

BSS 2006 URBAN



TAMIL NADU WAVE XI



AIDS PREVENTION AND CONTROL (APAC) PROJECT,
VOLUNTARY HEALTH SERVICES (VHS)



HIV RISK BEHAVIOR SURVEILLANCE SURVEY IN TAMIL NADU (WAVE- XI; 2006)



AIDS Prevention And Control (APAC) Project
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Each year as the findings from BSS are presented, it provides an opportunity for all of us relentlessly working to prevent HIV in the higher-risk populations to reflect and understand program components that have worked well and revisit those that have not.



To many this may be a report, but for us at APAC and for other HIV prevention partners in Tamil Nadu, it benchmarks our unending commitment and hard work through the year. BSS holds a mirror to our efforts of the year before, and brings up front the challenges ahead in the year to come. The information from BSS supplements the state surveillance, which informs the programs regarding prevalence of HIV.

I appreciate the continuous efforts of the APAC team, research department and Director Program Support Dr. Praneeta Varma, for upholding the tradition and credibility of BSS as an important reference document on HIV/AIDS intervention efforts in the state.

The agency IMRB responsible for the fieldwork of BSS deserves my congratulations for successfully completing BSS wave XI, Urban Tamil Nadu and maintaining quality standards.

A handwritten signature in black ink, appearing to read 'Murali'. The signature is fluid and cursive, written in a professional style.

Dr. N.S. Murali
Secretary VHS

Even as we step into the third phase of Targeted Interventions among high-risk populations in the state, the challenge of responding with programs that are sensitive to community dynamics remains. While both NFHS III and state BSS data indicate a high level of awareness regarding HIV among general and high risk populations, the misconceptions however continue to be high. Economic growth is unleashing forces that are changing lifestyles, altering societal norms about acceptable behavior and challenging assumptions that have guided the HIV/AIDS programs for sometime now.



Promoting abstinence/safe-sex behavior in this milieu brings to the fore a need for proposing fresh ways to intervene for enabling and sustaining behavior change. BSS has been one tool that has been informing program design and implementation by helping us understand behavior patterns of key populations in the state. APAC's Phase III design and strategy have internalised the lessons learnt not only from experience of the past but also evidence gathered from BSS and other studies.

While sustained high awareness levels are encouraging, a lot needs to be done for creating awareness without myths and misconceptions. One of the difficult areas when we began HIV prevention efforts in the state was condom promotion in a state with a high rate of female sterilization. The challenge lay in positioning condom not only as a contraceptive device but also as protective device. Consistent efforts in this direction coupled with building capacity of HRGs to negotiate condom usage have resulted in improved condom usage. Condom sales, voluntary procurement and usage behavior among core groups has indicated that our efforts are paying off. Though this is encouraging, the need to work towards improving condom usage of FSWs with regular partners still remains. Attitudes towards HIV/PLHA have substantially improved in the last decade but are still nowhere near desired levels. Instances of discrimination reported draw attention to the need to continue our efforts towards stigma-reduction.

Even as Targeted Interventions were initiated in the state to reach the community and facilitate changes in behavior (safer-sex, health seeking, stigma reduction) of communities intervened, the need to understand how these efforts were translating at the community level are critical to guide the program. Behavior Surveillance Survey to follow trends in risk-behavior was initiated in 1996 by APAC to supplement the Sentinel Surveillance benchmarking HIV prevalence by TANSACS. This has served as good mirror for assessing program effectiveness at the field level.

The practice of conducting this exercise year after year for the past decade has paid rich dividends. The surveillance findings helps to understand the transmission dynamics vis-à-vis intervention and the evidence provides direction for channelizing initiatives and updating strategies to keep pace with the changing dynamics of the epidemic. This year two facts that draw attention are, the increase number seeking HIV testing, which is reflective of the state's focus on 'know your status' campaign this past year. A significant change in behavior is noted among those individuals who were exposed to inter-personal communication, indicating the need to strengthen our outreach on the ground through project personnel and community members.

I would like to place on record my appreciation for the technical review and guidance provided for this round of BSS by Dr. Dora Warren, Dr. Jeyaseelan, Ms. Supriya Sahu, Mr. Arvind Kumar, Dr. Krishnamurthy, Dr. Narayana Reddy and Mr. Srinivasan.

I commend the Director Program Support of APAC Dr. Praneeta Varma and the research agency IMRB for successfully managing and steering through the various challenges in providing us another meaningful document to provide directions to the program.

This BSS, as always has a few eye opening revelations, a few confirmations of known facts, a few insights in the changing dynamics of the HIV/AIDS scenario and all together a worth while reading to help the stake holders design/modify interventions for the coming year in light of BSS wave XI.



*Dr. Chandra Mohan B. IAS,
Project Director,
APAC.*

ABBREVIATIONS

USAID	United States Agency for International Development
VHS	Voluntary Health Services
APAC	AIDS Prevention And Control project
STI	Sexually Transmitted Infections
HIV	Human Immune deficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
BSS	Behavior Surveillance Survey
FSW	Female Sex Workers
TH	Truckers and Helpers
MFW	Male Factory Workers
FFW	Female Factory Workers
MSTD	Men with Sexually Transmitted Diseases
MYS	Male Youth in Slums
MSM	Men having Sex with Men
IDU	Injecting Drug Users
MMW	Male Migrant Workers
FMW	Female Migrant Workers
ARA	Aravani Pengal
MS	Male Students
FS	Female Students
VCTC	Voluntary Counseling and Testing Centre
TI	Targeted Interventions
IPC	Inter Personal Communication
NACO	National AIDS Control Organization
NGO	Non-Governmental Organization
BCC	Behavior Change Communication
TANSACS	Tamil Nadu State AIDS Control Society
ANM	Auxiliary Nurse Mid-wife

OPERATIONAL DEFINITIONS

- *Full time sex workers* - Those respondents who are not involved in any other profession and who have commercial sex as the only source of income.
- *Part time sex workers* - Those respondents who are also involved in other professions apart from commercial sex.
- *One time clients* - Clients who solicit services from the sex workers, but not necessarily on a regular basis.
- *Regular clients* - Clients who develop familiarity with a particular sex worker and visit her regularly.
- *Regular partners for Female Sex Workers* - These could be the live-in partners, spouses of the sex workers, often non-paying or paying in kind.
- *Regular partners for other high-risk groups* - These are the partners whom the respondents consider to be exclusive to them. Such partners may include spouses, live-in-partners, fiancé, person intending to marry etc.
- *Paid partners* - Partners with whom the respondents had sex in exchange for money or kind.
- *Casual partners* - These are non-regular and non-paying partners. Such partners may include friends, relatives, colleagues, etc.
- *Non-regular sexual behavior* - Involvement in sexual relationships with paid and casual partners.
- *One- to - one interactions* - Interpersonal education by social worker/counselor/peer educators.
- *Aravani Pengal- Hijras / Transvestite.*

Background

APAC project commenced operations in 1995, with the goal of reducing sexual transmission of HIV/AIDS in Tamil Nadu. A project of Voluntary Health Services funded through a bilateral agreement between NACO and USAID, in its first phase (April 1995 to March 2002), the project focused primarily on prevention and operations were limited to Tamil Nadu. In the second phase (2002-2007), APAC expanded to include new activities such as care and support and extended its activities to neighboring union territory of Puducherry.

To understand trends of risk behavior in populations intervened, a Behavior Surveillance Survey was initiated in 1996 and has been conducted annually since then. An abstract of the findings from BSS XI is summarized below:

Methodology

There were 15,105 interviews, 21 focus group discussions, and 160 mystery client observations held between the months October and December 2006. The survey was conducted across 13 high-risk categories in the same towns as in the earlier survey in the state of Tamil Nadu. Methods used were similar to the previous rounds of BSS. The population groups included were Female Sex Workers, Truckers and Helpers, Male Youth in Slums, Male and Female Factory Workers, Male and Female Migrant Workers, Men who have Sex with Men, Injecting Drug Users, Aravani Pengal, Male and Female Students.

Female Sex Workers (FSW)

Misconceptions free knowledge with regard to HIV prevention has decreased from 50.8 percent in 1999 to 45.5 percent in 2006.

Condom usage during last sexual intercourse with the clients increased from 56.0 percent in 1996 to 91.8 percent in 2006. Likewise, there is an increase in levels of condom use with regular partners, from 6.4 percent in 1998 to 16.0 percent in 2006.

The trend in voluntary condom procurement has registered a sharp increase from 11.7 percent in the first wave of BSS (1996) to 97.5 percent in the present wave.

Among the sex workers interviewed, 75.3 percent had reported having taken the HIV test and among them, 81.1 percent had received counseling during HIV testing.

Truckers and Helpers (TH)

Involvement with non-regular partners is reported at 34.0 percent in the latest wave compared to 48.0 percent in 1996. Condom usage with non-regular partners has increased from 48.2 percent in 1996 to 80.1 percent in 2006. Involvement with paid partners which had declined in the initial rounds of BSS (from 1996 to 2001), has shown a gradual increase thereafter. This year, it was recorded at 29.0 percent as compared to 26.8 percent last year, which is nevertheless a decrease from 38.0 percent in 1996.

Condom usage with paid partners has been high at around 90.9 percent since year 2001. There has been an increase in condom usage with casual partners from 18.6 percent in 1996 to 36.1 percent in 2006. However, consistency in condom use with the paid partner was much higher (69.4 percent) as compared to casual partners (18.6 percent).

The voluntary procurement of condoms among the TH has shown a significant improvement from 39.5 percent in 2000 to 54.5 percent in 2006.

Around 26.5 percent of the TH had received HIV test during the current wave and of those who took the HIV test, 83.5 percent received counseling.

Male Youth in Slums (MYS)

Misconception-free knowledge with regard to HIV prevention has increased from 29.0 percent in 2000 to 47.3 percent in 2006. However, the latest wave figures are lower as compared to those recorded in the previous year (62.3 percent).

The percentage of MYS who reported involvement in sex with non-regular partners has increased to 25.8 percent in 2006 from 17.1 percent in 2000. Concomitantly, levels of condom usage too increased from 46.4 percent to 54.9 percent during the aforementioned period. Involvement in sex with paid partners has declined from 11.1 percent in 2000 to 8.8 percent in 2006. In contrast, involvement in sex with casual partners has increased from 9.6 percent to 22.5 percent during the above mentioned period. Condom usage with paid partners improved from 58.4 percent in 2000 to 92.9 percent during the latest round. The condom usage with casual partners too increased from 27.3 percent to 35.0 percent for the same period.

Male Factory Workers (MFW)

Among MFW, the proportion of those having misconception-free knowledge on HIV prevention has improved from 19.0 percent in 1996 to 48.4 percent this year.

Involvement with non-regular sex partners increased from 15.0 percent in 1996 to 24.0 percent in 2006. Around 9.1 percent of the MFW were involved with paid partners in this

wave, compare to 7.0 percent in 1996. Involvement with casual partners increased from 11.5 percent in 1996 to 16.9 percent this year.

Condom usage with non-regular partners has increased significantly from 17.0 percent in 1996 to 59.7 percent this year. Condom usage with paid partner has seen a substantial increase from 28.0 percent to 89.6 percent in the same period. Condom usage with casual partners, has increased from 13.0 percent (1996) to 39.8 percent (2006).

The trend in voluntary condom procurement has decreased from 35.2 percent in 2002 to 28.1 percent this year. However this is an increase from last year (19.7 percent).

The percentage of respondents who had taken the HIV test increased from 3.9 percent in 2005 to 9.3 percent in 2006

Female Factory Workers (FFW)

Knowledge without misconceptions among FFW too, as in the case of MFW, improved noticeably from 19.0 percent in 1996 to 60.6 percent in 2006.

There has been slight increase in involvement with the non-regular sexual partners from 3.0 percent in 1996 to 5.4 percent in 2006. Nevertheless, with increase in involvement with non-regular sex partners, there has been concomitant rise in the condom usage with such partners, from 19.6 percent in 1996 to 64.4 percent in 2006.

Only 4.9 percent ever had an HIV test. A major proportion of those who had taken the test were unmarried but living with a partner. High levels of stigmatizing attitudes were observed among this target group over the past three waves of BSS.

Male Migrant Workers (MMW)

Among MMW, the proportion of those who have misconceptions with regard to HIV prevention has decreased substantially from 77.7 percent in 2002 to 29.4 percent in 2006.

Involvement with non-regular sexual partners has increased from 18.3 percent in 2002 to 34.6 percent in 2006. Condom usage with any non-regular partner in the last sexual intercourse has declined from 57.8 percent to 38.8 percent during this period. While there has been a decline in the involvement with paid partners from 12.9 percent in 2002 to 7.4 percent in 2006, an increased involvement with casual partners is noted (8.3 percent to 29.4 percent) during the same period.

The percentage of respondents who ever had an HIV test increased from 2.3 percent in 2002 to 5.7 percent in 2006.

Female Migrant Workers (FMW)

Among the FMW, knowledge without misconceptions has increased from 12.0 percent in 2002 to 52.8 percent in 2006. The latter also marks an improvement from the figures registered in the previous year (41.6 percent).

Involvement with non-regular partners increased from 2.8 percent in 2002 to 8.0 percent in 2006. However, condom usage has decreased considerably from 71.4 percent to 55.0 percent during the aforementioned period. The latter, however, is an increase from the figures registered in the earlier wave (38.9 percent).

Only 1.6 percent of the respondents ever had an HIV test.

Stigma and discrimination toward HIV, though on a declining trend, continues to remain high during the past three waves. In the current wave, while 40.8 percent of the respondents felt 'HIV is a mark of shame', 31.6 percent were in favour of isolating the infected people.

Injecting Drug Users (IDU)

The proportion of IDU with misconceptions on HIV prevention has decreased tremendously from 65.0 percent in 2001 to 30.0 percent during the current wave. The latter, nevertheless, marks an increase from the figures recorded in the previous year (22.0 percent).

Involvement with non-regular female partners decreased from 33.8 percent in 2001 to 24.8 percent in 2006. On the other hand, condom usage with such partners increased from 42.3 percent to 54.8 percent during the same period.

Sharing of needles/syringes has declined from 88.3 percent in 2001 to 42.0 percent in 2006. All the respondents reported having access to sterile needles/syringes. About 40.4 percent of the injecting drug users have reported that they draw drug solution every time from a common container shared by their friends.

The percentage of IDU who underwent HIV test had risen from 21.2 percent in 2002 to 32.8 percent in 2006. Almost all the respondents who took the HIV test, reported that they were counseled before/after the test.

Men having Sex with Men (MSM)

The MSM in Tamil Nadu broadly take on the identity of ***Kothi*** (receptor), ***Panthi*** (penetrator) and ***Double Decker*** (who can be both penetrator as well as receiver)

Among MSM, misconception-free knowledge with regard to HIV prevention has increased from 29.0 percent in 2001 to 68.7 percent in 2006. The latter, however, marks an decrease from the figures registered in the previous year (73.3 percent).

Involvement with regular homosexual partners was 26.0 percent during the latest round of BSS, which is relatively lower compared to the figures recorded in 2001 (36.8 percent). Involvement with paid homosexual partners has increased from 28.0 percent in 2001 to 88.3 percent this year and with casual partners it increased from 20.8 percent to 43.0 percent during the same period.

A declining trend in condom use with regular partner (41.3 percent in 2001 to 28.2 percent in 2006) was observed, while there has been an increase in condom use with casual homosexual partners (30.8 percent to 73.6 percent) and with paid homosexual partners (54.3 percent to 87.2 percent) during the same period.

Voluntary procurement of condoms evidenced a sharp increase from 29.2 percent in 2001 to 97.3 percent in 2006.

Nearly, 62.0 percent had taken an HIV test, which is a substantial increase from figures recorded in 2002 (17.0 percent). Significantly higher proportions of the non-users (94.3 percent) reported having taken HIV test as compared to the condom users (65.0 percent). Of those who had taken the test, an overwhelming 96.2 percent received counseling. Stigma and discrimination towards HIV continues to decrease over the past three years.

Aravani Pengal

Misconception free knowledge with regard to HIV prevention has increased from 37.2 percent in 2003 to 46.0 percent this year. The latter, however, denotes a significant drop from the figures registered in the year 2005 (68.4 percent). Involvement in sex with paid partners was observed universal during the current year, which is a substantial increase from figures registered in 2003 (78.4 percent). Likewise involvement with casual partners too increased from 47.2 percent to 61.6 percent in the above mentioned period. The proportion of respondents who used condoms during their last sexual intercourse with paid partners saw an improvement from 82.9 percent in 2003 to 88.0 percent in 2006. Likewise, condom use with casual partners evidenced an increase from 46.9 percent to 81.3 percent during the above period.

Among this target group, voluntary condom procurement has shown an upward trend from 66.0 percent in 2003 to 96.0 percent in 2006. The incidence of HIV testing too

evidenced significant increase from 54.0 percent in 2003 to 84.8 percent in 2006. Among those who took the test, almost all reported they had counseling before and after the test.

Students

Knowledge with regard to HIV prevention has increased significantly among both male (92.4 percent in 2003 to 96.2 percent in 2006) and female students (75.2 percent in 2003 to 98.6 percent in 2006). Involvement with non-regular sex partners registered an increase among male students (from 1.5 percent in 2003 to 2.2 percent in 2006). However the current wave's figures are still lower than the baseline figures (3.0 percent).

Condom use behavior with non-regular partners had declined from 61.5 percent in 2003 to 48.4 percent in 2006. Trends in sexual behavior were same among female students among whom the involvement with non-regular partners has risen from 0.3 percent to 1.8 percent during the last two waves and condom use has declined from 35.2 percent to 21.6 percent during the same period.

Incidence of STI symptoms in the past one year, has remained same at 4.7 percent among the male students. However the treatment seeking from a qualified medical practitioner reported a significant improvement from 8.6 percent in 2003 to 35.0 percent this year.

Perception of risk has declined among both male (33.3 percent in 2003 to 25.0 percent in 2006) and female students (63.6 percent in 2003 to 19.5 percent in 2006). Exposure to individual intervention has declined among both male and female students. Exposure to group interventions varied across gender as it saw an improvement among female students but a decline among male students. Levels of stigma and discrimination towards HIV registered a considerable decline during this wave.

INTRODUCTION

Ever since the first HIV case was reported in Tamil Nadu, the Government of Tamil Nadu has taken an active role to control the spread of HIV and United States Agency for International Development (USAID) took an early and lead role to supplement the efforts of the state to control the spread of HIV/AIDS. A bilateral agreement between USAID and Government of India (GOI) was signed in September 1992, for implementing HIV/AIDS prevention and control activities in Tamil Nadu. Voluntary Health Services (VHS), a Chennai based reputed NGO, was identified as the nodal agency for implementing the twelve-year AIDS Prevention And Control (APAC) Project. APAC project commenced operations in 1995, with the goal to reduce sexual transmission of HIV/AIDS in Tamil Nadu. In its first phase (April 1995 to March 2002), the project focused primarily on prevention and operations were limited to Tamil Nadu. In the second phase (2002-2007), APAC expanded to include new activities such as care and support and extended its activities to neighboring union territory of Puducherry.

APAC adopts a thematic approach targeting populations at-risk to STI/HIV/AIDS. Each T.I. program uses multiple strategies to bring behavior change in the populations addressed. Efforts are focused to create awareness and to facilitate an environment where people can make informed choices. The thematic interventions aim to reduce the spread of HIV in high risk groups by identifying target populations and providing peer counseling, condom promotion, quality care STI/HIV and by creating an enabling environment.

These interventions are implemented through 55 partner Non-Governmental Organizations (NGOs) and Community Based Organizations (CBOs). Thematic interventions are meticulously designed to cater the challenges posed in reaching the specific target population for an effective and sustained behavior change. The core strategy of APAC is to identify and build the capacity of NGOs and community representatives to implement HIV prevention/care programs among high-risk groups for effective implementation of the Targeted Intervention projects. Program monitoring is inbuilt and APAC has evolved participatory methods for the same. Monthly technical reports and quarterly site visits for review and customized solutions help keep the program on track.

APAC promotes Behavior Change Communication (BCC) targeting key populations through ABC (Abstinence, Be faithful, Condom use) approach, interpersonal communication, media campaigns, IEC materials, promoting and training Peer Educators among the target groups and extending outreach work focusing on individual

education through the NGOs. The corner stone of BCC at APAC is the component of 'voluntary' Peer Educators (PEs) effectively leveraged for enabling behavior change among high-risk groups. A host of mid media activities like street theatre, exhibitions, Audio-Video shows and other folk and traditional media are simultaneously used in intervention sites to supplement interpersonal communication activities. All above-mentioned activities are provided adequate IEC material support for message recall and re-enforcement. Demand generation for services, adoption of safer-sex practices, health seeking behavior, enhancing risk-perception, HIV testing, care & treatment, and creating enabling environment are some of the issues addressed through communication initiatives.

Condoms are often confined to chemist outlets. Therefore a variety of strategies such as alliance with the condom manufacturers, sales promotion activities, development of non-traditional outlets, training programs for retailers, and promotional materials have been used by APAC to promote the usage of condoms. The projects include: promotion of economy condom in the NGO intervention areas; and increasing the sale and distribution of condoms through cluster operations. The main goal of both the projects is to make condoms available and accessible to the fullest extent possible to the high risk groups targeted by the NGOs in the intervention areas.

The increasing number of PLHA led APAC to initiate Care & Support programs (Home-care and institutional) during the second phase of the project. Health education, psychosocial and medical support has been provided for PLHA and their families. Efforts to improve the availability and access to quality services in Counseling and Testing Centers (CTC) led APAC to innovate different models of VCT.

APAC regularly undertakes research activities to formulate evidence-based responses within the program. Assessments to understand effectiveness and impact of programs, Ethnographic Mapping and size estimation of the various target groups (MSM, women in prostitution, etc.), facility assessments (STI/VCT), estimating the prevalence of STI/HIV in the community, assessing the quality and distribution of products and services, and community needs assessment are some of the areas where research studies have been conducted. Behavior Surveillance Survey (BSS) is one of the tools that APAC uses to guide program decisions. Findings from BSS and routine programmatic data help design appropriate responses within the program.

Objective

The main objective of the Behavior Surveillance Survey is to obtain trends in HIV risk behavior among specific risk groups over time.

Methodology

In the 11th wave of BSS, 15,105 face-to-face standardized interviews were administered to the various target group respondents in the quantitative phase. Following the conclusions of the interviews, a qualitative phase comprising 21 focus group discussions and 30 depth interviews was carried out. Participatory observation to understand condom-related practices of FSW were conducted in the form of 'mystery client' survey (160 observations). Data was collected between the months October and December 2006. The process of implementation is explained in the flow chart (refer to pg.20).

The survey was conducted across 13 different population groups in the same towns as in previous BSS rounds namely Chennai, Coimbatore, Madurai, Theni, Salem, Vellore, Erode, Nagercoil, Dindigul, Palani, Tiruchirapalli and Tutucorin.

The tools for data collection on pre-determined indicators of risk- behaviour have been unvarying from year to year. However, bearing in mind the objectives of the program, every wave over the last nine years saw incorporation of additional questions. These were duly approved by the BSS technical team, research advisory group and were then field-tested.

Population Groups

Female Sex Workers (FSW)

Truckers and Helpers (TH)

Male Youth in Slums (MYS)

Male Factory Workers (MFW)

Female Factory Workers (FFW)

Male Migrant Workers (MMW)

Female Migrant Workers (FMW)

Male Injecting Drug Users (IDU)

Men having Sex with Men (MSM)

Aravani Pengal-Transgender (ARA)

Male and Female Students (YOUTH)

Indicators measured

On the basis of the universe of behavioral indicators for HIV/AIDS recommended by WHO, USAID and NACO, the following indicators were finalized and information continues to be collected on the same:

1. Knowledge Indicators

- Proportion of respondents who cite two acceptable ways of preventing sexually transmitted diseases (STIs)
- Proportion of respondents who report that condoms prevent STIs
- Proportion of respondents who cite two acceptable ways preventing HIV/AIDS
- Proportion of respondents who report that condoms prevent HIV/AIDS

2. Behavioral Indicators

- Proportion of respondents who reported heterosexual intercourse with non-regular partners in the last year
- Proportion of respondents who reported condom use during the last sexual intercourse with a non-regular partner in the last year
- Proportion of respondents who reported having sex with men in the last year
- Proportion of male respondents who reported condom use during their last anal sexual intercourse with men in the last year

3. Urethritis Prevalence and Treatment Seeking Indicators (Males only)

- Proportion of male respondents who reported symptoms of urethritis during the last year
- Proportion of respondents who sought treatment from qualified medical practitioners of urethritis in the last year

4. STI Symptoms and Treatment Seeking Behavior (for FSW)

- Proportion of FSW who reported STI symptoms, genital discharge and ulcer during the last year
- Proportion of FSW who sought treatment from qualified medical practitioners for STI symptoms in the last year

5. Perception of Risk

- Proportion of respondents with risk behavior who perceive that they are at the risk of contracting HIV

INDICATORS

- Knowledge
- Behavior
- Urethritis Prevalence and Treatment Seeking
- STI Symptoms and Treatment Seeking
- Perception of Risk
- Voluntary HIV Testing
- Intervention Exposure
- Injecting Behavior
- Stigma and Discrimination

6. Voluntary HIV Testing

- Proportion of respondents who have ever sought voluntary testing for HIV
- Proportion of respondents who have received counseling services while testing for HIV

7. Intervention Exposure Indicators

- Proportion of respondents who reported individual education on HIV/AIDS in the last year

8. Injecting Behavior Indicators

- Proportion of male injecting drug users who have shared needle in the last injection
- Proportion of male injecting drug users who have access to sterile needles/ syringes when they injected in the last month

9. Stigma and Discrimination

- Proportion of respondents who perceived that getting infected by HIV is a mark of shame
- Proportion of respondents who perceived that HIV infected persons should be isolated from the society

The other additional information which BSS obtained include:

I. Socio-demographic characteristics

- Age
- Education
- Marital Status
- Occupation etc.
- Age at first sex
- Additionally Age at first paid sex for FSW

II. Misconceptions about the prevention and transmission of HIV/AIDS

The responses that constituted misconceptions are not wearing clothes of infected persons, taking injections/medicines, cleaning sex organs with Dettol/disinfectant and avoiding public toilets. To compute a percentage for knowledge of HIV/AIDS without misconception, all those responses were taken into account where the respondent had right knowledge on prevention of HIV/AIDS and no misconceptions.

III. Sources of awareness about HIV/AIDS

IV. Role of interventions and mass media in terms of creating awareness

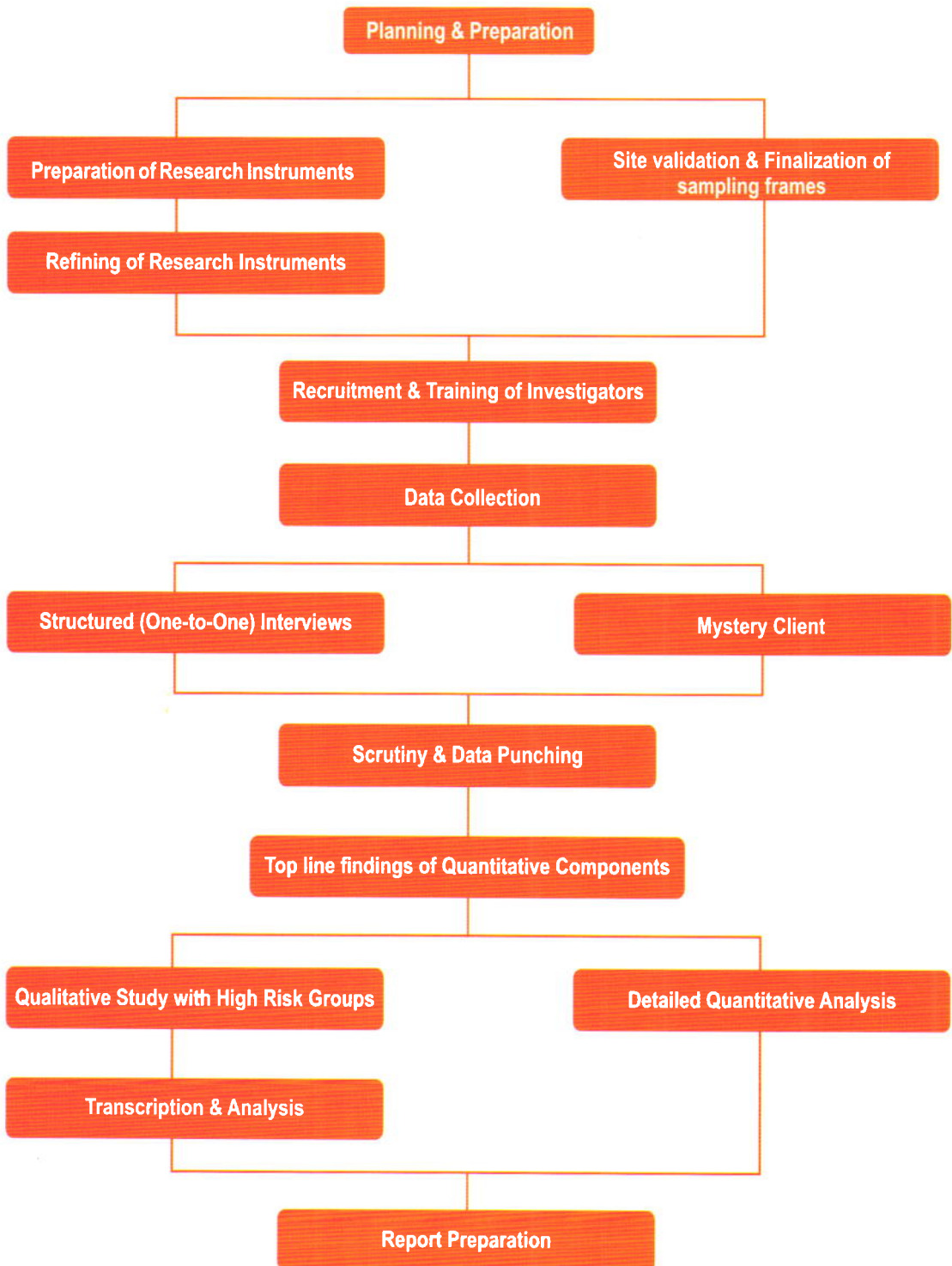
V. Population groups involved in paid sex

- Extent of involvement and consistency in condom usage
- Reasons for involvement in non-regular sex
- Condom use with different type of partners
- Consistent condom usage
- Reasons for using and not using condoms

VI. Condom negotiation practices and condom procurement

- Specifically among the female sex workers
- Who proposes the condom usage (self or partner) in general population

PROJECT IMPLEMENTATION (Flow Chart)



Population groups studied

A total of 7,400 respondents were interviewed for this wave of the survey in Tamil Nadu. The groups covered were as follows:

Population Group	Code	Definitions	Sample Size	
			Proposed	Achieved
Female Sex Workers	FSW	This category comprises women engaged in sex, on full time or part time basis, as a means of living, during the past three months (prior to the survey).	400	400
Truckers and Helpers	TH	Long distance truckers (drivers and cleaners/ assistants above 18 years of age) along transport routes staying away from home for at least a week on regular intervals.	800	800
Male Youth in Slums (added in 2000)	MYS	Unmarried men in the age group of 15 to 45 years who live in slums. Only male group is covered under this target community.	800	800
Male Factory Workers	MFW	Men aged 18 to 35 years, working for the past three months in factories, which employ 10 or more persons. This factory should be functioning for more than 12 months.	1800	1800
Female Factory Workers	FFW	Women aged 18 to 35 years, working for the past three months in factories, which employ 10 or more persons. This factory should be functioning for more than 12 months.	1600	1600
Male Migrant Workers (added in 2002)	MMW	Males, in the age group of 18 to 45, who are involved in occupation which involves seasonal or regular migration to the work spot without their family and staying regularly at the work spot for at least two months in a single visit	350	350
Female Migrant Workers (added in 2002)	FMW	Females, in the age group of 18 to 45, who are involved in occupation which involves seasonal or regular migration to the work spot without their family and staying regularly at the work spot for at least two months in a single visit	250	250
Male Injecting Drug Users (added in 2001)	IDU	Men 15 to 30 years of age, who have injected illicit drugs in the past three months.	250	250
Men having Sex with Men (added in 2001)	MSM	Men 15 to 45 years of age, who have had sex with men in the last 6 months.	300	300
Aravani Pengal (added in 2003)	ARA	Aravani Pengal (Transvestites), 15 to 45 years of age who have been/were active in sex trade in the last 12 months.	250	250
Male Patients with Sexually Transmitted Diseases	MSTD	Male patients visiting government and private treatment facilities for Sexually Transmitted Diseases (STI).	600	600
Male Students	MS	Male students studying in recognized educational institutions studying in classes above Xth grade.	1700	1700
Female Students	FS	Female students studying in recognized educational institutions studying in classes above Xth grade.	6000	6005

Sampling universe and Sampling towns

The BSS was conducted in 12 towns that were selected randomly from the cluster towns which are APAC's areas of intervention. The sample towns remained the same in all the waves of BSS.

The sample size for individual population and number of sites was preset for all the population groups. The sample size was calculated based on two key study indicators viz., the proportion of respondents involved in non-regular sex in the last year and among them, proportion who used condoms in their last sexual intercourse. The sample size was estimated using the formula to calculate the difference in two proportions to detect a 10 percent behaviour change. Detailed description of the sample size calculation methods and assumptions are described elsewhere (Management of Behavior Surveillance Survey).

A mapping/listing/traffic census exercise was carried out using principles of anthropological tool ethnography, Delphi techniques and target community involvement to construct the sampling frame for the BSS. It was updated annually for the mobile populations FSW, MYS, IDU, MMW, FMW and MSM included in the BSS.

Sample Distribution for APAC BSS 2006 in Tamil Nadu

Towns	FSW	TH	MSTD	MFW	FFW	MYS	MSM	IDU	MMW	FMW	ARA	MS	FS	Total
Chennai	180	400	200	900	700	500	200	150	100	75	100	700	3255	7460
Coimbatore				450	300	100			100	75		325	1000	2350
Madurai	100	150	100	300	300	100	100	100			75	300	1000	2625
Theni									75	50				125
Salem	60	100	60								75	150	300	745
Vellore		75	60									150	300	585
Erode			60	75	150									285
Nagercoil			60									75	150	285
Dindigul		75	60	75	150									360
Palani	60													60
Tiruchirapalli						50			75	50				175
Tutucorin						50								50
Total	400	800	600	1800	1600	800	300	250	350	250	250	1700	6005	15105

Training of interviewers, data collection and quality control measures

A total of 40 interviewers and 10 supervisors were involved in interviewing and collecting the data from the 15,105 respondents. Giving due consideration to the high level of sensitivity of the subject area, an intensive five days training was rendered to all the field personnel. Additional training was given to the teams responsible for mapping and mystery client observations.

Data collection was started simultaneously in all the 12 towns and was completed in 45 days.

The individual interviews were administered after getting an informed consent from the respondents. The interviewers explained the nature and purpose of the study to the respondents and also ensured confidentiality. Personal identifications like name and address of the respondents were not collected.

The field executives reviewed all completed questionnaires and those which failed pre-described quality checks, were replaced with new interviews from the same location. APAC's Research Manager, consultants and senior executives of the research agency, closely supervised the data collection. Above 10 percent of the data was crosschecked through accompanied calls.

Double data entry was made using a special software package in order to minimize errors in entry. Analysis was done using SPSS. Besides descriptive analysis, non-parametric tests and regression analysis were also used to draw out information to support programmatic components.

Qualitative Survey:

Focus group discussions

Around 21 Focus Group Discussions (FGDs) were held across the target categories. The FGDs helped probe into the reasons for the trends obtained in the quantitative rounds, misconceptions, key barriers for the behavior change and other factors that influence decision making.

The distribution of Focus Group Discussions was as follows:

Population group	No. of FGDs
Female Sex Workers	5
Truckers and Helpers	4
Male Youth in Slum	3
Men having Sex with Men	4
Injecting Drug Users	2
Aravani Pengal	3
Total	21

The distribution of Depth Interviews was as follows:

Population group	No. of FGDs
Male Migrant Workers	5
Female Migrant Workers	5
Male Factory Workers	5
Female Factory Workers	5
Male Students	5
Female Students	5
Total	30

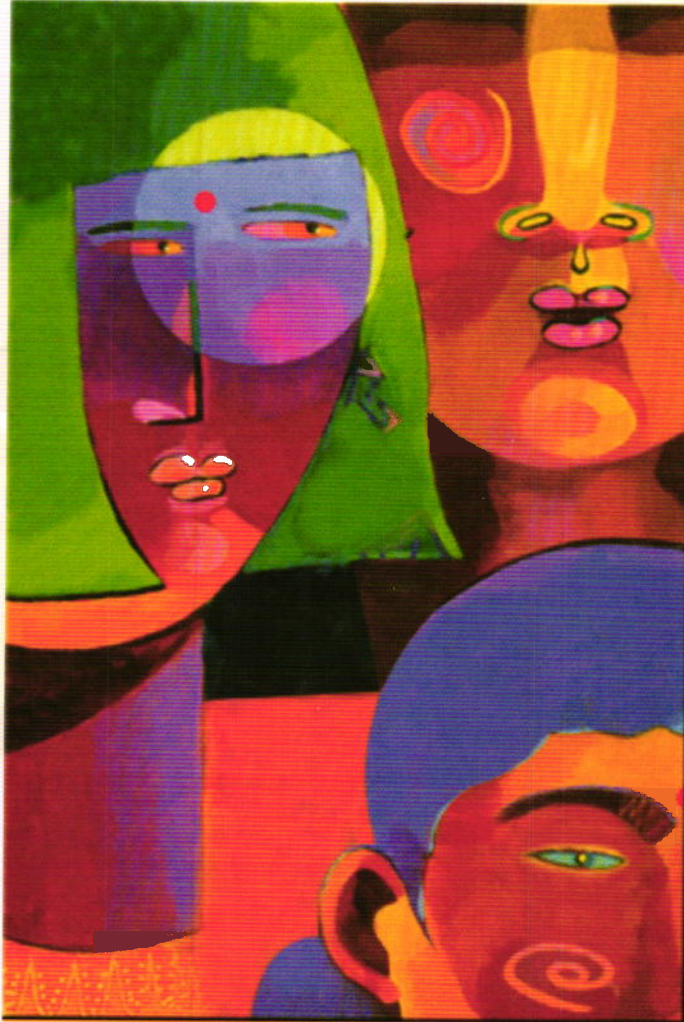
Discussions were recorded after obtaining the consent of the respondents and transcribed after translation. Analysis was carried out using content analysis of the transcripts.

