



**A Compilation of Research Studies**  
**Undertaken in the Vijayawada Division, South Central Railways**

**A joint project of the Ministry of Railways**  
**and**  
**United Nations Development Fund for Women**  
**South Asia Regional Office, New Delhi**

**Implemented in collaboration with the**  
**South Central Railways, Vijayawada Division**

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# List of Abbreviations

AIDS	: Acquired Immune Deficiency Syndrome
ANM	: Auxiliary Nurse Midwife
AP	: Andhra Pradesh
APSACS	: Andhra Pradesh State AIDS Control Society
ART	: Anti Retroviral Therapy
CCTV	: Closed Circuit Television
CSW	: Commercial Sex Workers
DRM	: Divisional Railways Manager
HIV	: Human Immunodeficiency Virus
KABP	: Knowledge, Attitudes, Behaviour and Practice
MTCT	: Mother To Child Transmission
MM	: Mahila Mandals
NACO	: National AIDS Control Organisation
PLWHA	: People Living With HIV/AIDS
REAPS	: Railway Empowerment and AIDS Prevention Society
RTI	: Reproductive Tract Infections
STD	: Sexually Transmitted Diseases
UNAIDS	: Joint United Nations Programme on HIV/AIDS
UNDP	: United Nations Development Programme
UNIFEM	: United Nations Development Fund for Women
VCTC	: Voluntary Counselling and Testing Centres
WLWHA	: Women Living With HIV/AIDS

**Equalizing Gender Relations in the Context of the HIV/AIDS Epidemic:  
A collaborative project of the Indian Railways  
and  
UNIFEM, South Asia Regional Office**

**Executive Summary of the four studies undertaken**

The prevalence of HIV in India has been steadfastly climbing and is in epidemic proportions. Andhra Pradesh is one of the states with high HIV prevalence requiring intensive and effective interventions. The Indian Railways is the largest public sector employer in India and second largest employer in the world. It has a large number of mobile employees who are at high risk for HIV. A baseline study conducted in 1994 revealed a high prevalence of risk behaviours indicative of HIV risk and set the stage for the leadership in the railways to take steps towards addressing this issue.

In this context the Indian Railways in collaboration with UNIFEM launched a project to promote a better understanding on HIV/AIDS and create higher awareness about HIV and its consequences for the individual, the community and society. Titled 'Equalizing Gender relationships in the context of the HIV/AIDS epidemic', the three-year intervention program was started in the Vijayawada division of South Central Railways to create a multi-sectoral response with a gender sensitive approach. The two-fold objectives of the project were to strengthen the capacity of the Indian railways in gender sensitive counselling services and to enhance the understanding of the fundamental link between gender and HIV/AIDS.

The scope of the intervention project was to promote gender sensitive HIV/AIDS awareness programmes and focus on one to one counselling using trained counsellors to work with high-risk target groups identified. For effective development of the project interventions, a series of studies were conducted in the initial stages of the project. The current report presents the approaches and findings from these studies.

In the initial phase, two studies were conducted which focused on assessing the counselling related needs in the community and to assess the extent of economic needs amongst the HIV affected families in order to plan for a community revolving fund. The other studies focused on documenting baseline levels of awareness among community and student populations, the main target groups of the project thereby serving as a way of monitoring and assessing impact of project interventions.

The main findings of the surveys in brief are as under:

## **1. Counselling Needs Assessment in the Community**

The survey revealed that while mass media plays an important role in creating awareness on HIV/AIDS, both men and women in the community feel that a counsellor could provide them better and more meaningful information on HIV/AIDS, its prevention and treatment. The community was ready to seek counselling and preferred a professionally qualified counsellor. A majority preferred a middle-aged counsellor while about thirty percent desired a younger person. Both men and women felt that the counsellor should be of the same sex but from a different community. They also preferred counselling to be available at a hospital with separate time slots for men and women.

## **2. Credit Needs Assessment Survey of PLWHAs and their affected families**

The debt burden of the families where one or more people suffer from HIV/AIDS revealed in the survey highlights an urgent need for setting up an institutional mechanism of revolving fund for them. This would enable the affected families to avail of micro-credit services and thus cope better with the economic impact of the HIV epidemic.

## **3. Knowledge, Attitude, Behaviour and Practices in the Community**

Television followed by REAPS counsellors were the major sources of information on HIV/AIDS for the community. The survey threw up some key gender disparities in the data. Gender differences exist in the way men and women looked at protecting themselves and preventing the spread of the HIV/AIDS virus. A higher proportion of women had misconceptions about the spread of the disease.

Respondents were aware of the modes of transmission of HIV through mother to child during pregnancy or delivery but were not aware of transmission through breast milk. A majority of the respondents have discussed HIV/AIDS with their spouses and children. The two main reasons cited by the respondents for not getting tested for HIV/AIDS were stigma and the fear of being tested positive for the disease.

## **4. Knowledge, Attitude, Behaviour and Practices among students**

While a majority of the students were aware of the modes of transmission of the HIV/AIDS virus, fewer were aware that the virus could be transmitted by an infected homosexual partner and through breast milk. While there were no significant differences in knowledge by gender, the survey revealed a significant level of misconceptions amongst students. Few students were aware that persons with STD were more vulnerable to HIV/AIDS. A significantly large number of students had stigma associated with PLWHLA's and thought that they should be treated in isolation or kept in isolation without any treatment. Larger proportions of girls admitted to not knowing the answers to a number of questions and were less informed on the methods of protecting oneself from HIV/AIDS.

These studies therefore clearly highlighted the need to intensify the interventions on Gender and HIV/AIDS and for developing a more effective counselling and education programmes. While the study on counselling needs confirms that the community effectively needs and prefers counsellors for giving them information on HIV/AIDS, the credit needs assessment confirmed the need for economic / credit support through a revolving fund for affected families. Similarly the two studies revealed gaps and deficits in knowledge/ awareness about HIV/AIDS among the community at large and particularly student's population, indicative of the specific information that needs to be provided to these groups through the intervention programmes.

## Introduction

The HIV/AIDS epidemic is a global phenomenon, which poses a threat to human resource development goals. It is an emergency with far reaching consequences. Despite increased funding, political commitment and progress in expanding access to HIV treatment, the AIDS epidemic continues to outpace the global response.” According to the latest estimates, (UNAIDS and WHO, 2004) there are 40 million persons globally living with HIV/ AIDS; and nearly 5 million new infections were reported in 2003, the greatest number in any one year since the beginning of the epidemic. In December 2003-2004 women accounted for about 50 percent of all people living with HIV/AIDS worldwide and the trend is expected to rise.

According to the latest UNAIDS Global AIDS Report 2004, India has the largest number of people living with HIV outside South Africa - 5.1 million and that is why India is emerging as one of the core countries to be plagued by this epidemic. HIV prevalence in India increased from 3.86 million<sup>1</sup> in 2000 to 5.1 million currently (latest estimates). The epidemic has a different face and pace in different parts of the India. NACO identified 45 districts in high prevalence states of India like Maharashtra, Tamil Nadu, Manipur, Andhra Pradesh, Karnataka and Nagaland based on the consistently high prevalence levels (with more than 1% in general population) of HIV detected by the three recent rounds of HIV Sentinel Surveillance.<sup>1</sup>

Knowledge about HIV infection and modes of transmission are still scant and incomplete, and there is concern that the epidemic will have a great impact on Indian society in the next decade. Micro-level studies indicate that the existence of premarital sexual activity in rural and urban areas is on the rise (reportedly higher among boys) (Banga et al., 1989<sup>2</sup>; ICRW, 1997). Jejeebhoy (1996)<sup>3</sup> suggests that around twenty to thirty percent of all males and up to ten percent of adolescent females, mainly from the urban areas, are sexually active during adolescence and before marriage. Sexually transmitted infections (STIs) including HIV are also prevalent in this population range. Baseline survey reports the current annual incidence of STIs at five percent, a significant percentage of which occurs among the youth population (GoI, 1998; Alan Guttmacher Institute, 1984).

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<sup>1</sup> National Baseline General Population Behavioural Surveillance Survey (2001). Ministry of Health and Family Welfare, NACO, Govt. of India.

<sup>1</sup> Annual Report 2002 – 2003, 2003 – 2004 (up to 31 July 2004)

<sup>2</sup> Banga, R. et al., 1989. High Prevalence of Gynaecological Diseases in Rural Indian Women, *Lancet*. I (8620):85:88.

<sup>3</sup> Jejeebhoy, S.J., 1996. Adolescent Sexual and Reproductive Behaviour: A Review of Evidence from India. ICRW working paper, No. 3. ICRW, Washington DC, USA.

<sup>4</sup> The Alan Guttmacher Institute, 1988. *Into a New World: Young women's Sexual and Reproductive Lives*, New York.

## **The Context of the Current Report**

In such a scenario, there is a need to have intensive intervention programmes that are gender sensitive for the prevention of HIV/AIDS among community at large and directed specifically at young people. In the ongoing efforts to fight the HIV/AIDS epidemic the UNIFEM has recently embarked on a unique opportunity to work with the community of the Indian Railways.

The Indian Railways has a workforce of about 1.8 million and covers approximately 8 million population widely spread over the country. The railway community comprises not only employees, but also their families and close friends, thereby presenting an enormous opportunity to mobilize and influence a large number of people in a concerted manner. The Railways employees constitute a large number of people who are constantly on the move (many who are only home for about 9 days in a month) and are highly vulnerable to HIV/AIDS. A baseline survey conducted in 1994 revealed that high risk behaviour is prevalent in a cross section population of railway employees. There was a need for urgent action in order to prevent the spread of HIV/AIDS within the railways. The railway sector has an established infrastructure of institutions – railway schools, railway hospitals, trade unions, training institutes, Mahila Samitis, etc that serve as important entry points for a gender sensitive and multi-sectoral response for HIV/AIDS prevention, treatment and care.

Capitalizing on the available opportunity, the Indian Railways in partnership with UNIFEM South Asia Regional Office and with financial support from the Royal Norwegian Embassy, New Delhi, initiated a program titled 'Equalizing Gender relationships in the context of the HIV/AIDS epidemic', which was an effort to institutionalise gender focused strategies in preventing the spread of HIV/AIDS.

Under the guidance and support of UNIFEM, the Indian Railways undertook a considerable amount of preparatory work for mobilizing support and commitment in the railway community. Partnerships were established Ministry of railways and officials (divisional railway managers and general managers of the various zones), medical service providers, persons living with HIV/AIDS, school going adolescents / youth and other vulnerable section of the Railways, such as TTCs, engine drivers, trolley men and families. The main issues of concern that required action were identified:

Knowledge about HIV/AIDS, transmission, scope of prevention as well as the issues related to persons living with HIV/AIDS such as treatment, care, and stigma associated with the issue.

The need to address different sections of the community including young women, adolescents and youth.

Sensitization of the community to gender related issues in the context of HIV/AIDS.

The economic impact of HIV/AIDS, in terms of medical costs for treatment and care, death benefits, replacement and training costs; and at the household level, the burden that would be borne primarily by women.

In 2001 a concept paper and a proposal for a multi-pronged intervention was developed by the Ministry of Railways, incorporating the above issues and using gender sensitive counselling services through peer counsellors. Based on the identified issues the proposal called for achieving the following two-fold objectives:

- To strengthen the capacity of the Indian Railways in gender sensitive counselling services to prevent the spread of HIV/AIDS and
- To enhance the understanding of the fundamental link between gender and HIV/AIDS through communication as well as group counselling.

With Andhra Pradesh having one of the highest prevalence in the country, a three-year pilot intervention project was initiated in 2003 in Vijayawada division of South Central Railways.

