

Social Marketing to Promote Use of Condoms and OCPs in Himachal Pradesh

- An Endline Study Report



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Preface

Several programs including targeted interventions use behavioural change communications to encourage safe sex practices. Parivar Seva Sanstha (PSS) implemented an innovative programme to further promote OCPs and condoms not only for spacing but also as preventive method from HIV/AIDS among low income couples of reproductive age, and HIV/AIDS high-risk groups with special programme in Himachal Pradesh.

The Centre for Operations Research and Training (CORT) carried out the Endline study to assess the use of condoms and OCPs for spacing and as preventive method from HIV/AIDS in Himachal Pradesh. The present report attempts to present endline results as it compares with the baseline information for evaluating the outcome of the programme.

At the outset we take this opportunity to thank the Parivar Seva Sanstha for giving us the opportunity again for conducting the Endline study. Earlier, CORT carried out the baseline study for the intervention in 2005. Our sincere thanks are due to Mrs. Sudha Tiwari, Managing Director and Ms. Poonam Arora, Sr. General Manager, PSS for the cooperation extended to us during the various stages of the Endline study. Ms. Monali Nayak worked with us during the various stages of the project and we are thankful to her for her involvement. We appreciate the inputs of PSS professionals in helping us in implementing the study in the field and commenting on the draft report.

We would like to thank all our respondents without whose cooperation; it would not have been possible to complete the study successfully.

I wish to put on record my deep appreciation to Dr. Bella Patel Uttekar, the Principal Investigators of this project and the team members, Mr. B. B. Chakrawar, Mr. Vasant Uttekar, Mr. Bhupendra Patel, Ms Jashoda Sharma and Ms Shweta Pawar for contributing their might in the success of this project thereby ensuring quality.

Prof. M. M. Gandotra
Director

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**Centre for Operations Research
and Training (CORT), Vadodara**

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Key Indicators

Indicators for the eligible women aged 15 – 30 years

Indicators	Baseline	Endline
Total number of young women aged 15 – 30 years interviewed	220	203
Household characteristics		
Average household size	5.8	5.3
Percent Hindus	93.6	97.0
Percent Muslims	0.9	0.0
Percent having tap inside residence or shared	92.3	82.2
Percent having Pucca houses	71.0	74.9
Characteristics of women		
Average age of women	26.6	26.7
Percent literate	95.5	96.1
Percent attended higher secondary (11 – 12 std) or above	37.3	39.4
Percent working for cash or kind	11.4	7.4
Average income of the respondent	1014.3	3626.7
Percentage with age of first cohabitation below age 18	7.3	4.4
Fertility		
Mean number of living children	1.8	1.8
Percent having at least one living son	66.9	65.0
Percent having at least one living daughter	48.1	56.6
Future fertility intentions		
Percentage of women wanting more children	35.0	35.0
Desiring next child to be son of those wanting more children	42.9	74.7
Desiring next child to be daughters of those wanting more children	31.2	54.4
Knowledge of family planning		
Percentage of women knowing any family planning method	96.8	93.6
Current users of family planning		
Percentage of respondents using any method	61.4	47.8
Female sterilization	17.2	17.4
Pills	7.3	4.5
Condom (<i>Nirodhi</i>)	30.4	24.2
IUD	2.7	0.6
Any traditional method of family planning	4.0	1.1
Awareness of RTI/STI and HIV/AIDS		
Percentage of eligible women aware of RTI	58.2	35.0
Percentage of eligible women aware of STI	57.3	49.3
Percentage of eligible women aware of HIV/AIDS	95.0	92.6

Indicators for the eligible women aged 15 – 49 years

Indicators	Baseline	Endline
Total number of eligible women aged 15 – 49 years interviewed	501	505
Household characteristics		
Average household size	5.6	5.3
Percent Hindus	95.4	96.8
Percent Muslims	1.0	0.0
Percent having tap inside residence or shared	90.8	83.6
Percent having Pucca houses	73.5	68.5
Characteristics of women		
Average age of women	32.9	34.4
Percent literate	87.8	85.5
Percent attended higher secondary (11 – 12 std) or above	23.2	22.0
Percent working for cash or kind	11.4	7.5
Average income of the respondent	2535.7	3315.9
Percentage with age of first cohabitation below age 18	12.0	10.9
Fertility		
Mean number of living children	2.3	2.3
Percent having at least one living son of those wanting more children	81.2	81.6
Percent having at least one living daughter of those wanting more children	66.9	67.0
Future fertility intentions		
Percentage of women wanting more children	17.2	15.0
Desiring next child to be son	46.5	76.5
Desiring next child to be daughters	29.1	53.0
Knowledge of family planning		
Percentage of women knowing any family planning method	97.2	78.4
Current users of family planning		
Percentage of eligible women/men using any method	72.5	46.1
Any modern method	66.9	44.8
Female sterilization	34.9	27.1
Pills	4.6	2.2
Condom (<i>Nirodh</i>)	22.4	14.9
Vasectomy	1.8	0.2
IUD	3.2	0.4
Any traditional method of family planning	6.6	1.4
Awareness of RTI/STI and HIV/AIDS		
Percentage of eligible women aware of RTI	61.1	28.1
Percentage of eligible women aware of STI	53.7	38.8
Percentage of eligible women aware of HIV/AIDS	91.4	80.6

Indicators for High Risk Group

Indicators	Baseline	Endline
Total number of HRG people interviewed	57	38
Percent HRG people heard about HIV/AIDS	89.5	92.1
Percent HRG people aware about modes of transmission of HIV/AIDS	77.0	89.4
Percent HRG people aware of prevention from HIV/AIDS	75.4	92.1
Percent used condom in the last sexual encounter	24.6	39.4

Executive Summary

Parivar Seva Sanstha (PSS), a national NGO providing reproductive health services with an emphasis on family planning, experimented innovations to integrate the ongoing family planning activities with HIV/AIDS education and services at a large scale. PSS, with the support from the Government of Federal Republic of Germany through Kreditanstalt für Weideraufbau (KfW) implemented a project to promote oral contraceptive pills (OCP) as a birth spacing method and condoms for dual protection against pregnancy and STI/HIV. The current use of condom in the state of Himachal Pradesh increased from 5.0 percent to 11.5 percent between NFHS-2 in 2002 and NFHS 3 in 2005 and the corresponding figures for OCP were 1.3 percent and 2.7 percent (NFHS-3, IIPS and ORC Macro, 2005-06). The focus of the programme has been towards low-income young couples of reproductive age and HIV/AIDS high-risk groups with extension of programme especially to rural areas.

The Centre for Operations Research and Training (CORT), Vadodara carried out the endline study for the PSS-KfW intervention project. Earlier CORT also carried out the baseline study in 2005. The main aim of the endline study was to collect information on the use of OCPs and condom for spacing and as preventive method from HIV/AIDS and assess the change between the two surveys.

For the endline study, the study covered the same two districts of Himachal Pradesh namely Simla and Una as in the baseline. The study design essentially remained the same as the baseline study and hence covered altogether 20 primary sampling units (PSU). The endline study covered 1) 203 young women and 100 young men (defined as married women aged up to 30 years or their husband), 2) 505 currently married women (aged 15-49 years), 3) high risk groups including truck drivers, military personnel, police, and mobile workers and 4) commercial sex workers.

For quantitative endline study, structured questionnaires prepared for the baseline study in close collaborations with PSS formed the basis. Semi-structured study tools were used for informal in-depth interviews. The field staff was trained at Simla, which included both classroom and field training. The analysis of quantitative data was done using SPSS and data analysis is presented as it compares with baseline for eligible women, young couples by sex, and high-risk group and commercial sex workers separately.

Findings: Young Men and Women

The study included interviews with 203 young women and 100 young men with wife aged up to 30 years from two districts of Himachal Pradesh. Only three percent young men and 4 percent women were illiterate and women were predominantly housewives (93 percent), while men were engaged mostly in agriculture, petty business, service or were self employed. The sample of young women and men in the baseline and endline were comparable.

About 15 percent young women had no living child, and 74 percent had one or two living children. Nearly 35 percent women desired for an additional child, and 75 percent wanted a son while 54 percent wanted a daughter. It is disturbing that between the two surveys there is an increase of 32 percent point desiring their next child to be son.

Among young women, condom/Nirodh (85 percent) was the most widely known method of family planning, followed by oral pills (77 percent) and female sterilization (66 percent). Another 23 percent of the young women knew about injectable contraceptives. The specific knowledge about condom, pills and IUD and permanent methods improved only marginally, except in the case of knowledge about side effects of male and female sterilization, where it actually decreased.

In endline, 48 percent young women were using contraceptive method as compared to 61 percent in the baseline. Nearly 17 percent women accepted permanent method, while 29 percent used modern spacing method and one percent relied on traditional FP method. The major drop between the two studies was in the proportion using spacing FP methods and traditional method. Comparison of study findings shows that, reported use of condom and oral pills decreased by 6 percent point and 3 percent point respectively as compared to the baseline study.

Future intention to use family planning showed a shift in preference from permanent method (70 percent baseline to 44 percent endline) to modern spacing methods (26 percent baseline to 56 percent endline). The main reasons for currently not using contraceptive methods were lack of knowledge about FP methods, wanted to have a child, or faced opposition to family planning from husband or self.

In the endline study, 35 percent young women had heard about RTI, which was higher (58 percent) in the baseline study. In the case of males reverse was the case, as slightly higher proportion of males (59 percent) in the endline had heard about RTI as compared to 55 percent in the baseline. Similarly, knowledge about STI was among 71 percent males and 49 percent females in the endline. Many men and women did not know about the mode of transmission of RTIs and STIs and that RTIs/STIs are curable. Radio/TV, newspapers, books, magazines, and health providers remained their source of information.

Almost all men and 93 percent women were aware of HIV/AIDS. The source of information for HIV/AIDS was mainly TV, radio, print media and relatives, friends, or peers. The knowledge regarding modes of transmission of HIV/AIDS, protection, and curability has improved since the baseline. In the endline study, 75 percent of young women were aware about FP method that protects against STI, HIV and AIDS as against only 71 percent in the baseline.

Exposure to mass media including newspaper, magazine, radio and TV was low. Only 52, 34, and 70 percent could recollect seeing information related to contraceptive, RTI/STI and HIV/AIDS in media respectively.

Eligible Women (15 – 49 years)

The study reveals that the sample included in the baseline and endline were quite similar with respect to household size, religion, source of drinking water, type of houses. Most (97 percent) of the sample population was Hindus, both in endline and baseline studies. Eight to 12 percent lived in kachha house. The eligible women interviewed were middle-aged (mean age 34.4), 85 percent were literate and around 8 percent were engaged in earning cash or kind. Almost 61 percent of the women had one or two living children, while 7 percent had no living child, and the mean number of children per woman was 2.3. About 15 percent of the women and their husbands desired for an additional child, 77 percent wanted a son and 53 percent wanted a daughter.

Majority of the women were aware of female sterilization (70 percent) followed by condom (67 percent) and oral pills (60 percent), while 34–47 percent knew about male sterilization, IUD, or rhythm. Awareness about emergency contraceptives decreased from 27 percent in the baseline to 19 percent in the endline. The specific knowledge about condom, pills and IUD improved, but still a substantial proportion did not know about actions required if one forgets to take a pill, how long IUDs can be retained in the body, or about side effects of using IUD.

Current usership of FP decreased from 72 percent in the baseline to 46 percent in the endline, mainly because of decreased use of female sterilization, condom and traditional method. Seventeen percent of the women were using either oral pills or condom in the endline survey, which is higher as compared to state figures of 12 percent for rural area. Around 46 percent women were using a method for more than 4 years. Ten percent of the women intended to accept a family planning method in future. Among the non-users, lack of knowledge about the methods, opposition from husband or self and fear of sterilization were the main reasons.

Twenty-eight percent women had heard of reproductive tract infection (RTI) compared to 61 percent in the baseline. However, their knowledge about the modes of transmission of RTI marginally decreased from 26 percent in the baseline to 24 percent in the endline. Similarly, 39 percent of the women had heard of sexually transmitted infection (STIs). Awareness regarding mode of transmission of STI among women remained same between the two surveys.

Nearly 81 percent women had heard about HIV/AIDS in the endline. Around 30 percent had no knowledge about any preventive measures, which is almost same as compared to 31 percent in the baseline. Majority (66 percent) in the endline as compared to 30 percent in the baseline talked about getting blood check to know about the HIV status of a person. The source of information for the RTI/STI and HIV/AIDS was mainly TV, radio, health care providers, relatives, friends, or neighbours, and print media. Fifty-nine percent of the women were aware about the dual protection offered by condom against unwanted pregnancy and HIV/AIDS infection.

High Risk Groups

In all, 38 persons of different categories including truck drivers and military personnel/police and mobile workers or migrants were interviewed. Around 50 percent

of the high-risk group were young aged between 25 and 34 years. Most (90 percent) of them were Hindus and eight percent were Muslims. Ninety-two percent of the high-risk group persons had some level of education and 74 percent had completed 9 or more years of schooling. Majority (74 percent) of the high-risk persons were married, but 24 percent were unmarried and 3 percent engaged.

Around 63 percent of respondents were staying with family members including spouse, parents or brother/sister, while 8 percent of them stayed with their employer and 21 percent stayed all alone. Eight-two percent were migrants mainly from neighbouring/other states, while only ten percent were from the same district and 35 percent were from the same state. Of the 28 ever-married respondents, 14 percent had no living child, while 71 percent had two or more living children. Around 68 percent of the high-risk persons took alcohol occasionally, 45 percent had smoking habit and 40 percent chewed tobacco every day.

Only 40 percent of the HRBs were aware of STI. Itching in the private parts, swelling on penis, pimples in the private parts, blood discharge from penis, and burning micturation were mentioned as the most common symptoms of STI, while few talked about pus, ulcer/chandi in the private parts, white water discharge, and gangling. Further, 73 percent knew that a normal looking person could also be suffering from STI.

Most (92 percent) of the high-risk group had heard of HIV/AIDS. They defined HIV/AIDS as an incurable disease related to sex due to bad behaviour, and that it is a viral infection. Twenty percent respondents could not give any details about HIV/AIDS. The modes of transmission of HIV/AIDS known to HRG were heterosexual intercourse with infected partners (86 percent), skin puncture with infected needles (46 percent), transfusion of infected blood (43 percent), and having multiple sex partners (40 percent), while others talked about infected pregnant mother to child, sex with commercial partners as modes of transmission of HIV/AIDS.

It is encouraging to note that most of the respondents knew that use of condom during each sexual intercourse (80 percent) and sex with only one partner (71 percent) could give protection against HIV/AIDS. Others mentioned about sterilizing needles and syringes for injection, checking blood prior to transfusion and avoiding pregnancy when having HIV/AIDS.

Twenty-one percent of the respondents had sexual relationship with commercial sex worker and 29 percent had sex with girl friends during the last one-year. Data shows that 26 percent had two or more regular sexual partners, and majority (71 percent) of them had up to 5 sexual encounters in the last one month.

Around 71 percent of the respondents had their first sexual activities after 19 years of age and 39 percent respondents had it before marriage, while another 10 percent were not married at the time of survey. Majority (81 percent) reported spouse or girlfriend as their first sexual partner. The use of condom at their first sexual encounter was 13 percent in the baseline, which increased to 36 percent in endline.

Most (97 percent) of the respondents were aware about condom and 28 percent mentioned about the dual protection offered by condoms against unwanted pregnancy and against STI and AIDS. Most (95 percent) of the respondents had seen a condom but only 74 percent of them had ever used the same.

Around 50 percent respondents reported use of condom during sex, 39 percent used it in the last sexual encounter, and 34 percent in the endline as against 43 percent in the baseline were regular users. More interpersonal communications strategies are needed to emphasis correct and consistent use of condom for protection against HIV/AIDS.

Commercial Sex Workers

Six commercial sex workers (CSWs) were interviewed in the PSS project area. Three were aged 17–25 years and the rest three were aged 35–40 years. Two were Hindus while three were Muslims. Results need to be interpreted with caution, as the sample size is small. Except one CSW, all of them were literate. Of the total, two CSWs each were married, separated/divorced or unmarried. Three CSWs stayed with their parents, one with husband while two stayed all alone. Out of four ever-married CSWs, only one had children (two living daughters). Out of total, four CSWs had migrated at young age in search of job.

Three CSWs each earned up to Rs. 1,500/- to Rs. 2,000/- in a month, while other three earned Rs. 5001 to Rs. 7,000. The average monthly income of a CSW was estimated to be Rs. 3,917. Out of six CSWs interviewed, four had habit of drinking alcohol 1–3 times a week and three chewed tobacco everyday and one had habit of smoking ganja / marijuana.

Of the six CSWs, four were aware about STI, but none knew that a normal looking person can also be suffering from STI. Similarly, except one, all of the CSWs had heard of HIV/AIDS. In the endline, five CSWs mentioned about transfusion of infected blood, four each talked about having sex with multiple partners, and having sex with commercial sex workers as mode of transmission of HIV/AIDS.

CSWs were aware of prevention against HIV/AIDS. The study reveals that all, except one CSW, were aware of condom and had experienced using it with their sexual partners. Data showed that three CSWs had regular sexual partner, and all had casual sexual partner ranging from 7 to 50 persons. Five CSWs used condoms, always or most of the time. Out of total six CSWs, four reportedly used condoms during their last sexual encounter and four CSWs had 6–10 condoms in stock at the time of interview. The most common brand of condom used by the CSWs was Nirodh followed by Kohinoor, Kamasutra and Masti.