This report documents the findings from the XI wave of BSS in Tamil Nadu conducted for APAC by Social and Rural Research Institute of IMRB International, in 2006.

CURRENT TRENDS IN BSS INDICATORS IN TAMIL NADU

BSS WAVE XI-2006

FEMALE SEX WORKERS



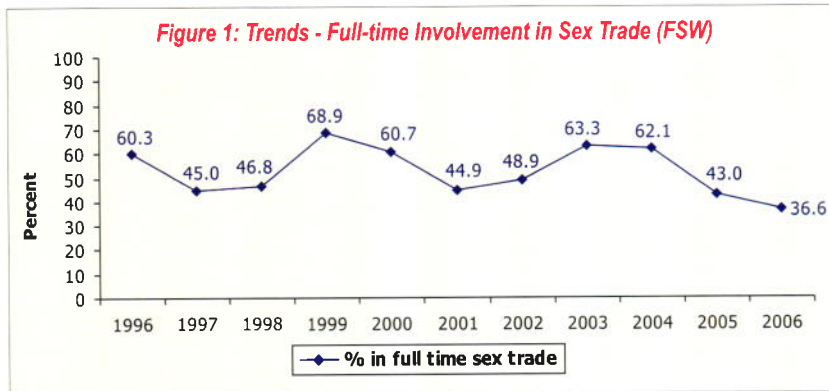
DEMOGRAPHIC PROFILE

The profile that emerges by collating data of 400 FSW interviewed from 4 towns in Tamil Nadu (Chennai, Madurai, Salem and Palani) is:

Mean Age	34.6 years (SD 5.6)
Literacy	83.2 percent
Marital Status	96.4 percent ever married 63.3 percent living with spouse/partners
Full Time Vs Part-Time	36.6 percent full timers
Average Personal Income	Rs.1960 per month Mean Working Days 17.2 per month (same for part timers and full timers)
Mobility	16.3 percent engaged in commercial sex in towns/cities other than their main towns (where they were interviewed)
Frequency of Transaction	2.5 clients on an average per day (irrespective of part timers and full timers)
Saving Practice	28.3 percent save
Association with SHGs	23.7 percent members of an SHG or women's associations
Mean Age at First Sex	18.2 years (SD 1.8)

Overall 400 Female Sex Workers (FSW) from four BSS sites in Tamil Nadu were interviewed for the eleventh wave of BSS. The socio demographic characteristics of the survey respondents were not very different compared to the earlier waves of BSS in Tamil Nadu. However, in the current wave a relatively higher proportion (96.4 percent in 2006 compared to 92.0 percent in 2005) of the FSW were married and also a higher proportion (63.3 percent in 2006 compared to 58.8 percent in 2005) of them were living with their husband or had a live-in partner as compared to the previous rounds of BSS. The average age of marriage for the FSW was around 18.8 years, with majority (65.7 percent) getting married between 18 to 20 years of age. While the mean age of first sex for the FSW was 18.2 years, the mean age of first sold sex among this group was 26.4 years.

The percent of FSW engaged in commercial sex activities on a full-time basis (those who are not engaged in any other economic activity) has been exhibiting a declining trend since 2003 and in this round of survey it was recorded at 36.6 percent, which is lowest ever since the first round of BSS (Figure 1). Other income generating activities for part-time sex workers were vegetable/fruit/flower selling, housemaids, and construction workers.



The average personal income of the female sex workers was around Rs.1960 per month. The average total household income of the female sex workers was around Rs.2975 per month. Around 28.3 percent of the FSW save money from their earnings. Among FSW who save money, the predominant mode of saving money was through chit funds. Alcohol use was reported by 46.9 percent of the FSW.

Majority (58.8 percent) of the FSW reported having ever faced violence. In most such cases (71.5 percent), police were the main perpetrators of violence. Other sources of violence to sex workers were their clients (21.3 percent) and neighbours (19.6 percent).

The mean number of days in a month engaged in commercial sex activities was 17.2 days (same for part time and full time sex workers). Bus stands emerged as the predominant places of soliciting sex. Most (above 75.0 percent) of the FSW reported practicing sex either at their house or at hotels/lodges. As it emerged from the qualitative findings, home-based FSW had higher preference for the brokers, as brokers aid them in introducing the clients to them. They claim to have never stood at the bus stops or similar public places for the purpose of soliciting their clients due to the fear of getting spotted by their family and friends there. It was almost universal for the FSW to receive payments through cash.

The percent of the FSW who were engaged in commercial sex activities in other towns/cities apart from their residential cities was lower in the latest wave (16.3 percent) compared to the previous wave (23.3 percent).

Preference for soliciting clients through brokers

"He (brokers) brings reliable clients."

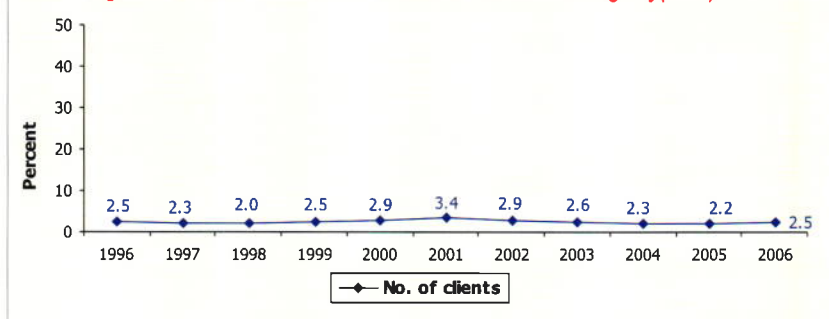
"I cannot go and search clients by myself as I have other household chores to do.

I never go out."

-Respondents FSW

The average number of clients on the last working day was 2.5 (Figure 2) and this has been consistent over the waves of BSS.

Figure 2: Trends - Mean no. of clients on the last working day(FSW)



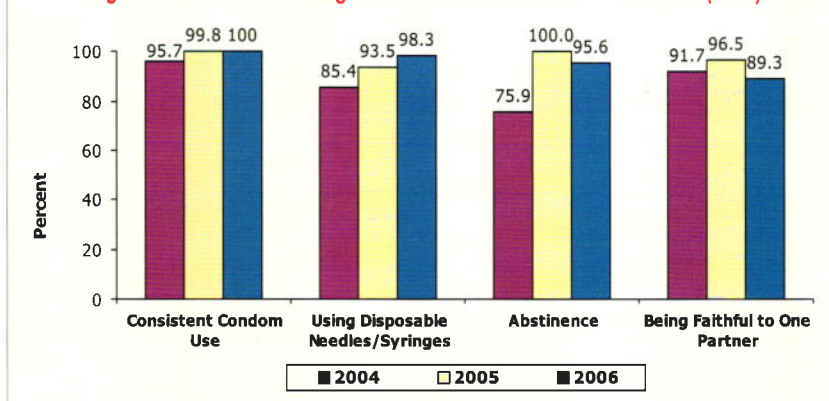
TRENDS

Knowledge Indicators

Knowledge on Prevention of STI and HIV

The knowledge of at least 'two acceptable ways of preventing STI' and 'two acceptable ways of preventing HIV' among the FSW remained more or less similar to the earlier round of BSS. This year, 98.5 percent of the FSW were aware of two correct modes of prevention for STI while knowledge regarding two modes of HIV prevention was universal. It is observed that there is a high level of awareness regarding four known modes of HIV prevention in this target group. All the FSW covered in this survey were aware that consistent use of condoms would help prevent HIV (Figure 3). However, the percent of FSW who had knowledge that 'being faithful to one partner' and 'abstinence' would help prevent HIV was lower compared to the previous round of BSS.

Figure 3: Trends - Knowledge on Correct Modes of HIV Prevention (FSW)

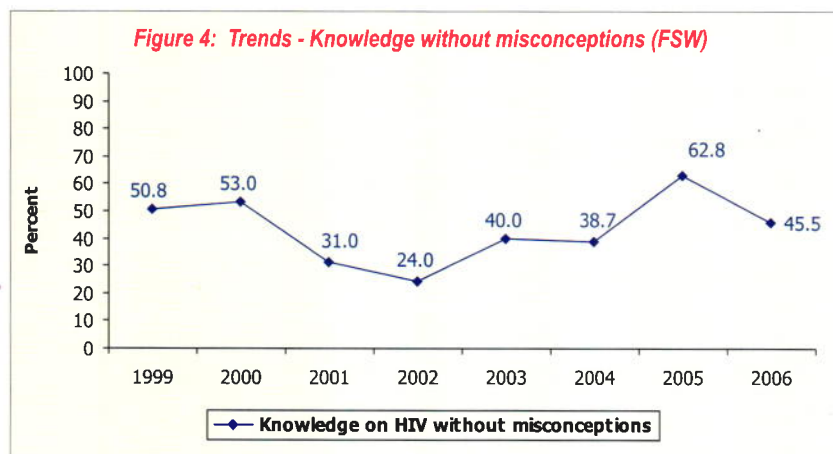


The major source of awareness of HIV/AIDS among the FSW was radio (88.0 percent) followed by hoardings (76.8 percent) and television (76.3 percent). Almost three fourths (72.0 percent) of the FSW also mentioned that NGO meetings was a source of awareness of HIV/AIDS. A sizeable majority (63.8 percent) of the FSW reported knowing of an HIV/AIDS infected person.

Knowledge without Misconception

One of the major challenges any intervention program faces is to counter the myths and misconceptions that persist over time and also address the emerging misconceptions. There has been a varying trend of proportion of sex workers having misconception free knowledge on at least two correct means of HIV prevention and this wave there has been a considerable decrease (45.5 percent) compared to the previous wave (62.8 percent).

An overwhelming majority (94.8 percent) of the FSW believe that HIV/AIDS cannot be cured.



Behavioral Indicators

Condom Usage

Condom use with clients rose sharply in the first four years of intervention and since then has remained consistently high, with 91.8 percent of the survey respondents reporting condom-usage with clients during the present round (Figure 5). Condom use with clients has always remained above 85.0 percent since the year 1999.

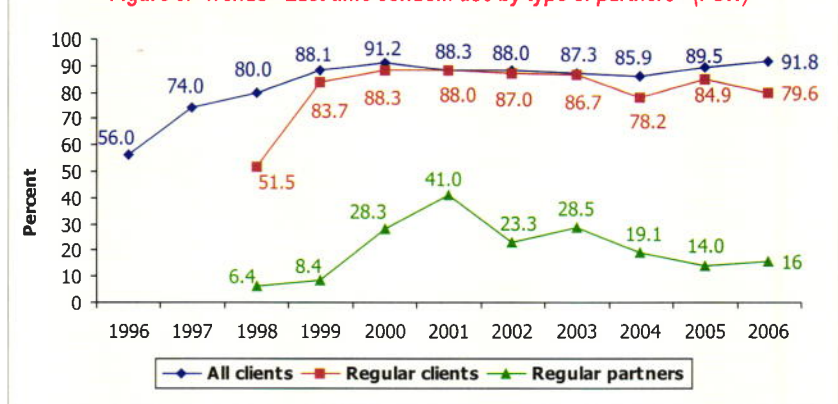
Most common misconceptions

"Lip to lip kisses may spread HIV infection."

"Taking medicines/injections could prevent HIV."

-Respondents FSW

Figure 5: Trends - Last time condom use by type of partners - (FSW)



However, behavior of the FSW varies by the type of partner. Information is sought in the survey about condom usage with regular partner, regular client and one-time clients. There was a noticeable decrease in the condom usage with the regular clients (84.9 percent in 2005 to 79.6 percent in 2006), while with regular partner (husband/live-in partner) condom usage remains considerably lower (16.0 percent) and has been decreasing since the year 2001. However, the FSW who reported condom usage with regular partners which exhibited a declining trend from 2003 has increased from 14.0 percent in 2005 to 16.0 percent in 2006. Consistent condom usage with clients remains similar to the earlier waves, with around 66.0 percent of the sex workers reporting consistent condom use with their clients.

Among those who used condoms with regular client and one-time client, an overwhelming majority of such FSW attributed condom usage to 'preventing spread of HIV/AIDS and STI'. Among the cases where condom was used during the last sexual encounter with one-time or regular client, half the time condom use was proposed by the FSW themselves. It is interesting to note that among those who used condom during the last sexual encounter with one-time or regular clients, in a sizeable majority (more than 80.0 percent each) of such cases, the FSW had condoms with them. Among those who did not use condoms with regular client or one-time client, most such FSW attributed non usage of condom to 'partner's objection'.

It became evident from the qualitative discussions that some clients pay sex workers on monthly basis, depending on the number of encounters in a month. Such clients were mostly older than the sex workers (mostly above 40 years) and were mostly engaged in oral sex. They pay a higher price for having oral sex without condoms and also assure the sex worker that they (clients) are exclusive to them.

Another interesting finding that surfaced from qualitative discussions conducted across Chennai was the emerging use of “GEL” during the intercourse. Gels to be applied at genital parts at the time of intercourse were reported being easily available nowadays and widely under use by the sex worker community. Sex workers considered such gels as a substitute to condoms for preventing transmission of HIV as well as unwanted pregnancy. Moreover, its use neither reduces the sexual pleasure nor raises any suspicion in the minds of their clients about their use, which increases their preference towards use of gels in place of condoms. However, cost does play an important role in decision making between the two i.e. condoms verses gels. Use of gels, as it is relatively expensive at retail outlets, is primarily limited to only those sex workers who get them free of cost from NGOs and other voluntary organizations etc.

Most FSW surveyed did not use condoms with regular partners as they did “not think it to be necessary” and perceived risk of contracting HIV from regular partner was also very low (4.7 percent). Nevertheless, among the FSW who used condoms with regular partner, the two predominant reasons for condom usage were to ‘prevent transmission of HIV/AIDS’ and for ‘contraception’.

Focus group discussions with sex workers highlight that there develops an element of trust between a sex worker and her regular partner, which prohibits proposition of use of condoms by sex workers with their regular partners. Moreover these regular partners are, most of the times, not aware of their woman being involved in sex trade. Hence, their regular partners do not perceive any need for using condoms. ‘Reduction in sexual pleasure’ was also mentioned as a reason for their regular partner opposing for condom use whenever proposed by the sex worker.

Among the sex workers who used condom with one-time and regular clients, the predominant reasons were to prevent the transmission of HIV/ STI. The present round data suggests that those FSW who had an additional source of income were better able to negotiate condom-usage with their clients (73.8 percent compared to 65.4 percent of those who did not have additional income).

Condom Negotiation Practice

In more than 50.0 percent of the cases, the respondents proposed condom use while a little over one-third of them reported that it was a joint decision.

When FSW encounter clients who refuse to use condoms, more than half (59.0 percent) of them said they would refuse sex completely whereas 13.8 percent said that they would still have sex without condoms. Around 40.8 percent said they would re-negotiate the condom usage and 10.5 percent said they would increase price (Figure 6).

Reasons for not using condoms with regular partners

“He (regular partner) does not go to other women.”

“I told him (regular partner) that I work as a maid servant. He never asks me to use it (condom). Neither have I insisted else it will raise suspicion in his mind.”

-Respondents FSW

Insights

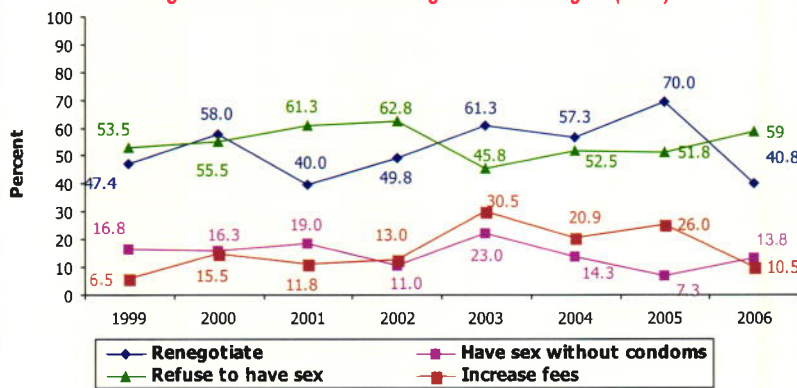
Exposure to interventions seemed to have significant impact on condom use practice of sex workers as :-

- The proportion of those exposed to group interventions was found considerably higher among those who used condom with their last client (80.4 percent) in comparison to the non-users (58.7 percent) ($P<0.001$).
- Likewise, exposure to individual interventions was reported significantly higher among condom users (75.0 percent) than the non-users (44.2 percent) ($P<0.001$).

As it emerged from the qualitative discussions, sex workers who renegotiate on condom use, exercise various tactics to convince their clients.

Qualitative discussions reveal an increasing preference for oral sex among the sex workers as well as their clients as it (oral sex) is perceived to be safe alternative for vaginal sex.

Figure 6: Trends - Condom negotiation strategies (FSW)



Mystery Clients

To understand the actual attitude of the FSWs in using the condoms, trained investigators were sent as mystery clients to the female sex workers to observe the sex workers negotiating the usage of condoms. The investigators were trained in identifying and approaching the women in prostitution and would move with the FSW to a place suggested by her for practising the sex. Here the investigator would also propose to the FSW to go to the place of his choice and observe the reaction. However, they would ultimately proceed only to the place that is suggested by the FSW. Prior to involving in sex, the investigator posing as a mystery client would observe if the FSW would propose to use a condom and in case the FSW proposed condom usage, the investigator would resist and would observe if the FSW negotiates the condom usage. A total of 160 mystery client observations were made with the sex workers at the four towns where quantitative interviews were done.

Use of condoms was mentioned by around 91.0 percent of the FSW visited by the mystery investigators. To have an insight into the negotiation skills of the FSW, the mystery clients (investigators) refused to use condoms. In reaction to this, 48.1 percent refused to have sex without condoms (lower than 59.0 percent reported during the FSW interviews), while 12.5 percent agreed to have sex without condom (close to 13.8 percent reported during the FSW interviews).

Condom negotiation

"We scare our clients by saying that if everyone does it like that (without condoms) no sex worker is going to be safe then".

"Students and educated clients are easy to convince"

"I tell them that use of condom would be safe for both of us, as none of us know about the AIDS status of the other"

-Respondents FSW

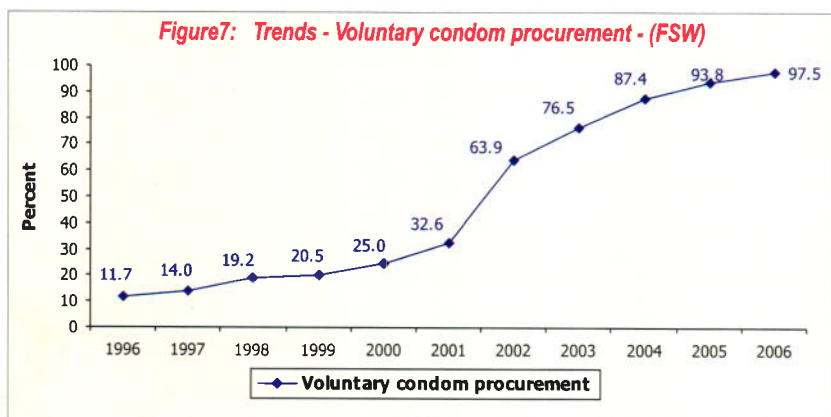
Mystery clients' data shows that 38.8 percent of the FSW hiked their fee for sex without condom (which was higher than the reported data from FSW interviews). However, this increase was so high so as to dissuade the clients from having sex without condom.

Mystery client observations revealed that most FSW carried condoms with them, while 13.8 percent obtained them on their way to the place of sex. Condom brands most popular with the FSW were Nirodh / Nirodh Deluxe (55.6 percent) followed by Kamasutra and Moods (8.1 and 6.3 percent respectively).

Voluntary Condom Procurement

Targeted Intervention programs address availability and accessibility of condoms within the program.

There has been a steady increase in the voluntary procurement of condoms by FSW increasing from 11.0 percent at baseline to more than 97.0 percent in 2006 (Figure 7). A substantial proportion (68.2 percent) of the respondents mentioned purchasing condoms from petty shops besides medical shops. Easy availability of condoms and higher awareness of the need to use condoms are in consonance. Most of the FSW (84.3 percent) also said that correct way to use a condom had been demonstrated to them by NGO workers and peers.



In this survey, almost half of the respondents were aware of female condoms as compared to 33.3 percent in 2005. However, only 2.6 percent reported that they had ever used a female condom. Among those who had used female condoms, 80.0 percent said that they got the same from petty shops. Other places of procurement of female condoms were medical shops (60.0 percent) and YRG (20.0 percent).

NGOs and peers were noted as prominent source of condoms during the focus group discussions. They revealed that clients were also keeping condoms nowadays.

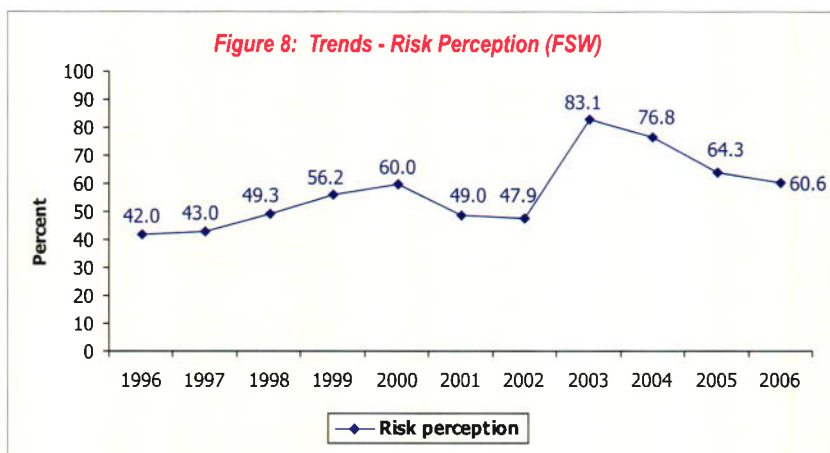
However, home based sex workers had high levels of dependency for condoms on their brokers and clients as they could not stock them at home.

Some sex workers, however, insist clients to bring condoms in case they don't have them.

Consciousness for checking the expiry date of the condom before using was stated as FSW mention:

Perception of Risk

Among non-condom users, the risk perception has been showing a downward trend since the year 2003. In the latest wave, the risk perception has decreased to 60.6 percent from 64.3 percent in 2005 (Figure 8).



An attempt was made during the focus groups discussions to understand the reasons for perceiving no or low risk despite having sex without condoms. Findings in this regard suggest that low risk perception was due to two main reasons (a) confirmation of status through test reports and (b) use of gels and medicines/creams which they perceive as a preventive measure against HIV.

Health Seeking Behavior

Self reported STIs continues to decline when compared to past few waves from 25.5 percent in the year 2001 to 11.3 percent during the current wave. When asked about their sexual practices when they had STIs, majority (67.0 percent) said that they continued their sexual practice (49.0 percent with one-time, 42.0 percent with regular clients and 38.0 percent with regular partners) during the course of the last STI. Among those who had sexual intercourse during STI manifestation, an overwhelming majority (95.7 percent) reported having used condoms.

Condom procurement

"My regular client always comes with a condom."

"I don't go out for this business. But at the same time I cannot keep condoms at home. My agent knows this and gives condoms to me while supplying clients."

"I sometimes ask my client to bring condoms if I run out of stock."

-Respondents FSW

Awareness on checking the expiry date of condoms

"I use only those condoms which have right dates. I always check for the date before opening the pack."

-Respondent FSW

Reasons for low self-risk perception.

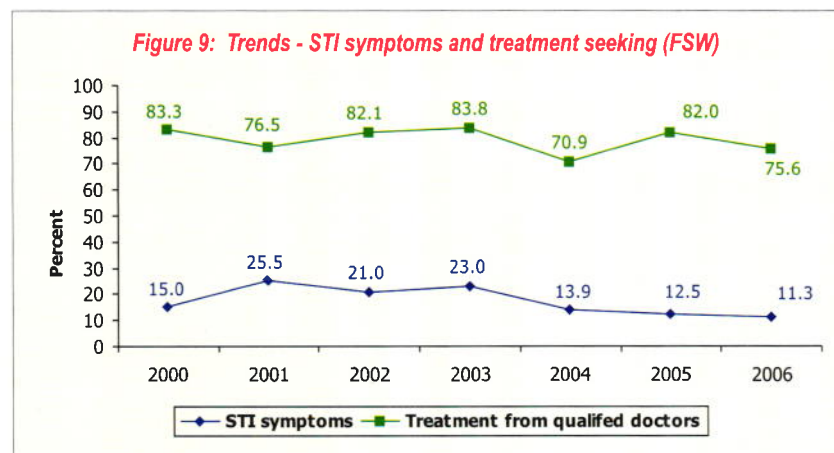
"My report says that I am fine."

"Doctor took the test and told me that I do not have AIDS."

-Respondents FSW

Of those who reported having had STI symptoms, 75.6 percent sought treatment from a qualified medical practitioner (Figure 9) primarily from government hospitals/clinics. Public health sector is sought for general health complaints as well. Majority of those who did not seek treatment from qualified medical practitioner reported that they either took the medicines prescribed during the last incident of STI or bought medicines from the chemists.

Appreciation of facilities available in government hospitals/clinics and comfort level with practitioners was palpable in focus group discussions:



Voluntary HIV Testing

The proportion of FSW who reported having undertaken an HIV test which had shown a declining trend since 2004 has witnessed a significant rise from 48.5 percent in 2005 to 75.3 percent in 2006. However, among those who received an HIV test in the past one year, the proportion of FSW who received counseling this year was significantly lower (81.1 percent) compared to the previous round of BSS (88.1 percent) (Figure 10). It is significant to note that among those who received an HIV test, an overwhelming majority (94.0 percent) were aware of the result of the test. Among those who received the test, majority (70.2 percent) said that they got tested in Government hospitals and 28.2 percent said that they went to ICTC/VCTC for their test.

Among those who did not receive the HIV test, a significant percentage (49.5 percent) did not receive the test because they thought it was not necessary to do so.

Qualitative discussions highlight their increased awareness about VCTC services. NGO activities in raising awareness and demand generation for HIV testing were the key drivers for undertaking the test.

Appreciation of medical facilities

"Doctor there (in a government hospital) was a very nice gentleman."

"He (the doctor) told me several new things about the disease that I was not aware of. He told me that washing of thighs and all won't serve the purpose and neither will the use of any cream at genitals. So better start using condoms every time."

-Respondents FSW

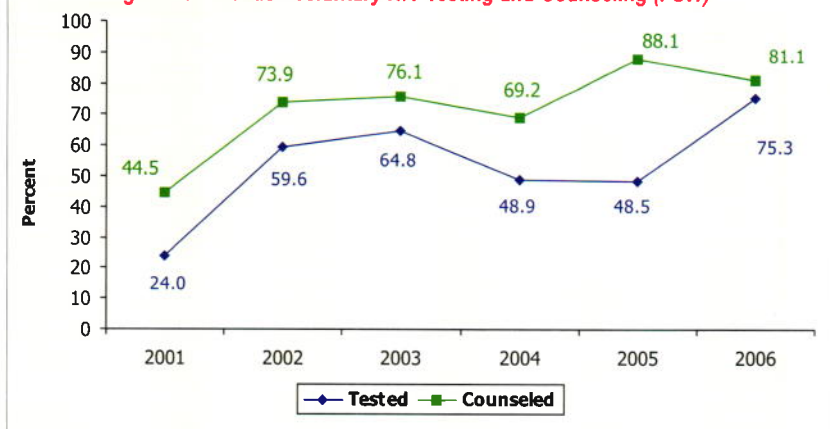
Reasons for test taking behavior

"Sister (NGO worker) explained the importance of taking it (HIV test). She also told me the address of the VCT center where I met the doctor."

"Nowadays, everyone knows about VCT centers and HIV test as there are so many advertisements on cinemas and bus stops etc."

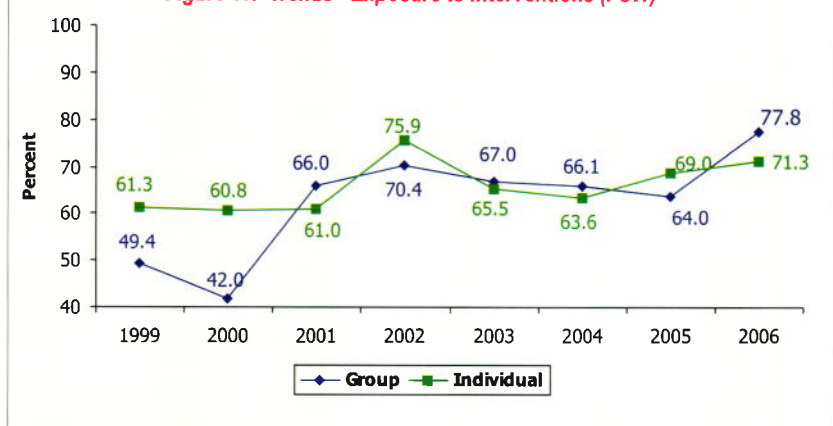
"It is better to know your status and start playing safe to remain safe than being ignorant and heading towards death."

-Respondents FSW

Figure 10: Trends - Voluntary HIV Testing and Counseling (FSW)


Exposure to Inter Personal Communication

The proportion of FSW surveyed who had exposure to group interventions increased from 64.0 percent in the previous year to 77.8 in the present year. The proportion of FSW who had exposure to individual interventions witnessed marginal rise from 69.0 percent in 2005 to 71.3 percent in 2006. NGO office/Counseling center was the predominant place for receiving interventions.

Figure 11: Trends - Exposure to Interventions (FSW)


Exposure to an interpersonal communication triggered a change in the knowledge, behaviour and practices of the target audience.

- Misconception free knowledge was observed significantly higher among those who had an exposure to intervention (57.8 percent) as compared to those not exposed to any intervention (42.5 percent) ($P < 0.05$).
- Similarly a significantly higher proportion of the sex workers exposed to any intervention reported being aware of VCT Centers (67.4 percent) in comparison to those who did not receive interventions (14.1 percent) ($P < 0.001$).
- Incidence of condom use with regular partners was observed higher among those who had exposure to any interventions (12.1 percent) as against those without such exposure (2.0 percent) ($P < 0.001$).
- Significantly higher proportion of the sex workers exposed to any intervention reported taking the HIV test (87.0 percent) as against those not exposed to any intervention (27.0 percent) ($P < 0.001$).

Stigma and Discrimination

The Joint United Nations Program on HIV has defined HIV-related discrimination as 'any measure entailing any arbitrary distinction among persons depending on their confirmed or suspected HIV sero-status or state of health.' HIV is among the diseases being marked by stigma and discrimination.

Among the FSW interviewed, 18.5 percent considered a person infected with HIV as a mark of shame which was a significant drop from the figures recorded in the earlier year (30.6 percent). There has been a continued decline in proportion of sex workers who expressed an opinion that such people should be isolated (Figure 12) with only 1.3 percent of the FSW expressing the same this year.

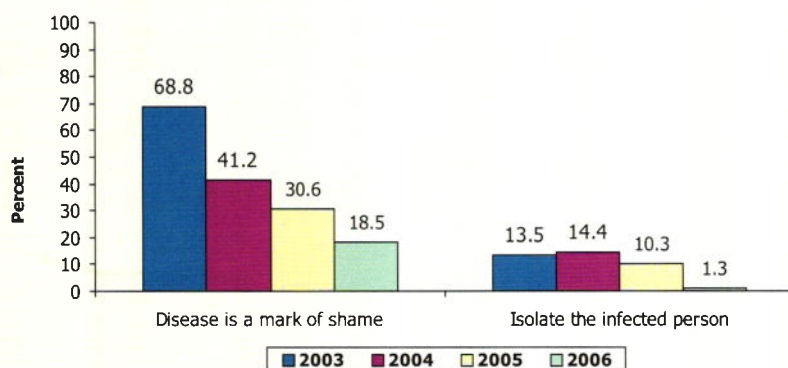
Signs of support towards HIV infected population were evident during the qualitative discussions too.

Support for PLHA

"these people (infected people) are already shattered and disheartened so further they should not be neglected by the society"

-Respondent FSW

Figure 12: Trends - Stigma and Discrimination (FSW)



Some of the positive trends observed during this wave of BSS are:

- Condom use with clients has been consistently high (above 85.0 percent) since 1999. In the current wave around 91.8 percent of FSW reported using condom during last sex with their clients.
- Condom negotiations skills have shown improvement as compared to the past few waves.
- Voluntary procurement of condoms has been showing an upward trend across all the waves.
- Incidence of STI has declined significantly compared to the last few waves.
- HIV testing practice has shown tremendous improvement compared to the earlier waves.
- Exposure to interventions continues to show improvement.

Some of the challenges that remain to be addressed by the program are:

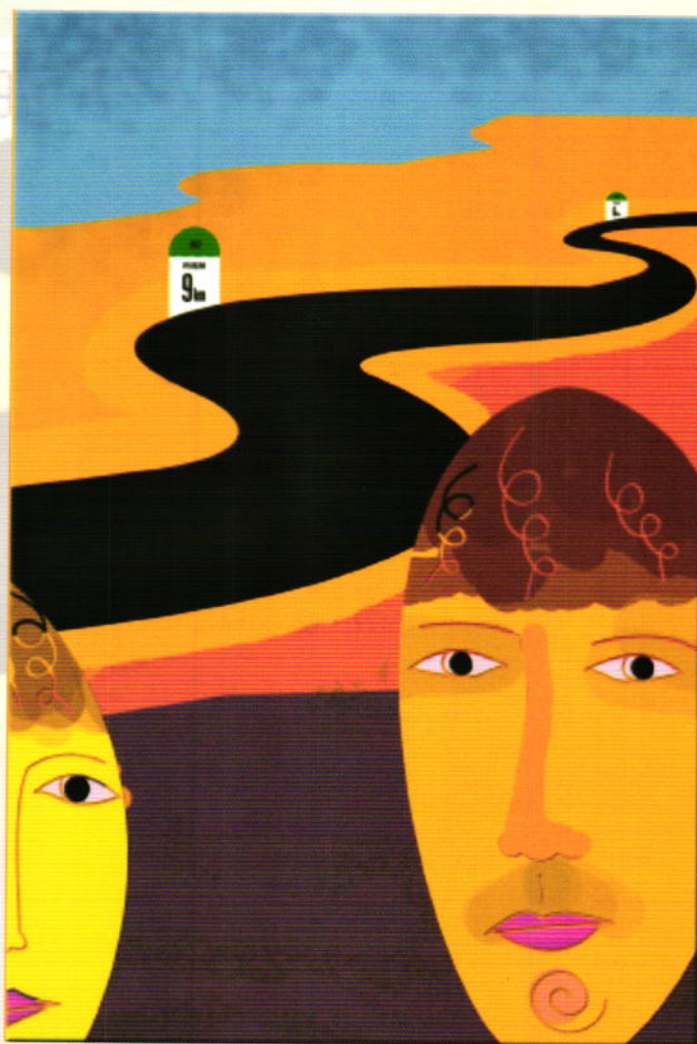
- Misconception-free knowledge shows a declining trend. Majority (54.5 percent) of the respondents continue to have misconceptions regarding HIV prevention.
- Sex workers are considering gels that are applied at the genital parts at the time of intercourse as a substitute to condom in terms of prevention from the transmission of HIV as well as from unwanted pregnancy.
- Condom use with regular partners has always remained low. It has remained below 20.0 percent over the last three waves.
- Risk perception among non-condom users decreasing over the last 4 years.
- It is important to note that with increasing testing practice, FSW know their HIV status; this influences their perception of risk and condom usage especially with regular partners.
- Treatment seeking behavior for STI is not universal.

