



Evaluation of HIV/AIDS Prevention and Care Programme for Rural and Tribal Youth in Orissa and Rajasthan, India

Full Report

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Executive Summary

Adolescence is the transition between childhood and adulthood, where in human beings go through puberty, the process of sexual maturation. They are then at the threshold of learning and experimenting and in fact forming new behavioural patterns, especially relating to sexual matters. The adolescents and the youth are therefore vulnerable to sexual and reproductive health hazards. It is well known that HIV/AIDS affects the individuals in their most productive years, i.e. people in their youth. In India, the age-wise distribution of reported AIDS cases for the year 2006 shows that 31 % of the affected persons were in the age group of 15-29 and another 57% in 30-49 age group. Hence, it is very important that the adolescents and youth have access to correct information on sexual and reproductive health and are also aware of the myths and misconceptions so that they can adopt safe sexual practices.

The Oxfam GB, with the support from the European Commission, implemented “HIV/AIDS Prevention and Care Programme for Rural and Tribal Youth” in four districts of Orissa and two districts of Rajasthan. The programme aimed at increasing access to appropriate information and services regarding Sexual and Reproductive Health (SRH) and HIV/AIDS to out of school rural and tribal adolescents and youth in the age group of 13-25 years. This four year Programme, implemented from December 2003 to November 2007, covered more than 2000 villages and reached out to around 7 lakh youth from the target area. During the four - year period, the Programme undertook a number of initiatives through the implementing partner NGOs working at the grass root level. These initiatives which aimed at improving awareness as well as services related to HIV/AIDS and SRH, included training and creating a cadre of Peer Educators, setting up of Condom outlets and Youth Resource Centres, and organizing health camps, street plays etc.

At the beginning of the Programme, i.e. in 2004 a Need Assessment Survey was carried out to assess the sexual and reproductive health status of the youth and estimate the gaps in access to information, treatment and services. Towards the end of the Programme i.e. during October-November 2007 a quantitative end line survey was conducted to assess the impact of the Programme i.e. to measure the changes brought about by the Programme. In this report, the findings of the end

line quantitative survey are presented and the report also undertakes a comparative analysis with the base line need assessment survey.

Methodology and Sample Size

The HIV/AIDS Prevention and Care Programme was implemented in the districts of Angul, Naupada, Kalahandi and Koraput in Orissa and Chittorgarh and Bharatpur in Rajasthan. Hence the end line survey was also carried out in these districts and the survey covered both the beneficiaries of the Programme as well as a control group not exposed to the activities of the Programme. A multi-stage sampling technique was adopted for the purpose of selecting the respondents. From the list of villages where the Programme was implemented, 10 villages were selected in each of the districts and therefore the number of villages selected for the end line survey worked out to be 40 and 20 in Orissa and Rajasthan respectively. For selecting the sample respondents for the control group, 16 villages from Orissa and 8 from Rajasthan were selected from the blocks, which were farther away from the blocks where the Programme was implemented, but were more or less similar in terms of development.

In each of the selected village, all the households were listed with the help of a Performa. The out of school males and females who were listed were stratified into four groups i.e. 13-18 age group out of school males, 13-18 out of school females, 19-25 age group out of school/college males and 19-25 age group out of school females. From each of the group /stratum 10 persons were selected as second stage units and they became the respondents for the survey. In other words from each village 20 male and 20 female respondents were selected for the survey and the sample included both married and unmarried. In all, in every district, 200 males and 200 females were selected from the Beneficiary villages. As a result the sample size of beneficiaries was 1600 in Orissa and 800 in Rajasthan, with half the number being male and the other half female. Similarly, 640 respondents from Orissa and 320 from Rajasthan were selected for the control group.

As against this sample size of the end line survey, the base line need assessment survey selected respondents from 80 villages in Orissa and 20 from Rajasthan with 3094 respondents from Orissa and 1728 from Rajasthan. The surveys were carried out with the help of two sets of structured questionnaires- one for the male adolescents/youth and another for the females.

In view of the sensitive nature of the survey, the Field Investigators took consent of the respondents before the interview. The respondents were given assurance that the answers given by them would be kept confidential and used only for research purposes and their identity would not be divulged.

Profile of Respondents

A comparison of the profile of respondents of the end line survey in terms of their marital status shows that the proportion of married males and females are similar among the beneficiary and control group in both the states. However, as compared to Orissa, in Rajasthan a higher proportion of respondents, both among male and female were married. In the two states, the proportion of illiterates was lower for males as compared to the females, but was however similar among the beneficiary and control group. The proportion of respondents who had studied beyond higher secondary was almost negligible. Nearly 80 percent of the male youth in both the control group and beneficiary from both Orissa and Rajasthan were engaged in income generating activities. The percentage was much lower around 55% among females from the two groups in Orissa and only about 14% among the female respondents of Rajasthan. The pattern of occupation was more or less similar for the respondents of beneficiary and control groups. The TV watching and reading habits of the male respondents from the beneficiary and control groups were similar, as were those of the females from the beneficiary and control groups in the two states, although the level of exposure to the media is much lower for the females. Thus the profile of the beneficiaries and control group of the end line survey was nearly similar in terms of their marital status, level of education and employment status. Hence a comparison of the two can reflect the true impact of the programme and measure the changes brought about by the various initiatives.

However, as compared to the sample youth/adolescents of the base line survey, those of the end line survey were somewhat better educated and also had better exposure to media, although their pattern of occupation is similar. These factors have to be kept in mind while comparing the findings of the end line survey with the base line.

Findings of the End line Survey

On the basis of the various objectively verifiable indicators of achievement listed in the Logical Framework, the results of the end line survey indicate that the Programme has been successful in

achieving most of the objectives. The changes brought by the Programme are measured by comparing the beneficiaries with the control group as well as by comparing the results of the end line survey with that of the base line.

Changes in Knowledge and Awareness

One of the objectives of the Programme is to increase the knowledge and awareness about SRH and HIV/AIDS among the target population. It has been found that knowledge and awareness of the beneficiary respondents regarding condom, RTI/STI and HIV/AIDS is higher than that of the male and female youth belonging to the control group as well as the baseline in both the states. The differences in the level of knowledge are particularly marked in the case of the female respondents.

As compared to the respondents of control group and the base line survey, a higher proportion of the beneficiaries have heard about condom. But what is interesting is that while most of the people know about the use of condom as a family planning method, a much higher proportion of the beneficiaries are also aware of its use as a protection against STI/RTI and HIV/AIDS. For instance, in Rajasthan, while 66% of the male beneficiaries were aware of condom as protection against HIV/AIDS, 55 % from the base line and only 12% from the control group were aware of it. In the case of female youth, as against 51% of the beneficiaries, only 12% of the control group and 9% of the base line survey were aware of this.

The difference in the level of awareness about RTI/STI among the three groups is very glaring especially in the case of female respondents. In Rajasthan, as against 76% of the female beneficiaries who were aware of STI/RTI, this percentage was 57% among the base line female respondents and only 27% among the females in the control group. Further, a comparatively higher percentage among the beneficiaries could mention the different symptoms of RTI/STI without any prompts as compared to the control group, and this was true of both male and female respondents. Also, a higher percentage among the control group -both male and female has reported ignorance about safe sex as compared to the beneficiaries. Use of condom during intercourse was perceived as safe sex by a much higher percentage of female beneficiaries particularly when compared to the baseline female respondents.

A higher percentage of respondents among the beneficiaries have heard about HIV/AIDS as compared to the control group as well as the baseline sample. Among the beneficiaries, in Orissa, as high as 97% of male and 95% of female youth have heard about AIDS, and in Rajasthan, this percentage is 94% and 74% respectively for the male and female youth. Not only have the beneficiaries heard about HIV/AIDS, a higher percentage among them as compared to the control group and base line survey have better knowledge about the right modes of transmission of HIV/AIDS.

Source of Information

The credit for enhancing the level of awareness among the target population goes to the Programme, to a large extent. A high proportion of the male and female beneficiaries of the Programme have mentioned NGOs, health camps, street plays and peer educators as their source of information about SRH and HIV/AIDS. The peer educators, in a particular seem to have played a crucial role with their one to one interactions with the youth. For instance, in Orissa more than 60% of the male and 73% of the female beneficiaries have acquired knowledge about HIV/AIDS through peer educators. In Rajasthan more than 50% of male and 63% of female beneficiary youth have mentioned peer educators as their source of information. In fact as far as knowledge about RTI/STI is concerned, while the control group has mentioned media as their main source of information, for the beneficiaries, the peer educators and to some extent the health camps have been the most important source.

Sexual Behaviour

Very few of the female youth were willing to accept pre marital sexual relationships. This was also reflected in the percentage of female youth reporting pre marital sexual relationships. Among the unmarried female respondents, the group reporting highest percentage having had pre marital sex is that of beneficiaries in Rajasthan (11 %). Among the unmarried males, the percentage of beneficiaries reporting pre marital sex (33% in Orissa and 40% in Rajasthan) is marginally higher as compared to the base line (26% in Orissa and 37% in Rajasthan) in both the states. The Log Frame envisaged delay in sexual debut as an important aim of the Programme. While a comparison with the control group reveal a decline in the percentage of beneficiary youth making their sexual debut at a very young age i.e. below the age of 15 years, contrasting results are seen between the two

states when the end line and base line results are compared. Only the male youth have reported having sex with multiple partners. In Orissa, this percentage is around 9% amongst the beneficiaries (9%) and male youth of the base line survey and is much lower among the control group (4%). However in Rajasthan, the percentage of beneficiaries reporting multiple partners is higher (17%) compared to that of the base line (12%), but lower than that of the control group (24%).

Among the married respondents, only a small percentage of females have reported pre marital as well as extra marital in both the surveys. As far as male respondents are concerned, percentage that has had pre marital sexual relationships is higher amongst the male beneficiaries compared to the base line. However, reverse is the case with regard to the reporting of extra marital sexual relationships.

Condom Use

The Programme has not only increased the knowledge about condom and its various uses, but has also helped in increasing its use both with regular and non-regular partners by improving the availability of condom through condom outlets, health camps, peer educators etc. Among the unmarried who had sexual experience, more than 80% of the male and female respondents of base line survey had never used condom. These percentages have come down drastically in the end line survey. Although the percentage always using condom is much higher among the male beneficiaries (around 50%) as against the unmarried male from the control group (43% in Orissa and 25% in Rajasthan). The real benefits of the Programme are seen by its usage by the female beneficiaries. In Orissa, while 58% of the beneficiary females always used condom, the percentage was only 7 among the control group and they stood at 65% and 0% respectively in Rajasthan.

Amongst the married respondents, nearly 90% in Orissa and 80% in Rajasthan had never used condom during sex with their spouse at the time of base line survey, at the time of end line survey almost all the beneficiaries in Rajasthan seem to be in the habit of using condom. Even in Orissa, use of condom seems to have increased as the percentage never using condom has come down to 28% among the male and 76% among the female beneficiaries.

Change in the Attitude of the Youth

There have been changes in the attitude of the youth regarding sexual matters. As compared to the adolescents/youth of the base line survey as well as control group, a higher proportion of beneficiaries are ready to accept pre marital sexual relationships. There are interesting gender differences in their views on pre marital sexual relationships. Firstly, only a small percentage of the female respondents are willing to accept pre marital sexual relationships. Secondly, even among the male youth, a higher proportion of them are willing to accept men having pre marital sex than women having such a relationship.

The Programme has also brought about change in the attitude of youth towards HIV infected/affected individuals and families. As compared to the control group, the beneficiary youth have a more positive attitude and this could be either due to their better knowledge about the right mode of transmission or due to the positive influence of the messages received through the peer educators, street plays etc.

Conclusion

The Programme has brought about positive changes among the target youth and has achieved many of the objectives envisaged in the Log Frame. The Programme has been successful in enhancing the knowledge and awareness of the male and female beneficiary youth about SRH and HIV/AIDS related issues. The impact is much more noticeable in the case of female adolescents/youth. The increase in the knowledge and awareness has resulted in the increased use of condom by the youth with regular and non-regular partners. Although there has an increase in the knowledge about RTI/STI as well as HIV/AIDS, there still exist many gaps. Even among the beneficiaries, not all are seeking treatment for STI and still there are misconceptions about the right modes of transmission of HIV. The youth themselves have expressed the need for more information on these issues.

Hence, it is necessary to ensure that the impact of the Programme is sustained overtime and if possible scaled up.

Chapter I

Introduction

India has the largest youth population in the world. According to the 2001 Census of India, population under 34 years constituted around 41 percent of the total population of the country. It has been estimated that the current proportion of population under 25 in India could be around 51 percent and the proportion under 35, around 66 percent and this predominance of youth in the population is expected to last till 2050. The youth constitute the most dynamic segment of the population and they form the most valuable human resources and a country's economy and future are dependent on today's youth. Hence it is imperative that the youth are kept in good physical and mental health in order to ensure productive labour force for the country.

The young people in the age group of 13 to 25, in particular during adolescence are at the transition between childhood and adulthood and are characterized by physical, mental, emotional, social and behavioural changes. They are full of energy and are at the threshold of learning, experimenting and practicing new things, and forming new behaviour patterns. In the absence of proper guidance, awareness and care, some of these behaviours can become part of their lifestyle and hazardous to their health. The young people are a vulnerable group and face risks related to sexual and reproductive health. Some of the studies conducted in various parts of the country suggest that a large number of youth engage in pre marital sex that too mostly unprotected and they remain ill informed about sexual and reproductive matters (Jejeeboy and Sebastian 2004). They are exposed to risks like alcohol and drug abuse and unsafe sex resulting in unwanted pregnancy, Sexually Transmitted diseases and HIV/AIDS.

It is well known that HIV/AIDS affects individuals are in their most productive years. The age wise distribution of reported AIDS cases in India for the year 2006 shows that 31 % of the affected persons were in 15-29 age group and another 57% in 30-49 age group (Source: NACO 2006. An Update).

Realizing the vulnerability of young people to various risks, it is necessary to provide correct information, guidance, counseling, and the required services. Decisions which young people take during their adolescence and youth should be based on facts and knowledge about consequences of their actions. It has been found that young people who know facts about sex before they become sexually active are more likely to adopt safe sexual practices. It is important to dispel myths and misconceptions surrounding sex and other related matters.

The “HIV/AIDS Prevention and Care Programme for the Rural and Tribal Youth in India” implemented by Oxfam GB with support from European Commission was one such attempt to increase access of young people (especially girls) to appropriate information and services regarding reproductive and sexual health and HIV/AIDS. The overall objective of the HIV/AIDS Prevention and Care Programme was “To contribute to reduction in poverty by reducing reproductive and sexual health related morbidity among rural and tribal youth in India”.

At the beginning of the HIV/AIDS Prevention and Care programme, a need assessment study was conducted by Indian Institute of Health Management Research (IIHMR) to identify the information and health needs of the adolescents and youth in the context of HIV/AIDS prevention and care. The Need assessment survey carried out during 2004 in the six project districts, specifically focused on:

- Current status of knowledge among young people with regard to Sexual, Reproductive Health (SRH) and HIV/AIDS and their sexual behaviour pattern and perception
- Accessibility and availability of SRH and HIV/AIDS services in the project area
- Information and health needs of young people on reproductive and sexual health, HIV/AIDS issues-preferred sources and means of services
- Myths and misconceptions relating to adolescent health, sexuality and HIV/AIDS
- Stigma and discrimination prevalent in society and among young people against persons affected/infected by HIV/AIDS
- Young people reporting at least one symptom of RTI/STI
- Gender analysis to identify gender related issues that put target population at risky behaviour leading to higher vulnerability to HIV/AIDS

The HIV/AIDS prevention and care programme has been in operation since December 2003 and ended in November 2007. This four year programme which covered four districts of Orissa and two districts of Rajasthan, was implemented through partner NGOs and basically addressed the needs of out of school/college rural and tribal adolescents and youth in the age group of 13 to 25 years. The implementing partner NGOs carried out various activities at the grass root level in 1700 villages and over 3, 00,000 out of school tribal and rural youth, especially girls were reached out. The specific objectives of the programme were:

- To identify current gaps in access to information, treatment and services; and to assess the current sexual, reproductive and health status, information and health needs , sexual behaviour patterns of young people , in the context of HIV/AIDS prevention and care;.
- To increase access of young people to youth friendly, gender sensitive and appropriate sources of information and services to HIV/AIDS prevention and care and sexual health;
- To facilitate supportive environment to meet the reproductive and sexual health and HIV/AIDS prevention and care needs of young people, especially girls, and advocating, lobbying for their rights and access to affordable treatment

In addition the programme also envisaged building capacities of civil society organizations, public/private organizations to manage and implement gender and culture sensitive, and community appropriate programmes on HIV/AIDS prevention, care and reproductive health of young people, especially girls. The programme also aimed to facilitate alliance building between NGOs, private and public sector organizations; to advocate and lobby to facilitate the creation of community specific action plans for young people in the context of HIV/AIDS and contribute to policy development at district, state and national level.

In order to achieve the above said objectives, the programme included a number of strategies and thirteen implementing partners to carry out various activities at the grass root level. In the state of Orissa the programme was implemented in the four districts of Angul, Naupada, Kalahandi and Koraput and in Rajasthan, in the two districts of Chittorgarh and Bharatpur. The programme covered 2099 villages of six districts of Orissa and Rajasthan and had reached out to 752,616 out of school rural and tribal youth from the target area. The various interventions include:

- The implementing partners had identified and trained 7,759 youth from the project area as peer educators as key persons for information dissemination at the grass root level and these peer educators reached out to 187,852 youth through direct one to one contact for information dissemination. A peer educator's resource kit was developed to ensure the quality of message delivery and their capacity building on communication skills, basics of peer education and issues regarding HIV/AIDS and sexual and reproductive health. In addition to induction and refresher training, these peer educators underwent structured four-day training on the usage of peer educators' tool kit. The training and the tools empowered them to not only become reliable source of information but also vocal and active leaders in the community.
- In addition to peer education, 1,570,466 information materials like handbills, booklets and information materials on HIV and SRH related messages, were distributed at the programme site for mass awareness.
- The BCC activities included street theatres and during the period 1230 (957 in Orissa and 273 in Rajasthan) street theatres were held. Local artists were sensitized on issues related to HIV/AIDS and trained to deliver HIV/AIDS related messages through folk media. Local folk theatres proved very popular among the community and were very useful tools to reach out to wider audience.
- For improving accessibility of the youth to the health services, implementing partners organized 1,245 health camps and 31 health melas in the project area in collaboration with the local health departments. In addition to providing clinical care services for STI/RTI and other diseases like tuberculosis and malaria, these camps offered antenatal care examination and free distribution of iron and folic acid and condoms.
- In Orissa, two FHCCs were established at Kalahandi and Naupada to make health services available in remote inaccessible pockets. These have already been integrated into government centres and now functioning as VCTCs managed by SACS. Implementing partners at both Orissa nad Rajasthan have introduced counseling and HIV testing facilities at the village level in collaboration with SACS managed VCTCs.

- Condom distribution outlets were established at the village level to improve accessibility to condom. 1,571 outlets, mostly promoted by peer educators, ANM, TBA, YRCs and shopkeepers were established and approximately 1,125,575 condoms had been distributed through these outlets. In order to disseminate information on correct use of condom, the peer educators had held 12,757 condom demonstrations in their peer group.
- 1068 Balikas and Balak Mandals were involved in this programme and were eventually integrated with the government welfare schemes.
- Through 80 Youth Resource Centres (YRCs) 2155 youth were given vocal training. Condoms were distributed and condom demonstrations were held.

As the programme has completed last phase of its implementation, it has become important to quantify/ measure the changes which have been brought by the programme with regard to the set objectives. The approach to the impact assessment study is to assess the reproductive and sexual needs of the youth prior to the implementation of the intervention programme (base period) and after the intervention (current period) and to measure the changes that have taken place during this period. The exercise essentially involved generation of appropriate indicators in the base period and the current period.