The above findings thus points out the need to reach out to the couples in the eligible age group, the high-risk group and bridge population with complete and detail information regarding RTI/STI and HIV/AIDS. They also need to be further educated on use of OCPs and condom to protect themselves against unwanted pregnancies and infections. The high-risk group and commercial sex workers need to be provided specific information and services to promote condom use, and provide complete information regarding HIV/AIDS.

Chapter 1

Introduction

Parivar Seva Sanstha (PSS) played a leading role in experimenting innovations to integrate the ongoing family planning activities with HIV/AIDS education and services at a large scale. Likewise, PSS also tried to use HIV/AIDS program activities for strengthening family planning services. Due to the increasing prevalence of RTI/STI/HIV/AIDS, PSS recognized the necessity to promote prevention measures to reduce the effect of the pandemic and fertility rate. PSS, with the support from the Government of Federal Republic of Germany through Kreditanstalt für Wiederaufbau (KfW) implemented a project to promote oral contraceptive pills (OCP) as a birth spacing method and condoms for dual protection against pregnancy and STI/HIV. PSS carried out evidence-based activities to obtain higher and more consistent levels of condom and OCP use. It established key determinants and indicators for behavioural change communications to encourage safe sex practice.

Parivar Seva Sanstha (PSS) is a national NGO providing reproductive health services with the emphasis on family planning. PSS has a network of 37 reproductive health clinics, contraceptive products marketing and distribution system, and numerous projects and outreach activities located in 21 states of India. Besides, PSS markets its own brand of contraceptives at subsidized rates to ensure easy accessibility to temporary contraceptive methods to people in towns, villages, remote and inaccessible areas. PSS works through a strong and effective distribution network of motivated and dedicated staff comprising of 400 stockists/wholesalers, over 75,000 traditional and non-traditional retail shops, rural medical practitioners, and NGOs. More than 60 percent of the retail shops of PSS are in rural areas that sell over 57 million condoms and 2.49 million cycles of OCPs annually.

Objectives of the PSS–KfW Intervention

The PSS–KfW implemented project had two goals. First, to bring about behavioural change among target group towards modern birth spacing methods and second, to promote OCPs for spacing and condoms for spacing as well as preventive measure from HIV/AIDS in all the districts of Himachal Pradesh. The program aimed to bring about increased use of modern contraceptives for the purpose of birth spacing and HIV prevention by target group including young couples of reproductive age and HIV/AIDS high-risk groups with extension of programme especially to rural areas. The overall objectives of the program were to bring about:

- Reduction of total fertility rate, ensuring free individual choice,
- Reduction of rate of HIV/AIDS infections, and
- Improvement of reproductive health (reduction of infant, child and maternal mortality).

The Intervention

The intervention covered all the districts in the two states of West Bengal and Himachal Pradesh with multiple treatments that included **IEC (concentrating on spacing with use of condoms and OCPs), and distribution of condoms and OCPs both in rural and urban areas**. Additionally, an intensive approach was taken-up in seven selected districts of West Bengal and 5 districts of Himachal Pradesh. This included intensified IEC (Information Education and Communication) and IPC (Interpersonal communication) and mobile van promotion activities among the target population covering the entire selected districts as well as strengthened distribution to reach rural population covering villages with population upto 5000 and urban slums. This was an added component on HIV/AIDS targeted at high-risk population in the selected districts.

At the request of Parivar Seva Sanstha (PSS), the Centre for Operations Research and Training (CORT), Vadodara carried out an endline study in the state of Himachal Pradesh on the use of OCPs for spacing and condoms both for spacing and as preventive method from HIV/AIDS. CORT is a multidisciplinary social science research and training organization based at Vadodara.

Objectives of the Endline Study

In 2005, CORT carried out the baseline study in the project districts of PSS. In order to assess the change, an end line study maintained the same objectives and methodology as in the baseline (discussed later). The main aim of the endline study was to collect information on the use of OCPs and condom for spacing and as preventive method from HIV/AIDS and measure changes between baseline and endline study. More specifically, the study tried to measure:

1. The change in the level of knowledge on safety and efficacy of modern contraceptive methods, HIV/AIDS and its prevention methods in PSS program area.
2. The change in support level from family and peers or others towards modern contraceptive methods in PSS program area, and
3. Access to high quality contraceptive products particularly in urban slums, rural areas traditional and non-traditional outlets.

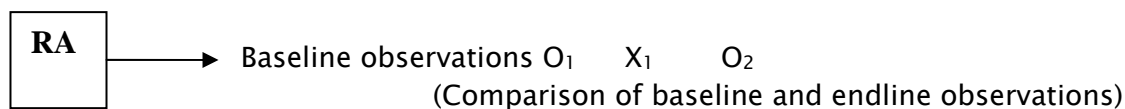
The end line study also evaluated the outcome of the program used for social marketing of spacing contraceptive methods (condoms and OCPs) using IEC strategy, campaign and distribution. This was done by comparing the results of baseline and end line studies.

Location of the Study

For the endline study, the study covered the two intervention districts (Shimla and Una) in the state of Himachal Pradesh that were covered for the baseline study.

Design of the Endline Study

The study used a pre and post test design. This study design enabled comparison of the findings of baseline and endline group within the state of Himachal Pradesh. It could be graphically represented as follows:



Where,

RA represents random assignment of districts to the experimental group

O₁ represents base line data on selected study parameters in the intervention group,

O₂ represents end line data on study parameters same as baseline in the intervention group

X₁ represents intervention, that is, intensified IEC approach and strengthened distribution in rural areas, Inter-personal communication (IPC) activities and its specific focus on non-traditional outlet distribution.

Methodology

In the end line study, a combination of quantitative and qualitative techniques of data collection was used. Essentially the study design that is briefly discussed below remained the same as the baseline study to enable comparison of the two results. Qualitative technique was used to collect information from high risk groups.

Study Design

As mentioned earlier, the end line study was conducted in two intervention districts in the state of Himachal Pradesh. As in the baseline, the study covered altogether 20 primary sampling units in intervention area of PSS in Himachal Pradesh. Ten PSUs were covered from each of the two study districts.

Study Sample Description

The target group for the endline study was 1) currently married women (aged 15–49 years), 2) married men or women with age of wife up to 30 years, and 3) high risk groups. Each of these is briefly discussed in the following paragraphs.

Ever married women in the age group of 15–49 years: To collect the endline information, 25 eligible women (aged 15–49) were selected from each of the primary sampling unit. Within each PSU, the required sample of eligible married women was selected using cluster sampling technique. The first women was selected from around the centre of the village and then moving in one direction (clockwise) the next eligible couple was identified and interviewed. Following the same movement, the required sample of 25 eligible women from the PSU was covered. Thus, altogether 505 eligible women were included in the study sample from the intervention area.

Besides their background characteristics, they were asked specific questions using structured questionnaire on contraception knowledge, current use, myths and misconceptions, availability, pricing and packaging, issues of injectables, decision-making process, support system, awareness and acceptance of injectables and use of temporary birth spacing.

Married men or women (age of wife up to 30 years) in rural areas: As the focus of PSS was among young couples with wife aged 15–30 years, young married women (aged up to 30 years) or their husbands were also included in the study sample. To get a more comprehensive insight, this sample was also selected from among the study PSUs selected from women aged 15–49 years. Again, within each selected PSU, 15 such couples (men or women) were identified and included in the study sample. Women aged up to 30 years identified in the eligible women study were also included in the sample. In such case, they were asked more detail questions on the contraception, HIV/AIDS and sexual behaviour. Thus, altogether the study covered 303 young married men or women interviewed from Himachal Pradesh. In the baseline study, one-third of the young sample covered was male. A similar ratio of male: female was maintained in the end line study. Thereby, at least five young men were interviewed in each of the study PSU. Table 1 gives the sample coverage for the quantitative component in the study.

Target groups	Himachal Pradesh
Structured interview with ever married eligible women (15–49 years)	
Number of study districts	2
Number of PSUs covered	20
Number of eligible women per PSU	25
Total eligible women covered in the state	505
Young men or women (aged up to 30 years)	
Number of eligible women per PSU	15
Total eligible women covered in the state	203
Total eligible men covered in the state	100
Total sample	808

The study covered their background characteristics of young men and women, contraceptive knowledge, current use, myths and misconception, availability, pricing and packaging, decision-making process, support system, awareness and acceptance of injectables and use of temporary birth spacing. The group was also asked probing questions regarding use and non-use of spacing family planning methods, and its purpose of use, and further details. They were also asked questions on their sexual behaviour, knowledge, and attitude towards HIV/AIDS.

High-risk groups including truck drivers, military personnel/police, BSF/state security personnel, and mobile workers/migrants were asked questions on condom and OCP usage, myths and misconceptions, and HIV/AIDS.

HRG Groups	Himachal Pradesh
Truck drivers	15
Military personnel / police / BSF / State Security Personnel	9
Mobile workers	14
Total	38

Informants were covered through PSS and other NGOs working in the area with them.

Study Tools

For the quantitative study, structured questionnaires prepared for the baseline study formed the basis. This questionnaire was reviewed and finalized in collaboration with the PSS team. The structured questionnaire was translated in local Hindi languages, pre-tested and then finalized in collaboration with PSS.

Field Operations

Experienced Field Coordinators coordinated the entire fieldwork in Himachal Pradesh. Field investigators, males and females, were trained at Shimla in Himachal Pradesh for 4 days to conduct the fieldwork.

At the grassroots level, female field investigators interviewed females. Supervisors checked the selection of the eligible sample and ensured that the questionnaires were filled accurately and completely. PSS professionals actively participated during the fieldwork, facilitated the fieldwork and helped in ensuring the quality of data. Back-checks conducted at site ensured consistency in the data thereby ensuring quality, validity and reliability. Fieldwork in Himachal Pradesh was carried out during November 17th 2007 to December 6th 2007.

Ethical Considerations

The field coordinators ascertained that informed consent procedures were pursued and that privacy and confidentiality was ensured during interviews to minimize the potential for distress, if any. The research staff did not share individual information obtained during the study with staff of any other organization.

Data Management and Analysis

CORT's experienced in-house specialist, who has been involved in the complete analysis of large-scale surveys like NFHS and RCH, handled the data management and analysis. The CORT programmer prepared data entry screens for the study using CS Pro. A data entry package was developed by CORT for the study, which checked range and consistency. This was used to enter data collected from the field. Double data entry was done to ensure the quality of data entry and eliminate mistakes, if any.

The analysis of data was done using SPSS package. The data was tabulated and analysed as per the analysis plan developed by CORT.

Presentation of the Report

The report has six chapters; the present Chapter 1 gives a brief introduction and the study design for endline study. Chapter 2 gives findings from the interview of the young women and men (with age of wife less than 30 years) from Himachal Pradesh and its comparison with the baseline findings. Results from the interview of the eligible women (aged 15–49 years) are discussed in Chapter 3 and Chapter 4 presents the views of other high risk target groups about HIV/AIDS, condoms, oral contraceptive pills and their own sexual behaviour. Chapter 5 gives profile, sexual behaviour, knowledge about HIV/AIDS and condom use among commercial sex workers and chapter 6 gives summary and conclusions.

Chapter 2

Reproductive Health Knowledge and Practices of Young Couples

PSS focussed its project activities on young couples (with wife aged up to 30 years) or their husbands to promote use of condoms and OCPs for spacing and as preventive method from HIV/AIDS. An attempt was made to assess the achievements in the endline survey by asking questions on the contraception, HIV/AIDS and decision-making process, use of spacing family planning methods, its purpose of use and reasons for non-use. Young men and women were also asked in details about the availability and acceptability of contraceptives, pricing and packaging, knowledge and attitude towards HIV/AIDS. Altogether, the endline study covered 203 young married women and 100 men from Himachal Pradesh. To facilitate comparison with the baseline data, findings from the baseline study are also presented in the chapter.

Household Characteristics

Table 2.1 presents selected characteristics of the study households in the endline study as it compares with the baseline findings. With regards to the family size of the household, data shows that, five or more family members were reported by 51 percent of the respondents in the endline study as compared to 66 percent in the baseline indicating thereby that family size in the households has reduced over time. The average household size in the endline study was found to be 5.3, which is slightly lower than that in the baseline. Most (97 percent) of the households belonged to the Hindu religion.

Nearly 65 percent of the women availed drinking water through own tap, whereas 13–18 percent of them availed drinking water from shared public tap, or hand pump. Table 2.1 also reveals that 11 percent of the respondents were living in kachha houses and 14 percent in semi-pucca houses. The proportion staying in pucca houses (75 percent) has increased since the baseline.

Particulars	Baseline	Endline
Total number of women (15–30 years)	220	203
Mean total number of members		
Two	2.3	3.4
Three	10.5	16.3
Four	21.4	29.1
Five or more	65.8	51.2
Average household size	5.8	5.3
Religion of the head of the household		
Hindu	93.6	97.0
Muslim	0.9	0.0
Other religious group	5.5	3.0
Main source of drinking water		
Tap (inside residence/yard/plot)	57.8	64.5
Tap (shared/public)	34.5	17.7
Handpump\borewell	2.7	13.3
Well	5.0	2.0
River	0.0	2.5
Type of house		
Kachha	9.5	10.8
Semi-pucca	19.5	14.3
Pucca	71.0	74.9

Profile of the Respondents

Age distribution of the respondents indicates that in the endline study majority (80 percent) of the men fell into the age group of 30 years or more, while majority (85 percent) of the women belonged to 20–29 age group. The age distribution of women in the endline sample was similar to that in the baseline study, while men were older in the endline.

The level of education shows that only 3 percent of the young men and 4 percent of the young women in Himachal Pradesh project area were illiterate. Among the men, 29 percent had completed 11 or more years of schooling whereas 39 percent women had that level of education. Again, 62 percent men and 53 percent women had studied up to middle or secondary level.

Particulars	Baseline		Endline	
	Men	Female	Men	Female
Total number of young respondents (wife 15–30 years)	101	220	100	203
Age group (in completed years)				
< 19 years	0.0	0.5	0.0	0.5
20 – 24 years	3.0	21.8	2.0	21.2
25 – 29 years	23.8	62.7	18.0	64.0
30 – 34 years	42.5	15.0	31.0	14.3
35 or more years	30.0	0.0	49.0	0.0
Mean age (years)	31.9	26.6	34.3	26.7
Level of education				
Illiterate	2.0	4.5	3.0	3.9
Up to primary (5 th std/formal education)	5.9	9.1	6.0	3.9
Middle (6 – 8 std)	18.8	15.9	16.0	16.3
Secondary (9 – 10 std)	32.7	33.2	46.0	36.5
Higher secondary (11 – 12 std) or above	40.6	37.3	29.0	39.4
Occupation				
Service	22.8	1.0	13.0	1.5
Self employed	5.0	0.0	9.0	2.0
Agriculture	11.9	1.4	36.0	0.0
Petty business	18.8	0.4	27.0	0.5
Wage earner	4.0	0.6	2.0	0.0
Skilled worker (tailor, blacksmith, etc)	17.8	1.8	7.0	2.5
Unskilled labourers	1.0	1.6	7.0	0.5
Housewife / Unemployed	1.0	88.6	1.0	92.6
Others/Army/police/air force	18.0	4.6	2.0	0.5
Average monthly income (in rupees)				
≤ 1000	6.9	45.4	20.0	3.4
1001 – 1500	18.8	0.0	14.0	3.4
1501 – 2000	19.8	18.2	20.0	19.7
2001 – 3000	19.8	0.0	19.0	62.6
3001 or more	34.7	0.0	27.0	10.8
Not mentioned	0.0	36.4	0.0	0.0
Average income (Rs.)	3492.7	1014.3	3795.0	3626.7

As for the occupation of the respondents, the study reveals that 36 percent of the men were involved in agriculture followed by petty business (27 percent), and service (13 percent). Nine percent were self employed, and eight percent each were wage

skilled or unskilled labourers. Few of them were wage earners, or in army, or air force (Table 2.2). Corresponding data for women shows that majority (93 percent) of them was housewives, while few of them earned cash or kind in service, as skilled worker or self employed.

The average monthly income of the men was rupees 3795/–, whereas women earned rupees 3627/– per month, on an average (Table 2.2). In case of both men and women, the average income in the endline study was higher than that reported in the baseline study.

Age at Marriage and Fertility

An attempt was made to know when the respondents had started living with their spouses, number of children they had and future fertility intention. It is evident that the women began living with their spouse once they were physically matured after 18 years of age (96 percent). The mean effective age of marriage in the endline study was 21.1 for women and 25.7 for men.

All the women were asked about the living children they had at the time of survey. Data in Table 2.3 shows that majority of them (74 percent) had one or two living children, while 15 percent women had no living child. The mean number of total living children to young women aged less than 30 years was 1.8. The study further reveals that 35 percent had no living son and 43 percent had no daughter. Seven percent of the women reported experience of pregnancy loss.

All the respondents were probed to know about their future fertility intentions and preferred sex of the child. The study reveals that 35 percent of the women expressed their desire to have a child. But, a matter of serious concern is that majority of women (75 percent) wanted their next child to be a son, while 54 percent women expressed their desire for a daughter. Strong son preference that is increasing even among the young couples is a cause of great concern. For instance, between the two surveys there is an increase of 32 percent point desiring their next child to be a son and 23 percent point increase in those desiring their next child to be a daughter.