**Vijayawada Division, South Central Railway Andhra Pradesh**

Total population	120,000
Floating population	200,000
Total Railway employees	28,990
Total Railway Community	150,000

The Vijayawada division of South Central Railways cuts across 8 districts of Andhra Pradesh, viz., Vishakapatnam, East Godavari, West Godavari, Krishna, Guntur, Nalgonda, Prakasham and Nellore. This division is host to 136 important fast trains and 80 passenger trains all of which travel through Vijayawada. In a period of three years, the project envisaged covering a population of 25,000 railway staff members along with their families in Vijayawada division.

The project interventions were built on the premise that gender friendly counselling will promote a better understanding on HIV/AIDS which, in turn, will create a higher awareness about HIV and its consequences for the person, the community and society. A series of activities and studies were planned and executed towards the two-fold objectives of the project. In order to strengthen capacity at the organizational and community levels, it was necessary to first understand the social and economic profile of the community in the project area, assess the financial and credit related needs, establish the need for gender sensitive counselling on HIV and finally identify and train the necessary peer counsellors. Another key element that

was inbuilt into the project was that of monitoring and assessing the impact of the interventions using Knowledge Attitude Behaviour Practices (KABP). This would track and measure improvements in knowledge and changes in high-risk behaviours using widely accepted self-reported methodologies among different target groups in the community. It was anticipated that these studies in addition to measuring progress would also allow for development of epidemiological models to project point prevalence of HIV in the project areas. Further findings from the KABP studies would be further used for identifying high-risk sub-groups for interventions and to make policy recommendations for promotion of gender equity in the community.

This report is a compilation of the studies that were conducted in the first two years of the project. Four main studies are presented in this report: HIV Counselling Need Assessment; a Credit Needs Assessment Survey of PLWHAS and their affected families; a KABP Survey among the railway community at large; and a KABP Survey among students.

# **Chapter I**

## **COUNSELLING NEEDS ASSESSMENT IN RAILWAY COMMUNITY**

## Counselling Needs Assessment in Railway Community<sup>5</sup>

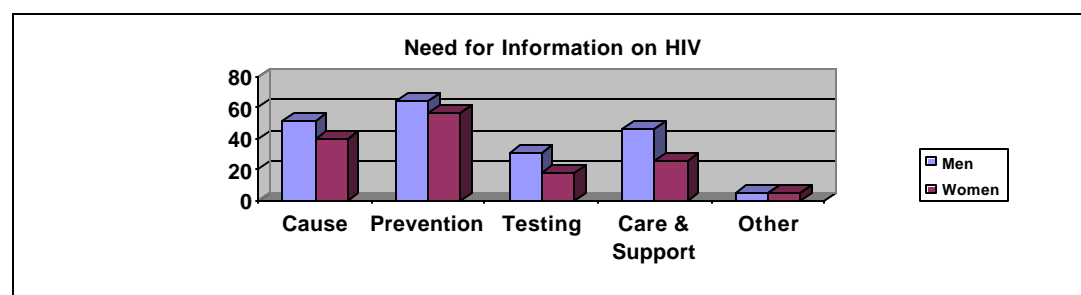
In order to initiate the required interventions of the project, community-based research studies were conducted to determine the HIV/AIDS counselling needs and credit needs of members of the Indian Railways community. The Counselling Needs Assessment provided information for developing and planning counselling interventions at the community level. Moreover it contributed to the content in the training module used for capacity building of peer counsellors used in the intervention.

The main objective of this assessment was to understand and emphasize the need for counselling individuals on HIV infection. The study was conducted in Vijayawada in five different circles: Hospital, DRM, Union/Training Centre (UTC), Mahila Mandals (MM), and Schools/Junior College. Structured questionnaires were used to interview a total of 250 respondents, 50 from each of the five identified circles. Additional in-depth interviews were conducted in each of the 5 circles. A total of 136 men and 114 women were interviewed during the course of the assessment. The following section presents an analysis of the collected information, including the level of awareness and perceptions regarding HIV, preferences for counsellors including details of counselling, which was then used for further developing the counselling interventions.

### Community Awareness of HIV/AIDS:

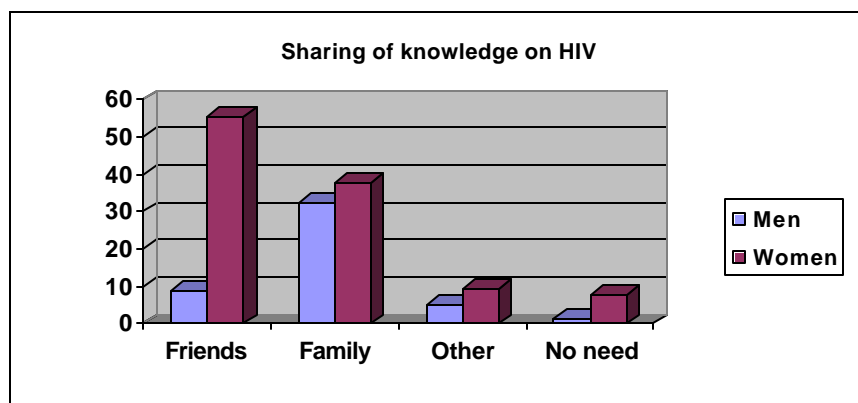
About 65% of female respondents and 85% of male respondents had heard of HIV/AIDS at least five years before while about 23% of the female respondents had heard of it only recently. Despite being aware of HIV/AIDS, 56% of women and 65% of men wanted to learn more about HIV prevention methods.

Majority of respondents (56% of women and 76% of men) had first heard about HIV/AIDS through mass media such as television, newspapers and posters. Men primarily relied on the media for messages about HIV/AIDS, while women learnt about HIV/AIDS from other sources also like friends, relatives, medical staff, and teachers.



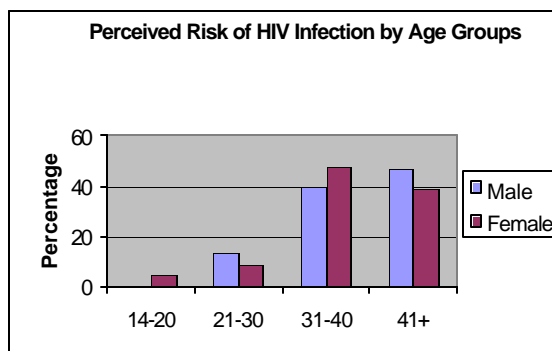
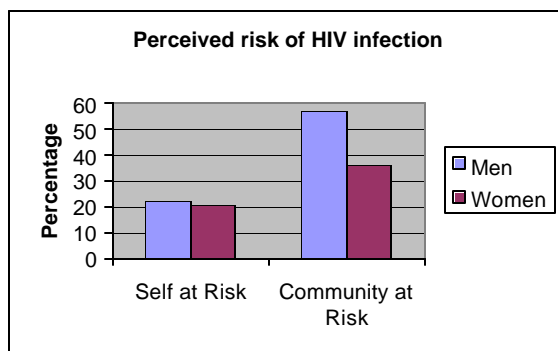
<sup>5</sup> Counselling Needs Assessment undertaken in August 2002

Women reported that they mostly shared HIV knowledge with their friends and family (55 % shared with friends and 38% shared with family) while men largely reported sharing with their family (32%). Approximately eight percent of female respondents did not feel the need to share their knowledge regarding HIV with anyone else. This is a salient point as it shows the trend of information sharing.



**Perceived Risk and Vulnerability to HIV/AIDS:**

As many as 80% of female respondents and 78% of male respondents did not feel that they were at risk of contracting HIV. Many married female respondents assumed they were not at risk because they were housewives. Respondents who were aged 13-20 had the lowest perceived risk and only 2% of youth thought that they were at risk of contracting HIV. Surprisingly, around 36% of women and 57% of men believe that other community members are at risk of contracting HIV. This follows the trend that individuals perceive other members to be at a risk higher than their own.



**Perceptions about HIV/AIDS Counselling:**

About 82% of women and 77% of men felt comfortable receiving HIV/AIDS counselling. Respondents felt that HIV/AIDS counsellors could provide information, offer emotional support and refer individuals to hospitals. Respondents who were above 31 years were the most reluctant to go for HIV/AIDS

counselling, while respondents who were under 31 were more comfortable in receiving personal HIV/AIDS counselling. Nearly three-fourths of male and female respondents believed that their community members would feel comfortable receiving HIV/AIDS counselling and a similar number felt comfortable with the idea of a family member receiving HIV/AIDS counselling.

### **Counselling Needs That Emerged:**

Women preferred group counselling (46%) from a same sex counsellor (62%). They were more concerned than men about the anonymity of HIV/AIDS counselling and thus 53% of women preferred their counsellor to belong to a different community. All women wanted to receive counselling so that they could learn the necessary skills to communicate with their family about HIV/AIDS and around 64% wanted counselling facilities in a hospital.

Roughly an equal number of men preferred group counselling to individual counselling. About 46% of male respondents preferred a same-sex counsellor, another 7% preferred a female counsellor; and yet another 47% did not have a preference. Around 39% of men preferred their counsellor to be from a different community and they wanted counselling be provided in the hospital (60%).

Majority of young people wanted counselling to be provided by a counsellor of the same sex and wanted accurate information on HIV/AIDS, including methods of prevention and transmission. Students also wanted to develop skills, which would enable them to talk to parents and friends about relationships and sexuality. Health care workers wanted to learn about how care and support services can be provided to PLWHA, in health-care centres as well as at home.

### **Conclusion**

The Counselling Needs Assessment helped in identifying and understanding various aspects of knowledge and risk perception of the community relating to HIV/AIDS as well as their thoughts on counselling. While mass media plays an important role in creating awareness among the general population, the community members expressed the need for a one to one or at least group counselling to receive accurate information on transmission and prevention methods of HIV/AIDS.

## **Chapter II**

# **CREDIT NEEDS ASSESSMENT OF**

# **People Living With HIV/AIDS**

**&**

# **Their Families**

## **Credit Needs Assessment of PLWHA's & their Families<sup>6</sup>**

In the initial stages of the project two target groups were highlighted namely, people living with HIV/AIDS (PLWHAs) and their families. These groups mostly belonged to the lowest economic/ employment strata of Group – 'D' services and consisted of those under burden of debt. This prompted the project to consider setting up a Revolving Fund to extend micro credit to the target groups with a special focus on women and thus help victims and their affected families cope with the economic impact. It is in this context that a Credit Needs Assessment Study was conducted with the objective of assessing the magnitude of the debt problem before instituting the Revolving Fund.

In October 2003, a credit needs assessment was conducted on 47 families with PLWHAs. The sample of 47 families was selected at random from five districts comprising East Godavari, Guntur, Krishna, Prakasham and West Godavari. The sample accounted for 20% of 238 PLWHAs in Vijayawada Division. Peer counsellors of REAPS helped in collecting the field data. Data from the Credit Needs assessment provided vital information on the economic condition and requirement of PLWHA's and their families and was used for setting up the revolving fund.

### **Profiles of Target Groups & their Families**

During the assessment, information was collected from the heads of households (of the families surveyed) on the number of family members, number of persons with HIV and details of family income and debt. Among the households surveyed, 145 (84.3%) were in the productive/economically active age group of 15-59 years, while the rest of the 27 (15.7%) respondents were in the non-productive dependent age group comprising of 26 children and one person over 60 years.

Among the 47 households surveyed there was a total of 60 PLWHAs. There were 40 men and 20 women among the 60 PLWHAs in these families. Of the 20 women PLWHAs, six were widows and heads of their families. There were ten families in which both the husband and wife were positive. Of the total 60 PLWHAs, 57 (95%) were in the economically active age group; and 70% of the women PLWHAs were in the reproductive age group. Two (7.7%) of the twenty six children were PLWHAs.

