Koshish
Working towards better sexual & reproductive health and rights for PLHIV in India
Baseline Study
Summary Reports
Acknowledgements

India HIV/AIDS Alliance would like to thank the PLHIV community members who took part in the Koshish baseline study and the Koshish consortium partners—VMM and TNP+ in Andhra Pradesh; CHETNA and GSNP+ in Gujarat; MAMTA and NMP+ in Maharashtra; and PWDS and TPWN+ in Tamilnadu—for their many contributions to the research process. We would like to acknowledge Kumkum Pal and Viswanathan A. for their many inputs and coordination of the study.

We also would like to express gratitude to the stakeholders and partners who are contributing to the programme. Special thanks to our government partners—especially the State AIDS Control Societies in Andhra Pradesh, Gujarat, Maharashtra, and Tamilnadu—for their untiring collaboration and to the European Commission for the financial support and encouragement to make Koshish possible.

Published December 2012

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Unless otherwise stated, the appearance of individuals in this publication gives no indication of their HIV status.

Recommended Citation:

This project is funded by the European Union.
DCI-SANTE/2011/238-371

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Koshish (2011-2014)

With support from the European Commission, the Koshish programme strengthens civil society organisations and networks—specifically those representing and working with PLHIV and other marginalised groups like MSM, transgenders, sex workers, and people who use drugs—to effectively advocate for policies and strategies on sexual and reproductive health (SRH) and rights for PLHIV in India. Through coalitions, partner organisations develop and implement state and district-level efforts, affirming the principles of empowerment and meaningful partnerships as core elements of effective advocacy. Koshish works in Andhra Pradesh, Gujarat, Maharashtra, and Tamilnadu.

Increased capacity and advocacy supported through Koshish will support the realisation of rights of PLHIV and help address dynamics that limit PLHIV access to SRH interventions. Alliance India leads this project in partnership with VMM, CHETNA, MAMTA, and PWDS and, along with state-level networks for PLHIV in each state: TNP+, GSNP+, NMP+, and TPWN+.

Baseline Study Background

As part of the Koshish programme, India HIV/AIDS Alliance (Alliance India) carried out a Knowledge, Attitudes & Practices (KAP) study among people living with HIV/AIDS (PLHIV) in the programme’s four implementation states to understand issues related to their sexual and reproductive health and services available at community level. The study also aimed to understand the barriers in realising the sexual and reproductive health rights among the PLHIV. This study was conducted in coordination the programme’s implementing partners.

In line with the focus of the programme, the study was intended to provide empirical evidence to advocate with local stakeholders. In India, health is a state subject, an issue for which state government is responsible with central government support. To ensure that the areas of SRHR and related issues studied were consistent, the overall design, data collection, analysis and content of the study and summary reports were centrally managed by Alliance India. To ensure ownership and state appropriate use of the data, the content was handed over to the state partners to design their own reports to give them the most locally responsive advocacy tools for their work.

Baseline Study Methodology

The study was carried out among 803 respondents (352 men, 401 women and 5 transgenders) aged 15-49 from the states Andhra Pradesh, Gujarat, Maharashtra, and Tamilnadu. Lists of PLHIV in the area covered by the NGO/CBO were collected and used as the sampling frame for the selection of the respondents. Respondents were selected using systematic random sampling methodology. A structured questionnaire was used for data collection from target groups. The questionnaire was translated into four local language and pre-tested among the target population. Data were collected from April to June 2011. Some of the interviewers were PLHIV from selected study districts. The ethical principles adopted in the study include taking informed consent and giving complete liberty to the respondents to decide whether to take part in the survey or not or whether to answer a particular question or not.
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.

Overall 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/less utilisation 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.

Acknowledgements:

India HIV/AIDS Alliance would like to thank the European Commission for its support for Koshish. AllianceIndia is grateful for the contributions to the programme by the state lead partner CHETNA, state and district-level PLHIV networks, community-based organisations and the respondents in Gujarat state.