Particulars	Baseline	Endline
Total number of women (15–30 years)	220	203
Age when started living with spouse (in years)		
≤ 15	3.2	1.0
16 – 17	4.1	3.4
18 – 19	17.7	19.2
20 – 24	67.7	67.0
25 or more	7.3	9.4
Mean (years)	20.9	21.1
Total number of living children		
None	14.5	15.3
One	32.3	31.0
Two	39.5	42.9
Three or more	13.7	10.9
Mean number of living children	1.8	1.8
Number of living sons		
None	33.2	35.0
One	45.5	50.2
Two or more	21.4	14.8
Number of living daughters		
None	51.8	43.3
One	33.6	44.3
Two or more	14.5	12.3
Desire of having a /another child		
Desiring next child to be		
Son	42.9	74.7
Daughter	31.2	54.4

Awareness about Contraceptive Methods

Awareness about family planning methods among young married women was assessed by asking them about the names of different contraceptive methods available to prevent or delay unwanted pregnancy. Their responses presented in Table 2.4 shows

Awareness	Baseline	Endline
Total number of women (15–30 years)	220	203
Percent aware of contraceptive method	96.8	93.6
Types of methods*		
Female sterilization	95.0	66.0
Men sterilization	87.7	47.8
IUD/copper-t/loop	84.1	46.3
Oral pills	97.7	76.9
Condom/Nirodh	96.4	84.7
Injection	28.6	23.2
Rhythm/periodic abstinence	70.4	39.9
Withdrawal	21.4	14.3
* Multiple responses		

that, there was a drop in the proportion of women who had heard about contraceptive method from 97 percent in the baseline to 94 percent in the endline study. Among young women condom/Nirodh (85 percent) was the most widely known method of family planning, followed by oral pills (77 percent) and female sterilization (66 percent). There is a marked decrease in the proportion of the women who were aware of men sterilization, IUD and oral contraceptive pills. Awareness of

traditional methods was among 40 percent women who knew about rhythm/periodic abstinence, but only 14 percent knew about withdrawal method.

Knowledge about Oral Contraceptive Pills among Young Women

Majority (77 percent) of the women in the study sample were aware of oral contraceptive pills (OCP). To judge their specific knowledge about OCP, young women were further asked about the action to be taken if a woman forgets to take a pill, time to start OCP, as well as benefits and side effects of taking OCP. Table 2.5 indicates that 71 percent of the women were aware that a woman should take two pills on second day at due time, if she forgets to take a pill for a day, while only a handful of 15 percent knew that a missed pill can be taken whenever remembered.

Nearly 33 percent of the women stated that one should start taking OCP after 5 days of the menstrual period, whereas 21 percent said that OCP could be started any time. 'Do not know' about the timing to start taking pills came down from 40 percent in the baseline to 22 percent in the endline study. Eighty-four percent of the women were aware that pills should be taken everyday.

Thirty-six percent of the young respondents mentioned that a packet of pills consists of 30 tablets and another 30 percent knew of 28 tablets in a pack. Almost 32 percent of them did not know how many tablets were available in a pack.

When the young women were asked about the benefits and side effects of using pills, most (93 percent) of them mentioned that it prevents pregnancy and nearly 42 percent of them were of the opinion that there is no side effect of using pills. Very few women talked about regulation of menstrual period. However, 14 percent of the women each reported, headache and nausea/ vomiting as side effects of using pills. Low back pain, obesity/weight gain and excessive bleeding were mentioned by seven percent or less of the women (Table 2.5).

Knowledge	Baseline	Endline
Total number of women (15–30 years)	220	203
Percent aware of oral contraceptive pills (including probing)	97.7 (215)	76.9 (156)
Action in case one forget to take a pill		
Take missed pill whenever remember	2.7	15.4
Take two pills on second day at due time	56.4	71.2
Pill missed one day does not create any problem	4.1	0.0
Others/Stop taking pills/Stop taking pills and use condom till next MC	1.5	1.2
Don't know	35.5	12.2
Timing to start taking pills		
Any time	5.9	20.5
Just before the menstruation	7.7	12.2
During the menstrual period	5.0	11.5
After (5 days) the menstrual period	40.0	32.7
Doctor suggestion	1.4	1.2
Don't know	40.0	21.8
Percent aware about the frequency of taking pills (every day)	72.7	84.0
Number of pills in a pack		
21 pills	3.6	1.9
28 pills	8.2	30.1
30 pills	16.8	35.9
Others (6, 7, 8, 10 or 25 pills)	12.3	0.0
Don't know	59.2	32.1
Benefits of taking OCP*		
Prevent pregnancy	81.4	92.9
Very effective if used correctly	0.9	1.3
Monthly menstrual periods gets regularized	2.3	1.3
No benefits	0.9	0.6
Others /Good for health	8.3	0.6
Do not know	16.8	5.1
Side effects of using OCP*		
Low back pain	4.1	7.1
Headache	6.4	14.1
Obesity/weight gain	8.2	2.6
Nausea / vomiting	11.4	14.1
Cancer	0.0	1.3
Others /Scanty bleeding/Excessive bleeding/Anaemia	22.3	3.6
No side effects	30.5	42.3
Don't know	30.9	30.1
* Multiple responses		

Knowledge about IUD

Out of 203 young women, only 94 were aware of the IUD. In the endline study, 87 percent of the total women knew that IUD is inserted inside women's uterus, which is again substantially increased from the baseline proportion of 60 percent. About 86 percent of the women opined that doctor should insert IUD while another 6 percent of them reported that a paramedic staff or nurse should insert it, this proportion has decreased as compared to that in the baseline (21 percent) (Table 2.6).

Knowledge	Baseline	Endline
Total number of women (15–30 years)	220	203
Percent aware of IUD (including probing)	84.1 (185)	46.3 (94)
Percent aware that IUD is inserted inside women's uterus	60.0	87.2
Person who should insert the IUD*		
Doctor	57.3	86.2
Public health nurse	20.9	6.4
ANM/LHV	5.0	6.4
Others/Dispensary govt. hospital	2.3	0.0
Don't know	20.4	3.2
Duration of IUD that could be retained in the body *		
One year	8.2	24.5
Two years	12.3	9.6
Three years	40.9	40.4
Five years	15.5	12.8
Ten years	0.0	3.2
Others	5.1	0.0
Do not know	30.4	9.6
Side effect of using IUD		
Itching	1.8	9.6
Bleeding PV	14.1	25.5
Weight gain	6.4	9.6
Reproductive tract infections	3.6	1.1
Misconception / gets dislocated in the body	10.9	1.1
Back pain/stomach pain	8.2	3.2
No side effects	13.6	12.8
Others	8.1	0.0
Don't know	40.0	43.6
* Multiple responses		

percent of the women believed that IUD has no side effect, but 44 percent did not know about IUD or its side effects (Table 2.6).

Knowledge	Baseline	Endline
Total number of women (15–30 years)	220	203
Percent heard about condom	96.4 (212)	84.7 (172)
Percent seen condom	84.1	86.6
Percent knew that condom is placed on erected men organ	89.1	97.7
Possible side effects of condom*		
Itching	2.3	9.3
Reduction in sexual pleasure	0.5	6.4
Condom break it/stuck	4.1	3.5
Others/causes ulcer	4.2	7.5
No side effects	54.1	47.7
Don't know	35.5	29.1
Percent aware that condom can be used only once	82.7	97.1
* Multiple responses		

The study further reveals that nearly 53 percent of the women knew that IUD could be retained in the body for three years or five years, while only 3 percent knew that it could be retained up to 10 years. Ten percent of the women were not aware about the correct duration for which IUD could be retained in the body.

Nearly 26 percent of the women reported bleeding PV as one of the side effects of IUD followed by weight gain and itching (10 percent each). Some 3 percent mentioned about back pain, and one percent of the women said that IUDs causes reproductive tract infections. Thirteen

Knowledge about Condom

It is encouraging to learn that 87 percent of the women had reportedly seen condom, which shows an increase of only three percent as compared to the baseline. Ninety eight percent knew that condom is placed on erected penis, which is an increase by 9 percent point as that in the baseline. Nearly six percent of the women believed that use of condom during sexual intercourse reduces sexual pleasure (Table 2.7).

Less than half (48 percent) of them stated that condom has no side effects, while 29 percent women did not know about condom or any side effect of using condom. Some of the women mentioned about itching, ulcer and failure of method as side effects of condom, if used during intercourse. In the endline study, majority (97 percent) of the women were aware that condom can be used only once again an improvement of 14 percent point.

Knowledge about Dual Protection Offered By Condom

The responses related to the awareness about dual protection offered by condom, which is the key objective of the PSS program, as presented in Table 2.8. Majority

(75 percent) of the young women were aware that there is a family planning method that protect against sexually transmitted infections including HIV/AIDS and most of these young women knew about condom as a FP method that protects against STIs including HIV. Moreover, as regards purpose of using condom, only 39 percent of

Knowledge	Baseline	Endline
Total number of women (15–30 years)	220	203
Percent aware that there are family planning methods that protect against sexually transmitted infections including HIV/AIDS		75.4
Percent aware that condom is a family planning method to protect against STIs including HIV		99.3
Percent aware about use of condom for		
Prevent or protect from pregnancy		51.6
Prevent or protect from STI/HIV/AIDS		18.3
Prevent both STI/HIV/AIDS and pregnancy		39.2
Do not know		3.9

them said that use of condom prevents both STI/HIV/AIDS and pregnancy. Majority talked about prevention of pregnancy.

Knowledge about Female and Men Sterilization

To assess the level of awareness among the women who were aware of female sterilization, probing was done on its reversibility and perceived side effects. Analysis of data in Table 2.9 reveals that majority (66 percent) of the women were aware that if a woman is sterilized she can not produce children again, and 67 percent of the young women knew that after getting sterilization men cannot become father, biologically. Thirty-four percent of the women opined that female sterilization has no side effects, whereas others mentioned about side effects like weakness and lower abdominal pain or back pain due to female sterilization. However, 43 percent of the women were not aware about any side effect due to the female sterilization.

In the case of the men sterilization, 32 percent of the women reported weakness due to

Knowledge	Baseline	Endline
Total number of women (15–30 years)	220	203
Percent aware of female sterilization	95.0 (209)	66.0 (134)
Percent aware that after getting sterilization a woman can not produce children again	59.1	66.4
Side effects of female sterilization*		
No side effects	41.8	34.3
Lower back pain	13.6	6.0
Weakness	5.9	9.0
Obesity	5.5	2.2
Method failure	3.2	5.2
Others / Stomach pain / Body pain/headache	13.9	3.0
Do not know	26.9	43.3
Percent aware that female sterilization is not reversible	25.5	25.4
Percent aware of men sterilization	87.7 (193)	47.8 (97)
Percent aware that after getting sterilization a man can not produce children again	64.5	67.0
Side effects of the men sterilization*		
No side effect	30.9	11.3
Weakness	13.6	32.0
Others / Back pain/Can't do hard work /remains sick	7.5	2.0
Do not know	49.6	54.6
Duration after vasectomy when person can resume work		
Anytime/immediately	6.4	16.5
Same day	3.2	6.2
After two days	9.5	13.4
Upto 30 days	12.3	8.3
More than 30 days	29.5	21.7
Don't know	39.1	34.0

* Multiple responses

opinion that same day or after two days of vasectomy a person could go for his work, while 34 percent of the women did not mention about any specific period (Table 2.9).

Knowledge about Injectable Contraceptives

Around 23 percent respondents were aware

Knowledge	Endline
Total number of women (15–30 years)	203
Percent aware of injectable contraceptives	23.2 (47)
Frequency when user should return for an injection	
Every month	10.6
Every second month	23.4
Every third month	42.6
Once in four months	6.4
After 5 months	8.6
Do not know	8.5

* Multiple responses

and withdrawal respectively. By withdrawal they meant 'not ejaculating inside women

vasectomy or other side effects as back pain, or continuous sickness. Only 11 percent of the women in the endline mentioned that vasectomy has no side effect, which has decreased from the proportion indicated in the baseline (31 percent). However, there is an increase in the response 'do not know' as compared to the baseline. Women were also asked about the duration of time after vasectomy when a person can resume work. Nearly 22 percent believed that it would take more than a month whereas another 8 percent opined that within a month a person could resume his work. However, 36 percent women were of the

of the injectable contraceptives (Table 2.10). Amongst them 9 percent did not know when user should return for an injection. Nine percent mentioned about 5–12 months, while 43 percent said that the user should return after every third month.

The end line study also revealed that 40 and 14 percent of the respondents knew about rhythm

organ' (35 percent) and 'withdrawing penis before ejaculation during intercourse' (57 percent).

Use of Contraceptive Methods

Information on the current use of family planning method was collected from young female and men. Analysis of the same shows that the use of contraceptives that was quite high in the baseline has dropped as reported by 48 percent of the women. Nearly 17 percent of young women reported acceptance of the permanent method, while 29 percent reported use of modern spacing method and around one percent relied on traditional FP method. Half of the users of family planning used condoms and five percent relied on oral contraceptive pills. Use of condom has increased marginally but that of oral pills has decreased (Table 2.11). However, use of IUD was almost negligible.

Particulars	Baseline	Endline
Total number of respondents	220	203
Percent currently using any family planning method	61.4	47.8
Percent used family planning method in the past		12.2
Type of method using		
Female sterilisation	17.2	17.4
IUD/copper-t/loop	2.7	0.6
Oral pills	7.3	4.5
Condom/Nirodh	30.4	24.2
Rhythm/periodic abstinence	1.8	0.0
Withdrawal	2.2	1.1
Decision on FP method *		
Self	13.4	25.8
Spouse	26.1	23.7
Jointly by self and husband after discussion	45.8	64.9
Others (Mother-in-law/Other female member in the family/friends/advertisement)	14.8	4.1
Not mentioned	2.8	0.0

On investigating who decided on the FP method to be used, majority (65 percent) of the women said that the decision on use of FP method was jointly taken after the discussion with their spouse or that it was the wife's decision (26 percent) or husband's decision (24 percent). In the baseline study, it was mainly quoted as joint decision by husband and wife on contraception (Table 2.11). The decision to use family planning was influenced by both husband and wife jointly or either husband or wife. Doctors, mother-in-law, and mother had some role to play in influencing women's decision to use FP.

As regards duration of using FP method and level of satisfaction with the method, in the endline survey around 29 percent women were using contraceptive method since more than three years as against 19 percent in the baseline study. Around 50 percent were using contraceptives since one to two years (Table 2.12). Data further shows that most of the respondents were satisfied with their respective contraceptive method. A few of the women were facing some problems with the contraceptives but were ready to tolerate them.

Particulars	Baseline	Endline
Number of respondent using modern FP methods	127	94
Duration of method use (in months)		
≤ 12	33.1	32.0
13 - 24	26.0	18.5
25 - 36	20.5	15.4
37 - 48	3.9	12.4
49 months or more	15.0	16.5
Do not remember	1.6	5.2
Method satisfaction		
Satisfied with the method	94.5	94.8
Facing some problem	5.5	5.2

In all, 12 percent married women were pregnant at the time of survey. For most of them it was a wanted pregnancy, but eight and four percent reported unplanned pregnancy or pregnancy as a result of contraceptive failure respectively. Further probing revealed that they missed using condom or used condom irregularly and hence got pregnant.

Future Intention about Contraceptive Use

The non-users of the contraceptive methods were further asked about their intentions to accept a family planning method. If they intended to use then they were asked when

Particulars	Baseline	Endline
Number of non-users of FP	82	97
Percent of respondent intend to use any method of FP at any time in future	65.9 (54)	16.5 (16)
Time when intended to use a method		
Within one year	46.3	18.8
One to two years	29.6	25.0
After more than two years	24.1	56.3
Method preferred to use		
Female sterilisation	68.5	43.8
Men sterilization	1.9	0.0
IUD/cooper-T/loop	3.7	12.5
Pills	9.3	25.0
Condom/Nirodh	13.0	18.8
Withdrawal	1.9	0.0
Others (doctor suggestion)	1.9	0.0
* Multiple responses		

they want to use and their preferred method. Sixteen percent of the non-users expressed their intention to use a method in future as compared to 66 percent in the baseline. Around 56 percent of those who intended to use a method wanted to accept method after two years, while 19 percent respondents intended to use a family planning method within a year.

Among the respondents who wanted to use a contraceptive method, nearly 44 percent of the women preferred female sterilization and 25 percent of them preferred oral pills. The corresponding figures in the baseline study were 68 percent and 9 percent

respectively (Table 2.13). Another 19 and 13 percent were ready to use condom and IUD respectively. It is noteworthy that men sterilization and withdrawal were not preferred either by men or women.