In order to measure the changes in the indicators over the period and assess the impact of the programme, a quantitative end line survey was conducted during October-November, 2007 i.e at the end of the programme, in all the six districts covered by the programme. The end line survey covered 2400 persons who had directly benefited from the intervention programme and 960 persons from the control villages where the programme was not implemented.

The end line quantitative study has the following objectives:

- (a) to measure the changes brought by the programme activities as per the log frame; and
- (b) to undertake comparative analysis with the baseline assessment.

The results of the end line survey are presented in this report. The methodology and the sample design adopted for the end line survey are explained in detail in the next chapter. The chapter also briefly mentions some of the limitations of the study. In chapter III, the impact of the programme is measured by comparing the beneficiary males and females with their counter parts from the control villages in terms of their knowledge and awareness about sexual and reproductive health, including HIV/AIDS, their sexual behavior, condom use etc. Chapter IV measures the changes brought about by the HIV/AIDS preventive and care programme implemented among the target populations by comparing various indicators generated from the end line survey with the baseline. Based on the findings, some broad conclusions are drawn in the last chapter.

Chapter II

Methodology and Sample Design

Approach to the present study

The objective of the present study is to evaluate the impact of the “ HIV/AIDS Prevention and Care Programme” implemented by Oxfam GB and its partner NGOs in the selected rural and tribal areas of Rajasthan and Orissa. The approach to the study was to assess the reproductive and sexual needs of the youth prior to intervention (base period) and after the intervention (current period) and to measure the changes that have taken place during this period. The exercise essentially involved generation of appropriate indicators in the base period and the current period.

As mentioned in the previous chapter a baseline need assessment survey was conducted in the targeted rural locations and various indicators are readily available for the base period. A quantitative end line survey was undertaken in targeted rural locations during October –November 2007 in order to develop relevant indicators for the current period. By analyzing the two sets of indicators, corresponding to two distinct periods, the impact is to be measured. The procedure for sample selection adopted for the end line survey was similar to the one followed for the base line survey, so that the findings are comparable. In addition, since it is desirable to study the impact through cross-section analyses as well, the study also included ‘controlled group’ in the end line survey.

Sample Selection

The “ HIV/AIDS Prevention and Care Programme” was implemented in the districts of Angul, Naupada, Kalahandi and Koraput in Orissa and in the districts of Chittorgarh and Bharatpur in Rajasthan. Hence the end line quantitative survey was carried out in these six districts. In each of the six districts, the Programme was implemented in the villages belonging to specified blocks. For the purpose of sample selection, block wise list of these villages, containing details like population, number of households etc was obtained from the respective implementing partner NGOs. For each district, this list of villages constituted the *universe* for the purpose of selecting the *Beneficiary* villages. In each district, from the rest of the blocks, where intervention has not taken place, two blocks were selected purposively and this constituted the “control group”. While making purposive

selection of the blocks for control group, it was necessary to ensure that (a) these blocks are farther away from the blocks where intervention has taken place under the assumption that the intervention programme did not have an impact on the selected blocks and (b) the blocks are more or less similar in terms of development of the blocks where intervention has taken place.

Multi stage sampling was adopted for the purpose of selection of respondents. The first stage units were the list of villages in the selected blocks and the second stage units were out of school males and females in the age groups of 13-18 years and 19-25 years.

Selection of Beneficiary Villages

Universe in the present case is the list of villages in the selected blocks of the districts where the Programme was being implemented. From this universe, specified number of villages was selected for the survey. The universe comprises villages with varying population. It is a well known fact that the bigger villages are more likely to have better infrastructure, including better schooling facilities and more exposure to media and outside world. Hence a representative sample should include villages with varying population. In each of the districts, all the villages in the list in which intervention projects were being implemented were arranged in a descending order according to the population size. Cumulative totals of population was generated and posted against each of the villages. The list of villages was then bifurcated in to two parts from the mid point of cumulative population. Five villages were selected from each part based on systematic random sampling method. In all 10 villages were selected in each district. Therefore the total number of villages selected in Orissa and Rajasthan worked out to be 40 and 20 respectively.

Selection of Respondents

In each of the selected village, all the households were listed with the help of a listing Performa. The following details about the households were collected through the Performa:

- (a) Name and address of the head of the household
- (b) Size of the household-number of males and females
- (c) Names of adolescents/ youths who are currently out of school/college separately for boys and girls for the two age groups, i.e. age groups of 13-18 years and 19-25 years.

The Performa was so designed that out of school males and females who were listed could be stratified into the following groups and accordingly the following strata was formed:

- 13-18 age group out of school males
- 13-18 age group out of school females
- 19-25 age group out of school/college males
- 19-25 age group out of school/college females

From each of the stratum 10 persons were randomly selected as second stage units and they became the respondents for the survey. In other words from each of the selected village 20 males and 20 females were selected as respondents for the survey. The sample included both married and unmarried respondents. If in any particular village, the stipulated number of respondents was not available, in addition an adjoining village whose population is more or less similar to the village in question, was included. The same procedure was adopted for other districts as well. To make up for non-response, 10% extra sample was drawn from each category of respondents. In all, in every district, 200 males and 200 females were surveyed from the Beneficiary villages. Therefore, for the state of Orissa, the sample size of Beneficiaries was 1600 (800 males and 800 females) and for the state of Rajasthan the sample size worked out to be 800 (400 males and 400 females).

Control Group

The procedure of selection villages was similar to the one suggested for the Beneficiary Villages. However, the number of villages selected was four from the two blocks i.e. two villages per block. In the state of Orissa 16 villages and in the state of Rajasthan 8 villages were selected. From each village, as suggested earlier, 40 respondents were selected. In all, in Orissa 640 respondents (320 males and 320 females) and in Rajasthan 320 respondents (160 males and 160 females) were selected for the study as control group..

Table 1
Sample Size for the states of Orissa and Rajasthan

Number of Villages/ Respondents	Orissa		Rajasthan	
	Intervention villages	Control Villages	Intervention villages	Control Villages
Number of villages	40	16	20	8
Number of respondents				
13-18 age group males	400	160	200	80
19-25 age group males	400	160	200	80
13-18 age group females	400	160	200	80
19-25 age group females	400	160	200	80
Total Sample	1600	640	800	320

Data Collection Tools

Two sets of questionnaires, one for male adolescents/youth and another for their female counterparts were prepared by the research team in consultation with the officials of Oxfam GB. The questionnaires included all the issues, which were covered in the base line need assessment study carried out by IIHMR, so that they are comparable. This includes a brief profile of the respondents, perception, attitude and behaviour of adolescents with regard to their sexual and reproductive health, knowledge and awareness regarding physiological changes during adolescence, knowledge and awareness of respondents on reproductive health, family planning including use of condom, symptoms of RTI/STI and HIV/AIDS. In addition, the questionnaire for the present survey included opinion of the beneficiaries about the various activities that were carried out under the programme in order to assess the benefit derived from them. The questionnaires were translated into Oriya and Hindi to facilitate the Field Investigators in interviewing the rural youth and adolescents in the local language.

Field Investigators

Since the study is regarding sexual and reproductive health and the questionnaire included certain intimate and sensitive questions, it was necessary to have male and female field investigators to carry out the survey. In both the states, equal number of male and female investigators who were familiar with the locations and the local language were hired. Even though all of them were experienced in field work, considering the sensitive nature of the study all of them were given

thorough training by male and female researchers. A team of field supervisors was continuously in the field in order to ensure the quality of data and facilitate the data collection.

Ethical Concerns

Keeping in view the sensitive nature of the survey, it was decided to take the consent of the respondents after explaining the purpose of the study and ensuring the confidentiality of the responses given by the respondents. Accordingly a consent form was included in the beginning of the questionnaire and the Field Investigators were asked to read out the contents of the form and take the consent of the respondents.

Limitations of the Study

- In selecting the blocks for the control group, every effort was made to ensure that the blocks were farther away from where the programme was being implemented. Although we could control for the Oxfam Programme, there was no way of ensuring that no other similar programmes were being currently implemented or implemented in the past. For instance, in Rajasthan there were a number of NGOs that have done extensive work in many of the blocks. As a result, in the case of some of the indicators the difference between beneficiaries and the control group is not very marked.
- While surveying the beneficiary villages, the Field Investigators took the support of the local implementing NGOs and hence it was easy to build a rapport with the local youth. We are not sure whether this could have resulted in some kind of bias, in the sense that the respondents might have spoken the truth while answering some of the questions relating to their sexual behaviour. On the other hand, an individual may be more willing to divulge their secrets or discuss personal matters with a total stranger than some one known to him/her. We really do not know in which way it has worked in the present survey.
- While comparing the findings of the end line survey with the base line survey, it has to be kept in mind that during this three year period, number of developments could have taken place in the target area. There is no way of eliminating the influence of other external factors while measuring the extent of changes brought by the initiatives of this programme. For instance, in Rajasthan there were a number of NGOs that have done extensive work in many of the blocks. In addition, over the years knowledge and awareness about HIV/AIDS has increased due to

various efforts and media has played an important role. However, in spite of this limitation, as it will be seen later, the end line survey clearly shows that the Peer Educators have played an important role in enhancing the knowledge and awareness about RTI/STI and HIV/AIDS. This goes to prove that the Programme has had an impact on the youth.

- As compared to the sample youth/adolescents of the base line survey, the sample target population of the end line survey is somewhat better educated and seems to have better exposure to media. The proportion that has never been to school is much higher among the sample youth of baseline survey. The better knowledge of the sample population of the end line survey could be attributed of their better education.

Chapter III

The End Line Survey-Comparison of Beneficiary and Control Group

The main objective of the present study was to measure quantitatively the changes brought about by the intervention programmes undertaken by Oxfam GB with the support of European Commission. These programmes aimed at increasing the knowledge of young people with regard to STI/RTIs, HIV/AIDS, promoting use of condom and safe sex, removing myths and misconceptions regarding HIV/AIDS etc. The youth in question were rural and tribal youth in identified districts in states of Rajasthan and Orissa. In order to evaluate the achievements of the programme quantitatively, the study aimed at comparing the knowledge and awareness of the youth covered by Oxfam intervention programmes (beneficiaries) with other youth who had not come into contact with these programmes (control group).

In a study conducted in Mumbai to understand the gender and socio-economic differentials of adolescent health, the socio-economic status emerged as an important predictor for the knowledge and behaviour (Beena et al). Hence, the control group was so selected as to consist of males and females in the same age groups and ratio as the beneficiaries, and from the same states, but care was also taken to see that they more or less belonged to similar socio-economic background. The profile of the respondents of the study is discussed below under various headings.

3.1 Profile of Respondents

3.1.1 Marital status and level of education of the respondents by age and sex

Table 3.1.1 below gives the marital status and level of education of the respondents by age and sex, that is the beneficiaries and control group in the states of Orissa and Rajasthan.

Table 3.1.1

Marital Status and Level of Education of Respondents by Age and Sex

Orissa

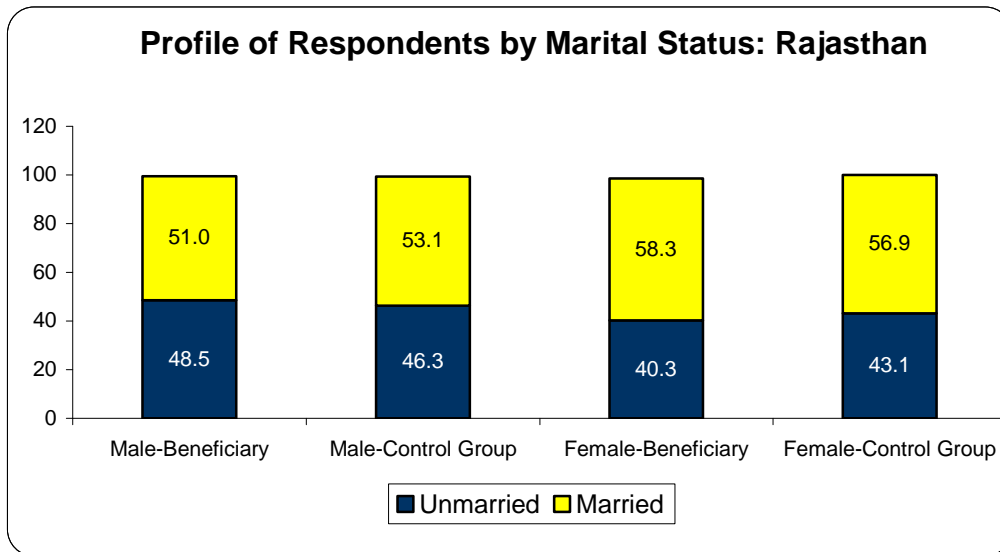
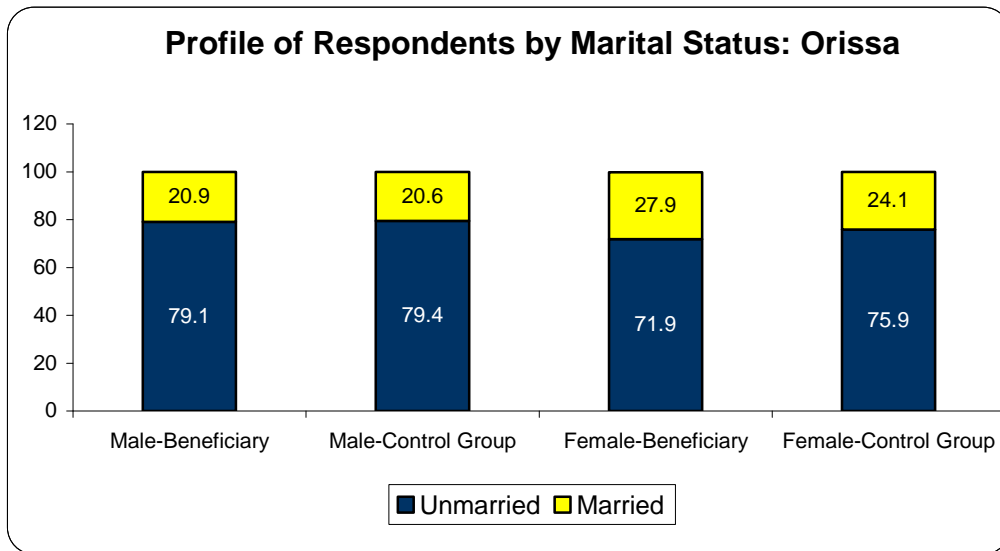
(Percentages)

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Distribution of respondents by their Marital Status												
Unmarried	96.5	61.5	79.0	97.5	61.3	79.4	94.5	49.3	71.9	96.3	55.6	75.9
Married	3.5	38.3	20.9	2.5	38.8	20.6	5.5	50.3	27.9	3.8	44.4	24.1
Married but gauna not done	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Divorced/separated/Widowed	0.0	0.3	0.1	0.0	0.0	0.0	0.0	0.5	0.3	0.0	0.0	0.0
Distribution of respondents by their Educational Level												
Illiterate/ Never been to school	10.8	10.8	10.8	11.9	13.8	12.8	33.0	42.8	37.9	19.4	36.9	28.1
Up to Primary	50.0	33.0	41.5	43.8	38.1	40.9	45.8	32.3	39.0	58.8	42.5	50.6
Up to Middle School	23.0	24.3	23.6	30.6	23.1	26.9	11.5	12.0	11.8	11.9	7.5	9.7
Up to High School/ higher secondary	16.3	28.3	22.3	13.1	21.3	17.2	9.5	12.3	10.9	10.0	12.5	11.3
Graduate/diploma	0.0	3.8	1.9	0.6	3.8	2.2	0.3	0.8	0.5	0.0	0.6	0.3
Total	400	400	800	160	160	320	400	400	800	160	160	320

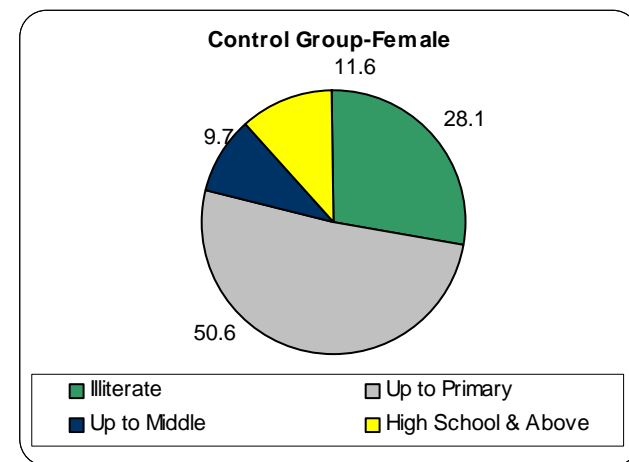
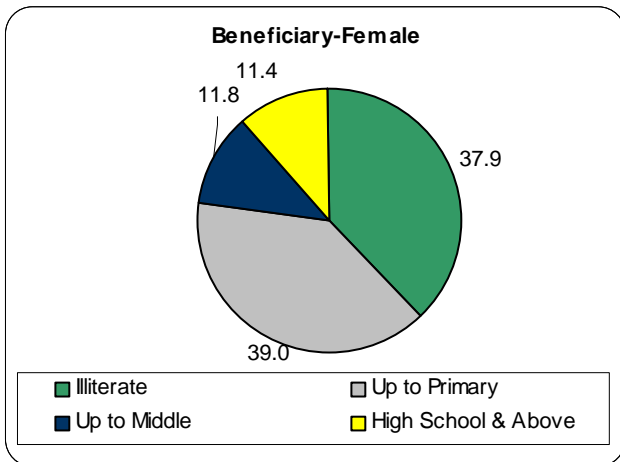
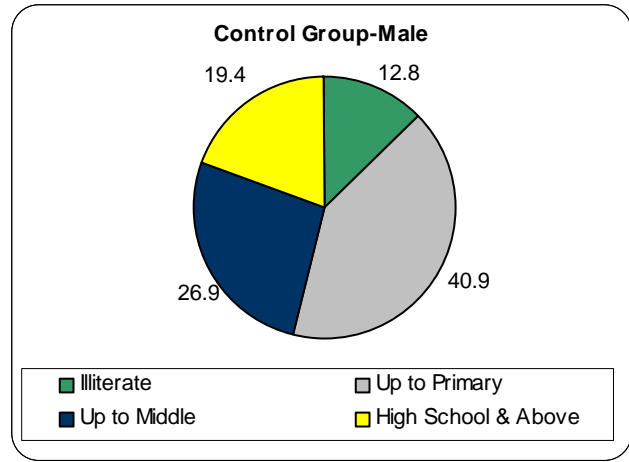
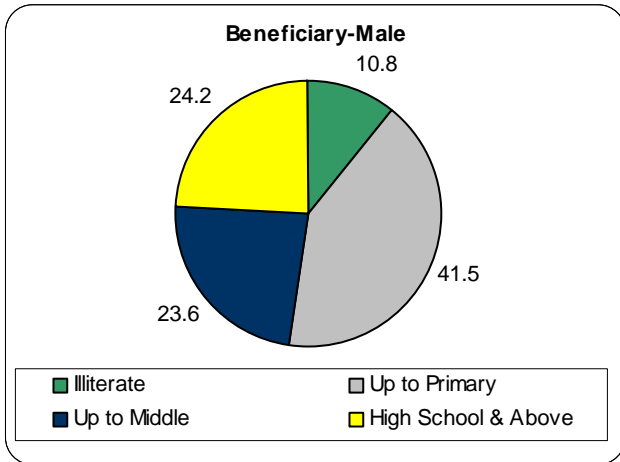
Rajasthan

(Percentages)