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The contents of this report are the sole responsibility of India HIV/AIDS and do not necessarily reflect the views of European Commission.
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:
- Among the respondents, 50% respondents are female, 48.7% male and 1.3% are TG. Among female 53% are currently married, among male 73% currently married and among TG all are unmarried.
- 93% of the respondents are from urban/city/town areas and 17% are illiterate and 13% completed at least higher secondary school education.
- Average monthly household income is Rs 4,623 and respondents himself/herself is the main income contributor in the household (57%).

b) Sexual behaviour:
- 65% of respondents has regular sexual partner and 35% have non-regular sexual partner.
- Among currently married 53% (n=124) have regular sex partner and 33% have non-regular sex partner; 9% (n=22) 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.
- Among the respondents, 50% respondents are female, 48.7% male and 1.3% are TG. Among female 53% are currently married, among male 73% currently married and among TG all are unmarried.
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- Average monthly household income is Rs 4,623 and respondents himself/herself is the main income contributor in the household (57%).

- **Contraception:**
  - About 67% (n=136) 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=127) 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 Nataal Care, Delivery care, counselling on birth.
  - Spacing/contraceptive information and Medical termination.
  - Low awareness on amenorrhea (40%), Pap smear (40%), cervical cancer (25%), RTI treatment (23%), STI treatment (46%) is very less.

- **SRH service**
  - Awareness (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
    - Amenorrhoea treatment: 40, 2
    - Pap smear test: 41, 10

- **SRH rights**
  - Agreed (n=199) Experiences (n=196)
    - 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
Background and methodology:

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Major Key findings:

a) Profile of the respondents:

- Among the respondents, 50% respondents are female, 48% male and 1.5% are TG. Among female 55% are currently married, among male 75% currently married and among TG all are unmarried.

- 93% 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 4,623 and respondents himself/herself is the main income contributor in the household (57%).

b) Sexual behaviour:

- 65% of respondents has regular sexual partner and 35% have non-regular sexual partner.

- Among currently married 54% (n=124) have regular sex partner and 35% have non-regular sex partner; 56% (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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- About 67% (n=136) 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=127) 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 8.2% 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 Natale care, Delivery care, counselling on birth

- Spacing/contraceptive information and Medical termination.

- Low awareness on ammenorhea (40%), Pap smear (42%) and cervical cancer (25%), RTI treatment (25%), STI treatment (46%) is very less.

- Utilisation of 4-6 SRH services was reported by nearly two fifth (31%) 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.

- condom usage during the last sex is 96% (n=129) with regular partner and 93% (n=35) with non-regular partner.

- About 67% (n=136) 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=127) 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 8.2% for limiting and 0% for spacing.

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- Around two tenth of the respondents also agreed that they don’t know where to get SRH information.
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 compared 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/less utilisation of SRH services may be due to less awareness, the fear of violation and less demand. It is also noted that around 27% 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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e) SRH rights/rights violation:
- 44% agreed that women may be forced for sexual favours at workplace if her HIV status disclosed.
- 54% agreed that women living with HIV are advised not to have baby.

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

As per NFHS-3, unmet need for limiting is 3.9% and for spacing is 5.4%. Total unmet contraceptive need for PLHIV (3%) is less with national study for general population (9.4%), but for limiting it is closely matching. This may be due to the respondents are all PLHIV and Community consultation or special study will provide more information on this for advocacy activities.

Overall condom usage during the last sex is higher especially with non-regular partner. This may be due to the respondents all are PLHIV and Community consultation or special study will provide more information on this for advocacy activities.