Reasons*	Baseline	Endline
Number of non-users of family planning	82	97
Lack of knowledge about FP methods	1.2	20.6
Want child	32.9	17.5
No need/ Already sterilized	18.3	9.3
Opposed to family planning/Husband opposed	8.5	9.2
Difficult to become pregnant	4.9	6.2
Currently pregnant	24.4	5.2
Other family members opposed	2.4	4.1
Afraid of sterilization	1.2	4.1
Worry about side effects	3.7	3.1
Health does not permit	2.4	2.1
Can not work after sterilization/Cost too much	0.0	2.1
Hard/ inconvenient to get/use method	2.4	0.0
Other (self control/not having sex/against religion/cost)	1.2	8.2
No particular reason	0.0	7.2
Don't know	2.4	1.0
* Multiple responses		

Reasons for Not Using Contraceptive Methods

The study made an attempt to understand the reasons for not using any family planning method. Table 2.14 indicates that the main reason for not using any contraceptive method in the endline study was that respondents lacked knowledge (21 percent) followed by those who wanted to have a child (18 percent). Around 9 percent were already sterilized or faced opposition to family planning from husband or self. About 5 percent women were currently

pregnant and 4 percent each were afraid of sterilization or said that other family members opposed to use of family planning. Health does not permit to use contraceptive and worries about side effects were other reasons for not using contraception.

Place of Procurement of Pills and Condom and Preferred Packet Size

All the users of condom and pills were asked detailed questions about supply systems

of pills or condoms, place of procurement, and the preferred packaging of condoms and pills. Table 2.15 shows that in the endline study, most (97 percent) of the women had no problem with the supplies of pills or condoms. Moreover, most (69 percent) of them procured pills/ condoms from the chemist. Nearly 43 percent of the women were getting supplies either from the Government facilities, the ANM or from the doctor. The role of private sector in supplying condom was minimal.

Among the condom users in the endline, preferred sizes of condom pack were 2–3 pieces as mentioned by 51 percent and 23 percent preferred 10 pieces, while 6–8 percent each preferred 1 piece or 4 pieces in a pack. Many (79 percent) of the respondents preferred this size of the packet as it is easy to store, for 8 percent it was easy to carry, while 5 percent preferred the packet size to maintain

Particulars	Baseline	Endline	
		Female	Male
Number of condom/OCP user	116	74	32
Percent of the respondents never found difficulty in getting supplies of pills/condoms	99.1	97.3	100.0
Place of procurement of pills/condom*			
Chemist	51.7	68.9	56.3
Government/municipal hospital	18.1	18.9	34.4
CHC/PHC	12.1	12.2	12.5
Sub-centre	3.4	12.2	6.3
Private doctor/hospitals	2.6	2.7	0.0
Govt doctor /nurse/ANM	13.0	2.8	0.0
Other shops/PDS/PSS clinic	19.0	2.8	13.5
Do not know/ not mentioned	1.7	1.4	0.0
Preferred size of condom pack**			
1 piece per packer	0.0	6.2	0.0
2–3 pieces per packet	13.3	50.8	46.4
4 pieces per packet	19.4	7.7	39.3
5 pieces per packet	0.0	0.0	32.1
10 pieces per packet	28.6	23.1	7.1
Others	14.3	0.0	0.0
Do not know	23.5	12.3	0.0
Reasons for preferring this size of the packet**			
Easy to store	24.5	78.5	42.9
Easy to carry	12.2	7.7	28.6
To maintain enough stock	18.4	4.6	46.4
Others	24.5	4.6	3.6
Do not know/Not mentioned	25.5	4.6	0.0
Percent having condom stock at present		23.6	35.7
Approximate monthly expense for buying condom/OCP (in Rs.)			
≤ 10	16.4	9.2	17.9
11 – 20	9.5	29.3	25.0
21 or more	19.0	27.6	25.0
Free cost	30.2	16.9	32.1
Not mentioned/DK	25.0	16.9	0.0
Affordability of the amount spent on buying condom/OCP			
Easily affordable	51.8	69.2	64.3
Affordable	12.9	4.6	0.0
Less than affordable	0.0	0.0	3.6
Get free/Not mentioned	31.0	13.8	32.1
Do not know (husband brings)	4.3	12.3	0.0

* Multiple responses ** Percentage are based only for condom user

enough stock (Table 2.15). The endline study also revealed that nearly 24 percent of the current users had condom stock at the time of survey.

All the users of condom and OCP were asked about their monthly expense for buying it to get an idea about the expenses. The study reveals that about 29 percent of the young women stated that they had to spend up to Rs. 11 to 20/- every month on condom or pill. Moreover, 28 percent women had an expenditure of rupees 21 or more in a month for buying condom/pill. Thirty-four percent either did not know the monthly expenses on contraceptives or got free supply.

Further, majority (74 percent) reported that it is easily affordable or affordable to spend on buying contraceptives. Percentages on condom users should be read with cautions, as sample size is small.

Brand Name of Condom and OCP

Majority (51 percent) of the women did not know the brand they used as their husbands brought them. In the baseline study, 14 percent mentioned about Nirodh, which was

Particulars	Baseline	Endline	
		Female	Male
Number of condom/OCP user	116	74	32
Brand name of condom used*			
Nirodh/from government	13.6	6.8	37.5
Masti	10.0	6.8	6.3
Kohinoor	8.8	6.8	18.8
Sawan	8.8	5.4	12.5
Deluxe	8.8	2.7	12.5
Milan / Bliss / Pick Me	5.1	0.0	0.0
Kamsutra	0.0	0.0	9.4
Others	5.2	11.0	3.1
Husband brings/can't say	52.6	51.4	0.0
* Multiple responses			

reduced to seven percent in the endline study. Another seven percent or less women each reported use of Kohinoor, Masti or and five percent used Sawan. Only three percent used Deluxe. Eleven percent mentioned other brands of condoms.

Among the OCP users, Mala D was commonly accepted brand as mentioned by 11 percent of the women followed by Ecroz (Table 2.16).

Awareness about RTI and STI

The endline study made an attempt to assess the awareness level among the young respondents about the Reproductive Tract Infections (RTI) and Sexually Transmitted Infections (STI). In this regard, respondents were asked whether they had heard about RTI and STI. If the response was affirmative, then they were further probed about their sources of information, its mode of transmission and curability.

In the endline study, 59 percent of the males and 35 percent of the young women had heard about RTI, which was higher (58 percent) in the baseline study. The most common source of information among the women was TV/radio (28 percent) and doctors/private health providers (13 percent). Other important sources of information reported by the less than 9 percent of the women were relatives, friends, neighbours or newspapers and books. For men, TV, radio, and newspaper were the main source of information on RTI.

As for the modes of transmission of RTI, 19 percent and 10 percent of the women in the endline said that it is transmitted because of homosexual and heterosexual intercourse with infected person respectively. Lack of personal hygiene, having sex with multiple partners or commercial sex workers (3.5 percent each) and lack of personal or post operative hygiene and heat in the body (1 percent) were mentioned by some women. In the base line study, less than one percent talked about homosexual intercourse or having sex with CSWs and none mentioned about visiting commercial sex workers as the modes of transmission of RTI. In

Awareness	Baseline	Endline	
		Female	Male
Total number of women (15–30 years)	220	203	100
Percent heard about Reproductive Tract Infection (RTI)	58.2	35.0	59.0
Sources of information on RTI*			
TV / radio	12.7	28.1	55.0
Doctor/private health providers	7.7	13.3	6.0
Relatives/friends/neighbours	37.7	8.9	7.0
News papers/books/magazines	5.0	6.4	14.0
Government/municipal corporation health workers/ANM	3.2	3.0	2.0
Slogans/pamphlets/posters/wall hoardings	1.4	2.5	0.0
Others (school teacher/husband/awareness through NGO/NGO staff)	13.2	1.0	1.0
Not heard of RTIs	41.8	65.0	41.0
Modes of transmission of RTI *			
Homosexual intercourse with infected person	0.5	18.7	3.0
Heterosexual intercourse with infected person	8.2	9.9	52.0
Having sex with multiple partners	4.5	3.5	16.0
Having sex with CSWs	0.0	3.5	8.0
Lack of personal hygiene	8.6	6.4	5.0
Lack of post insertion/operative hygiene	0.5	1.5	2.0
Due to heat in the body	3.6	1.0	1.0
Weakness/Others	6.4	4.9	2.0
Do not know	73.6	65.0	41.0
Percentage know RTI is curable	51.8	29.6	54.0
* Multiple responses			

the endline, 35 percent of the women mentioned some mode of transmission of RTIs as against 26 percent in the baseline.

The study shows that around 30 percent of the respondents were aware that RTI is curable in the endline study as against 52 percent in the baseline. This knowledge about curability is important in empowering them for availing treatment (Table 2.17).

Similarly, data on awareness about sexually transmitted infections (STI) reveals that 49 percent women were aware of STI. Majority of them (43 percent) had heard about it through TV/radio followed by doctors/private health providers (18 percent) and relatives, friends, or neighbours (12 percent). It may be pointed out that print media was mentioned by only 8 percent (Table 2.18). Other sources like government health workers, school teachers, and slogans or pamphlets were mentioned by only 5 percent or less of the respondents.

Awareness	Baseline	Endline	
		Female	Male
Total number of women (15–30 years)	220	203	100
Percent heard about Sexually Transmitted Infection (STI)	57.3	49.3	71.0
Sources of information on STI*			
Radio/TV	42.3	43.3	66.0
Doctor/private health providers	8.6	17.7	6.0
Relatives/friends/neighbours	19.1	12.3	0.0
News papers/books/ magazines	9.1	7.9	19.0
Govt/municipal corporation health workers/ANM	4.6	5.4	2.0
School teacher	0.0	3.0	0.0
Slogans/pamphlets/posters/wall hoardings	2.3	1.5	1.0
Others (teacher//NGO staff/spouse/ meeting)	7.2	1.0	10.0
Not heard of STIs	42.7	50.7	29.0
Mode of transmission of STI*			
Homosexual intercourse with infected person	28.6	28.6	2.0
Heterosexual intercourse with infected person	17.3	11.8	62.0
Having sex with multiple partners	0.9	9.9	21.0
Lack of personal hygiene	5.9	6.9	4.0
Having sex with CSWs	5.5	3.4	7.0
Do not know	55.9	52.7	29.0
Percentage know STI is curable	43.2	38.9	59.0

* Multiple responses

It was reported that the most common mode of transmission of STI was homosexual intercourse (29 percent) or heterosexual intercourse with infected person (12 percent) and having sex with multiple partners (10 percent). Other modes including lack of personal hygiene and having sex with CSWs were mentioned by another seven percent or less of the women. It is important that 53 percent of the young women in the endline did not know about the mode of transmission of STIs.

The study reveals that in the baseline 39 percent of the women in the endline were aware that STI is

curable, whereas in the baseline 43 percent had correct knowledge about its curability.

Awareness about HIV/AIDS

To assess the level of awareness about the HIV/AIDS epidemic, all the young respondents were asked, if they had heard of HIV/AIDS. The respondents, who had heard about HIV/AIDS, were further probed for their source of information, mode of transmission and the precaution to avoid the infection.

Table 2.19 shows that almost all men and 93 percent of the women had heard about HIV/AIDS in the end line study, which is slightly lower as compared to 95 percent in the base line. Regarding the sources of knowledge, radio/TV was the most common source (90 percent in the end line and 98 percent in the base line) of information about HIV/AIDS followed by doctors/ private health providers (21 percent in the endline). Around 17 percent of the women received information from relatives, friends, and 14 percent stated that they received information about HIV/AIDS through print media. Government/municipal corporation health workers/ANM played only a marginal role in spreading knowledge about HIV/AIDS (8 percent).

With regard to the knowledge about modes of transmission of HIV virus, 50 percent of the women said that it is transmitted through homosexual intercourse with infected person and another around 40 percent mentioned about skin puncture with infected needles/blades and heterosexual intercourse with infected person. Fourteen percent women mentioned about transmission from infected pregnant mother to child and 13 percent of the young respondents were unaware about modes of transmission of HIV/AIDS in the endline (Table 2.19).

An attempt was made to assess if the respondents were aware of how to identify and know about a person who is HIV positive. The respondents mainly (77 percent in the

endline and 33 percent in the baseline) opined that a HIV positive person could be identified by getting blood checked. The awareness regarding blood testing has substantially increased as compared to the base line study. About 7 percent women mentioned weight loss and prolonged fever as one of the signs of having HIV infection. Only one percent women said that one 'will not know' about the HIV positive status (Table 2.19).

Awareness	Baseline	Endline	
		Female	Male
Total number of women (15–30 years)	220	203	100
Percent heard of HIV/AIDS	95.0	92.6	99.0
Sources of information on HIV/AIDS*			
Radio / TV	98.2	90.1	96.0
Doctor/private health providers	12.3	21.2	9.0
Relatives/friends/neighbours	34.5	16.7	20.0
News papers/books/ magazines	21.8	14.3	42.0
Govt./muni. corporation health workers/ANM	7.7	7.9	3.0
Slogans/pamphlets/posters/wall hoardings	11.4	6.9	7.0
School teacher	0.0	5.4	0.0
Advertisement/movies	0.0	0.0	8.0
Others/other colleagues/through NGO staff	8.2	2.0	14.0
Modes of transmission of HIV/AIDS*			
Homosexual intercourse with infected partners	0.5	49.8	4.0
Skin puncture with infected needles/blades	54.5	39.9	36.0
Heterosexual intercourse with infected partners	71.4	37.4	90.0
Transfusion of infected blood	36.8	23.2	30.0
Infected pregnant mother to child	9.5	13.8	25.0
Multiple sex partners	29.5	0.0	18.0
Having sex with CSWs	0.0	0.0	17.0
Others / Infected partner (husband/wife)	6.0	0.0	0.0
Do not know	15.0	13.3	1.0
Ways to know about the person of HIV positive*			
By getting blood check	33.6	77.3	82.0
Weight loss	7.7	6.9	5.0
If partner is infected with HIV	1.4	3.0	2.0
Doctor/sonography/medical check-up	6.4	1.5	0.0
Others /Prolong fever /does not recover from general ailments fast	9.8	6.9	12.0
Will not know	7.5	1.0	10.0
Do not know	43.2	11.3	0.0
Preventive measures against HIV/AIDS*			
Sex with only one partner	50.5	73.9	85.0
Using condoms correctly during each sexual intercourse	48.2	20.7	47.0
Avoiding pregnancy when having HIV/AIDS	2.7	9.4	3.0
Sterilizing needles and syringes for injection	25.0	6.4	7.0
Checking blood prior to transfusion	18.2	4.9	11.0
Others/use new blade to shave/Avoid sex with CSW/Away from infected person	5.9	1.0	4.0
Do not know	21.4	16.5	4.0
Percentage know that HIV /AIDS is not curable	58.6	50.2	75.0
Percent aware that condom a family planning method to protect against STIs including HIV	70.9	74.8	90.0
* Multiple responses			

Although there is no medical cure of AIDS, there are preventive actions through which one can avoid acquiring HIV/AIDS. Data in this regard shows that majority (74 percent) of the women in the endline study reported having sex with only one partner as a preventive measure against HIV/AIDS. This was followed by the correct use of condom during each sexual intercourse (21 percent). Almost 17 percent did not know about the preventive measures against HIV/AIDS as compared to 22 percent in the baseline study. Use of sterilized needles and syringes and checking blood prior to transfusion were mentioned as other preventive measures against HIV/AIDS (Table 2.19). In response to question regarding curability of HIV/AIDS, half of the young women believed that HIV/AIDS is curable.

With the increasing prevalence of STI/HIV and AIDS, it is necessary to promote prevention measures to reduce the chances of pandemic. The most affordable, accessible and reliable preventive measure is condom. The correct and consistent use of condom during sexual intercourse reduces risk of acquiring the STIs including HIV infection. In order to assess the knowledge of condom as a dual protection method, all the respondents were asked if they know of a contraceptive that also protects against STI including HIV. Seventy-five percent of the young respondents were aware that condom is a family planning method that also protects against STIs including HIV.

Particulars	Endline
Total number of women (15–30 years)	203
Percent having access to	
TV	96.1
Radio	50.7
Newspaper	55.2
Magazine	11.3
Name of the newspapers usually read	
Punjab keshari	69.6
Amar ujjala	20.5
Divya himachal	10.7
Dainik jagaran /The tribute/Dainik tribune	8.1
Percent received information about contraception in media	51.7
Sources where seen the information related to contraception	97.1
Television	26.7
Radio	25.7
Newspaper/Magazine	
Percent received information related to RTI/STI media	34.0
Sources where seen the information related to RTI/STI	
Television	94.2
Radio	40.6
Newspaper	15.9
Magazine	4.3
Percent received information related to HIV/AIDS in media	70.4
Sources where seen the information related to HIV/AIDS	
Television	95.1
Radio	30.8
Newspaper	14.7
Magazine	2.8
# Percentages are based on total number of respondents	

Exposure to Mass Media

An attempt was made to assess the exposure to mass media among the young people and messages received. All the respondents were asked if they accessed the print media and what messages were received. Table 2.20 provides information on exposure of respondents of print media.

The end line study shows that 96 percent of the women viewed television, 51 percent listened to radio, 55 percent read newspaper and only 11 percent read magazine. Among those who read newspaper, majority (70 percent) of them usually read Punjab Keshari, Amar ujjala (21 percent), while other newspapers in the list were Divya Himachal, Dainik Jagran and the tribune.

Nearly 52 percent of the young women recollected coming across messages related to contraceptives in media. Ninety seven percent of the respondents reported coming across information related to contraception in television, followed radio (27 percent) and newspaper (24 percent). Only 2 percent mentioned about magazine as source of information on contraceptives.

Moreover, only 34 percent of the women came across information related to RTI/STI mostly on television (94 percent) or radio (41 percent). Again, newspaper and magazine were mentioned by only around 16 percent and four percent of the respondents.