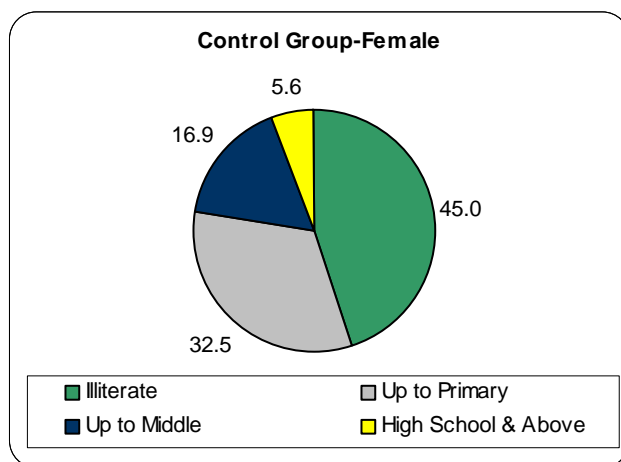
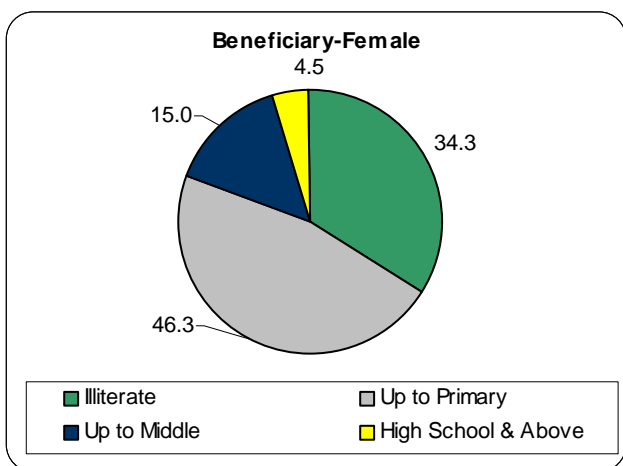
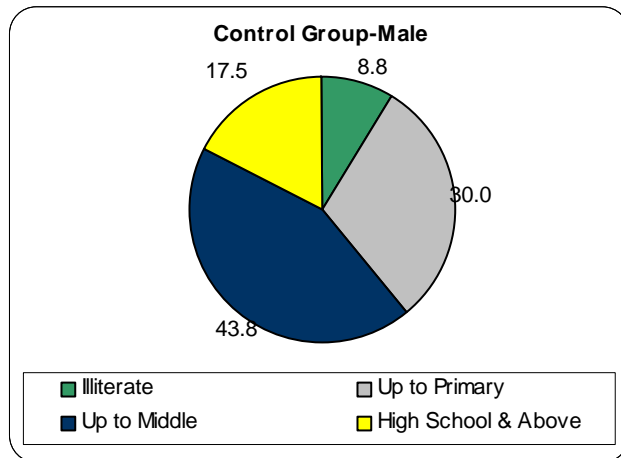
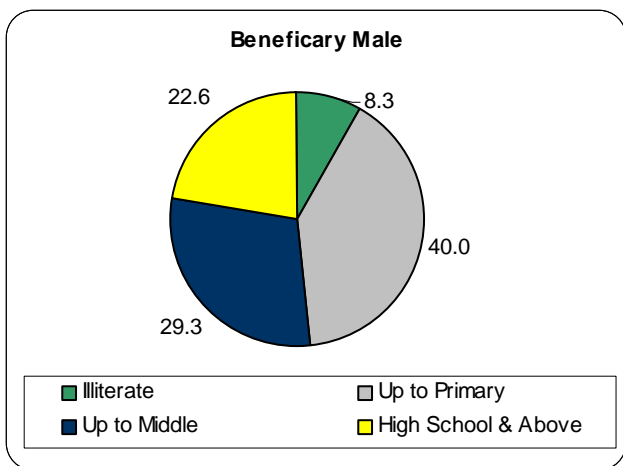
	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Distribution of respondents by their Marital Status												
Unmarried	74.0	23.0	48.5	68.8	23.8	46.3	74.5	6.0	40.3	80.0	6.3	43.1
Married	25.5	76.5	51.0	31.3	75.0	53.1	23.5	93.0	58.3	20.0	93.8	56.9
Married but gauna not done	0.5	0.0	0.3	0.0	1.3	0.6	1.0	0.0	0.5	0.0	0.0	0.0
Divorced/separated/Widowed	0.0	0.5	0.3	0.0	0.0	0.0	1.0	1.0	1.0	0.0	0.0	0.0
Distribution of respondents by their Educational Level												
Illiterate/ Never been to school	8.0	8.5	8.3	7.5	10.0	8.8	24.0	44.5	34.3	30.0	60.0	45.0
Up to Primary	52.5	27.5	40.0	36.3	23.8	30.0	56.0	36.5	46.3	43.8	21.3	32.5
Up to Middle School	28.0	30.5	29.3	42.5	45.0	43.8	15.5	14.5	15.0	18.8	15.0	16.9
Up to High School/ higher secondary	11.5	28.0	19.8	12.5	18.8	15.6	4.0	4.0	4.0	7.5	3.8	5.6
Graduate/diploma	0.0	5.5	2.8	1.3	2.5	1.9	0.5	0.5	0.5	0.0	0.0	0.0
Total	200	200	400	80	80	160	200	200	400	80	80	160



Profile of Respondents by Level of Education- Orissa



Profile of Respondents by Level of Education- Rajasthan



In the state of Orissa, the percentage of the married (21%) and unmarried males (79%) among the beneficiaries and the control group is the same not only on the whole, but in both the age groups. They however vary slightly among the females, (72% married and 28% unmarried among beneficiaries and 76% married and 24% unmarried among the control group) and this small difference is noticed in both the age groups. In Rajasthan however while the percentage of married and unmarried among the beneficiaries and control group varies a little among males aged between 13 and 18, they are almost the same in the age group 19 to 25, and exactly the same position is seen with regard to female respondents. In view of this, there is a very little difference between the control and beneficiary group in the proportion of married and unmarried respondents. Irrespective of age, gender, and group, it is seen that the percentage of married respondents is much higher, and that of unmarried respondents much lower in Rajasthan as compared to that in Orissa.

There are some variations in the percentages of samples in the different literacy levels among both males and females, and in the different age groups in both the states. However in Orissa, the percentage of male illiterates among the beneficiary (11%) and control group (13%) are nearly the same, although among the females, the percentages of illiterates among the beneficiary (38%) is much higher than that in the control group (28%). Similarly the percentage in the highest education level is nearly the same among male beneficiaries (1.9%) and males in the control group (2.2%); Even among the female respondents, although the percentages are very small, they are nearly equal among beneficiaries (0.5%) and control group (0.3%).

A similar situation is noticed in Rajasthan also where the percentage of illiterates among male beneficiaries (8.3%) and control group (8.8%) are almost the same. However here percentage of illiterates among females are higher among the control group (45%) compared to the beneficiaries (34.3%). Also, the percentage of male beneficiaries (2.8%) and males in the control group (1.9%) are quite similar in the highest education level considered – that is graduate/ diploma. The occupational status of the respondents is given in table 3.1.2.

Table 3.1.2

Distribution of Respondents by Occupational Status

Orissa

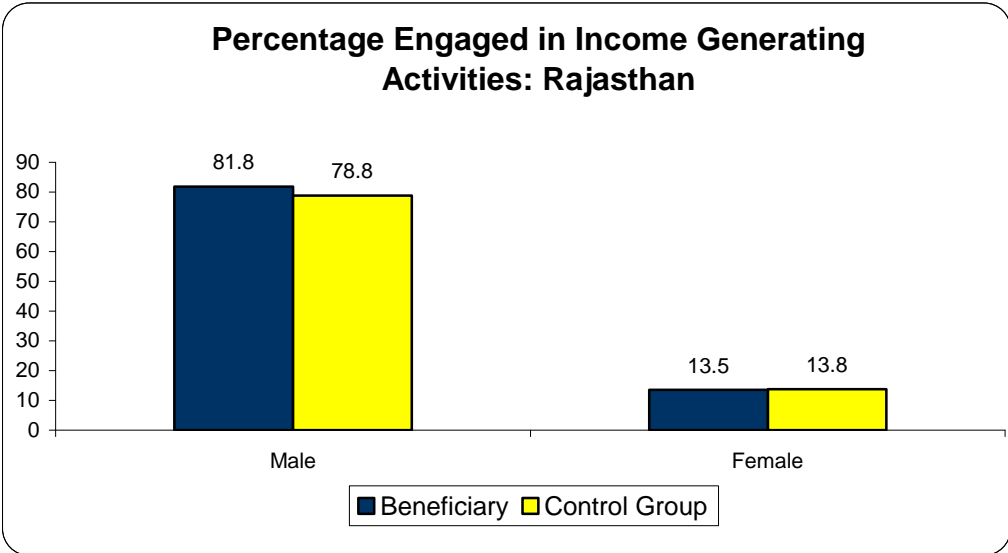
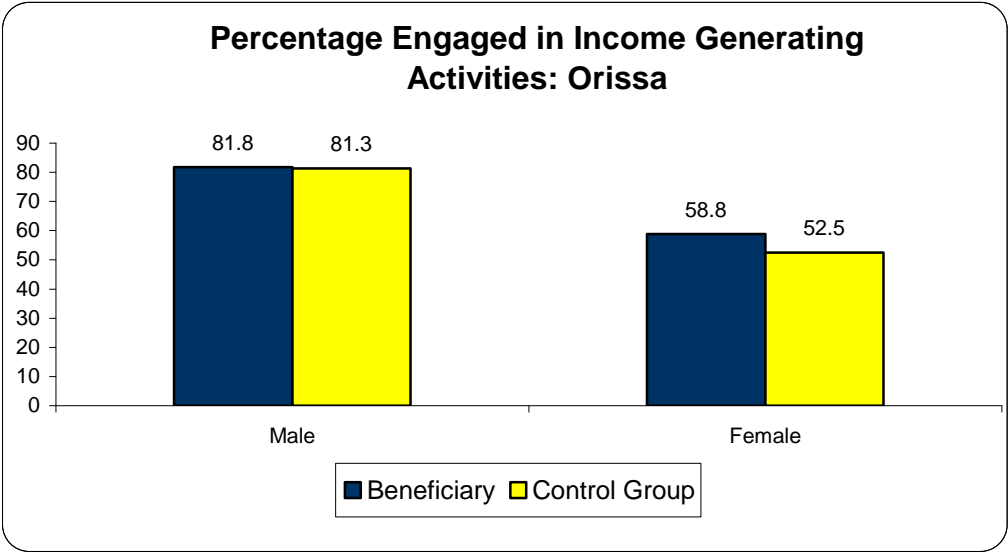
(Percentages)

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Involved in income generating activity	73.3	90.3	81.8	71.3	91.3	81.3	59.5	58.0	58.8	48.8	56.3	52.5
Distribution of respondents by their occupation												
Agriculture (incl animal husbandry)	24.0	23.5	23.8	22.5	28.1	25.3	14.3	8.5	11.4	8.1	10.6	9.4
Labour (Farm & Non-farm)	39.8	44.8	42.3	37.5	49.4	43.4	42.5	45.0	43.8	38.1	38.8	38.4
Self employed	7.0	12.5	9.8	1.3	6.9	4.1	0.0	0.5	0.3	0.6	1.3	0.9
Technician/artisan	1.5	1.5	1.5	1.9	5.6	3.8	0.0	0.3	0.1	0.0	0.0	0.0
Service	0.5	4.8	2.6	6.9	0.6	3.8	0.5	1.3	0.9	0.6	0.0	0.3
Small Business/trade	0.5	2.8	1.6	0.0	0.0	0.0	0.0	0.5	0.3	0.0	0.6	0.3
Unemployed/ Housewife	26.8	9.8	18.3	28.8	8.8	18.8	40.5	42.0	41.3	51.3	43.8	47.5
Others	0.0	0.5	0.3	1.3	0.6	0.9	2.3	2.0	2.1	1.3	5.0	3.1
Respondents whose job require them to stay away from home	3.0	5.5	4.3	1.9	3.8	2.8	0.8	1.3	1.0	0.0	0.0	0.0
Average number of days away from home in a year	83	234	158.5	109	215	162	98	213	155.5	0	0	0
Total	400	400	800	160	160	320	400	400	800	160	160	320

Rajasthan

(Percentages)

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Involved in income generating activity	70.5	93.0	81.8	66.3	91.3	78.8	12.5	14.5	13.5	13.8	13.8	13.8
Distribution of respondents by their occupation												
Agriculture (incl animal husbandry)	19.5	25.0	22.3	10.0	35.0	22.5	6.0	6.5	6.3	5.0	12.5	8.8
Labour (Farm & Non-farm)	40.0	42.5	41.3	40.0	35.0	37.5	4.5	6.0	5.3	7.5	1.3	4.4
Self employed/ Technician/artisan	9.5	19.0	14.3	12.5	11.3	11.9	2.0	1.5	1.8	1.3	0.0	0.6
Service	1.0	2.5	1.8	2.5	6.3	4.4	0.0	0.5	0.3	0.0	0.0	0.0
Small Business/trade	0.0	4.0	2.0	1.3	1.3	1.3	0.0	0.0	0.0	0.0	0.0	0.0
Unemployed/ Housewife	29.5	7.0	18.3	33.8	11.3	22.5	87.5	85.5	86.5	86.3	86.3	86.3
Others	0.5	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Respondents whose job require them to stay away from home	15.0	31.0	23.0	20.0	21.3	20.6	0.5	0.0	0.3	2.5	0.0	1.3
Average number of days away from home in a year	107	163	135	214	196	205	60	0	60	117	0	117
Total	200	200	400	80	80	160	200	200	400	80	80	160



The percentage of male respondents in both the beneficiary (81.8%) and the control group (81.3%) in Orissa who are involved in income generating activity is almost the same. However, among the females respondents, the percentage of beneficiaries engaged in income generating activities (58.8%) is slightly higher than that of the control group (52.5%), and this is true of both the age groups.

The reverse is seen in case of Rajasthan, where the percentage of females engaged in income generating activities is almost the same among both beneficiaries (13.5%) and control group (13.8%), with minor differences among the different age groups. The percentage of males involved in income generating activity is slightly higher (81.8%) among beneficiaries as compared to that of the control group (78.8%), and the same trend is seen in the two age groups also.

Comparing the percentage distribution of respondents of the beneficiaries and control group by their occupation, it is seen that there are only minor differences among those involved in the different occupations, and this true of both the male and female respondents in the sample of Orissa state. Among the male respondents, a large percentage of the beneficiary (42.3%) and control group (43.4%) are involved in labour, and about a fourth of respondents among beneficiaries and control group involved in agriculture and the unemployed among these also almost at the same level at 18.3% in case of beneficiaries and 18.8% among the control group. In the case of female respondents however, slight variations in percentages are seen among the beneficiaries and control group involved in the different occupations. Once again the percentage involved in labour (farm and non-farm) is high at 43.8% among beneficiaries and 38.4% among the control group. The percentage of housewives is slightly higher among the control group (47.5% against 41.3% among beneficiaries).

The percentage of respondents from the beneficiary and control groups in the different occupations is very similar in the case of male respondents in Rajasthan. A high percentage of the respondents are engaged in labour (41.3% beneficiary and 37.5% control group) and agriculture (22.3% beneficiary and 22.5% control group). The percentage of the unemployed is slightly higher among the control group (22.5%) compared to the beneficiaries (18.3%). A very high percentage of the female respondents (86%) among both beneficiaries and control group are housewives. Small

percentages are employed in agriculture (6.3% beneficiary and 8.8% control group) and labour (5.3% beneficiary and 4.4% control group).

The percentage of respondents whose job required them to stay away from home as well as the average number of days away from home in a year were also collected, since this was likely to have some bearing on the sexual behaviour of the respondents. It is seen that in Orissa, 4.3% of the male beneficiaries had to stay away from home and on an average for about 159 days/year as against 2.8% of male respondents in the control group, who had to stay away for about 162 days/ year. While none of the female respondents in the control group had jobs requiring them to stay away from home, only about 1% of the female beneficiaries had to stay away home, and on an average for about 156 days/ year. In the case of Rajasthan, however, about 23% of the male beneficiaries' jobs required them to stay away from home for about 135 days/ year on an average, while nearly 21% of the male respondents in the control group stayed away from home for about 205 days/ year. This percentage among the female respondents was very low.

Exposure to media plays a very important role in the moulding of individuals and particularly during adolescence. Table 3.1.3 below gives the distribution of respondents to both print and electronic media.

Table 3.1.3

Distribution of Respondents by Exposure to Media

Orissa

(Percentages)

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Go to see cinema in a theatre												
Regularly	8.5	9.5	9.0	6.3	1.9	4.1	0.3	0.0	0.1	0.6	2.5	1.6
Occasionally	61.0	71.5	66.3	78.1	86.9	82.5	18.5	22.3	20.4	17.5	14.4	15.9
Never	30.5	19.0	24.8	15.6	11.3	13.4	81.3	77.8	79.5	81.9	83.1	82.5
Watch TV												
Regularly	14.8	21.5	18.1	5.6	6.3	5.9	17.8	17.8	17.8	20.0	22.5	21.3
Occasionally	68.0	64.8	66.4	86.3	87.5	86.9	45.0	39.8	42.4	48.1	37.5	42.8
Never	17.3	13.8	15.5	8.1	6.3	7.2	37.3	42.5	39.9	31.9	40.0	35.9
Read Newspaper / Magazines												
Regularly	8.3	15.8	12.0	6.3	5.6	5.9	0.3	2.5	1.4	0.6	3.1	1.9
Occasionally	38.3	45.8	42.0	46.3	47.5	46.9	29.8	25.3	27.5	28.1	22.5	25.3
Never	53.5	38.5	46.0	47.5	46.9	47.2	70.0	72.3	71.1	71.3	74.4	72.8
Number	400	400	800	160	160	320	400	400	800	160	160	320

Rajasthan

(Percentages)

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Go to see cinema in a theatre												
Regularly	6.0	15.5	10.8	1.3	15.0	8.1	1.0	2.5	1.8	0.0	1.3	0.6
Occasionally	74.0	72.0	73.0	76.3	78.8	77.5	11.0	10.5	10.8	17.5	17.5	17.5
Never	20.0	12.5	16.3	22.5	6.3	14.4	88.0	87.0	87.5	82.5	81.3	81.9
Watch TV												
Regularly	38.5	46.0	42.3	43.8	31.3	37.5	32.0	33.0	32.5	47.5	13.8	30.6
Occasionally	54.0	46.5	50.3	46.3	58.8	52.5	39.0	32.0	35.5	26.3	48.8	37.5
Never	7.5	7.5	7.5	10.0	10.0	10.0	29.0	35.0	32.0	26.3	37.5	31.9
Read Newspaper / Magazines												
Regularly	16.0	34.5	25.3	16.3	21.3	18.8	3.5	1.5	2.5	3.8	0.0	1.9
Occasionally	55.0	53.0	54.0	60.0	65.0	62.5	24.0	28.5	26.3	33.8	21.3	27.5
Never	29.0	12.5	20.8	23.8	13.8	18.8	72.5	70.0	71.3	62.5	78.8	70.6
Number	200	200	400	80	80	160	200	200	400	80	80	160

It is seen that in Orissa, both among the beneficiaries (9.0%) and control group (4.1%) only a small percentage of the male respondents watch cinema regularly in a theatre, while a huge proportion of them watch occasionally, (66% beneficiaries and 82% control group). However, among the females, nearly 80% of both beneficiary and control group never watch movie in a theatre.

TV watching habits of male respondents belonging the two groups is seen to vary a little, while those of the female respondents in the two groups are nearly similar. While 66% of the male beneficiaries watch T.V. occasionally, nearly 87% of the males in the control group do so. Among females, nearly 43% of both groups watch TV occasionally, and while about 40% female beneficiaries never watch T.V, a slightly lesser percentage (36%) of female respondents in the control group do so.

Regular reading of newspaper/ magazine does not appear to be the norm in either of the two groups and among both males and females. Nearly 46-47 percent of male respondents never read the newspapers/ magazines, while this is nearly 71-73% among female respondents.

In the state of Rajasthan also, while a high percent of males among both beneficiaries (73.0%) and control group (7.5%) watch cinema in a theatre occasionally, a high percentage of the females in the beneficiary (87%) and control group (82%) never watch the cinema in a theatre. In general the cinema watching habits of male and female respondents are very dissimilar, although the habits of male respondents in the groups are very similar, and that of the female respondents in the two groups are also similar.