Over all awareness on SRH services is low especially on RTI. Even among those aware of SRH services, utilisation is very less. Respondents felt that their SRH rights are violated/perceived violation especially on “physical examination by health care providers and advice not to have baby”. Under utilisation of SRH services may be due to less awareness, the fear of violation and less demand. It is also noted that around 6% 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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Kumkum Pal, Program Officer-PLHIV : kpali@allianceindia.org
Background and methodology:

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Major Key findings:

a) Profile of the respondents:
- Mean age is 33 and 52% of the respondents are between 25 and 34 years of age.
- Among the respondents, 50% are female, 41% are male and 9% are TG. Among female 54% are widow; among male 74% currently married; and among TG 47% are currently married and unmarried each.
- 65% of the respondents are from urban/city/town areas and 8% illiterate and 13% completed at least higher school education.
- Average monthly household income is Rs 5034 and respondents himself / herself is the main income contributor in the household (61%).

b) Sexual behaviour: - 55% has regular sex partner and 15% have non-regular sex partner. Among currently married 99% have regular sex partner and 15% have non-regular sex partner; 11% among Widow/widower 2% have regular sex partner and 5% have non-regular sex partner and 14% among Divorced/ separated/ deserted have non-regular sex partner. 53% never married/unmarried have non-regular sex partner. Condom usage during the last sex is 86% (n=111) with regular partner and 90% (n=31) with non-regular partner.

c) Contraception: - About 92% (n=182) 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), 59% (n=158) reported currently using any (one) contraception.
- Condoms are the most preferred contraceptive method among the respondents as 68% reported so.
- 3% unmet contraceptive need (3% for limiting and 0% for spacing).
- 19% of the respondents responded affirmatively that someone (health care provider, spouse, family members, friends, relatives, etc) encourage them to adopt sterilizations because of HIV status.

d) SRH awareness and Utilization:
- 66% of the respondents are aware of more than seven SRH services;
- High (81%) aware of Natal Care and Delivery care.
- Low awareness on amenorrhea (52%), Pap smear (15%) and cervical cancer (25%), RTI treatment (38%).

<table>
<thead>
<tr>
<th>SRH rights</th>
<th>Agreed (%)</th>
<th>Experience (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MO/Nurse often deny to do thorough physical examination of a women living with HIV</td>
<td>34</td>
<td>12</td>
</tr>
<tr>
<td>Women living with HIV are advised not to have baby</td>
<td>54</td>
<td>12</td>
</tr>
<tr>
<td>Forced sterilisation is done by service providers when HIV status of the women is known</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Don't know where to get information related to SH, contraceptives and treatment</td>
<td>18</td>
<td>6</td>
</tr>
<tr>
<td>Women may be forced for sexual favours at workplace if her HIV status disclosed</td>
<td>44</td>
<td>7</td>
</tr>
<tr>
<td>The service providers often disclose the status of infected person to her/his family members/friends/neighbours</td>
<td>21</td>
<td>5</td>
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</table>

- Utilisation of 4-6 SRH services was reported by one fourth (23%) of the respondents among those aware SRH services;
- SRH services utilisation is very less among those aware SRH

<table>
<thead>
<tr>
<th>SRH service</th>
<th>Aware (n=201)</th>
<th>Availed</th>
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</thead>
<tbody>
<tr>
<td>Counselling on birth spacing</td>
<td>68</td>
<td>13</td>
</tr>
<tr>
<td>Pregnancy planning counselling</td>
<td>60</td>
<td>19</td>
</tr>
<tr>
<td>Contraceptive information/counselling</td>
<td>77</td>
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<td>Antenatal care(during pregnancy before giving birth)</td>
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<td>77</td>
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<td>76</td>
</tr>
<tr>
<td>Post natal care</td>
<td>81</td>
<td>75</td>
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<tr>
<td>STI treatment</td>
<td>63</td>
<td>33</td>
</tr>
<tr>
<td>RTI treatment</td>
<td>38</td>
<td>9</td>
</tr>
<tr>
<td>Amenorrhea treatment</td>
<td>52</td>
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- Average monthly household income is Rs 5034

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<tr>
<td>Women may be forced for sexual favours at workplace if her HIV status disclosed</td>
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<td>7</td>
</tr>
<tr>
<td>The service providers often disclose the status of infected person to her/his family members/friends/ neighbours</td>
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</table>

- Utilisation of 4-6 SRH services was reported by one fourth (23%) of the respondents among those aware SRH services;
- SRH services utilisation is very less among those aware SRH services except natal and delivery care.
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 Maharashtra, the project is implemented by MAMTA and Network of Maharashtra by People With HIV (NMP+). The study was carried out among 201 respondents (82 men, 100 women and 19 TG) in 5 districts (Amravati, Nagpur, Kolhapur, Thane, Ahmednagar) of Maharashtra based on Systematic Random Sampling method.