The study further reveals that majority (70 percent) of the women received information related to HIV/AIDS from media especially television, radio and newspaper (Table 2.20).

All the young women were further asked more specifically about their exposure to media, messages received related to contraceptives and HIV/AIDS, and their sources of information. Twenty-three had seen information related to contraception in public place during six months prior to the survey mainly on video vans (85 percent) and hoardings (Table 2.21).

Moreover, only 5 percent of the women had seen mobile van advertisement on condom and oral pills in their area and 1.5 percent had seen such messages from some NGO. Such programmes were attended at hospital or at their own home. Such programmes mainly focused on Sawan and Masti.

Particulars	Endline
Total number of women (15–30 years)	203
Percent seen any advertisement or information about contraception in public places in last six months	22.7
Source where seen information about contraception in public places in the last six months	
Video vans	84.8
Hoardings	6.5
Wall paintings	4.3
Pamphlets	4.3
Open theatre	2.2
Doctor/hospital/Mahila mandal/school bus	2.2
No where Other	4.3
Percent seen any mobile van advertisement on contraception and family planning especially on condoms and oral pills in their area	
Yes seen on condoms	5.9
Yes, seen on oral pills	5.4
No not seen any mobile van advertisement	88.7
Percent who got information on contraception, HIV–AIDS, family planning, safe motherhood, RTI/STI etc from any NGO programmes	1.5
Place where attended such programme	
NGO	0.0
Hospital	100.0
At our home	33.3
Percent knew about the NGO that organized the programme	1

The study thus reveals that the young women (aged up to 30 years) included had average household size of 5.3 members per family. Most of the respondents were the Hindus and 89 percent of the households in the study area were pucca or semi–pucca. Four percent of the young women and one percent of the men were illiterate. Only 8 percent of the women were engaged in cash earning activities, while men were mainly engaged in agriculture, petty business, services, or self employed work. The families in the endline study seem to be better off as compared to the baseline sample. Majority (74 percent) of the women had one or two living children, and 15 percent had no child.

Nearly 35 percent of the women desired for an additional child, of whom 75 percent wanted a son and 54 percent of them wanted a daughter.

The proportion of young respondents aware of family planning decreased since the baseline for all the FP methods, particularly in the case of IUD and men sterilization. The endline study also indicates a fall in the knowledge regarding rhythm and withdrawal. The study reveals that the specific knowledge about pills, condom and IUD increased to some extent, the 'do not know' response minimized between the two surveys, but it still needs to be improved among young couples. Similarly, the specific knowledge about male and female sterilization also needs to be enhanced, particularly about its possible side effects. A higher proportion ought to know about condom as a FP method protecting against STIs as well. At present, 75 percent knew about the dual protection of condom, which is the focus of the PSS interventions.

The study reveals that in the endline study, 48 percent of the young women were using a contraceptive method. There is a drop of 14 percent point for women using any family planning method between the two surveys. Nearly half of the young respondents started using a method since less than 2 years.

In the endline study, only 35, 49 and 93 percent of the young women knew about RTI, STI, and HIV/AIDS respectively. The corresponding figures in the baseline were 58, 57 and 95 percent respectively. TV/radio, doctors and paramedic staff and relatives, friends, or neighbours were the main source of information regarding reproductive health among the young couples. Their knowledge about the modes of transmission of infections is relatively better than the baseline study. Still 13-65 percent did not know about the modes of transmission, which was ranging between 15-74 percent in the baseline. The knowledge regarding curability is also varying. For instance, only 30 percent and 39 percent knew that RTI and STI are curable respectively, but regarding HIV/AIDS 50 percent said that it is not curable.

Exposure to mass media including TV, newspaper and radio is there among young women. But, among those who have access, reach of messages related to contraception (51 percent), RTI/STI (34 percent), and HIV/AIDS (70 percent) was varying.

Chapter 3

Knowledge on Contraceptives and Reproductive Health among Eligible Women (Aged 15–49 years)

In the endline study, information comparable to the baseline study were collected from eligible women aged 15–49 from rural villages in two selected districts of Himachal Pradesh. This chapter discusses the background characteristics, their fertility behaviour, knowledge and understanding of contraception, particularly condoms and oral pills, current use of family planning methods, and sources of procurement of contraceptives. Knowledge of eligible women about RTI/STI and HIV/AIDS are also compared with the baseline data. From Himachal Pradesh, a total of 505 eligible women aged 15–49 years were interviewed for the endline study and 501 in the baseline.

Household Characteristics

Table 3.1 presents the general characteristics of the selected households. The average household size in the endline survey was found to be 5.3, which is comparable to that in the baseline. Majority (87 percent) of the households in the endline survey had four or more family members as compared to 91 percent in the baseline survey illustrating thereby that family size in the household has got reduced over time. Most (97 percent) of the sample population was Hindus, both in endline and

Particulars	Baseline	Endline
Total number of women (15–49 years)	501	505
Total number of family members in the household		
Two	1.2	2.2
Three	7.6	10.3
Four	25.3	30.9
Five or more	65.9	56.6
Average household size	5.6	5.3
Religion of the head of the household		
Hindu	95.4	96.8
Muslim	1.0	0.0
Other religious group /Sikh	3.6	3.2
Main source of drinking water		
Tap (inside residence/yard/plot)	59.3	61.0
Tap (shared/public)	31.5	22.6
Handpump\borewell	2.4	11.5
Well / river / spring	6.8	5.0
Type of house		
Kachha	8.0	11.7
Semi-pucca	18.6	19.8
Pucca	73.5	68.5

baseline studies. Majority i.e. 61 percent had tap for drinking water inside their home as the main source of drinking water, while another 23 percent shared public tap and 12 percent got drinking water through handpump or borewell. Nearly 68 percent of the respondents were living in Pucca houses, 20 percent in semi-pucca and 12 percent in Kachha/ thatched houses. Thus, the households selected in the baseline and endline surveys are more or less comparable.

Profile of the Eligible Women

Table 3.2 presents background characteristics of eligible women aged 15–49 years interviewed from PSS project area in Himachal Pradesh. About 34 percent of the eligible

Particulars	Baseline		Endline	
	Male	Female	Male	Female
Total number of young respondents (wife 15–49 years)	501	501	505	505
Age group (in completed years)				
19 – 24 years	1.0	9.8	1.4	8.7
25 – 29 years	12.2	27.5	9.3	25.7
30 – 34 years	24.6	21.6	23.8	17.4
35 – 39 years	20.6	21.2	17.2	17.0
40 years or more	41.7	20.0	48.3	31.1
Mean age (years)	37.9	32.9	39.5	34.4
Level of education				
Illiterate	4.4	12.2	5.0	14.5
Up to primary (5 th std/formal education)	6.8	16.6	7.5	14.1
Middle (6 – 8 std)	16.8	18.0	14.7	19.6
Secondary (9 – 10 std)	39.9	30.1	36.6	29.9
Higher secondary (11 – 12 std) or above	32.1	23.2	36.2	22.0
Occupation				
Service	32.6	1.0	31.9	1.8
Self employed	5.8	0.0	12.3	1.4
Petty business	11.8	0.4	12.1	1.0
Wage earner	16.2	0.6	7.9	0.4
Agriculture / agriculture labour	10.4	1.4	3.4	0.0
Skilled worker (tailor, blacksmith, etc)	8.2	1.8	5.6	2.6
Unskilled labourers	4.8	0.0	9.5	0.2
Housewife	0.0	88.6	0.0	92.5
Unemployed	0.8	1.6	3.8	0.0
Others/army/police/air force	17.6	4.6	13.3	0.2
Average monthly income (in rupees)				
≤ 1000	15.1	41.3	11.3	5.5
1001 – 1500	10.9	15.2	7.7	7.7
1501 – 2000	14.9	8.7	16.8	22.0
2001 – 3000	12.7	0.0	20.6	57.2
3001 or more	46.1	17.4	43.6	7.5
Not mentioned/husband died	0.4	17.4	0.0	0.0
Average income (Rs.)	4006.0	2535.7	5128.51	3315.92
Age when started living with spouse (in years)				
≤ 15	0.0	3.8	0.6	3.6
16 – 17	0.4	8.2	1.0	7.3
18 – 19	2.6	24.4	1.2	21.2
20 – 24	33.9	56.9	33.3	60.6
25 or more	63.1	6.8	64.0	7.3
Mean (years)	25.5	20.4	25.6	20.5

women in the endline survey were less than 30 years of age and 31 percent were aged 40 years or more. The mean age of the women in the endline was 34.4 years and that of their husbands was 39.5 years, which is slightly higher than that in the baseline study. In other words, the women interviewed in the baseline study were slightly younger than their counterparts in the endline study.

Almost 15 percent of the women and 5 percent of the men were illiterate. Around 22 percent of the women and 36 percent of men had completed 11th or 12th standard of schooling (Table 3.2). The education level of husband was higher than that of wife.

As for occupation, the endline study shows that only 8 percent of the women were engaged in earning cash or kind, while 92 percent of them were found to be housewives. Women worked as skilled workers, service or self employed. The husbands of the women

were mainly engaged either in service (32 percent) or petty business/self employed work (24 percent), while others were unskilled labourers (10 percent), wage earners (8 percent), and another 6 percent were skilled workers, while nearly 4 percent were unemployed. The average monthly income of the husbands was rupees 5129/- while for the women it was rupees 3316/- per month, on an average. Thirteen percent of the women and 19 percent of the husbands earned up to Rs. 1,500/- a month, while 57 percent of the women and 21 percent of husbands earned Rs. 2,001– 3000 per month. **The pattern of occupation and average monthly income is almost similar in the two surveys but apparently the endline group is slightly better off as compared to the baseline group.**

Nearly 61 percent of the women started living with their husbands when they were in the age range of 20–24 years. The mean age of woman at the time of effective marriage in the endline survey was 20.5 years, which was same as in the baseline. Eleven percent girls were married before legal age at marriage. Moreover, the mean age of their husbands, when they started living together was found to be 25.6 years, which was more than the legal age at marriage for boys (Table 3.2).

Living Children and Future Fertility Intentions

Information related to fertility of women interviewed with respect to the total number of living children, their sex composition, desire for additional child/ children, and preferred sex of the child is presented in table 3.3. Almost 61 percent of the women had one or two living children, while 7 percent had no living child, and remaining 32 percent had three or more living children, 32 percent had three or more children. The mean number of living children per woman was 2.3, which is equal to that in the baseline study. Women have managed to keep their fertility low in the study population. Nearly 82 percent of the women had at least one son whereas 67 percent of them had at least one daughter. In all, 11 percent of the women had reportedly experienced pregnancy loss in the past.

Particulars	Baseline	Endline
Total number of women (15–49 years)	501	505
Total number of living children		
None	6.8	6.7
One	16.0	17.8
Two	41.9	43.2
Three	26.1	23.2
Four or more	9.2	9.1
Mean number of living children	2.3	2.3
Number of living sons		
None	18.8	18.4
One	46.7	51.5
Two or more	34.5	30.1
Number of living daughters		
None	33.1	33.0
One	42.1	45.0
Two or more	24.8	22.0
Percent currently pregnant	5.8	5.5
Percent experienced pregnancy loss		10.7
Women's desire		
having a/another child	17.2	15.0
Desiring next child to be		
Son	46.5	76.5
Daughter	29.1	53.0
Husband's desire		
having a/another child	17.4	15.0
Desiring next child to be		
Son	46.0	74.2
Daughter	27.6	50.6

The study also reveals that about 15 percent each of the women as well as their husband's desire for an additional child. This shows that the proportion desiring additional children has reduced slightly by around 2 percent points from the baseline study. But, it is disturbing that the proportion desiring the next child to be a son has increased by 30 percent points in the case of women and 28 percent point in the case of men between the two surveys. During the same period, the desire for a daughter has increased by 24 percent point in the case of women and 23 percent in the case of men.

Awareness about Contraceptive Methods

Women were asked specific questions regarding contraceptive methods to assess their knowledge regarding the same. In the endline study, there was a drop in the proportion

Awareness	Baseline	Endline	NFHS 3
Total number of women (15–49 years)	501	505	
Percent aware of contraceptive method	97.2	78.4	98.4
Types of methods*			
Female sterilization	97.0	69.5	95.0
Male sterilization	88.3	47.4	95.7
IUD/copper-t/loop	84.2	42.1	66.3
Oral pills	93.6	60.4	88.7
Condom/Nirodh	92.7	66.7	94.6
Injection	27.4	19.2	41.1
Rhythm/periodic abstinence	66.9	34.2	39.2
Withdrawal	19.8	12.7	29.2
Percent aware about emergency contraceptives	13.8	18.4	
* Multiple responses			

of women who had heard about family planning method to delay or prevent pregnancy. Around 78 percent of the women were aware of contraceptive method in the endline as against nearly 98 percent in the baseline. Method-wise awareness shows that majority of the women were aware of female sterilization (70 percent) followed by condom/nirodh (67 percent) and oral pills (60 percent). The proportion of women aware of the withdrawal method was the least i.e. 13 percent. The proportion of

women aware of male sterilization, IUD and rhythm varied between 34 and 47 percent. Knowledge of injectable contraceptive decreased from 27 percent in the baseline to 19 percent among the women in the endline study. Overall, there was a marked decrease in the awareness regarding various family planning methods (Table 3.4). Even as compared to the NFHS-3, the awareness about the contraceptive method was lower than the state average.

Further, knowledge of emergency contraceptives was found to have increased from 14 percent in the baseline to 18 percent in the endline study.

Knowledge about Modern Spacing Contraceptive Methods

All women in reproductive age (15–49 years) were asked to indicate more specifically the number of times a condom can be used, what actions are taken when a woman forgets to take a pill, how long an IUD can be retained in the body and its side effects. Table 3.5 indicates that 94 percent of the total eligible women in the endline study

knew that condom can be used only once as against 75 percent in the baseline. This reflects clear-cut positive change in the knowledge about the number of times a condom can be used.

In response to a question about what should be done if a woman forgets to take a pill, 63 percent of the women stated that two pills should be taken on the second day at due time, while 16 percent mentioned about taking the missed pill whenever remembered. Interestingly even today 20 percent of the women interviewed did not know about any actions required, in case one forgets to take a pill, this proportion was 45 percent in the baseline study (Table 3.5).

Duration for which IUD could be retained in the body was reported as three and five years by 43 percent and 11 percent of the women respectively. Thereby, proportion of women mentioning that IUDs can be retained in the body for about 3 years increased by 6 percent point, whereas those mentioning about 5 years decreased by 3 percent point in the endline study. Yet, 10 percent women did not know about the IUDs or duration for which it could be retained in the body, which is lower than 31 percent in the baseline.

When women were probed about the side effects of using IUD, 30 percent of the women mentioned about bleeding PV followed by weight gain

(10 percent), itching and back pain. Eighteen percent of the women said that IUD has no side effects. Majority (40 percent baseline and 32 percent endline) did not know about the IUD or the side effect of using IUD.

Knowledge	Baseline	Endline
Total number of women (15-49 years)	501	505
Percent aware that condom can be used only once	75.2	94.1
Action in case forget to take a pill *		
Take missed pill whenever remember	2.2	15.7
Take two pills on second day at due time	46.1	62.6
Pill missed one day does not create any problem	3.8	1.0
Others /Stop taking pills and use condom till next MC	3.0	0.6
Don't know	45.0	20.0
Duration for which IUD could be retained in body		
One year or less than a year	12.2	21.6
Two years	13.0	10.3
Three years	36.9	42.7
Five years	14.2	10.8
Ten years	1.0	1.9
Others	4.2	2.3
Do not know about IUD	31.2	10.3
Side effect of using IUD		
Itching	1.4	8.9
Bleeding PV	16.0	29.6
Weight gain	6.0	9.9
Reproductive tract infections	4.8	0.9
IUD dislocation	11.4	2.3
Back pain	7.6	4.3
No side effect	11.6	18.3
Others	10.0	4.4
Don't know	39.6	31.5
Duration after which a user should return for an injection		
Every month	2.0	8.2
Every second month	1.6	17.5
Every third month	2.0	42.3
Once in four months	7.4	3.1
Others	0.0	7.2
DK	87.6	21.7
* Multiple responses		

As regards duration after which a user should return for an injection, 8 percent women said that women need to return every month, while another 60 percent mentioned about second or third month. The corresponding figures in the baseline were only 2 and 4 percent respectively.

Knowledge about Female and Male Sterilization

Table 3.6 presents the awareness about female and male sterilization among eligible women. The study shows that 64 percent (59 percent in the baseline) of the women believed that after accepting female sterilization a woman cannot produce children again, and 25 percent of them stated that female sterilization is not a reversible method. In the baseline also 24 percent believed that female sterilization is not reversible. Similarly, another 63 percent (60 percent in the baseline) of the women said that after sterilization a man cannot produce children again.