With respect to women PLWHAs, only three (widows) out of the 20 were working. The rest of the women PLWHAs were living either on the meagre pension or as dependents of their parents/children. Information on the educational qualifications and employment status is available only for those PLWHAs who were heads of families and this totals to forty seven. Among these 47 PLWHAs, 36 (76.6%) held Group 'D' posts

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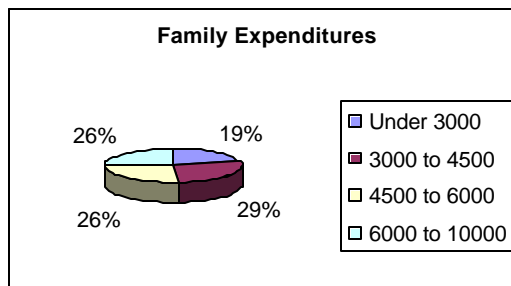
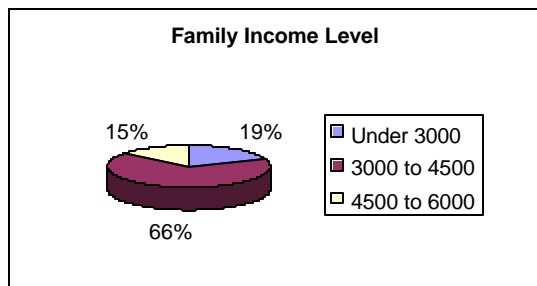
<sup>6</sup> Credit needs Assessment conducted in October 2003

such as gangmen, khalasis and sweepers. The remaining were engaged in Group 'C' posts, which are mostly clerical/technical. This indicates that the majority of the working PLWHAs, who are heads of families, fall in the lowest employment strata.

Of the 47 families, 51% faced social stigma and have learnt to cope with the social impact of HIV. There were a couple of cases in which HIV positive men had been deserted by their families. In addition, there have been incidents of disturbances/misunderstandings leading to temporary breakdowns in a few families. This indicates the intense impact of the epidemic upon individuals, families and societies.

### Income & Expenditure

Of the forty seven families studied sixty six percent earned between Rs. 4500 and 6000. A large number of families had expenditure beyond their income. Thus in the absence of any other source of income most or all of the families faced deficits.

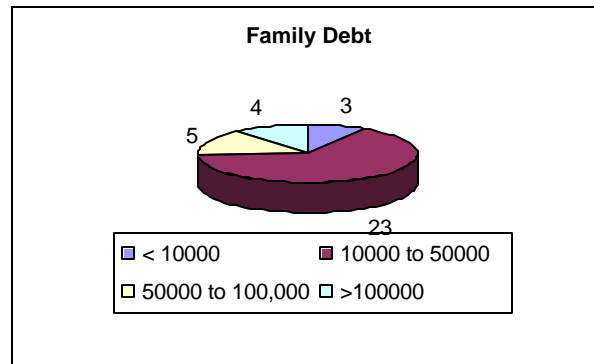


### Deficits in the Family Budget

Of the 47 families, 77% had deficits in family budgets with an imbalance between income and expenditure. About eleven families estimated their deficit to be upto Rs.1000 p.m., while another eleven estimated it to be between Rs.1000-3000p.m. Another eight families reported a deficit Rs.3001-6000 p.m. while six estimated it at Rs.6000-10000 per month or above. Five indicated no deficits, 6 others didn't have valid information to estimate.

Families indicated that deficits started only after a member became HIV positive in the family and expenses were mainly due to the expenditure incurred on medical treatment. The data revealed that of the 47 families, 39 were spending large amounts on medical treatment. While 26 families (66.7%) were spending between Rs.1,000 and 10,000 p.m., seven (17.9%) were spending between Rs.10,000 and 50,000p.m. and one family was spending more than Rs.50,000p.m. Of the remaining 13 families, five spend below Rs.1000, three do not incur any expenditure and five did not specify. The high medical expenditure is probably due to more than one HIV positive individual in the household. In a majority of the cases, patients preferred to seek treatment with private doctors instead of to the Railway Hospitals/Health Units in order to maintain confidentiality.

Of the 47 PLWHAs, 36 (76.6%) were in debt at the time of the survey. Twenty-three families (48.9%) had a debt of 10,000 to 50,000, while nine (19.1%) had over Rs. 50,000. Three families had debts below Rs.10,000 while eleven of them did not specify. Only one family reported not having any debt. Being employees of the Indian Railways, most of these families had a regular flow of income, but HIV/AIDS had rendered them indebted.



From the 36 families in debt, 34 families (72.3%) were in need of credit. Of these, nine families (26.5%) needed credit for productive purposes, eighteen (52.9%) needed it for consumption purposes, while seven (20.6%) needed credit for both purposes. The size of credit required by them was - two families needed up to Rs.10,000, twenty needed between Rs.10,000-50,000 and nine needed credit between Rs.50,000-100,000. Three families required credit of over Rs.1,00,000. Two families reported that they did not require any credit while the remaining eleven families did not have any debt.

### Conclusion

The findings emphasize the need for setting up an institutional mechanism in which micro-credit services could be extended to the identified target groups. This will help them cope with both the social as well as the economic impact of the HIV epidemic.

## **Chapter – III**

# **KNOWLEDGE, ATTITUDE BEHAVIOUR & PRACTICES AMONG THE RAILWAY COMMUNITY**

# Knowledge, Attitude, Behaviour & Practices Among Railway Community<sup>7</sup>

The KABP community survey was designed to provide indicators of knowledge, behaviour, treatment / health seeking behaviour (including voluntary HIV testing) on HIV/AIDS as well as the perception of risk among the railway employees. In addition to providing a socio-demographic profile of the community the main objectives of the survey were:

- To provide quantitative measures of existing levels of knowledge including sources, common myths and misconceptions about prevention and transmission of STI/HIV/AIDS.
- To provide quantitative measures of existing sexual behaviour that includes initiation of sexual activity, types of sexual partners (commercial, non-regular, regular) and condom usage with non-marital partners.
- To determine risk perceptions, pattern of decision making in the household, physical violence in conjugal relationships explore gender stereotypes; and
- To provide quantitative measures of persons in specific groups reporting one or more symptoms of STI and treatment/health seeking behaviour among those who report symptoms.

The study was conducted using a quasi-experimental research design. The respondents comprised of both men and women in the age group of 18-60 years and were railway employees themselves or their spouse worked in the railways at the Vijayawada division. A total of 2966 individuals were interviewed, which represented a little more than 28% of the targeted population of households (10534). The sample was drawn from among the 16 railway health units in the Vijayawada division by PPS (probability proportion to size).

Two separate questionnaires with similar content were prepared to reflect the two genders. The content of the questionnaires was finalised after collating inputs from technical research committee members of UNIFEM, India, Railway officials, and representatives from various organizations working in the fields of reproductive health, HIV/AIDS, population and health, and gender and action research groups.

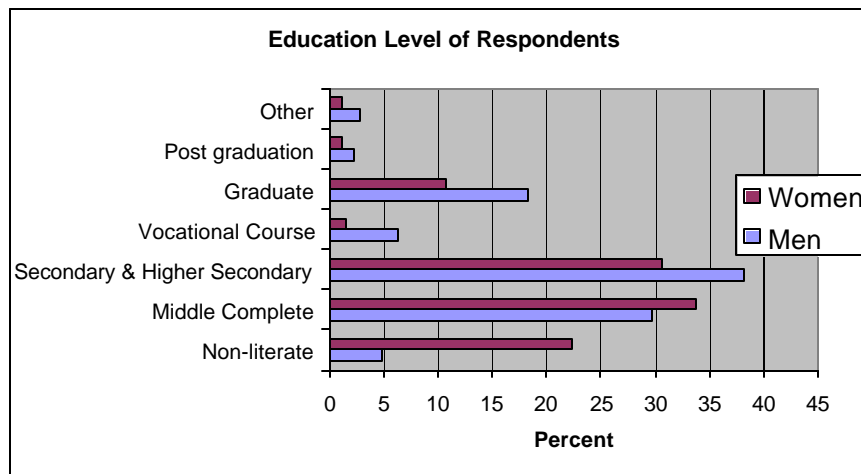
## Demographics

The survey covered 2,966 respondents, 49.8% of whom were males and 50.1% were females. The age distribution by gender shows that 74% of men were 40 years or older, while 57% of women were less than 40 years of age. About 90% of the respondents were married and two-thirds of the households surveyed consisted of four or less members. Overall, 34% of the total respondents had completed schooling, about 14% were graduates and 2.3% were post-graduates. The survey shows that compared to males, a high

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<sup>7</sup> Community KABP study conducted in December 2003

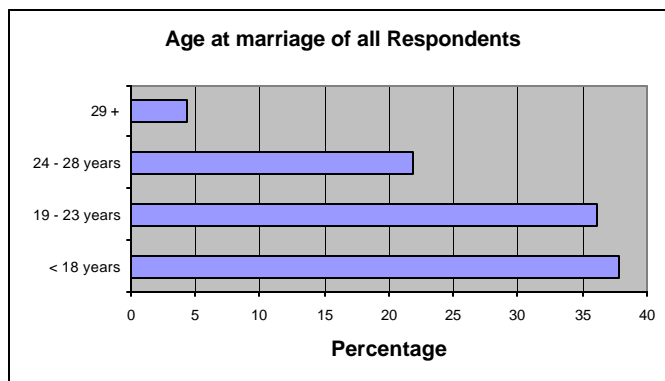
number of women had limited literacy (see Table 1, annexure). Only 42% of women had completed schooling as compared to 63% of males. As expected, a higher proportion of men reported their spouses to be non-literate (22%) compared to women (5%).



About 75% of the male respondents were working at the time of the survey compared to only 12% of females. Among those who were working, 17% of men and 11% of women reported that their work sometimes requires them to stay away from home.

### Marriage & Family Planning

Two-thirds or 67.8% of the female respondents reported that they were married at, or below 18 years of age. Among males, around 46.5% were married between 19-24 years and about 38.8% were married between 24-28 years. The mean age at marriage for females was 17.7 years.



Approximately 33% of male respondents and 40% of female respondents reported consanguineous marriages. Every eighth respondent was found to be practising family planning, mostly through tubectomy (more than 60%) by women or in some cases vasectomy (22%) by men.

### Mass Media Exposure

Only 9.5% of men and 8.8% of women listen to the radio daily while 89% of both men and women watched television daily. Around 62% of men read newspapers daily but only 20% of women read newspapers daily. Visiting cinema halls does not seem to be popular as 43% visit cinema halls only sometimes while 47% never visit. Gender disparities were seen in newspaper reading and visiting cinema halls among the surveyed population.

### **Sexual History & Behaviour**

The questionnaire elicited details of the sexual behaviour and associated problems of the community members, which helped in gauging their knowledge as well as level of risk. Respondents were asked to list out problems associated with sexual contact. Only 9% of men and 8% of women did not report any problems. A majority of men (62.8%) reported genital ulcers or sores as a result of sexual contact. The most common sexual health problems reported by women were pain during intercourse (69.6%), and itching in genital area (64.9%). Less than 40% of the females mentioned genital ulcers as a sexual health problem while more than 50% mentioned swelling of genital area as sexual health problem (52.7%). More females perceived itching to be a result of sexual contact (64.9%) compared to males (45.7%). While a majority of respondents were aware of the symptoms of sexually transmitted diseases, there were significant gaps in their understanding of these symptoms and health problems. Unless these gaps are addressed, they will be unable to gauge the risks involved in contracting STIs and prevent the same.

