

## FOREWORD

AIDS Prevention And Control Project (APAC) is administered by the 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 Behavior Surveillance Survey is conducted every year to understand the efforts of the intervention. APAC has conducted wave IX of HIV Risk Behavior Surveillance Survey in Tamil Nadu. This exercise has helped to study the behavior change among various population groups addressed by intervention. The ninth wave of BSS, Tamil Nadu was conducted in the year 2004.

The surveillance exercise has got quantitative and qualitative data on behavior practices. The HIV Sentinel Surveillance survey conducted by Government helps to understand the prevalence of HIV and the behavior surveillance helps to understand the changing behavior. The behavior information has helped APAC and other agencies to strengthen the intervention programs every year.

This document has the salient findings of the survey. I congratulate 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, **Dr. Jayaseelan**, CMC Vellore, Mr. Vijaykumar IAS, 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 for initiating and completion of the study.

I appreciate the efforts taken by **Dr. Praneeta Varma**, Programme Manager, Research, who worked towards data collection and completion of the report successfully.

I thank the consultants, the NGOs and the entire APAC team for all the inputs and cooperation 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	1
Methodology	
Objective of BSS	3
Population groups	4
Sample size & Research Techniques	4
Current trends is BSS indicators in Tamil Nadu	
Women in Prostitution	5
Truckers and Helpers	7
Male and Female Factory Workers	9
Male Youth in Slums	11
Men who have Sex with Men	13
Aravani	15
Injecting Drug Users	17
Male and Female Migrant Workers	19
Summary	21
Recommendations	22

## 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), 'care and support' has been added as an objective.

APAC is monitored by a Project Management Committee chaired by Health Secretary, Government of Tamil Nadu and with representative members from NACO, TNSACS, USAID and VHS. Pondicherry SACS is also a member now as, in the second phase, Pondicherry was added to APAC's area of operation.

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 1996 and the ninth wave, the subject of this report, in October-November 2004. The objectives, methodology, sites of survey have all remained constant right from the baseline survey.

This report documents the findings from the IX wave of BSS 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 toward 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
- redesign intervention strategies on the basis of the above findings

### 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 behaviour  
(for male groups) STD symptoms and treatment seeking behaviour (for WIP only)
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 and Female Factory Workers (MFW, FFW)
4. Male Youth in Slums (MYS)
5. Men who have Sex with Men (MSM)
6. Aravani (ARA)
7. Injecting Drug Users (IDU)
8. Male and Female Migrant Workers (MMW, FMW)

## Sample Size & Research Techniques

Questionnaires covering the behavioural indicators were administered to 7,417 members of high-risk groups; 17 focus group discussions; and 160 mystery client observations with WIP were also conducted by trained investigators to validate the reported data.

## CURRENT TRENDS IN BSS INDICATORS IN TAMILNADU

### WOMEN IN PROSTITUTION

From 400 interviews across 4 sites, the survey shows:

- *Knowledge* of at least two acceptable modes of prevention of STI and HIV/AIDS has been steady at over 90%.

*Knowledge without misconceptions* at 38.7% remained static across waves.

- *Sexual Behavior and Condom usage* - Condom procurement by WIP is now common-place at 87% in 2004. Usage levels have consistently varied among different categories of sexual partners. With all clients, condom usage has been consistently high. In 2004, it is observed to be 85.9%.

With non-paying partners (husbands/ live-in partners), condom usage has been low except for a peak of 41% in 2001, it has remained in the 20% range being 19.1% in 2004.

In the matter of condom-negotiation with clients, only 14.3% of the WIP acquiesce to sex without condoms and for the rest, approaches vary from outright refusal, to renegotiation.

*Mystery client investigations confirmed the reported statistics.*

- *Risk perception* among WIP has increased from 42% at baseline to around 77% in 2004.
- *STI Symptoms* were reported by only 13.9% of WIP against 23% in 2003. But in 2004, 70.9% sought treatment from qualified medical practitioners against 83.8% in 2003.
- *HIV Test* was taken by 48.9% of WIP (69.7% opted voluntary testing) and 69.2% of them were counselled.
- *Interpersonal intervention* has reached 63.6% of WIP.
- *Stigma and Discrimination* - HIV/AIDS is a 'mark of shame' said 41.2% of WIP in 2004, the percentage was 68.8 earlier. In 2004, 14.4 % of the respondents stated 'the afflicted should be isolated' compared to 13.5 % in the last year.