BSS INDICATORS-FEMALE SEX WORKERS (FSW)

Indicators	1996 400	1997 400	1998 406	1999 403	2000 400	2001 400	2002 400	2003 400	2004 398	2005 400	2006 400
Knowledge of at least two acceptable ways of preventing STI	338	387	393	391	395	390	395	384	375	392	394
Base-All respondents	400	400	406	403	400	400	400	400	398	400	400
Percentage	85.0	97.0	96.8	97.0	98.7	97.5	98.8	96.0	94.2	98.0	98.5
Condoms prevent STI	347	383	397	395	388	382	392	392	378	399	399
Base-All respondents	400	400	406	403	400	400	400	400	398	400	400
Percentage	86.0	96.0	97.8	98.0	97.0	95.5	98.0	98.0	95.0	99.8	99.8
Knowledge of two acceptable ways of preventing HIV/AIDS	344	390	403	395	393	394	393	392	379	400	400
Base-All respondents	400	400	406	403	400	400	400	400	398	400	400
Percentage	86.0	98.0	96.6	98.0	98.2	98.5	98.3	98.0	95.2	100.0	100.0
Condoms prevent HIV/AIDS	355	387	392	387	393	393	393	391	381	399	400
Base-All respondents	400	400	406	403	400	400	400	400	398	400	400
Percentage	89.0	97.0	96.6	96.0	98.2	98.3	98.3	97.8	95.7	99.8	100.0
Knowledge of 2 Modes of Prevention Condom/ Abstinence									362	399	382
Base All Respondents									398	400	400
Percentage									90.9	99.8	95.5
Sexual intercourse with non-regular partner last year	400	400	406	403	400	400	400	400	398	399	400
Base-All respondents	400	400	406	403	400	400	400	400	398	400	400
Percentage	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	99.8	100.0
Condom use during last non-regular sexual intercourse	225	295	325	355	365	353	352	349	342	358	367
Base-Respondents reporting non-regular sex in last 1 year	400	406	406	403	400	400	400	400	398	399	400
Percentage	56.0	74.0	80.0	88.1	91.2	88.3	88.0	87.3	85.9	89.5	91.8

Indicators	1996 400	1997 400	1998 406	1999 403	2000 400	2001 400	2002 400	2003 400	2004 398	2005 400	2006 400
Risk perceived (high/slight changes of contracting HIV/AIDS)	73	45	35	27	21	23	23	49	43	27	20
Base-Respondents reporting no condom use during last non-regular sex	175	105	71	48	35	47	48	59	56	42	33
Percentage	42.0	43.0	49.3	56.2	60.0	49.0	47.9	83.1	76.8	64.3	60.6
Number of people tested for HIV/AIDS						273	238	259	195	194	301
Base - All respondents						400	400	400	398	400	400
Percentage						68.3	59.6	64.8	48.9	48.5	75.3
Number of respondents who perceive that getting infected by HIV is a mark of shame								275	164	122	74
Base All Respondents								400	398	400	400
Percentage								68.8	41.2	30.6	18.5
Number of respondents who perceive that HIV infected persons should be isolated								54	57	41	5
From the society								400	398	400	400
Base All Respondents								13.5	14.4	10.3	1.3
Percentage											
Number of respondents with STI symptoms									55	50	45
Base: All Respondents									398	400	400
Percentage									13.9	12.5	11.3
Number of respondents seeking treatment for STI									39	41	34
Base: All with STI Symptoms									55	50	45
Percentage									70.9	82.0	75.6
Mean Number of Clients in the last working day									2.3	2.21	2.5
Median Number of Clients in the last working day									3	3	2

TRUCKERS AND HELPERS



DEMOGRAPHIC PROFILE

The profile that emerges by collating data of 800 Truckers and Helpers (TH) who were interviewed from 5 towns in Tamil Nadu (Chennai, Madurai, Salem, Vellore and Dindigul) is:

Truckers	79.8 percent
Helpers	21.2 percent
Mean Age of the respondents	32.2 years (SD 7.0)
Truckers	34.2 years
Helpers	24.3 years
Literacy	96.1 percent
Marital Status	67.4 percent living with spouse
Truckers	79.6 percent living with spouse
Helpers	19.1 percent living with spouse
Average Personal Income	Rs.3417 per month (SD 1055)
Truckers	Rs.3720 per month
Helpers	Rs.2220 per month
Average Number of Nights Spent away from Home in the Last Month	17.1 Nights (SD 5.0)
Use of Habit Forming Substances	
Alcohol	66.8 percent (31.6 percent took alcohol at least once a week)
Narcotics	3.1 percent

The total sample size of the Truckers and Helpers in this round of survey of BSS was 800 as in the earlier rounds. The mean age of the respondents was 32.2 years, which is slightly higher as compared to the previous rounds of BSS. A sizeable majority (67.4 percent) of the respondents were married and living with spouse. The average age of the Truckers and Helpers at marriage was 24.6 years. While the average personal income of the respondents was Rs.3417 per month, their average household income was Rs.4358 per month.

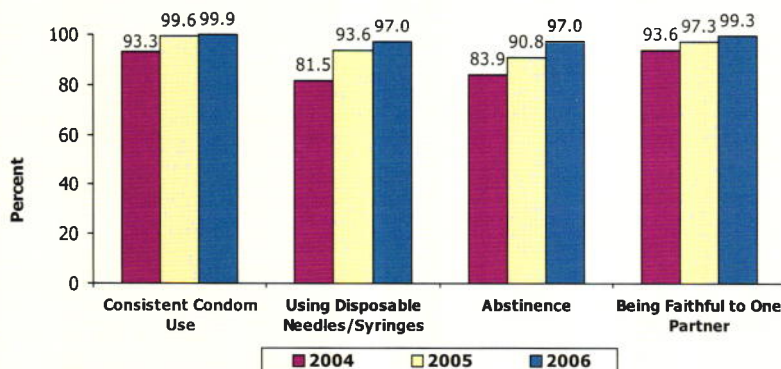
Majority (68.1 percent) of the Truckers and Helpers were educated between class VI to class X and 26.4 percent had completed education till class V. On an average, the Truckers and Helpers spend 17.1 nights away from home in a month. Alcohol consumption was reported by 66.8 percent of the respondents and 31.6 percent of them consume alcohol at least once a week. 'Ganja' (cannabis) use was reported by 3.1 percent of the respondents.

Knowledge Indicators

Knowledge on Prevention of STI and HIV

Knowledge on prevention of STI/HIV has remained comparable to the previous wave at 99.0 percent. Similarly, awareness on at least two correct means of HIV prevention was almost universal among this target group. There has been an increase in knowledge on all four correct modes of HIV prevention. Almost all the Truckers and Helpers were aware that 'consistent use of condoms' and 'being faithful to one partner' would help prevent HIV. The major sources of information on HIV were hoardings (88.0 percent) besides television and radio (85.9 percent each).

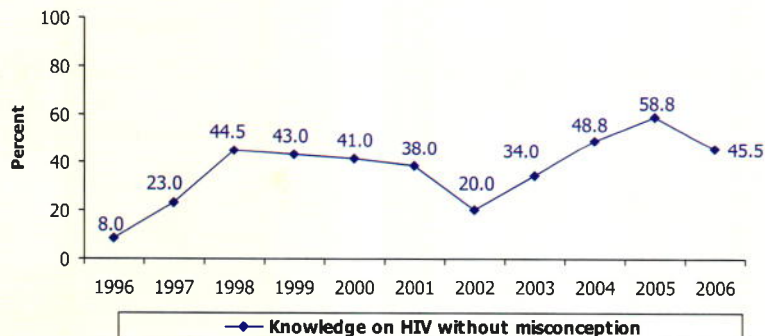
Figure 1: Trends-Knowledge on Correct Modes of HIV Prevention (TH)



Knowledge without Misconception

The proportion of respondents having misconception-free knowledge on HIV which has been showing improvement since 2002, has dropped significantly from 58.8 percent in 2005 to 45.5 percent in the current year (Figure 2).

Figure 2: Trends - Knowledge without misconceptions (TH)



Discussions with the NGO that work among TH revealed that the truckers reported that there are several advertisements in magazines and classifieds that claim to cure HIV/AIDS.

Thus, the rise in such 'hoax' classifieds is one of the main reasons for fuelling misconceptions.

At the same time truckers/helpers had awareness that sharing of clothes and toilets does not lead to HIV/AIDS.

Behavioral Indicators

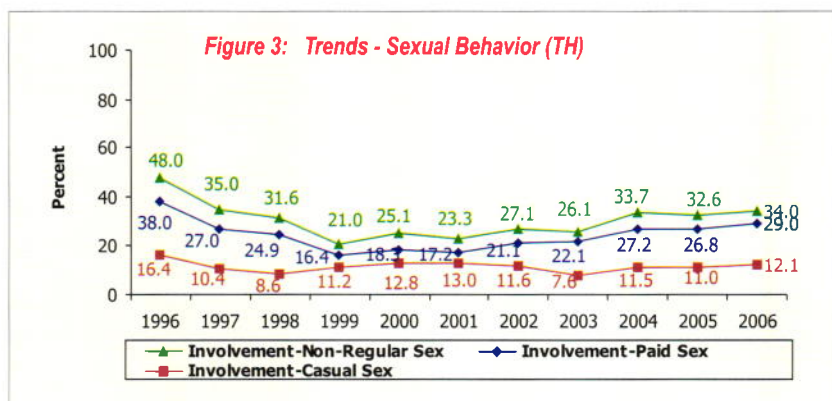
Sexual Behavior

Involvement with non-regular sex partners, which has been exhibiting a fluctuating trend across the waves, is reported at 34.0 percent during the current wave compared to 48.0 percent in 1996 (Figure 3). It has however increased slightly since last wave. As the survey revealed, among this target population, the two predominant reasons for involvement with non-regular sex partners were 'curiosity/interest' and 'availability of non-regular partner'.

Involvement with paid partners which had declined in the initial rounds of BSS (from 1996 to 2001), has shown a gradual increase thereafter. This year, it was recorded at 29.0 percent as compared to 26.8 percent last year, which is nevertheless a decrease from 38.0 percent in 1996.

Among this target group, involvement with paid partners has always remained higher as compared to casual partners.

Involvement with casual partners has remained below 15.0 percent since 1997 (Figure 3). Current wave registered a marginal increase in reported involvement with casual partners (12.1 percent) over the previous wave (11.0).



Most common misconceptions

"Taking injections at periodic intervals prevents all sexually transmitted diseases including HIV."

"Cleaning sex organs regularly with Dettol and lime keeps HIV away."

"If you take good care of your body and remain healthy & fit, you may not get HIV."

-Respondents TH

Reason for prevalence of misconception

"They (truckers) tell us that if they publish such things in magazines it must be true."

-NGO Worker

Reasons for frequenting same sex worker

"If I look for new sex worker every time, I would have to give money to the dhabha worker every time."

"My partner (sex worker) is very kind and offers me food and night stay without charging anything extra."

-Respondents TH

During qualitative discussions, it was revealed that dhabha staff boys (and to some extent the puncher shop mechanics) serve as an important link for truckers to solicit sex workers during their halt. Though solicitation in most cases takes place on highways, places of sex generally were homes/brothels of the sex workers. High preference towards visiting the same sex workers repeatedly, once introduced.

Casual partners for truckers and helpers were usually the lady workers at dhabhas, women in their neighborhood and female friends introduced by their male friends.

Between paid and casual partners, preference was relatively higher for the paid ones.

Condom Usage

The trend of condom use with non-regular partners has been improving over the years. It has risen from 48.2 percent in 1996 to 80.1 percent in 2006. With a paid partner, an upward trend was reported till 2000 and thereafter a stable (close to 90.0 percent) pattern is observed (Figure 4). Among those who use condoms with paid partners, an overwhelming majority (93.8 percent) reportedly used it to prevent spread of HIV/AIDS. Another important reason for using condoms with paid partners was to prevent getting STI.

Condom usage with the casual partner remains low as just around 36.1 percent reported using it during their last sexual encounter with casual partner. Among those who did not use condom with casual partners, majority (61.3 percent) of them did not use it because they did not think it was necessary.

Every time use of condom with non-regular partners was reported by more than half (55.0 percent) the truckers involved with such partners. Consistency in condom use with the paid partner was much higher (69.4 percent) as compared to casual partners (18.6 percent).

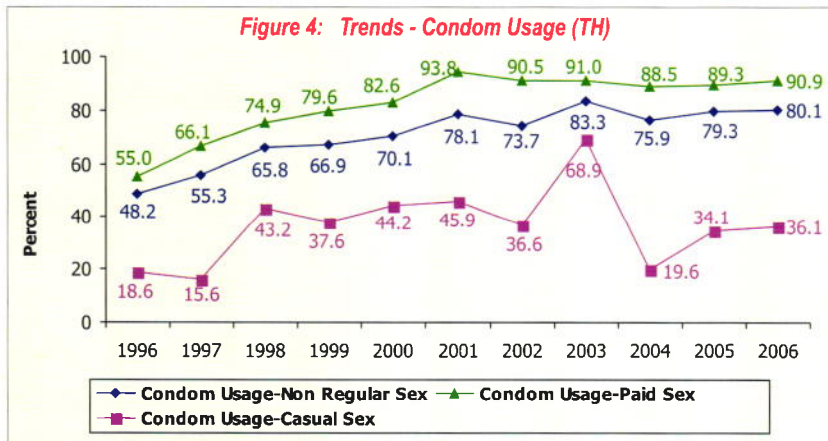
Reasons for preference for paid partners

"They (paid partners) are easily and readily available."

"It takes too long with the casual partners to develop sexual contacts after friendship."

-Respondents TH

Figure 4: Trends - Condom Usage (TH)



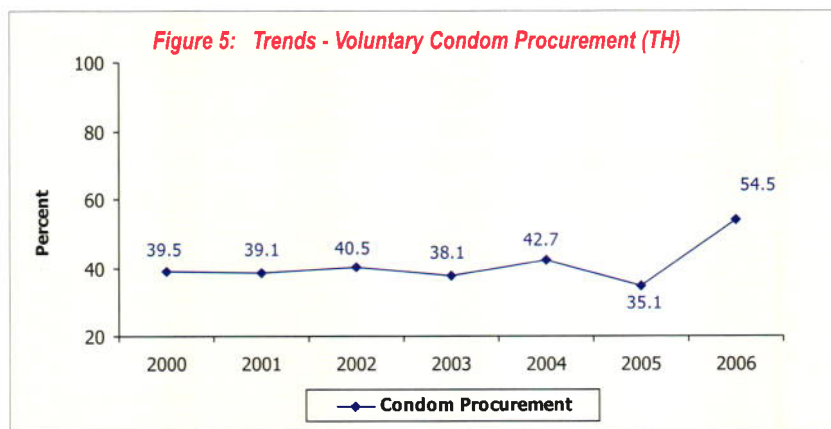
Findings from qualitative discussions suggest that lack of perceived risk of contracting HIV from casual partners was the chief barrier for condom use with such partners. With casual partners there exists a strong belief that the risk is low as they (their casual partners) have fewer other partners.

It was also observed that the truckers tend to associate condom use with contraception rather than HIV prevention when it comes to their relationships with casual partners.

For some truckers and helpers, there develops strong bonds of affection and trust in casual relationships and hence they hesitate to propose condom use as they fear that such proposal may either raise suspicion on his behavior or imply a lack of faith in his partner's sexual behavior.

Voluntary Condom Procurement

The voluntary procurement of condoms among the Truckers and Helpers that had decreased from 42.7 percent in 2004 to 35.1 percent in 2005 has shown a significant improvement in 2006 with 54.5 percent of TH reporting that they procure condoms. Medical shops and petrol bunks followed by petty shops emerged as the most important sources for procuring condoms. Majority (51.0 percent) of the TH said that the correct way of using a condom had been demonstrated to them.



As revealed during the qualitative discussions, this increase in the self procurement of condoms is a result of availability of condoms at petrol bunks, petty shops and barber shops on highway side. They also mentioned that condoms available at these places are either free or sold at a reasonable price.

Reasons for not using condom with casual partners

"My friend is pure and does not have sex with anyone else. Why should I use condom then?"

"With her (casual partner) I have sex only during her safe days."

"She (casual partner) takes medicine to prevent pregnancy as her husband does not like condoms. Hence, it does not matter if I use condoms or not as she is not going to become pregnant in either case."

-Respondents TH

Opinion on free condoms

"Free and cheap condoms are less oily."

"Free condoms are thin and hence, may burst easily."

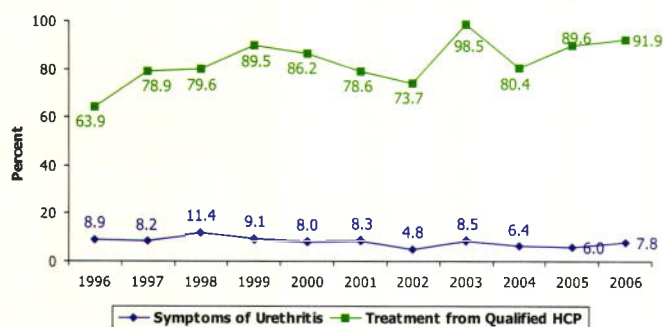
-Respondents TH

Health Seeking Behavior

The trend in prevalence of urethritis which has been varying over the years has increased from 6.0 percent on 2005 to 7.8 in 2006. However, practice of treatment seeking from a qualified doctor continued to remain high with 91.9 percent seeking treatment from such practitioners during the current wave (Figure 6). Majority (54.4 percent) reported having sex (44.1 percent with paid partners, 29.4 percent with regular partners and 3.0 percent with casual partners) during their last STI. Reported levels of condom use during the phase of their last STI were higher (above 92.0 percent) for paid and casual partners compared to the regular ones (17.6 percent).

Majority (67.2 percent) of them took around 1 week or even lesser time than that before seeking treatment for STI and treatment was sought mostly from Government STI clinics. Similar health seeking behavior patterns were observed for general health problems too. Of those who sought treatment for STI, an overwhelming majority (nearly 92.0 percent) reported having taken full course of medicines.

Figure 6: Trends - Urethritis and Treatment Seeking (TH)



Reason for low self-risk perception

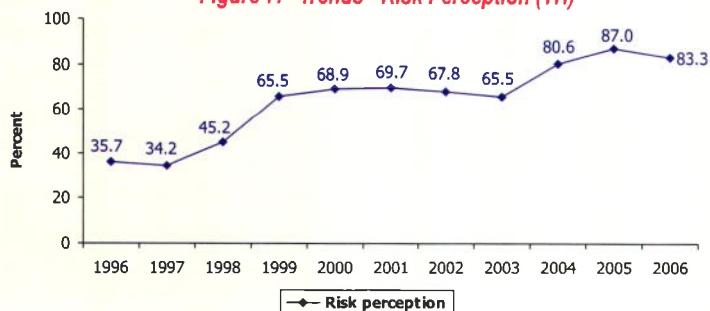
"My friend is pure and does not have sex with anyone else"

-Respondent TH

Perception of Risk

Overall, the perception of risk of contracting HIV, among non-condom users, has been increasing over time and reported at 83.3 percent during the current wave (Figure 7).

Figure 7: Trends - Risk Perception (TH)

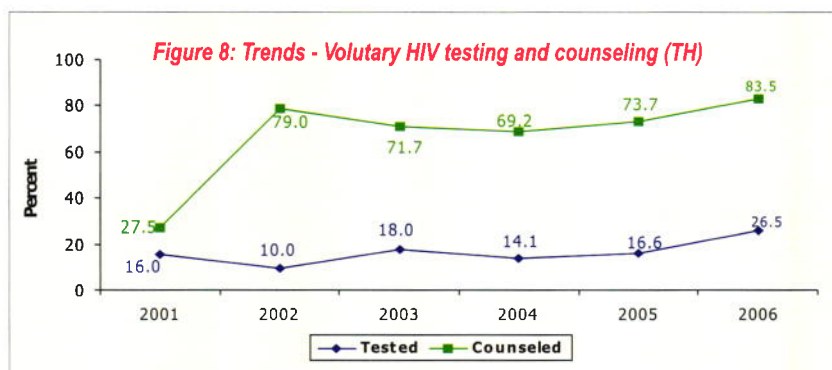


The qualitative discussions revealed that truckers/helpers perceive their casual partners to be safe and hence do not perceive any risk despite not using condoms with such partners.

Among those who perceived high/moderate risk and did not use condoms, the main reasons cited for the same were that they did not think of using condoms and that they did not like using condoms.

Voluntary HIV Testing

The percentage of TH who reported having received HIV testing has shown a significant improvement over the last five waves. It has increased from 16.0 percent in 2001 to 26.5 percent in 2006 (Figure 8). Over the last five waves, there has been marked improvement in the percentage of those who received counseling. It has increased from 27.5 percent in 2001 to 83.5 percent in 2006.



During qualitative discussions, truckers attributed this improvement in their test taking behavior to the counseling provided by private STI parishioners/clinics at the highways and also to the repeated awareness campaigns on the radio.

Participants who took HIV test, expressed their high regards towards the counseling services they received at the test taking centers. They appreciated both the content of information as well as the behavior of the counselor.

Majority (80.2 percent) of those who reported having been tested for HIV in the last 12 months said that they had gone to Government hospitals for the test.

Insights

A significantly higher proportion of non users of condoms had high self risk perception (12.5 percent) as against those using condom (0.0 percent) ($P < 0.001$).

Reason for HIV test taking behavior

"I went there (for test) because my doctor advised me for it"

"Doctor wanted to see the report, so I went there"

"I heard about it (HIV test) on radio and became curious to know my status"

-Respondents TH

Opinion on counseling

"It (counseling) taught me that HIV would not spread through lip-to-lip kiss"

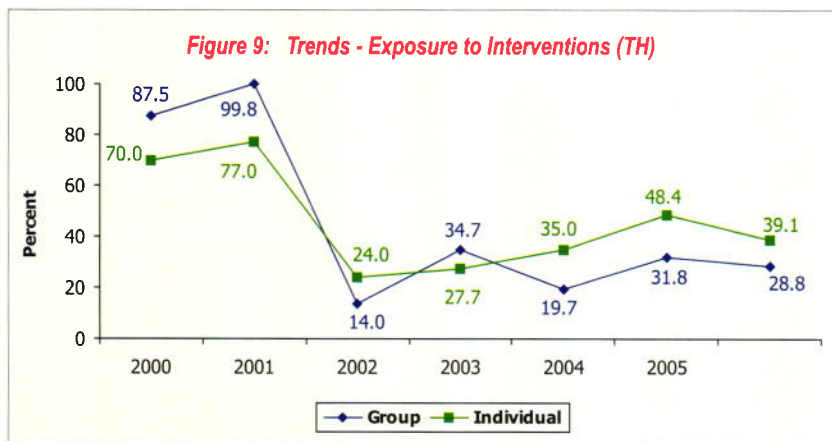
"Prior to counseling, I did not know that HIV may infect healthy looking person too"

"I liked their advice for keeping my family safe by maintaining safe sexual behavior on tours"

-Respondents TH

Exposure to Inter Personal Communication

The counselors and social workers in the PATH intervention programs contact the Truckers and Helpers to educate them on STI/HIV related issues on a one to one basis as well as meet them in groups. The exposure to individual interventions has been showing a declining trend since 2000. This year it was recorded at 39.1 percent as compared to 70.0 percent in 2000 (Figure 9). The exposure to group interventions too witnessed a marked decrease from 87.5 percent in 2000 to 28.8 percent in 2006 (Figure 9). As brought forward by the NGO partners, during the qualitative discussions with them, construction work along highway side was the key barrier for carrying out the intervention activities, as it has brought down the number of halt points, especially the food and puncher shops.



Reason for decreased exposure to intervention

“Over the past few years, the state highways are becoming 6 lane highways. Due to construction work on these highways, the number of halting points for truckers has reduced. This has proved to be a hurdle in reaching the target population.”

-NGO workers

Insights

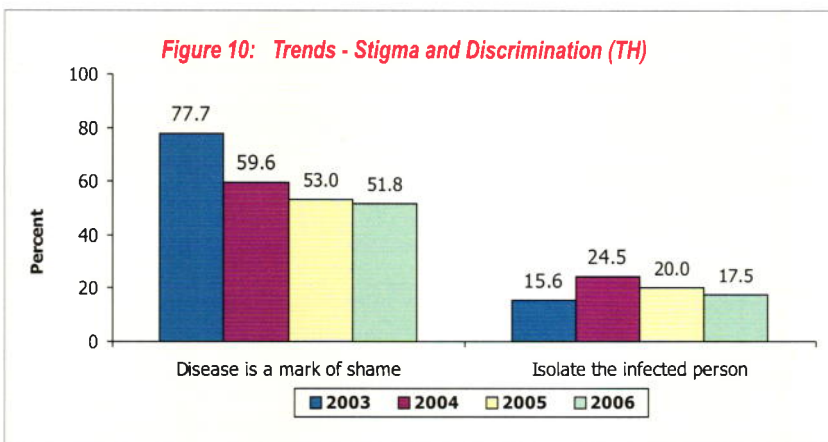
Exposure to interventions seemed to have a significant impact on the awareness and utilization of VCT services as:-

- The awareness of VCT centers was observed significantly higher among those who were exposed to any intervention (63.9 percent) as compared to those who did not receive any intervention (18.1 percent) ($P < 0.001$).
- A significantly higher proportion of the target group exposed to any intervention had reportedly taken HIV test (43.9 percent) as compared to those not exposed to the interventions (10.7 percent) ($P < 0.001$).

Stigma and Discrimination

One major challenge of any targeted intervention program lies in countering the problem of stigma and discrimination.

The proportion of the respondents who believed that getting infected by HIV is 'mark of shame' continues to decrease during the last 3 waves of BSS. It evidenced decrease to 51.8 percent in 2006 from 77.7 percent in 2003 (Figure 10) which is a significant change statistically. Nevertheless, the figures during the current wave were comparable with those reported for the previous wave. The percentage of those who thought that HIV infected persons should be isolated from the society registered a decrease to 17.5 percent in 2006 from 20.0 percent in 2005.



As the qualitative discussions brought to the fore, the chief reason behind such high levels of stigma towards the disease (HIV), was their belief that HIV spreads through commercial sex workers only and being HIV positive reflects 'loose character' of that person. Though a considerable proportion of them are involved in paid sex, they do not consider such involvement to be good behavior.

Attitude towards HIV positive people

"If I have AIDS, it automatically means that that I have bad habit of visiting sex workers."

"All of us have started maintaining distance from him after he was found infected."

"He himself has changed after the result (of HIV test) and has stopped meeting us - due to shame or depression I don't know..."

-Respondent TH

SUMMARY

Key highlights of the current wave are:

- Condom use with paid partners is very high and has remained stable over the last six waves.
- Improvement in voluntary condom procurement. Majority (54.5 percent) of the TH reported such behaviour.
- Treatment seeking behavior for STI symptoms is very high.
- Perception of risk of contracting HIV consistently high over the last three waves.
- Discrimination against the infected people is quite low.

Some of areas that need attention:

- Decrease in misconception-free knowledge among the TH community. Majority still have misconception with regard to HIV prevention.
- A sizeable majority (about 64.0 percent) of the TH are not using condoms with their casual sex partners.
- Though reported incidence of STI is low despite low condom usage, the same is because urithritis alone is taken as a marker.
- Low HIV testing practices.
- Lower exposure to interventions compared to the previous wave.
- Stigma associated with HIV is still widely prevalent among truckers and helpers.

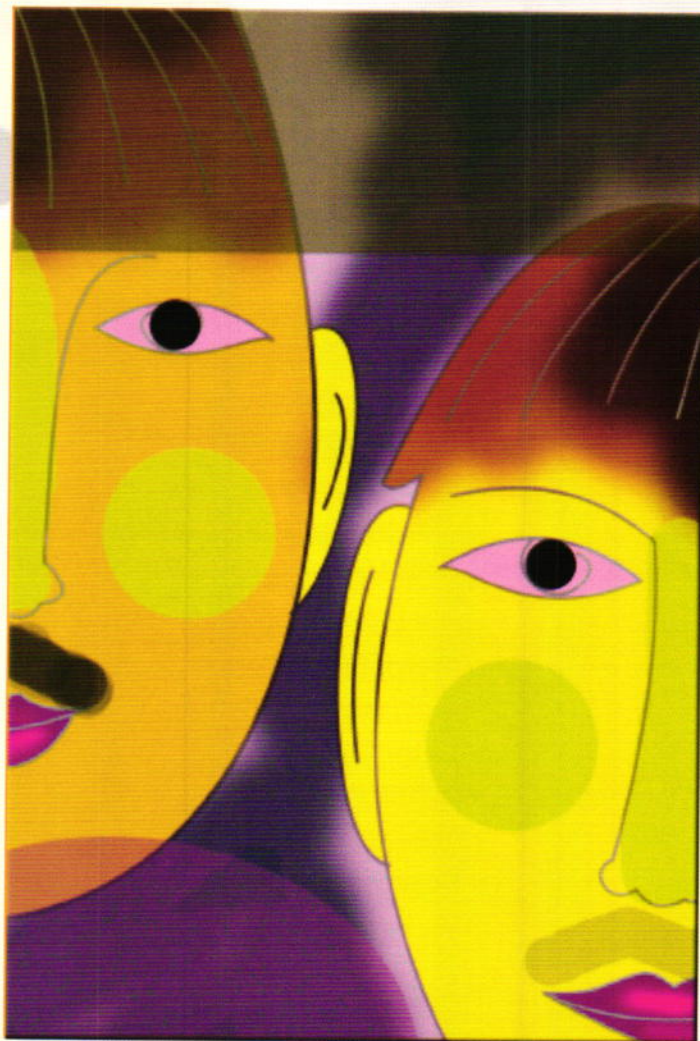
BSS INDICATORS-TRUCKERS AND HELPERS (TH)

Indicators	1996 689	1997 864	1998 863	1999 833	2000 814	2001 841	2002 800	2003 802	2004 801	2005 800	2006 800
Knowledge of at least two acceptable ways of preventing STI	631	821	826	801	801	810	775	741	754	792	792
Base - All respondents	689	864	863	833	814	841	800	802	801	800	800
Percentage	91.6	95.0	95.7	96.2	98.4	96.3	96.9	92.4	94.1	99.0	99.0
Condoms prevent STI	579	771	827	802	804	823	722	724	748	798	800
Base - All respondents	689	864	863	833	814	841	800	802	801	800	800
Percentage	84.0	89.2	95.8	96.3	98.8	97.9	90.3	90.3	93.4	99.8	100.0
Knowledge of two acceptable ways of Preventing HIV/AIDS	655	838	829	804	802	838	780	784	760	799	799
Base - All respondents	689	864	863	833	814	841	800	802	801	800	800
Percentage	95.1	97.0	96.1	96.5	98.5	99.6	97.5	97.8	94.9	99.9	99.9
Condoms prevent HIV/AIDS	531	744	784	798	804	820	737	763	748	797	799
Base - All respondents	689	864	863	833	814	841	800	802	801	800	800
Percentage	77.1	86.1	90.8	95.8	98.8	97.5	92.1	95.1	93.4	99.6	99.9
Knowledge of both condom/abstinence as ways of preventing HIV/AIDS									699	724	775
Base - All respondents									801	800	800
Percentage									87.3	90.5	96.9
Knowledge without misconceptions	55	199	384	358	334	320	160	273	391	470	385
Base - All respondents	689	864	863	833	814	841	800	802	801	800	800
Percentage	8.0	23.0	44.5	43.0	41.0	38.0	20.0	34.0	48.8	58.8	45.5
Sexual intercourse with non regular Partner last year	329	299	273	175	204	196	217	209	270	261	272
Base - All respondents	689	864	863	833	814	841	800	802	801	800	800
Percentage	48.0	35.0	31.6	21.0	25.1	23.3	27.1	26.1	33.7	32.6	34.0

Indicators	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
	689	864	863	833	814	841	800	802	801	800	800
Condom use during last non-regular Sexual intercourse	144	151	180	117	143	153	160	174	205	207	218
Base - Respondents reporting non-regular sex in the last 12 months	299	273	211	175	204	196	217	209	270	261	272
Percentage	48.2	55.3	65.8	66.9	70.1	78.1	73.7	83.3	75.9	79.3	80.1
Sexual intercourse with paid partner last year	262	233	215	137	149	145	169	177	218	214	232
Base - All respondents	689	864	863	833	814	841	800	802	801	800	800
Percentage	38.0	27.0	24.9	16.4	18.3	17.2	21.1	22.1	27.2	26.8	29.0
Condom use during last paid sexual intercourse	144	154	161	109	123	136	153	161	193	191	211
Base - Respondents reporting paid sex in the last 12 months	262	233	215	137	149	145	169	177	218	214	232
Percentage	55.0	66.1	74.9	79.6	82.6	93.8	90.5	91.0	88.5	89.3	90.9
Sexual intercourse with casual partner last year	113	90	74	93	104	109	93	61	92	88	97
Base - All respondents	689	864	863	833	814	841	800	802	801	800	800
Percentage	16.4	10.4	8.6	11.2	12.8	13.0	11.6	7.6	11.5	11.0	12.1
Condom use during last casual sexual intercourse	21	14	32	35	46	50	34	42	18	30	35
Base - Respondents reporting causal sex in the last 12 months	113	90	74	93	104	109	93	61	92	88	97
Percentage	18.6	15.6	43.2	37.6	44.2	45.9	36.6	68.9	19.6	34.1	36.1
Symptoms of Urethritis in the last 12 months	61	71	98	76	65	70	38	68	51	48	62
Base - All respondents	689	864	863	833	814	841	800	802	801	800	800
Percentage	8.9	8.2	11.4	9.1	8.0	8.3	4.8	8.5	6.4	6.0	7.8
Last treatment from qualified allopathic doctor/clinic	39	56	78	68	56	55	28	67	41	43	57
Base - Respondents reporting symptoms of Urethritis in the last 12 months	61	71	98	76	65	70	38	68	51	48	62
Percentage	63.9	78.9	79.6	89.5	86.2	78.6	73.7	98.5	80.4	89.6	91.9

Indicators	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
	689	864	863	833	814	841	800	802	801	800	800
Risk perceived (high/slight chances of contracting HIV/AIDS)	66	51	42	38	42	46	40	36	79	47	45
Base - Respondents reporting no condom use during last non-regular sex	185	149	93	58	61	66	59	55	98	54	54
Percentage	35.7	34.2	45.2	65.5	68.9	69.7	67.8	65.5	80.6	87.0	83.3
Number of respondents who perceive that getting infected by HIV is a mark of shame								623	477	424	414
Base - All respondents								802	801	800	800
Percentage								77.7	59.6	53.0	51.8
Number of respondents who perceive that HIV infected people should be isolated from the society								125	196	160	140
Base - All respondents								802	801	800	800
Percentage								15.6	24.5	20.0	17.5
Number of respondents tested for HIV/AIDS									113	133	212
Base - All respondents									801	800	800
Percentage									14.1	16.6	26.5
Mean number of non-regular partners									4.6	3.8	4.7
Median number of non-regular partners									5	4	4

MALE YOUTH IN SLUMS



DEMOGRAPHIC PROFILE

The profile that emerges by collating data of 800 MYS who were interviewed from 5 BSS sites in Tamil Nadu (Chennai, Coimbatore, Madurai, Tiruchirapalli and Tuticorin) is:

Mean Age	20.5 years (SD 1.6)
Literacy	96.1 percent
Employment	71.9 employed
28.1 unemployed	
Full time vs. Part time	62.1 percent in full-time employment 9.8 percent in part time employment
Average Personal Income	Rs. 1903 per month (SD 1087)
Entertainment	Television, Movies, Radio, time with Friends,
Use of Habit Forming Substances	
Alcohol	45.3 percent
Narcotics	1.3 percent

A total of 800 Male Youth in Slums were interviewed for the eleventh Wave of BSS from 5 towns in Tamil Nadu. The mean age of the male youth covered in this round of BSS was 20.5 years which is comparable to the previous rounds. A sizeable majority (70.6 percent) of the respondents had attained education till 10th standard, and about 11.4 percent were educated up to class V.

Majority (62.1 percent) of the respondents were engaged in fulltime employment. The average personal monthly income was around Rs. 1903.8/- and the total monthly household income of the respondents was around Rs. 4169.1/-

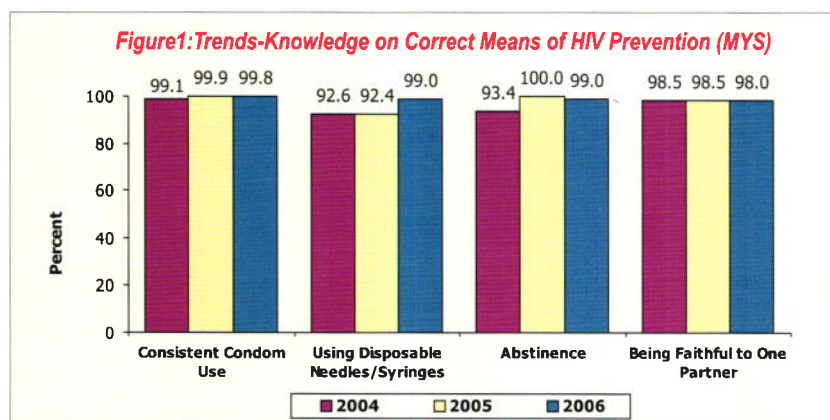
The popular modes of entertainment were spending time with friends, watching TV/ movies, and listening to radio. Around 45.3 percent of the respondents consumed alcohol and about 1.3 percent took drugs.

While the mean age of first sexual intercourse for the MYS was 18.8 years, the mean age of first paid sex was 19.6 years.

Knowledge Indicators

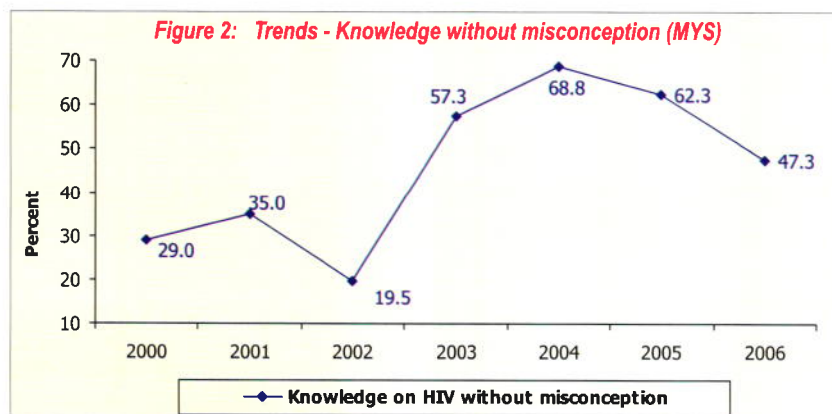
Knowledge on HIV Prevention and STI

The knowledge of at least 'two acceptable ways of preventing STI' has remained analogous to the past two waves (about 99.0 percent). Knowledge on two correct ways of prevention of HIV was almost universal (99.3 percent) among MYS. The knowledge of four modes of prevention of HIV was very high among the respondents (Figure 1). Almost all the respondents were aware that consistent condom use would help prevent HIV.



Knowledge without Misconception

The intervention programs make a concerted effort to identify and address issues regarding HIV myths and misconceptions. Misconception-free knowledge on HIV prevention has declined over the last two waves, with around 47.3 percent of the slum youth reporting no misconception during the current wave in comparison to 68.8 percent in year 2004 (Figure 2).



Most common misconceptions

"AIDS will not come to me if I take penicillin injection once a month."

"A person who maintains hygiene and cleans his genitals with dettol both before and after sexual intercourse will not get AIDS."

"AIDS patients are thin and lean and one can easily identify them through their looks. A healthy looking person does not have AIDS."