### **Awareness of sexual health problems amongst the opposite sex**

The level of understanding of sexual infection amongst the opposite sex was also determined through the questionnaire. Men reported the presence of genital sores (48.1%) and itching in genital area (37.1%) as some of the common symptoms among women, while women reported itching (39.4%) and presence of genital sores (33.2%) as common symptoms of sexual health problems in men. Overall, both men and women associated the following six symptoms as sexual health problems in the opposite sex: i) presence of genital sores, ii) itching in genital area, iii) swelling of genital area, iv) burning sensation during urination, v) pain during intercourse and vi) excessive discharge from penis or vagina.

### **Morbidity**

A very low percentage of men and women reported having any sexual health problem; only 0.9% of both males and females disclosed that their spouses had sexual health problem in the last six months. A common problem among males was genital ulcers followed by itching in genital area while in females it was excessive white discharge followed by severe abdominal pain.

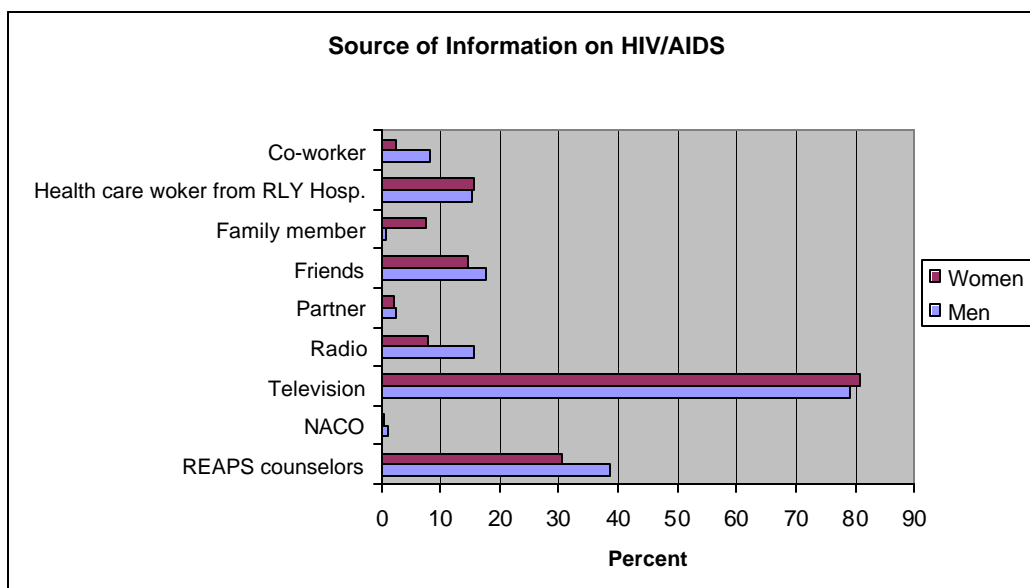
### **Sexual History**

The age at first sexual contact varied vastly between the sexes. Around 66.7% of women reported having first sexual intercourse below 19 years; and 26.7% of these reported having sex below 16 years. Among males, a smaller proportion (1.6%) reported having their first sexual intercourse below 16 years of age; yet over half of males reported having their first sexual encounter between 19-24 years of age. The first sexual contact was with the spouse for most of the respondents while a small percentage (3.8% males and 2.2% females) did not want to disclose details. Twelve men and two women reported having sexual relations with non-regular partners in the last six months, indicative of high risk out of which only six males and one female confirmed having used a condom.

On the question of protection from STDs, more men (54.5%) thought that it was difficult for a woman to protect herself from her husband who is infected with a sexually transmitted disease, than females (43.8%). On the other hand, 71.9% females and 61.6% males concurred with the statement that women find it difficult to tell her male partner that they do not want sex. Positively, 47% of the respondents felt that parents need to discuss issues related to bodily changes with their adolescent children.

### **Knowledge of HIV/AIDS & Attitudes towards PLWHAs**

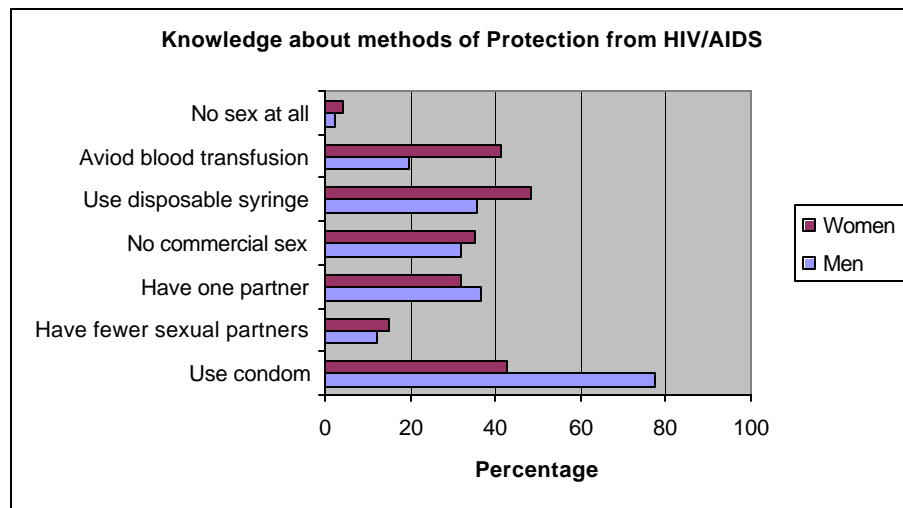
One of the main aims of the study was to gauge the knowledge level of respondents about their understanding of HIV/AIDS. About 96% of males and 88% of females had heard of HIV /AIDS virus. Irrespective of gender a majority had learnt about the disease from television (79% males and 81% females).



The second source of information on HIV was REAPS counsellors (39% males and 34% females). The other sources of information on HIV/AIDS for males were friends (17.6%), radio (15.7%), and Railway health care workers (15.2%). For women, the other sources of information on HIV/AIDS were health care

workers from Railway hospital (15.7%), friends (15%) and radio (7.8%). The respondents, who reported that REAPS as the source of information on HIV/AIDS, were satisfied with the information provided by them.

One of the ways to prevent the spread of HIV/AIDS virus in the community is to make people aware of how to protect themselves from the disease. The results showed drastic gender differences in this area. While men reported condom use, having one partner, no commercial sex, and use of disposable syringes as ways of protecting against HIV/AIDS, women reported use of disposable syringes, use of condom, avoiding blood transfusion, and no commercial sex as their top ways of protecting against HIV/AIDS. Confidence intervals<sup>8</sup> of 95% around these percentages show that gender differences exist for condom use, no casual sex, use of disposable syringes, and avoiding blood transfusions.

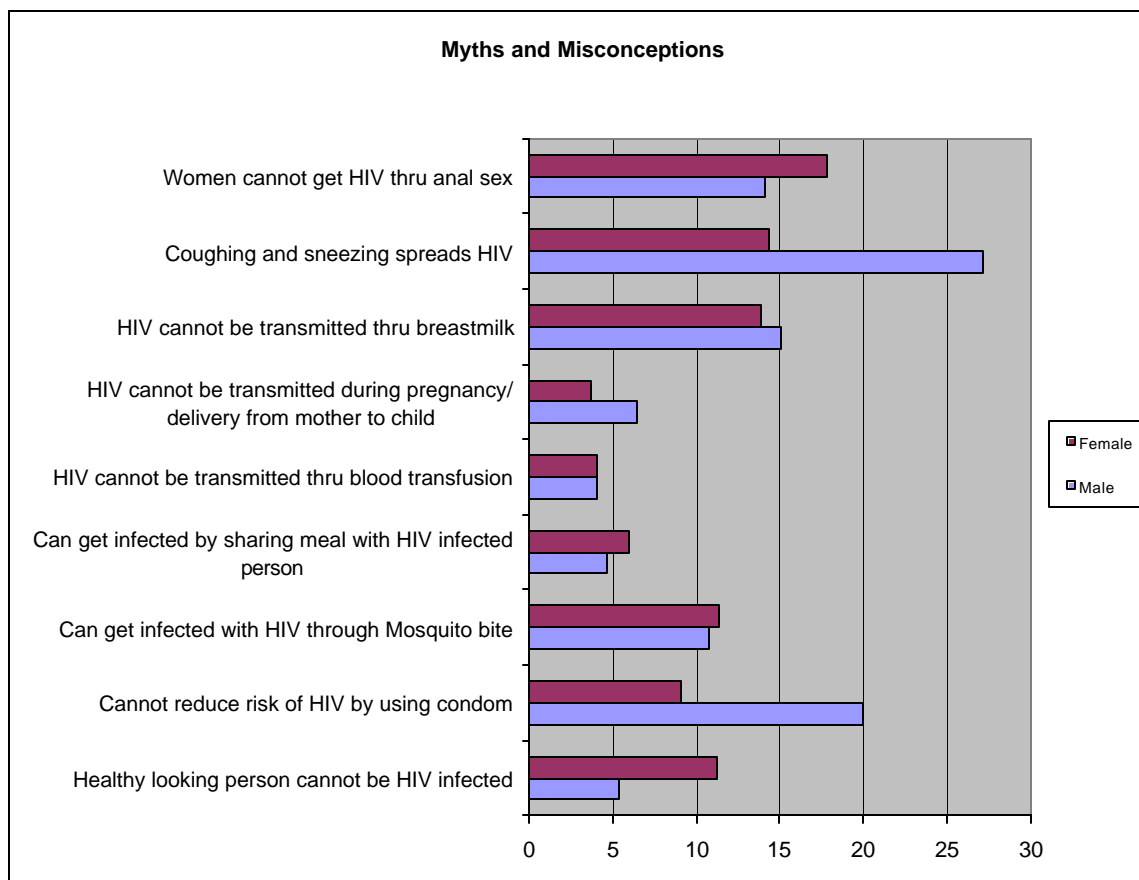


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<sup>8</sup> A confidence interval gives an estimated range of values, which is likely to include an unknown population parameter, the estimated range being calculated from a given set of sample data. If independent samples are taken repeatedly from the same population, and a confidence interval calculated for each sample, then a certain percentage (confidence level) of the intervals will include the unknown population parameter. Confidence intervals have been calculated so that this percentage is 95. If samples of the same size are drawn repeatedly from a population, and a confidence interval is calculated from each sample, then 95% of these intervals should contain the population mean.

## Myths and Misconceptions

The study also examined prevailing myths and misconceptions relating to HIV/AIDS among community members. Some of the misconceptions among women are; a healthy looking person cannot be HIV positive, infection can occur through a mosquito bite, can get infected while sharing a meal with an infected individual, withdrawal method can reduce transmission of the virus, washing one's body parts can keep HIV away, a woman cannot get HIV if she has sex during menstruation, a person on antibiotics will not get infected, and eating healthy food can protect a person from HIV. A higher proportion of males, compared to females, had misconceptions regarding women getting an infection if she had anal sex.



A large proportion of women had misconceptions pertaining to the transmission of the infection. Many of them had an understanding that “a woman cannot get HIV if she has sex during menstruation” and “a person on antibiotics will not get infected”, and this proportion is as high as 70% (on combining the don't know percentage). This data indicates a need for enhanced education on these issues, particularly for women.

A large majority of respondents were aware that HIV/AIDS virus is transmitted through transfusion of infected blood. Only a small percentage namely 7% of men and 14% of women were unsure of this fact.

Similarly, about 80% of males and females were aware that HIV/AIDS virus could be transmitted from mother to child during pregnancy. However, nearly 22% of male and 23% of female respondents were not aware that HIV/AIDS virus could be transmitted through breast milk.

On the whole respondents were fairly well informed about the modes of HIV transmission. The myths surrounding transmission of HIV/AIDS through social contact, though not very widely prevalent, is suggestive of information and messages that need to be highlighted through the project interventions among community members.