#### PROFILE : WIP Who Doesn't Use Condoms

She is over 30 years old, married and has had little education and is a full-time sex worker.

She doesn't use a condom because of her inability to negotiate with clients and being solely dependant on sex for a livelihood, deals from a position of weakness. She also has gaps in her knowledge of HIV/AIDS, has many misconceptions about transmission as well as cure. She tends to see condom as merely a contraceptive and in case she uses other means of contraception, sees condom as a superfluity.

## TRUCKERS AND HELPERS

Interviews were conducted with 800 members across five sites- 67.5% truckers and 32.5% helpers/cleaners.

- *Knowledge* of at least two acceptable modes of prevention of STI and HIV/AIDS stays high with over 94% in 2004.

*Knowledge without misconception* on methods of prevention has been rising steadily from 20% in 2002 to 48.8% in 2004.

- *Sexual Behaviour and Condom usage* - Involvement in non-regular sex comprising paid and casual sex, declined gradually from the baseline of 48% in 1996 to 33.7% in 2004.

While paid sex encounters account for a larger percentage of non-regular sex than casual sex, safe sex practices with paid partners is better with 89.5% of condom usage in 2004. Condom use in sex with casual partners dropped significantly in 2004 to 19.6%.

Voluntary procurement of condoms is reported by 42.7% in 2004.

- *Risk Perception* - Of the non-users of condoms, 80.6% perceive themselves at risk for HIV.
- *Symptom of Urethritis* - Among the respondents, 6.3% reported symptom of urethritis and 80% of them sought treatment from qualified medical practitioners.
- *HIV Test* was taken by 14.1% (60.2% opted voluntary testing) and 70 % had been counselled.
- *Interpersonal intervention* - An increased percentage of respondents (35%) reported exposure to one to one interaction.
- *Stigma and Discrimination* - 59.5 % felt HIV/AIDS is a 'mark of shame' and 24.5% felt that the infected should be isolated.

### Profile: Truck Driver / Cleaner / Helper who doesn't use condom

He is older than the average, is married, and has a lower monthly personal income when compared to condom-using truckers and hasn't been reached by any personal intervention.

His knowledge level is comparable to that of the users.

What he cites as reasons for non-use could range from 'don't feel the need, my partner is safe', 'diminishing of pleasure', 'lower risk perception attributable to misconceptions on availability of treatment and cure'.

## MALE AND FEMALE FACTORY WORKERS

Across five centres, 1800 MFWs and 1602 FFWs were interviewed.

- *Knowledge of modes of prevention of HIV/AIDS* continues to be high among MFWs and FFWs.

*Knowledge without misconception* on preventing HIV/AIDS was 19% in 1996 among MFW and FFW. In 2004, it stands at 52.9% for MFW and 50.8% for FFW.

- *Sexual Behaviour and Condom usage* - Non-regular sex was reported by 20.9% of MFW which is par with earlier rounds. Condom usage rose from 64% in 2003 to 93.8% in 2004 with voluntary procurement at 42.6%.

Among FFW, a sharp increase is noted in non-regular sexual involvement. The increase is from 3.2% in 2003 to 8.4% in 2004. Proportionately the condom use has also gone up from 23.6% in 2003 to 50.3% in 2004.

- *Risk Perception* - There is a divergence in risk perception among MFW and FFW. Less MFWs perceive themselves at risk, the figure down from 39% in 2003 to 14.9% in 2004; with FFW the already high figure of 61.5% in 2003 went up to 86.5% in 2004.

- *Symptom of Urethritis* was reported by 2.6% of MFW and 54.3% sought treatment from qualified medical practitioners, the trend remaining static.
- *HIV Test* was taken by 3.9% MFW (53.5% opted voluntary testing) and 4.1% FFW (3.1% opted voluntary testing) in 2004.
- *Interpersonal intervention* had reached 13.2% of MFW and 9.7% of FFW.
- *Stigma and Discrimination* - 61.6% of MFW in 2004 (down from 72.7% in 2003) and 49.6% of FFW (a fall from 75.5% in 2003) perceived 'HIV/AIDS is mark of shame'. In 2004, 15.5% of MFW and 26.7% of FFW felt 'isolate the infected'.