Knowledge	Baseline	Endline
Total number of eligible women	501	505
Percent aware that after getting sterilization a woman can not produce children again	58.9	63.8
Side effects of female sterilization*		
No side effects	40.3	38.2
Lower back pain	18.2	7.7
Weakness	6.8	8.5
Obesity	5.2	3.4
Method failure	4.0	7.7
Stomach pain	3.2	0.3
Body pain/headache	2.4	0.6
Others	13.0	0.9
Do not know	21.8	36.2
Percent aware that female sterilization is not reversible	24.2	25.4
Percent aware that after getting sterilization a man can not produce children again	59.5	63.2
Side effects of male sterilization*		
No side effect	28.9	16.7
Weakness	13.6	31.8
Others/can fail/loss of virility/back pain/can't do hard work /remains sick	8.8	3.4
Do not know	49.8	48.1
After vasectomy a person can resume work		
Any time/immediately	7.4	13.8
Same day	2.6	9.2
After two days	6.2	15.1
Upto 30 days	6.2	8.3
More than 30 days	33.7	22.1
Other	7.2	0.0
Do not know	36.7	31.4
* Multiple responses		

In the endline study, 38 percent women opined that female sterilization had no side effects while in the case of male sterilization only 17 percent of them mentioned the same. Another 36 percent of the women as against 22 percent in the baseline did not know about side effects of female sterilization. Similarly, 48 percent did not know about the side effects of male sterilization. Weakness, lower back pain, and fear of method failure were mentioned as the main side effects of female sterilization. It is also noteworthy that weakness due to the male sterilization (32 percent) was the main concern raised by the women. Loss of virility as one of the side effects of male sterilization was a concern among a few women. Further, (31 percent) of the women did

not know about when a person can resume work after vasectomy. This shows a fall as compared to that in the baseline study. Almost 23 percent believed that work could be resumed within a day after the vasectomy operation (Table 3.6).

Contraceptive Prevalence Rate

Knowledge assimilated during project interventions are envisaged to bring in behaviour change among the core target group. To assess the extent of usership of family planning, especially oral contraceptive

Awareness	Baseline	Endline	NFHS-3
Total number of eligible women	501	505	
Percent currently using any family planning method	72.5	46.1	72.5
Percent past users of family planning		7.4 (20)	
Type of method used			
Female sterilization	34.9	27.1	51.0
Vasectomy / No scalpel vasectomy	1.8	0.2	6.7
IUD/copper-t/loop	3.2	0.4	1.1
Oral pills	4.6	2.2	2.5
Condom/Nirodh	22.4	14.9	9.7
Rhythm/periodic abstinence	2.2	0.4	0.9
Withdrawal / Other traditional method	4.4	1.0	0.6
Injectable contraceptive	0.0	0.0	0.1

pills and condom, a series of questions were asked to the respondents. Table 3.7 reveals that the percent of respondents currently using any family planning method was 46 percent in the endline. Use of modern method decreased from 67 percent in the baseline to 45 percent in the endline study, whereas traditional method use decreased from 6 percent in the baseline to 1.4 percent in the endline study.

A close look at the analysis shows that the drop was mainly due to decrease in percent using female sterilization, condoms, and withdrawal. The use of all the other methods including vasectomy, oral pills, IUD, and rhythm were also reported to have decreased. Female sterilization was reported to be the most commonly used method (27 percent). **In the study population, 17 percent of the women were using either oral pills or condom, which is higher as compared to the total rural population (12 percent) of Himachal Pradesh and more than double than the country average of 8 percent (NFHS-3, IIPS and Macro 2006/7).**

Almost 46 percent of the women mentioned that they were using contraceptive method since last four years or more. However, 15 percent women accepted contraceptive methods within 12 months or less and another 20 percent were using contraceptive between 13 and 36 months since the date of survey. Almost all the current users of contraceptives were satisfied with the method used (Table 3.8).

Particulars	Baseline	Endline
Number of respondent using modern family planning methods	334	233
Duration of method use (in months)		
≤ 12	16.5	14.5
13 - 24	11.4	10.9
25 - 36	12.3	9.3
37 - 48	5.1	9.3
49 months or more	53.9	46.4
Do not remember	0.9	9.3
Percent of the current users satisfied with the method	94.0	96.3

Future Intention to use Contraceptive Method

Among those couples, who were not using any contraceptive method at the time of

Particulars	Baseline	Endline
Number of women who want to use family planning method in future	50.0 (67)	9.5 (17)
Duration when intending to use a method		
Within one year	44.8	23.5
One to two years	23.9	23.5
After more than two years	31.3	52.9
Method preferred to use		
Female sterilisation	64.2	47.1
Male sterilisation	1.5	0.0
IUD	3.0	11.8
Pills	7.5	23.5
Condom	11.9	17.6
Others	12.0	0.0

interview and were not pregnant were enquired about their future intention regarding the use of family planning method. Nearly 10 percent women expressed their intention to accept a family planning method in future. In the NFHS-3, 7.2 percent of currently married women in Himachal Pradesh had an unmet need for family planning. The unmet need for

spacing and the unmet need for limiting were almost same. In other words, a higher proportion of the women in PSS project area intended to use family planning in future. Among them, 24 percent of the non-users were ready to use a family planning method within a year while another 24 percent wanted to accept a method within one to two years. Nearly 53 percent intended to use contraceptives after more than two years. Majority (47 percent) of them intended to undergo female sterilization in future or use oral pills (24 percent) as the next preferred method. None of them expressed their intention to adopt male sterilization, or traditional family planning methods including rhythm and withdrawal in the endline as compared to the baseline (12 percent). It is encouraging that their 41 percent intended to use oral pills or condom as against only 19 percent in the baseline (Table 3.9).

Reasons*	Baseline	Endline
Number of respondents never used FP	126	179
Lack of knowledge about FP methods	0.0	19.0
No need/Husband is away	17.5	12.3
Husband opposed	6.3	11.7
Want child	24.6	10.1
Difficult to become pregnant	7.9	7.3
Afraid of sterilization	1.6	7.3
Against the religion	0.0	4.5
Do not like existing method	0.0	4.5
Other family members opposed	1.6	3.9
Currently pregnant	16.7	3.4
Worry about side effects	2.4	2.8
Health does not permit	6.3	1.1
Opposed to family planning	1.6	0.6
Others Long amenorrhoea period	15.1	4.5
Do not know	2.0	0.6

* Multiple responses

Reasons for Not Using Contraceptive Methods

Table 3.10 presents the reasons for not using any contraceptives among all the non-users of any family planning methods in the two surveys. Nineteen percent of them reported lack of knowledge about contraceptive methods as one of the reasons for not using them. For 12 percent cases, husbands were away, while opposition by husband or against religion was reported as the reasons for not using family planning by 16 percent of the women, whereas 7 percent were

afraid of sterilization. Current pregnancy (3 percent), desiring to have a child (10 percent) and difficult to become pregnant (7 percent) were mentioned by women as reasons for not using contraceptives at the time of survey. Five percent or fewer women each stated that they do not like the existing method; they face opposition from other family members and have worries about side effects.

Awareness about RTI and STI

An attempt was made to collect the information on awareness of reproductive tract infections (RTI) and sexually transmitted infection (STI). In both the surveys, all the women were asked if they had heard about RTI and STI, their sources of information, its mode of transmission and curability.

Table 3.11 presents the responses of women on awareness about RTI, which reveals that only 28 percent of them had heard about RTI in the endline as compared to 61 percent in

the baseline. Women mainly heard about RTI from radio or TV (21 percent). The role of doctors, private health providers remained at around 13–14 percent in both the studies, while relatives, friends or neighbours as source of information about RTI decreased from 42 percent in the baseline study to 8 percent in the endline. Other sources such as newspapers (5 percent), slogans, school teachers and PSS programme were mentioned by a few respondents (less than 2 percent).

The main modes of transmission of RTI mentioned by the women in the endline study were homosexual (14 percent) or heterosexual (7 percent) intercourse with infected persons, lack of personal or operative hygiene (5 percent) and having sex with commercial sex workers or multiple partners (6 percent). A few mentioned about heat in the body or other modes. The study further reveals that only 23 percent of the women were aware that RTI is curable, which was much higher at 54 percent in the baseline study (Table 3.11).

Awareness	Baseline	Endline
Total number of eligible women	501	505
Percent heard about Reproductive Tract Infection (RTI)	61.1	28.1
Source of information about RTIs*		
TV / radio	12.2	21.0
Doctor/private health providers	14.4	13.1
Relatives/friends/neighbours	41.7	7.7
News papers/books/magazines	3.8	4.6
Slogans/pamphlets/posters/wall hoardings	0.8	1.4
School teachers	0.0	1.4
Others / mahila mandal	2.2	1.4
Do not know	39.1	71.9
Mode of transmission of RTIs		
Homosexual intercourse with infected person	0.4	14.2
Heterosexual intercourse with infected person	7.0	6.7
Lack of personal hygiene	9.4	4.2
Having sex with commercial sex workers	0.0	3.2
Having sex with multiple partners	5.2	2.8
Lack of post insertion/operative hygiene	0.8	0.8
Others/ Weakness/deficiency of calcium /due to heat in the body	11.4	1.0
Do not know	73.8	76.3
Percentage know RTI is curable	54.1	23.2
* Multiple responses		

Analysis of data on the awareness about STI indicates that 39 percent of the women had heard about STI, which was 54 percent in the baseline. Women mainly heard about

Awareness	Baseline	Endline
Total number of eligible women	501	505
Percent heard about Sexually Transmitted Infection (STI)	53.7	38.8
Sources of information about STI *		
TV / Radio	38.3	32.5
Doctor/private health providers	9.4	16.4
Relatives/friends/neighbours	23.2	9.5
News papers/books/magazines	8.6	5.5
School teachers	0.0	1.8
Slogans/pamphlets/posters/wall hoardings	1.8	1.0
Awareness through NGO/NGO staff	0.8	1.0
Govt./municipal corporation health workers	2.6	0.0
Others	5.6	1.0
Do not know about STIs	46.3	61.4
Modes of transmission of STI *		
Homosexual intercourse with infected person	0.0	21.4
Heterosexual intercourse with infected person	25.0	8.1
Having sex with multiple partners	14.0	7.7
Lack of personal hygiene	5.2	5.4
Visiting CSWs	0.8	3.4
Others / blood transfusion/skin puncture with infected needles	5.6	0.2
Do not know	62.1	63.4
Percentage know STI is curable	41.9	32.1
* Multiple responses		

person, having sex with multiple partners or CSWs and lack of personal hygiene as the mode of transmission of STI. In both the studies around 62–63 percent of the women did not know about the mode of transmission of STI. With regards to the curability of STI, 32 percent of the women in endline as compared to 42 in the baseline were aware that STI is curable (Table 3.12).

STI from radio/TV (33 percent), while health workers and doctors were mentioned by 16 percent. Ten percent learnt about STI from relatives, friends or magazines and 6 percent from newspaper, books or magazines. A few mentioned about school teachers, wall hoardings, and NGO staff about STI. **Thus, role of mass media and peers was clearly reflected in the endline study.**

Above 21 percent of the women reported homosexual intercourse as the mode of transmission of STI, while 8 percent or less of them reported heterosexual intercourse with infected

Awareness about HIV/AIDS

In the endline survey all the eligible women were asked detailed questions about the knowledge of HIV/AIDS, their sources of information and modes of transmission. To assess whether women had correct knowledge on HIV/AIDS they were further asked about how to protect oneself from HIV/AIDS and its curability. Table 3.13 shows that 81 percent of the women had heard about HIV/AIDS in the endline, which is less as compared to that in the baseline but more than the NFHS-3 figure for rural areas of the state (78 percent). Among the total women, majority heard about HIV/AIDS on TV/radio (78 percent) followed by doctors and paramedics (25 percent), relatives and friends (13 percent) and print media (12 percent). In the endline, the pattern of response was almost similar to the baseline, but all the sources were mentioned less as compared to the baseline.

Regarding the modes of transmission of HIV, 41

percent of the women mentioned about homosexual intercourse with infected partners and another 35 percent and 31 percent of the women each were aware that it could be transmitted though heterosexual sex or due to skin puncture with infected needles/blades. Only 19 percent mentioned about infected blood, whereas 11 percent women knew that HIV could be transmitted from infected pregnant mother to child.

Awareness	Baseline	Endline
Total number of eligible women	501	505
Percent had heard of HIV/AIDS	91.4	80.6
Sources of information about HIV/AIDS*		
TV / radio	95.2	78.0
Doctor/private health providers / ANM	24.2	25.1
Relatives/friends/neighbours	38.3	12.7
News papers/books/magazines	18.4	11.7
Slogans/pamphlets/posters/wall hoardings	10.4	5.2
School teachers	0.0	3.4
Awareness through NGO/NGO staff	2.2	1.4
Others	4.2	2.5
Do not know about HIV/AIDS	8.6	19.4
Modes of transmission of HIV/AIDS*		
Homosexual intercourse with infected person	0.0	40.6
Heterosexual intercourse with infected person	66.3	35.2
Skin puncture with infected needles/blades	46.9	30.5
Transfusion of infected blood	30.9	18.8
Infected pregnant mother to child	9.2	11.1
Multiple sex partners	28.9	0.0
Others/Infected partner (husband/wife)	7.2	0.0
Do not know	20.2	25.5
Ways to know about the person of HIV positive*		
By getting blood check	29.7	65.5
Weight loss	8.6	5.2
Will not know	0.0	4.6
Doctor/sonography/medical check-up	6.4	2.2
If partner is affected with HIV	0.0	1.2
When one does not recover quickly from illness	6.6	0.8
Others /Weakness /Prolong fever	12.2	0.7
Do not know	48.1	25.5
Awareness about protection against HIV/AIDS*		
Sex with only one partner	50.5	61.0
Using condoms correctly during each sexual intercourse	40.1	16.2
Sterilizing needles and syringes for injection	23.4	5.3
Checking blood prior to transfusion	16.2	4.6
Avoiding pregnancy when having HIV/AIDS	3.2	6.5
Others	4.4	1.1
Do not know	28.6	29.5
Percentage know that HIV /AIDS is not curable	54.7	45.0
Percent aware that condom, a family planning method protects against sexually transmitted infections including HIV/AIDS	63.7	59.2
* Multiple responses		

Around 66 percent of the women said that one could know about a person who is HIV positive by getting his/her blood checked. The remaining answers were given by 5 percent or less women who mentioned about weight loss or delay in recovery as one of the symptoms of an HIV positive person. Women also believed that no one can know whether a person is HIV positive or not. Nearly 26 percent women said that they do not know the ways in which one can come to know if the person is HIV positive. This proportion of 'do not know' has decreased since baseline when it was 48 percent.

Though HIV/AIDS is not curable, there are preventive measures through which one can avoid acquiring the virus. Regarding the knowledge of preventive measures, 61 percent of the women reported, sex with only one partner as one of the preventive measures followed by correct use of condom during each sexual intercourse (16 percent). Using sterilized needles and syringes for injection and checking blood prior to transfusion were each mentioned by around 5 percent women as ways to avoid getting HIV/AIDS. However, around 30 percent women had no knowledge about any preventive measures in both the surveys. As far as knowledge on curability of HIV/AIDS is concerned, 45 percent of the women were aware that HIV/AIDS is not curable.

With the increasing prevalence of STI and HIV/AIDS it is necessary to promote correct use of condom as preventive measures, which help to reduce chances of infections. Condom is the only method, which protects against infections and provides protection against pregnancy as well. To assess the knowledge of women in the study area in this respect, all of them were asked about the dual purpose of using condom. **The study reveals that 59 percent of the women were aware about the dual protection of condom.**

The study thus reveals that the sample included for the two studies – baseline and endline were quite similar. The women interviewed in the baseline study were slightly younger than those interviewed in the endline study. The households selected in the endline sample had slightly lower household size, 97 percent of the Hindus, 69 staying in pucca house, and similar literacy rates. Seven percent of the women had no living child, while 61 percent had one or two living children, and the mean number of children per woman was 2.3 in both the surveys. About 15 percent of the women and their husbands desired for an additional child, but disturbingly between the two surveys the proportion desiring the next child to be a son increased by around 28–30 percent points and those desiring daughters also increased by 23 percent.

In the endline study, there was a drop in the overall proportion of women who had heard about family planning method to delay or prevent pregnancy. There was a drop in the awareness regarding condom, oral pills, and all the other modern and traditional methods of family planning. The endline study however, reveals that the specific knowledge about contraceptives improved on several aspects, and the proportions mentioning 'do not know' decreased substantially except for side effects of female sterilization.

The percent of respondents currently using family planning decreased from 72 to 46 percent between the two surveys, and the drop was mainly in condom, oral pills and traditional method use. It is revealing that 45 percent of the total eligible women interviewed or their husbands were using a modern contraceptive method and 1 percent relied on traditional methods. **Further comparison shows that the use of condom and OCP, which was the focus of PSS intervention, was higher in the project area (17 percent) as compared to the state (12 percent rural) and country average (8 percent).** About half of the women were using a method for more than 4 years. Among the non-users, lack of knowledge about FP methods (19 percent), opposition from self or husband (12 percent) and wanting to become pregnant (10 percent) were the main reasons. Only 10 percent intended to use a family planning method in future.

There was a marked decrease in the proportion of women who had heard of reproductive tract infection (RTI), sexually transmitted infections, and HIV/AIDS, and still majority of the women did not know about these infections. The sources of information are mainly radio/TV, doctor and paramedical staff and relatives, friends, or neighbours. Print media and peers also played a role in informing the community about reproductive health. From baseline to endline study, women have started learning more specifics about the disease, its mode of transmission, curability but the gain is very little. For instance, in the endline study in the case of RTI, STI and HIV/AIDS, 76 percent (74 percent in baseline), 63 percent (62 percent in baseline), and 26 percent (20 percent in baseline) women did not know about modes of transmission respectively.