### **Attitude towards PLWHA**

A series of questions were asked in order to understand the attitude of the respondents towards PLWHAs. Nearly 75% of the respondents stated that they were ready to take care of an HIV infected family member; 81% of men and 62% of women agreed that a female teacher could continue teaching in their child's school should she be infected, 71% would continue to shop with a grocer if he/she were infected, 43% reported that they would keep a family member's HIV status a secret (males more than females), and about 67% said that they would allow their child to play with a HIV positive child. There are mixed responses of community members who do not discriminate against a person infected with HIV/AIDS. Many of them feel if their family member was infected with AIDS virus, they would keep it a secret which indicates a certain level of stigma towards persons infected with HIV/AIDS.

### **Risk Perception**

The survey revealed that 66% of men compared to 53.3% of women felt that sex workers were at risk of contracting HIV/AIDS. Around 40% of the respondents perceived clients of sex workers to be at considerable risk, while 27.5% mentioned truck drivers, soldiers, travelling sales persons and those getting married (20.9% of men and 22.7% of women) to be at risk.

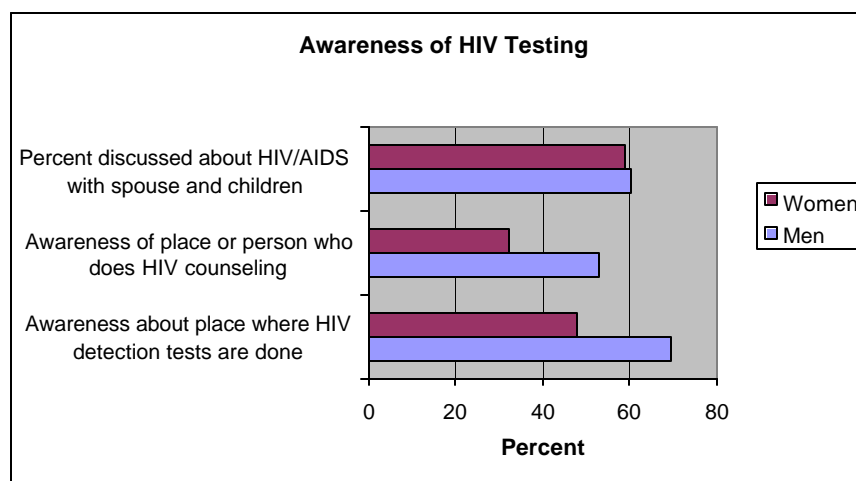
### **Reasons to undergo HIV testing.**

Around 45.3% of men thought that if a person fell sick he should undergo a HIV test. Marriage (28.8%), planning for the future (23.9%), protecting partner (21.4%), and protecting the unborn child (14%) were cited as valid reasons to undergo HIV testing. On the other hand, women thought planning for the future (51%), marriage (40%), protecting partner (25.1%), and protecting the unborn child (12.6%) were adequate reasons to get tested.

The two main reasons cited by respondents for *not* undergoing HIV/AIDS test were stigma (58%) and fear of being tested positive (53%). A higher proportion of males (70%) compared to females (46%), mentioned stigma as the reason for not undergoing HIV/AIDS test.

## **HIV Testing & Counselling**

Overall, about 59% of the respondents knew where to get a HIV test done and the proportion of men (69.4%) with this knowledge was higher than that of women (48%). Nearly 53% of men were aware of HIV counselling as compared to 43% of women. About 60% of respondents reported that they had discussed HIV/AIDS with their spouses and children. Among those who said they hadn't, 25% said that they would take initiatives to discuss this issue with their children.



About 78% of men and 80% of women felt children above 15 years of age should be given information about growing up (menstrual cycle/masturbation) and 80% felt the children should be given information on HIV/AIDS at school.

## **Perceptions of Gender Roles and Domestic Violence**

A crucial aspect of the study also highlighted perception of gender roles. Nearly 92% of men and 88% of women agreed that young men and women have the same opportunities to go to school. Around 61% of men and 74% of women were of the view that girls should be allowed to select their own husbands. A majority of the respondents, 81% of men and 71% of women, were of the view that it is due to safety reasons that girls are less mobile than boys.

When asked if "men prefer women who are less assertive about their role and rights", a majority of the respondents, both male (70%) and female (66%) agreed with the statement. About 90% of the respondents, both male and female believe that "it is necessary for a woman to have a husband to be happy in life". 67% of men agreed with the statement that "women do not want to be independent and require a man to take care of them' as compared to 58% of women. Nearly 33% of men and 39% of women agreed with the statement 'if girls are educated it should be to prepare them for jobs and not just make them better mother and wives'. Interestingly, 59% of the male respondents and 83% of female respondents agreed with the statement 'a woman has to have her husband's permission for everything'.

The picture that emerges from these responses is that marriage is still considered the most important in a woman's life and determines her happiness. Therefore girls are groomed for marriage and although women are becoming financially independent, the prevalent perception is that women are largely dependent on males.

The respondents were asked to give their views on division of labour at home and whether working women are able to do justice to their roles at home and office. While 56% of women disagreed that a woman cannot do justice to her roles at home and office, a significant 38% of them still agreed with it. A majority of the respondents also agreed that husbands should help out with the household chores. Small family size and growing participation of women in labour force maybe the reason why males and females have a more egalitarian view on participation of males in domestic chores and women's dual role at home and work place. Both male (68%) and female (62%) were in agreement that alcoholism lead to violence in the family.

### **Domestic Violence**

The data indicates that more females (14%) reported arguments related to their sexual relations with spouses than males (6%). Most arguments among married respondents were mainly related to management of finance, household tasks, and disciplining of children. In contrast, arguments were less on issues related to family planning or use of condom.

Further one-eighth of the respondents, both male and female, acknowledged that physical abuse took place as a result of an argument. Further analysis of the data shows that educational status plays a role in domestic violence. A higher proportion of males who have had *middle school or higher* education reported physical abuse (55%) compared to males with lower education (44%). On the other hand, females with middle school or lower education have experienced more physical abuse than those with higher education.

There was also a correlation between physical abuse and the working status of respondents. It was observed that 13% of working males had arguments leading to physical abuse compared to 7.4% of non-working males. While among females, those working have reported more physical abuse than their non-working counterparts (12%). A higher proportion of women also reported having an argument with their spouse on issues such as managing money, housework, sexual relations, and disciplining of children.

### **Conclusion**

This survey provides basic as well as crucial information with regard to HIV/ AIDS among the lower middle class among comparable railway communities in the state. This study points out areas that are both positive as well as deficient, highlighting the need for intensive education and awareness on each of the issues raised in the survey.

Almost all respondents had heard of the HIV /AIDS - television being the main source followed by REAPS. While there is considerable awareness about HIV/AIDS, there is a significant level of misconceptions, particularly among women. Although, most respondents reported positively towards PLWHAs, nearly half the respondents indicated that they would not disclose their HIV status for fear of stigma. On the positive side, almost two-thirds of the respondents have discussed HIV/AIDS with their spouses and children; and felt that schools were the best medium to educate children on growing up and preventive methods of HIV/AIDS.

Since the project aims at equalizing gender relationships in the context of HIV/AIDS, it is interesting to note some key gender disparities in the data. Most women have engaged themselves in traditional household chores, are non-literate or 'educated only upto middle school', get married at an earlier age than men, and initiate sexual activity before 18 years of age. Very few of them are actually aware of signs and symptoms of an STI, and find it very difficult to refuse to have sex even when their partner is infected. The two main reasons cited by the respondents for not getting tested for HIV/AIDS are stigma (70% among men against 46% among women) and the fear that the test may confirm the presence of the disease.

## **Chapter IV**

# **KNOWLEDGE, ATTITUDE, BEHAVIOUR & PRACTICES AMONG STUDENTS OF RAILWAY SCHOOLS**

## Knowledge, Attitude, Behaviour & Practices Among Students<sup>9</sup>

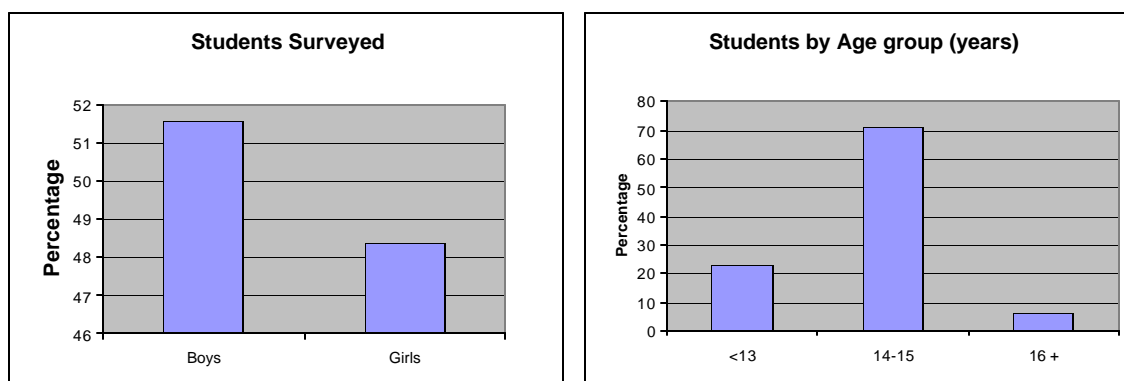
Before launching a school education programme and assessing its effectiveness, it was desirable to examine the knowledge base of students on HIV/AIDS, their attitude towards people living with HIV /AIDS, gender sensitiveness and views on inclusion of sex education and HIV into school curriculum. Hence, this study was planned as a baseline survey for school students on the following aspects:

- To provide quantitative measures on existing levels of knowledge about modes of transmission, common myths, and misconceptions about prevention and transmission of STI/HIV/AIDS.
- To determine perceptions of risk (including accurate perception of risk).
- To determine gender stereotypes.

The study was conducted among students in class IX and X from five schools run by Indian Railways in the Vijayawada division of South Central Railways. The questionnaire was finalized with inputs from UNIFEM, REAPS team, and DRM, and then reviewed by teachers from the Railway schools and pre-tested on 30 students from a non-railway school in Vijayawada. A five- point scale was inbuilt in the questionnaire to measure the attitude of students towards gender, AIDS and growing up.

### Profile of the students

A study was conducted among a total of 777 students in the sampled schools. A brief profile of the students is given with details of their demographics is provided in the annexure.

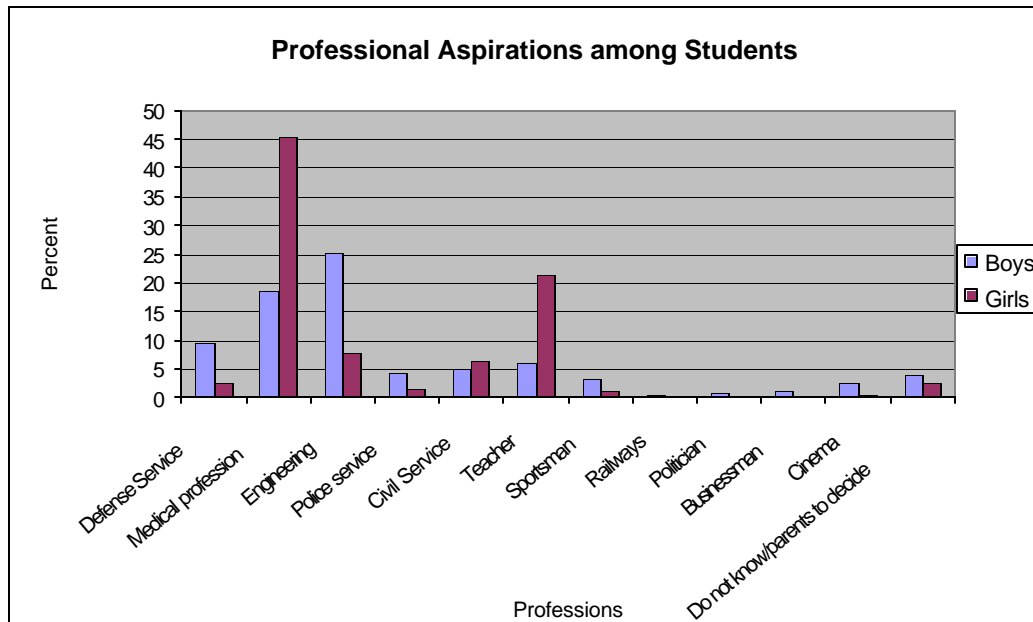


The gender ratio of the students was 94 girls per 100 boys. Three-fourths of the students were between 14-15 years of age and only a few were in the 16–19 age group. The educational background of the parents varied. Most of the fathers worked in various departments in the railways as fitters (12%), train drivers (9%), Khalasis (7%), electricians or mechanics (7%) to clerks (5%) and TTs (4%).