The T.V. watching habits of the male respondents from the beneficiary and the control group are very similar with nearly half of them watching T.V occasionally, about 38% (control) – 42% (beneficiary) watching regularly and the remaining never watching at all. The habits of the female respondents in the two groups are also very similar with nearly one third of them watching it regularly, 1/3 occasionally and the remaining 1/3 never watching it.

Once again, it is seen that the reading habits of the male and female respondents are very different, although male respondents of the both groups – beneficiary and control have similar reading habits, as have the female respondents of the two groups. While nearly 21% (beneficiary) and 19% (control group) of the male respondents never read magazines/ newspapers, nearly 71% of the female respondents in both the groups never read newspapers/ magazines.

In all, the exposure to media of the beneficiary and control group in both the states is nearly the same for males and females separately.

Table 3.1.4 gives the distribution of male respondents by consumption of alcohol/ tobacco and exposure to blue films.

Table 3.1.4
Distribution of Male Respondents by Consumption of Alcohol/Tobacco and Exposure to Blue Films

Orissa **(Percentages)**

	Beneficiary Group			Control Group		
	13-18	19-25	Total	13-18	19-25	Total
Alcohol	30.3	44.0	37.1	21.3	41.9	31.6
Smoking beedi/cigarette	29.8	40.5	35.1	21.3	32.5	26.9
Chewing Tobacco	29.8	32.0	30.9	13.8	37.5	25.6
Eating gutka	58.3	67.5	62.9	16.3	63.8	40.0
Male who have seen Blue film	40.5	63.5	52.0	29.4	39.4	34.4
Male who have seen/read book related to porn literature	34.3	55.0	44.6	21.9	30.6	26.3
Number	400	400	800	160	160	320

Rajasthan **(Percentages)**

	Beneficiary Group			Control Group		
	13-18	19-25	Total	13-18	19-25	Total
Alcohol	10.5	26.5	18.5	16.3	25.0	20.6
Smoking beedi/cigarette	37.0	62.5	49.8	40.0	66.3	53.1
Chewing Tobacco	57.5	64.0	60.8	65.0	70.0	67.5
Eating gutka	62.0	59.5	60.8	71.3	71.3	71.3
Male who have seen Blue film	55.0	68.0	61.5	48.8	53.8	51.3
Male who have seen/read book related to porn literature	29.5	43.5	36.5	38.8	40.0	39.4
Number	200	200	400	80	80	160

In the state of Orissa, the percentage of respondents from beneficiary group and control group indulging in consumption of alcohol, smoking beedi/ cigarette and chewing tobacco are very similar. However, while nearly 63% of beneficiaries eat gutka, this is lesser among the control group (40%). The percentage of respondents who have seen blue films, as well as those who have seen/ read book related to porn literature is also higher among the beneficiary group as compared to the control group in both the age group under consideration.

In the sample in Rajasthan, while percentage of respondents taking alcohol, smoking beedi/ cigarette, and chewing tobacco are nearly the same among both beneficiaries and control group, a higher percentage among the control group (71%) eat gutka as compared to the beneficiaries (61%). The percentage of respondents who have seen blue films is higher among the beneficiary group (62%) compared to those in the control group (51%), although the percentage who have seen/ read books related to porn literature are nearly the same.

The above tables show that in most of the aspects (characteristics) considered, the respondents from the control group are very similar to the beneficiaries, although there are some variations, which are inevitable even though the sample control group has been chosen with great care, so that the two groups can be compared for the purpose of the present analysis.

3.2 Knowledge of Respondents Relating to Adolescence

Adolescence is a transitional stage of human development that occurs between childhood and adulthood. Adolescent humans go through puberty, the process of sexual maturation. In sociology, adolescence is seen as a cultural phenomenon for the working world and therefore its endpoints are not easily tied to physical milestones. The time is identified with dramatic changes in the body, along with developments in a person's psychology and academic career.

Table 3.2.1 indicates the difference in the level of knowledge of the beneficiaries and the control group regarding the physiological changes that occur in boys and girls during adolescence.

Table 3.2.1

Distribution of Respondents by Knowledge about Physiological Changes Related to Adolescence

Orissa

(Percentages)

Who could give the correct reply	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Beard starts growing (Male)	100.0	100.0	100.0	100.0	100.0	100.0	98.5	99.5	99.0	98.8	100.0	99.4
Pimples on the face (Both)	83.8	94.3	89.0	92.5	98.1	95.3	69.5	72.5	71.0	74.4	83.1	78.8
Hair growth in the chest (Male)	99.5	99.8	99.6	100.0	99.4	99.7	92.3	97.3	94.8	90.0	96.3	93.1
Enlargement of breast (Female)	98.5	94.8	96.6	99.4	100.0	99.7	99.0	99.5	99.3	97.5	99.4	98.4
Development of genital parts (Both)	72.5	80.3	76.4	91.3	75.0	83.1	51.5	63.3	57.4	63.1	71.9	67.5
Voice become heavier (Male)	44.0	41.5	42.8	49.4	21.3	35.3	35.5	37.3	36.4	44.4	35.6	40.0
Growth of pubic hair (Both)	89.5	93.0	91.3	87.5	84.4	85.9	77.8	84.5	81.1	78.1	80.6	79.4
Starting of menstruation (Female)	90.8	98.3	94.5	93.8	92.5	93.1	98.8	100.0	99.4	96.3	99.4	97.8
Number	400	400	800	160	160	320	400	400	800	160	160	320

Rajasthan

(Percentages)

Who could give the correct reply	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Beard starts growing (Male)	99.5	100.0	99.8	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Pimples on the face (Both)	56.0	74.0	65.0	52.5	70.0	61.3	80.5	76.5	78.5	72.5	78.8	75.6
Hair growth in the chest (Male)	97.5	98.0	97.8	97.5	97.5	97.5	90.0	90.0	90.0	98.8	88.8	93.8
Enlargement of breast (Female)	100.0	100.0	100.0	100.0	100.0	100.0	99.5	99.0	99.3	93.8	95.0	94.4
Development of genital parts (Both)	64.0	92.5	78.3	75.0	80.0	77.5	66.5	81.5	74.0	53.8	75.0	64.4
Voice become heavier (Male)	87.5	75.5	81.5	97.5	73.8	85.6	64.0	80.0	72.0	66.3	76.3	71.3
Growth of pubic hair (Both)	72.5	93.0	82.8	77.5	92.5	85.0	77.0	91.0	84.0	90.0	91.3	90.6
Starting of menstruation (Female)	99.0	100.0	99.5	100.0	100.0	100.0	93.5	99.5	96.5	86.3	100.0	93.1
Number	200	200	400	80	80	160	200	200	400	80	80	160

Among the indicators used, some were changes that occur in boys and some in girls and some common to both. The results indicate that the level of knowledge of respondents among both beneficiaries and control group is almost similar among both males and females and in both the states. Without exception all the male respondents knew about the growth of beard in men. Nearly 90% and above knew about pimples on the face of both males and females, growth of hair on the chest of males and enlargement of breast and starting of menstruation of females, although minor differences are noticed in the percentages. Similarly, nearly all-female respondents knew about growth of beard among males, starting of menstruation of females etc.

As regard the knowledge about the physiological changes that occur during adolescence there are some common observation that are seen between the results from Orissa and Rajasthan:

- i) Percentage of respondents aware of these changes are almost similar among the beneficiaries and the control group among both males and females and in both the states, although on certain issues like development of genital parts, growth of pubic hair, and the voice of males becoming heavier, differences are noticed between the awareness levels of males and females in the state of Orissa and regarding growth of pimples on the face in the sample from Rajasthan.
- ii) Age does not seem to be a very important factor for awareness of these matters, as it is seen that the differences among the age groups among males in both the groups is very small particularly in Orissa, and although slightly more pronounced differences are seen in Rajasthan, it is restricted to one or two of the changes studied.
- iii) The different percentages indicate that there is no direct correlation between the sex of the respondent and awareness of a particular physiological change. For instance, almost all the respondents (both male & female) are aware beard starts growing on males, enlargement of breast takes place in women, and menstruation starts among women during adolescence. While a higher percentage of males than females are aware of growth of pimples during adolescence in Orissa, it is the reverse in Rajasthan although this change is seen in both the sex during adolescence.

Knowledge regarding development of genital parts and voice of males becoming heavy is quite low among both male and female respondents of Orissa in both the groups, while comparatively lesser respondents know about pimples on the face in Rajasthan.

Persons whom the respondents consult with regard to matters relating to physiological changes that occur during adolescence is given below in Table 3.2.2.

Table 3.2.2
Distribution of Respondents by Persons Consulted
on Matters Relating to Physiological Changes

Orissa

(Percentages)

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Mother	1.8	1.0	1.4	0.0	2.5	1.3	40.5	38.5	39.5	65.0	56.3	60.6
Father	3.0	0.8	1.9	1.3	0.6	0.9	2.5	4.8	3.6	0.0	0.6	0.3
Peer Educator	10.0	8.5	9.3	0.0	0.0	0.0	4.8	2.5	3.6	0.0	0.0	0.0
Female Friend	2.0	1.5	1.8	0.0	0.6	0.3	41.8	36.8	39.3	21.9	28.8	25.3
Male Friend	62.3	76.3	69.3	66.3	64.4	65.3	0.0	0.0	0.0	0.0	0.0	0.0
Husband/wife	0.3	1.3	0.8	0.0	1.3	0.6	0.3	7.3	3.8	0.6	4.4	2.5
Relatives	11.3	6.5	8.9	12.5	11.3	11.9	0.8	1.3	1.0	1.9	0.6	1.3
Health Workers	3.5	0.8	2.1	0.0	15.6	7.8	1.0	0.3	0.6	0.0	0.0	0.0
None	6.0	3.5	4.8	20.0	3.8	11.9	8.5	8.8	8.6	10.6	9.4	10.0
Number	400	400	800	160	160	320	400	400	800	160	160	320

Rajasthan

(Percentages)

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Mother	0.0	0.5	0.3	0.0	2.5	1.3	16.0	16.5	16.3	15.0	23.8	19.4
Father	3.0	3.0	3.0	11.3	0.0	5.6	0.5	0.5	0.5	0.0	0.0	0.0
Peer Educator	11.5	12.0	11.8	0.0	0.0	0.0	0.5	1.0	0.8	0.0	0.0	0.0
Female Friend	0.0	0.5	0.3	2.5	6.3	4.4	66.5	59.5	63.0	55.0	56.3	55.6
Male Friend	64.5	55.5	60.0	46.3	55.0	50.6	1.0	0.5	0.8	0.0	0.0	0.0
Husband/wife	0.0	3.0	1.5	2.5	1.3	1.9	0.5	5.5	3.0	0.0	10.0	5.0
Relatives	7.0	11.0	9.0	20.0	12.5	16.3	12.5	15.5	14.0	23.8	7.5	15.6
Health Workers	2.0	2.0	2.0	1.3	3.8	2.5	0.5	0.5	0.5	0.0	1.3	0.6
None	12.0	12.5	12.3	8.8	5.0	6.9	2.0	0.5	1.3	6.3	1.3	3.8
Number	200	200	400	80	80	160	200	200	400	80	80	160

Some of the common observations noticed in the responses of respondents in the two states are as under:

- i) Age does not seem to be a factor in either the control group or beneficiary group in determining the person consulted.
- ii) Only a small percentage of males (between 0.3% to 1.4%) consult their mother, while those who consult their father is slightly higher (0.9% to 5.6%) with only minor differences among the beneficiaries and the control group.

- iii) A very high percentage of respondents (nearly 90% and above) seem to consult somebody or the other in this regard with most commonly consulted persons friends of the same sex, although others like husband/ wife, relatives, health workers, peer educators etc are consulted to a small extent and there are also some who do not consult any person on this issue.
- iv) Peer educators are consulted by about 10% of the male beneficiaries in both the states, while only about 4% of female beneficiaries in Orissa and less than one percent of female beneficiaries in Rajasthan consult them. As is to be expected, none of the persons in the control group consult them.

Some differences are also noticed between the beneficiaries and the control group as well as the two states:

- i) While nearly 61% of the females in the control group in Orissa consult their mother, and only a fourth (25%) consult their friends, among the beneficiaries there is an equal (40%) percentage of respondents consulting mother and friend. However, in the sample from Rajasthan, nearly similar percentages of females from beneficiary (63%) and control group (56%) consult their friends while a lesser percentage (16%) among beneficiaries and (19%) control group consult their mothers.
- ii) The percentage of male respondents consulting their friends is slightly higher among the beneficiaries both in Orissa (69%) and Rajasthan (60%) as compared to the control group (65% and 51% respectively).

Table 3.2.3 below compares the knowledge or lack of it regarding menstruation among the female respondents belonging to the beneficiary and control groups.

Table 3.2.3
Distribution of Respondents by Knowledge and Awareness about Menstruation Among Female Respondents

Orissa		(Percentages)				
	Beneficiary			Control group		
	Age 13-18	Age 19-25	Total	Age 13-18	Age 19-25	Total
Female who know about menstruation	97.3	100.0	98.6	98.8	100.0	99.4
Female about menstruation						
Shedding of dirty blood	31.6	24.0	27.8	29.7	22.5	26.1
It starts in Female when they enter adolescence	36.2	33.0	34.6	43.7	40.6	42.1
Sign of fertility	14.7	29.5	22.2	8.2	19.4	13.8
Physiological process of monthly bleeding among Female	17.5	13.5	15.5	18.4	17.5	17.9
Female who have started menstruating	95.5	99.3	97.4	93.1	99.4	96.3
Type of material used during menstruation						
Any ordinary cloth	25.9	22.2	24.0	26.2	31.4	28.9
Clean cloth	72.0	74.6	73.3	73.8	67.9	70.8
Sanitary pad/ napkin	1.0	3.3	2.2	0.0	0.6	0.3
Number	400	400	800	160	160	320

Rajasthan		(Percentages)				
	Beneficiary			Control group		
	Age 13-18	Age 19-25	Total	Age 13-18	Age 19-25	Total
Female who know about menstruation	96.0	99.5	97.8	91.3	100.0	95.6
Female about menstruation						
Shedding of dirty blood	62.5	41.7	51.9	41.1	33.8	37.3
It starts in Female when they enter adolescence	17.7	21.6	19.7	19.2	32.5	26.1
Sign of fertility	14.1	20.6	17.4	26.0	21.3	23.5
Physiological process of monthly bleeding among Female	5.7	16.1	11.0	13.7	12.5	13.1
Female who have started menstruating	88.0	98.5	93.3	86.3	100.0	93.1
Type of material used during menstruation						
Any ordinary cloth	17.0	19.3	18.2	21.7	8.8	14.8
Clean cloth	70.5	74.6	72.7	66.7	82.5	75.2
Sanitary pad/ napkin	2.8	1.5	2.1	10.1	8.8	9.4
Number	200	200	400	80	80	160

Age definitely does seem to have some effect regarding the knowledge of the respondents about menstruation. While nearly 100% of all respondents in the age group 19-25 (both among beneficiaries and control group in Orissa and Rajasthan) know about menstruation, this percentage is slightly less in the younger age group. In the 13-18 age group respondents, a marginally higher percent of respondents (98.8%) in the control group are aware about menstruation compared to the beneficiaries (97.3%) in the sample from Orissa, while the reverse is the case in Rajasthan where

percentage of beneficiaries (96.0%) who know about menstruation is higher than that of the control group (91.2%)

Menstruation is an important physiological change among adolescent girls that occurs every month at the onset of puberty and the initiation of uterine bleeding marked as entry into reproduction. The results of the survey indicate that very few of the respondents were knowledgeable about menstruation. In fact a comparatively higher percentage of females in the control group knew that it starts in females as they enter adolescence, and is a process of monthly bleeding among females as compared to the beneficiaries. This was true in both Orissa and Rajasthan and in both the age groups. In addition, higher percentage of respondents in the beneficiary group in both the states in the two age groups had the misguided impression that it is the shedding of dirty blood. However, that menstruation is a sign of fertility was known by a higher percentage of respondents among the beneficiaries in Orissa in both the age groups (14.7% and 29.5% as against 8.2% and 19.4% in control group), although once again, reverse was the case in Rajasthan, where a higher percentage of the control group were aware of it (26.0% and 21.3%) compared to the beneficiaries (14.1% and 20.6%).

Among the female respondents in the age group of 19-25 years, almost all of them had started menstruating in both the beneficiary and control groups in both the states and this percentage was slightly less in the younger age group. Only a very small percentage of respondents in the two states and both the age groups used sanitary pad/ napkin, and one reason for this however could be its cost. A high percentage of the respondents in the two states and the two age groups varying between 67% to 82% report that they use clean cloth.

The survey also tried to find about the source from which the respondents had gained knowledge/information about menstruation and the results are indicated below in Table 3.2.4.

Table 3.2.4**Distribution of Female Respondents by Source of Information about Menstruation****Orissa****(Percentages)**

	Beneficiary			Control group		
	Age 13-18	Age 19-25	Total	Age 13-18	Age 19-25	Total
Reporting some one explained menstruation	35.8	31.5	33.6	30.0	20.0	25.0
Person who explained or source of information about menstruation						
Mother/Grand Mother	39.9	46.0	42.8	39.6	34.4	37.5
Sister/Cousin	24.5	31.7	27.9	27.1	9.4	20.0
School teacher	1.4	1.6	1.5	0.0	0.0	0.0
Friends	55.2	50.8	53.2	52.1	59.4	55.0
TV/radio/newspaper/magazines	1.4	1.6	1.5	2.1	0.0	1.3
Health workers (ANM, Anganwadi workers, TBA etc)	2.1	0.0	1.1	2.1	0.0	1.3
Peer educator	13.3	2.4	8.2	0.0	0.0	0.0
Number	400	400	800	160	160	320

Rajasthan**(Percentages)**

	Beneficiary			Control group		
	Age 13-18	Age 19-25	Total	Age 13-18	Age 19-25	Total
Reporting some one explained menstruation	76.5	83.0	79.8	78.8	87.5	83.1
Person who explained or source of information about menstruation						
Mother/Grand Mother	37.3	19.9	28.2	17.5	18.6	18.0
Sister/Cousin	43.8	72.3	58.6	42.9	67.1	55.6
School teacher	2.0	4.2	3.1	7.9	0.0	3.8
Friends	71.9	72.3	72.1	65.1	81.4	73.7
TV/radio/newspaper/magazines	0.0	0.6	0.3	1.6	1.4	1.5
Health workers (ANM, Anganwadi workers, TBA etc)	1.3	1.8	1.6	0.0	0.0	0.0
Peer educator	11.1	2.4	6.6	0.0	0.0	0.0
Number	200	200	400	80	80	160

It is seen that nearly half the respondents in Orissa and three-fourths in Rajasthan have received the information from their friends. Mother, grandmother, sister/ cousin have also been instrumental to a considerably large extent. It has already been seen above that it is only a small proportion of respondents among the beneficiaries as well as control group (slightly better) in both the states who have correct knowledge about menstruation. It can now be presumed that is because most of the (more than three-fourths) respondents have received the information from family and friends who are themselves probably not aware of the subject. Only a small proportion of the respondents have received the information from informed sources such as school teachers, media, health workers and

peer educators. It is seen that this percentage is comparatively much higher for beneficiaries, particularly in the age group of 13-18.

Adolescent females are very sensitive about the changes that occur during this period, and hence apart from knowing who imparts knowledge to them, an attempt was also made in the survey to find out the people in whom the respondents repose enough confidence and trust to consult on these matters. Table 3.2.5 below gives an insight into the same.