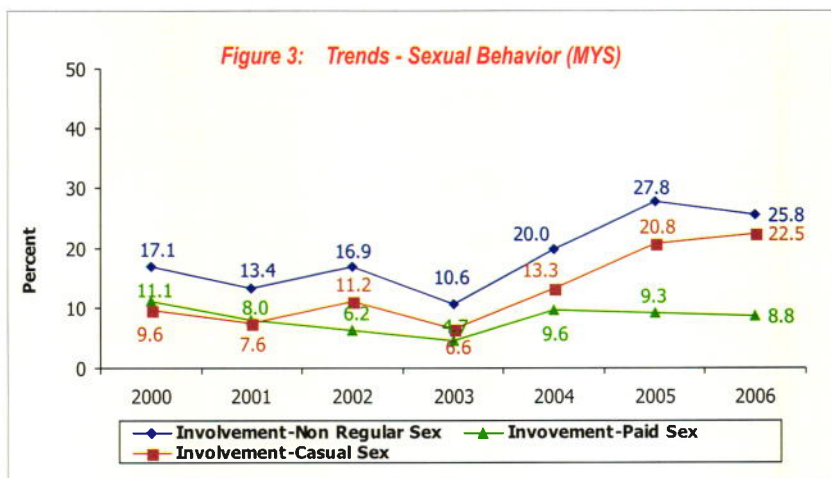
-Respondents MYS

View that AIDS may spread through a normal lip to lip kiss was also found prevalent among this youth population in slums. Chief sources of myths and misconceptions, perpetuation and clarification were friends and peers.

Behavioral Indicators

Sexual Behavior

The trend of involvement in sex with non-regular partners, which has been increasing since 2003, has remained stable over the last two waves. While the trend of involvement with paid partner remains stable, the proportion of those involved in sex with casual partners has been showing an increasing trend since year 2004 (Figure 3).



Furthermore, in-depth discussions with male youth in slums revealed that among the partner types, preference for casual partners, especially the married women, continues to remain high.

Relationships with young unmarried girls, who enter into their friends circle right from their childhood, were also found common among the slum youth.

Condom Usage

Condom usage registered an increase across both the categories of non-regular partners. Nevertheless, the significant difference between the condom usage with paid and casual partners persisted (Figure 4). In the current year, while 92.9 percent of the MYS (among those involved with paid partners) reported using condoms with paid partners, just around 35.0 percent of the MYS (among those involved with casual partners) reported using condom with casual partner. While 78.6 percent of the MYS

Reasons for preference for casual partners

"It was very easy for me to impress her and make her ready for sex, as she was also alone after her husband goes to work everyday."

"Her (aunt's) husband has a tea stall and comes back from work in the night. If I go to her home in daylight, no one can suspect me. But if I visit during the night, everyone will look at me."

"She is so kind that she doesn't hesitate to lend me money whenever I need."

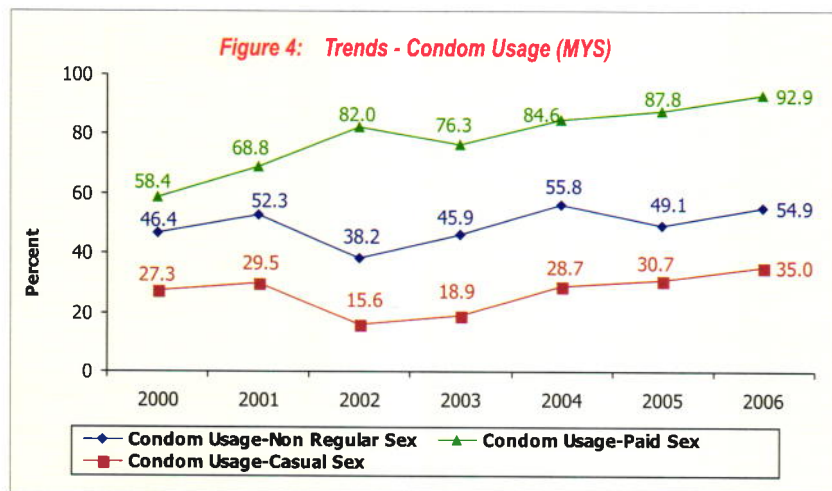
"Whenever I get bored or feel lonely, I go to her home to watch TV and have sex with her."

"She is pretty and does not demand anything except my time in lieu of sex."

"She is my neighbor who used to study with me."

-Respondents MYS

reported consistent usage of condoms with paid partners, just about 27.8 percent of MYS reported consistent usage of condoms with casual partners.



Among condom users, prevention of HIV and STI were the predominant reasons for using condom with paid partners. However, with casual partners 'contraception' was an important trigger for condom usage.

Among those who did not use condom with casual partners, prime reasons for such behavior was their perception that such partners are safe as they do not have any other sexual partners and these beliefs were reiterated in the qualitative discussions.

Voluntary Condom Procurement

Following a decline during the initial two waves (year 2001 and 2002), there has been a gradual increase in the voluntary condom procurement from 11.0 percent in 2002 to 25.9 percent during the current wave (Figure 5). This increase has been recorded statistically significant consecutively for the last two years (2005 and 2006). Almost all the MYS covered in this round of BSS reported easy availability of condoms. Medical shops emerged as the predominant places for procuring condoms. Almost all the MYS reported being aware of the right way of using condoms. However, just about 47.4 percent of the MYS said that correct way to use a condom had been demonstrated to them.

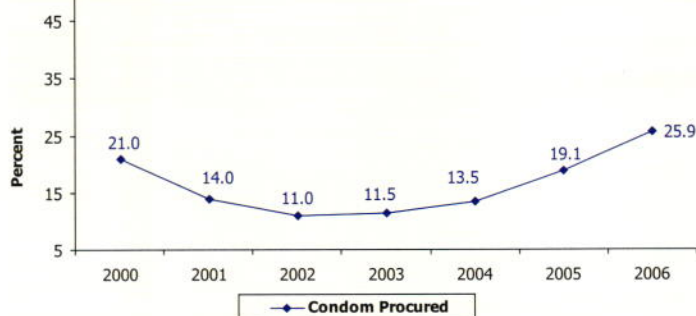
Reasons for not used condom with casual partners

"I don't feel any necessity to use condoms as my aunty does not go out of her home to have sex with anybody"

"If she were a sex worker, I would have definitely used condom with her"

-Respondents MYS

Figure 5: Trends - Voluntary condom procurement (MYS)



Health Seeking Behaviour

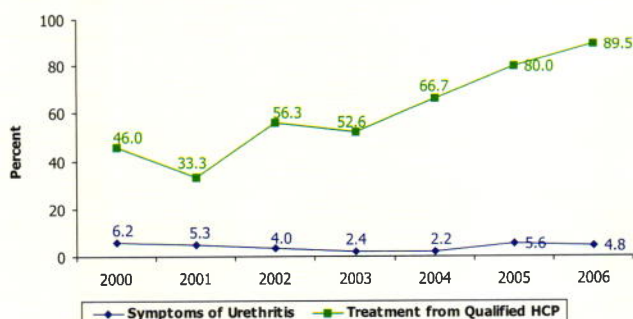
The trend of prevalence of urethritis has declined during the current wave of BSS to 4.8 percent from 5.6 percent in 2005. On the other hand, the treatment seeking behaviour among MYS has shown tremendous improvement across waves as the proportion of MYS who sought treatment from a qualified HCP witnessed considerable increase from 46.0 percent in 2000 to 89.5 percent in 2006 (Figure 6).

The Government STI clinics emerged as the most sought places for STI treatment as majority (52.9 percent) of the respondents reported seeking treatment at these clinics. An overwhelming majority (94.1 percent) of those who sought treatment for STI reported having taken full course of medicines. In general, the time gap between experiencing STI symptom and seeking treatment for the same was one week or even lesser than a week.

Majority (63.2 percent) of those who suffered from STI symptoms reported having sexual intercourse during STI manifestation (44.7 percent with paid partners, 39.5 percent with casual partners and 5.3 percent with regular partners). Reported condom use during the phase of their last STI was considerably higher with the paid partners (70.7 percent) compared to the casual partners (20.0 percent).

The proportion of MYS who took their partner for treatment was very low (8.4 percent).

Figure 6: Trends - Urethritis and Treatment Seeking (MYS)

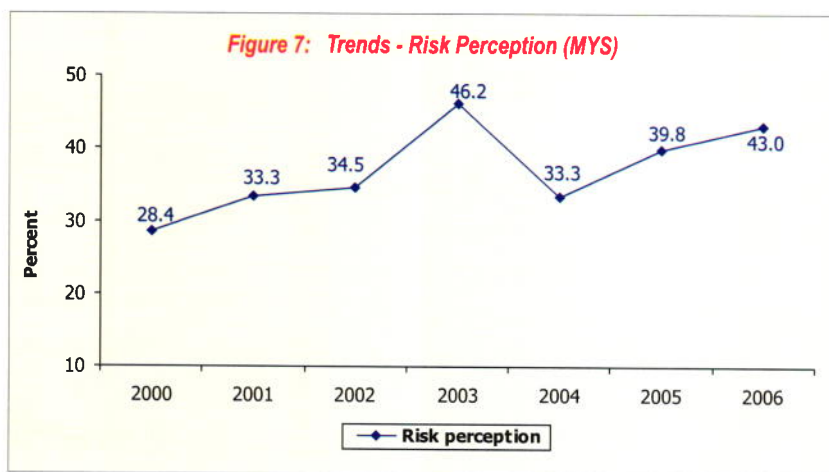


An appreciation of door-to-door health awareness activities was common among every group discussion conducted with slum youth. Participants of such discussions highlighted that their knowledge on STI symptoms and importance to get them treated immediately was an outcome of the activities of the NGOs and social workers in their localities.

Perception of Risk

Among the non-condom users, the risk perception of contracting HIV/AIDS increased over the last two waves, from 33.3 percent in 2004 to 43.0 percent in 2006 (Figure 7).

As it surfaced during the qualitative discussions, slum youth perceive their casual sex partners to be safe and hygienic and thus sense no risk of contracting HIV despite not using condoms with them.



Voluntary HIV Testing

Around 10.9 percent of the MYS reported having taken HIV test, of whom a majority had got it voluntarily. Of those who had taken the test, 87.4 percent received counseling and 97.7 percent were aware of result of the test. Almost three fourths of those who had taken the test went to Government clinics for their test. Around 13.5 percent of them reported going to private clinics for the HIV test.

An overwhelming majority of those who had not taken the HIV test attributed it to the reason that they did not think it was necessary to take this test.

As the qualitative discussions revealed, there seemed to be a fear/social stigma attached to the concept of test taking among the male youth in slums. Low risk perception from partners also suppresses the need for taking HIV test. They consider their relationships with their casual partners to be safe and use condoms mostly with paid partners.

Awareness of health related issues

"They (NGO workers) told us about various signs of such problems."

"They (NGO workers) told us to visit their office for any such problem (STI symptom)."

-Respondents MYS

Reasons for low self risk perception

"I go only with my aunty. She is safe and clean."

"I don't go to a sex worker, so why should I be worried?"

-Respondents MYS

Reasons for low HIV test - taking behavior

"What will people think, if they see me coming out of such lab or clinic?"

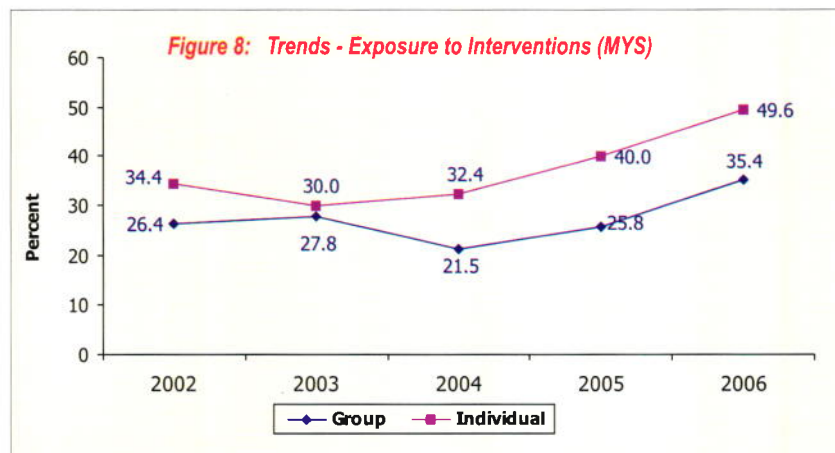
"My aunty is trustworthy, hence, I am safe."

"Why should I take test when I am using condom with the sex workers?"

-Respondents MYS

Exposure to Inter Personal Communication

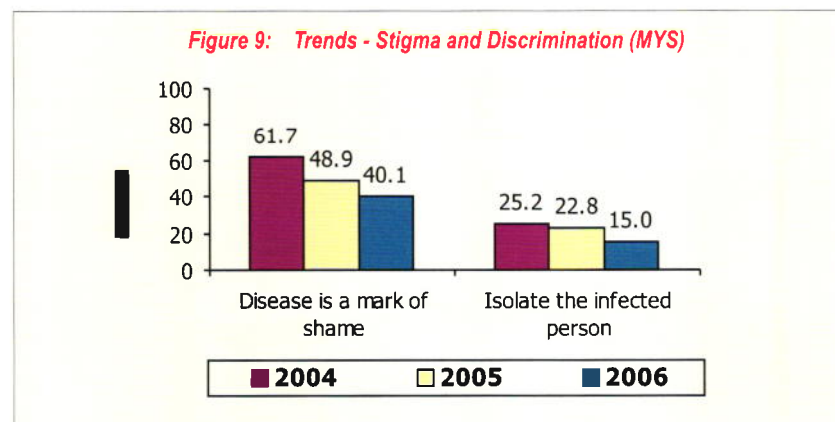
Exposure to individual interventions has always been relatively higher in comparison to group interventions, across the waves. In the current wave, exposure to individual as well as group interventions was higher compared to the previous round of BSS. While exposure to individual interventions increased from 40.0 percent in 2005 to 49.6 percent in the current year, exposure to group interventions increased from 25.8 percent to 35.4 percent (Figure 8).



Stigma and Discrimination

The proportion of MYS who perceived HIV as a mark of shame has significantly reduced from 48.9 percent in 2005 to 40.1 percent in 2006 (Figure 9). Also, the proportion of those who felt that HIV infected people should be isolated has decreased from 22.8 percent in 2005 to 15.0 percent during the current wave.

Persistence of stigma attached with HIV was evident during the focus group discussions.



Insights

Impact of exposure to intervention visible on:-

➤ Awareness of VCT centers:
This was observed significantly higher among those who had exposure to any intervention (57.7 percent) as compared to those who were not exposed (14.8 percent) ($P < 0.001$).

➤ Incidence of HIV/AIDS testing:

This was reported by a significantly higher proportion of those who were exposed to any intervention (16.6 percent) as against those who were not exposed to any intervention (4.3 percent) ($P < 0.001$).

Attitude towards getting HIV

"If found HIV positive, I may not be able to show my face to my family and friends."

-Respondent MYS

SUMMARY

To sum up some of the positive trends in this wave

- Involvement with paid partners is low and remains stable since 2004.
- Condom usage with paid partners has been showing an increasing trend over the last three waves.
- Treatment seeking from a qualified medical practitioner has improved considerably.
- Incidence of urethritis is low among the target population.

Some of the continued challenges for the program:

- Lower proportion of MYS has misconception-free knowledge on HIV prevention. Majority (52.7 percent) of the respondents still have many misconceptions.
- Involvement with casual partners has been showing gradual increase over the last two waves. Though the condom use has slightly improved over the last few waves, almost 65.0 percent do not use condoms with such partners.
- Though voluntary procurement of condoms has been showing improvement over the past few waves, it continues to remain low (25.0 percent).
- Risk perception is low among the non-condom users, with majority (57.0 percent) not perceiving any risk during the latest wave.
- Exposure to interventions though has improved, yet remains low as majority remain untouched by such interventions.

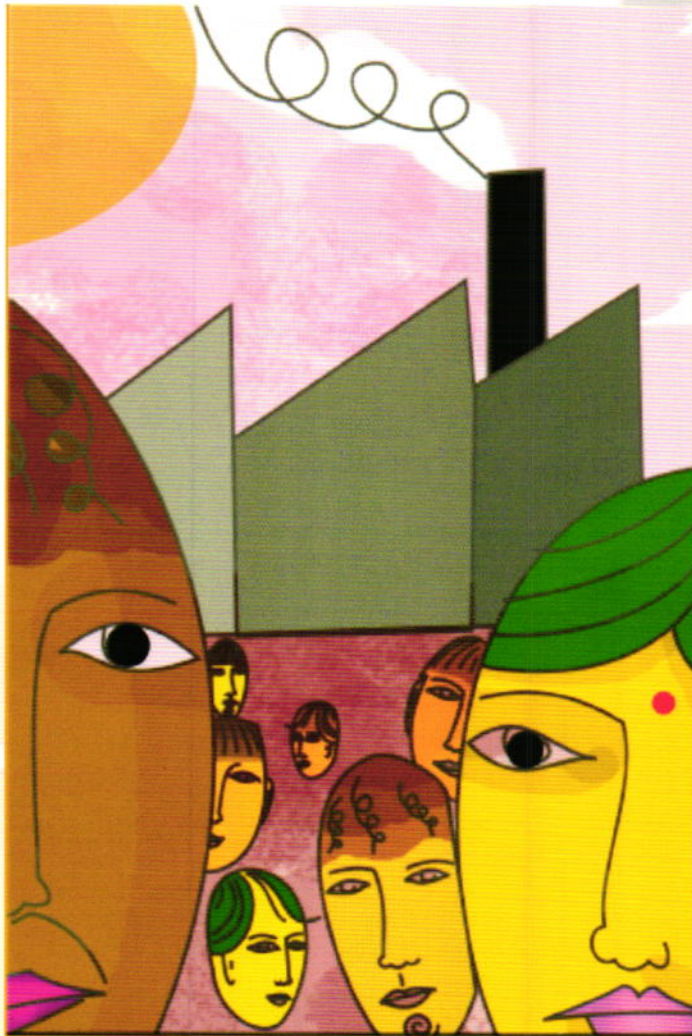
BSS INDICATORS-MALE YOUTH IN SLUMS (MYS)

Indicators	2000	2001	2002	2003	2004	2005	2006
	805	800	806	801	814	800	800
Knowledge of at least two acceptable ways of preventing STI	789	755	762	720	806	791	790
Base - All respondents	805	800	806	801	814	800	800
Percentage	98.0	94.4	94.5	89.9	99.0	98.9	98.8
Condoms prevent STI	765	703	719	707	800	795	794
Base - All respondents	805	800	806	801	814	800	800
Percentage	95.0	87.9	89.2	88.3	98.3	99.4	99.3
Knowledge of at least two acceptable ways of preventing HIV/AIDS	795	795	773	770	812	798	800
Base - All respondents	805	800	806	801	814	800	800
Percentage	98.8	99.4	95.9	96.1	99.8	99.8	100.0
Condoms prevent HIV/AIDS	775	771	738	760	807	799	798
Base - All respondents	805	800	806	801	814	800	800
Percentage	96.3	96.4	91.6	94.9	99.1	99.9	99.8
Knowledge of both condom/abstinence as ways of preventing HIV/AIDS					754	799	791
Base - All Respondents					814	800	800
Percentage					92.6	99.9	98.9
Sexual intercourse with non regular partner last year	138	107	136	85	163	222	206
Base - All respondents	805	800	806	801	814	800	800
Percentage	17.1	13.4	16.9	10.6	20.0	27.8	25.8
Condom use during last non-regular sexual intercourse	64	56	52	39	91	109	113
Base - Respondents reporting non-regular sex in the last 12 months	138	107	136	85	163	222	206
Percentage	46.4	52.3	38.2	45.9	55.8	49.1	54.9
Sexual intercourse with paid partner last year	89	64	50	38	78	74	70
Base - All respondents	805	800	806	801	814	800	800
Percentage	11.1	8.0	6.2	4.7	9.6	9.3	8.8

Indicators	2000	2001	2002	2003	2004	2005	2006
	805	800	806	801	814	800	800
Condom use during last paid sexual intercourse	52	44	41	29	66	65	65
Base - Respondents reporting paid sex in the last 12 months	89	64	50	38	78	74	70
Percentage	58.4	68.8	82.0	76.3	84.6	87.8	92.9
Sexual intercourse with casual partner last year	77	61	90	53	108	166	180
Base - All respondents	805	800	806	801	814	800	800
Percentage	9.6	7.6	11.2	6.6	13.3	20.8	22.5
Condom use during last casual sexual intercourse	21	18	14	10	31	51	63
Base - Respondents reporting causal sex in the last 12 months	77	61	90	53	108	166	180
Percentage	27.3	29.5	15.6	18.9	28.7	30.7	35.0
Symptoms of urethritis in the last 12 months	50	42	32	19	18	45	38
Base - All respondents	805	800	806	801	814	800	800
Percentage	6.2	5.3	4.0	2.4	2.2	5.6	4.8
Last treatment from qualified allopathic doctor/clinic	23	14	18	10	12	36	34
Base - Respondents reporting symptoms of urethritis in the last 12 months	50	42	32	19	18	45	38
Percentage	46.0	33.3	56.3	52.6	66.7	80.0	89.5
Risk perceived (high/slight chances of contracting HIV/AIDS)	21	17	29	24	24	45	40
Base - Respondents reporting no condom use during Last non-regular sex	74	51	84	52	72	113	93
Percentage	28.4	33.3	34.5	46.2	33.3	39.8	43.0
Number of respondents who perceive that getting infected by HIV is a mark of shame				624	502	391	321
Base - All respondents				801	814	800	800
Percentage				77.9	61.7	48.9	40.1

Indicators	2000	2001	2002	2003	2004	2005	2006
	805	800	806	801	814	800	800
Number of respondents who perceive that HIV infected persons should be isolated from society				115	205	182	120
Base - All respondents				801	814	800	800
Percentage				14.4	25.2	22.8	15.0
Number of people tested for HIV/AIDS					26	58	87
Base - All respondents					814	800	800
Percentage					3.2	7.3	10.9
Mean number of non-regular partners					2.5	2.3	2.1
Median number of non-regular partners					1	1	1

MALE AND FEMALE FACTORY WORKERS



DEMOGRAPHIC PROFILE

MFW

The profile of 1800 MFW covered from five BSS sites in Tamil Nadu viz., Chennai, Coimbatore, Madurai, Erode and Dindigul is presented here.

Mean age	28.3 years (SD 4.5)
Marital status	51.7 percent married and living with wife
Mean age at marriage	25.6 years (SD 2.2)
Literacy	98.4 percent literate
Average personal income	Rs. 3809 per month
Use of habit-forming substances	
Alcohol	48.6 percent (32.7 percent consumed it at least once a week)
Narcotics	0.2 percent

FFW

The profile of 1600 FFW covered from five BSS sites in Tamil Nadu viz., Chennai, Coimbatore, Madurai, Erode and Dindigul is as given below.

Mean age	25.5 years (SD 5.6)
Marital status	50.1 percent married and living with husband
Mean age at marriage	19.5 years (SD 2.6)
Literacy	95.9 percent literate
Average personal income	Rs. 2046 per month

Knowledge Indicators

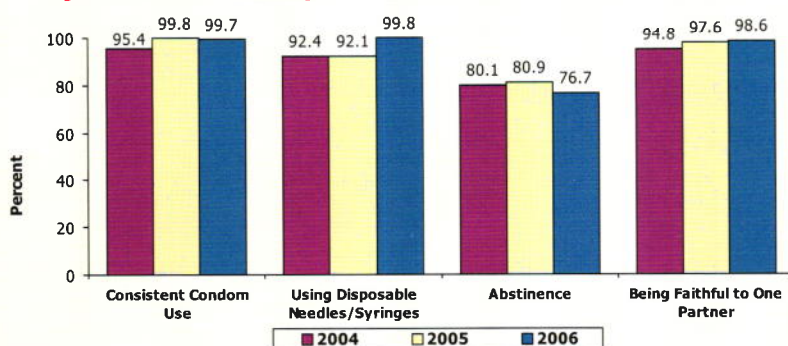
Knowledge on Prevention of STI and HIV

MFW

Knowledge on at least two correct ways of HIV prevention was almost universal among the MFW covered in the latest round of BSS. Almost all the MFW were aware that consistent use of condom and using disposable needles/syringes would help prevent spread of HIV. However, similar to earlier wave, in the latest wave too, abstinence was the least recognized method (Figure 1). Knowledge on STI prevention too has improved among this category of respondents over the last 11 waves. It has gone up from 89.0 percent in 1996 to 99.8 percent in 2006.

Radio followed by television and auto rickshaw stickers emerged as the most important sources of information on HIV among MFW.

Figure 1: Trends - Knowledge on Correct Modes of HIV Prevention (MFW)

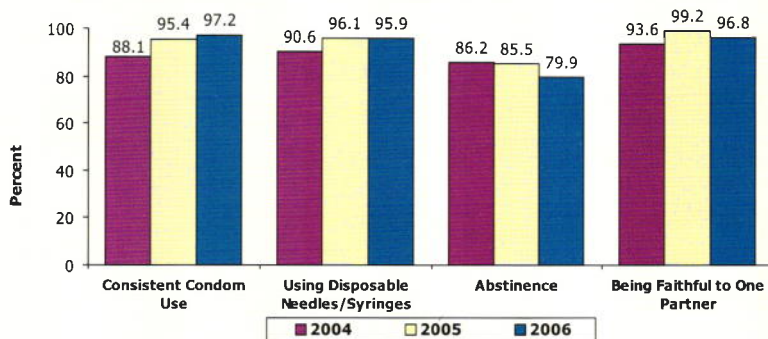


FFW

Similar to the case of MFW, among FFW too, the knowledge on at least two correct ways of HIV prevention was close to universal. Among the female factory workers, the most widely known means of HIV prevention was 'consistent use of condoms', which was recognized by 97.2 percent of the respondents. Again, similar to MFW, among the FFW too, the least known mode of HIV prevention was 'abstinence', as just about 80.0 percent of the respondents were aware of it (Figure 2).

Television and radio emerged as the most important sources of awareness on HIV among this respondent category.

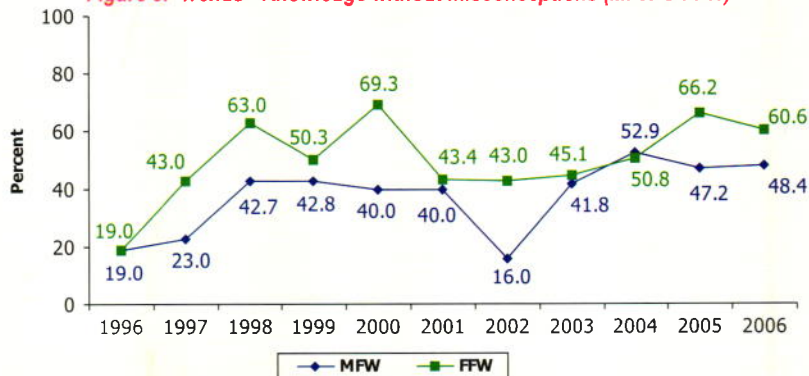
Figure 2: Trends - Knowledge on Correct Means of HIV Prevention (FFW)



Knowledge without Misconceptions

The level of misconception-free knowledge on HIV has increased over the last 10 years among the MFW. However in the current wave, the level of misconception free knowledge was registered at 48.4 percent, which is comparable to figures recorded in the earlier wave. In the case of FFW, the knowledge without misconception which has been showing an upward trend since 2002, has declined to 60.6 percent this year from 66.2 percent in 2005 (change significant statistically). As is evident in the Figure 3, the percentage of those with misconception free knowledge on HIV was considerably higher among FFW as compared to MFW.

Figure 3: Trends - Knowledge without misconceptions (MFW & FFW)



Behavioral Indicators

Sexual Behavior and Condom Usage

MFW

The involvement with non-regular sex partners has been showing an increasing trend over the last six waves. In the current wave, around 24.0 percent of MFW reported

Knowledge on HIV prevention

"We can share rooms, toilets, towels, kitchen and even utensils with AIDS patients."

-Respondent FFW

"AIDS will not spread if we share machine with AIDS patient at factory."

-Respondent MFW

"Handshaking with infected people would not spread AIDS."

- Respondent MFW

"AIDS can be detected only through blood test and nothing else."

- Respondent MFW

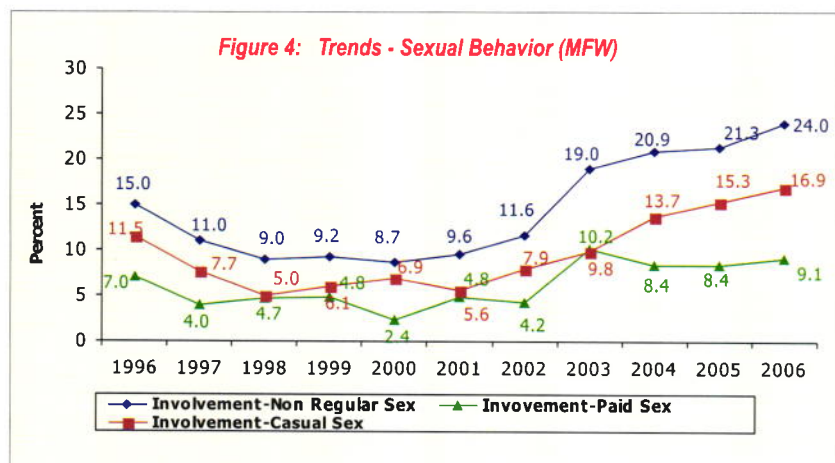
Most common misconceptions

"Sharing of food and water may spread AIDS."

"If a mosquito bites a normal person after biting an AIDS patient, the normal person will get the infection."

- Respondents FFW

involvement with non-regular sex partners. Among non-regular partners, involvement with casual sex partners has always been on the higher side as compared to paid partners (Figure 4). The involvement with casual sex partners has evidenced an upward trend over the last few waves. It has increased from 5.6 percent in 2001 to 16.9 percent in the present wave. The involvement with paid sex partners, which showed a declining trend in the earlier two waves, has registered an increase from 8.4 percent in 2005 to 9.1 percent in 2006.



An attempt was made during the qualitative discussions to explore the factors leading to an increased involvement with casual partners and the findings revealed that in most cases, casual partners were their junior female employees, who used to oblige them (MFW), so that the latter would overlook their poor performance in their routine factory work.

This indicates that abuse against the FFW makes them more vulnerable to high risk behaviour. Respondents reported that *“they (junior female employees) become so close to us that they don’t even hesitate when we refuse to use condom”*.

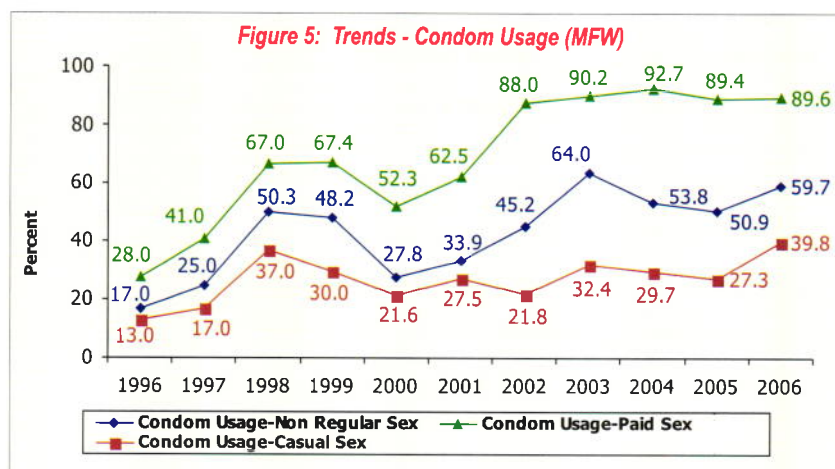
There has been a considerable increase in condom use with both casual and paid partners across the years compared to the year 1996, the inception year of the survey. Trends in condom use with casual partners which seemed to be declining during the past two waves of BSS, have registered a significant increase in the current wave to 39.8 percent from 27.3 percent in the earlier wave. However, the trend in condom use with paid partners has always been higher, and this year it was registered at 89.6 percent, which is comparable to the figures recorded in the earlier year (Figure 5). Proportion of the MFW using condoms consistently with their non-regular sex partners is on increasing

Relationship with casual partners

“In the beginning, she used to receive scolding from me almost every day for her work. Slowly we became friends and now I can’t scold her for her poor work.”

-Respondent MFW

trend, with around 70.7 percent and 29.6 percent respondents using condoms every time with their paid and casual partners respectively during this year.



The predominant reason for condom use with both types of partners was to prevent spread of HIV/AIDS. Among those who did not use condoms with casual sex partners, most attributed it to either of the two reasons, one, 'did not think it was necessary' and, two, 'did not think of it'.

As it emerged from the qualitative discussions, one of the common barriers to condom use with casual partners was 'low perception of risk from such partners' as they were believed to be safe and hygienic.

However, to some respondents, reduction in sexual pleasure is the major concern for using condoms.

Persistence of differential perception of condom use with regard to paid and casual partner continues. While protection against HIV drives condom use with a paid partner, it is contraception that is the key concern with a non-paid partner.

Amongst MFW, the voluntary condom procurement has been exhibiting a fluctuating trend. It registered an increase from 19.7 percent last year to 28.1 percent in the present year, the latter being comparable to figures registered in year 2004. As compared to the previous wave, a lesser proportion (8.3 percent) of the MFW reported free availability of condoms. The condom brands popular among this category were Kohinoor and Kamasutra. The proportion of respondents who reported knowing the right way of using condoms registered significant increase to 78.0 percent this year vis-à-vis 57.9 percent last year. Also, in the present round, a higher proportion (23.6 percent) of MFW said that correct way of using a condom had been demonstrated to them as compared to 17.9 percent in the earlier round.

Reasons for not using condom with casual partners

"She does not go to anybody else, so why should I be worried about using condoms."

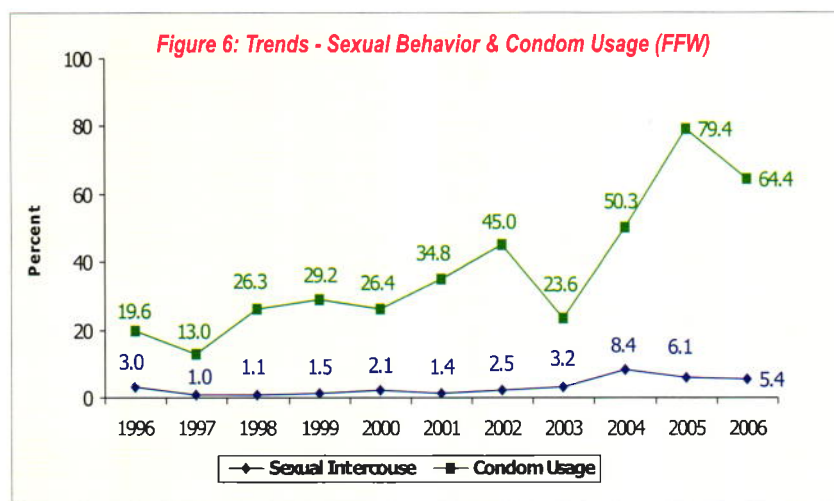
"What if we put a poly cover on the banana or any fruit and then eat it? Would you get the same taste?"

-Respondents MFW

The trend in involvement with non-regular sex partners which remained below 5.0 percent till 2003, saw considerable rise to 8.4 percent in 2004. In the subsequent two waves it had registered a decline. In the current wave, it was recorded at 5.4 percent as compared to 6.1 percent in the earlier wave (Figure 6).

The non-regular partners for them were mostly either their neighbors or male colleagues at factories, with whom they develop casual relationships.

Qualitative findings suggest that this reduction in involvement with non-regular partners may be attributed to their increased awareness of issues regarding HIV. Respondents attributed this to media campaigns and IPC activities carried out by the NGO / social workers.



The condom use with non-regular sex partners which showed an upward trend since 2003, has declined to 64.4 percent in the present wave as against 79.4 percent in the previous wave. Consistency in condom usage with non-regular partners which seemed to be increasing year after year, has registered a considerable drop to 56.0 percent in 2006 from 74.2 percent in 2005.

In-depth interviews with female factory workers revealed that the main reasons for not using condom with a non-regular partner were (a) reluctance from partner's side and (b) lack of courage to propose and convince their partner for condom use.

Reasons for low involvement with non-regular partners

"TV and radio both speak so much about AIDS. We should give importance to them."

"Sister (NGO worker) comes every month and tells us about AIDS."

-Respondents FFW

Involvement with casual partners

"He (casual partner) used to work with me in my previous factory."

"He (casual partner) lives close to my home and we meet daily."

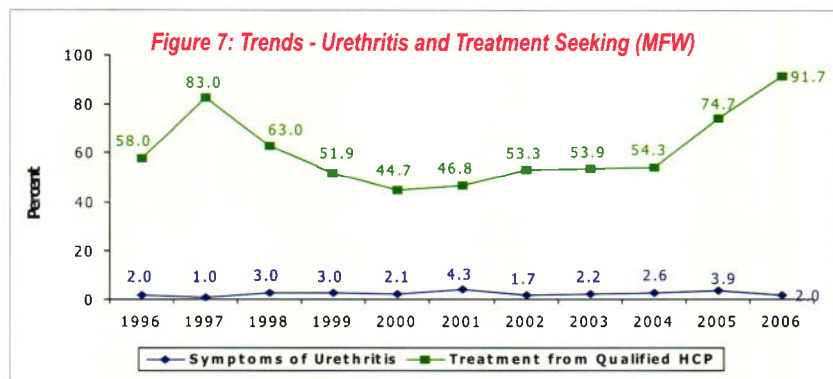
-Respondents FFW

Health Seeking Behaviour

MFW

The incidence of cases of urethritis among MFW has always been reported below 5.0 percent across the waves. Trend of incidence of STI symptoms among MFW which seemed to be increasing in the earlier three waves, has declined to 2.0 percent this year from 3.9 percent in the earlier year (Figure 7). However, the treatment seeking behavior, which was on declining trend till the year 2000, continues to improve over the last six waves. In the present wave, an overwhelming majority (91.7 percent) of those who experienced STI symptoms sought treatment from a qualified medical practitioner. Generally, the time gap between experiencing STI symptom and seeking treatment for the same was one week or even less than that.

Government hospitals/clinics were the most visited places for STI treatment. But for general health problems, most of the respondents reported approaching Private allopathic practitioners.