Besides, 59 percent of the women were aware about the dual protection offered by condoms against unwanted pregnancy and HIV/AIDS infection which is comparable to that in the NFHS-3 (57 percent). The study thus brings out the information needs of more interpersonal communication and behaviour change communication among the eligible women interviewed.

Chapter 4

Reproductive Health Knowledge and Sexual Behaviour among High Risk Groups

With the increasing risk of infections and non-availability of medical treatment of HIV/AIDS, it is necessary to promote preventive measure to reduce the risk of pandemic. Several studies have shown that the chances of getting HIV infection are more among the mobile population and migrant workers as compared to stationary population. This chapter deals with the level of awareness of STI and HIV/AIDS as well as sexual behaviour of the high-risk groups.

High-risk groups including truck drivers, military personnel/police/BSF/ State Security Personnel and mobile workers/migrants from Himachal Pradesh were included in the study. Their background characteristics and knowledge about condom and OCP, myths and misconceptions, and HIV/AIDS is briefly discussed in this chapter. Chapter 4 presents substance use, reproductive health problems, knowledge of HIV/AIDS, condom use, and sexual behaviour of persons reporting more than one sexual partner (of either sex) within 12 months. Further, detail on dynamics of condom use, their views about the various aspects of quality of condom is also presented in this chapter.

Totally, 38 persons of different categories were interviewed from the two study districts. Out of the total, 23 were interviewed in Kangra district and 15 in Una district. Among them, 15 were truck drivers, followed by 14 mobile workers/migrants. The remaining were security personnel including police, military and others which were altogether 9 (Table 4.1).

Particulars	Baseline	Endline
Total number of respondents	57	38
Category of the target group		
Truck drivers	25	15
Military personnel	1	2
Police	9	5
BSF/State Security Personnel	1	2
Mobile workers/Migrants	21	14

Profile of the Respondents

Table 4.2 presents the background characteristics of the high-risk group interviewed in Himachal Pradesh. Data reveals that around 29 percent were in the young age group of 25-29 years, followed by 24 percent falling in the age range of 40 or more years. Most (90 percent) of them were Hindus and eight percent were Muslims. Caste-wise analysis shows that majority (63 percent) were from high caste and 18 percent were schedule caste and schedule tribes.

Table 4.2: Background characteristics of the respondents in Himachal Pradesh (Percentage)		
Particulars	Baseline	Endline
Total number of respondents	57	38
Age group (in years)		
≤ 24	17.5	10.5
25 - 29	14.0	28.9
30 - 34	29.9	21.0
35 - 39	21.1	15.7
40 or more	17.5	23.5
Religion		
Hindu	73.7	89.5
Muslim	5.3	7.9
Sikh	14.0	2.6
Christian	7.0	0.0
Caste		
Higher caste	40.3	63.2
Backward caste	24.6	5.3
Schedule caste	24.6	18.4
Schedule tribes	7.0	2.6
Muslim	3.5	7.9
Other religious caste	0.0	2.6
Level of education		
Illiterate and no formal education	26.4	7.9
Up to primary (5 th std or formal education)	7.0	5.3
Middle (6 - 8 std)	19.3	13.2
Secondary (9 - 10 std)	33.3	39.5
Higher secondary (11 - 12 std) or above	14.0	34.2
Marital status		
Unmarried	19.3	23.7
Engaged but not yet married	0.0	2.6
Currently married	80.7	73.7
Monthly income (in rupees)		
No income	0.0	5.3
≤ 2000	29.8	10.4
2001 - 3000	35.1	21.1
3001 - 5000	22.8	18.5
5001 or more	12.3	44.6
Place used for keeping savings*		
No saving	14.0	26.3
Bank /post office	15.8	50.0
Give to parent or guardian	57.9	2.6
Keep with self but at home	10.5	7.9
Keep with self	42.1	23.7
Save with LIC	0.0	10.5
Others	3.5	5.3
* Multiple responses		

Regarding the level of education, majority (40 percent) of the respondents had completed secondary education followed by those who had completed higher secondary or above (34 percent).

Majority (74 percent) of the respondents were married (Table 4.2). It is disturbing that 24 percent of the high-risk group persons were unmarried.

Economic status of the respondents in terms of monthly income shows that the average monthly income of the respondents was Rs. 4638/-. Most of the respondents (45 percent) reported their monthly income to be more than rupees 5,000/-, while 21 percent of the respondents earned between 2,001/- to Rs.3000/- in a month. Table 4.2 also shows that the HRB respondents kept their savings mainly in bank / post office (50 percent), 24 percent kept with self. Only a marginal group (3 percent) gave it to parents. This shows a substantial decrease to its corresponding number in the baseline, which was 58 percent. Another 26 percent of the respondents stated that they did

not have any saving. It can be said that the baseline and endline samples were comparable.

Stay and Migration

Information on their staying arrangement reveals that majority of the respondents were staying with their family members including spouse (63 percent), Almost 37 percent stayed with their parents or brother/sister, while 8 percent of them stayed with their employer and a good portion (21 percent) of them lived all alone (Table 4.3). The study also shows that 11 percent of them were staying with others.

Further probing to the respondents about their native place shows that majority (82 percent) of them were migrants. The endline study indicates inter-state migration as 36 percent of the respondents stated that they belonged to neighbouring states, while only 10 percent were from the same district. Data further reveals that 68 percent of the respondents originally belonged to the rural areas.

Particulars	Baseline	Endline
Total number of respondents	57	38
Staying arrangement *		
With spouse	38.6	63.2
Parents	26.3	26.3
Brother/sister	0.0	10.5
Employer	0.0	7.9
Other relatives/friends/group	35.1	2.6
All alone	5.3	21.1
Others	0.0	10.5
Percent migrated to this town (place of interview)	49.1	81.6
Native place		
Same district	3.6	9.7
Neighbouring districts	0.0	29.0
Other districts of same state	17.9	6.5
Neighbouring states	14.3	35.5
Other states	60.6	19.4
Other country (Nepal)	3.6	0.0
Type of area migrated from		
Urban	0.0	32.3
Rural	100.0	67.7
* Multiple responses		

Fertility

Out of total respondents identified as following high-risk sexual behaviour, 28 were married and they were asked about their living children. Table 4.4 reveals that 14 percent HRB respondents had no child, yet another 14 percent had one child. Seventy one percent of them had two or more children. Data on sex of the children shows that 8 percent of the married respondents had no son while 17 percent of them had no daughter (Table 4.4).

Particulars	Baseline	Endline
Number of children respondents have		
None	13.0	14.3
One	13.0	14.3
Two	41.4	28.6
Three or more	32.6	42.8
Number of ever married respondents	46	28
Number of sons		
None	10.0	8.3
One	55.0	75.0
Two or more	35.0	16.7
Number of daughters		
None	20.0	16.7
One	55.0	33.3
Two or more	25.0	50.0
Number of respondents having children	40	24

Substance Use

The study attempted to understand the practice of addictive substances among the respondents. Data in this regard shows that 68 percent of the respondents had habit of drinking alcohol, 45 percent had smoking habit, and 40 percent chewed tobacco. The study also revealed that 11 percent of the HRB population drank bhang regularly.

Particulars	Drink alcohol	Drink Bhang regularly	Smoking ganja/ marijuana	Chewing tobacco
Total number of respondents Endline	38	38	38	38
Percent respondents having the habit of taking substances *	68.4	10.5	44.7	39.5
Frequency				
Every day	50.5	75.0	88.2	80.0
More than 3 times a week	7.7	0.0	0.0	6.7
1 – 3 times a week	30.8	0.0	0.0	6.7
Less than once a week	11.5	25.0	11.8	6.7
* Multiple responses				

The interpretation needs to be done cautiously due to small sample size. Among the alcohol users, 50 percent of the respondents took alcohol everyday; nearly 31 percent took it 1–3 times a week followed by those taking alcohol more than three times a week. However, majority of those addicted to smoking and chewing tobacco were consuming it every day (Table 4.5).

Particulars	Baseline	Endline
Total number of respondents	57	38
Percent aware of sexually transmitted infection (STI)	63.2	39.5
Awareness about the symptoms of STI*		
Itching in the private parts	29.9	36.8
Swelling on penis	4.4	18.4
Pimples in the private parts	15.5	15.8
Blood discharge from penis	7.8	13.1
Burning while urinating	3.3	13.1
Mavad/pus	16.6	10.5
Ulcer/Chandi in the private parts	12.2	7.9
White water discharge	8.8	5.3
Gangling/Gath in the private parts	2.2	2.6
Others /Syphilis	10.0	0.0
Do not know	62.3	60.5
Percent believed that a normal looking person can also be suffering from STI	37.6	28.9
* Multiple responses		

Knowledge about Sexually Transmitted Infection (STI)

To assess the knowledge about STI, all the respondents were asked if they were aware of sexually transmitted infections. Those who gave affirmative answer were further asked about the symptoms of STI. Table 4.6 reveals that only 40 percent of the respondents were aware of STI, as against 63 percent in the baseline. Out of the total HRB respondents, 37 percent reported itching in the private parts as the symptoms of STI and 18 percent mentioned about having swelling on penis and pimples in the private parts, followed by blood discharge

from penis and burning while urinating. Mavad/pus, white discharge and gangling were mentioned by 3–16 percent respondents. Further, 29 percent believed that a normal looking person could also be suffering from STI.

Prevalence of STI

To assess the incidence of STI, respondents were asked if they had experienced any symptoms of STI during the last three months and if they had availed treatment, place of treatment. The prevalence of STI among the high-risk groups was 24 percent. In other words, every fifth high risk person had experienced one of the symptoms of STI in last three months. Though the number is small, it can be said that half of the respondents experienced itching or irritation around genitals (Table 4.7).

Usually, half of the respondents each

seek treatment from the government health facilities or private sector health facilities. The study also reveals that 18 percent of them usually self medicated for their problems.

Particulars	Baseline	Endline
Total number of respondents	57	38
Percent had experience of STI in last three months	21.1 (12)	23.7 (9)
Type of problem *		
Any sore/redness on genital or anal area	2	1
Difficult/pain while urinating	4	1
Very frequent urinating	-	1
Swelling of testes or in groin area (penis)	2	1
Itching/irritation around genital	6	5
Gonorrhoea / any discharge from penis	4	0
Usual place of treatment for STI*		
Private	52.6	26.3
Government	54.4	57.9
Self medicine	1.8	18.4
Other	1.8	5.3
* Multiple responses		

Knowledge about HIV/AIDS

The knowledge of HIV/AIDS among high-risk groups has an important role, as they are most vulnerable in terms of their risky behaviour. An attempt was made to assess the awareness level of respondents about the HIV/AIDS and their sources of information.

Table 4.8 reveals that most (92 percent) of the respondents had heard of HIV/AIDS. Out of the total HRG respondents, 66 percent mentioned that HIV is an incurable disease. Another 5 percent stated that it is related to

Particulars	Baseline	Endline
Total number of respondents	57	38
Percent of respondents have heard of HIV/AIDS	89.5	92.1
HIV/AIDS defined by the respondents*		
It is incurable disease	28.3	65.8
Makes a person weak/kamjor / loses weight	6.3	2.7
HIV is a virus that causes AIDS	0.0	5.3
It is related to sex /Bad disease due to bad behaviour	7.9	5.3
It spreads due to sex with CSW	14.0	0.0
It is a killer disease /very dangerous disease	25.1	0.0
Do not know	19.9	26.3
Mode of transmission of HIV/AIDS *		
Heterosexual intercourse with infected partners	48.7	78.9
Skin puncture with infected needles/blades	31.4	42.1
Transfusion of infected blood	39.3	39.5
Having multiple sex partners	47.1	36.8
Infected pregnant mother to child	9.4	31.6
Having sex with commercial sex worker	23.5	18.4
Homosexual intercourse with infected partners	1.6	5.3
Other	4.8	0.0
Do not know	23.0	10.6
Ways of protection from HIV/AIDS *		
Using condoms correctly during each sexual intercourse	56.5	73.7
Sex with only one partner	72.2	65.8
Sterilizing needles and syringes for injection	28.3	26.3
Checking blood prior to transfusion	22.0	15.8
Avoiding pregnancy when having HIV/AIDS	4.7	10.5
Others	24.6	7.9
* Multiple responses		

sex, or it is a disease due to bad behaviour, and that it is a virus infection that makes a person weak. Twenty-six percent of the respondents could not specify anything about HIV/AIDS.

Regarding their knowledge about mode of transmission of HIV/AIDS, table 4.8 indicates that 79 percent of the respondents knew that heterosexual intercourse with infected partners is one of the main modes of transmission of HIV/AIDS. This proportion has increased as compared to that in the baseline. Another 42 percent stated that HIV/AIDS could be due to skin puncture with infected needles or blades and 40 percent were aware that it could be transmitted through infected blood. Thirty-seven percent mentioned about having multiple sex partners followed by infected pregnant mother to child and having sex with commercial partners or having homosexual intercourse.

Though HIV/AIDS is not curable, there are preventive measures, through which one can avoid acquiring the virus. The respondents were probed about their knowledge regarding the preventive measures of HIV/AIDS. Majority of the respondents reported correct use of condom during each sexual intercourse (74 percent) and sex with only one partner (66 percent) as the preventive measures that could protect one from HIV/AIDS. Only 26 percent or less talked of sterilizing needles and syringes for injection, checking blood prior to transfusion, and avoiding pregnancy when having HIV/AIDS (Table 4.8).

Sexual Behaviour

Information was collected about their sexual involvement in the last one-year to assess the sexual behaviour of high-risk groups. Study further attempted to capture the

Particulars	Baseline	Endline
Total number of respondents	57	38
Percent involved in sexual activities with any of the below mentioned category in the last one year	57.9 (33)	39.5 (26)
Sexual involvement during the last one year*		
Sex with girlfriends	29.8	28.9
Sex with commercial sex worker	31.6	21.1
Having sex with more than one women	12.3	15.8
* Multiple responses		

details on number of regular and casual sexual partners they had and the profile of regular sexual partners.

Data in table 4.9 shows that 40 percent were involved extra marital relationships during the last one year. Almost 29 percent of the respondents had

sexual relationship in the last one year with their girl friends, 21 percent had sexual relations with commercial sex worker and 16 percent had sex with more than one woman.

Type of Sexual Partners

An attempt was made to know the type of sexual partners, reported by the respondents. Seventy four percent had only one regular sexual partner, whereas 26 percent had two or more such partners. Even currently, a majority of 87 percent had multiple sexual partner.

Further, the study reveals that 19 percent (n=6) reported having same sex partners, while 81 percent had opposite sex partners. Majority (71 percent) had five or less sexual encounters with either sex in the last month, and 16 percent HRB respondents had 6 or more sexual encounters in the last month.

Particulars	Baseline	Endline
Number of regular sexual partners		
None	10.9	0.0
One	63.6	74.2
Two	16.4	6.5
Three or more	9.1	19.3
Number of sexual encounters with either sex in the last month		
None	25.5	12.9
<5	23.6	70.9
6 - 10	32.7	12.9
11 or more	18.2	3.2
Percent having sex with other persons (casual partners), but do not maintain regular contact	43.6	25.8
Number of casual sex partners in the last 6 months		
None	45.8	37.5
One	16.7	37.5
Two	16.7	12.5
Three or more	20.8	12.5
Number of respondents have casual partners	24	8
Total number of sexual partners during last 5 years		
One	34.5	54.8
Two	31.0	16.1
Three or more	34.5	22.6
Do not know/can't say	0.0	6.4
Number of respondents sexually active	55	31

Apart from the regular sex partners, information was also collected on their casual sex partners. It is also revealing that 26 percent of the HRB reported having casual sex partners. This is less as compared to the baseline figure of 44 percent. On similar lines, in the last 6 months, 25 percent reported 2 or more casual sex partners, while 38 percent had one casual sex partner. The pattern was similar when probed for the last 5 years, with 39 percent mentioning about having two or more casual partner (Table 4.10).

First Sexual Experience

In order to understand the sexual indulgence of the respondents in terms of age and the sexual partners, information was obtained about their age at first sexual experience

Particulars	Baseline	Endline
Age at first sexual experience		
≤ 15 years	10.9	12.9
16 - 18 years	25.5	16.2
19 years or more	63.6	71.1
First sexual intercourse		
Before marriage	60.0	38.7
After marriage	38.2	51.6
Not married	1.8	9.7
First sexual partner		
Spouse	41.8	58.1
Fiancée	0.0	3.2
Boy friend	1.8	0.0
Girl friend	27.3	22.6
Other relatives/cousins	1.8	3.2
Employee	3.6	0.0
Other casual partners	23.6	6.5
Do not remember/can't say	0.0	6.5
Percent used condom at the time of first sexual intercourse	12.7	35.5
Number of respondent sexually active	55	31

and first sexual partner. Table 4.11 shows that 71 percent of the respondents had their first sexual activities after 19 years of age and another 16 percent between 16-18 years. In all, 13 percent HRB respondents had their first sexual experience by 15 years of age.

In India where sex is considered taboo until marriage, sexual gratification was seen among 39 percent of the respondents even before marriage. More than half (52 percent) of the respondents had first sexual experience after marriage and 10 percent of them who had sexual experience were unmarried at the time of interview.

As mentioned by 58 percent of the respondents, their first sexual partner was their wife and another 23 percent had girlfriends as their first sexual partner. Another 7 percent each fell in the category of not remembering and other casual partners. The use of condom at their first sexual encounter was reported by 36 percent of the respondents, which increased from 13 percent at the time of baseline (Table 4.11).