## MALE YOUTH IN SLUMS

Interviews with 814 male youth in slums were conducted across five centres.

- *Knowledge* on methods of prevention of STI and HIV/AIDS and remains high.  
*Knowledge without misconception* has risen from 19.5% in 2002 to 68.8% in 2004.
- *Sexual Behaviour and Condom usage* - Non-regular sex has gone up from 10.6% to 20%. Condom usage levels have gone up significantly in non-regular sex - both paid and casual - from 45.9% in 2003 to 55.8% in 2004. Voluntary procurement of condoms is fairly static and is 13.5% in 2004.
- *Risk Perception* - Levels of risk perception have been steady over the waves and it is 33.3% in 2004.
- *Symptom of Urethritis* - Percentage of respondents reporting urethritis is steadily declining and is 2.2% in 2004, but it is encouraging to note a rise in those seeking healthcare from qualified medical practitioners from 52.6% in 2003 to 66.6% in 2004.

- *HIV Test* had been taken by 3.2% of MYS (54% opted **voluntary** testing) and 46.2% received counselling.
- *Interpersonal intervention* has reached 32.4% of MYS.
- *Stigma and Discrimination* - 'HIV/AIDS is mark of shame' according to 61.7% in 2004, down from 77.9% in 2003. On the contrary, 'isolate the infected' is subscribed to by 25.2% in 2004 whereas it was 14.3% in 2003.

## MEN WHO HAVE SEX WITH MEN

Interviews were held with 300 MSM in 2004.

- *Knowledge* levels for STI/HIV/AIDS transmission and prevention are near-universal in this group.

*Knowledge without misconception* has increased from 36.7% in 2003 to 62% in 2004.

- *Sexual Behaviour and Condom usage* - Homosexual encounters with paid male partners has shown a sharp increase in 2004 at 58.7% from 21.3% in 2003; with casual partners (36.3% in 2003, 39.7% in 2004) and with regular partners (22.3% in 2003, 17.7% in 2004) has remained steady.

Condom usage has recorded a significant rise with all types of partners. However, with regular partners, it is lowest.

Heterosexual intercourse is reported by 21.3% in 2004 (30% in 2003) but there is a significant drop in condom use.

Voluntary procurement of condom has gone up sizeably from 59.7% in 2003 to 70.7% in 2004.

- *Risk Perception* - Only 28% perceived themselves to be at risk with the male partner and 37.8% with female partner.

- *Symptom of Urethritis* has been reported by 7.3% in 2004, no significant change from 8% in 2003. But 86.4% have sought treatment from qualified medical practitioners.
- *HIV Test* had been taken by 25.3% of respondents (77.6% opted for voluntary testing) and 55.3 had been counselled.
- *Interpersonal intervention* - 31.3% of the respondents were exposed to one to one interaction.
- *Stigma and Discrimination* - 'HIV/AIDS is mark of shame' according to 59% in 2004, a sharp decline from 2003 when it was 72.6%. But 22.4% in 2004 felt 'the infected be isolated' against 15.7% in 2003.

Interviews were conducted with 250 respondents across three centres.

- *Knowledge* of two acceptable modes of prevention of STI and HIV/AIDS reached near universal levels.

*Knowledge without misconception* has gone up from 37.2% to 46.8% from 2003 to 2004.

- *Sexual Behaviour* and Condom usage : Non-regular sex (from 76% to 96.8%) and paid sex, in particular (from 78.4% to 94%), has risen significantly between 2003 and 2004. The reduction in casual sex is from 47.2% to 32% for the same period.

There has been no significant change in condom usage among paid partners, but with casual partners condom-use has risen (46.9% to 63.6% from 2003 to 2004).

Voluntary condom procurement is 71.6%.

- *Risk Perception* has risen sharply from 29.8% to 55.3% from 2003 to 2004.

- *STI Symptoms* - In 2004, 6.8% had STI symptoms, of which, 94.1% sought treatment from medical practitioner.

- *HIV Test* had been taken by 34% of respondents (70.6% opted for voluntary testing), and 76.5% had been counselled.
- *Interpersonal intervention* - 65.2% had one to one interaction in 2004.
- *Stigma and Discrimination* - 45% felt 'HIV/AIDS is mark of shame' and it remains static and so does the perception on isolation of the infected (21.2%).