Among those who experienced STI symptoms, around 88.9 percent abstained from sex during the course of STI.

Perception of Risk

The perception of risk among non-condom users has been exhibiting a fluctuating trend across the waves. The proportion of MFW who perceived risk of contracting HIV/AIDS has witnessed considerable decrease from 16.5 percent in 2005 to 3.0 percent in 2006.

Qualitative discussions suggest that their trust on exclusivity of casual partners was the prime driver for low risk perception.

The risk perception has always been higher among FFW as compared to MFW. Among the FFW, the risk perception has shown sharp rise to 74.2 percent in the latest wave from 40.0 percent in the previous wave.

Reason for not using condom with non-regular partner

"As soon as I mention condom, he (non-regular partner) scolds saying that it lowers the pleasure."

-Respondent FFW

Reason for low risk perception among MFW

"I am safe as my friend (casual partner) does not go to any body."

-Respondent MFW

Reasons for high risk perception among FFW

"I don't know if he (casual partner) goes to road girls (FSWs)."

"I fear that he (casual partner) may get AIDS as he hates using condoms. He may even transfer the disease to others like me."

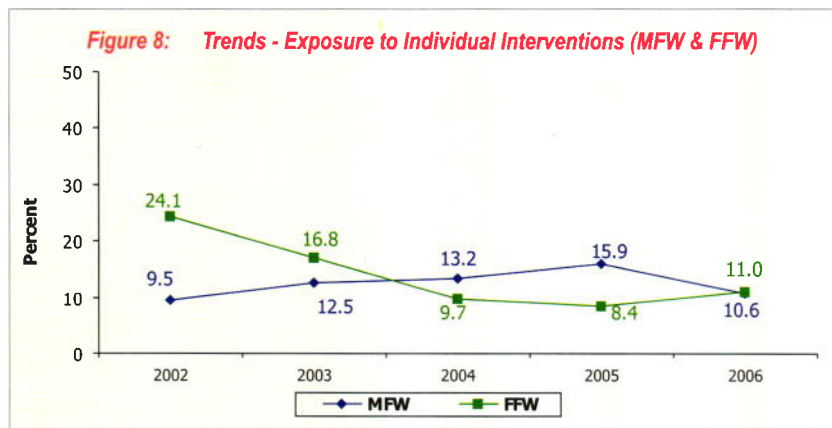
-Respondents FSW

Voluntary HIV testing

There has been a significant increase in the proportion of MFW who underwent HIV testing in the current wave (9.3 percent) as compared to the previous two waves (3.8 percent). Likewise, among the FFW too, the proportion of those who took an HIV test increased to 4.9 percent from 3.0 percent in the earlier wave. The counseling experience has been better among both MFW and FFW as compared to the earlier round of BSS. Among MFW who took the HIV test, almost 90.0 percent received counseling vis-à-vis 78.0 percent in 2005. A majority (72.0 percent) reported going to Government hospitals for the test followed by 15.2 percent who said they had their test in ICTC/VCTC. As regards FFW, the proportion of those who received counseling registered substantial increase from 14.6 percent in 2005 to 83.3 percent in 2006. Like in the case of MFW, the FFW too reported being tested in government hospitals and ICTC/VCTC.

Exposure to Inter Personal Communication

Exposure to individual interventions among MFW which showed an upward trend over the earlier four waves, has registered a downward trend this year to 10.6 percent from 15.9 percent last year. On the other hand, while the same among FFW showed a downward trend over the earlier four waves, it showed an upward trend this year to 11.0 percent from 8.4 percent in 2005 (Figure 8).



The exposure to group interventions among MFW has been showing a declining trend since 2003. Among MFW, exposure to such interventions was 3.7 percent in the latest survey as against 5.2 percent in the previous round of BSS. In the case of FFW, the exposure to group interventions, which exhibited a declining trend since 2003, has gone up this year to 7.4 percent from 2.2 percent in 2005.

Insights

MFW

Involvement with non-regular partners seemed to have a bearing on the test taking behavior of the Male Factory Workers, as

- Incidence of taking HIV test was reported significantly higher among those involved with non-regular partners (23.4 percent) as against those who did not have non-regular partners (4.8 percent) ($P < 0.001$).

Low risk perception is the main reason for the low levels of HIV testing

"I do not go to sex workers at all. So why should I get the test?"

"I cannot have AIDS as I go (have sex) only with my husband."

- Respondents MFW

Intervention activities

"We do street plays, put up stalls outside the factories."

-NGO Worker

According to the NGO partners, due to the economy boom, demand for production has increased and thus working hours have also increased. Due to this, it is becoming increasingly difficult to obtain permission from the factory owners for time to conduct intervention programs. Hence, the only option available with implementing partner NGOs was to reach these factory workers by conducting intervention programs outside the factories.

Despite this, active participation of factory workers was still lacking as they either are tired after long working hours or do not take interest thinking that they knew everything about HIV/AIDS.

However among FFW, since they usually work in garment factories and have fixed hours of working, it was easier to obtain permission to meet them. Added to this, the unions were far more cooperative with the NGO workers in terms of granting permission, sufficient time and required support to carry out intervention activities inside the factories.

Among female factory workers, impact of interventions was found visible on

Insights

MFW

Interventions were found successful in bringing out an increase in knowledge & utilization of VCTC services and reduction of stigma towards HIV as:

- Awareness of VCT centers was recorded significantly higher among those who got exposure to any intervention (57.8 percent) as compared to those without any such exposure (29.9 percent) ($P < 0.001$).
- Likewise, the practice of taking HIV test was reported by a significantly higher proportion among the intervention exposed group (17.6 percent) than those without such exposure (8.3 percent) ($P < 0.001$).
- Proportion of respondents favoring stigma attached to the positive state was significantly lower among those exposed to the intervention (10.6 percent) as against those without such exposure (19.1 percent) ($P < 0.001$).

FFW

- *Condom Use Behavior:* A significantly higher proportion of those exposed to interventions reported condom use with non-regular partners (32.1 percent) as compared to those not exposed to any interventions (15.4 percent) ($P < 0.001$).

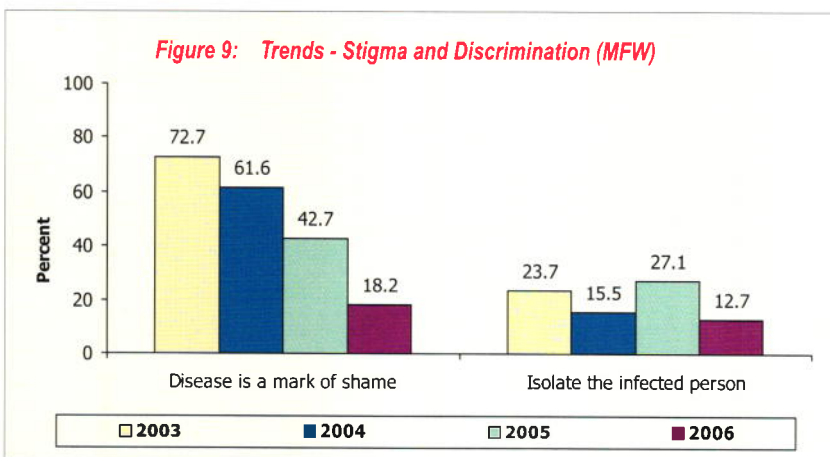
- *Awareness of VCTC:* was significantly higher among intervention exposed workers (65.3 percent) as against the not exposed group (37.3 percent) ($P < 0.001$).
- *HIV Test Taking Behavior:* Incidence of taking HIV test was reported higher among intervention exposed group (9.1 percent) in contrast to the non-exposed group (4.2 percent) ($P < 0.05$)

Stigma and Discrimination

MFW

Stigma and discrimination are the major obstacles to effective HIV prevention and care. Hence for any intervention program to be successful, addressing these issues assumes utmost importance.

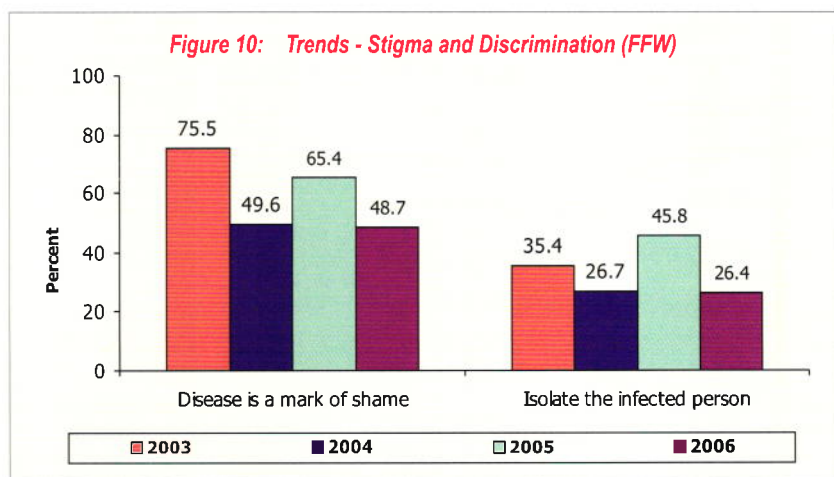
Among the MFW, both stigma towards disease and discrimination for the infected people have registered significant decrease during this wave as compared to the previous wave of BSS (Figure 9). While stigma towards the disease decreased from 42.7 percent in 2005 to 18.2 percent in 2006, discrimination against the infected people registered decline from 27.1 percent to 12.7 percent.



In-depth discussions too substantiate the above findings, as the participants expressed an opinion that it is not necessary to isolate infected people from the society rather they should be given extra support and medical aid.

FFW

Among the FFW, the figures for HIV as a mark of shame was registered at 48.7 percent in the latest wave, which was a significant decrease from 65.4 percent in 2005. Similarly, the FFW who felt that HIV infected should be isolated registered noticeable decrease from 45.8 percent in 2005 to 26.4 percent in 2006 (Figure 10).



SUMMARY

Some positive observations from the current wave are:

- Increase in misconception free knowledge among both male and female factory workers. However, misconception free knowledge levels were considerably higher among FFW (60.6 percent) compared to MFW (48.4 percent).
- Among the MFW, involvement in sex with paid partners has remained stable, nevertheless, the condom usage with such partners remains very high.
- Among the FFW, involvement in sex with non-regular partners decreases, nonetheless the condom usage with such partners remains high.
- Tremendous improvement in treatment seeking behavior for STI among MFW.
- High levels of risk perception among the non-condom users in the FFW category.

Some challenges for the program are:

- Involvement with casual sex partners is steadily increasing among MFW year after year since 2001.
- Condom use with casual sex partners although showed an improvement among the MFW, remains low with nearly 60.0 percent not using it during their last sex with casual sex partner during this wave.
- Among the non-condom users in the MFW category, risk perception has plunged to the lowest levels (3.0 percent).
- HIV testing practices observed among less than 10.0 percent of the surveyed population.
- Exposure to group interventions is very low among both the groups.
- Levels of stigma remains high among female factory workers.

BSS INDICATORS-MALE FACTORY WORKERS (MFW)

Indicators	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
	1386	1963	1956	1804	1824	1836	1800	1799	1800	1800	1800
Knowledge of at least two acceptable ways of preventing STI	1232	1818	1867	1698	1788	1788	1769	1580	1716	1766	1796
Base - All respondents	1386	1963	1956	1804	1824	1836	1800	1799	1800	1800	1800
Percentage	89.0	93.0	95.4	94.1	98.0	97.4	98.3	87.8	95.3	98.1	99.8
Condoms prevent STI	1137	1696	1800	1643	1559	1681	1670	1568	1720	1798	1795
Base - All respondents	1386	1963	1956	1804	1824	1836	1800	1799	1800	1800	1800
Percentage	82.0	86.0	92.0	91.1	85.5	91.6	92.8	87.2	95.6	99.9	99.7
Knowledge of at least two acceptable ways of preventing HIV/AIDS	1290	1920	1915	1783	1807	1824	1774	1766	1729	1796	1795
Base - All respondents	1386	1963	1956	1804	1824	1836	1800	1799	1800	1800	1800
Percentage	93.0	98.0	97.9	98.8	99.1	99.3	98.6	98.2	96.1	99.8	99.7
Condoms prevent HIV/AIDS	1124	1740	1830	1715	1522	1761	1679	1730	1717	1796	1793
Base - All respondents	1386	1963	1956	1804	1824	1836	1800	1799	1800	1800	1800
Percentage	81.0	89.0	93.6	95.1	83.4	96.0	93.3	96.2	95.4	99.8	99.6
Knowledge of both condom/abstinence as ways of preventing HIV/AIDS									1431	1454	1375
Base - All respondents									1800	1800	1800
Percentage									75.9	80.8	76.4
Knowledge without Misconceptions	236	451	835	772	730	734	288	752	952	850	871
Base - All respondents	1386	1963	1956	1804	1824	1836	1800	1799	1800	1800	1800
Percentage	19.0	23.0	42.7	42.8	40.0	40.0	16.0	41.8	52.9	47.2	48.4
Sexual intercourse with non-regular partner last year	211	213	177	166	158	177	208	342	377	383	432
Base - All respondents	1386	1963	1956	1804	1824	1836	1800	1799	1800	1800	1800
Percentage	15.0	11.0	9.0	9.2	8.7	9.6	11.6	19.0	20.9	21.3	24.0
Condom use during last non-regular sexual intercourse	38	53	89	80	44	60	94	219	203	195	258
Base - Respondents reporting non-regular sex in the last 12 months	213	177	51	166	158	177	208	342	377	383	432
Percentage	17.0	25.0	50.3	48.2	27.8	33.9	45.2	64.0	53.8	50.9	59.7

Indicators	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
	1386	1963	1956	1804	1824	1836	1800	1799	1800	1800	1800
Sexual intercourse with paid partner last year Base - All respondents Percentage	97 1386 7.0	79 1963 4.0	92 1956 4.7	86 1804 4.8	44 1824 2.4	88 1836 4.8	75 1800 4.2	184 1799 10.2	151 1800 8.4	151 1800 8.4	164 1800 9.1
Condom use during last paid sexual intercourse Base - Respondents reporting paid sex in the last 12 months Percentage	27 97 28.0	32 79 41.0	62 92 67.0	58 86 67.4	23 44 52.3	55 88 62.5	66 75 88.0	166 184 90.2	140 151 92.7	135 151 89.4	147 164 89.6
Sexual intercourse with casual partner last year Base - All respondents Percentage	159 1386 11.5	151 1963 7.7	98 1956 5.0	110 1804 6.1	125 1824 6.9	102 1836 5.6	142 1800 7.9	176 1799 9.8	246 1800 13.7	275 1800 15.3	304 1800 16.9
Condom use during last casual sexual intercourse Base - Respondents reporting casual sex in the last 12 months Percentage	20 159 13.0	25 151 17.0	36 98 37.0	33 110 30.0	27 125 21.6	28 102 27.5	31 142 21.8	57 176 32.4	73 246 29.7	75 275 27.3	121 304 39.8
Symptoms of urethritis in the last 12 months Base - All respondents Percentage	31 1386 2.0	24 1963 1.0	59 1956 3.0	54 1804 3.0	38 1824 2.1	79 1836 4.3	30 1800 1.7	39 1799 2.2	46 1800 2.6	71 1800 3.9	36 1800 2.0
Last treatment from qualified allopathic doctor/clinic Base - Respondents reporting symptoms of urethritis in the last 12 months Percentage	18 31 58.0	20 24 83.0	37 59 63.0	28 54 51.9	17 38 44.7	37 79 46.8	16 30 53.3	21 39 53.9	25 46 54.3	53 71 74.7	33 36 91.7
Risk perceived (high/slight chances of contracting HIV/AIDS) Base - Respondents reporting no condom use during last non-regular sex Percentage	47 175 27.0	29 160 18.0	30 88 34.1	22 86 25.6	25 114 21.9	27 117 23.1	28 114 24.6	48 123 39.0	26 174 14.9	31 188 16.5	6 199 3.0

Indicators	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
	1386	1963	1956	1804	1824	1836	1800	1799	1800	1800	1800
Number of respondents who perceive that getting infected by HIV is a mark of shame Base - All respondents Percentage								1449 1580 72.7	1109 1800 61.6	769 1800 42.7	328 1800 18.2
Number of respondents who perceive that HIV infected persons should be isolated from the society Base - All respondents Percentage								373 1580 23.7	279 1800 15.5	488 1800 27.1	228 1800 12.7
Number of people tested for HIV/AIDS Base - All respondents Percentage									70 1800 3.9	68 1800 3.8	167 1800 9.3
Mean number of non-regular partners									2.8	2.3	2
Median number of non-regular partners									3	2	1

BSS INDICATORS FEMALE FACTORY WORKERS (FFW)

Indicators	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
	1873	1691	1720	1607	1609	1607	1602	1600	1602	1599	1600
Knowledge of at least two acceptable ways Of preventing STI	946	1209	793	756	853	916	1480	1395	1427	1578	1558
Base - All respondents	1873	1691	1720	1607	1609	1607	1602	1600	1602	1599	1600
Percentage	51.0	71.0	46.1	47.0	53.0	57.0	92.3	87.1	89.1	98.7	97.4
Condoms prevent STI	623	801	479	470	519	623	1240	1329	1368	1525	1557
Base - All respondents	1873	1691	1720	1607	1609	1607	1602	1600	1602	1599	1600
Percentage	33.0	47.0	27.8	29.2	32.6	38.8	77.4	83.06	85.3	95.4	97.3
Knowledge of at least two acceptable ways of preventing HIV/AIDS	1523	1583	1533	1458	1564	1585	1560	1498	1495	1597	1586
Base - All respondents	1873	1691	1720	1607	1609	1607	1602	1600	1602	1599	1600
Percentage	81.0	94.0	89.1	90.7	97.2	98.6	97.3	93.62	93.3	99.9	99.1
Condoms prevent HIV/AIDS	1045	1065	876	826	952	1044	1299	1409	1403	1525	1555
Base - All respondents	1873	1691	1720	1607	1609	1607	1602	1600	1602	1599	1600
Percentage	56.0	63.0	50.9	51.4	59.2	64.9	81.1	88.06	87.5	95.4	97.2
Knowledge of both condom/abstinence as ways of preventing HIV/AIDS									1297	1306	1242
Base - All respondents									1602	1599	1600
Percentage									80.9	81.7	77.6
Knowledge without misconception	356	727	1084	808	1115	697	689	722	814	1059	969
Base - All respondents	1873	1691	1720	1607	1609	1607	1602	1600	1602	1599	1600
Percentage	19.0	43.0	63.0	50.3	69.3	43.4	43.0	45.1	50.8	66.2	60.6
Sexual intercourse with non-regular partner last year	51	23	19	24	34	23	40	51	135	97	87
Base - All respondents	1873	1691	1720	1607	1609	1607	1607	1600	1602	1599	1600
Percentage	3.0	1.0	1.1	1.5	2.1	1.4	2.5	3.2	8.4	6.1	5.4

Indicators	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
	1873	1691	1720	1607	1609	1607	1602	1600	1602	1599	1600
Condom use during last non-regular sexual intercourse Base - Respondents reporting non-regular sex in the last 12 months Percentage	10 51 19.6	3 23 13.0	5 19 26.3	7 24 29.2	9 34 26.4	8 23 34.8	18 40 45.0	12 51 23.6	68 135 50.3	77 97 79.4	56 87 64.4
Risk perceived (high/slight chances of contracting HIV/AIDS) Base - Respondents reporting no condom use during last non-regular sex Percentage	25 41 61.0	15 20 71.0	8 14 57.1	10 17 58.8	15 25 60.0	11 15 73.3	9 18 50.0	24 39 61.5	58 67 86.5	8 20 40.0	23 31 74.2
Number of respondents who perceive that getting infected by HIV is a mark of shame Base - All respondents Percentage								1208 1600 75.5	795 1602 49.6	1046 1599 65.4	779 1600 48.7
Number of respondents who perceive that HIV infected persons should be isolated from the society Base - All respondents Percentage								564 1600 35.4	428 1602 26.7	732 1599 45.8	423 1600 26.4
Number of people tested for HIV/AIDS Base - All respondents Percentage									66 1602 4.1	48 1599 3	78 1600 4.9

MALE AND FEMALE MIGRANT WORKERS



DEMOGRAPHIC PROFILE

MMW

The profile that emerges by collating data of 350 MMW who were interviewed from four BSS sites in Tamil Nadu viz., Chennai, Coimbatore, Theni and Tiruchirapalli is:

Mean age	31.6 years (SD 6.8)
Marital status	65.1 percent married
Literacy	84.9 percent literates
Employment	75.1 percent as construction workers
Average personal income	Rs. 3427 per month

FMW

The profile that emerges by collating data of 250 FMW who were interviewed from four BSS sites in Tamil Nadu viz., Chennai, Coimbatore, Theni and Palani is:

Mean age	28.4 years (SD 5.7)
Marital status	71.2 percent married
Literacy	82.0 percent literates
Employment	59.2 percent construction workers 18.0 percent quarry workers
Average personal income	Rs. 1855 per month

TRENDS

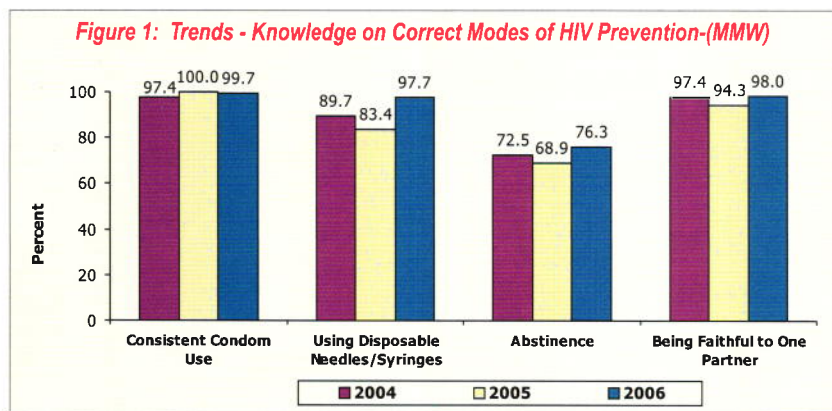
Knowledge Indicators

Knowledge on Prevention of STI and HIV

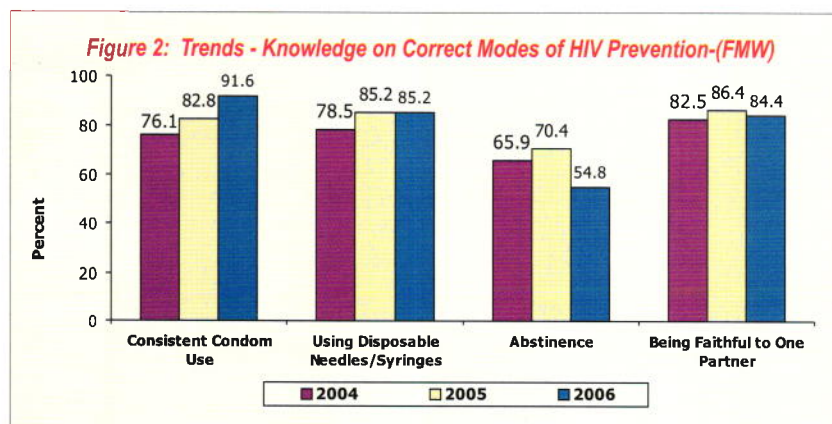
Among the **MMW**, knowledge on at least two correct ways of HIV prevention was universal. Awareness on three modes of HIV prevention viz., consistent use of condom, being faithful to one partner and using disposable needles/syringes was very widely

prevalent. However, as in the past two rounds of BSS, in the current wave too, abstinence was the least recognized method as a relatively lower percentage (76.3 percent) mentioned abstinence as a means of HIV prevention (Figure 1).

Compared to year 2002, knowledge on at least two correct ways of STI prevention has improved considerably and is reported close to universal (98.9 percent) during the current wave.



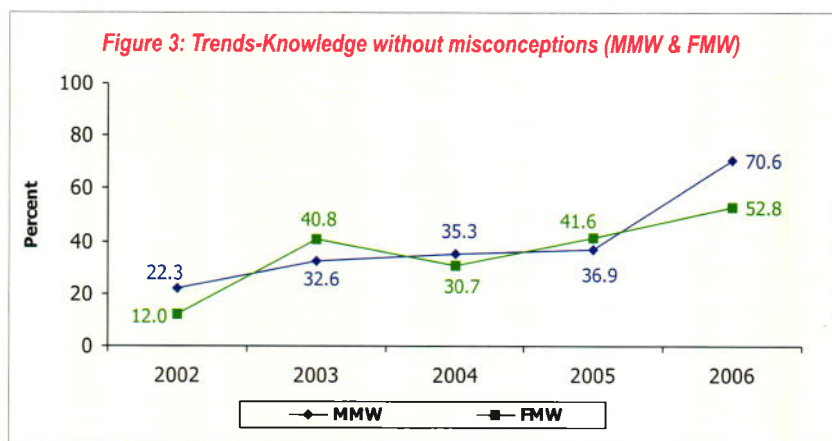
Among the **FMW**, knowledge on modes of HIV prevention has increased from 87.6 percent in the previous year to 93.2 percent during the latest round of BSS. Consistent use of condoms was the most recognized method of HIV prevention among this category. However as in the case of MMW, among FMW too, abstinence was the least known method as nearly 45.2 percent of the respondents failed to recognize it as a preventive measure against HIV (Figure 2).



Knowledge without Misconception

Knowledge without misconception has improved significantly among both the categories of migrant workers. In the latest round of survey, 70.6 percent of the MMW had misconception free knowledge on at least two preventive methods of HIV, which is a sharp increase from 22.3 percent in year 2002 (Figure 3).

Among the FMW, the percentage of respondents with misconceptions regarding HIV prevention has registered a substantial fall from 88.0 percent in 2002 to 47.2 percent in 2006.



Behavioral Indicators

Sexual Behavior and Condom Usage

MMW

Among MMW, involvement with non-regular partners has been showing an upward trend. It has risen from 18.3 percent in 2002 to 34.6 percent in 2006. Similarly, involvement with casual partners too registered an increase from 8.3 percent in 2002 to 29.4 percent in 2006. Contrary to the above, involvement with paid partners has decreased to 7.4 percent in 2006 from 12.9 percent in 2002 (Figure 4). This year witnessed a significant increase in the involvement with the casual partners from 22.3 percent (2005) to 29.4 percent (2006), which is also the highest ever reported figure with such partners.

Misconception - free knowledge

"One should not go outside marriage for sex, else AIDS will come."

-Respondent FMW

"We can safely live with an AIDS patient and can even share bathrooms, clothes and food."

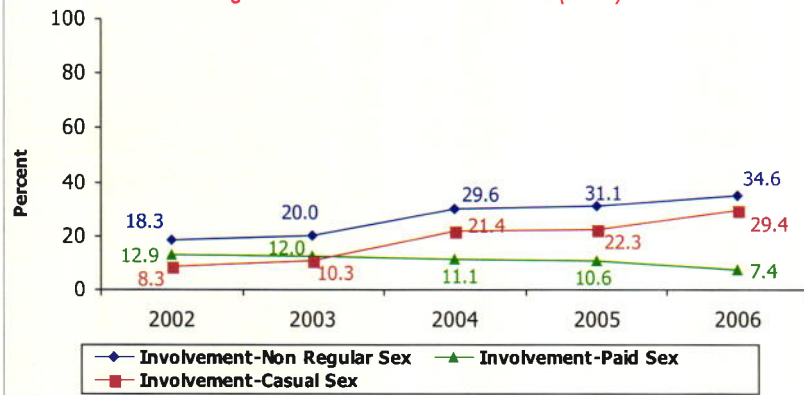
-Respondent MMW

Most common misconception

"AIDS may spread through wearing clothes of an infected person."

-Respondent FMW

Figure 4: Trends - Sexual Behavior (MMW)

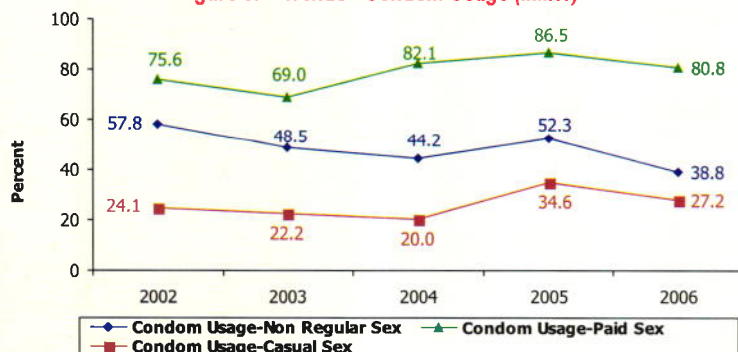


Greater preference for casual partners was evident during the qualitative discussions too. Casual partners to them were mostly their co-workers.

Condom use with non-regular partners exhibited a decrease (statistically significant) from 52.3 in 2005 to 38.8 percent in 2006, which is the lowest figure recorded so far (Figure 5). Likewise condom use with both paid and casual partners decreased in the current wave as compared to the earlier one. During the aforementioned period, condom usage came down from 86.5 percent to 80.8 percent and from 34.6 percent to 27.2 percent with paid and casual partners respectively. Among those who used condoms with paid partners, the main reason for the same was to prevent the transmission of HIV. As it emerged from the survey, condom usage with casual partners was mainly for contraception purpose.

Unlike triggers for condom use, which varied across the partner types, the barriers for condom use were the same across both partner types. The prime barrier for condom use was perceived reduction in sexual pleasure which in turn compels them to have unprotected sex. Influence of alcohol was also voiced out as a reason for not using condom especially with the paid partners.

Figure 5: Trends - Condom Usage (MMW)



Reasons for preference for casual partners

"I get bored very often, as I stay away from my family, friends.

She gives me company whenever I feel lonely."

"She was from my neighboring village and was alone in this town."

"If I go to a sex worker, I will get the diseases and AIDS may also come through them."

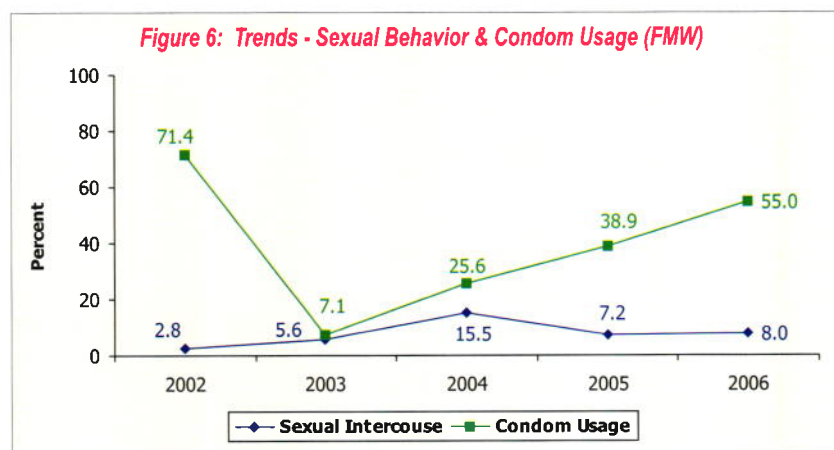
-Respondents MMW

Compared to the previous wave, trends in consistent condom usage have increased for both types of non-regular (paid and casual) partners. The proportion of those who used condoms every time they had sex with paid partners has increased from 59.5 percent in 2005 to 69.2 percent in 2006. Consistency in condom usage with casual partners too witnessed an increase to 20.4 percent in 2006 from 17.9 percent in 2005.

FMW

Involvement with non-regular partners has been showing a slightly fluctuating trend since 2002. However it is pertinent to note that the proportion of FMW who reported being involved with non-regular partners increased from mere 2.8 percent in 2002 to 8.0 percent in 2006 (Figure 6).

Non-regular partners for the female migrants, as revealed during in-depth discussions, were mostly their male colleagues and their relationship starts with normal friendship at their workplace.



Condom use with non-regular partners has been exhibiting an upward trend since year 2003. It has increased to 55.0 percent in the latest round of BSS from mere 7.1 percent in 2003. Nevertheless the figures recorded in the current wave are still lower as compared to those registered in 2002 (71.4 percent).

During the in-depth discussions, female migrants attributed this improvement in their condom use behavior to the increased awareness about HIV/AIDS related issues. However, reluctance from partner's side and fear of losing trust still persist as two major barriers for condom use with non-regular partners.

Consistent condom use among those involved with non-regular sex partners has improved during the current wave. It has gone up from 22.2 percent in 2005 to 40.6 percent during the current wave.

Barriers for condom use

"Sometimes, after alcohol, I forget to buy condoms before going to her (sex worker)"

"I don't feel pleasure if I wear condom."

-Respondents MMW

Involvement with non-regular partners

"He used to work with me 3 months ago and now we are close friends."

-Respondent FMW

Barriers for condom usage

"He simply hates to wear condom."

"He blamed me for suspecting his behavior when I asked him to use it (condom). He became angry and shouted too."

-Respondents FMW

Health Seeking Behavior

MMW

Incidence of STI symptoms of urethritis among MMW has always been reported below 5.0 percent across the waves and is more or less stable around 3.0 percent since last three waves. However while all the migrant workers who experienced STI symptoms sought treatment for the same in the previous year, the percentage of such workers dropped to 75.0 percent in the latest wave. In this regard, it is relevant to note that figures recorded in the current year are quite comparable to the figures registered in year 2002. Quacks were the main source of treatment among those who did not seek treatment from a qualified medical practitioner.

During the current wave, among those who sought treatment for STI, an overwhelming 88.9 percent reported having taken full course of medicines. Government STI clinics were the most sought places of treatment for STI. Unlike most other target groups, among this category, generally the time gap between experiencing a STI symptom and seeking treatment for the same was less than a month but more than a week.

Around 41.7 percent reported having sex (25.0 percent with casual partners, 16.7 percent with regular partners and another 16.7 percent with paid partners) during the course of last STI.

Voluntary HIV Testing

Among the MMW, the percentage of respondents who had taken the HIV test had gone up from 2.9 percent in 2005 to 5.7 percent in 2006, which is the highest figure recorded since year 2002. Among those who undertook the test, chief reason for doing so, as stated by the respondents, was advice by doctors, advertisements on radio etc. Among those who had taken the test in the latest wave, around 35.0 percent reported that it was their own initiative to take the test. Although the base for this was low, it is pertinent to note that 90.0 percent of the respondents informed that they had received counseling. Further, all those who took the test said that they were aware of the result of HIV test.

In the case of FMW, the percentage of those who had taken the test was always around 2.0 percent. During the current wave, the proportion of respondents who had undergone HIV test registered a marginal decrease from 2.0 percent in 2005 to 1.6 percent.

Qualitative findings helped uncover the fact that the migrants (both male and female) do not perceive any need for taking HIV test. They consider their behavior to be safe even if they have sex without condoms with their casual partners as they trust their partner's behavior.

Reasons for taking the HIV test

"I always use a condom with sex workers."

- Respondent MMW

"My friend is loyal to me."

-Respondent FMW

Exposure to Inter Personal Communication

Exposure to individual interventions has always been higher among FMW as compared to MMW. Among the MMW, those receiving individual interventions registered an increase from 9.7 percent in 2005 to 11.4 percent in 2006. However, in this regard, the latest wave figures are still lower when compared to the figures recorded in the year 2002 (13.1 percent). On the other hand, exposure to individual interventions has been showing a highly fluctuating trend among FMW. This year, the proportion of FMW exposed to individual interventions saw a substantial drop from 16.8 percent in 2005 to 1.2 percent, which is the lowest figure recorded so far.

Among the MMW, exposure to group interventions has increased from 9.7 in 2005 to 11.4 percent in 2006. However the latter figure is still lower as compared to the figures registered in 2002 (13.1 percent). On the contrary, among the FMW, exposure to group interventions has been showing a declining trend across all the waves. While the percentage of female migrant workers exposed to such interventions was around 6.8 percent in the previous wave, during the current wave, the exposure to these interventions was almost nil among them (0.4 percent).

The main reason as cited by the NGO regarding low exposure to intervention among the female migrant workers was lack of time and interest among the migrants in attending intervention activities. Migrants' work schedule was reasonably long, as they start their day early in the morning and continue working till late in the evening, which makes it difficult for the out reach workers to access them for intervention purpose. In such a scenario, closing of work hours was the only time slot available for the NGO workers. However, the female migrant workers do not prefer to stay back to attend such programs as they have to go back to their homes to execute their household chores.

Stigma and Discrimination

MMW

Countering the stigma and discrimination associated with HIV is one of the toughest challenges for any intervention program. Fear of discrimination may deter people from getting tested for the disease, make them less likely to acknowledge their risk of infection, and discourage those who are HIV-positive from discussing their HIV status and also from seeking treatment.

Both stigma associated with HIV and discrimination towards infected population are on declining trend since the last three years. Among the MMW covered in the latest round of BSS, around 29.7 percent believed that HIV is a mark of shame, which is a considerable drop from the figures recorded in 2003 (70.0 percent). Likewise, the discrimination

Reasons for low exposure to intervention

"Female migrants feel their household work more important than attending our programs."

"It becomes late in the night, most of the times, and women can not afford to stay that late."