Major Key findings:

a) Profile of the respondents:
- Mean age is 33 and 52% of the respondents are between 25 and 34 years of age.
- Among the respondents, 50% are female, 41% are male and 9% are TG. Among Female 54% are widow; among male 74% currently married; and among TG 47% are currently married and unmarried each.
- 65% of the respondents are from urban/city/town areas and 8% illiterate and 13% completed at least higher school education.
- Average monthly household income is Rs 5034 and respondents himself/herself is the main income contributor in the household (61%).

b) Sexual behaviour: - 55% has regular sex partner and 15% have non-regular sex partner. Among currently married 99% have regular sex partner and 15% have non-regular sex partner; 11% among Widow/widower 2% have regular sex partner and 5% have non-regular sex partner and 14% among Divorced/separated/deserted have non-regular sex partner. 53% never married/unmarried have non-regular sex partner. Condom usage during the last sex is 86% (n=111) with regular partner and 90% (n=31) with non-regular partner.

c) Contraception: - About 92% (n=182) 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), 59% (n=158) reported currently using any (one) contraception.
- Condoms are the most preferred contraceptive method among the respondents as 68% reported so.
- 3% unmet contraceptive need (3% for limiting and 0% for spacing).
- 19% of the respondents responded affirmatively that someone (health care provider, spouse, family members, friends, relatives, etc) encourage them to adopt sterilizations because of HIV status.

d) SRH awareness and Utilization:
- 66% of the respondents are aware of more than seven SRH services;
- High (81%) aware of Natal Care and Delivery care.
- Low awareness on amenorrhoea (52%), Pap smear (15%) and cervical cancer (25%), RTI treatment (38%).

<table>
<thead>
<tr>
<th>SRH rights</th>
<th>Agreed (%)</th>
<th>Experience (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MO/Nurse often deny to do thorough physical examination of a women living with HIV</td>
<td>34</td>
<td>12</td>
</tr>
<tr>
<td>Women living with HIV are advised not to have baby</td>
<td>54</td>
<td>12</td>
</tr>
<tr>
<td>Forced sterilisation is done by service provider when HIV status of the women is known</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Dont know where to get information related to SH, contraceptives and treatment</td>
<td>18</td>
<td>6</td>
</tr>
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- Utilisation of 4-6 SRH services was reported by one fourth (23%) of the respondents among those aware SRH services;
- SRH services utilisation is very less among those aware SRH services except natal and delivery care.
e) SRH rights/press violation:
- 44% agreed that women may be forced for sexual favours at workplace if her HIV status disclosed.
- 54% agreed that women living with HIV are advised not to have baby.

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

As per NFHS-3, unmet need for limiting is 3.9% and for spacing is 5.4%. Total unmet contraceptive need for PLHIV (3%) is less with national study for general population (9.4%), but for limiting it is closely matching. This may be due to the respondents are all PLHIV and Community consultation or special study will provide more information on this for advocacy activities.

Overall condom usage during the last sex is higher especially with non-regular partner. This may be due to the respondents all are PLHIV and Community consultation or special study will provide more information on this for advocacy activities.

Over all awareness on SRH services is low especially on RTI. Even among those aware of SRH services, utilisation is very less. Respondents felt that their SRH rights are violated/perceived violation especially on “physical examination by health care providers and advice not to have baby”. Under utilisation of SRH services may be due to less awareness, the fear of violation and less demand. It is also noted that around 6% 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.

Acknowledgments:
India HIV/AIDS Alliance would like to thank the European Commission for its support for Koshish. Alliance India is grateful for the contributions to the programme by the state lead partner MAMTA, Network of Maharashtra by people living with HIV (NMP+) and district-level PLHIV networks, community-based organisations and the respondents in Maharashtra state.