Table 3.2.5
Persons Consulted by Female Respondents Regarding On Set of Menstruation

Orissa		(Percentages)				
	Beneficiary			Control group		
	Age 13-18	Age 19-25	Total	Age 13-18	Age 19-25	Total
Mother	41.5	48.3	44.9	70.0	66.9	68.4
Relatives	6.3	6.3	6.3	1.3	6.3	3.8
Peer Educator	3.5	1.3	2.4	0.0	0.0	0.0
Female Friend	39.8	35.3	37.5	21.3	21.9	21.6
Health Workers	2.3	0.5	1.4	0.0	0.0	0.0
None	6.8	8.5	7.6	7.5	5.0	6.3
Number	400	400	800	400	400	800

Rajasthan		(Percentages)				
	Beneficiary			Control group		
	Age 13-18	Age 19-25	Total	Age 13-18	Age 19-25	Total
Mother	24.5	28.5	26.5	28.8	52.5	40.6
Relatives	14.5	15.0	14.8	16.3	11.3	13.8
Peer Educator	2.0	0.0	1.0	0.0	0.0	0.0
Female Friend	55.5	55.5	55.5	52.5	35.0	43.8
Health Workers	1.5	0.0	0.8	0.0	0.0	0.0
None	2.0	1.0	1.5	2.5	1.3	1.9
Number	200	200	400	200	200	400

It is seen that a small proportion (about 7.5% in Orissa and about 2% in Rajasthan) of the respondents do not consult any one on these matters. Among the control groups in the two states, all the remaining consult their mothers (68% in Orissa, 41% in Rajasthan), friends (22% in Orissa and 44% in Rajasthan) and relatives (4% in Orissa and 14% in Rajasthan). Although the same trend is

seen even among the beneficiaries (45% mother, 35% friends and 6% relatives in Orissa and 27% mother, 56% friends and 15% relatives in Rajasthan), a small percentage do consult peer educators and, health workers on these matters. This percentage is slightly higher among the lower age group 13-18 years (6% in Orissa and 4% Rajasthan) as compared to the older age group 19-25 years (2% in Orissa and 0% in Rajasthan), and it may be easier for peer educators/ health workers to gain the confidence of younger people.

Although night fall/ nocturnal emission is one of the natural processes occurring in males particularly during teenage and early adulthood, due to lack of knowledge many get perturbed/ embarrassed by it. Perception of the respondents regarding nocturnal emission is given below in table 3.2.6.

Table 3.2.6
Distribution of Males by Knowledge about Night Fall

		Beneficiary			Control group		
		Age 3-18	Age 19-25	Total	Age 13-18	Age 19-25	Total
Orissa							
(Percentages)							
Distribution by their perception about night fall / wet dreams							
It is a natural process		36.8	35.3	36.0	24.4	14.4	19.4
Watery discharge during sleep		35.5	37.3	36.4	35.0	35.0	35.0
Loss of semen during sleep		47.0	57.0	52.0	69.4	53.8	61.6
A pleasurable dream		36.5	45.0	40.8	45.0	44.4	44.7
It is unhealthy		10.5	6.8	8.6	8.1	13.8	10.9
It is safe		3.0	3.0	3.0	2.5	1.9	2.2
Any other		1.3	0.0	0.6	0.6	0.0	0.3
Who have experienced wet dream		75.0	89.0	82.0	76.9	73.8	75.3
Number		400	400	800	160	160	320

		Beneficiary			Control group		
		Age 3-18	Age 19-25	Total	Age 13-18	Age 19-25	Total
Rajasthan							
(Percentages)							
Distribution by their perception about night fall / wet dreams							
It is a natural process		18.0	15.0	16.5	13.8	7.5	10.6
Watery discharge during sleep		64.5	53.5	59.0	67.5	68.8	68.1
Loss of semen during sleep		59.5	61.5	60.5	53.8	63.8	58.8
A pleasurable dream		11.5	18.0	14.8	15.0	10.0	12.5
It is unhealthy		13.5	23.0	18.3	20.0	25.0	22.5
It is safe		2.0	4.5	3.3	3.8	3.8	3.8
Any other		2.5	0.5	1.5	1.3	1.3	1.3
Who have experienced wet dream		65.5	86.0	75.8	72.5	85.0	78.8
Number		200	200	400	80	80	160

A comparatively higher percentage of beneficiaries (36%) as against 19.4% of the control group in Orissa and 16.5% as against 10.6% in Rajasthan knew that night fall is a natural process. Also, a lower percentage of beneficiaries 8.6% as against 10.9% of control group in Orissa and 18.3% as against 32.5% in Rajasthan felt that it was unhealthy. The percentage of respondents who termed it as watery discharge during sleep was almost same among the beneficiaries and control group (35%) in Orissa while there was only a small difference in Rajasthan (59% beneficiaries against 68% control group). More than half the respondents in both states and under both the groups perceived it as loss of semen during sleep. Almost equal percentage of respondents among the beneficiaries (41%) and control group (45%) in Orissa, and (15% and 13% respondents) in Rajasthan termed it a pleasurable dream. More than three-fourths of the respondents in all the groups considered in the two states had experienced night fall. Excepting the control group in Orissa, in all other categories, a higher percentage of males in the age group 19-25 years had experienced it, as compared to those in the age group 13-18 years.

Adolescent boys have generally been seen to have a great fondness to experiment with masturbation. However, it has been associated with a number of myths and misconceptions and therefore the act results in mental and physiological conflicts among those who try it.

Table 3.2.7

Perception and Practice of Masturbation Among Male Respondents

	Beneficiary			Control group		
	Age 13-18	Age 19-25	Total	Age 13-18	Age 19-25	Total
Orissa						
(Percentages)						
Distribution by their perception about masturbation						
Only some Male do it	30.8	23.0	26.9	5.0	20.6	12.8
It leads to impotency	14.0	18.5	16.3	31.3	15.0	23.1
Can cause dysfunction and deformity in sexual organ	20.0	26.0	23.0	46.3	30.0	38.1
Can make one sexually inactive	15.5	23.0	19.3	31.9	23.1	27.5
Reduces interest and attention in studies	6.25	8.25	7.25	3.75	6.88	5.31
Weakens the body	33.8	38.5	36.1	25.6	30.0	27.8
Natural practice during adolescence	21.8	23.3	22.5	9.4	8.1	8.8
Dirty/messy/immoral act	28.8	23.8	26.3	31.3	36.9	34.1
Any Other	1.0	0.0	0.5	0.6	0.0	0.3
Who do practice masturbation	51.8	71.8	61.8	40.0	48.8	44.4
Who think size of penis matters during sexual relationship	28.0	33.8	30.9	29.4	29.4	29.4
Number	400	400	800	160	160	320

Rajasthan**(Percentages)**

	Beneficiary			Control group		
	Age 13-18	Age 19-25	Total	Age 13-18	Age 19-25	Total
Distribution by their perception about masturbation						
Only some Male do it	12.5	11.0	11.8	2.5	6.3	4.4
It leads to impotency	44.0	48.5	46.3	45.0	61.3	53.1
Can cause dysfunction and deformity in sexual organ	39.5	31.0	35.3	43.8	46.3	45.0
Can make one sexually inactive	22.5	18.0	20.3	11.3	17.5	14.4
Reduces interest and attention in studies	19.0	14.0	16.5	21.3	22.5	21.9
Weakens the body	23.5	34.5	29.0	36.3	26.3	31.3
Natural practice during adolescence	8.0	8.5	8.3	6.3	1.3	3.8
Dirty/messy/immoral act	8.0	18.5	13.3	10.0	8.8	9.4
Who do practice masturbation	40.5	60.0	50.3	43.8	47.5	45.6
Who think size of penis matters during sexual relationship	25.5	46.5	36.0	37.5	38.8	38.1
Number	200	200	400	80	80	160

It is seen that in Orissa, a higher percentage of beneficiaries (61.8%) practice masturbation as compared to their counter parts in the control group (44%). In Rajasthan however, almost similar percentages among beneficiaries (50.3%) and respondents from control group (45.6%) are practicing it. In all the groups it is seen that a higher percentage among the higher age group (19-25 years) are practicing it compared to the younger age group (13-18 years).

It is generally seen that the knowledge of beneficiaries and control group among males as well as females are similar regarding physiological changes that occur during adolescence. However, differences are noticed in the awareness levels regarding various issues among the respondents in the two states.

3.3 Views and Knowledge about Marriage, Pregnancy and Family planning

The respondents were asked as to what in their opinion was the right age for marriage of boys and girls. The results are tabulated in table 3.3.1:

Table 3.3.1

Distribution of Respondents by their Opinion on Right Age at Marriage

Orissa

(Percentages)

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Respondents mentioning right age of marriage of Male												
Less than 15 years	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15-20	19.8	12.0	15.9	21.9	14.4	18.1	23.5	27.0	25.3	27.5	36.9	32.2
21-25	78.0	83.3	80.6	75.0	83.1	79.1	67.3	67.3	67.3	61.3	60.0	60.6
26-30	1.3	4.8	3.0	3.1	2.5	2.8	1.0	3.0	2.0	3.8	1.3	2.5
31 & above	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.1	0.0	0.0	0.0
Don't Know-99	1.0	0.0	0.5	0.0	0.0	0.0	8.3	2.5	5.4	7.5	1.9	4.7
Respondents mentioning right age of marriage of Female												
Less than 15 years	0.3	1.8	1.0	0.0	0.6	0.3	1.3	0.3	0.8	0.6	2.5	1.6
15-20	89.3	83.3	86.3	88.8	81.9	85.3	88.0	88.5	88.3	81.9	88.8	85.3
21-25	8.5	14.8	11.6	10.6	17.5	14.1	3.3	9.5	6.4	10.0	6.3	8.1
26-30	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
31 & above	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Don't Know-99	2.0	0.3	1.1	0.6	0.0	0.3	7.5	1.8	4.6	7.5	2.5	5.0
Number	400	400	800	160	160	320	400	400	800	160	160	320

Rajasthan

(Percentages)

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Respondents mentioning right age of marriage of Male												
Less than 15 years	2.5	1.0	1.8	2.5	5.0	3.8	1.0	0.0	0.5	0.0	0.0	0.0
15-20	43.0	39.0	41.0	35.0	50.0	42.5	41.0	47.0	44.0	22.5	48.8	35.6
21-25	53.5	60.0	56.8	62.5	45.0	53.8	52.0	50.5	51.3	70.0	51.3	60.6
26-30	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.5	0.8	0.0	0.0	0.0
31 & above	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Don't Know-99	1.0	0.0	0.5	0.0	0.0	0.0	6.0	1.0	3.5	7.5	0.0	3.8
Respondents mentioning right age of marriage of Female												
Less than 15 years	3.5	5.5	4.5	10.0	5.0	7.5	3.0	5.0	4.0	1.3	1.3	1.3
15-20	92.0	90.0	91.0	83.8	87.5	85.6	90.0	90.5	90.3	91.3	98.8	95.0
21-25	3.5	4.5	4.0	6.3	7.5	6.9	1.5	3.5	2.5	1.3	0.0	0.6
26-30	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
31 & above	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Don't Know-99	1.0	0.0	0.5	0.0	0.0	0.0	5.5	1.0	3.3	6.3	0.0	3.1
Number	200	200	400	80	80	160	200	200	400	80	80	160

As regards the right marriageable age for males nearly 80% of the male respondents in both the control and beneficiary group in Orissa felt it was between 21-25 years. Among the female respondents in Orissa, 25% beneficiaries and 32% of the control group felt it should be between 15

to 20 while 67% beneficiaries and 61% of the control group felt 21-25 was right. In Rajasthan, slightly higher than 40% of the male respondents in the beneficiary and control group were of the opinion that 15-20 was the right age, while more than half the respondents felt 21-25 was the right age. Among the female respondents of the state however, 44% of beneficiaries and 36% of the control group felt 15-20 was the correct age while 51% beneficiaries and 61% control group opined that 21-25 years was the right age.

As far as the right marriageable age for females, most respondents – male, female, beneficiary and control group from Orissa and Rajasthan felt that 15-20 was the right age. A small percentage of the respondents also opted for less than 15 years, while age group of 21-25 was also opted for by a few. The respondents were also asked about the legal age of marriage.

Table 3.3.2

Percentage of Respondents Who Know the Legal Age of Marriage

Orissa

(Percentages)

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Male	58.3	72.3	65.3	20.6	36.3	28.4	39.5	63.3	51.4	33.8	51.3	42.5
Female	54.5	61.8	58.1	54.4	51.9	53.1	43.3	67.0	55.1	55.6	46.9	51.3

Rajasthan

(Percentages)

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Male	78.5	82.5	80.5	72.5	76.3	74.4	63.5	65.0	64.3	47.5	41.3	44.4
Female	82.0	87.5	84.8	91.3	92.5	91.9	70.5	70.0	70.3	75.0	66.3	70.6

As regards the legal age for males, a higher percentage of male (65%) and female (51%) beneficiaries in Orissa knew the right age compared to the males (28%) and females (43%) in the control group, and the same was true in Rajasthan. The correct legal age of marriage of girls was known by a higher percent of males (58%) and females (55%) among the beneficiaries compared to the control group (53% and 51% respondents) in Orissa. However, in Rajasthan, a higher percentage of males in the control group (92%) knew it as against 85% among the beneficiaries, while an equal proportion on female beneficiaries as well as control group were aware of it.

The persons consulted by the respondents on issues relating to marriage are given below in Table 3.3.3.

Table 3.3.3

Persons Consulted by the Respondents on Issues Relating to Marriage

Orissa

(Percentages)

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Mother	6.3	3.0	4.6	2.5	3.1	2.8	28.8	35.3	32.0	26.9	33.8	30.3
Father	14.8	16.0	15.4	6.9	16.3	11.6	20.8	22.5	21.6	28.1	26.3	27.2
Peer Educator	2.0	0.3	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Friends & Relatives	57.8	73.0	65.4	53.1	76.9	65.0	37.8	33.3	35.5	28.1	31.3	29.7
Health Workers	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.3	0.0	0.0	0.0
None	19.3	7.8	13.5	37.5	3.8	20.6	12.8	8.5	10.6	16.9	8.8	12.8
Number	400	400	800	160	160	320	400	400	800	160	160	320

Rajasthan

(Percentages)

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Mother	22.0	33.5	27.8	23.8	20.0	21.9	19.0	21.5	20.3	8.8	20.0	14.4
Father	21.5	17.5	19.5	7.5	18.8	13.1	0.5	2.5	1.5	0.0	0.0	0.0
Peer Educator	0.5	1.5	1.0	0.0	0.0	0.0	1.0	0.0	0.5	0.0	0.0	0.0
Friends & Relatives	39.0	36.0	37.5	42.5	31.3	36.9	71.5	73.0	72.3	80.0	77.5	78.8
Health Workers	1.5	0.0	0.8	3.8	13.8	8.8	0.5	0.0	0.3	0.0	0.0	0.0
None	15.5	11.5	13.5	20.0	16.3	18.1	7.5	3.0	5.3	11.3	2.5	6.9
Number	200	200	400	80	80	160	200	200	400	80	80	160

Generally, friends and parents are seen to be consulted by most of the respondents (males and females) among both the beneficiary and control groups in the two states although the percentages have varied a lot among the different groups. It is also seen that about 14% of beneficiaries and 20% control group among male respondents, and a lower percentage – 11% among beneficiaries and 13% control group among female respondents in Orissa however do not consult anybody regarding their marriage. Almost a similar percentage among the males (14% beneficiary and 18% control group), and a lesser percentage among the females (5% beneficiary and 7% control group) in Rajasthan also do not consult anybody. The table however indicates that 4% of the male respondents in the age group 13-18 years and 14% in the age group 19-25 among the control group in Rajasthan consult health workers on this issue.

The respondents were also asked about their opinion regarding the minimum age of women at first pregnancy, whether pregnancy at young age is risky and if so the type of complications that are likely to arise. Their views are given in table 3.3.4.

Table 3.3.4
Distribution of Respondents by Views about Age at First Pregnancy

Orissa												
(Percentages)												
	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Opinion on minimum age of women at first pregnancy	20.3	22.4	21.35	18.2	18.9	18.6	19.7	19.9	19.8	17.4	20.3	18.6
Who think pregnancy at very young age is risky	76.3	96.3	86.3	65.0	81.3	73.1	80.3	98.0	89.1	73.1	90.6	81.9
Distribution of type of complications												
Chances of miscarriage	20.0	18.7	19.3	8.7	10.0	9.4	13.7	14.8	14.3	12.8	15.9	14.5
Still birth/death of the child	18.4	20.0	19.3	10.6	2.3	6.0	25.2	21.9	23.4	12.0	17.9	15.3
Complications during delivery	35.7	35.1	35.4	38.5	40.8	39.7	18.7	29.8	24.8	19.7	25.5	22.9
Death of mother	24.9	18.4	21.3	11.5	11.5	11.5	25.5	26.0	25.8	17.9	19.3	18.7
Abnormality in child	19.0	19.0	19.0	10.6	3.1	6.4	22.1	25.0	23.7	7.7	15.2	11.8
Premature delivery	18.0	15.8	16.8	2.9	16.9	10.7	5.3	7.1	6.3	7.7	8.3	8.0
Low birth weight baby	17.0	11.7	14.1	15.4	6.2	10.3	16.5	20.9	18.9	22.2	19.3	20.6
Mother becomes weak	26.6	25.5	25.9	26.9	46.2	37.6	31.5	29.3	30.3	39.3	49.7	45.0
Number	400	400	800	160	160	320	400	400	800	160	160	320

Rajasthan												
(Percentages)												
	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Opinion on minimum age of women at first pregnancy	18.7	19.3	19.0	18.5	18.9	18.7	19.8	20.2	20.0	19.8	20.2	20.0
Who think pregnancy at very young age is risky	69.5	92.5	81.0	65.0	87.5	76.3	80.5	93.0	86.8	58.8	85.0	71.9
Distribution of type of complications												
Chances of miscarriage	4.3	10.8	8.0	5.8	1.4	3.3	32.9	29.0	30.8	25.5	41.2	34.8
Still birth/death of the child	46.0	52.4	49.7	40.4	37.1	38.5	32.9	25.8	29.1	25.5	38.2	33.0
Complications during delivery	27.3	31.9	29.9	42.3	47.1	45.1	31.7	52.7	42.9	34.0	64.7	52.2
Death of mother	66.2	48.6	56.2	61.5	45.7	52.5	31.1	29.0	30.0	46.8	32.4	38.3
Abnormality in child	5.0	8.6	7.1	7.7	14.3	11.5	3.1	11.3	7.5	12.8	7.4	9.6
Premature delivery	4.3	7.6	6.2	11.5	8.6	9.8	4.3	1.6	2.9	0.0	1.5	0.9
Low birth weight baby	7.2	10.8	9.3	19.2	5.7	11.5	5.6	4.3	4.9	8.5	0.0	3.5
Mother becomes weak	30.9	27.0	28.7	38.5	30.0	33.6	39.1	37.6	38.3	29.8	48.5	40.9
Number	200	200	400	80	80	160	200	200	400	80	80	160

The responses from respondents regarding minimum age of women at first pregnancy are seen to vary slightly between male and female respondents, between the beneficiary and control groups as well as the two age groups in both Orissa (17 to 22 years) and Rajasthan (19 to 20 years). However, it is noticed that whether among the males or females beneficiary or control group, the minimum age indicated by the older age group (19-25) years is slightly higher than that by the younger age group (13-18) years in both the states.

Generally, a higher percentage of the beneficiaries compared to the control group in both Orissa and Rajasthan feel that pregnancy at very young is risky. Further, a high percentage of the respondents in all the groups, whether male or female, beneficiary or control group in both the states feel that pregnancy at a young age is risky.

As regards the knowledge about the type of complications that may arise due to early pregnancy, a high percentage of the respondents in all the categories knew about still birth/ death of the child, complications during delivery, death of mother, as well as the mother becoming weak, although the percentages vary among the different categories without any trend. Comparatively a lower percentage of respondents know about abnormality in the child, premature delivery, low birth weight of the baby being the complications of pregnancy at a very young age.

Generally, a higher percentage of beneficiaries compared to the control group in both Orissa and Rajasthan feel that pregnancy at young age is risky. However, the percentages that knew about the various kinds of risks varied among the different groups without any trend.

Table 3.3.5 below gives the distribution of respondents by knowledge and awareness about family planning methods by marital status.