-Respondents NGO Workers

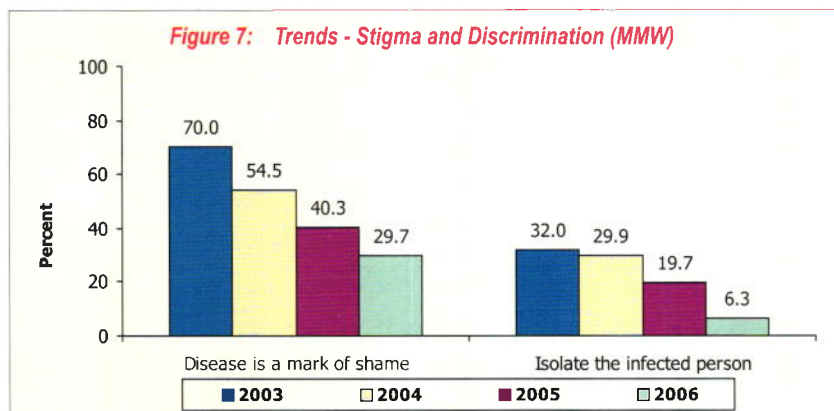
Insights

MMW

Among MMW, interventions seemed to be successful in improving the knowledge and utilization of VCTC services :-

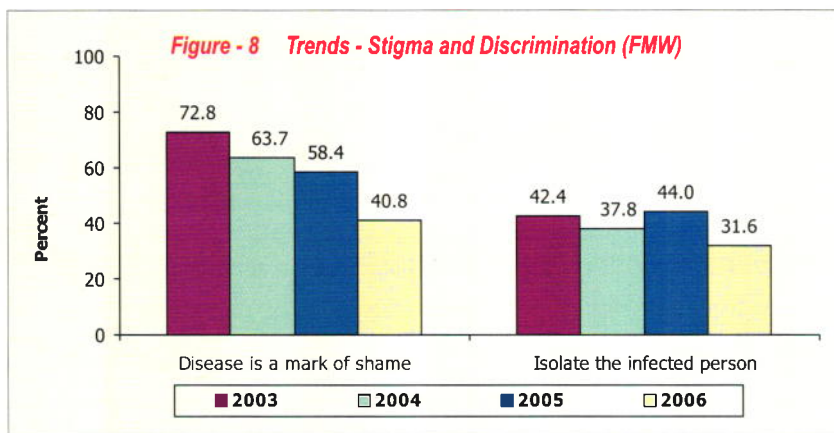
- A significantly higher proportion of those exposed to any intervention (30.3 percent) were found aware of VCT centers as against those who did not receive any intervention (7.7 percent) ($P < 0.001$).
- The testing practices were observed significantly higher among those who were exposed to any intervention (22.5 percent) as compared to those who did not receive any intervention (4.0 percent) ($P < 0.01$).

towards HIV infected people evidenced a substantial drop from 32.0 percent in 2003 to 6.3 percent in 2006 (Figure 7).



FMW

The levels of stigma and discrimination associated with HIV and HIV infected people have always been relatively higher among the FMW as compared to MMW. Despite a substantial decline in stigma levels associated with HIV especially when compared to year 2003 (72.8 percent), still around 40.8 percent of the surveyed population believed that getting infected with HIV is a mark of shame. The discrimination towards HIV infected people evidenced a decline to 31.6 percent during the current wave as compared to 44.0 percent in 2005 (Figure 8).



SUMMARY

Some positive trends from the current wave are:

- Knowledge without misconception with regard to HIV prevention continues to increase among both male and female migrant workers.
- Among MMW, involvement with casual partners remains low while condom usage with such partners is very high.
- Among FMW involved in sex with non-regular partners, condom usage has shown improvement with 55.0 percent of them reporting condom usage with such partners.
- Positive attitudes towards HIV infected people is noted among MMW.

Some of the key areas to focus on:

- Though an increasing proportion report involvement with casual partners, nearly three-fourths of them do not use condoms with such partners.
- Among FMW, majority of those having non-regular partners, do not use condoms with such partners.
- STI treatment seeking behaviour has declined compared to the previous wave.
- HIV testing practices remain very low among both male and female factory workers.
- Less than 20.0 percent of the migrants have exposure to any interventions. In fact among FMW, exposure to individual interventions was negligible (1.2 percent).

BSS INDICATORS-MALE MIGRANT WORKERS (MMW)

Indicators	2002	2003	2004	2005	2006
	350	350	351	350	350
Knowledge of at least two acceptable ways of preventing STI	313	293	339	341	346
Base - All respondents	350	350	351	350	350
Percentage	89.4	83.7	96.6	97.4	98.9
Condoms prevent STI	319	295	340	350	349
Base - All respondents	350	350	351	350	350
Percentage	91.1	84.2	96.9	100.0	99.7
Knowledge of at least two acceptable ways of preventing HIV/AIDS	340	339	343	347	350
Base - All respondents	350	350	351	350	350
Percentage	97.1	96.8	97.7	99.1	100.0
Condoms prevent HIV/AIDS	333	340	340	350	350
Base - All respondents	350	350	351	350	350
Percentage	95.1	97.1	96.9	100.0	100.0
Knowledge of both condom/abstinence as ways of preventing HIV/AIDS				241	250
Base - All respondents				350	350
Percentage				68.9	71.4
Sexual intercourse with non regular partner last year	64	70	104	109	121
Base - All respondents	350	350	351	350	350
Percentage	18.3	20.0	29.6	31.1	34.6
Condom use during last non-regular sexual intercourse	37	34	46	57	47
Base - Respondents reporting non-regular sex in the last 12 months	64	70	104	109	121
Percentage	57.8	48.5	44.2	52.3	38.8
Sexual intercourse with paid partner last year	45	42	39	37	26
Base - All respondents	350	350	351	350	350
Percentage	12.9	12.0	11.1	10.6	7.4
Condom use during last paid sexual intercourse	34	29	32	32	21
Base - Respondents reporting paid sex in the last 12 months	45	42	39	37	26
Percentage	75.6	69.0	82.1	86.5	80.8

Indicators	2002	2003	2004	2005	2006
	350	350	351	350	350
Sexual intercourse with casual partner last year	29	36	75	78	103
Base - All respondents	350	350	351	350	350
Percentage	8.3	10.3	21.4	22.3	29.4
Condom use during last casual sexual intercourse	7	8	15	27	28
Base - Respondents reporting causal sex in the last 12 months	29	36	75	78	103
Percentage	24.1	22.2	20.0	34.6	27.2
Symptoms of urethritis in the last 12 months	10	17	9	9	12
Base - All respondents	350	350	351	350	350
Percentage	2.9	4.8	2.6	2.6	3.4
Last treatment from qualified allopathic doctor/clinic	7	4	6	9	9
Base - Respondents reporting symptoms of urethritis in the last 12 months	10	17	9	9	12
Percentage	70.0	23.5	66.7	100.0	75.0
Risk perceived (high/slight chances of contracting HIV/AIDS)	19	19	8	1	1
Base - Respondents reporting no condom use during last non-regular sex	27	37	58	52	74
Percentage	70.4	51.3	13.8	1.9	1.4
Number of respondents who perceive that getting infected by HIV is a mark of shame		245	191	141	104
Base - All respondents		350	351	350	350
Percentage		70.0	54.5	40.3	29.7
Number of respondents who perceive that HIV infected persons should be isolated from the society		112	105	69	22
Base - All respondents		350	351	350	350
Percentage		32.0	29.9	19.7	6.3
Number of people tested for HIV/AIDS			6	10	20
Base - All respondents			351	350	350
Percentage			1.7	2.9	5.7
Mean number of non-regular partners				1.8	2.1
Median number of non-regular partners				1	1

BSS INDICATORS-FEMALE MIGRANT WORKERS (FMW)

Indicators	2002	2003	2004	2005	2006
	250	250	251	250	250
Knowledge of at least two acceptable ways of preventing STI	225	180	195	197	218
Base - All respondents	250	250	251	250	250
Percentage	90.0	72.0	77.6	78.8	87.2
Condoms prevent STI	208	156	187	207	229
Base - All respondents	250	250	251	250	250
Percentage	95.6	62.0	74.5	82.8	91.6
Knowledge of at least two acceptable ways of preventing HIV/AIDS	239	189	207	219	233
Base - All respondents	250	250	251	250	250
Percentage	95.6	75.6	82.4	87.6	93.2
Condoms prevent HIV/AIDS	205	165	191	207	227
Base - All respondents	250	250	251	250	250
Percentage	82.0	66.6	76.1	82.8	90.8
Knowledge of both condom/abstinence as ways of preventing HIV/AIDS				172	188
Base - All respondents				250	250
Percentage				68.8	75.2
Knowledge without misconception	30	102	77	104	132
Base - All respondents	250	250	251	250	250
Percentage	12.0	40.8	30.7	41.6	52.8
Sexual intercourse with non regular partner last year	7	14	39	18	20
Base - All respondents	250	250	251	250	250
Percentage	2.8	5.6	15.5	7.2	8.0
Condom use during last non-regular sexual intercourse	5	1	10	7	11
Base - Respondents reporting non-regular sex in the last 12 months	7	14	39	18	20
Percentage	71.4	7.1	25.6	38.9	55.0
Risk perceived (high/slight chances of contracting HIV/AIDS)	2	0	24	9	4
Base - Respondents reporting no condom use during last non-regular sex	2	1	29	11	9
Percentage	100.0	0.0	82.7	81.8	44.4

Indicators	2002	2003	2004	2005	2006
	250	250	251	250	250
Number of respondents who perceive that getting infected by HIV is a mark of shame		182	160	146	102
Base - All respondents		250	251	250	250
Percentage		72.8	63.7	58.4	40.8
Number of respondents who perceive that HIV infected persons should be isolated from the society		106	95	110	79
Base - All respondents		250	251	250	250
Percentage		42.4	37.8	44.0	31.6
Number of people tested for HIV/AIDS				5	4
Base - All respondents				250	250
Percentage				2.0	1.6

INJECTING DRUG USERS



DEMOGRAPHIC PROFILE

The profile that emerges by collating data of 250 IDU covered from two BSS sites in Tamil Nadu viz., Chennai and Madurai is given below

Mean age	25.8 years (SD 2.9)
Literacy	94.4 percent
Marital status	32.8 percent
Mean age at Marriage	23.9 years (SD 2.2)
Employed	63.4 percent full time
Average Personal Income	Rs.2144 per month
Use of habit forming substances (other than injecting drugs)	100 percent (18.0 percent at least once a week)
Mean age at first use of injecting drugs	23.1 years (SD 2.8)

Injecting Behaviour

The mean age at the first use of injecting drugs was 23.1 years, which is lower compared to the previous rounds of BSS. Around 26.0 percent of the respondents injected addictive drugs about 2-3 times a day in the past one month and 28.8 percent injected 2-3 times a week in the past one month. The drugs that were predominantly used by the target group were drug cocktails with Avil, Calmpose and Tidigesic. Around 80.8 percent and 43.2 percent of the respondents reported ever use of tobacco and opium respectively. The percentage of respondents who used these two drugs in the last 3 months was 65.2 percent and 30.4 percent respectively.

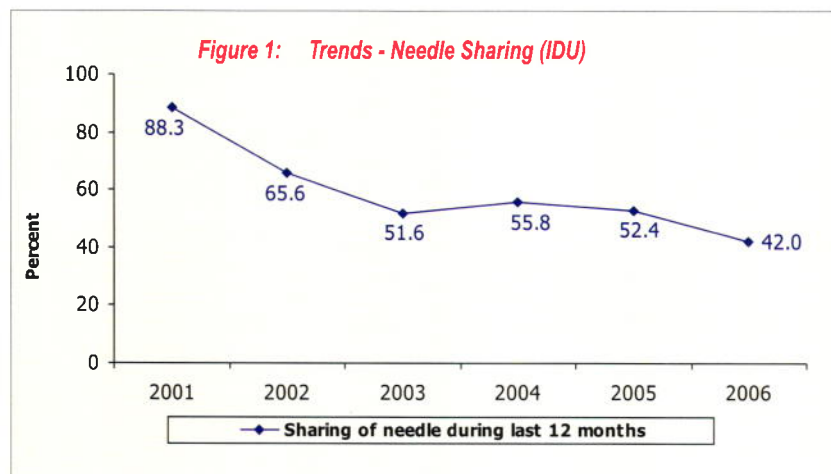
De-addiction Experience

Currently 2.0 percent of the respondents were undergoing de-addiction while 26.0 percent had a de-addiction experience in the past.

TRENDS

Needle Sharing Practices

Needle sharing behavior continued to decline as it did during the previous wave. The percentage of respondents who reported sharing needles among their group members while injecting drugs decreased from 52.4 percent in 2005 to 42.0 percent in 2006 (Figure-1).



The proportion of those who used cleaned syringes registered significant increase from 17.0 percent in 2005 to 66.7 percent in 2006. Among respondents who resorted to using cleaned syringes, 87.4 percent reported using water as the cleansing agent. Around 43.6 percent of the respondents reported using a fresh needle every time in the last one month, which is an improvement from the figures recorded in the previous year (37.0 percent). All the respondents covered in this wave reported having knowledge of a person from whom or place from where new, unused needles and syringes could be procured.

The predominant sources of obtaining new/unused needles and syringes were pharmacist/chemist shops followed by other interpersonal sources such as friends, NGO workers and other drug users.

During qualitative discussions, IDU population attributed this decrease in needle sharing behavior to the increased awareness on HIV/AIDS related issues. Television followed by NGO workers were referred as the main sources of awareness on HIV/AIDS related knowledge.

However, among those who were in practice of sharing needle for drug use, it was usually

Reasons for decrease in needle sharing practice

"I saw on TV one day and there after started using my own needles."

"Brother (NGO volunteer) keeps on advising me not to use already used needle. There must be some reason for saying so."

-Respondents IDU

Reasons for needle/vessel sharing practice

"I share needles only with my room partners."

"We all are friends. If we can have food in same vessel, why can't drugs then?"

"I can't say no to drugs if offered by my friend."

"After two shots, you don't bother to put a new needle."

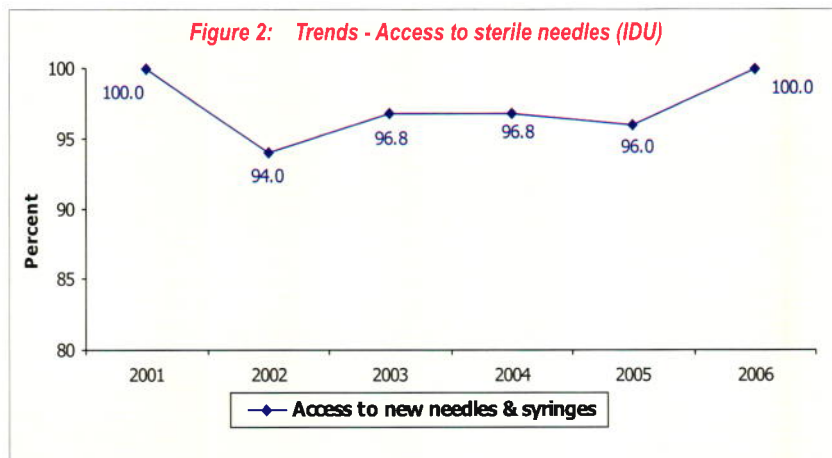
-Respondents IDU

their friends or known persons with whom they share needles. In fact, sharing needles is considered as a sign of group bonding.

Qualitative findings revealed that those who were in practice of sharing needles also knew about this as a mode of transmission of HIV. Still, sharing of needles for drug use was a common practice as they claimed "washing of needles prior to its use".

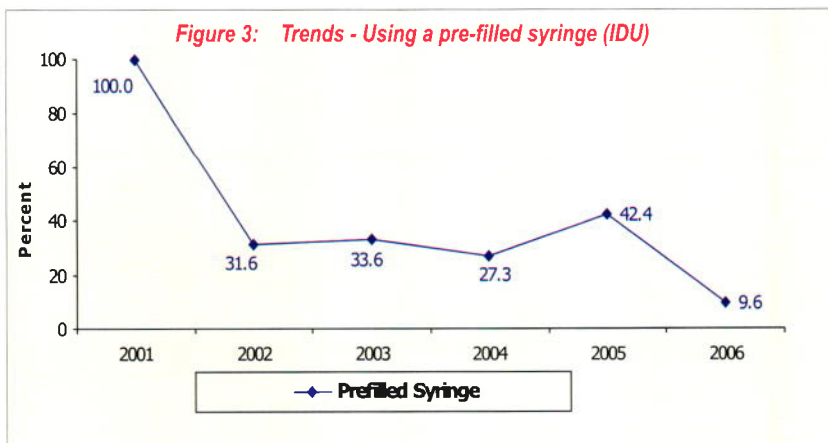
Access to Sterile/New Needle

Although all the respondents covered in this survey reported having access to new, unused needles and syringes when needed, the tendency to use shared needles was quite usual (Figure 2).



Use of Pre-Filled Syringe

While the trend of using pre-filled syringes, in which someone had already squirted drugs was universal practice among IDU in 2001, in the current year just around 9.6 percent of the respondents reported such a behaviour.

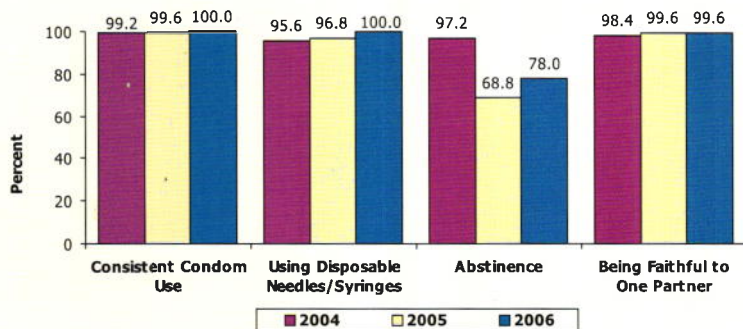


Knowledge Indicators

Knowledge on Prevention of STI and HIV

Similar to the previous year, in the current year too, knowledge on two correct means of prevention of HIV was recorded universal among IDU population. While knowledge on consistent use of condom, using disposable needle/syringe and being faithful to one partner was universal among the IDU covered in this round of BSS, abstinence as a means of HIV prevention was recognized by a relatively lower proportion of respondents (78.0 percent) (Figure 4). Like knowledge on HIV, knowledge on at least two correct ways of STI prevention was more or less universal among the surveyed IDU. Television and radio were the two predominant sources of information on HIV for the IDU.

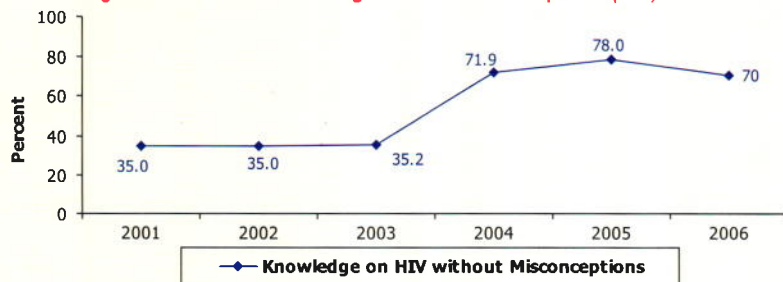
Figure 4: Trends - Knowledge on Correct Means of HIV Prevention (IDU)



Knowledge without Misconception

Knowledge without misconceptions which showed an increasing trend in the past two waves, declined significantly to 70.0 percent in the current wave compared to 78.0 percent in the earlier wave (Figure 5).

Figure 5: Trends - Knowledge without misconceptions (IDU)



Most common misconceptions

"Drawing drugs from a common vessel is safe as there is no fusion of blood in doing so."

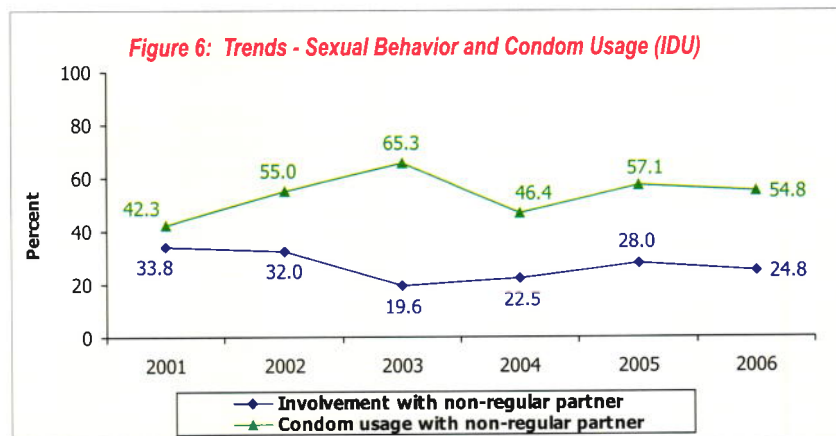
"Needles should always be washed thoroughly with running water or boiled water until the blood marks are removed."

-Respondents IDU

Behavioural Indicators

Sexual Behavior and Condom Usage

The mean age at first sexual intercourse was 20.6 years during present wave. Around 63.2 percent of the respondents ever had sexual intercourse. Involvement in sexual activity with non-regular partner registered a decrease to 24.8 percent in 2006 from 28.0 percent in 2005 (Figure 6). Condom usage with such a partner also showed a decrease from 57.1 percent in the previous year to 54.8 percent in the current year.



Among those who had sex in the last 12 months, around one fourths of the respondents had sex with paid partners in the past one year. The condom usage among such respondents was quite high at 67.7 percent. In such cases, condom usage was mainly attributed to HIV prevention. Among those who did not use condoms, majority attributed the same to the reason that they did not think of it. Around 22.6 of the respondents (among those with paid partners) reported using condom every time they have sex with a paid partner, which was similar to the figures registered in this regard in the previous year.

Around 30.0 percent of the respondents had casual partners, but just about 39.0 percent among them used condom during last sexual encounter with such a partner. In majority of cases of condom usage with a casual partner, condom was used mainly for contraception purposes and for prevention of STI. Among those who did not use condoms with such a partner, a sizeable majority (68.2 percent) attributed it to the reason that they did not think it was necessary. The percentage of those who reported using condom every time with casual partner registered an increase to 36.1 percent during the current wave from 13.9 percent in the previous wave.

Voluntary Condom Procurement

The levels of voluntary condom procurement registered an increase from 14.0 percent in 2005 to 19.2 percent in 2006. All the IDU covered in this round of BSS reported easy availability of condoms. Medical shops followed by petty shops emerged as the chief sources for procuring condoms. Nirodh and Deluxe Nirodh were the most popular condom brands among this target population. The percentage of those who reported knowing the right way using a condom registered a substantial increase from 66.8 percent in 2005 to 91.6 percent in 2006. Majority (53.6 percent) of the IDU covered in the latest wave said that the correct way of using a condom had been demonstrated to them.

Health Seeking Behavior

Only nine respondents in the total sample of IDU reported symptoms of urethritis. All such respondents reportedly sought treatment from a qualified medical practitioner for the same. They also informed taking full course of medicines.

Perception of Risk

There was a noticeable increase in risk perception among those who shared un-sterile needles (in a month prior to the survey), from 21.6 percent in 2005 to 43.8 percent in 2006. Similarly, among those who shared un-sterile needles and did not use condoms with non-regular partners, there was an increase in the risk perception levels to 38.7 percent in 2006 from 20.9 percent in 2005.

As evidenced during the focus group discussions, misconception that cleaning needles with water/boiled water prevents the transmission of HIV was the major driver for low self-risk perception.

Trust on their peer group / friend circle among whom they share needles also contributes to low self-risk perception.

Voluntary HIV Testing

The percentage of IDU who took HIV test evidenced an increase from 19.2 percent in 2005 to 32.8 percent in the latest round of BSS. Of those who had taken the test, nearly 88.0 had the test voluntarily. A majority of them (52.4 percent) said that they had been tested in private clinics. This was followed by 37.8 percent who received the test in NGOs and 32.9 percent in Government hospitals. Counseling such respondents was reportedly close to universal. Of those who did not take the test, an overwhelming majority cited it to the reason that they did not think it was necessary.

Reason for low risk perception among there who share needles

"We had been sharing drugs right from day-1 and all friends are well known to me."

-Respondent IDU

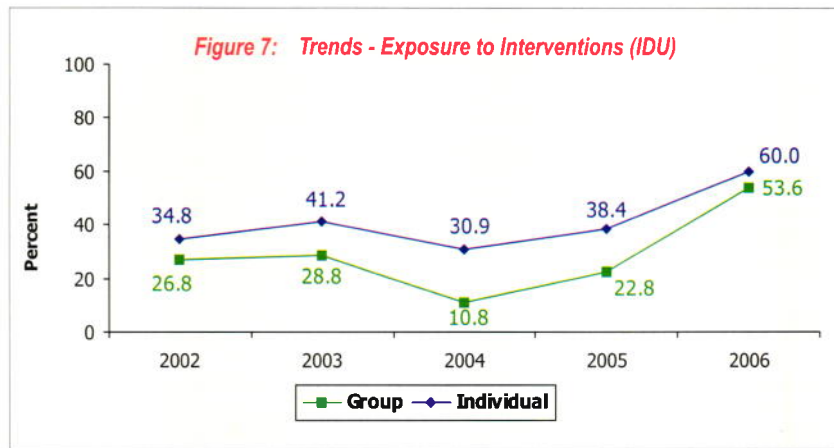
Insights

Risk perception of contracting HIV/AIDS was significantly higher among those who shared needle/syringe (44.8 percent) in comparison with who did not share their needles (3.4 percent) ($P < 0.001$).

Exposure to Inter Personal Communication

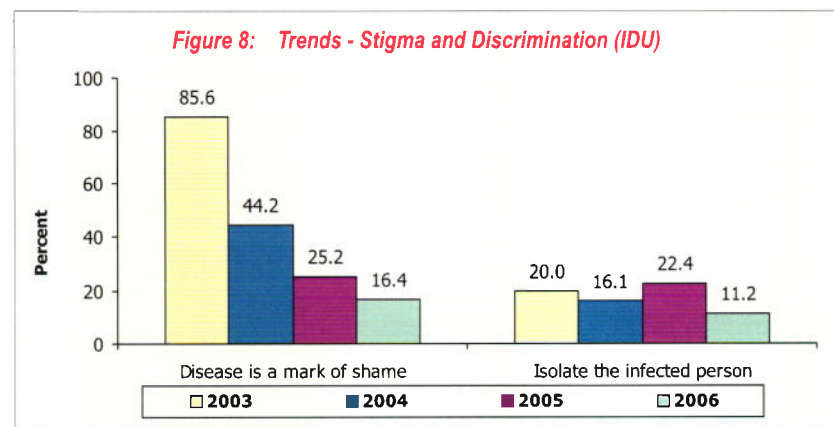
Exposure to individual interventions which seemed to have stabilized between 31.0 percent and 41.0 percent during the past four waves, registered a sharp (statistically significant) rise to 60.0 percent this year from 38.4 percent in 2005 (Figure 7). Likewise, exposure to group interventions saw noticeable increase from 22.8 percent to 53.6 percent during the aforementioned period.

NGO offices were predominant places for receiving interventions.



Stigma and Discrimination

Since 2003, there has been a marked decrease in the percentage of IDU who perceived HIV as a mark of shame. In the current wave, the levels of stigma associated with the disease were 16.4 percent as compared to 85.6 percent in 2003. Although discrimination against the infected people has been exhibiting a varying trend over the past three waves, in the present wave it registered a decrease to 11.2 percent from 22.4 in 2005 (Figure 8).



Insights

Exposure to interventions was observed successful in increasing the knowledge & utilization of VCTC services and lowering down the stigma and discrimination towards HIV:

- Awareness of VCTC was significantly higher among those exposed to intervention (71.7 percent) as compared to those who were not exposed to any intervention (10.0 percent). ($P < 0.001$).
- Practice of taking HIV test was reported by close to two thirds (58.3 percent) of the IDU exposed to interventions, while none amongst those who were not exposed to any intervention went for HIV testing.
- Levels of stigma with regard to HIV were reported significantly low among intervention exposed IDU (5.8 percent) as against those without such interventions (34.0 percent). ($P < 0.001$)
- Similarly, perception of discrimination towards HIV infected people was also observed significantly low among intervention exposed IDU (1.7 percent) as against those without such

Views on people living with HIV

"It is not their fault if they are infected. This disease is an uninvited disease. No body wants this disease."

"They (infected people) are also human beings like us. They should not be treated like street dogs."

-Respondents IDU

SUMMARY

To sum up some of the positive trends in this wave

- Needle sharing behaviour has been showing a declining trend across all the waves and in the current wave, around 42.0 percent reported such a behaviour.
- Use of pre-squirted needles has decreased considerably (below 10.0 percent) during the present wave.
- Majority (nearly 70.0 percent) have no misconceptions with regard to HIV prevention.
- Involvement with non-regular partners registered slight decrease this year, with less than one-fourths having non-regular partners.
- Majority (54.8 percent) reported using condoms with non-regular partners.
- Prevalence of STI continues to remain very low and treatment seeking behaviour is universal.
- HIV testing behavior registers a significant increase from 19.2 percent in 2005 to 32.8 percent during the current wave.
- Significant increase in the exposure levels to interventions.
- Stigma towards HIV has reduced remarkably over the past three waves. Level of discrimination against infected people has also been low among IDU.

Some of the continued challenges for the program

- Although voluntary condom procurement registered an increase in the current year, these levels continue to remain low (below 20.0 percent).
- Majority (60.0 percent) of those involved in risky behavior do not perceive any risk of contracting HIV

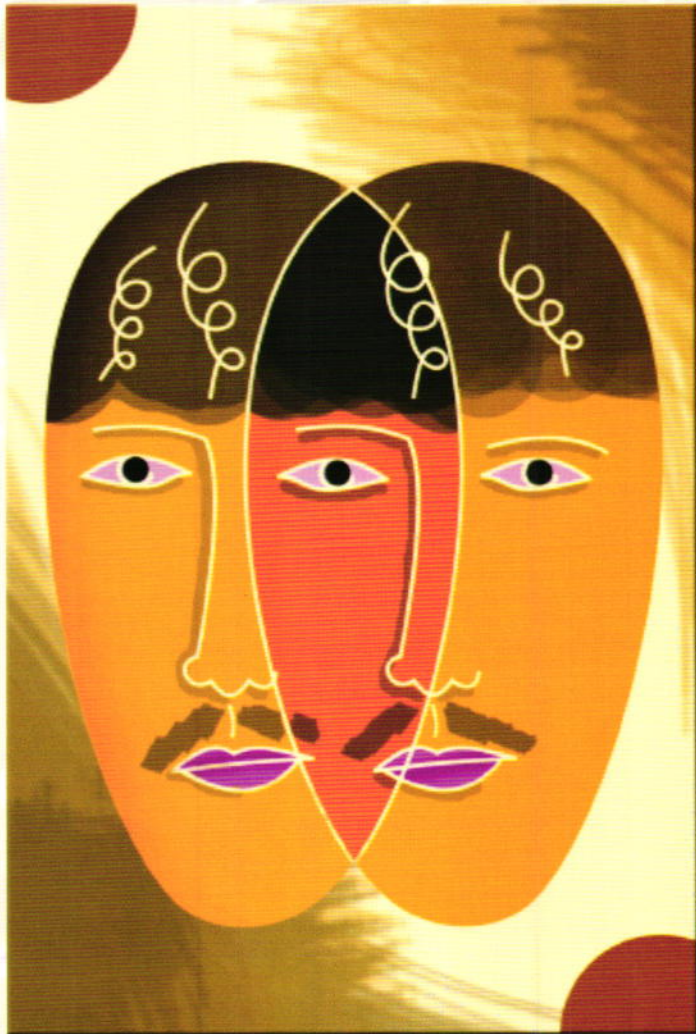
BSS INDICATORS INJECTING DRUG USERS (IDU)

Indicators	2001	2002	2003	2004	2005	2006
	77	250	250	249	250	250
Knowledge of at least two acceptable ways of preventing STI	64	245	244	245	249	249
Base - All respondents	77	250	250	249	250	250
Percentage	83.1	98.0	97.6	98.4	99.6	99.6
Condoms prevent STI	62	234	244	246	250	250
Base - All respondents	77	250	250	249	250	250
Percentage	80.5	93.6	97.6	98.8	100.0	100.0
Knowledge of at least two acceptable ways of preventing HIV/AIDS	77	241	239	247	250	250
Base - All respondents	77	250	250	249	250	250
Percentage	100.0	96.4	95.6	99.2	100.0	100.0
Condoms prevent HIV/AIDS	74	228	247	247	249	250
Base - All respondents	77	250	250	249	250	250
Percentage	96.1	91.2	98.8	99.2	99.6	100.0
Aware of both condom/abstinence as ways of preventing HIV/AIDS					171	195
Base - All respondents					250	250
Percentage					68.4	78.0
Knowledge without misconceptions	27	88	88	179	195	175
Base - All respondents	77	250	250	249	250	250
Percentage	35.0	35.0	35.2	71.9	78.0	70.0
Sexual intercourse with non-regular female partner last year	26	80	49	56	70	62
Base - All respondents	77	250	250	249	250	250
Percentage	33.8	32.0	19.6	22.5	28.0	24.8
Condom use during last non-regular heterosexual intercourse	11	44	32	26	40	34
Base - Respondents reporting non-regular sex in the last 12 months	26	80	49	56	70	62
Percentage	42.3	55.0	65.3	46.4	57.1	54.8
Sexual intercourse with male partner last year	9	11	19	5	2	0
Base - All respondents	77	250	250	249	250	250
Percentage	11.7	4.4	7.6	2.0	0.8	0.0

Indicators	2001 77	2002 250	2003 250	2004 249	2005 250	2006 250
Condom use during last anal sex with male partner Base - Respondents reporting anal sex with male partner in the last 12 months Percentage	1 1 100.0	0 4 0.0	2 8 25.0	0 2 0.0	0 2 0.0	- - -
Sharing the needle during injecting illegal drugs in the last incident Base - All respondents Percentage	68 77 88.3	164 250 65.6	129 250 51.6	139 249 55.8	131 250 52.4	105 250 42.0
Have access to sterile needles/syringes when they injected in the last one month Base - All respondents Percentage	77 77 100.0	235 250 94.0	242 250 96.8	241 249 96.8	240 250 96.0	250 250 100.0
Symptoms of urethritis in the last 12 months Base - All respondents Percentage	6 77 7.8	11 250 4.4	11 250 4.4	1 249 0.4	5 250 2.0	9 250 3.6
Last treatment from qualified allopathic doctor/clinic Base - Respondents reporting symptoms of urethritis in the last 12 months Percentage	2 6 33.3	7 11 6.7	1 11 9.1	0 1 0.0	2 5 40.0	9 9 100.0
Risk perceived (high/slight chances of contracting HIV/AIDS) Base - Respondents reporting sharing of un-sterile needles in the last incident Percentage	16 68 23.5	90 164 54.9	3 129 2.3	38 139 27.3	37 171 21.6	46 105 43.8
Risk perceived (high/slight chances of contracting HIV/AIDS) Base - Respondents reporting sharing of un-sterile needles in the last incident and not using condom during the non-regular sex in the last one year Percentage	14 57 24.6	95 185 51.3	74 140 53.0	40 150 26.7	37 177 20.9	46 119 38.7
Number of respondents who perceive that getting infected by HIV is a mark of shame Base - All Respondents Percentage			214 250 85.66	110 249 44.2	63 250 25.2	41 250 16.4

Indicators	2003	2003	2003	2004	2005	2006
	77	250	250	249	250	250
Number of respondents who perceive that HIV infected persons should be isolated from the society			50	40	56	28
Base - All Respondents			250	249	250	250
Percentage			20.0	16.1	22.4	11.2
Number of people tested for HIV/AIDS				16	48	82
Base - All Respondents				250	250	250
Percentage				6.4	19.2	32.8
Mean number of non-regular partner					3	3.7
Median number of non-regular partner					2	2

MEN HAVING SEX WITH MEN



DEMOGRAPHIC PROFILE

The profile that emerges by collating data of 300 MSM who were interviewed from two BSS sites in the state of Tamil Nadu viz., Chennai and Madurai is:

Mean Age	30.8 years (SD 5.6)
Literacy	95.3 percent literates
Marital Status	18.6 percent
Employment	94.0 percent
Average Personal Income	Rs.2730 per month
Use of habit-forming substances	
Alcohol	62.7 percent
Narcotics	0.4 percent
Average Age at First Sex With a Male	15.6 years (SD 2.1)
Average Age of Partner at First Encounter	18.9 years (SD 4.3)
Forced First Encounter	4.7 percent
First Male Partners	
Friends	50.0 percent
Neighbours	23.0 percent
Relatives	20.3 percent

The mean age of the respondents was 30.8 years, which is slightly higher as compared to the previous rounds of BSS. A sizeable majority (60.3 percent) of the MSM received education between Class VI to Class X and 19.3 percent had completed education till Class V. Around 18.6 percent of the respondents were married, which was a sharp decline from the figures registered in the previous year (33.7 percent).

The average monthly personal income was Rs. 2730 and about 94.0 percent of the respondents were employed. Around 62.7 percent of the respondents consumed alcohol and 0.4 percent used drugs while none used injecting drugs.

The mean age at first sexual experience with any male partner was 15.6 years for the MSM, which was lower compared to the previous waves. The first male partner for majority were friends (50.0 percent) followed by neighbours (23.0 percent) and relatives (20.3 percent). The average age of the partner was 18.9 years, which was lower

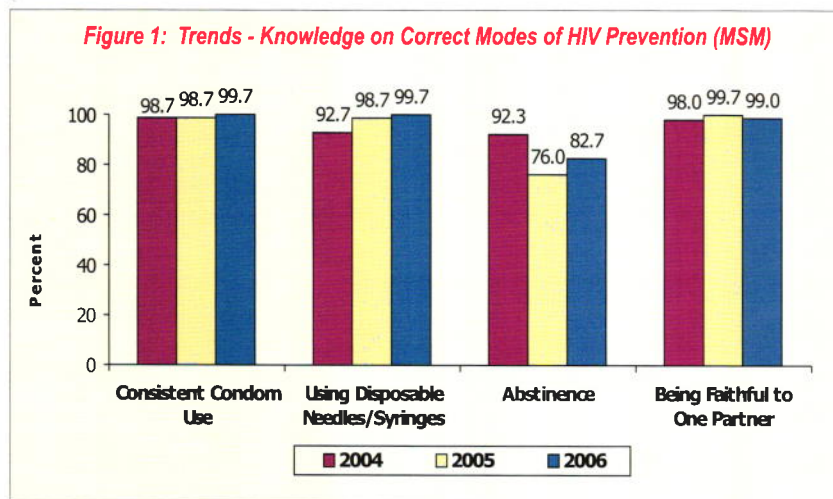
compared to the earlier rounds of BSS. In the present wave, just 4.7 percent of the MSM reported that their first sexual encounter was a forced one as compared to 17.0 percent in the previous wave.