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

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Kumkum Pal, Program Officer-PLHIV : kpal@allianceindia.org
e) SRH rights/rights violation:
- 44% agreed that women may be forced for sexual favours at workplace if her HIV status disclosed.
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Conclusion:
Majority of the respondents are at the reproductive age group, female and from urban/city/town areas. Most of the PLHIV have regular or non-regular sexual partner irrespective of their marital status.

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Conclusion:

Majority of the respondents are at the reproductive age group and from rural areas. Most of the PLHIV have regular or non-regular sexual partner irrespective of their marital status. Alcohol consumption among the PLHIV is 20% and are consuming during sex with partner. Innovative Behaviour Change Communication will help to address the safe sexual behaviour.

As per NFHS 3, unmet need for limiting is 1.7% and for spacing is 3%. Even though the total unmet contraceptive need for PLHIV (5%) is more or less aligned with the national study for general population (4.7%), it varies inversely with related to limiting and spacing. Community consultation or special study will provide more information on this for advocacy activities.

Overall condom usage during the last sex is higher with regular partner and lower with non-regular partner. It is also unlike with other BSS findings, condom usage during last sex is higher with regular partner when compare with non-regular partner. Community consultation or special study will provide more information on this for advocacy activities.

SRH services awareness is high among the respondents especially on natal and delivery care. Among those who aware SRH services, service utilisation is very less (except natal and delivery care). PLHIV felt that their SRH rights are violated/perceived violation. Underuse utilisation of SRH services may be due to the fear of violation and less demand. It is also noted that around 10% 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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Background and methodology:

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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 Tamil Nadu, the project is implemented by PWDS and TPWYN+. The study was carried out among 203 respondents (88 men, 102 women and 13 TG) were interviewed in 5 districts (Coimbatore, Erode, Namakkal, Thirunalveli, Virudh Nagar) of Tamil Nadu based on Systematic Random Sampling method.

c) Contraception:

• About 55% 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), 32% (n=81) of the respondents reported currently using any (one) contraception.
• Condom/Nirodh is the most adopted FP method among the respondents as about three fifths (58%) of the respondents reported currently using it, however female sterilization (76%) is the most preferred method.
• Unmet contraceptive is 5.8% (1.9% for limiting and 3.9% for spacing).
• 8% 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:

• 81% of the respondents are aware of more than seven SRH services;
  o High Awareness on Natal Care, Delivery care, counselling on birth spacing/contraceptive information and Medical termination.
  o Low awareness on amenorrhoea (9%).
• Utilisation of 1-3 SRH services was reported by nearly two fifth (34%) of the respondents among those aware SRH services;
  o Among those aware of SRH services, utilisation of natal care and delivery care is high whereas other SRH services utilisation is very less especially STI, RTI, MTP, amenorrhoea, Pap smear and cervical cancer.

<table>
<thead>
<tr>
<th>SRH service</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Counselling on birth spacing</td>
<td>94</td>
<td>49</td>
</tr>
<tr>
<td>Pregnancy planning counselling</td>
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<td>50</td>
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<tr>
<td>Contraceptive information/counselling</td>
<td>79</td>
<td>42</td>
</tr>
<tr>
<td>Medical termination of pregnancy/abortion</td>
<td>79</td>
<td>42</td>
</tr>
<tr>
<td>Antenatal care (during pregnancy before giving birth)</td>
<td>91</td>
<td>83</td>
</tr>
<tr>
<td>Delivery care</td>
<td>97</td>
<td>80</td>
</tr>
<tr>
<td>Postnatal care</td>
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<td>79</td>
</tr>
<tr>
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<td>76</td>
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<td>18</td>
</tr>
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<td>0</td>
</tr>
<tr>
<td>Pap smear test</td>
<td>59</td>
<td>3</td>
</tr>
</tbody>
</table>

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.
• Around one tenth of the respondents also agreed that they don't know where to get SRH Information.