Table 3.3.5

Distribution of Respondents by Knowledge & Awareness about Family Planning Methods by Marital Status

Orissa

(Percentages)

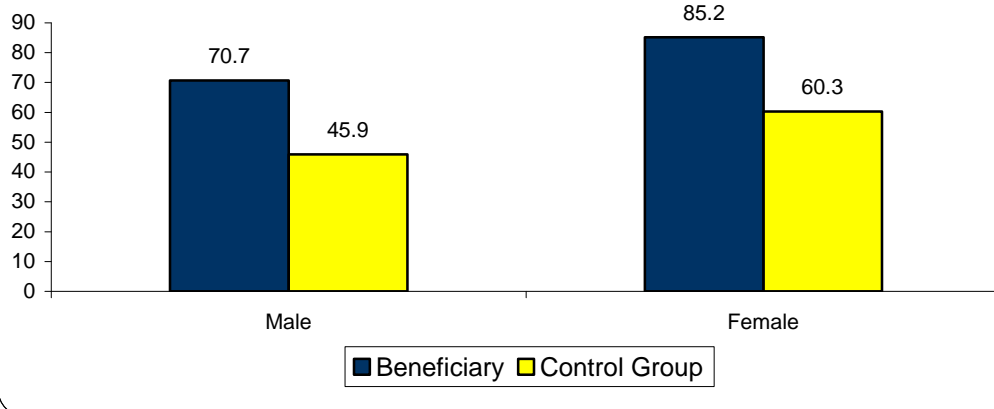
	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	Unmarried	Married	Total	Unmarried	Married	Total	Unmarried	Married	Total	Unmarried	Married	Total
Who know methods of postponing or avoiding pregnancy	65.5	90.4	70.7	35.0	87.9	45.9	84.0	88.3	85.2	51.4	88.3	60.3
Who could mention the following methods without probe												
Male sterilisation	0.5	13.8	3.3	1.2	15.2	4.1	14.8	21.5	16.7	3.7	11.7	5.6
Female sterilisation	8.2	37.1	14.3	2.8	30.3	8.4	26.8	45.7	32.1	10.3	16.9	11.9
IUD/Loop/ Copper T	0.3	25.7	5.6	0.0	24.2	5.0	5.2	16.6	8.4	7.4	23.4	11.3
Pills	6.8	34.7	12.6	6.7	12.1	7.8	6.4	15.7	9.0	7.8	15.6	9.7
Condom	49.8	88.0	57.8	34.6	81.8	44.4	38.8	87.9	52.5	23.5	68.8	34.4
Injectable	3.2	19.2	6.5	0.0	7.6	1.6	5.7	40.4	15.4	2.1	14.3	5.0
Number	632	167	799	254	66	320	575	223	798	243	77	320

Rajasthan

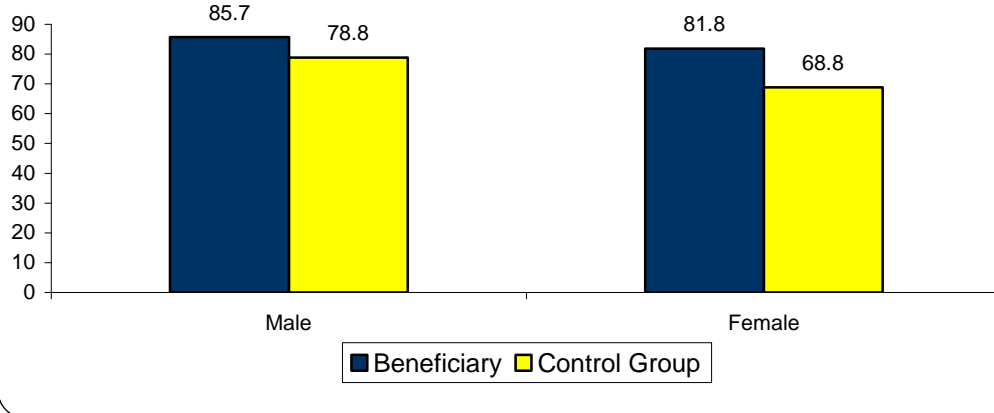
(Percentages)

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	Unmarried	Married	Total	Unmarried	Married	Total	Unmarried	Married	Total	Unmarried	Married	Total
Who know methods of postponing or avoiding pregnancy	77.8	93.2	85.7	75.7	81.4	78.8	71.4	88.9	81.8	47.8	84.6	68.8
Who could mention the following methods without probe												
Male sterilisation	54.6	72.2	63.7	44.6	60.5	53.1	40.4	48.1	44.9	24.6	44.0	35.6
Female sterilisation	55.7	78.0	67.2	41.9	65.1	54.4	65.2	84.3	76.5	44.9	71.4	60.0
IUD/Loop/ Copper T	22.7	34.6	28.8	18.9	19.8	19.4	30.4	39.6	35.9	18.8	44.0	33.1
Pills	58.8	82.4	70.9	56.8	65.1	61.3	65.2	87.2	78.3	37.7	75.8	59.4
Condom	73.2	90.2	82.0	56.8	74.4	66.3	60.9	83.8	74.5	37.7	73.6	58.1
Injectable	3.6	2.0	2.8	1.4	2.3	1.9	4.3	5.1	4.8	0.0	4.4	2.5
Number	194	205	399	74	86	160	161	235	396	69	91	160

**Percentage Aware of Family Planning Methods:
Orissa**



**Percentage Aware of Family Planning Methods:
Rajasthan**



The table clearly indicates that:

- (i) married or unmarried, male or female, a much higher percentage of beneficiaries compared to that of the control group in both Orissa and Rajasthan know methods of postponing or avoiding pregnancy.
- (ii) In both the states, among both the beneficiary and control groups, a higher percentage of the respondents in the married group knew methods of postponing pregnancy compared to the unmarried among both male and female respondents.
- (iii) In Orissa, a higher percentage of female beneficiaries (85%) were aware of these methods as compared to their male counterparts (71%) as are the females in the control group (60%) in comparison with their male counterparts (46%). In Rajasthan however, reverse is the case in Rajasthan, where a higher percentage of male in both the beneficiary (86%) and control group (79%) were aware of the methods as compared to the female respondents (82% and 69% respectively).

The respondents could also mention various methods, and those mentioned voluntarily (without probe) indicates the following:

- (i) Generally, a higher percentage of the beneficiaries were aware of these methods as compared to the control group, both among male and female respondents in Orissa as well as Rajasthan.
- (ii) Comparitively, a much higher percentage of the respondents in Rajasthan were aware of the different methods of postponing/ avoiding pregnancy compared to Orissa.
- (iii) The most commonly mentioned method among all the categories in both the states was use of condom.
- (iv) In Orissa, a higher percentage of the female respondents in the beneficiary as well as control group could mention male sterilization and female sterilization as methods of postponing/ avoiding pregnancy as compared to the male respondents. However, in Rajasthan, a higher percentage of the male respondents (64% beneficiary and 53% control group) knew about male sterilization as compared to the female respondents (45% beneficiary and 36% control group), and similarly, a higher percentage of female respondents (77% beneficiary and 60% control group) knew about female sterilization as compared to the male respondents (67% beneficiary and 54% control group).

Beneficiaries are better aware of methods of avoiding or postponing pregnancy. Their awareness regarding the various methods were also higher. The most commonly mentioned methods by all respondents was use of condom.

3.4 Views of Respondents on Sexual Matters and their Sexual Behaviour

One of the objectives of the present study is to compare the sexual behaviour of both unmarried and married beneficiaries with those in the control group. Society and culture play a very important role in an individual’s life. Starting from the family where ‘dos’ and ‘dents’ start, the social sanctions dictate an individual’s behaviour. It has been found by a number studies that the young people are vulnerable and face considerable risks related to sexual and reproductive health because of their sexual behaviour. There is enough evidence to suggest that nowadays a large of number of youth in India engage in premarital sex, reporting physical intimacy and to a lesser extent sexual intercourse. These behaviours have been observed by studies in rural as well as urban settings of India (Dhapola Mrinalika et al 2007; Sekhar Medha et al 2007; Jejeebhoy J S 2007).

This section deals with the survey findings related to unsafe premarital and extramarital sexual relationships that are risky in nature and tries to assess impact of the programme undertaken by Oxfam, on these issues.

3.4.1 Sexual Behaviour of Unmarried Respondents

The views of unmarried respondents on pre-marital sex is given below in table 3.4.1:

**Table 3.4.1
Views of Unmarried Respondents on Premarital Sex**

Orissa	(Percentages)			
	Male		Female	
	Beneficiary	Control Group	Beneficiary	Control Group
Can accept Female having premarital sexual relationship	46.7	33.9	2.1	0.8
Can accept Male having premarital sexual relationship	63.6	46.5	1.7	0.8
Reporting their friends from same sex having sexual relation with opposite sex	28.6	17.7	15.1	2.9
Number	632	254	575	243

Rajasthan**(Percentages)**

	Male		Female	
	Beneficiary	Control Group	Beneficiary	Control Group
Can accept Female having premarital sexual relationship	44.3	52.7	8.1	7.2
Can accept Male having premarital sexual relationship	50.5	52.7	11.2	7.2
Reporting their friends from same sex having sexual relation with opposite sex	25.3	17.6	9.9	4.3
Number	194	74	161	69

This table clearly indicates that views of the males and females on the issue are widely different. While the female respondents from both beneficiary and control groups, and from both the states mostly do not accept pre-marital sexual relationships either for females or males, quite a large proportion (nearly half) of the male respondents can accept pre-marital sexual relationships for both males and females. Similarly, a higher percentage of the male respondents in the two groups in both the states have reported their friends from the same sex having sexual relationships with opposite sex, as compared to the female respondents.

However, comparison between the beneficiaries and the control group leads to the conclusion that the beneficiaries, irrespective of gender or the state to which they belong are more liberal minded compared to those in the control group.

Table 3.4.2 gives the distribution of unmarried respondents by their friendships with the opposite sex.

Table 3.4.2

Distribution of Unmarried Respondents by Friendship with Opposite Sex

Orissa

(Percentages)

	Male		Female	
	Beneficiary	Control Group	Beneficiary	Control Group
Have friends from opposite sex	73.1	64.2	23.5	19.3
Distribution of those who do not have friends from opposite sex by reasons				
Considered immoral	2.4	3.3	10.0	9.2
No opportunity	6.5	2.2	3.4	2.6
Family not allowing	7.6	3.3	43.0	33.7
Feel shy/uneasy	43.5	36.3	6.4	8.7
No Male/Female ever liked me	8.8	30.8	5.0	1.5
I never liked any Female/ Male	9.4	8.8	1.4	3.6
Afraid of having such friends	10.0	3.3	1.6	3.6
No reason	11.2	11.0	28.6	36.7
Other	0.6	1.1	0.7	0.5
Number	632	254	575	243

Rajasthan

(Percentages)

	Male		Female	
	Beneficiary	Control Group	Beneficiary	Control Group
Have friends from opposite sex	47.9	47.3	8.7	7.2
Distribution of those who do not have friends from opposite sex by reasons				
Considered immoral	13.9	23.1	48.3	43.8
No opportunity	18.8	23.1	7.5	3.1
Family not allowing	16.8	23.1	13.6	10.9
Feel shy/uneasy	17.8	20.5	1.4	0.0
No Male/Female ever liked me	4.0	0.0	0.7	1.6
I never liked any Female/ Male	4.0	0.0	1.4	3.1
Afraid of having such friends	17.8	7.7	15.0	23.4
No reason	6.9	2.6	12.2	14.1
Number	632	254	575	243

While the previous table gave us indication regarding the sexual behaviour of their friends, the table 3.4.2 talks about the respondents own friendship with the members of the opposite sex.

Once again it is seen that a higher percentage of male respondents from the two groups have reported having friends from the opposite sex as compared to the female respondents. However, a

comparison between the beneficiaries and control group in Orissa indicates that a slightly higher percentage of the male (73%) and female (24%) beneficiaries have friends from the opposite sex as compared to the male (64%) and female (19%) respondents in the control group. Although, the same is true in Rajasthan also, the difference in percentage is very marginal (48% and 47% - males and 9% and 7% females) and also comparatively a lower percentage of the respondents – both males and females have friends from the opposite sex.

Those of the respondents who did not have friends from the opposite sex were also asked the reason for the same. The answers from the different groups are widely varied. Among the male beneficiaries from Orissa, the reason (40%) emerged as feeling shy/ uneasy while among the males in the control group two reasons emerged, one being the same as that of the control group – that is feeling shy (36%) and the other being that no girl ever liked them (31%). However, among the females from the beneficiary and control groups, two major common reasons emerged, there was no reason for not having friend from the opposite sex as mentioned by 29% beneficiaries and 37% of control group.

Higher percentage of the female respondents from beneficiary (43%) and control group (34%) gave the reason as family not allowing such friendship.

In case of Rajasthan, particularly male respondents, no single reason emerged as main reason for not having friends from the opposite sex. No opportunity arose, family not allowing, feel shy/ uneasy were some of the common reasons mentioned. However, in the case of female respondents, a higher percentage among both beneficiaries (48%) and control group (44%) considered it immoral. The reasons commonly mentioned were family not allowing, afraid of having such friends etc.

Table 3.4.3 below gives the distribution of unmarried respondents by pre-marital sexual experience.

Table 3.4.3**Distribution of Unmarried Respondents by Pre-Martial Sexual Experience****Orissa****(Percentages)**

	Male		Female	
	Beneficiary	Control Group	Beneficiary	Control Group
Have had pre marital sexual experience	32.8	22.8	3.3	6.2
Distribution of those who had sexual experience by with whom they had their first experience				
Male/Female friend	50.2	56.9	31.6	0.0
Relative	20.8	13.8	52.6	100.0
Neighbour	21.26	17.24	0.00	0.00
Unknown person	1.4	5.2	0.0	0.0
Do not want to disclose	2.4	6.9	15.8	0.0
Others	3.9	0.0	0.0	0.0
Reporting sex with multiple partners	9.3	3.5	0.0	0.0
Number	632	254	575	243

Rajasthan**(Percentages)**

	Male		Female	
	Beneficiary	Control Group	Beneficiary	Control Group
Have had pre marital sexual experience	40.2	43.2	10.6	4.3
Distribution of those who had sexual experience by with whom they had their first experience				
Male/Female friend	57.7	59.4	52.9	33.3
Relative	23.1	28.1	35.3	66.7
Neighbour	10.3	6.3	11.8	0.0
Unknown person	6.4	6.3	0.0	0.0
Do not want to disclose	2.6	0.0	0.0	0.0
Others	0.0	0.0	0.0	0.0
Reporting sex with multiple partners	17.0	24.1	1.9	0.0
Number	194	74	161	69

The results from Orissa and Rajasthan on this issue are different as can be seen from the table. In Orissa, a higher percentage of male beneficiaries (33%) had pre-marital sex as compared to the control group (23%), while in Rajasthan, it was the reverse, with slightly higher percentage of the male control group (43%) has pre-marital sex as compared to the beneficiaries (40%). Among the female respondents, a higher percentage of the beneficiaries in Rajasthan (11% as against 4% of control group) informed that they had pre-marital sex.

The table also gives distribution of those who had pre-marital sexual experience on the basis of the person with whom they had their first experience. Among males in both beneficiary and the control groups in Orissa, nearly half the respondents had their first experience with their girl friends, the others being mainly relatives and neighbours. There was however differences among the female

groups. All the female respondents in the control group had their first experience with a relative, while among the beneficiaries, nearly half of them had the first experience with relatives, about 32% with their boy friends while about 16% did not want to disclose it.

In Rajasthan, the replies from the male respondents in beneficiary and control group are very similar, with about slightly more than half of them (58% beneficiary, 59% control group) having their first experience with their girl friends, with the others mentioning relatives, neighbours etc. Among the female beneficiaries, 53% had their first experience with boy friends, 35% with relatives and 12% with neighbours. As against this, 67% of the female in the control group had their first experience with their relatives, while about 53% had it with their boy friends.

A higher percentage of beneficiaries in Orissa (9.3% against 3.5% control group) reported having sex with multiple partners while no female respondent either from the control group or beneficiary reported it. However, in Rajasthan, a higher proportion of male control group (24.1% against 17% beneficiaries) reported having sex with multiple partners. A small percentage (2%) female beneficiaries also reported having sex with multiple partners, although none of the female respondents from the control group reported it.

The distribution of unmarried respondents who had pre-marital sexual relations on the basis of age at the time of their first sexual experience is given in the table 3.4.4 below.

Table 3.4.4
Distribution of Unmarried Respondents who
had Pre-marital Sexual Experience by Age at First Sex

Age	(Percentages)			
	Male		Female	
	Beneficiary	Control Group	Beneficiary	Control Group
< or = 15	9.2	15.5	21.1	26.6
16-17	36.7	27.6	31.6	33.3
18-19	22.2	25.9	15.8	20.0
20-21	12.1	15.5	15.8	20.0
22-23	13.5	10.3	10.5	-
>23	6.3	5.2	5.2	-
Total	100.0	100.0	100.0	100.0
N	207	58	19	15

Rajasthan		(Percentages)			
Age	Male		Female		
	Beneficiary	Control Group	Beneficiary	Control Group	
< or = 15	21.8	31.2	35.3	-	
16-17	33.3	31.2	59.8	66.7	
18-19	19.2	15.6	5.9	-	
20-21	19.2	15.6	-	-	
22-23	5.1	6.4	-	-	
>23	1.3	-	-	33.3	
Total	100.0	100.0	100.0	100.0	
N	78	32	17	3	

It is seen that both in Orissa and Rajasthan a higher proportion of youth in the control group as compared to the beneficiaries have had their first sexual experience by the time they have reached 15 year of age. Considering the age of 21 for male and 18 for female (legal marriageable age) as the reference age, it is seen that in Orissa a higher proportion of males from the control group (84.5%) as compared to beneficiaries (80.2%), as well as higher proportion of females from the control group (80%) compared to the beneficiaries (68.5%) have already had their first sexual experience by this age. In Rajasthan however, no such differences are noticed.

3.4.2 Sexual Behaviour of Married Respondents

The survey also tried to find out about the pre-marital and extra-marital sexual habits of the married respondents also. Pre-marital sexual behaviour of the married respondents in the two states is given below:

Table 3.4.5

Distribution of Married Respondents by Pre-Martial Sexual Behaviour

Orissa		(Percentages)			
	Male		Female		
	Beneficiary	Control Group	Beneficiary	Control Group	
Have had friends from opposite sex before marriage	52.1	36.4	25.1	22.1	
Have had sexual relationship with opposite sex before marriage	38.9	24.2	1.8	0.0	
Have had sexual relation with more than one partner	10.8	1.5	0.4	0.0	
Distribution of married respondents by with whom they had their first sexual experience					
Wife/husband	61.1	74.2	98.2	97.4	
Female/Male friend	26.9	15.2	2.2	5.2	
Neighbour	6.6	9.1	0.4	0.0	
Relative	3.6	1.5	0.0	0.0	
Others	1.8	0.0	0.0	0.0	
Number	167	66	223	77	

Rajasthan		(Percentages)			
		Male		Female	
	Beneficiary	Control Group	Beneficiary	Control Group	
Have had friends from opposite sex before marriage	48.8	53.5	6.4	9.9	
Have had sexual relationship with opposite sex before marriage	43.4	50.0	3.0	4.4	
Have had sexual relation with more than one partner	19.5	39.5	0.4	3.3	
Distribution of married respondents by with whom they had their first sexual experience					
Wife/husband	56.1	47.7	98.7	95.6	
Female/Male friend	35.1	39.5	1.3	3.3	
Neighbour	3.9	4.7	0.9	1.1	
Relative	4.9	7.0	0.9	0.0	
Others	0.0	1.2	0.0	0.0	
Number	205	86	235	91	

In Orissa, 52% of male beneficiaries and 36% males of control group as well as nearly one-fourth of the females among both beneficiaries and control group had friends of the opposite sex. While nearly 39% beneficiaries and 24% control group of the male respondents had reported pre-marital sexual relationships with the opposite sex, only a very small percentage (2%) of females among beneficiaries had pre-marital sexual relationships with the opposite sex. A much higher percentage of male beneficiaries (11%) have had pre-marital sexual relationships with more than one partner as compared to the male respondents in the control group (1.5%). A few among the female beneficiaries have also had sexual relationships with more than one partner.