Only 24% of students read newspaper regularly and 69% read it occasionally. Television was the sole source of entertainment with 47% of students reporting that they watch it everyday. Only 9% of the students

<sup>9</sup> Student KABP study undertaken in Jan 2004

reported that they do not watch or do not own a TV. Results show that 57% of students occasionally go to cinema theatres to watch movies and the reason for this could be the availability of cinemas on cable T.V.



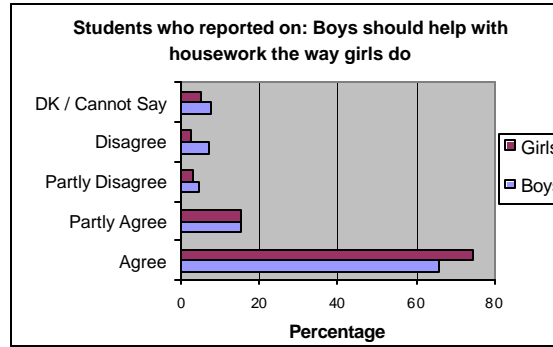
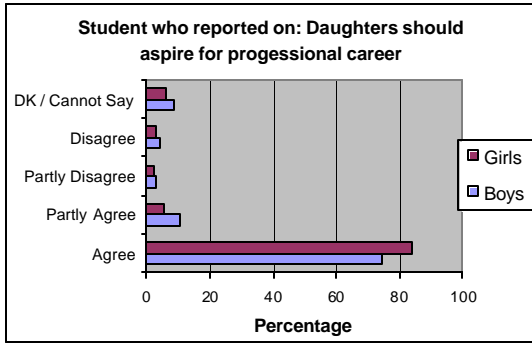
Professional aspirations of the students included medicine, engineering, and teaching. Only 4% of boys and 2.6% of girls were unsure at the time of the survey. Among boys, the most coveted profession was engineering (25%) followed by medicine (19%) and Defence services (9%). Around 45% of the girls wished to pursue the medical profession while 21.4% were keen on the teaching profession.

### **Values on Gender Equality**

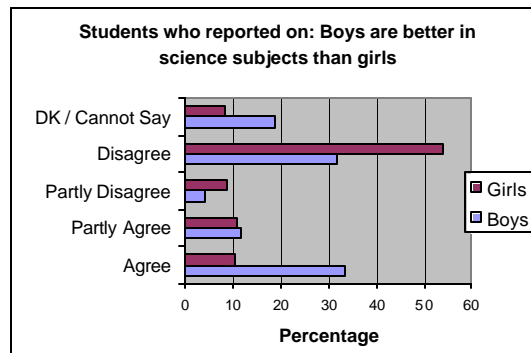
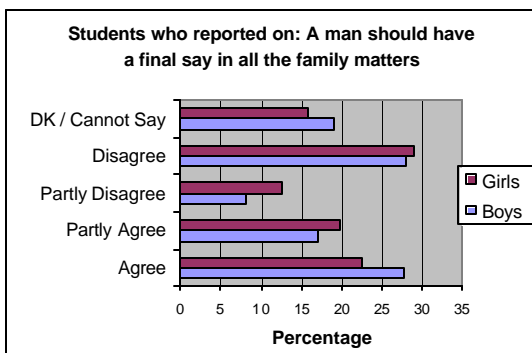
Although girls and boys had similar views on most issues, there were some responses that had gender variations. A majority of the students agreed on the following:

- Males and females should have equal rights in society;
- Parents should encourage daughters to aspire for a professional position in life;
- Boys should help with housework;
- Men more than women are expected to work to support families;
- Husbands should share household chores if the wife is working;
- Girls should be allowed to select their own spouse;
- A woman needs her husband's permission for everything.

It's interesting to note that compared to girls, a significantly higher proportion of boys agreed that they were better in science than girls.

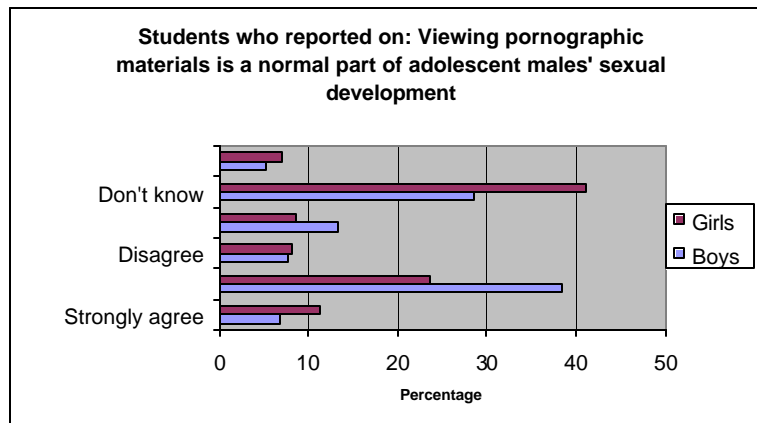


40% boys and 25% girls felt that girls were inferior to boys and girls were not as good in sports and academics as boys. The responses suggest that although boys are ready for girls to be given the same opportunities as themselves, they believe that boys are superior to girls. Many students are also uncertain about these aspects.



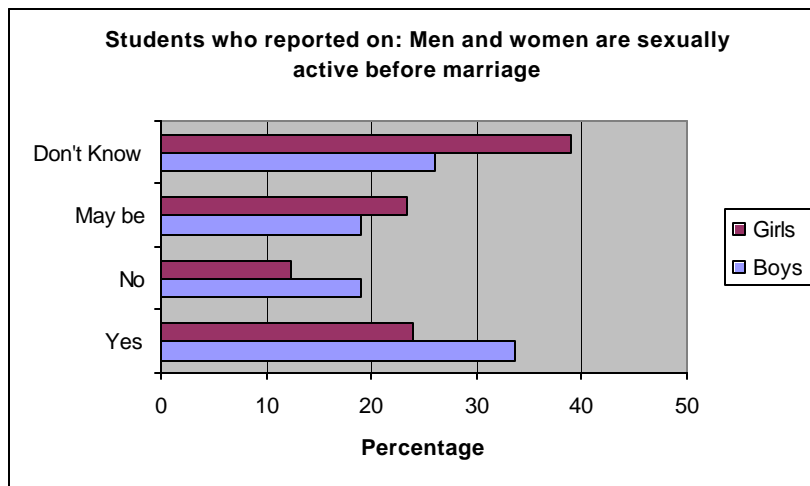
### Views on Growing Up & Sexual Behaviour

The questionnaire results show that almost 56% of boys and 55% of girls were aware of the legal age of marriage for men and women in India. A majority of girls (70%) and boys (66%) consider virginity as very important for girls. Interestingly, about 22% of the students were neutral on this issue.



More boys (45%) than girls (35%) agreed that viewing pornography was a normal part of adolescents' sexual development. About 49% of boys and 35% of girls agreed that swapping stories was a good way to gain information on sex. Around 36% of boys and about 23% of girls agreed that masturbation was an appropriate way to deal with their sexuality.

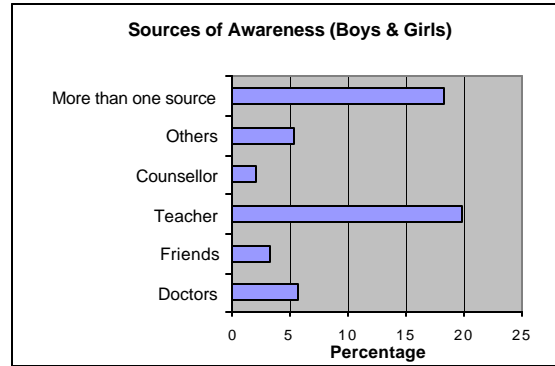
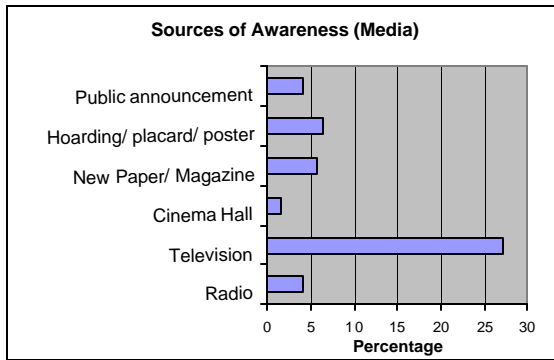
A majority of the students (70% of boys, 58% of girls) agreed that sex should be delayed until marriage. Interestingly, there were significant differences between girls and boys who responded *don't know* to the question. Nearly 56% of girls and 50% of boys felt that it was wrong to have sexual relations before marriage. Only 11% of boys as compared to 2.7% of girls felt there was nothing wrong about it. Many students felt uncomfortable talking about matters related to sex.



A high 39% of girls were unaware if pre-marital sex was taking place in society while 34% of boys considered pre-marital sex a common phenomenon.

### **Knowledge & Awareness of HIV/AIDS**

Sixty percent of the student had heard about HIV/AIDS; 15% had heard about it one month back; 24.2% two to six months back; 30.4% six to twelve months back; 18.9% twelve to twenty four months back and 10.5% about twenty four months or greater. A significantly higher proportion of boys (67.1%) reported being aware of HIV/AIDS compared to girls (50.8%). The common sources of information on HIV/AIDS for boys were television, teacher, doctor and friend while for girls, they were TV, teacher, radio and doctor. Nearly 8.6% of the students knew of someone infected with the virus and only 30% of them said that people do not show signs of being sick right away.



### **Knowledge of modes of transmission of HIV/AIDS**

While eighty seven percent of boys and seventy eight percent of girls had knowledge of the different modes of transmission, about eleven percent of boys and twenty percent of girls reported that they had little or no knowledge of how HIV is transmitted. Only about 50% of the students knew that the virus could be transmitted via breast milk and by an infected homosexual partner. There were no significant differences between genders in this aspect.