## INJECTING DRUG USERS

A total of 249 injecting drug users were interviewed for this wave. The mean age of the respondents for this wave was 26.6 years.

- *Knowledge* of two acceptable ways of preventing STI/HIV/AIDS is almost universal.  
*Knowledge without misconception* - 71.9 % had knowledge without misconception.
- *Risky Behaviour* - 96.8% of the respondents had access to new needles and syringes.  
Sharing needles by respondents in 2004 is 55.8%, a drop from 88.3% during 2001.
- *Sexual Behaviour and Condom usage* - 22.5 % had non-regular sex. Condom usage has registered a fall to 46.4% in 2004 from 65.3% in 2003.  
Voluntary condom procurement was reported by 11.6%.
- *Risk Perception* - Among those who shared needles, 27.3% perceived risk and among those who shared needles and not used condom, 26.7% perceived risk.

- *Symptom of Urethritis* - Only one respondent reported symptoms of urethritis and he sought treatment from a qualified medical practitioner.
- *HIV Test* had been taken by 6.4% (50% opted for voluntary testing) and 56% were counselled.
- *Interpersonal intervention* had reached 30.9% of respondents in 2004.
- *Stigma and Discrimination* - In 2004, 44.2% believed 'HIV/AIDS is mark of shame', a fall from 85.6% in 2003 and 16.1% believed that the infected should be isolated in 2004 and 20% in 2003.

## MALE AND FEMALE MIGRANT WORKERS

351 male migrant workers and 251 female migrant workers were interviewed across four centers for each group.

- *Knowledge* of two acceptable ways of prevention of STI and HIV/AIDS is 82.4% and 77.6% respectively.

*Knowledge without misconception* of MMW stands at 35% in 2004 and for FMW at 30.7%.

- *Sexual Behaviour and Condom usage*

### MMW

Non-regular sex is reported by 29.6% in (20% in 2003) - the increase is in casual sex from 10.3% in 2003 to 21.4% in 2004.

Condom usage increased from 69% in 2003 to 82.1% in 2004 for paid sex and remained static at 20% in casual sex.

### FMW

Non-regular sex has increased 15.5% from 5.6% in 2003.

Condom usage with non-regular partner has gone up from 7.1% in 2003 to 25.6%.

- *Symptom of Urethritis* - While at 2.6% of MMW reported symptom of urethritis and a significantly higher percentage (66.7%) sought treatment from qualified medical practitioner.
- *HIV Test* had been taken by 1.7% (83.3% opted for voluntary testing) of MMW and 66.7% were counselled. Among FMW, HIV test had been taken by 2.0% (40% opted for voluntary testing) and none received counselling.
- *Interpersonal intervention* - 5.7% of MMW and 6.5% of FMW were exposed to one to one interaction.
- *Stigma and Discrimination* - 54.5% of MMW and 63.7% of FMW felt 'HIV/AIDS is mark of shame'.  
'Isolate the infected ' is endorsed by 29.9% of MMW and 37.8% of FMW.

## SUMMARY

- Overall high level of knowledge observed but misconceptions persist across groups.
- Higher proportion of the WIP refuse sex without condoms with clients. Mystery client observations revalidate findings.
- Involvement in sex with casual partners has increased considerably across all the groups.
- Involvement in paid sex has increased among Truckers, Male Youth and MSMs.
- Higher involvement in the non-regular sex is also reported among the female industrial and migrant workers
- The condom usage among the truckers has decreased considerably, specifically with the casual partners.
- Treatment seeking behaviour from the qualified medical practitioners has improved in most populations except WIPs and IDUs.
- Reduction in the risk perception was observed among WIP, Male Youth, MFW, MMW and MSM. High risk-perception was observed among TH, FFW, FMW and Aravani.

## RECOMENDATIONS

- Evidences of “prevention fatigue” is observed, approaches to address the same is needed .
- Identify emerging misconceptions early and counter them through effective communication strategies.
- Address the increasing trends of non-regular sex with casual partners.
- Position the “pleasure concept” of condom which emerges as the major barrier in condom use.
- Strengthen the HIV Testing Centres to provide quality service.
- Address gender issues within programmes.