	Baseline	Endline
Total number of respondents	57	38
Percent aware about condom/nirodh	93.0	97.4
Radio/TV	100.0	91.9
Newspaper/books/magazines	22.4	40.5
Relatives/friends/neighbours	28.6	32.4
Doctor/private health providers	6.1	24.3
Other colleagues / employer	0.0	18.9
Slogans / pamphlets / posters	20.4	13.5
Awareness through NGO / NGO staff	18.4	10.8
Advertisements	12.2	8.1
Others	18.3	16.2
Percent seen a condom/ Nirodh	87.7	94.6
Percent ever used condom	63.2	74.3
* Multiple responses		

Knowledge about Condom

Correct use of condom not only provides protection against pregnancy but also act as a barrier of transmitting sexually transmitted infections, including HIV. Efforts were made to spread awareness about condom as a preventive measure against STI and HIV through IEC campaign among such high-risk groups. The knowledge of condom is essential especially for those, who fall into the high-risk behaviour category. Attempt was made

to assess the awareness level of the respondents about the condom, sources of information and practice of condom.

Regarding the knowledge of condom, data shows that most (97 percent) of the respondents were aware about condom. In response of a question, for what purpose condom is used, the respondents gave multiple answers. Detailed analysis of it shows that only around 28 percent of the respondents were aware about the dual protection offered by condoms and said that condom is used for family planning or to prevent STI and AIDS.

Table 4.12 also presents the source of information about condom for the respondents. Radio and TV were mentioned by 92 percent of the respondents, followed by news papers or magazines (41 percent), relatives and neighbours (32 percent) and doctors or health workers (24 percent). Other sources mentioned were colleagues, slogans, pamphlets, NGO staff and advertisements.

Most (95 percent) of the respondents had seen a condom. However, questioning on ever use of condom shows that 74 percent of the respondents had ever used the same (Table 4.12).

Use of Condom

Use of condom is inevitable for persons having sex with multiple sexual partners and/or visiting commercial sex workers to protect themselves from STI/HIV. Information was also gathered on use of condom during intercourse, its regularity and if not using condom reasons for the same. The analysis of the same is presented in Table 4.13.

Fifty percent of the high risk respondents were currently using a family planning method. Majority (n=9, 47 percent) used condom, while 42 percent adopted vasectomy and 11 percent used injectables. Further, it can be judged from the table 4.13 that among the condom users, 15 out of 38 (39 percent) used condom in the last sexual encounter, while one had never used condom. The study also reveals that 34 percent of the HRB condom users were regular users of condom, while the rest of them reported that they used condom sometimes only or mostly did not use condom.

Particulars	Baseline	Endline
Total number of respondent	57	38
Percent currently using any FP method	49.1 (28)	50.0 (19)
Type of method used		
Vasectomy	3	8
Tubectomy	13	0
IUD	3	0
Oral pills	5	0
Condom	4	9
Injectables	0	2
Number used condom in the last sexual encounter	14	15
Number of respondents ever used condom	18	18
Regularity of condom use during sex		
Always	8	7
Mostly	4	6
Sometimes only	5	4
Mostly not	0	1
No response	1	0
* Multiple responses		

Chapter 5

Commercial Sex Workers

PSS program aimed to bring about increased use of condom for the purpose of HIV prevention among target group including HIV/AIDS high-risk groups including commercial sex workers (CSW). Chapter 5 discusses background of the CSWs interviewed in Himachal Pradesh including their age, religion, education, marital status, and staying arrangements. Additionally, migration history, monthly income, expenditure and savings, and addiction history, if any of the CSWs were also explored. This chapter highlights the knowledge and use of condoms, regularity of its use, type of partners with whom it is used or not used and its accessibility to CSWs. Further, knowledge and awareness of the sex workers about sexually transmitted infection and HIV/AIDS are discussed in the following sections.

Background of the Commercial Sex Workers

In all, six CSWs were interviewed in the endline survey from the two study districts. Three of them were aged between 17 and 25 years, while the remaining three were aged between 35 and 40 years. Two of the CSWs were Hindu and three were Muslims. Further, in the endline, all CSWs except one were literate and had 3–15 years of studies.

Marital status of the CSWs indicates that, two were currently married, of whom one was living with her husband and one all alone, two were unmarried staying with parents, while the rest two were either separated (staying alone) or divorced staying with parents. Thus the study gives an indication that women out of the wedlock are more vulnerable to high risk activities and get involved in the commercial sex activities. In other words, lack of financial and social support could be a major factor for women out of the wedlock to get involved in this activity. It is necessary to point out here that the results need to be interpreted with caution, as the sample size is small.

Regarding the living arrangement of CSWs, as mentioned earlier only one stayed with their husband, three stayed with their parents and two stayed alone. Out of 4 ever-married CSWs, only one had children, that is, two living daughters.

Regarding migration status of the CSWs, four out of six CSWs in the endline had migrated from some other place to the place of interview. Among them one was from the same district, two belonged to neighbouring districts, while one was from neighbouring state.

Income and Expenditure of CSWs

The study shows that the average monthly income of a CSW was estimated to be Rs. 3,917 in the endline. Three CSWs each earned up to Rs 1,500/- to Rs. 2000/- in a month, and the remaining three CSWs earned Rs. 5001 to Rs. 7000. Five CSWs parted their total earnings to others while one kept with self. Further, the data shows that two

CSWs saved their income in bank or post office, one gave it to parents or guardian, one kept earnings with self, while two CSWs reported that they had no saving.

Addiction History

Information about the addiction to any kind of substance among the CSWs was also gathered. In this regard, data reveals that out of total six CSWs interviewed, four had habit of drinking alcohol, three chewed tobacco and one had habit of smoking ganja/marijuana. Frequency of taking alcohol was not uniform, as one each of CSWs took it everyday, or consumed it 1–3 times a week or less than once a week. However, those CSWs who had the habit of chewing tobacco usually consumed it everyday (n=2) or 1–3 times a week.

Knowledge about STI and HIV/AIDS

In the endline study, the knowledge of CSWs about sexually transmitted infections (STI) and HIV/AIDS was also assessed. Analysis of data shows that of the 6 CSWs, four were aware of STIs and none of them knew that a normal looking person could also be suffering from STI.

Further probing regarding the symptoms of STI shows that CSWs mainly talked about itching in the private parts (n=4), followed by two each mentioning about ulcer/chandi in the private parts and burning while urinating. One CSW each mentioned about pimples in the private parts, white water discharge and swelling on penis.

Similarly, data on awareness of HIV/AIDS reveals that five out of six CSWs had heard of HIV/AIDS. Being a high-risk group, it is important that they should be aware about how HIV/AIDS is transmitted and how one can protect self from getting infected. Five CSWs mentioned about transfusion of infected blood, and four each reported about having sex with multiple partners or with commercial sex worker as modes of transmission of HIV/AIDS. Only one mentioned about transmission of HIV/AIDS through infected pregnant mother to child.

As regard to the protection against HIV/AIDS, five of the CSWs mentioned that correct use of condoms during each sexual intercourse could protect one from AIDS. Moreover, two CSWs said that sex with only one partner could protect one-self from HIV/AIDS. One CSW each mentioned about checking blood prior to transfusion, sterilizing needles and syringes for injection, and avoiding pregnancy when having HIV/AIDS.

The main source of information about HIV/AIDS were radio/TV (n=5), followed by three each reporting about government doctors/municipal corporation health provider, and other colleagues or employer. One CSW each mentioned newspaper, slogans, pamphlets, movies, private doctors, school teachers, and relatives or friends as their source of information about HIV/AIDS.

Condom is not only a method of family planning but it is the only way of protection from HIV/AIDS. While assessing the knowledge about condom and its dual protection, the study reveals that all, except one CSW, were aware of condom and had experienced using it with their sexual partners.

Data, on purpose of using condom indicates that three CSWs said that condom is used for prevention against AIDS, STI and against unwanted pregnancy, while two mentioned of using condom for protection against unwanted pregnancy and AIDS (not STI). Regarding the source of knowledge about condom, radio/TV (n=4) and other CSWs (n=3) were major sources of information for CSWs, followed by government health providers, friends and relatives, NGO staff and others IEC materials such as slogans, pamphlets etc.

Sexual behaviour of sex workers: In order to keep protected from the STI, it is important that sexual activities should be safe and this is possible only when condom is used during each sexual encounter. An attempt was made to understand the sexual behaviour of CSWs and regular use of condom during sexual intercourse.

Analysis of data on type of sexual partners reveals that three of the CSWs had regular sexual partner. Two CSWs had up to ten regular partners, while one CSW had 3 regular sexual partners. Profile of the regular partners showed that the 6 CSWs mentioned about details of eleven sexual partners. Eight of the 11 regular partners were aged between 30 and 50 years, while three were young aged 19–25 years males. As far as CSWs could recall the partners were all educated, and they were other married person (n=6), other unmarried person (n=4), or their own married partner (n=1). Besides, all had casual partners ranging from 7 to 50 persons.

To get an idea about the first sexual contact of CSWs, all of them were asked about it. CSWs had their first sexual intercourse between the age of 14 and 17 years. It is also noteworthy that three CSWs had their first sexual relationships before marriage, while two of them were not married. CSWs reportedly had their first sexual relationship with their boy friend, relatives/cousin, and one mentioned about casual partner. In other words, majority were married when they were physically and mentally immature, and at the age legally not permissible. None of the CSW used condom at their first sexual encounter.

It is good to note that by 5 out of 6 CSWs used condoms, always or most of the time. Amongst regular partners, use of condom was not reported. To assess the regularity, all the CSWs were asked about the use of condom in the last sexual encounter and regularity of using condom. Out of total 6 CSWs, four reportedly used condom during their last sexual encounter.

In addition to that, information regarding the stock of condom shows that four of the CSWs had 6–10 condoms in stock at the time of interview. The CSWs spent Rs 10–15 on each packet of condom, or their monthly expenses on condom ranged between Rs. 50–200, which was affordable to them. One CSW used condoms (Nirodh) that are available free. The most common brand of condom used by the CSWs was Nirodh followed by Kohinoor, Kamasutra and Masti. None of them had problem in getting supplies of condom, which they mostly got from government/municipal hospital, chemist, or NGOs.

The study thus shows that the CSWs were young, literate, and four were ever married Hindu women. Only two CSWs belonged to the place of interview and stayed with their spouse or parents, while few stayed with children. Their average monthly income ranged from Rs. 1,500/- and Rs. 7,000 and kept their savings in bank, post office or with self. Moreover, CSWs had addiction to alcohol drinking and tobacco chewing.

Four out of six CSWs were aware of STI and its symptoms, while five knew about HIV/AIDS, its mode of transmission, and prevention. All the CSWs, except one, were aware of condom and five CSWs had used it for prevention against AIDS, and prevention against STI or pregnancy. Being CSWs they had multiple sex partners both regular and casual, but they said that they used condoms always or most of the time. Four CSWs reportedly used condom in the last sexual encounter. Again, four of the CSWs maintained stock of condom and carried condoms of different brands including Nirodh, Kohinoor, Kamasutra, and Masti.

Chapter 6

Summary and Conclusions

This study has attempted to assess the impact of PSS–KfW interventions to integrate the ongoing family planning activities with HIV/AIDS education and services at a large scale. It also assessed how far PSS was successful in promoting oral contraceptive pills (OCP) as a birth spacing method and condoms for dual protection against pregnancy and STI/HIV in the state of Himachal Pradesh. The endline study covered 1) young women and men defined as married women aged upto 30 years or their husband, 2) currently married women (aged 15–49 years), 3) high risk groups including truck drivers, military personnel, police, and mobile workers and 4) commercial sex workers.

In addition to the programme specific results and findings, the endline study also yielded a richer understanding of the PSS programme implementation in Himachal Pradesh. The overarching theme as crucial to the successful implementation of the programme activities are: 1) Increased ability to use condoms and OCPs to space births 2) Use of modern birth spacing among currently married women and young couples, 3) Number of providers offering injectable contraceptive methods, 4) High risk target population knowing about HIV prevention methods.

Increased Ability and Opportunity to Use Condoms and OCPs

Awareness and knowledge are essential for any change in the attitude and behavior. The endline study showed that 94 percent of the young women and 98 percent of the eligible women aged 15–49 years were aware of contraceptives. Awareness about condoms, oral pills, IUD and injectable contraceptives decreased significantly among young respondents as well as eligible women. Awareness about various contraceptives is also low as compared to the NFHS results. Sixty to 70 percent of the women aged 15–49 years knew about female sterilization, condoms, and OCPs. Majority of the young women were aware about condoms (85 percent) and OCPs (77 percent). Further, the endline shows that only 5 percent women in the endline as against 17 percent in the baseline did not know about the benefits of the OCP, while those mentioning about side effects of OCPs also decreased from 52 percent in baseline to 43 percent in endline. Moreover, higher proportion of women talked about side effects of condom. For instance, in the baseline 11 percent of the young women mentioned about possible side effects of condom which increased to 23 percent in the endline. However, the support received from husband or family to use contraceptives remained same or decreased slightly.

Use of Condom and OCPs

Use of condom decreased from 30.4 to 24.2 (by 20 percent) percent, and use of OCPs also reduced from 7.3 percent to 4.5 percent between the two surveys among young women. Besides awareness contraceptives need to be easily available. Most (97 percent women and 100 percent men) respondents had no difficulty in getting supplies of pills

and condom. Easy availability of the condom and OCPs was evident from multiple place of procurement available for pills and condom, mainly being chemist and government health centres. Most (95 percent) users were satisfied with the method. It is surprising that among the non-users of FP, 66 percent intended to use FP in the baseline, but in the endline only 17 percent intended to do so in near future. A substantial proportion preferred to use oral pills and condom.

It is also encouraging that 24 percent of the young women and 36 percent of the men had condom stock at the time of survey, and most were buying condoms willingly and thought that it was affordable to them. Several received free supply of contraceptives.

Awareness about HIV/AIDS

Knowledge about STI, RTI, and HIV/AIDS has decreased among both young women and eligible women of reproductive age. However, there is slight improvement in the knowledge regarding modes of transmission of RTI, STIs, and HIV/AIDS but still 65, 53 and 16 percent did not know about the mode of transmission of the infections respectively. Similarly, substantial proportion of the women did not know that RTIs and STIs are curable and that HIV/AIDS is not curable.

High-risk Target Groups having Correct Knowledge about HIV/AIDS

Most (92 percent) of the high-risk group had heard of HIV/AIDS. Awareness about STIs and HIV/AIDS increased slightly while that of RTIs decreased between baseline and endline study. Awareness about the modes of transmission of HIV/AIDS increased from 86 percent to 97 percent among the high-risk group. Similarly all the high-risk persons interviewed in the endline knew about ways of protection from HIV/AIDS as compared to 84 percent in the baseline.

Levels of detailed knowledge regarding contraceptives

Detailed knowledge about the various contraceptives was satisfactory in the case of Himachal Pradesh. For instance, among both young couples and women in the reproductive age, 70–90 percent women each know about actions required in case one forgets to take a pill, timing to start taking pills, number of pills per pack, or benefits of taking OCP. However, side effects of IUDs, condoms, or male and female sterilization were relatively less known to many (29–55 percent did not know) of the respondents. In the case of injectable contraceptives, 66 percent mentioned about returning every second or third month for next dose of injectable contraceptive.

Low levels of specific knowledge regarding STI, RTI and HIV/AIDS

Among all the categories of study population including young men and women, and eligible women knowledge regarding modes of transmission, curability decreased from the baseline. For instance, 65 and 53 percent of the young women and 41 and 29 percent of the men did not know about modes of transmission of RTI and STI respectively. With regards to HIV/AIDS, 11–17 percent did not know about modes of transmission, ways to know about the HIV status of a person, and preventive measures against HIV/AIDS.

Use of Condom and OCP

Use of condom among young women and men in the selected population was 24 percent and 28 percent respectively, while 15 percent of the eligible couples used condom. Among high-risk groups, only 39 percent (15 out of 38) used condom in the last sexual encounter. Even among condom users, only 72 percent were regular users, while the rest of them used condom only sometimes. This suggests that communication programmes need thoughtful effective strategy to make an impact on the behaviour of people to increase condom use.

Recommendations

The population at large need to be reached by the mass awareness IEC campaign. High risk persons need to be more frequently exposed to promotional messages regarding condoms. This IEC campaign need to be rigorously publicized on various commercial outlets including TV, radio, cinema, newspaper, magazines and print advertisements for an extended period of time.

There is a need for effective promotion of condom use and safer-sex practices to prevent HIV transmission and responsible behaviour using various strategies like an effective spokesperson, involving people living with HIV/AIDS, etc. Using social marketing approach, the target groups should convey the messages keeping people's perspective in focus.

Detailed knowledge regarding the family planning methods, particularly non-terminal spacing FP methods need to be imparted.

Details regarding benefits of use of oral pills and condom need to be propagated among both the general community as well as high-risk group. Similarly, they need to be provided information regarding side effects of various contraceptives.

Through social marketing approach, there is a need to ensure availability of and accessibility to both condom and pills with the chemists, government health centres and with non-traditional outlets, particularly in difficult to reach hilly terrains of Himachal Pradesh.

PSS need to more closely monitor the programme on the indicators laid in the intervention strategies.