

BASELINE STUDY SUMMARY REPORT

ANDHRA PRADESH STATE

April - June 2011

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

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European Commission



Telugu Network of People Living with HIV/AIDS
Andhra Pradesh



MEMO

Background and methodology:

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

As part of Koshish project, India HIV/AIDS Alliance carried out a KAP study among PLHIV in four implementing states to understand issues related to their sexual and reproductive health and services available at the community level and also to understand the barriers in realising the sexual and reproductive health rights among the PLHIV age 15-49 years. In Andhra Pradesh, the project is implemented by VMM and TNP+. The study was carried out among 200 respondents (85 men, 100 women and 15 TG) in 5 districts (Anantapur, East Godavari, Guntur, Krishna and Rangareddy) of Andhra Pradesh based on systematic random sampling methodology.



Major Key findings:

a) Profile of the respondents:

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

b) Sexual behaviour:

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

c) Contraception:

- About 98% of the respondents are aware of one or more methods of contraception. Among those who have regular or non-regular sex partner and not pregnant (partner/self), 89% reported currently using any (one) contraception.

- Pills (100%) are the most preferred contraceptive method whereas condom/Nirodh is only 5%.
- Unmet contraceptive need is 5% (4% for limiting and 1% for spacing) among the respondents.
- 39% of the respondents responded affirmatively that someone (health care provider, spouse, family members, friends, relatives, etc) encourage them to adopt sterilisation because of HIV status.
- Utilisation of 4-6 SRH services was reported by one fifth (20%) of the respondents among those aware SRH services;
- Less than 25% SRH services utilisation (except natal and delivery care) among those aware SRH services.

d) SRH awareness and Utilisation:

SRH service	Aware (n=200)	Avail ed
Counselling on birth spacing	78	15
Pregnancy planning counselling	78	21
Contraceptive information/counselling	57	23
Medical termination of pregnancy(abortion)	79	13
Antenatal care(during pregnancy before giving birth)	93	85
Delivery care	93	81
Post natal care	93	78
STI treatment	86	16
RTI treatment	60	23
Amenorrhea treatment	40	14
Pap smear test	33	-

- 81% of the respondents are aware of more than seven SRH services;
- High (93%) awareness on Ante Natal Care, Natal Care and Post Natal Care.
- Low awareness on amenorrhea (40%), Pap smear (33%) and cervical cancer (42%).

e) SRH rights/rights violation:

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

- Respondents agreed that SRH rights are violated and also experienced the violation especially related to the health care service providers.
- Around one tenth of the respondents also agreed that they don't know where to get SRH information.

Conclusion:

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

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

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

SRH services awareness is 84% which is mostly because of the awareness on natal and delivery care but on other SRH services it is very less. SRH service utilisation is very less among those who aware of SRH services. PLHIV felt that their SRH rights are violated/perceived violation. SRH service under utilisation may be due to the fear of violation, less demand and less clear understanding on the services. It is also noted that around 13% of the PLHIV don't know where to get information related to sexual health, contraceptive and treatment. Awareness on the SRH services with clear information, connection/coordination between two well matured services (HIV/AIDS services and SRH services) will help to meet out the SRH needs of PLHIV.

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

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Contacts:

State Lead Partner

VASAVYA MAHILA MANDALI,
D.No:40-9/1-16, Vasavya Nagar,
Benz circle, VIJAYAWADA - 10,
Krishna District, Andhra Pradesh.
Ph.No: +91 866-2470966/2473056
Mobile: +91 98490 81733
E.mail: vasavyamm@sify.com
vmmsrhr@gmail.com
Web: www.vasavya.com

State Positive Network

Telugu Network of People Living with HIV/AIDS
Behind Hosanna Mandiram,
Gorantla, Amaravathi Road,
Guntur - 522 034, Andhra Pradesh.
Phone: +91 863-2117119
E.mail: tnp58ap@gmail.com

India HIV/AIDS Alliance

Mr. Viswanathan.A
Technical Officer: Monitoring & Evaluation
E.mail: aviswanathan@allianceindia.org

Ms.Kumkum Pal
Programme Officer - PLHIV
E.mail: kpal@allianceindia.org