The MSM in Tamil Nadu broadly take on the identity of **Kothi** (receptor), **Panthi** (penetrator) and **Double Decker** (who can be both penetrator as well as receiver).

Knowledge Indicators

Knowledge on Prevention of STI and HIV

Knowledge on at least two correct ways of HIV prevention was universal among the MSM covered in the latest round of BSS. Knowledge on consistent condom use, use of disposable syringes and being faithful to one partner were found close to universal. However, knowledge on abstinence was relatively lower, as just around 82.7 percent of the respondents were aware of it as a means to help prevent HIV (Figure 1). Almost all the MSM covered in this round of BSS were aware of two correct ways of STI prevention. The predominant sources of awareness of HIV were television (73.0 percent), NGO meetings (69.0 percent) and radio (62.7 percent).



Correct knowledge on modes of transmission of HIV was evident during the focus group discussions too.

Knowledge on modes of transmission of HIV

"It does not spread through mosquitoes."

"Sharing of needles may lead to AIDS."

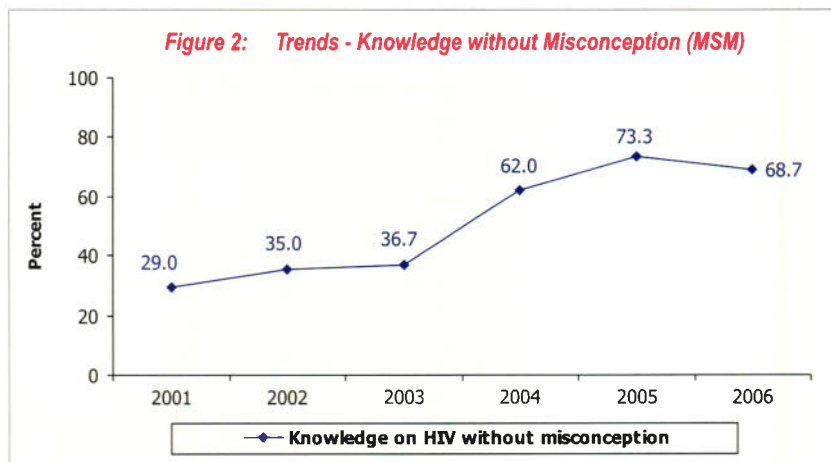
"Donation of infected blood will cause AIDS."

"Mother who has HIV disease will spread to the baby in the womb."

-Respondents MSM

Knowledge without Misconception

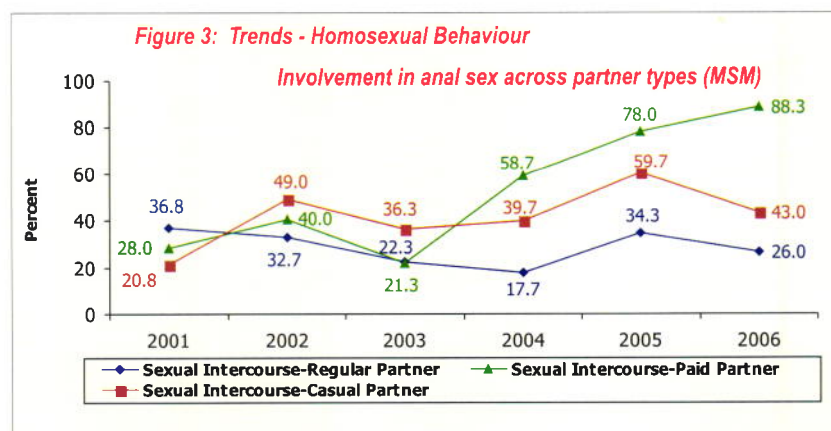
Misconception free knowledge with regard to HIV prevention which exhibited an upward trend since year 2001, has shown slight decrease in the present wave. In the latest wave, 68.7 percent of the respondents had knowledge without misconception as compared to 73.3 percent in 2005 (Figure 2).



Behavioural Indicators

Homosexual Behaviour

Homosexual behaviour with paid partners has increased significantly to 88.3 percent in 2006 as compared to 78.0 percent in 2005. On the other hand, involvement with casual male partners has decreased considerably to 43.0 percent this year vis-à-vis 59.7 percent last year (change statistically significant). The involvement with paid partner has been on a much higher side as compared to casual partner since the year 2004. There has been a significant decrease in the involvement with regular male partner from 34.3 percent in 2005 to 26.0 percent in the present wave (Figure 3).



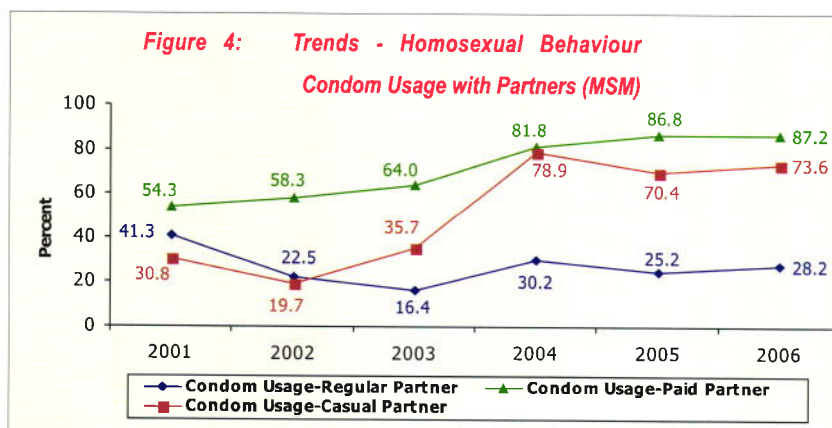
Qualitative discussions tried exploring the factors that lead to their MSM involvement with the paid partners, and the findings suggest that it was primarily for the sake of money that they indulge in paid sex. Types of sex with such partners were mostly oral.

Casual partners for MSM were the men (either in their place of solicitation or neighborhood) whom they like and get attracted to. They generally practice anal sex with their casual partners. Masturbation and oral sex were also a common practices with casual partners.

Regular partners to MSM were mostly the partners whom they first had sex with or had sex in the very beginning of their MSM behavior. There were some cases when the casual relationships grew so strong that their casual partners became regular ones to them. Choice of sex was at sole discretion of their regular partner.

Condom Usage during Homosexual Behavior

Condom usage with the male paid partner has been showing an upward trend year after year since 2001. However, in the current wave, it was registered at 87.2 percent, which is comparable to the figures registered in the previous year. Condom use with male casual partners has also improved a lot in comparison to the year 2001. This year it was registered at 73.6 percent as compared to 70.4 percent in the earlier year. Just as condom usage with non-regular male partners registered an increase this year as compared to the previous round, likewise, condom usage with male regular partners also increased from 25.2 percent in 2005 to 28.2 percent in 2006. However, it is important to note that since year 2003 condom use with male regular sex partners has been the lowest among three categories of male partners (Figure 4). The predominant reason cited for using condoms was to prevent spread of HIV/AIDS and STI which remains common for all the three types of partners i.e. male paid partners, male casual partners and male regular partners.



Reasons why clients solicit sex from MSM

"Ladies generally don't accept oral sex."

"Ladies won't kiss the entire body where as men like it very much."

-Respondents MSM

Casual Partners of MSM

"He is too handsome and every kothi likes him. But he comes only with me."

-Respondent MSM

Relationship with regular partners

"Whatever he says, I do it. When he asks for anal I do it and when he asks for oral I do it too. We share the same bed and sleep putting legs on each other. We love each other as husband wife. It is not the same for others will just finish him and send him off."

-Respondent MSM

Consistent condom usage with paid partners experienced slight decrease to 61.5 percent in the current wave from 64.0 percent in the earlier wave. However, with casual partners, around 55.8 percent have reported using condoms every time during the current wave as compared to 52.0 percent respondents who reported similar behaviour in the previous round of BSS.

During qualitative discussions too, their views with regard to the condom use varied across the partner types. While they felt that it is very critical to use condoms with their paid and casual clients, regular partners were considered an exception for such a consideration.

Situations that lead to unprotected sex were different for paid and casual partners. While for paid sex, it was 'either 'partner's insistence' or 'increased fee' which compels an MSM to have sex without condom; they do not bother to use condoms if their casual partner is 'handsome' & 'healthy looking'.

Heterosexual Behaviour and Condom Usage

While none of the respondents reported having female paid partners, just about 2.7 percent reported having female casual partners. In the current wave, around 50.0 percent of respondents (who have female casual partners) reported using condom during their last sexual encounter with such a partner, which is comparable to figures registered in the previous year.

Voluntary Condom Procurement

There has been tremendous increase in voluntary condom procurement from 29.0 percent at baseline to 97.3 percent during the latest wave (Figure 5). None of the respondents reported difficulty in procuring condoms. Almost all the respondents (99.3 percent) reported knowing the right way of using condoms. Further, the proportion of those who said that the right way of using condom had been demonstrated to them saw an increase from 75.0 percent in 2005 to 87.3 percent during the current wave.

During qualitative discussions, participants attributed this improvement in their condom procurement behavior to '*easy availability of condoms*', '*TV, radio campaigns*' and '*Peer Educators' messages*'.

Nirodh, Masti and Deluxe Nirodh emerged as the widely used condom brands among this target group. The predominant sources of condoms were medical shops followed by petty shops.

Reasons for condom use with non-regular partner

"With client it becomes very risky... you never know how good or bad he is."

"He (casual partner) comes to me once or twice a week, how will I know that he is not going to anyone else?"

-Respondents MSM

Reasons for non-use of condom with regular partner

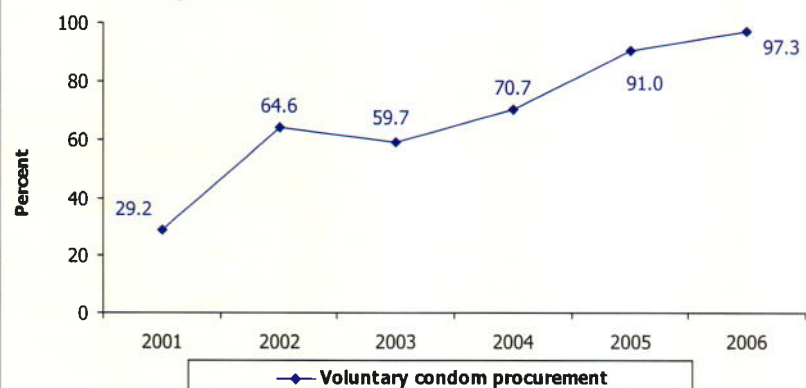
"My husband (regular partner) lives with me and I know that he is safe."

"He (regular partner) promised that he will never go to anybody else."

"In love there should be no objections to any proposal of your lover."

-Respondents MSM

Figure 5: Trends - Voluntary Condom Procurement (MSM)

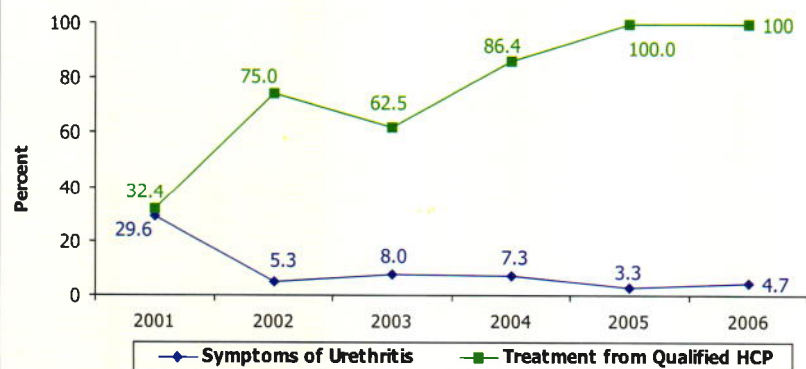


Health Seeking Behaviour

The proportion of MSM who reportedly suffered from urethritis evidenced marginal increase from 3.3 percent in 2005 to 4.7 percent in 2006. As in the previous wave, in the current wave too all respondents who experienced STI symptoms reported seeking treatment from qualified HCP (Figure 6). An overwhelming 85.7 percent of those who sought treatment reported having taken full course of medicines. As in the case of most other target groups, among MSM too, the time gap between experiencing STI symptoms and taking treatment for the same was usually around one week or even less than that. Government clinics/ hospitals emerged as the most sought places for STI treatment as well as for the general health problems.

Around 61.5 percent of those who experienced STI symptoms, abstained from sex during the course of their last STI. Among those who had sex, majority had it with their male paid partners.

Figure 6: Trends- Urethritis and Treatment Seeking (MSM)



Insights

Incidence of unprotected sex impacts self-risk perception and test taking behavior.

- The self-risk perception was reported significantly higher amongst the non-users of condoms (94.3 percent) as compared to condom users (57.7 percent) ($P < 0.001$).
- Significantly higher proportions of the non-users reported having taken HIV test (94.3 percent) as compared to the condom users (65.0 percent) ($P < 0.001$).

Perception of Risk

Risk perception of contracting HIV with male partners was at 42.4 percent, which was a slight increase from 38.2 percent registered in the previous year. The perception of risk of contracting HIV through female partners too increased from 38.2 percent to 42.4 percent.

As it surfaced during qualitative discussions, misperception about 'anal and oral sex being safer forms of sex' was the key factor reducing self-risk perception among the MSM community.

Another important factor that prevents them from perceiving risk especially from their regular partners was their trust on such partners who they considered to be exclusive to them. While with casual partners, they did not perceive any risk if the partner was healthy and physically fit.

Voluntary HIV Testing

Around 62.0 percent of the respondents reported having taken HIV test in 2006, which is a substantial increase from the figures recorded in 2005 (39.3 percent). Of the 62.0 percent who undertook an HIV test, 87.1 percent had done it voluntarily. An overwhelming 80.0 percent said that they went to Government hospitals for the test. Almost one fourths of the respondents said that they received the test at NGOs.

All the respondents who had taken the HIV test were aware of the results of the test, and around 96.2 percent had received counseling.

Qualitative discussions revealed that this increase in testing practices was a result of high level of awareness on HIV related issues. TV, radio and NGO activities were quoted as the source of motivation for taking HIV tests.

Experience of test taking was well appreciated by the participants as they got '*a very good treatment by the medical staff*' and '*found the counseling to be informative and interesting*'

A major proportion of those who did not have the HIV test, attributed it to the reason that they did not think it was necessary for them to take the test as they considered themselves to be safe.

Reasons for low risk perception

"AIDS spreads from a woman to a man or from a man to a woman. Women to women and men to men transmission of this disease is not there."

-Respondent MSM

Insights

Self risk perception triggers HIV testing,

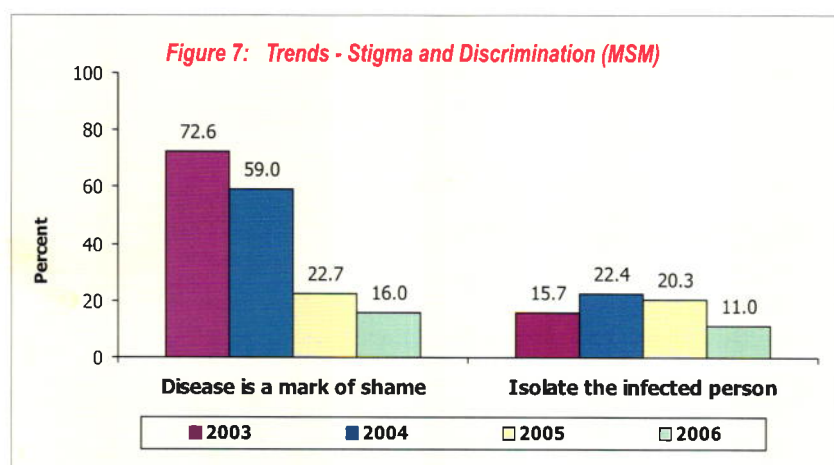
- > An overwhelming majority (91.7 percent) of those who perceived high risk had a HIV test compared to just about 69.4 percent of those who perceived low risk and had a HIV test ($P < 0.001$).

Exposure to Inter Personal Communication

There was a substantial increase in percentage of respondents who had been exposed to IPC in the present wave as compared to the previous wave. While exposure to group interventions increased from 52.3 percent in 2005 to 82.3 percent in 2006, exposure to individual interventions rose from 61.7 percent to 88.3 percent. NGO offices emerged as the predominant places of intervention.

Stigma and Discrimination

The stigma associated with HIV has been showing a declining trend over the past three waves. This year, around 16.0 percent of MSM perceived HIV as a mark of shame as compared to 22.7 percent in 2005. The discrimination towards HIV infected also evidenced a decrease from 20.3 percent in the previous year to 11.0 percent this year.



Awareness of VCTC

"They say about VCTC on TV at least 10 times in a week."

-Respondent MSM

Insight

➤ Knowledge about VCTC was significantly higher amongst those exposed to an intervention (82.0 percent) as compared to those not exposed to any (11.8 percent) intervention ($P < 0.001$).

Views on HIV infected people

"These people need extra support as the disease (AIDS) makes them weak from inside."

"After all they are also human beings and should be treated like other patients - like people suffering from cancer, TB etc."

-Respondent MSM

Key highlights of the current wave are:

- Although misconception-free knowledge on HIV prevention registered slight decrease in the current wave, it continues to remain high (68.7 percent).
- Involvement with female non-regular sex partners continues to decline with increasing condom usage.
- Voluntary procurement of condoms has shown tremendous improvement across the waves. Almost 97.3 percent of respondents reported such behaviour.
- Prevalence of STI symptoms considerably low and treatment seeking behavior remains universal as in the previous wave.
- Substantial increase in the percentage of those who had taken the HIV test.
- Exposure to Inter Personal Communication very high among this group.
- Levels of stigma and discrimination is declining.

Some of the key attention areas for the future program are

- Higher involvement with male paid partners.
- Condom use with male regular partner relatively low.
- Among those indulging in risky behaviour, risk perception levels remain below 50.0 percent.

BSS INDICATORS MEN HAVING SEX WITH MEN (MSM)

Indicators	2003	2003	2003	2004	2005	2006
	125	300	300	300	300	300
Knowledge of at least two acceptable ways of preventing STI	97	299	250	297	296	299
Base - All respondents	125	300	300	300	300	300
Percentage	77.6	99.7	83.3	99.0	98.7	99.7
Condoms prevent STI	97	297	292	296	295	300
Base - All respondents	125	300	300	300	300	300
Percentage	77.6	99.0	97.3	98.7	98.3	100.0
Knowledge of at least two acceptable ways of preventing HIV/AIDS	122	297	246	296	299	300
Base - All respondents	125	308	300	300	300	300
Percentage	97.6	99.0	82.0	98.7	99.7	100.0
Condoms prevent HIV/AIDS	118	295	293	296	296	299
Base - All respondents	125	300	300	300	300	300
Percentage	94.4	98.3	97.6	98.7	98.7	99.7
Knowledge of both condom/abstinence as ways of preventing HIV/AIDS					228	247
Base - All respondents					300	300
Percentage					76.0	82.3
Knowledge without misconceptions	36	105	110	186	220	206
Base - All respondents	125	300	300	300	300	300
Percentage	29.0	35.0	36.7	62.0	73.3	68.7
Sexual intercourse with non-regular female partner last year	36	105	90	64	18	8
Base - All respondents	125	300	300	300	300	300
Percentage	28.8	35.0	30.0	21.3	6.0	2.7
Condom use during last non-regular heterosexual intercourse	15	81	65	6	9	4
Base - Respondents reporting non-regular heterosex in the last 12 months	36	105	90	64	18	8
Percentage	41.7	77.1	72.2	9.4	50.0	50.0
Sexual intercourse with male sexual partner last year	125	300	300	300	300	300
Base - All respondents	125	300	300	300	300	300
Percentage	100.0	100.0	100.0	100.0	100.0	100.0

Indicator	2003	2003	2003	2004	2005	2006
	125	300	300	300	300	300
Condom use during last anal sex with male partner Base - Respondents reporting involvement in anal sex with any male partner Percentage	38 85 44.7	99 300 33.0	78 191 40.8	166 220 75.5	213 255 83.5	238 277 85.9
Condom use during last anal sex with male regular partner Base - Respondents reporting involvement in anal sex with male regular partner Percentage	19 46 41.3	22 98 22.5	11 67 16.4	16 53 30.2	26 103 25.2	22 78 28.2
Incidents of anal sex with male paid partner last year Base - All respondents Percentage	35 125 28.0	120 300 40.0	64 300 21.3	176 300 58.7	234 300 78.0	265 300 88.3
Condom use during last anal sex with male paid partner Base - Respondents reporting involvement in anal sex with male paid partner Percentage	19 35 54.3	70 120 58.3	41 64 64.0	144 176 81.8	203 234 86.8	231 265 87.2
Incidents of anal sex with male casual partner last year Base - All respondents Percentage	26 125 20.8	147 300 49.0	109 300 36.3	119 300 39.7	179 300 59.7	129 300 43.0
Condom use during last anal sex with male casual partner Base - Respondents reporting involvement in anal sex with male casual partner Percentage	8 26 30.8	29 147 19.7	39 109 35.7	94 119 78.9	126 179 70.4	95 129 73.6
Symptoms of urethritis in the last 12 months Base - All respondents Percentage	37 125 29.6	16 300 5.3	24 300 8.0	22 300 7.3	10 300 3.3	14 300 4.7
Last treatment from qualified allopathic doctor/clinic Base - Respondents reporting symptoms of urethritis in the last 12 months Percentage	12 37 32.4	12 16 75.0	15 24 62.5	19 22 86.4	10 10 100.0	14 14 100.0
Risk perceived (high/slight chances of contracting HIV/AIDS) Base - Respondents reporting no condom use during last anal sex with non regular male partner Percentage	8 31 25.8	11 215 5.1	58 84 69.0	14 37 37.8	27 69 39.1	14 33 42.4

Indicator	2003	2003	2003	2004	2005	2006
	125	300	300	300	300	300
Risk perceived (high/slight chances of contracting HIV/AIDS)	14	7	77	39	29	14
Base - Respondents reporting no condom use during last anal sex with non regular male partner and with non-regular female partner	41	88	111	139	76	33
Percentage	34.1	8.0	69.3	28.1	38.2	42.4
Number of respondents who perceive that getting infected by HIV is a mark of shame			182	177	68	48
Base - All respondents			300	300	300	300
Percentage			72.6	59.0	22.7	16.0
Number of respondents who perceive that HIV infected persons should be isolated from the society			39	67	61	33
Base - All respondents			300	300	300	300
Percentage			15.7	22.4	20.3	11.0
Number of people tested for HIV/AIDS				76	118	186
Base All respondents				300	300	300
Percentage				25.3	39.3	62.0
Mean number of male sex partners with whom had anal sex in last 30 days					12.9	10
Median number of male sex partners with whom had anal sex in last 30 days					11	8

ARAVANI PENGAL



DEMOGRAPHIC PROFILE

The socio demographic profile of the survey respondents by interviewing 250 Aravanis spread across three sites in the state of Tamil Nadu viz., Chennai, Madurai and Salem is:

Mean Age	28.9 years (SD 5.3)
Literacy	94.0 percent literate
Marital Status	2.8 percent
Average Personal Income	Rs.2905 per month
Average Age at First Sex With a Male	14.9 years (SD 2.1)
Average Age of Partner at First Encounter	19.2 years (SD 3.6)
Forced First Encounter	5.2 percent

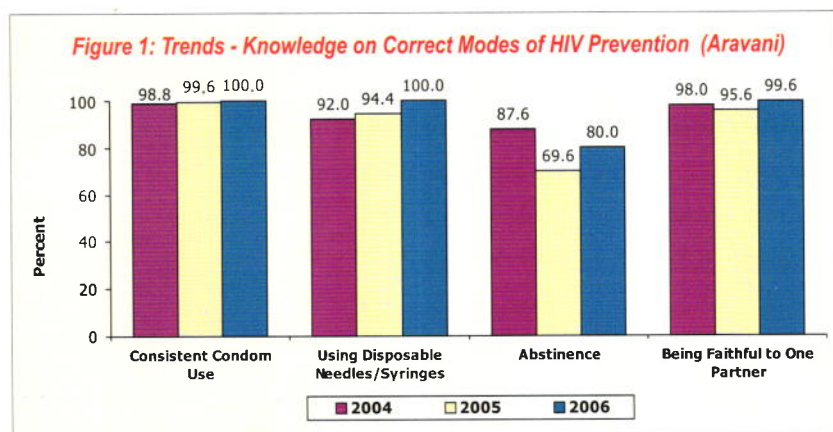
A total of 250 respondents were interviewed for the eleventh wave of BSS from three sites in the state of Tamil Nadu. The mean age of the respondents was around 28.9 years, which is comparable to the earlier rounds of BSS. While a sizeable majority (68.8 percent) of the respondents had received education between Class VI to Class X, around 22.4 percent received education up to Class V. The average monthly personal income of the Aravanis covered in this round of BSS was around Rs.2905.8/- and their average monthly household income was around Rs.3352.4/-. A trivial 2.8 percent of the Aravanis were married. All those married had a male spouse. Most (89.2 percent) of the respondents reported living with other Aravanis. Among the Aravanis covered in this round of BSS, majority (84.0 percent) were Nirvana Aravanis.

The mean age at which the respondents had their first sexual experience with any male partner was 14.9 years, which is slightly lower as compared to the earlier rounds of BSS. About 5.2 percent of the Aravanis reported that their first sexual experience with a male partner was a forced one.

Knowledge Indicators

Knowledge on Prevention of STI and HIV

Similar to the previous wave, the latest survey showed that the knowledge of two ways of preventing HIV was universal in this target group. Around 98.0 percent of the respondents were aware of two ways of preventing STI, which is increase from the figures registered in the year 2005 (96.8 percent) (Figure 1). All the Aravanis covered in this survey had knowledge that consistent usage of condoms and using disposable needles/syringes helps prevent HIV. The awareness that 'being faithful to one's partner' helps prevent HIV too was very high among this target group. However, the proportion of those who were aware of abstinence as one of the important means to prevent HIV was comparatively low (80.0 percent). Nevertheless, the knowledge levels along this parameter have improved among this target group as compared to the previous year (69.6 percent).

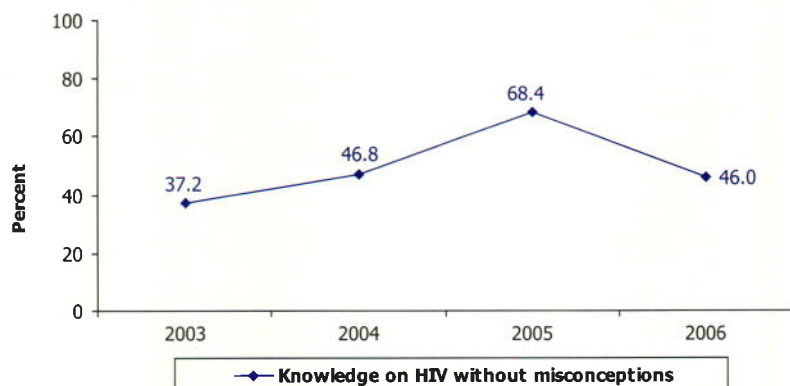


Knowledge without Misconception

After a substantial increase in misconception-free knowledge in the previous year, the current year is marked by a considerable (statistically significant) decrease in this knowledge. In the latest wave, 46.0 percent of the respondents had knowledge devoid of misconceptions, which is comparable to figures registered in the year 2004 (Figure 2).

This round of the survey revealed that the most important source of awareness of HIV among this category of respondents were NGOs followed by Television and Radio. It is important to note that a sizeable majority (71.2 percent) of the respondents identified NGOs as an important source in generating awareness on HIV.

Figure 2: Trends - Knowledge without misconceptions (Aravani)



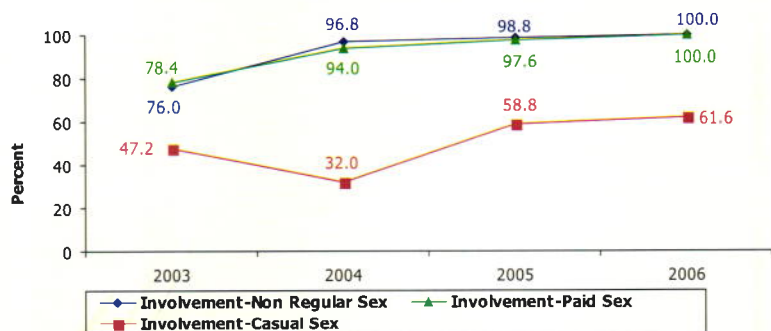
However participants also demonstrated high levels of knowledge on the correct modes of HIV transmission and preventions.

Behavioural Indicators

Sexual Behaviour

Involvement with male non-regular partner was universal among this category of respondents (Figure 3). In the current wave, involvement with paid partners too was universal among this group, which is marginal increase from the figures registered in the previous round of BSS (97.6 percent). Similarly, involvement with casual partners witnessed increase to 61.6 percent this year from 58.8 percent in 2005.

Figure 3: Trends - Sexual Behavior (Aravani)



Casual partners for Aravani Pengal, as revealed during the group discussions, were their friends, landlords and neighbors.

Most common misconceptions

"If you take donkey's milk you will not get AIDS."

"AIDS can be prevented by taking injections."

"AIDS patients can be spotted easily through their looks. They are weak and thin. Color of their lips is different."

-Respondents ARA

Knowledge without misconceptions

"HIV is a germ and AIDS is a disease caused by this germ."

"AIDS has no cure. It is a killer disease. But it does not mean immediate death of the patient.

One can live for 10 years with AIDS."

"If we have bleeding in gums and have oral sex, it (AIDS) may spread to us."

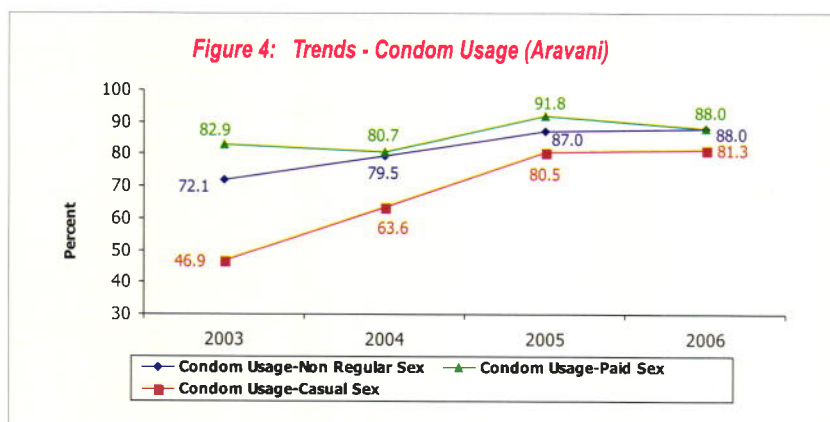
-Respondents ARA

Condom Usage

The condom usage with non-regular partners has witnessed a marginal increase to 88.0 percent in 2006 from 87.0 percent in 2005. Condom usage with the paid partners has always been higher as compared to that with casual partners. However, this gap has continued to narrow down over past few waves. In the latest wave, the condom usage with paid partners was registered at 88.0 percent which is a decrease compared to the previous wave (91.8 percent) (Figure 4). Comparable trends were observed for the condom use behavior with casual partners, as the figures reported for current wave (81.3 percent) were more or less similar to those of the previous wave (80.5 percent). The main reason cited for using condoms was to prevent the transmission of HIV and prevention of STI, which remains common for both the types of partners.

Overall, there has been a significant decrease in consistent condom use behavior with both types of non-regular partners. In case of paid partners, it has decreased from around 74.7 percent last year to 37.7 percent this year, while with casual partners it dropped from 66.3 percent to 25.9 percent.

Qualitative findings indicate that the Aravani community was aware of the need to emphasize condom use during every sexual encounter. Importance of using condoms during oral sex was also voiced out.



As revealed during qualitative discussions, one of the chief reasons for not using condom was 'reluctance from partner's side' and the situations when condom use becomes difficult for Aravanis were 'when they have sex with rowdies' and 'when the partner is under the influence of alcohol'. To some it does not matter to use condom if the partner is 'healthy looking'.

On the other hand, some Aravanis would not mind losing their clients as they say *"losing 1 or 2 clients is better than losing our own life"*

Reasons for their involvement with casual partners

"He is too friendly with me. I really like him."

"He cares for me and is always ready to help me if I am in trouble."

-Respondents ARA

Condom use with non-regular partners

"We do not have sex without condoms at any cost."

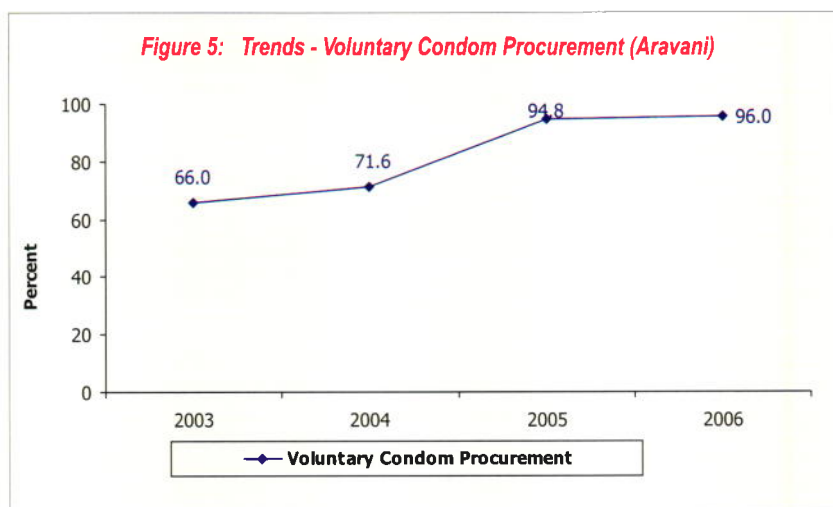
"I always put condom before taking it into my mouth."

-Respondents ARA

Voluntary condom procurement

There has been an upward trend in the voluntary procurement of condoms among this respondent category since the year 2003. It has increased from 66.0 percent in 2003 to 96.0 percent this year (Figure 5). None of the Aravanis covered in this survey reported facing any difficulty in procuring condoms. An overwhelming majority (98.4 percent) reported being aware of right way of using a condom. Around 90.4 percent of the Aravanis said that correct way to use a condom had been demonstrated to them. The predominant sources of condom procurement were medical shops followed by petty shops. Nirodh was the most popular brand of condom among this group.

Figure 5: Trends - Voluntary Condom Procurement (Aravani)

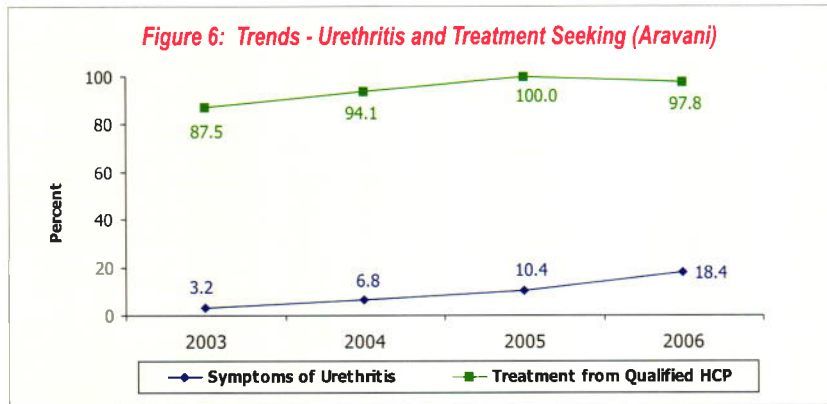


Health Seeking Behaviour

The percentage of those who reported suffering from urethritis has been steadily increasing since 2003. In the current year the percentage of such reported cases rose to 18.4 percent from 10.4 percent in the earlier year (difference statistically significant).

Nonetheless, the phenomenon of seeking treatment was close to universal (97.8 percent) among all those who reported experiencing the STI symptoms (Figure 6). Most sought places for STI treatment were Government clinics, which are the same as they approach for general health related problems. In most cases, the time gap between experiencing a symptom and taking treatment for the STI was one week or even less than that. An overwhelming majority (91.5 percent) of those who sought treatment reported having taken the full course of medicines.

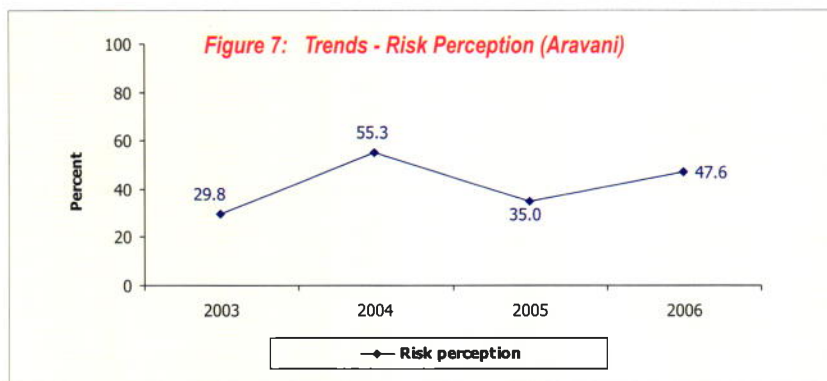
Around 44.7 percent of those who suffered from STI reported having sex during the course of their last STI and a major proportion (42.6 percent) of them had it with commercial partners.



Qualitative discussions corroborate the above findings as the participants highlighted being cautious for getting the STI symptoms treated immediately after recognition. They attributed such awareness to the NGO volunteers whom they also called as their 'best friends' and 'well-wishers'.

Perception of Risk

The risk perception has been exhibiting a fluctuating trend since 2003. In the latest wave, the risk perception among non-condom users has risen to 47.6 percent from 35.0 percent in 2005 (Figure 7).



Qualitative discussions helped understand the reasons behind low self-risk perception despite practicing unprotected sex. Above all, it was "trust on casual partners" which prevents them from perceiving risk of contracting HIV. They perceive their casual partners to be safe if they look healthy and physically fit and hence, do not perceive any risk in having sex without condoms with them.

Insights

Self-risk perception seemed to be triggered with unprotected sex and in turn triggers HIV test taking behavior.