Major Key findings:

a) Profile of the respondents:

• Mean age is 35.3 and 48% of the respondents are between 35 and 44 years of age.
• Among the respondents, 50% are female, 43% male and 6% are TG. Among female 58% are widow, among male 75% currently married; and among TG 92% never married/unmarried.
• 71% of the respondents are from rural areas and 22% are illiterate and 9% completed at least higher secondary school education.
• Average monthly household income is Rs 3640 and respondents himself/herself is the main income contributor in the household (71%).

b) Sexual behaviour:

• 61% have regular sexual partner and 18% have non-regular sexual partner.
• Among currently married 97% have regular sex partner and 12% have non-regular sex partner; among Widow/widower 12% have regular sex partner and 15% have non-regular sex partner; 20% among Divorced/separated/deserted have regular sex partner and 68% of unmaried/never married have non-regular sex partner.
• Condom usage during the last sex is 87% with regular partner and 56% with non-regular partner.
**Background and methodology:**

Koshish is 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.

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**Major Key findings:**

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- Among the respondents, 50% are female, 43% male and 6% are TG. Among female 58% are widow; among male 75% currently married; and among TG 92% never married/unmarried.
- 71% of the respondents are from rural areas and 22% are illiterate and 9% completed at least higher secondary school education.
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- 61% have regular sexual partner and 18% have non-regular sexual partner.
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- Condom usage during the last sex is 67% with regular partner and 56% with non-regular partner.

**c) Contraception:**
- About 55% 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), 32% (n=81) of the respondents reportedly currently using any (one) contraception.
- Condom/Nirodh is the most adopted FP method among the respondents as about three fifths (58%) of the respondents reportedly currently using it, however female sterilization (76%) is the most preferred method.
- Unmet contraceptive is 5.8% (1.9% for limiting and 3.9% for spacing).
- 8% 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:**
- 81% 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 amenorrhoea (9%) and
  - Utilisation of 1-3 SRH services was reported by nearly two fifth (34%) of the respondents among those aware SRH services;
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**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.
- Around one tenth of the respondents also agreed that they don’t know where to get SRH information.
Conclusion:

Majority of the respondents are at the reproductive age group and from rural areas. Most of the PLHIV have regular or non-regular sexual partner irrespective of their marital status. Alcohol consumption among the PLHIV is 20% and are consuming during sex with partner. Innovative Behaviour Change Communication will help to address the safe sexual behaviour.

As per NFHS-3, unmet need for limiting is 1.7% and for spacing is 3%. Even though the total unmet contraceptive need for PLHIV (5%) is more or less aligned with the national study for general population (4.7%), it varies inversely with related to limiting and spacing. Community consultation or special study will provide more information on this for advocacy activities.

Overall condom usage during the last sex is higher with regular partner and lower with non-regular partner. It is also unlike with other BSS findings, condom usage during last sex is higher with regular partner when compare with non-regular partner. Community consultation or special study will provide more information on this for advocacy activities.

SRH services awareness is high among the respondents especially on natal and delivery care. Among those who aware SRH services, service utilisation is very less (except natal and delivery care) PLHIV felt that their SRH rights are violated/perceived violation. Underutilization of SRH services may be due to the fear of violation and less demand. It is also noted that around 10% 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/co-ordination 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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BASELINE STUDY SUMMARY REPORT
ANDHRA PRADESH STATE
April – June 2011

Koshish:
Working towards better Sexual & Reproductive Health and Rights of PLHIV in India

DCI-SANTE/2011/238-371
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 Andhra Pradesh, the project is implemented by VMM and TNP+. The study was carried out among 200 respondents (85 men, 100 women and 15 TG) in 5 districts (Anantapur, East Godavari, Guntur, Krishna and Rangareddy) of Andhra Pradesh based on systematic random sampling methodology.