In view of the above, nearly 90% of the female respondents in both beneficiary and control groups as well as 60% male beneficiaries and 74% males in control group have had their first sexual experience with their spouses. The remaining among the male respondents have had their first experience with their girl friend/ neighbour.

In Rajasthan, a slightly higher percentage of respondents among the control group (both male and female) had friends from the opposite sex before marriage, and also had sexual relationships with the opposite sex before marriage as compared to the beneficiaries. Further, nearly 45% of the males in the control group have had sexual relationships with more than one partner as compared to around 20% among male beneficiaries. About 3% of females in the control group have also had sexual relationships with more than one partner as compared to 0.4% among female beneficiaries.

The male respondents who have had pre-marital sexual relations, have mostly had their first sexual experience with their girl friends (35% beneficiaries, 40% control group), while a small percentage have experienced it with their neighbours or relatives. The small percentage of female respondents who have had pre-marital sexual relationships have had it either with their boy friends or neighbours.

The sexual behaviour of married respondents after marriage is given in table 3.4.6.

Table 3.4.6

Distribution of Married Respondents by their Sexual Behaviour after Marriage

	Orissa			
			(Percentages)	
	Male		Female	
	Beneficiary	Control Group	Beneficiary	Control Group
Have had sexual relationship with other than their spouse after marriage	4.2	1.5	0.9	0.0
Have had sex with multiple partners (other than spouse)	0.6	0.0	0.0	0.0
Average number of times normally has sex with spouse	5.2	4.8	4.3	5.3
Have been to sex workers	1.8	0.0	0.0	0.0
Average number of times been to sex workers in the last 3 months	3.7	0.0		
Number	167	66	223	77

	Rajasthan			
			(Percentages)	
	Male		Female	
	Beneficiary	Control Group	Beneficiary	Control Group
Have had sexual relationship with other than their spouse after marriage	17.1	36.0	0.4	1.1
Have had sex with multiple partners (other than spouse)	16.1	29.1	0.4	1.1
Average number of times normally has sex with spouse	3.9	4.8	2.8	2.8
Have been to sex workers	3.4	2.3		
Average number of times been to sex workers in the last 3 months	2.1	1.5		
Number	205	86	235	91

In Orissa, very few of the married respondents have had sexual relationships with persons other than their spouse after marriage and percentage is higher among male beneficiaries (4%) compared to males in control group (1.5%). About 1% of married female beneficiaries have also had sexual relationship with men other than husbands after marriage. Only 0.6% of male beneficiaries have had sex with multiple partners. About 2% of male beneficiaries have also been to sex workers, and on an average about 4 times in the last 3 months.

In Rajasthan however, the percentages of male respondents who have had sexual relationships with persons other than spouse after marriage is much higher compared to that in Orissa, and is higher in the control group (36%) as compared to the beneficiaries (17%). A small percentage of female respondents have also had sexual relationships with persons other than husbands, and all of them appear to have had sex with multiple partners other than spouse. A high percentage of the males in control group (29%) and beneficiaries (16%) have had sex with multiple partners other than their wives. About 3% among male beneficiaries and 2% of males in control group have been to sex workers on an average about twice during the last 3 months.

Persons Consulted on Sexual Matters

Table depicting the persons consulted by respondents on sexual matters is given in table 3.4.7.

Table 3.4.7

Persons Consulted by Respondents on Sexual Matters

Orissa

(Percentages)

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Relatives	0.8	1.5	1.1	1.3	0.6	0.9	9.8	11.0	10.4	14.4	13.8	14.1
Peer Educator	7.3	4.0	5.6	0.6	0.0	0.3	1.0	0.8	0.9	0.0	0.0	0.0
Female Friend	10.5	5.5	8.0	1.3	5.0	3.1	26.0	22.8	24.4	23.1	26.9	25.0
Male Friend	62.8	59.3	61.0	70.0	63.1	66.6	0.3	0.3	0.3	0.6	0.0	0.3
Husband/wife	3.0	22.8	12.9	2.5	25.6	14.1	3.3	31.5	17.4	2.5	23.8	13.1
Health Workers	0.8	0.3	0.5	0.0	0.0	0.0	2.3	0.3	1.3	0.0	0.0	0.0
None	15.0	6.8	10.9	24.4	5.6	15.0	57.5	33.5	45.5	59.4	35.6	47.5
Number	400	400	800	160	160	320	400	400	800	160	160	320

Rajasthan

(Percentages)

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Relatives	1.5	3.0	2.3	3.8	2.5	3.1	18.0	12.0	15.0	8.8	0.0	4.4
Peer Educator	6.0	4.0	5.0	0.0	0.0	0.0	1.0	0.5	0.8	0.0	0.0	0.0
Female Friend	0.5	0.0	0.3	0.0	0.0	0.0	50.0	38.5	44.3	47.5	43.8	45.6
Male Friend	44.0	39.5	41.8	31.3	26.3	28.8	0.0	0.0	0.0	0.0	0.0	0.0
Husband/wife	1.5	6.5	4.0	0.0	1.3	0.6	7.0	42.0	24.5	2.5	41.3	21.9
Health Workers	5.0	14.0	9.5	5.0	27.5	16.3	0.0	0.0	0.0	0.0	2.5	1.3
None	41.5	33.0	37.3	60.0	40.0	50.0	24.0	7.0	15.5	41.3	2.5	21.9
Number	200	200	400	80	80	160	200	200	400	80	80	160

In Orissa, it is seen that a high percentage of the male respondents – 61% among beneficiaries and 67% among control group consult their male friends. Nearly one-fourth among both beneficiaries and control group in the age group 19-25 years consult their wives, while the percentage is very small in the 13-18 age group, and in all probability it is because a very small percentage in the age group 13-18 years are married. Among the female respondents nearly one-fourth consult their female friends. Again about 30% of female beneficiaries and 24% of females in control group in age group 19-25 consult their husbands. Although there are no pronounced differences between the beneficiary and control groups, one striking difference between the male and female respondents is that while only a small percentage of males (11% beneficiary and 15% control group) do not consult anybody, nearly half the females (46% beneficiary and 48% control group) do not consult anybody on sexual matters and among both males and females in the beneficiary and control group, this percentage (of not consulting anybody) is much higher in the younger age group.

In Rajasthan also no noticeable differences are found between the beneficiaries and control group regarding the persons whom the respondents consult on sexual matters. Generally, the male respondents seem to consult their male friends (42% among beneficiaries and 29% of control group), while very few consult their wives. Among the female respondents, nearly 45% of both beneficiary and control group consult their female friends, while about 42% in the age group 19-25 (both beneficiary and control group) consult their husbands. However, in contrast with Orissa, 37% percent of male beneficiaries and 50% of males in the control group do not consult anybody on sexual matters, while this percentage is much less among females (16% beneficiaries and 22% control group). However, among both males and females, beneficiary and control group, this percentage is higher in the younger age group of 13-18 years.

As regards views on pre-marital sex, beneficiaries seem to accept such behaviour more than the control group. Although considerable percentage of respondents particularly among females do not consult any one regarding sexual matters, the general trend is to consult friends. However, it is noticed that a small percentage among the beneficiaries are consulting peer educators in this matter.

It is seen that the respondents, males to a higher extent are having risky sexual behaviour, that is having pre-marital sex and extra-marital relationships as well as having more than one partner, and in some cases even visiting sex workers. The percentage however seems to have no bearing on whether they are from among the beneficiaries or control group.

3.5 Knowledge and Awareness about Use of Condoms among the Respondents

It has already been seen in the above sections that some of the unmarried respondents are having sexual relationships and a few with more than one partner. The married respondents have not only had sexual relationships before their marriage, but a small percentage have also been having sex with person other than their spouse even after marriage. There are also instances of a few respondents visiting sex workers. With this in mind, the survey also tried to find out the awareness of the respondents regarding protection against unsafe sex, and this section deals with the knowledge and awareness about the use of condoms as a means of protection, and the section also aims to look quantitatively at the results of the Oxfam intervention programmes.

3.5.1 Knowledge and Awareness about Condom

Table 3.5.1 below gives the percentage of respondents who know about condoms.

Table 3.5.1

Respondents Who Know about Condom by Marital Status, Age and Level of Education

Orissa		(Percentages)			
	Male		Female		
	Beneficiary	Control group	Beneficiary	Control group	
Know about condom by Marital Status					
Unmarried	49.8	34.6	38.8	23.5	
Married	88.0	81.8	87.9	68.8	
Know about condom by age group					
13-18 years	40.5	31.3	29.0	20.6	
19-25 years	75.0	57.5	75.8	48.1	
Know about condom by Level of Education					
Illiterate	14.0	17.1	31.4	2.2	
Upto Primary	28.0	7.6	18.5	27.8	
Up to Middle	87.8	79.1	92.6	90.3	
High school/ higher secondary and above	99.0	93.4	94.4	94.6	
All	57.8	44.4	52.4	34.4	
Number	462	142	419	110	

Rajasthan		(Percentages)			
	Male		Female		
	Beneficiary	Control group	Beneficiary	Control group	
Know about condom by Marital Status					
Unmarried	73.2	56.8	60.9	37.7	
Married	90.2	74.4	83.8	73.6	
Know about condom by age group					
13-18 years	76.0	63.8	66.0	52.5	
19-25 years	87.5	68.8	81.5	63.8	
Know about condom by Level of Education					
Illiterate	21.2	21.4	56.9	36.1	
Upto Primary	75.6	47.9	79.5	69.2	
Up to Middle	94.9	78.6	88.3	85.2	
High school/ higher secondary and above	97.8	89.3	94.4	88.9	
All	81.8	66.3	73.8	58.1	
Number	327	106	295	93	

It is seen that a higher percentage of beneficiaries both male and female (58% male and 52% female) know/ have heard about condoms in Orissa, as against the control group (44% male and 34% female). A similar picture is seen in Rajasthan also, where a higher percentage of the

respondents know about condoms as is evident from the percentages (82% male beneficiaries, 74% female beneficiaries, 66% male control group and 58% female control group).

The other inferences from the table are as under:

- (i) In both the states, and among both beneficiary and control group, a higher percentage of married respondents know about condoms compared to the unmarried ones; and further among both married and unmarried respondents in the two states, a higher percentage of beneficiaries know about it compared to the control group.
- (ii) As a corollary of (i) above, a higher percentage of respondents in the older age group of 19-25 years know about condoms compared to those in the younger age group 13-18 years, in all the categories concerned, and in each group a higher percentage of beneficiaries know about it compared to the control group.
- (iii) The table gives the knowledge about condoms by the level of education of the respondents. In both Orissa and Rajasthan, it is seen that the percentage of respondents knowing about condoms generally increases with the level of education. It is lowest among illiterates and highest among those whose education is high school level and above. In addition, it is also seen that in each of the categories considered, higher percentage of beneficiaries know about condoms compared to the control group.

The table therefore clearly indicates that the interventions have played a part in this regard and the impact is much more visible for the female youth.

Table 3.5.2 below gives the distribution of respondents by their views on uses of condom.

Table 3.5.2

Distribution of Respondents by their Views on Uses of Condom

Orissa

(Percentages)

	Male		Female	
	Beneficiary	Control group	Beneficiary	Control group
Sexual pleasure	0.6	25.4	1.0	53.6
Avoid pregnancy	25.3	67.6	51.1	46.4
Avoid sexual diseases	41.3	5.6	29.8	0.0
Protect from HIV/AIDS	31.2	1.4	18.1	0.0
Others	6.9	0.0	0.0	0.0
Don't know	0.0	0.0	0.0	0.0
Number of who know about condom	462	142	419	110

Rajasthan**(Percentages)**

	Male		Female	
	Beneficiary	Control group	Beneficiary	Control group
Sexual pleasure	13.8	34.0	5.1	37.6
Avoid pregnancy	87.8	56.6	55.6	45.2
Avoid sexual diseases	44.6	34.0	45.1	24.7
Protect from HIV/AIDS	65.7	12.3	50.5	11.8
Others	0.9	5.7	0.0	5.4
Don't know	0.6	10.4	0.7	15.1
Number of who know about condom	327	106	295	93

Very similar trends are seen in the results from Orissa and Rajasthan.

- (i) A significant percentage of the control group in both states (25.4% male and 53.6% female in Orissa and 34% male and 37.6% female) are under the misconception that the use of condom is for sexual pleasure. A small percentage of the beneficiaries in Rajasthan (13.8% male and 5% female) also feel similarly, while only a very few beneficiaries in Orissa feel so.
- (ii) The use of condom for avoiding pregnancy is known to a higher percent of the beneficiaries, particularly male in Rajasthan (87.8% males and 55.6% females) as compared to the control group (56.6% males and 45.2% females). In Orissa, however, while a higher percentage of the males in control group are aware of it (67.6% against 25.3% beneficiaries) a slightly higher percentage of the female beneficiaries are aware of it (51.1% as against 46.4% in female control group).
- (iii) The other uses of condom namely to avoid sexual diseases as well as protection from HIV/AIDS is known to a higher percentage of beneficiaries – both male and female in the two states as compared to the control group. In fact, not only is the knowledge of male control group is very less in this regard, none of the females in the control know about it.
- (iv) All the respondents in Orissa could mention some or the other use of condoms. However, in Rajasthan a few among the beneficiaries, and a considerably good percentage of the control group (10.4% males and 15.1% female) could not mention any use of condoms.
- (v) Generally, knowledge of males about the right uses of condom are higher compared to that of females.

Finally, it can be seen that the beneficiaries are better aware of the uses of condom compared to the control group.

3.5.2 Condom Use by Unmarried Respondents

Apart from the knowledge about uses of condom, the survey also tried to find about the actual use. Table 3.5.3 below gives the distribution of unmarried respondents who have had sexual relationships, by their regularity in usage of condom and also the person who was responsible for its usage.

Table 3.5.3

Distribution of Unmarried Respondents by Condom Use

Orissa

(Percentages)

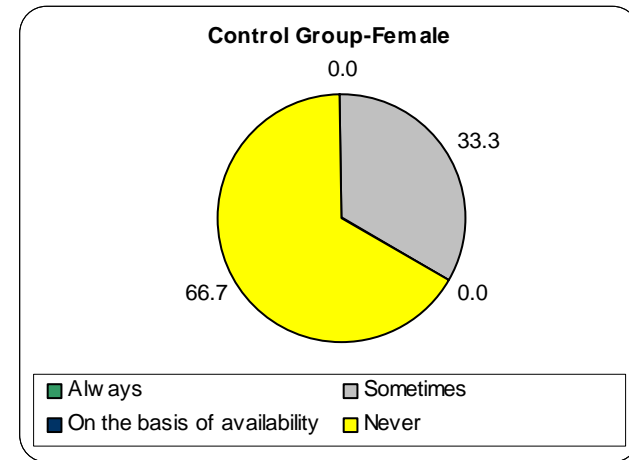
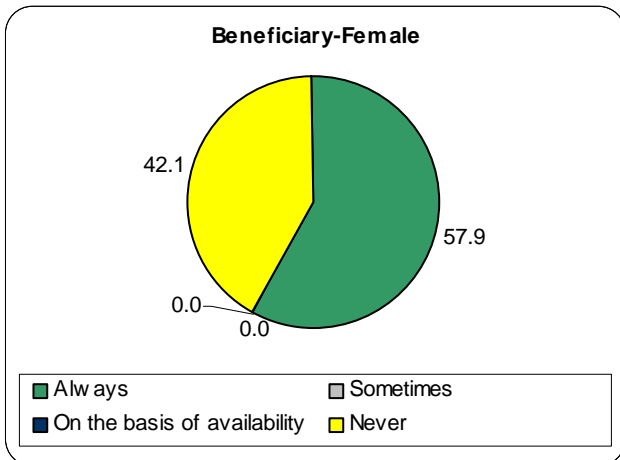
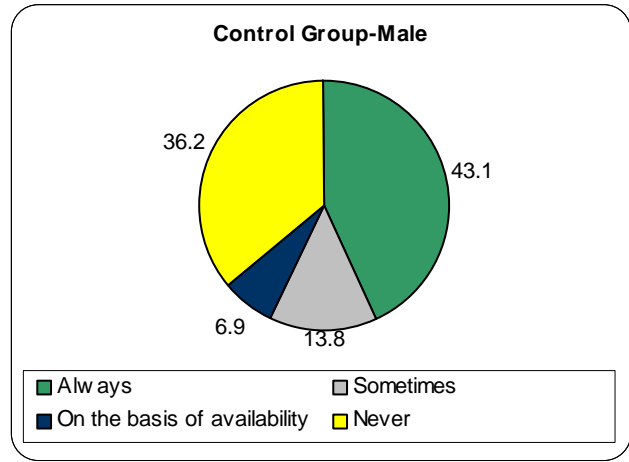
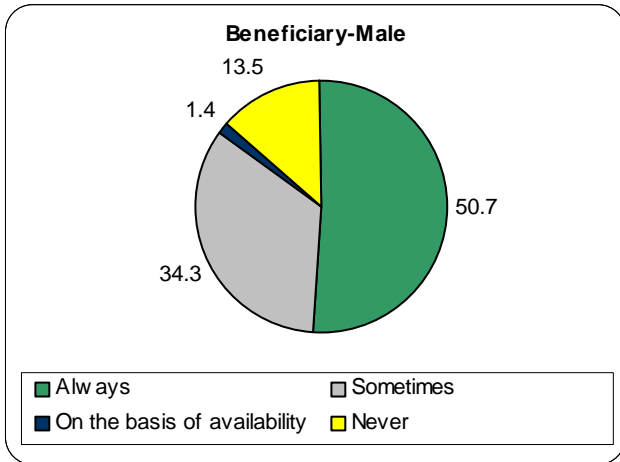
	Male		Female	
	Beneficiary	Control group	Beneficiary	Control group
Distribution of those who have had sexual experience by use of condom				
Always	50.7	43.1	57.9	6.7
Sometimes	34.3	13.8	0.0	6.7
On the basis of availability	1.4	6.9	0.0	0.0
Never	13.5	36.2	42.1	86.7
Distribution of those who use condom by who insisted on condom use				
Self	55.3	35.1	27.3	50.0
Sexual partner	16.2	24.3	0.0	0.0
Both	28.5	40.5	72.7	50.0
Number of respondents who had sexual experience	207	58	19	15