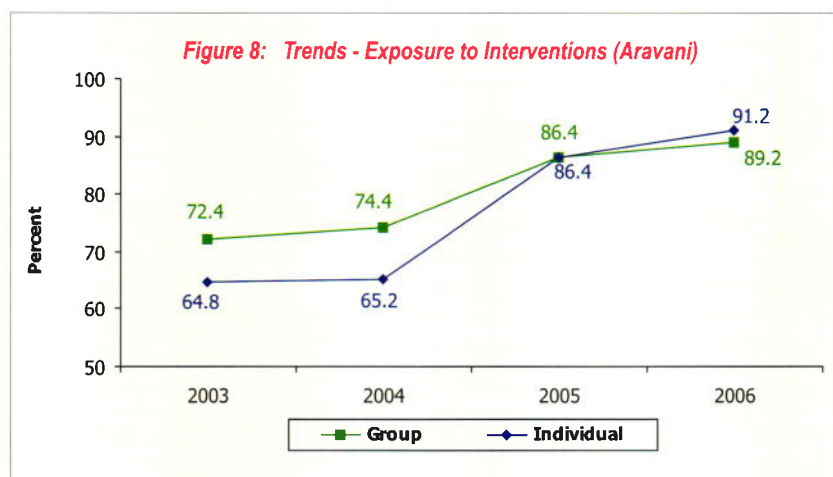
- A considerably higher proportion of condom non-users (61.9 percent) perceived risk for themselves in comparison to those who used condoms (22.7 percent) ($P < 0.001$).
- The proportion of those who took HIV test was significantly higher among those who perceived risk (95.8 percent) than those who did not perceive any risk (81.7 percent) ($P < 0.001$).

Voluntary HIV Testing

The incidence of HIV testing has been exhibiting an increasing trend since 2004. In the current wave, it increased to 84.8 percent from 64.4 percent in the previous wave (Figure 8). Out of the 84.8 percent who had taken the HIV test, 91.5 percent underwent the test voluntarily. Government clinics and NGOs were the most common places where the Aravani Pengal got themselves tested. An overwhelming 98.6 percent of those who had taken the HIV test received counseling. Aravani Pengal attributed their test taking behavior to increased awareness on HIV related issues through TV, radio and NGO activities.

Exposure to Inter Personal Communication

The exposure to group as well as individual interventions has been registering an upward trend since 2003. While the exposure to group intervention increased from 86.4 percent in 2005 to 89.2 percent in 2006, the exposure to individual intervention rose to 91.2



Insights

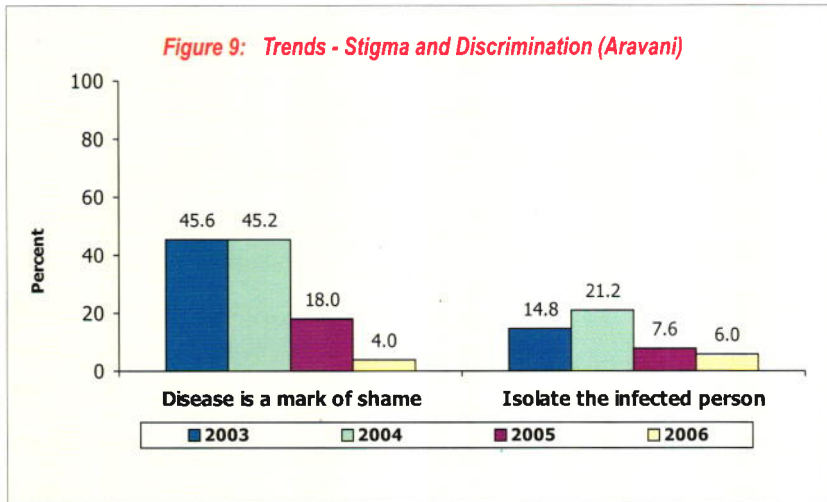
Exposure to interventions seemed to have significant impact on:

- **Awareness on VCTC**, which was significantly higher amongst intervention exposed Aravani Pengal (77.3 percent) as compared to those who were not exposed to any intervention (25.0 percent) ($P < 0.001$).
- **Incidence of HIV Testing**, as a significantly higher proportion of intervention exposed Aravani Pengal (88.2 percent) reportedly undertook HIV test as against the proportion of those without exposure to any intervention (8.3 percent) ($P < 0.001$).

Stigma and Discrimination

The stigma surrounding HIV/AIDS prevents those infected, or those at the risk of being infected, from discussing the causes and appropriate responses to the disease. HIV-related stigma refers to all unfavorable attitudes, beliefs and policies directed toward people perceived to have HIV.

It is encouraging to note that the belief 'HIV disease is a mark of shame' registered a significant decline from 18.0 percent in 2005 to 4.0 percent in 2006. The proportion of those who perceived that HIV infected person should be isolated was at 6.0 percent, which is comparable to the previous round of BSS.



SUMMARY

Some positive observations from the current wave are:

- Condom use behavior continues to improve with both types of non-regular partners.
- Voluntary condom procurement has improved over time. This year it was recorded at 96.0 percent, which is the highest figure recorded so far.
- Although prevalence of STI has shown an upward trend, yet treatment seeking behavior for STI symptoms has always been high among Aravani Pengal and this year too it was universal as in the previous wave.
- Voluntary testing for HIV is on an upward trend. Around 84.8 percent of the respondents reported receiving this test.
- Exposure to IPC has improved over time and is recorded very high.
- Stigma associated with HIV and discrimination towards infected people is reducing and is recorded very low in the current year (4.0 percent and 6.0 percent respectively).

Some challenges which need attention are:

- Misconception free knowledge registered substantial decrease from 68.4 percent in 2005 to 46.0 percent this year.
- Involvement with non-regular sex partners shows an upward trend.
- Condom usage with casual partners exhibits significant decrease.
- More than 50.0 percent of those who resort to risky behaviour do not perceive any risk of contracting HIV.

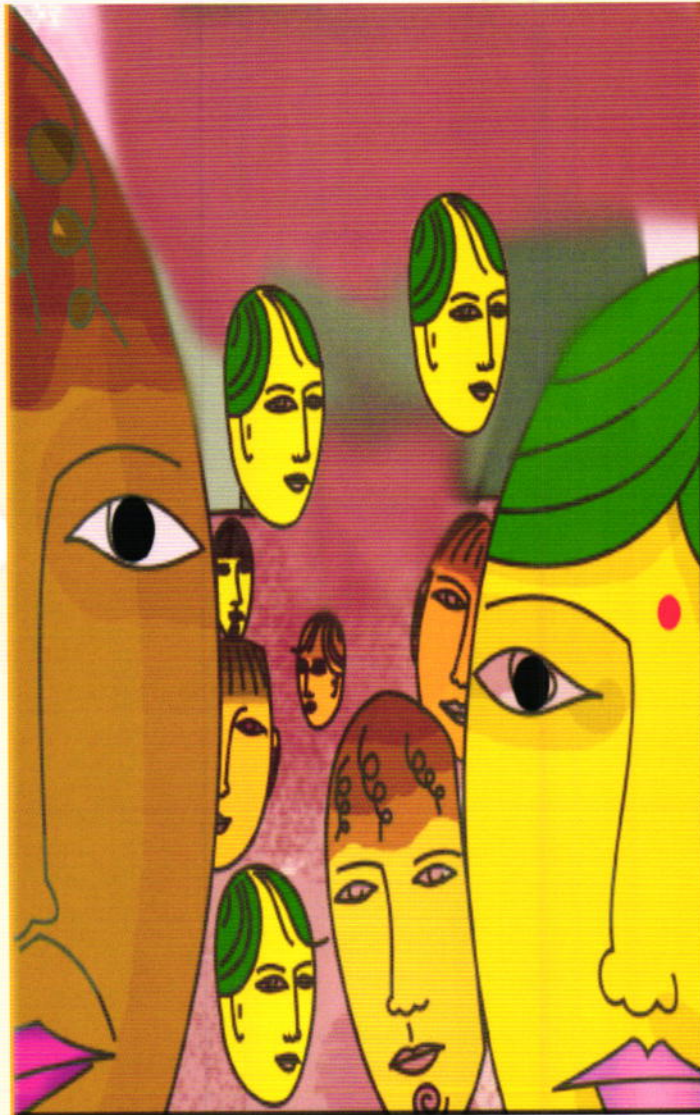
BSS INDICATORS-ARAVANI PENGAL (ARA)

Indicators	2003	2004	2005	2006
	250	250	250	250
Knowledge of at least two acceptable ways of preventing STI	228	248	242	245
Base - All respondents	250	250	250	250
Percentage	91.2	99.2	96.8	98.0
Condoms prevent STI	233	246	249	250
Base - All respondents	250	250	250	250
Percentage	93.2	98.4	99.6	100.0
Knowledge of at least two acceptable ways of preventing HIV / AIDS	234	249	250	250
Base - All respondents	250	250	250	250
Percentage	93.6	99.6	100.0	100.0
Condoms prevent HIV / AIDS	237	247	249	250
Base - All respondents	250	250	250	250
Percentage	94.8	98.8	99.6	100.0
Aware of both condom/abstinence as ways of preventing HIV/AIDS			174	200
Base - All respondents			250	250
Percentage			69.6	80.0
Sexual intercourse with male partner last year	241	249	250	250
Base - All respondents	250	250	250	250
Percentage	96.4	99.6	100.0	100.0
Condom use during last anal sex with male partner	142	126	158	175
Base - Involved in anal sex with any male partner	241	164	182	199
Percentage	58.9	76.8	86.8	87.9
Sexual intercourse with male regular partner last year	81	71	145	147
Base - All respondents	250	250	250	250
Percentage	32.4	28.4	58.0	58.8

Indicators	2003	2004	2005	2006
	250	250	250	250
Condom use during last anal sex with male regular partner Base - Involved in anal sex with male regular partner Percentage	37 69 53.6	21 47 44.7	45 113 39.8	64 127 50.4
Sexual intercourse with male non regular partner last year Base - All respondents Percentage	190 250 76.0	242 250 96.8	247 250 98.8	250 250 100.0
Condom use during last anal sex with male non-regular partner Base - Involved in anal sex with any male non-regular partner Percentage	137 190 72.1	120 151 79.5	154 177 87.0	154 175 88.0
Sexual intercourse with male paid partner last year Base - All respondents Percentage	196 250 78.4	235 250 94.0	244 250 97.6	250 250 100.0
Condom use during last anal sex with male paid partner Base - Involved in anal sex with male paid partner Percentage	121 146 82.9	113 140 80.7	156 170 91.8	154 175 88.0
Sexual intercourse with male casual partner last year Base - All respondents Percentage	118 250 47.2	80 250 32.0	147 250 58.8	154 250 61.6
Condom use during last anal sex with male casual partner Base - Involved in anal sex with male casual partner Percentage	45 96 46.9	28 44 63.6	83 103 80.5	91 112 81.3
Symptoms of urethritis in the last 12 months Base - All respondents Percentage	8 250 3.2	17 250 6.8	26 250 10.4	46 250 18.4

Indicators	2003	2004	2005	2006
	250	250	250	250
Last treatment from qualified allopathic doctor/clinic	7	16	26	45
Base - Respondents reporting symptoms of urethritis in the last 12 months	8	17	26	46
Percentage	87.5	94.1	100.0	97.8
Risk perceived (high/slight chances of contracting HIV/AIDS)	17	21	7	10
Base - Respondents reporting no condom use during last anal sex with non regular male partner	57	38	20	21
Percentage	29.8	55.3	35.0	47.6
Number of respondents who perceive that getting infected by HIV is a mark of shame	114	113	45	10
Base - All respondents	250	250	250	250
Percentage	45.6	45.2	18.0	4.0
Number of respondents who perceive that HIV infected persons should be isolated from the society	37	53	19	15
Base - All respondents	250	250	250	250
Percentage	14.8	21.2	7.6	6.0
Number of people tested for HIV/AIDS		85	161	212
Base - All respondents		250	250	250
Percentage		34.0	64.4	84.8
Mean number of partners with whom had anal sex			58.9	41.8
Mean number of partners with whom had anal sex			45	47

MALE AND FEMALE STUDENTS



DEMOGRAPHIC PROFILE

Male Students

The profile of 1700 male students covered from six BSS sites in Tamil Nadu viz., Chennai, Coimbatore, Madurai, Salem, Chidambaram and Vellore is:

Mean age	18.8 years (SD 1.9)
Type of Institute	82.9 percent Coeducational
Marital status	0.3 percent married and living with wife
Part Time Employment	8.3 percent engaged

Female Students

The profile of 6005 female students covered from six BSS sites in Tamil Nadu viz., Chennai, Coimbatore, Madurai, Salem, Chidambaram and Vellore is documented here.

Mean age	18.8 years (SD 1.7)
Type of Institute	49.8 percent Coeducational
Marital status	All unmarried
Part Time Employment	0.6 percent engaged

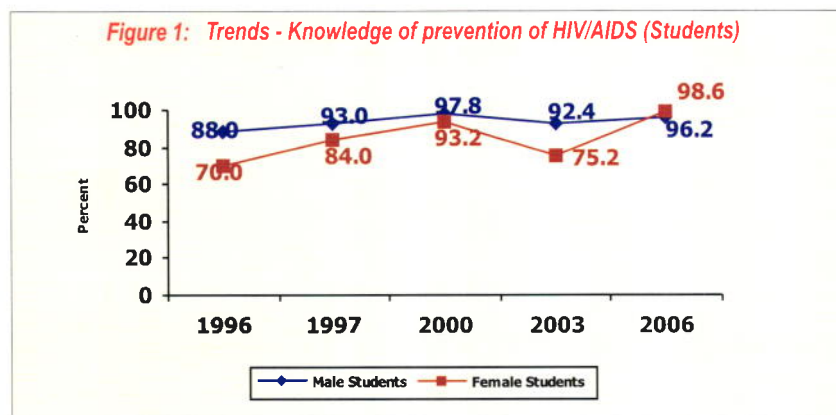
TRENDS

Knowledge Indicators

Knowledge on Prevention of STI and HIV

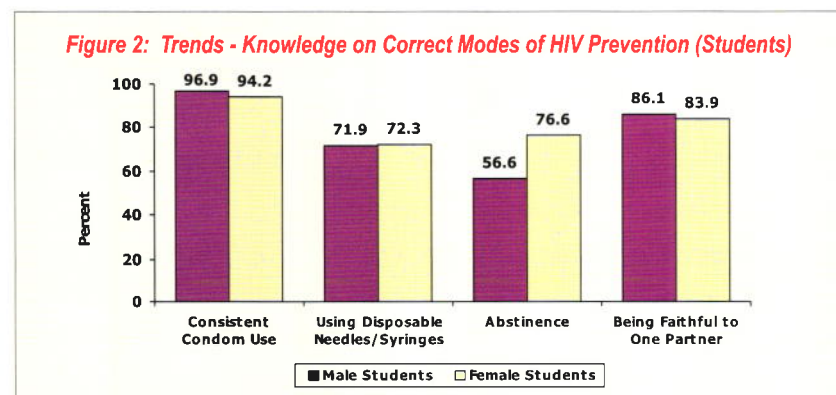
Knowledge on at least two correct ways of HIV prevention which witnessed a decline in the previous wave has registered a significant improvement this year. It rose from 92.4 percent to 96.2 percent for boys during year 2003 to 2006 and from 75.2 percent to 98.6 percent for girl students during the same period.

Another interesting point to note is that unlike the previous waves, the current wave indicates relatively higher knowledge on prevention of HIV among girl students as compared to boys (Figure 1).



Knowledge on STI prevention which exhibited a decline in previous wave has registered a marginal increase this year. It has risen from 82.6 percent to 86.1 percent among boys and from 67.6 percent to 69.5 percent among girl students compared to the previous wave.

Among four correct means of HIV prevention, consistent condom use was the most known method among both boy and girl students, while knowledge on abstinence (as a means of HIV prevention) was limited to 56.6 percent of boys and 76.0 percent of the girl students (Figure 2). In fact, abstinence emerged as the least known method of HIV prevention among boy students. Among girl students, however, the least known method was use of disposable needles/syringes, as 27.7 percent of them failed to recognize it as a preventive measure against HIV.



Television followed by radio and posters emerged as the most important sources of information on HIV among the student community.

Behavioural Indicators

Sexual Behaviour and Condom Usage

Male Students

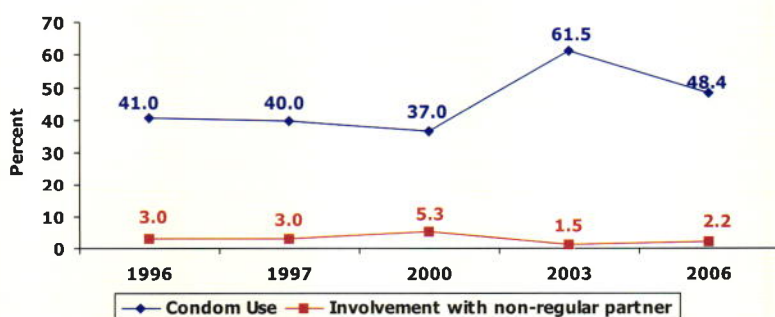
Patterns for involvement with a non-regular partner registered a marginal increase (from 1.5 percent in 2003 to 2.2 percent in the present wave). However, the current wave's figures are still below the baseline figures (3.0 percent).

Qualitative in-depth discussions with students indicate that mostly these non-regular partners were their casual partners (generally their school/college mates). They clarified that these casual partners were different from their regular ones (which was primarily their girlfriend). Relationships with casual partners start through normal friendship due to school/college interactions and gradually mature up to an extent that their partners do not resist having sex whenever the situation arises.

Between paid and casual partners, preference was relatively higher for casual ones as these were 'available free of cost'. The fear of being caught/seen by their relatives while soliciting/visiting the sex workers also restrict them from getting into such relationships.

Condom use behavior which improved in the last wave and reached close to 61.5 percent registered a decline (though statistically insignificant) this year. More than half the students involved with non-regular partners reported that they did not use condom during their last sexual intercourse with such partners. Among condom users, the reasons for using condoms varied by the partner types; 'HIV prevention' for the paid partners and 'contraception' for the casual partners.

Figure 3: Trends - Sexual intercourse with non-regular partner - Male Students



Involvement with casual partner

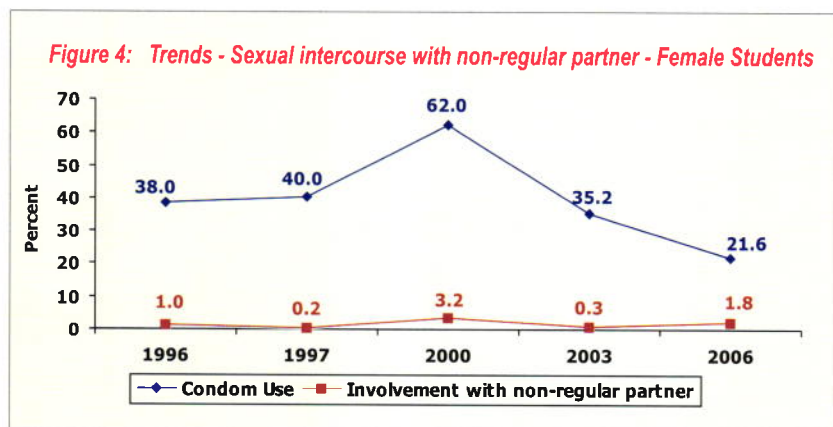
"She was my friend in the beginning. We used to commute to college together. In a year we became too close that we had it (sex) at her home one day. I do have a girlfriend and she does also have a boyfriend. We both know about our personal affairs etc... but it (sex) happened incidentally."

-Respondent MS

Female Students

Compared to male students, reported involvement with non-regular partners has always remained lower among female students. Figures, in this regard, have always been below 4.0 percent. In this context, the figures this year were registered at 1.8 percent (compared to 0.3 percent in the previous wave) (Figure 4).

Practice of using condom with non-regular partner continued to decline this year (22.0 percent), as it did for the last wave (35.0 percent). This year, majority (close to four-fifths) of those involved with non-regular partners reported having sex without condoms.



Health Seeking Behaviour

Male Students

The incidence of cases of urethritis among male students has remained at the same level as it was during the previous wave. However, the current wave's figures (4.7 percent) were still higher as compared to the baseline figures (3.0 percent). Nevertheless, an interesting finding that emerged during the current wave was that among those who had this problem, 35.0 percent sought treatment from a qualified medical practitioner, which is the highest figure across all waves conducted so far. Government hospitals/clinics were the most visited places for STI treatment.

Barriers for condom use

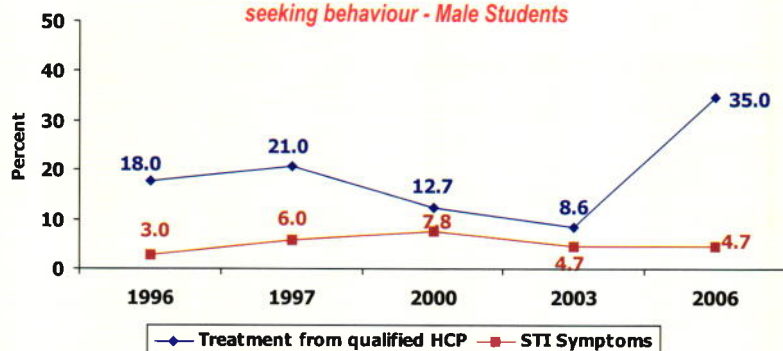
Male Students

- Trust
- Lack of time to buy condoms as most of their sexual encounters were unplanned

Female Students

- Trust
- Shyness to propose for its use

Figure 5: Trends - Symptoms of urethritis & treatment seeking behaviour - Male Students

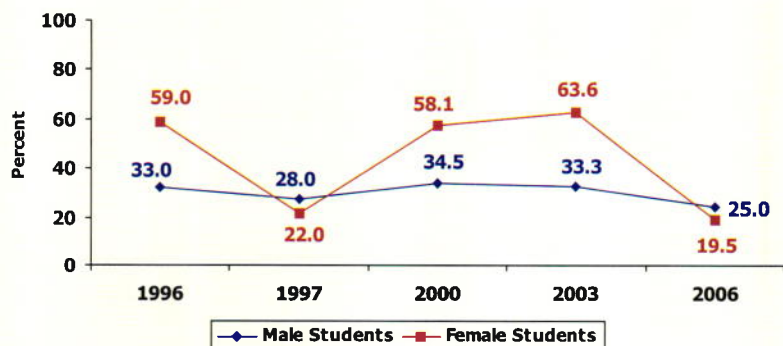


Perception of Risk

The perception of risk of contracting HIV among non-condom users has been exhibiting a fluctuating trend across the waves. This wave registered a decline in risk perception among both male and female students (Figure 6). Here it is pertinent to note that in fact risk perception levels among both males and females declined to an all time low during the latest wave. Among male students, three-quarters of those who did not use condom with their non-regular partners did not perceive any risk of contracting HIV. Among female students, the proportion of such respondents was as high as 80.0 percent.

Chief reason for such a low perception of risk, as evolved during the qualitative discussions, was their trust on the exclusivity of casual partners.

Figure 6 : Trends - Perception of risk among non-users of condom (Students)



Reasons for low risk perception

"My friend is reliable."

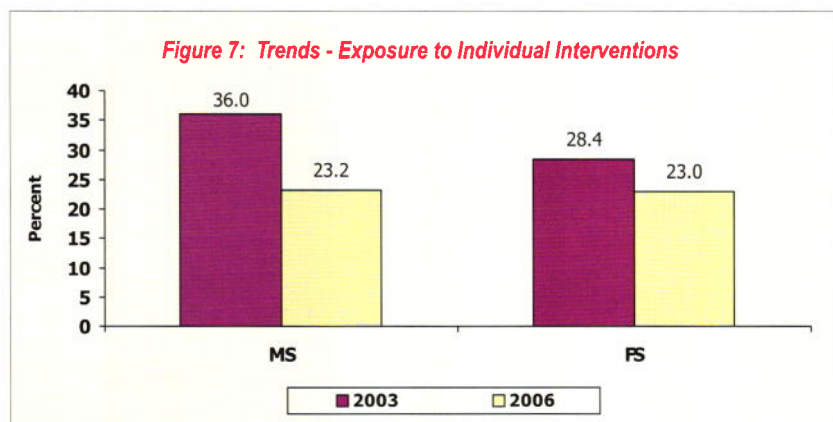
- Respondent MS

"He does not have any other friend."

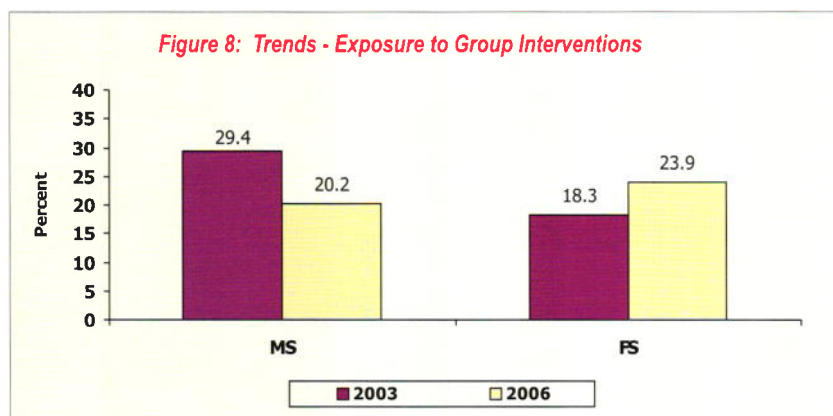
- Respondent FS

Exposure to Inter Personal Communication

Data from the last two waves indicate that the exposure to individual interventions has decreased significantly among the student community (both male and female students) (Figure 7).



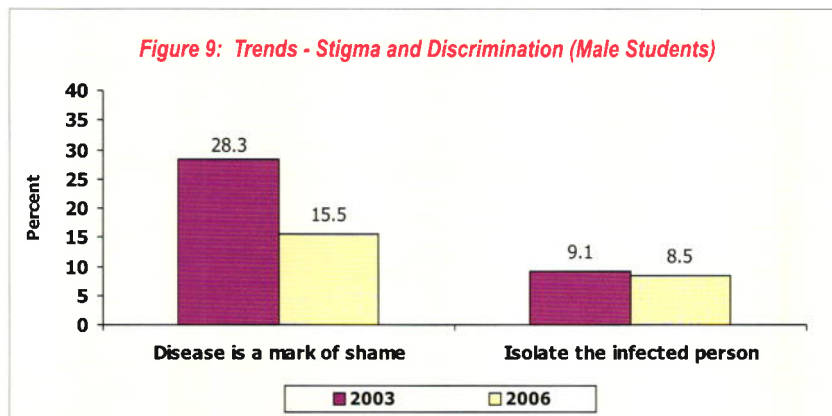
However, trends with regard to group interventions varied across the gender. While exposure to group interventions registered an increase from 18.3 percent to 23.9 percent among female students, it registered a decline from 29.4 percent to 20.2 percent among male students (Figure 8).



Stigma and Discrimination

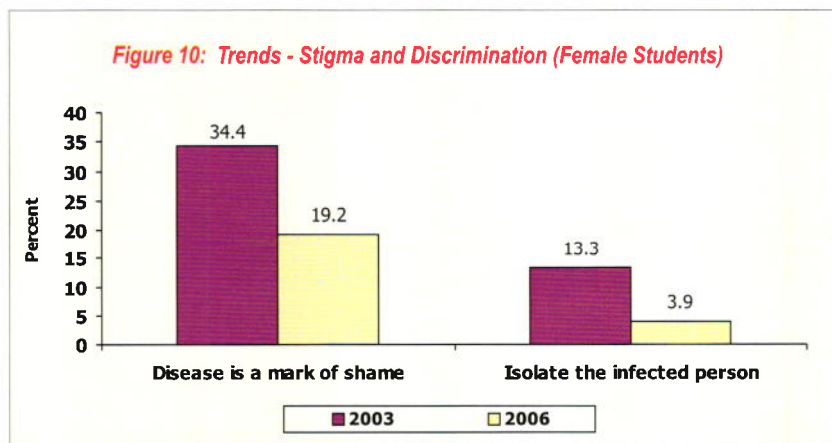
Male Students

Persistence of stigma and discrimination was reported reasonably low this year. Compared to the last wave, a significantly lower proportion of male students perceived that getting infected by HIV is a 'mark of shame'. Levels of discrimination continued to remain low during the latest wave too.



Female Students

As in the case of male students, among female students too, there has been a significant reduction in the proportion of female students who considered HIV infected person as a mark of shame from 34.4 percent in the previous wave to 19.2 percent in the present wave. A trivial 3.9 percent of the female students felt that HIV infected person should be isolated from the society.



SUMMARY

Some positive observations from the current wave are:

- Significant increase in knowledge on HIV among both male and female students.
- Improvement in STI treatment seeking behavior among male students.
- Wider coverage of group interventions among female students.
- Reduction in stigma and discrimination among both male and female students.

Some challenges for the program are:

- Involvement with non-regular sex partners registered an increase among the student community (both male and female students).
- Low levels of condom use with non-regular sex partners among both male and female students.
- Decrease in risk perception among both male and female students.
- Significant decrease in exposure to individual interventions among both male and female students.

BSS INDICATORS-STUDENTS

Indicators	Male Students					Female Students				
	1996	1997	2000	2003	2006	1996	1997	2000	2003	2006
	1813	1800	1712	1694	1700	6196	6135	6109	6055	6005
Knowledge of at least two acceptable ways of preventing STI	1511	1563	1624	1400	971	4113	4540	5540	4095	4173
Base-All respondents	1813	1800	1712	1694	1700	6196	6135	6109	6055	6005
Percentage	83.0	86.0	94.8	82.6	86.1	66.0	74.0	90.7	67.6	69.5
Condoms prevent STI	1542	1553	1514	1435	1625	3647	4194	4170	3976	5729
Base-All respondents	1813	1800	1712	1694	1700	6196	6135	6109	6055	6005
Percentage	85.0	86.0	88.4	84.7	95.6	59.0	68.0	68.3	65.6	95.4
Aware of two acceptable ways of preventing HIV/AIDS	1587	1674	1666	1565	1635	4684	5133	5693	4556	5921
Base-All respondents	1813	1800	1712	1694	1700	6196	6135	6109	6055	6005
Percentage	88.0	93.0	97.3	92.4	96.2	70.0	84.0	93.2	75.2	98.6
Condoms prevent HIV/AIDS	1584	1586	1554	1615	1647	3743	4247	4286	4312	5699
Base-All respondents	1813	1800	1712	1694	1700	6196	6135	6109	6055	6005
Percentage	86.0	87.0	90.8	95.3	96.9	60.0	69.0	70.2	71.2	94.9
Sexual intercourse with non-regular partner last year	51	60	90	26	31	60	15	195	17	111
Base-All respondents	1813	1800	1712	1694	1700	6196	6135	6109	6055	6005
Percentage	3.0	3.0	5.3	1.53	2.2	1.0	0.2	3.2	28.0	1.8
Condom use during last non-regular sexual intercourse	21	24	35	16	15	23	6	121	6	24
Base-Respondents reporting non-regular sex in the last 12 months	51	60	90	26	31	60	15	195	17	111
Percentage	41.0	40.0	36.7	61.5	48.4	38.0	40.0	62.0	35.2	21.6

Indicators	Male Students					Female Students				
	1996	1997	2000	2003	2006	1996	1997	2000	2003	2006
	1813	1800	1712	1694	1700	6196	6135	6109	6055	6005
Condom use during last paid sexual intercourse	15	10	15		7					
Base-Respondents reporting paid sex in the last 12 months	18	18	26		14					
Percentage	80.0	65.0	57.7		50.0					
Condom use during last non-regular sex with casual partner	20	22	28							
Base-Respondents reporting causal sex in the last 12 months	47	57	84							
Percentage	43.0	39.0	33.3							
Symptoms of urethritis in the last 12 months	50	109	134	69	80					
Base-All respondents	1813	1800	1712	1694	1700					
Percentage	3.0	6.0	7.8	4.7	4.7					
Last treatment from qualified allopathic doctor/clinic	9	23	17	6	28					
Base-Respondents reporting symptoms of urethritis in the last 12 months	50	109	134	69	80					
Percentage	18.0	21.0	12.7	8.6	35.0					
Risk perceived (high/slight changes of contracting HIV/AIDS)	10	10	19	15	5	22	2	43	7	17
Base-Respondents reporting no condom use during last non-regular sex	30	36	55	45	20	37	9	74	11	87
Percentage	33.0	28.0	34.5	33.3	25.0	59.0	22.0	58.1	63.6	19.5

Summary

A. Knowledge on HIV and STI

- Knowledge on at least two correct methods of preventing STI and HIV was close to universal among all population groups except among FFW and FMW. There was a significant increase in knowledge on HIV among both male and female students.
- Misconception-free knowledge shows a declining trend among FSW, TH, MYS and Aravanis as majority of the respondents continue to have misconceptions regarding HIV prevention. Among FFW, MSM and IDU, though there has been a decrease in knowledge without misconception, over half of the respondents had no misconceptions.
- Knowledge without misconception with regard to HIV prevention continues to increase among both male and female migrant workers.
- Misconception free knowledge levels were considerably higher among FFW (60.6 percent) compared to MFW (48.4 percent).

B. Sexual behaviour and Condom Use

- An increasing proportion of TH, MW and MSM reported sexual involvement with paid partners. Condom use with paid partners increased among TH, MYS, MFW and MSM and among MMW though the same had decreased since the previous wave, it remained high.
- The trend of involvement with casual partner has increased among TH, MYS, MFW and MMW though it is less than 20 percent among TH and MFW and less than 30 percent among MYS and MMW. A sizeable majority among TH, MYS, MFW and MMW do not use condoms with their casual partners however.
- Condom usage with non-regular partners has increased among all population groups except MMW, FFW and IDU and remains the highest among FSW followed by Aravani Pengal and TH.

C. Voluntary Condom Procurement

- A high proportion of FSW, MSM and Aravani Pengal reported voluntary condom procurement (over 90 percent) though among other groups such as TH, MYS, MFW and IDU voluntary condom procurement has registered an increase since the previous wave.
- Among male populations such as MYS, MFW, MMW and IDU, procurement of condoms is still low with over two third of the surveyed populations not obtaining condoms themselves.
- Medical shops, petty shops and NGO peers are the main sources of condoms and amongst truckers, petrol bunks are also common places for procuring condoms.

D. Needle Sharing

- Needle sharing behaviour among IDU has been showing a declining trend across all the waves and in the current wave, around 42.0 percent reported such behaviour.
- Use of pre-squirted needles has decreased considerably (below 10.0 percent) during the present wave.

E. Risk Perception

- Risk perception among non-condom users has decreased among FSW, TH and migrant workers.
- However, perception of risk of contracting HIV among TH has been consistently high over the last three waves.
- Risk perception is low among the non-condom users, with majority not perceiving any risk during the latest wave among MYS, MFW, MMW, FMW, IDU, MSM, Aravani Pengal and students.
- While high levels of risk perception was observed among the non-condom users in the FFW category. Among the non-condom users in the MFW category, risk perception has plunged to the lowest levels (3.0 percent).

F. Health Seeking Behaviour

- Incidence of STI has declined significantly compared to the previous wave among FSW, MYS and MFW and among TH, MMW, IDU, MSM and Aravani Pengal, though it has increased since the previous wave, it continues to be very low.
- Treatment seeking behaviour for STI among IDU and MSM is universal. Among TH, MYS and MFW also treatment seeking from a qualified medical practitioner is high.
- The Government STI clinics emerged as the most sought places for STI treatment as well as general health problems among FSW, MYS, TH, migrant workers, MSM and Aravani Pengal. Factory workers however, preferred approaching Private allopathic practitioners for general health problems but visited government clinics for STI treatment.

G. Voluntary Testing Practices

- There has been an increase in testing practices among all groups except female migrant workers.
- However, HIV testing practices remain low among factory workers and migrant workers (less than 10 percent) and MYS.
- Among FSW, IDU, MSM and Aravani Pengal FSW HIV testing practice has shown tremendous improvement compared to the earlier waves.
- Among FSW, it is important to note that with increasing testing practice, FSW know their HIV status; this influences their perception of risk and condom usage especially with regular partners.

H. Exposure to Intervention

- Trends in exposure to intervention increased among FSW, IDU, MSM and Aravani Pengal. Among MYS, though there was an increase in exposure to intervention, a majority remain untouched by interventions.
- Lower exposure to intervention compared to previous years as noticed among TH, MFW, FMW and students.
- Among factory workers, especially FFW, migrant workers and students, exposure to both individual and group interventions is very low.

I. Stigma and Discrimination

- Stigma associated with HIV and discrimination towards HIV positive people has decreased this wave across all population groups since the previous wave.
- However, stigma associated with HIV is still widely prevalent among TH, MYS, FFW and FMW.
- Levels of stigma and discrimination are lowest among Aravani Pengal followed by MSM and IDU.

RECOMMENDATIONS

More efforts are required to counter myths and misconceptions in intervention programs to spread awareness on STI and HIV.

Countering the myths and misconceptions that have persisted over time or emerged recently continues to remain a challenge of the intervention program. Despite knowledge on at least two correct ways of preventing STI and HIV it has been observed that over half the surveyed population among groups such as FSW, TH, MYS, MFW and Aravani Pengal continue to have misconceptions.

Increased efforts to strengthen behaviour change communication

Though condom use with paid partners is high, condom use with non-paid partners is comparatively lower which is due to the fact that there is no risk perceived with non-paid partners. Behavior change communication needs to emphasize on risk with non-paid partners to be as high as risk with paid partners.

HIV test taking practices is very low among factory workers, migrant workers, youth in slums and truckers and helpers. This is mainly due to the fact that risk perception among them is low. Thus importance of testing needs to be emphasized on specifically in intervention communication to these groups.

Improving outreach of individual and group interventions

Though core groups such as FSW, MSM and Aravani Pengal report high exposure to interventions, a majority of respondents in groups such as factory workers, migrant workers students and TH continue to remain untouched by intervention. Thus the outreach of interventions needs to be improved.

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