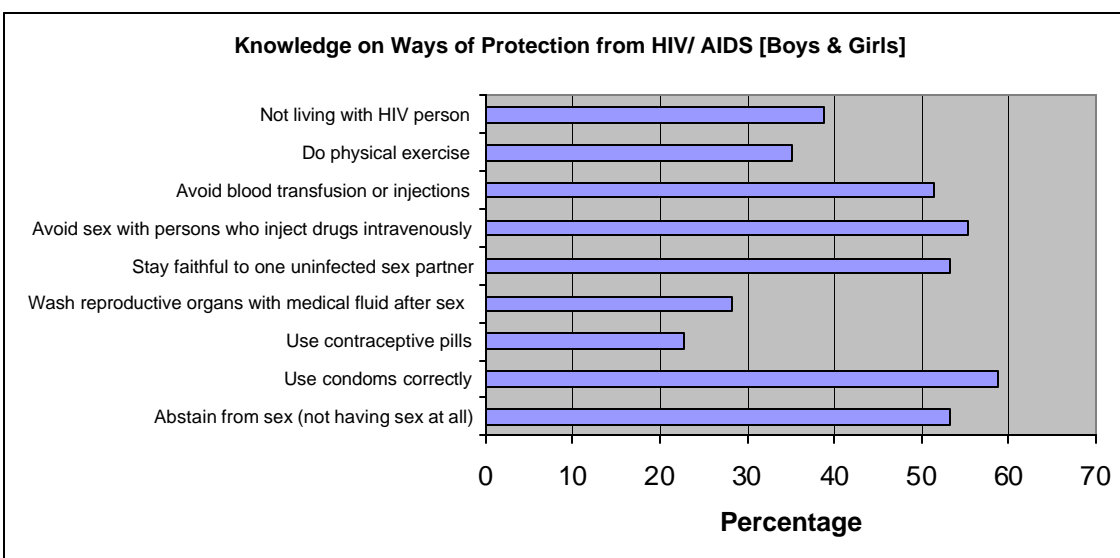
<b>Knowledge on Modes of HIV/AIDS transmission</b>	<b>% Boys</b>	<b>% Girls</b>	<b>% Total</b>
Mother to child during pregnancy, or delivery	62.1	61	61.5
Hetro-sexual transmission with HIV partner	67.8	59	63.4
Infected mother to child	67.6	61.7	64.6
Infected blood transfusion	84	78.1	81.1
Infected mother to child by breast feeding	53.6	53.7	54.4
Using infected needles	81	75.4	78.2
Homo-sexual if one partner is infected	48.9	44.7	46.8
Sexual relation with infected person	74.1	71.7	72.9
One spouse has multiple partner	70.8	68.8	69.8
More than one sexual partner	62.3	67.6	64.8

Overall, between 20-35% of the respondents had misconceptions on the way the virus was transmitted. Other leading misconceptions among students include: hugging an HIV infected person can transmit the virus, sneeze, cough or spit of HIV infected person, kissing on the lips or sharing a meal with a HIV infected person can all spread the virus.

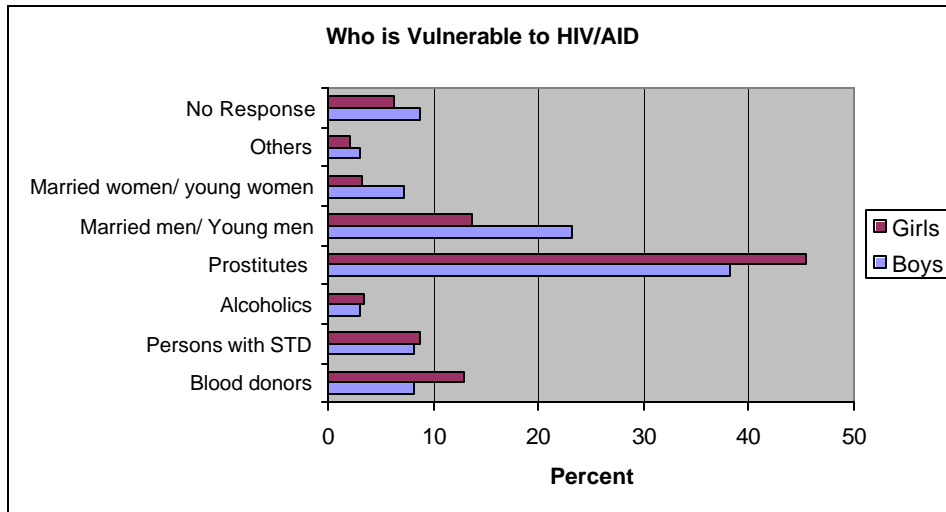
<b>Misconceptions regarding HIV/AIDS transmission</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Bitten by a mosquito.	47.4	43.9	45.7
Kissing on lips	33.7	35.5	34.5
Using same toilet as infected person	24.9	29.2	26.9
Sharing meal with HIV person	21.7	30.8	26
Sharing clothes with many people	23.9	24.3	24.1
Sitting close to HIV person	17.5	20.6	18.9
Hugging a person with HIV/AIDS	35.4	42.9	39
Handshaking with person who is HIV	15	15.5	15.2
Working together, or sharing chair, table, pens, papers, computers	12.7	14.7	13.7
Sneezed, coughed, or spitted by HIV person	39.2	41.6	40.3
Sharing clothes with HIV person	23.7	29.1	26.3

### **Knowledge of Prevention and Risk Groups**

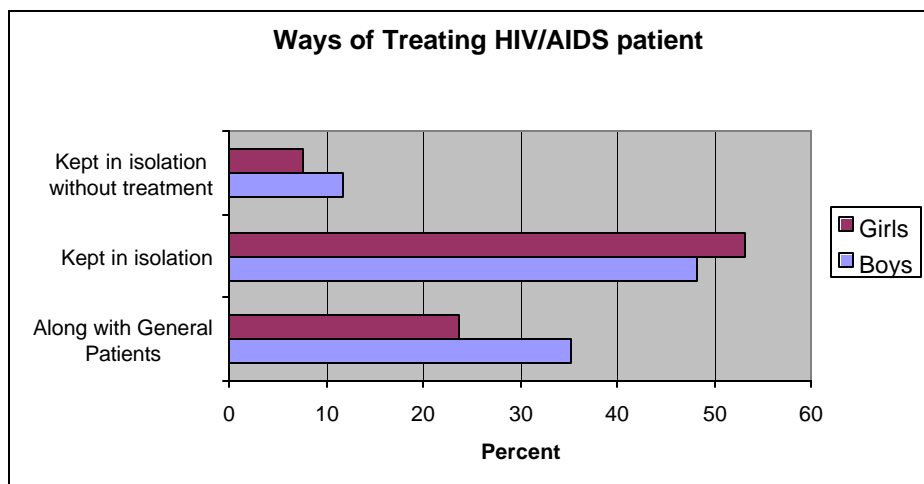
Approximately 53% of both boys and girls thought that abstaining from sex was a way to protect oneself from HIV/AIDS. Additionally, a lower proportion of girls (51%) compared to boys (66%) felt that that the correct usage of a condom would protect them against this virus.



As noted in the graph above, many students also believed that not living with an HIV infected person, doing physical exercise, washing reproductive organs with medical fluid after sexual intercourse protected them from HIV/AIDS. Prostitutes (42%), followed by married/ young men (18.5%), and blood donors (10.5%) were identified as risk groups by the students in the survey. Over 90% of boys and girls do not think that those persons who with STD are vulnerable to HIV/AIDS.

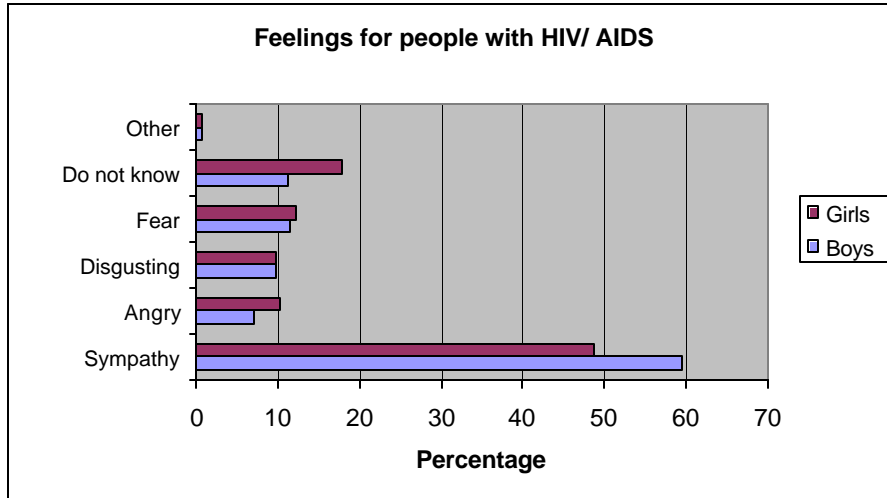


Only 35% of boys and 28% of girls felt that HIV/AIDS positive patients should be treated along with general patients, while 48% of boys and 53% of girls thought they should be kept in isolation. Around 12% of boys and 8% of girls felt that such patients should be kept in isolation without treatment.



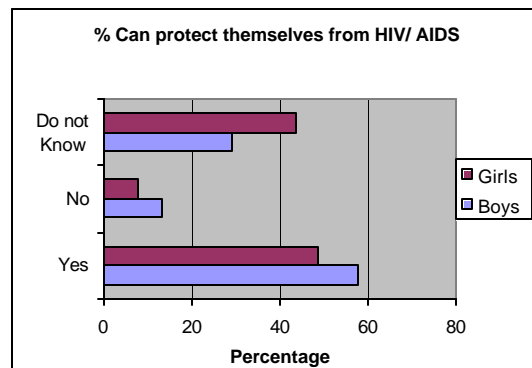
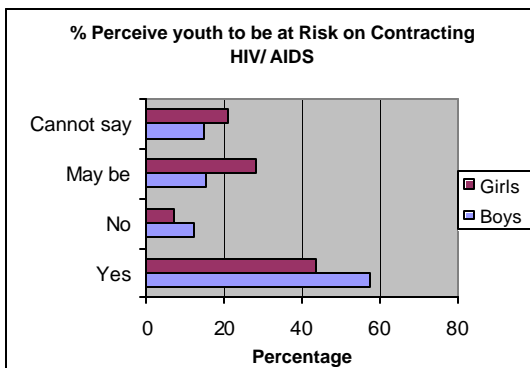
### **Attitude of Students towards People living with HIV/AIDS**

Around 59% of boys and 49% of girls felt sympathetic towards HIV positive persons while 12% were afraid, and another 15% had mixed feelings. A significant number of boys and girls felt there would be no difference in their social encounters with PLWHAs; 34% of boys and 28% of girls were willing to share a meal with a PLWHA; 50% of boys and 44% of girls reported that they will treat the PLWHA same after knowing their HIV status; and 51% of boys and 45% of girls reported that they would be willing to take care of a family member living with HIV. On the average, about 20-30% of the students were still uncertain about how to deal with such situations.

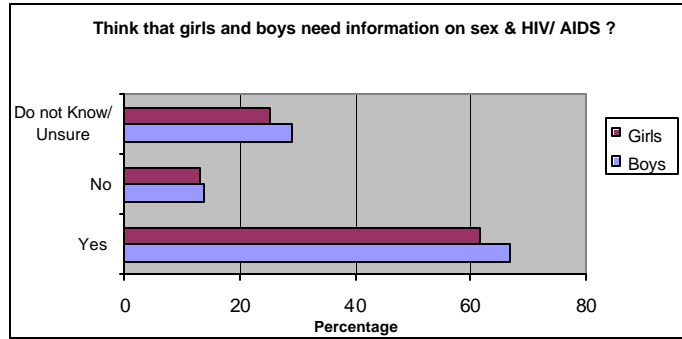


**Perception of risk and HIV Education**

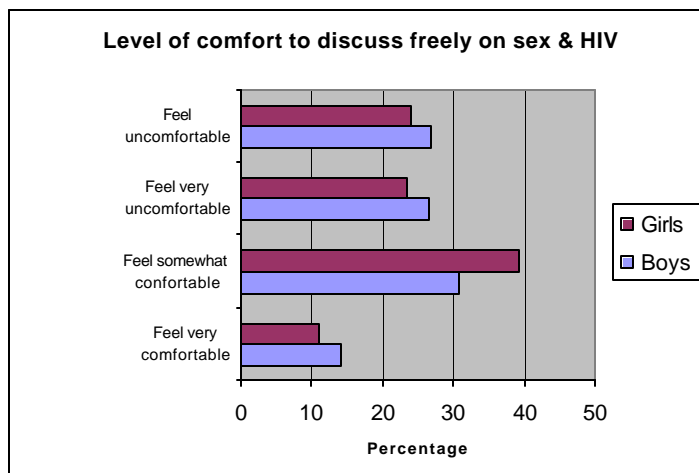
Girls felt comfortable sharing their HIV status with parents (30%) or spouses (20.3%) whereas boys preferred sharing the information with a doctor (21.6%) or their spouse (19.2%). A higher percentage of boys (58%) compared to girls (43%) perceived youth to be at risk for contracting HIV/AIDS. When asked if they knew how to protect themselves from HIV/AIDS, 43% of girls said no or were unsure, compared to 30% of the boys. There is a clear gender differential here that needs to be addressed; there needs to be focus on both increasing information and knowledge among girls as well as making them more confident to protect themselves.