Major Key findings:

a) **Profile of the respondents:**
- Mean age is 33 and 59% of the respondents are between 25 and 34 years of age.
- Among the respondent, 50% are female, 42.5% are male and 7.5% are TG. Among female 57% are widow; among male 79% married and among TG 60% unmarried.
- 61% of the respondents are from urban/city/town areas and 19% are illiterate and 12% completed at least higher secondary school education.
- Average monthly household income is Rs 4962 and respondents himself/herself is the main income contributor in the household (68%).

b) **Sexual behaviour:**
- 55% have regular sexual partner and 16% have non-regular sexual partner.
- Among currently married 97% have regular sex partner and 8% have non-regular sex partner, 11% among Widow/widower, 40% among Divorced/separated/deserted and 61% among unmarried/never married have non-regular sex partner.
- Condom usage during the last sex is 96 % with regular partner and 90% with non-regular partner.

c) **Contraception:**
- About 98% 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), 89% reported currently using any (one) contraception.
Pills (100%) are the most preferred contraceptive method whereas condom/Nirodh is only 5%.

Unmet contraceptive need is 5% (4% for limiting and 1% for spacing) among the respondents.

39% 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:

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</table>

81% of the respondents are aware of more than seven SRH services;

High (93%) awareness on Ante Natal Care, Natal Care and Post Natal Care.

Low awareness on amenorrhoea (40%), Pap smear (33%) and cervical cancer (42%).

Utilisation of 4-6 SRH services was reported by one fifth (20%) of the respondents among those aware SRH services;

Less than 25% SRH services utilisation (except natal and delivery care) among those aware SRH services.

e) SRH rights/rights violation:

<table>
<thead>
<tr>
<th>SRH rights</th>
<th>Agreed (%)</th>
<th>Experienced (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MO/Nurse often deny to do thorough physical examination of a women living with HIV</td>
<td>38</td>
<td>12</td>
</tr>
<tr>
<td>Women living with HIV are advised not to have baby</td>
<td>27</td>
<td>6</td>
</tr>
<tr>
<td>Forced sterilisation is done by service providers when HIV status of the women is known</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know where to get information related to SH, contraceptives and treatment</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>Women may be forced for sexual favours at workplace if her HIV status disclosed</td>
<td>18</td>
<td>2</td>
</tr>
<tr>
<td>The service providers often disclose the status of infected person to her/his family members/friends/neighbours</td>
<td>33</td>
<td>18</td>
</tr>
</tbody>
</table>

Respondents agreed that SRH rights are violated and also experienced the violation especially related to the health care service providers.

Around one tenth of the respondents also agreed that they don’t know where to get SRH information.
Conclusion:

Majority of the respondents are at the reproductive age group, female and from urban/city/town areas. Most of the PLHIV have regular or non-regular sexual partner irrespective of their marital status. Alcohol consumption among the PLHIV is 18% and respondents or their partners are consuming alcohol during sex with partner. Innovative Behaviour Change Communication will help to address the safe sexual behaviour.

As per NFHS 3, unmet need for limiting is 1.7% and for spacing is 3%. Even though the total unmet contraceptive need for PLHIV (5%) is more or less aligned with the national study for general population (4.7%), it varies inversely with related to limiting and spacing. 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. Community consultation or special study will provide more information on this for advocacy activities.

SRH services awareness is 84% which is mostly because of the awareness on natal and delivery care but on other SRH services it is very less. SRH service utilisation is very less among those who aware of SRH services. PLHIV felt that their SRH rights are violated/perceived violation. SRH service under utilisation may be due to the fear of violation, less demand and less clear understanding on the services. It is also noted that around 13% 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 two well matured services (HIV/AIDS services and SRH services) will help to meet out the SRH needs of PLHIV.

Acknowledgements:

India HIV/AIDS Alliance would like to thank the European Commission for its support for Koshish. Alliance India is grateful for the contributions to the programme by the state lead partner Vasavya Mahila Mandali, Telugu Network of People living with HIV/AIDS (TNP+) and district-level PLHIV networks, community-based organisations and the respondents in Andhra Pradesh state.

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

The contents of this report are the sole responsibility of India HIV/AIDS Alliance and do not necessarily reflect the views of European Commission.

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This project is funded by the European Union.