

Baseline study

SUMMARY REPORT

GUJARAT STATE

April - June 2011

KOSHISH

**Working towards better sexual &
reproductive health and rights of PLHIV in India**

DCI-SANTE/2011/238-371

This Project is funded by
the European Union





Background and methodology:

'Koshish' a programme aims to improve the sexual & reproductive health and rights of people living with HIV/AIDS (PLHIV) in India by strengthening civil society organisations and networks through capacity building, specifically those representing and working with PLHIV and other key populations -men who have sex with men (MSM), sex workers(SW), transgender (TG) and Injecting drug users (IDUs), to effectively advocate for the development and implementation of SRHR policies and programmes for PLHIV in India. With financial support from European Commission, India HIV/AIDS Alliance in partnership with civil society organization and state level network of PLHIV has been implementing this project in Gujarat, Maharashtra, Andhra Pradesh and Tamil Nadu.

As part of Koshish project, India HIV/AIDS Alliance carried out a KAP study among PLHIV in four implementing states to understand issues related to their sexual and reproductive health and services available at the community level and also to understand the barriers in realising the sexual and reproductive health rights among the PLHIV age 15-49 years. In Gujarat, the project is implemented by CHETNA and Gujarat State Network of People Living with HIV (GSNP+).The study was carried out among 199 respondents (97 men, 99 women and 3 TG) in 5 districts (Ahmedabad, Baroda, Bhavnagar, Rajkot, Surat) of Gujarat based on systematic random sampling methodology.

Major Key findings:

a) Profile of the respondents:

- Mean age is 34 and 44% of the respondents are between 35 and 44 years of age.

- Among the respondents, 50% respondents are female, 48.7% male and 1.5% are TG. Among female 55% are currently married; among male 72% currently married and among TG all are unmarried.
- 92% of the respondents are from urban/city/town areas and 13% are illiterate and 13% completed at least higher secondary school education.
- Average monthly household income is Rs 4623 and respondents himself/herself is the main income contributor in the household (57%)

b) Sexual behaviour:

- 65% of respondents has regular sexual partner and 18% have non-regular sexual partner.
- Among currently married 97% (n=124) have regular sex partner and 15% have non-regular sex partner; 5%(n=42) among Widow/widower, 33% (n=12) among Divorced/separated/deserted have non-regular sex partner and among unmarried/never married 52%(n=21) have non-regular sex partner.



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- Condom usage during the last sex is 96% (n=129) with regular partner and 91% (n=35) with non-regular partner.

c) Contraception:

- About 67% (n=196) of the respondents are aware of one or more methods of contraception. Among those who have regular or non-regular sex partner and not pregnant (partner/self), 56% (n=117) reported currently using any (one) contraception.
- Condoms are the most preferred contraceptive method among the respondents as three fourths of the respondents reported so.
- Unmet contraceptive need is 8.1% (n=99) among the respondents of which 8.1% for limiting and 0% for spacing.
- 10% (n=157) of the respondents responded affirmatively that someone (health care provider, spouse, family members, friends, relatives, etc) encourage them to adopt sterilisation because of HIV status.

d) SRH awareness and Utilisation:

- 54% of the respondents are aware of more than seven SRH services;
 - High awareness on Natal Care, Delivery care, counselling on birth
 - Spacing/contraceptive information and Medical termination.
 - Low awareness on amenorrhea (40%), Pap smear (41%) and cervical cancer (25%), RTI treatment (23%), STI treatment (46%) is very less.
- Utilisation of 4-6 SRH services was reported by nearly two fifth (11%) of the respondents among those aware SRH services;

e) SRH rights/rights violation:

- Respondents agreed that SRH rights are violated and also experienced the violation especially related to the health care service providers especially women living with HIV are advised not to have baby.
- Around two tenth of the respondents also agreed that they don't know where to get SRH information.



SRH service	Aware (n=199)	Availed
Counselling on birth spacing	73	12
Pregnancy planning counselling	34	9
Contraceptive information/counselling	75	20
Medical termination of pregnancy (abortion)	72	12
Antenatal care (during pregnancy before giving birth)	78	52
Delivery care	75	53
Post natal care	76	53
STI treatment	46	15
RTI treatment	23	4
Amenorrhea treatment	40	2
Pap smear test	41	10

SRH rights	Agreed (n=199) (%)	Experienced (n=196) (%)
MO/Nurse often deny to do thorough physical examination of a women living with HIV	24	14
Women living with HIV are advised not to have baby	51	27
Forced sterilisation is done by service providers when HIV status of the women is known	6	2
Don't know where to get information related to SH, contraceptives and treatment	17	6
Women may be forced for sexual favours at workplace if her HIV status disclosed	16	4
The service providers often disclose the status of infected person to her/his family members/friends/neighbours	19	10

Summary/Conclusion:

Majority of the respondents are at the reproductive age group, female, currently married and from urban/city/town areas. Most of the PLHIV have regular or non-regular sexual partner irrespective of their marital status.

As per DLHS-3 (2007-2008), unmet need for limiting is 6.7% and for spacing is 5.5%. Even though the total unmet contraceptive need for PLHIV (8%) is less with national study for general population (12.2%), for limiting it is higher. Community consultation or special study will provide more information on this for advocacy activities.

Overall condom usage during the last sex is higher. But, unlike other BSS findings, condom usage during last sex is higher with regular partner when compare with non-regular partner. This may be due to the respondents are all PLHIV but some special study or community consultation will provide more information on this for advocacy activities.

Over all awareness on SRH services is low except natal and delivery care. Even among those aware of SRH services, utilisation is very less. PLHIV felt that their SRH rights are violated/perceived violation especially on "physical examination by health care providers and advice not to have baby". Under/lessutilisation of SRH services may be due to less awareness, the fear of violation and less demand. It is also noted that around 17% of the PLHIV don't know where to get information related to sexual health, contraceptive and treatment. Awareness on the SRH services with clear information, connection/coordination between the two well matured services (HIV/AIDS services and SRH services) will help to meet out the SRH needs of PLHIV.

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Unless otherwise stated, the appearance of individuals in this report gives no indication of their HIV or key population status.

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