About 67% of boys and 62% of girls felt that they needed more information on HIV/AIDS and approximately 55% boys and girls preferred to receive HIV related information/education from the school. Interestingly, around 50% of boys and 43% of girls reported that they were willing to address the HIV/AIDS situation.



Despite the above, over 50% of the students did not feel comfortable discussing sex and HIV in general and about 45% of them did not feel comfortable discussing HIV/AIDS with their teachers. This shows that there is still a lot of fear and uncertainty about how to deal with issues pertaining to sex and HIV/AIDS among this population.



## Conclusion

Throughout childhood, boys and girls receive different messages based on the socio-cultural roles assigned to men and women and their dynamics. These gender roles go a long way in shaping the mindset of the population at large and it has implication on the health and welfare of both the sexes. It has been recently accepted that there is a need to provide gender education in the context of the HIV/AIDS epidemic, as women are becoming more vulnerable to the disease. It is essential that students leave school with the knowledge, understanding, and skills to critically challenge the structures and practices that maintain gender inequities.

The data in this survey show that there are some gender disparities in awareness and knowledge of sexual behaviour as well as perceptions and risks in the context of HIV/AIDS. With regard to growing up and sexual behaviour, a significant number of boys and girls agreed that viewing pornography and masturbation

were normal part of growing up/ sexual development. Most students also agreed that sex should be delayed till marriage, and having sexual relation before marriage was wrong; yet nearly two thirds of boys reported that premarital sex was common. A larger proportion of girls also acknowledged that they did not know the answer to a number of questions. This has implications for the curriculum to be introduced in schools as a part of the intervention strategy for gender equalization in the context of HIV/AIDS; further different materials might be needed for boys and girls.

There is considerable knowledge about HIV/AIDS among student population; boys were more aware than girls. While 60% of students had some knowledge about the modes of transmission, 50% did not know that HIV could be transmitted through breast milk or an infected homosexual partner. A significant number of boys (36%) than girls (25%) did not think abstaining from sex would protect from HIV/ AIDS; further, fewer girls (51%) compared to boys (66%) felt that condom use would protect them from HIV. The study also reveals that there is considerable stigma associated with HIV/AIDS among students'; a large number of students (40%) felt that HIV/AIDS patients should be kept in isolation; and further yet many (15%) students are unsure about how to deal with a person with HIV/AIDS while 12% reported fearing them.

It is known that young women (girls) are probably more at risk for infection because they are less in control of their sexual lives and are not adequately informed. The data presented in this survey supports this fact. More boys perceived youth to be at risk for HIV compared to girls; while a significantly large number of girls (52%) and boys (43%) did not know/ or said that they could not protect themselves from HIV/AIDS. A majority of student did want more information on HIV/ AIDS and wanted it to be provided through the education system.

In conclusion the KABP study among students indicates a number of areas of knowledge deficiency among students, as well as areas for increasing awareness and reducing stigma associated with HIV/AIDS among the student population studied. Clearly the data also indicates that gender values needs to be better incorporated in the school curriculum, particularly for enhancing the confidence among girls. Students have also clearly indicated in the survey that they would prefer for the information to come through schools, reinforcing the need to develop a comprehensive life skills curriculum including gender values, sexual health and HIV/AIDS.

**SUMMARY OF KEY  
FINDINGS  
FROM THE STUDIES**

## **KEY FINDINGS FROM STUDIES**

### **I. HIV Counselling Need Assessment**

- Community respondents would like to get a one for one or at least group counselling.
- Both men and women identified the preference for a middle aged, professionally qualified counsellor, from the same sex but from a different community.
- Both men and women preferred counselling to be available at a hospital.
- Women said that they would prefer counselling during morning hours while most men said that evening was the best time for counselling.

### **II. Credit Needs Assessment of PLWHA's and their Families**

- Seventy seven percent of PLWHA's and their families, belonging to the lower socio-economic strata of railway employees, face deficits in family budgets to the imbalance between income and expenditures.
- Seventy seven percent of families were found to be in under the burden of debt and required credit.
- Eighty two percent of families indicated high family expenditure due to the expenses incurred on medical treatment related to HIV status.
- The magnitude of indebtedness of the families where one or more people suffer from HIV/AIDS confirms the need for instituting the mechanism of revolving fund for them.

### **III. Knowledge, Behaviour & Practices among Community**

- Gender differences exist in the field of protecting oneself from the disease and preventing the spread of the HIV/AIDS virus. Men reported condom use, having one partner, no commercial sex and use of disposable syringes in the mentioned order as ways of protecting against HIV/AIDS while among women the majority reported use of disposable syringes followed by use of condom, avoiding blood transfusion and no commercial sex.
- Higher proportion of women compared to males had misconceptions regarding a healthy person's getting infected with HIV, acquiring infection through a mosquito bite and getting infected while sharing a meal with an infected individual.
- Largely the respondents had correct knowledge regarding modes of HIV transmission. However, on certain issues, the respondents were unsure about certain modes of transmission, especially in the case of females.
- Respondents were aware of the modes of transmission of HIV through mother to child during pregnancy or delivery but were not aware of transmission through breast milk.

- The two main reasons cited by respondents for not going for HIV/AIDS test was stigma and fear of knowing. A higher proportion of males (70 percent) reported stigma compared to females (46 percent) being the reason for not going for HIV/AIDS test.

### **Knowledge, Behaviour & Practices among Students**

About 40% and 25% of girls did feel that girls were in fact inferior to boys; this indicates the need for continued education and empowerment of both boys and girls on life skills and gender values.

- Most students agreed that sex should be delayed till marriage, and having sexual relation before marriage was wrong; yet nearly two thirds of boys reported that premarital sex was common.
- There is considerable knowledge about HIV/AIDS among student population; boys were more aware than girls. Main source of information was TV, teacher and doctors.
- More than 60% of the students were aware of the modes of transmission of the HIV/AIDS virus. 20% of girls had little or no knowledge of modes of HIV/AIDS transmission. There were no significant differences in knowledge by gender.
- Overall, between 20 and 35% of the respondents had one or more misconception about how the virus was transmitted; 50% did not know that HIV could be transmitted through breast milk or an infected homosexual partner. About 46% of students believe that mosquito could transmit HIV.
- A significant number of boys (36%) than girls (25%) did not think abstaining from sex would protect from HIV/ AIDS; further, fewer girls (51%) compared to boys (66%) felt that condom use would protect them from HIV.
- A vast majority of students did not feel that young/ married women and men or persons with STD were vulnerable to HIV/ AIDS.
- A large number of students (40%) felt that HIV/AIDS patients should be kept in isolation, indicating strong stigma associated with issue.
- Boys, more than girls, perceived youth to be at risk for HIV; while a significantly large number of girls (52%) and boys (43%) did not know/ or said that they could not protect themselves from HIV/AIDS.
- A majority of students did want more information on HIV/ AIDS and wanted it to be provided through the education system.

# **ANNEXURES**

## Annexure

### Profile of KABP Community Survey Respondents & Background Characteristics

Characteristics	Men	Women	Total
<b>Gender</b>	(49.8) 1478	(50.1) 1488	2966
<b>Age group</b>			
< 29 years	8.1	16.4	12.2
30-39	17.9	41.3	29.7
40-49	46.3	35.9	41.1
50+	27.7	6.4	17.0
<b>Religion</b>			
Hindu	77.3	66.2	71.8
Muslim	11.2	10.2	10.7
Christian	11.3	23.5	17.4
Others	0.20	0.10	0.1
<b>Caste</b>			
Higher Caste	10.4	9.8	10.1
Scheduled Caste	25.9	27.6	26.7
Scheduled Tribe	7.5	12.5	10.0
Backward Caste	23.8	18.5	21.1
Others	31.3	31.4	31.3
<b>Marital Status</b>			
Single/Unmarried	4.3	2.0	3.2
Married	95.1	93.4	94.3
Others	0.6	4.6	2.6
<b>Education level of Respondent</b>			
Non-literate	4.8	22.4	13.7
Middle Complete	29.7	33.7	31.7
Secondary & High Secondary	38.2	30.6	34.3
Vocational Course	6.3	1.5	3.9
Graduate	18.3	10.7	14.5
Post graduation	2.3	1.2	1.8
Others	2.8	1.1	2.0
<b>Education level of Spouse</b>			
Non-literate	23.3	4.6	14.0
Middle Complete	35.7	26.6	31.1
Secondary & High Secondary	29.3	38.1	33.7
Vocational Course	0.7	6.5	3.6
Graduate	7.7	17.3	12.4
Post graduation	1.1	2.3	1.6
Others	1.6	4.0	2.8
<b>Family Size</b>			
< 4	64.4	61.9	63.2
5 - 7	34.4	35.6	35.0
8 +	1.2	2.5	1.9
<b>Age at marriage</b>			
< 18 years	6.6*	67.8*	37.1
19 - 23 years	46.5*	26.0*	36.3
24 - 28	38.8*	5.4*	22.2
29 +	8.0*	0.8*	4.4

### Profile of Student KBP Respondents & Background Characteristics

S.No	Characteristics	Percentage	Total
	<b>Students*</b>		
	Boys	51.6	401
	Girls	48.4	376
	<b>Age group</b>		
	<13	22.7	176
	14-15	71.2	553
	16 +	6.2	048
	<b>Religious Group</b>		
	Hindu	56.0	434
	Muslim	14.2	130
	Christian	29.2	226
	Others	0.8	005
	<b>Family Caste</b>		
	Scheduled Caste	26.5	203
	Scheduled Tribe	9.1	070
	Other Backward Caste	17.8	136
	Other Caste	40.6	311
	No Caste	6.0	046
	<b>Family Size</b>		
	<4	44.2	338
	5-7	47.8	366
	8 and above	8.0	061
	<b>Father Education Status</b>		
	Primary-Middle	7.7	60
	Secondary	28.7	223
	High Secondary	13.5	105
	Graduation	22.6	176
	Post Graduation	5.0	39
	Vocational course	5.9	46
	Do not Know	14.6	113
	No response	1.9	15
	<b>Mothers Education Status</b>		
	Not Literate		
	Primary-Middle	24.6	191
	Secondary	36.9	287
	High Secondary	11.2	087
	Graduation	9.0	070
	Post Graduation	1.7	013
	Vocational Course	0.5	004
	Do not Know	10.8	084
	No Response	5.3	41
	<b>Mothers Work status</b>		
	Working	8.2	056
	<b>Newspaper Reading Habit</b>		
	Every day	23.9	185
	Sometimes	68.9	534
	Never	5.0	039
	Do not like to read	2.2	017

