opted voluntary testing) and 50 % had been counselled.
- *Interpersonal intervention* has reached 31.7% of respondents, a level which has remained static from the baseline in 2001 till 2004.
- *Stigma and Discrimination* : Those who consider HIV/AIDS a 'mark of shame' has declined from 80% in 2003 to 63.2% in 2004. Those who believe '*the afflicted should be isolated*' is 43.6% in 2004 against 34% in 2003.

MALE AND FEMALE FACTORY WORKERS:

Interviews were conducted with 350 male and female factory workers each.

- Knowledge of at least two acceptable modes of prevention of STI and HIV/AIDS is near universal among both MFW and FFW in 2004.

Knowledge without misconceptions is at 59.1% for both MFW and FFW in 2004 levels in 2003 were 38.2% for MFW for and 32% for FFW.

- Sexual Behaviour and Condom usage - Among MFW, involvement in non-regular sex is 6.3% in 2004 (13.8% in 2003). Condom usage with non-regular partners is a high, 86.4% in 2004 against 52.8% in 2003. A sharp increase is noted in condom use with casual partners from 33.3% in 2003 to 57.1% in 2004. Condom usage with paid partners had been 87.5% in 2003 which, in 2004, stands at 93.8%.
- Symptom of Urethritis has not been reported by any MFW.
- HIV Test has been taken by 2.6% MFW (66.7% opted for voluntary testing) and 1.4% FFW (60% opted for voluntary testing), 22.2% of the former and 40% of the latter received counseling.
- Interpersonal intervention - Among MFW, 14% and among FFW, 13.4% have had one to one interaction.
- Stigma and Discrimination : MFW who consider HIV/AIDS a 'mark of shame' stands at 55.7% in 2004 and the comparable figure for FFW is 26.7%, a substantial reduction from 76.4% and 42%, respectively, recorded in 2003. MFW and FFW who hold 'the afflicted should be isolated' are 32.6% and 11.1%, respectively.

MALE YOUTH IN SLUMS

400 members of this group were interviewed.

- *Knowledge* of at least two acceptable modes of prevention of HIV/AIDS is near universal at 97.7% in 2004 and for STIs is 89.5% for the same period.

Knowledge without misconceptions remains static at 40.6% in 2004 (44.5% in 2003).

- *Sexual Behaviour and Condom usage* : Involvement in non-regular sex is 11.3% in 2004 against 16.3% in 2003.

Condom usage in non-regular sex is very high at 92.6% in 2004, while it was 85.7% in 2003. The increase is distributed over both categories of non-regular sex. Condom usage in casual sex is still high at 64% in 2004.

- *Risk perception* has been low 22.2% in 2004 and 25% in 2003.
- *Symptom of Urethritis* was reported by none.
- *HIV Test* was taken by 3% (75% opted voluntary testing) and 50 % had been counselled.
- *Interpersonal intervention* has reached 19.1% in 2004 against 17.3% in 2003.
- *Stigma and Discrimination* - Those who consider HIV/AIDS a 'mark of shame' has dropped from 75.3% in 2003 to 51.6% in 2004; 34.1% in 2004 felt 'the afflicted should be isolated'.



MEN WHO HAVE SEX WITH MEN

Interviews were held with 200 MSM in 2004.

- *Knowledge* of at least two acceptable modes of prevention of STI and HIV/AIDS is nearly universal.

Knowledge without misconceptions has remained static 60.4% in 2003 and 66.5% in 2004.

- *Sexual Behaviour and Condom usage* - Voluntary procurement of condoms is down from 78.5% in 2003 to 60% in 2004.

A decline is noted in the sex with paid partners from 47% to 34% and with casual partners from 41.5% to 27% for the same period.

Condom usage has registered sharp increases in sex with regular partners and casual partners - from 50% to 84.8% with the former and from 53% to 87% with the latter during 2003 and 2004. With paid partners, condom usage was 78.7% in 2003 and 85.3% in 2004.

Heterosexual encounters of MSM shows a drop from 21.5% in 2003 to 10.5% in 2004 and condom use has declined from 65.1% to 23.8%.

- *Risk perception* of non-users of condoms in sex with homosexual partners has registered a rise from 9.1% in 2003 to 23.5% in 2004.
- *Symptom of Urethritis* was reported by 2.5 % of the respondents.
- *HIV Test* was taken by 21% (85.7% opted voluntary testing) and 38.1 % had been counselled.
- *Interpersonal intervention* has reached 45.2% in 2004 as against 55.5% in 2003.

- *Stigma and Discrimination* - Those who believe HIV/AIDS is a 'mark of shame' has dipped considerably from 71% in 2003 to 45.5% in 2004. Those who believe 'the afflicted should be isolated' has also come down from 44% to 24.5% for the same period.

SUMMARY

Consistently high level of knowledge of two acceptable ways of preventing STI and HIV/AIDS is observed. Misconception free knowledge has gone up among WIP, MFW, FFW and MSM while among MYS and TH a larger proportion have misconceptions. Across all groups, sex with non-regular partner has declined, while condom use with such partners has increased. Voluntary procurement of condom has gone up. There is an increasing trend in WIP, TH and MSM to voluntarily test for HIV. Perception of HIV/AIDS as 'shameful' has reduced considerably across groups.

RECOMMENDATIONS

- Strengthen intervention for the STI component and implement suitable motivational approach to encourage the high risk groups to take treatment from qualified medical practitioners.
- Undertake in-depth studies to understand the misconceptions prevalent and adopt suitable strategies to address the same.
- Establish VCTCs which are easily accessible and encourage voluntary testing for early diagnosis of HIV and to provide suitable care and support measures.