Rajasthan

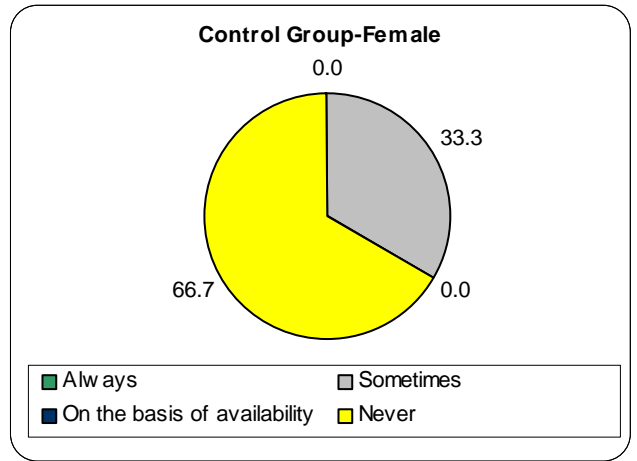
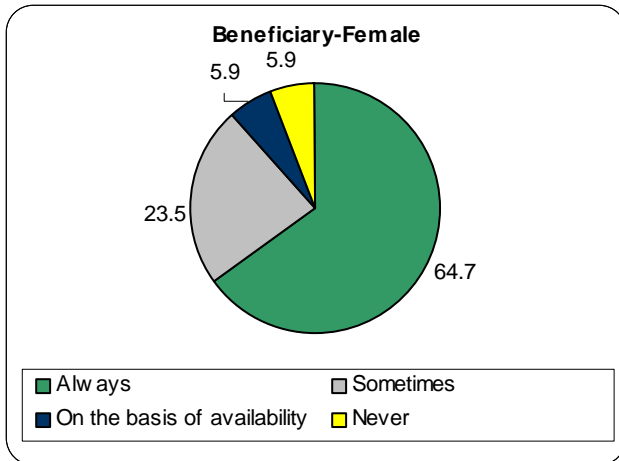
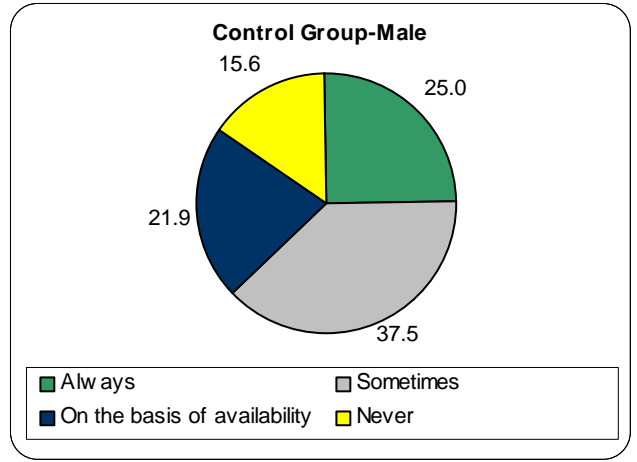
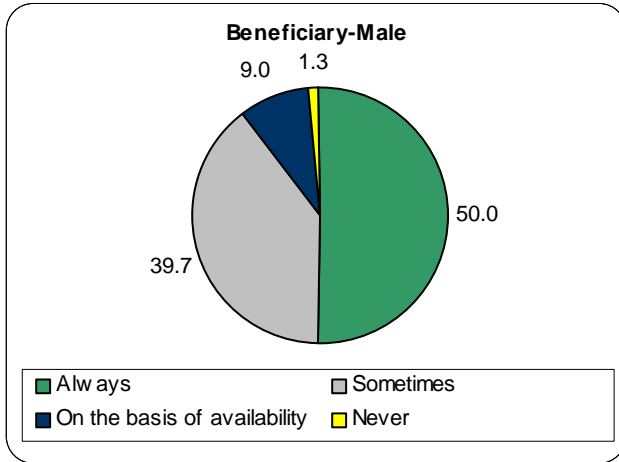
(Percentages)

	Male		Female	
	Beneficiary	Control group	Beneficiary	Control group
Distribution of those who have had sexual experience by use of condom				
Always	50.0	25.0	64.7	0.0
Sometimes	39.7	37.5	23.5	33.3
On the basis of availability	9.0	21.9	5.9	0.0
Never	1.3	15.6	5.9	66.7
Distribution of those who use condom by who insisted on condom use				
Self	28.6	59.3	43.8	100.0
Sexual partner	23.4	22.2	31.3	0.0
Both	48.1	18.5	25.0	0.0
Number of respondents who had sexual experience	78	32	17	3

Condom Use by Unmarried Respondents During Pre-Marital Sex-Orissa



Condom Use by Unmarried Respondents During Pre-Marital Sex-Rajasthan



Several interesting results are seen from the table:

- (i) The percentage of respondents who always use condom is much higher among the beneficiaries compared to the control group in both Orissa (50.7% male beneficiary, 43.1% male control group; 57.9% female beneficiary, 67% female control group) and Rajasthan (50% male beneficiary, 25% male control group; 64.7% female beneficiary, 0.0% female control group).
- (ii) The regular use of condom is highest by female beneficiaries (57.9% Orissa and 64.7% Rajasthan) and lowest by females in control group (6.7% Orissa and none in Rajasthan).
- (iii) A considerable percentage of respondents in all groups use condoms sometimes while a small percentage use it on the basis of availability, the only exception to both being the female respondents - both beneficiary and control group.
- (iv) In view of this, the percentage of respondents, who never use condoms is the lowest among beneficiaries from Rajasthan (1.3% male and 5.9% female), while it is the highest among the females in the control group (86.7% in Orissa and 66.7% in Rajasthan).

These percentages indicate that use of condoms is much higher among the beneficiaries in both the states.

Distribution of those who use condom on the basis of who insisted the use of condom show different results among the different categories, and one reason could be because of the very small numbers among females (beneficiary and particularly control group) in both the states and it may not be proper to come to any conclusion on this basis.

Among the male beneficiaries, in Orissa nearly half of them use it by their own option, about 15% because of the insistence of sexual partner and remaining nearly 30% because both the partners want it. In Rajasthan, however nearly half of them use it because both the partners want it, one-fourth each because of the respondents insistence and the partners insistence. Generally, the reverse results are seen among the males in the control group in the two states.

An insight into the normal source of supply of condoms for the unmarried respondents who used condom is given in table 3.5.4.

Table 3.5.4

Normal Source of Supply of Condoms for Unmarried Respondents

Orissa

(Percentages)

	Male		Female	
	Beneficiary	Control group	Beneficiary	Control group
Distribution of those who used condom by their normal source of supply				
Government Hospital/PHC	6.1	2.7	0.0	0.0
General store/pan shop	19.0	21.6	0.0	0.0
Medical store	12.8	70.3	45.5	0.0
Health worker	7.8	5.4	9.1	100.0
Health Camp	4.5	0.0	0.0	0.0
NGOs	17.9	0.0	36.4	0.0
Friends bring	1.7	0.0	0.0	0.0
Condom outlets established by NGO	30.2	0.0	9.1	0.0
Others	0.0	0.0	0.0	0.0
Number of respondents using condom	179	37	11	2

Rajasthan

(Percentages)

	Male		Female	
	Beneficiary	Control group	Beneficiary	Control group
Distribution of those who used condom by their normal source of supply				
Government Hospital/PHC	5.2	33.3	18.8	0.0
General store/pan shop	2.6	11.1	25.0	0.0
Medical store	32.5	51.9	18.8	0.0
Health worker	19.5	0.0	6.3	0.0
Health Camp	11.7	0.0	6.3	0.0
Peer educator	22.1	0.0	0.0	0.0
Friends bring	1.3	3.7	6.3	100.0
Condom outlets established by NGO	5.2	0.0	0.0	0.0
Others	0.0	0.0	18.8	0.0
Number of respondents using condom	77	27	16	1

Once again, as only 2 of the respondents of the females in control group in Orissa, and only 1 from Rajasthan find a place, no comparison is being attempted between female beneficiaries and control group in this section.

A significant difference is seen in the sources from which the beneficiaries and control group of unmarried condom using respondents get their supply of condoms. A high percentage of male

respondents in the control group in both the states (70.3% in Orissa and 51.9% in Rajasthan) get it from the medical store followed by government hospital/ PHC and the general stores/ pan shop. However, the male beneficiaries in the two states have several other sources. In Orissa, nearly 20% of the respondents obtain it from peer educators, about 30% from condom outlets established by NGOs, 7.8% from health workers and 4.5% from health camps with the remaining 38% getting it from government hospital/ general store/ medical store etc. In Rajasthan, about 31% get it from health worker/ health camps, about 22% from peer educators, another 5.2% from condom outlets established by NGOs while the remaining 40% get it from government hospital/ pan shop/ medical store.

3.5.3 Condom Use by Married Respondents

Table 3.5.5 gives the distribution of married respondents by use of condom during pre-marital sex.

Table 3.5.5

Distribution of Married Respondents by Use of Condom during Premarital Sex

Orissa		(Percentages)			
	Male		Female		
	Beneficiary	Control group	Beneficiary	Control group	
Always	33.8	25.0	25.0	0.0	
Sometimes	44.6	31.3	0.0	0.0	
On the basis of availability	1.5	0.0	0.0	0.0	
Never	20.0	43.8	75.0	0.0	
Number who had pre-marital sexual experience	65	16	4	0	

Rajasthan		(Percentages)			
	Male		Female		
	Beneficiary	Control group	Beneficiary	Control group	
Always	48.9	7.0	57.1	0.0	
Sometimes	37.8	27.9	28.6	25.0	
On the basis of availability	10.0	30.2	14.3	50.0	
Never	3.3	34.9	0.0	25.0	
Number who had pre-marital sexual experience	90	43	7	4	

The number of female respondents who can be included in this category work out to a very small number – 4 among beneficiaries and none among respondents in Orissa and 7 among beneficiaries and 4 among control group in Rajasthan. Hence, only the results obtained in respect of the male respondents has been taken up for comparison.

In both Orissa and Rajasthan (among males) percentage who use condoms regularly as well as sometimes are higher among beneficiaries compared to the control group. In consequence, those who never used condoms is much higher among the control groups in the two states.

Table 3.5.6 gives the distribution of married respondents by use of condom during extra-marital sexual relationships.

Table 3.5.6
Distribution of Married Respondents by Use of
Condom during Extra-marital Sexual Relation

Orissa		(Percentages)			
	Male		Female		
	Beneficiary	Control group	Beneficiary	Control group	
Always	36.4	50.0	50.0	0.0	
Sometimes	18.2	50.0	50.0	0.0	
On the basis of availability	9.1	0.0	0.0	0.0	
Never	36.4	0.0	0.0	0.0	
Number reporting extra marital sexual relation	11	2	2	0	

Rajasthan		(Percentages)			
	Male		Female		
	Beneficiary	Control group	Beneficiary	Control group	
Always	56.7	5.0	55.6	0.0	
Sometimes	30.0	12.5	33.3	0.0	
On the basis of availability	8.3	20.0	11.1	25.0	
Never	5.0	62.5	0.0	75.0	
Number reporting extra marital sexual relation	60	40	9	4	

Here again, the number of female respondents in Rajasthan as well as both male and female respondents in Orissa is very small and hence a comparison has been made only between the male respondents among the beneficiaries and control group in Rajasthan.

A huge contrast is seen between the beneficiaries and control group in the use of condom, while more than half the beneficiaries always use condom, with only 5% never using it, among the control group, the reverse is the case with only 5% using it always and the majority 62.5% never using it.

The distribution of married respondents by use of condom during sex with their spouse is given in table 3.5.7.

Table 3.5.7

Distribution of Married Respondents by Use of Condom during Sex with their Spouse

Orissa

(Percentages)

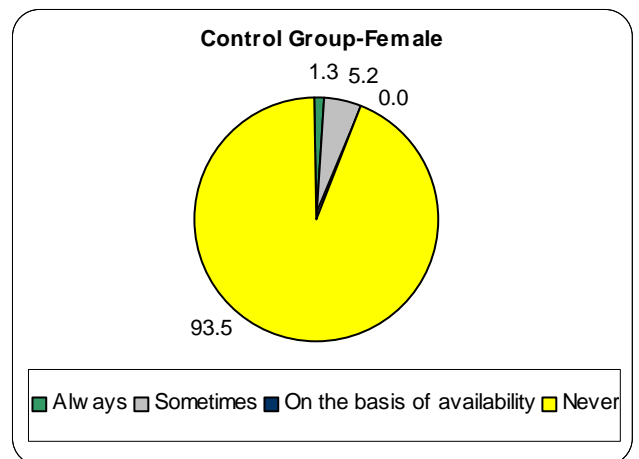
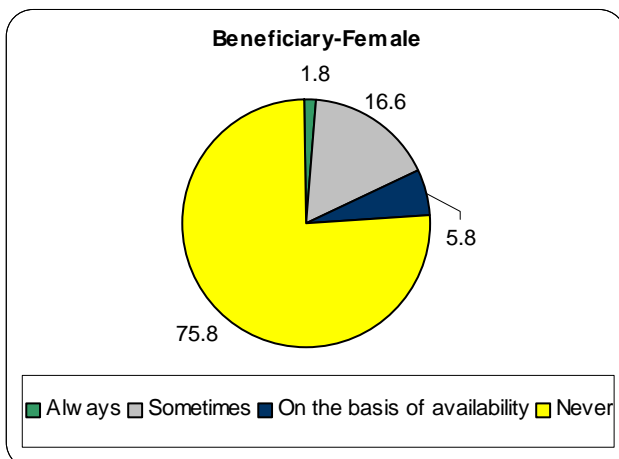
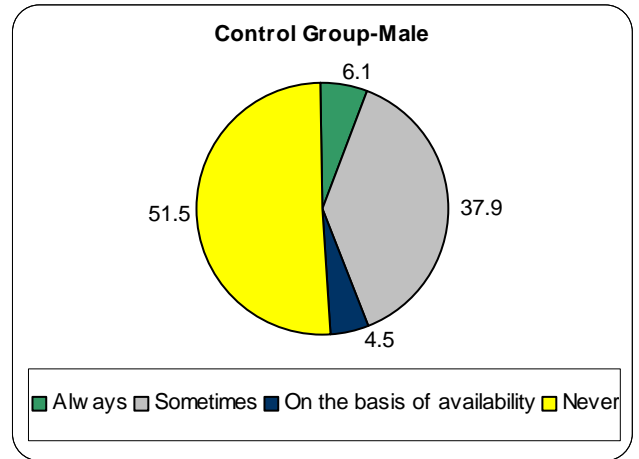
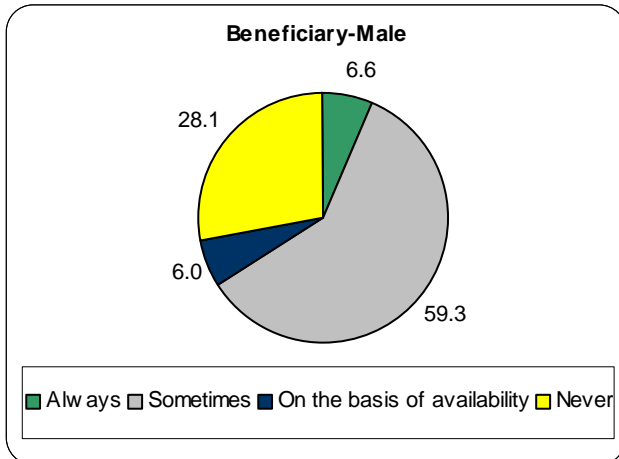
	Male		Female	
	Beneficiary	Control group	Beneficiary	Control group
Always	6.6	6.1	1.8	1.3
Sometimes	59.3	37.9	16.6	5.2
On the basis of availability	6.0	4.5	5.8	0.0
Never	28.1	51.5	75.8	93.5
Number of married respondents	167	66	223	77

Rajasthan

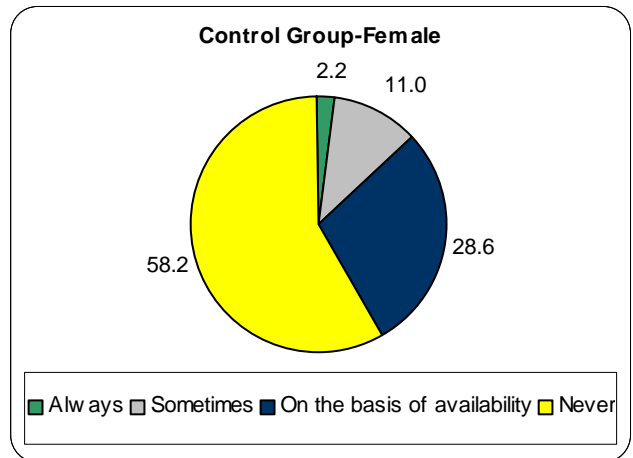
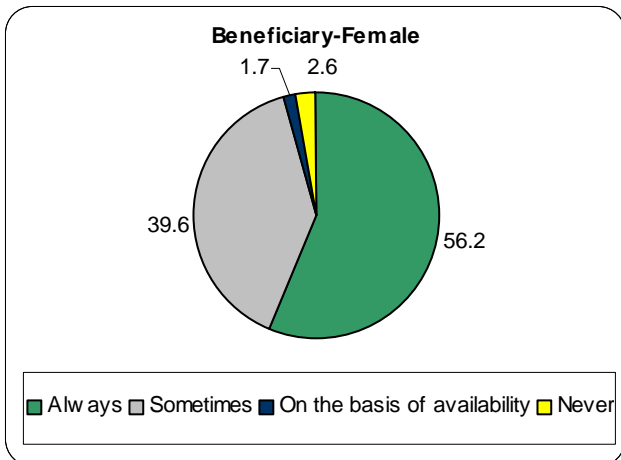
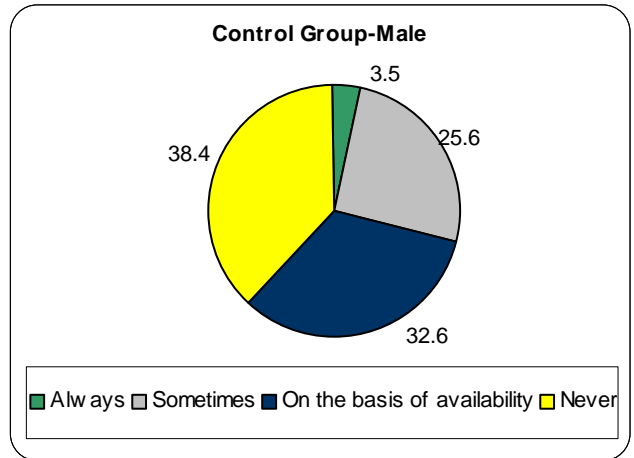
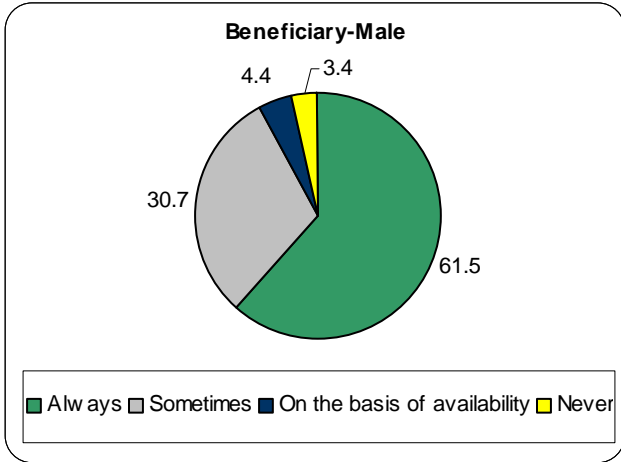
(Percentages)

	Male		Female	
	Beneficiary	Control group	Beneficiary	Control group
Always	61.5	3.5	56.2	2.2
Sometimes	30.7	25.6	39.6	11.0
On the basis of availability	4.4	32.6	1.7	28.6
Never	3.4	38.4	2.6	58.2
Number of married respondents	205	86	235	91

Condom Use by Married Respondents During Sex with their Spouse-Orissa



Condom Use by Married Respondents During Sex with their Spouse-Rajasthan



Very different results are seen in the two states. In Orissa, the percentage of respondents always using condoms is nearly the same for both beneficiary and control groups, although the percentage is higher for males (nearly 6%) compared to females (1.5%). The percentage of those who never use condom is higher in the control group (51.5% male and 93.5% female) compared to that in the beneficiaries (28.% male and 74% female). It is important to note that the proportion never using condoms is fairly higher even among the beneficiary females.

In case of Rajasthan however, a stark contrast is seen between the usage of condom by beneficiaries and control group. While 61.5% of male beneficiaries and 56.2% female beneficiaries always use condom, only 3.5% of males in the control and 2.2% of females in control group use it. Again, the percentage of beneficiaries never using condom is very low – 3.4% males and 2.6% females as against 38.4% of males in control group and 58.2% females in control group.

Table 3.5.8 gives the distribution of married respondents by source of normal supply on condom.

Table 3.5.8
Distribution of Married Respondents by Source of Normal Supply of Condom

Orissa	(Percentages)			
	Male		Female	
	Beneficiary	Control group	Beneficiary	Control group
Distribution of those who used condom by their normal source of supply				
Government Hospital/PHC	14.2	37.5	14.8	40.0
General store/pan shop	35.8	15.6	7.4	60.0
Medical store	13.3	31.3	40.7	80.0
Anganwadi workers	13.3	50.0	38.9	0.0
Health worker	14.2	3.1	16.7	0.0
Peer educator	57.5	0.0	46.3	0.0
Friends bring	1.7	0.0	0.0	0.0
Condom outlets established by NGO	24.2	0.0	3.7	0.0
Number	167	66	223	77

Rajasthan**(Percentages)**

	Male		Female	
	Beneficiary	Control group	Beneficiary	Control group
Distribution of those who used condom by their normal source of supply				
Government Hospital/PHC	18.2	30.2	17.9	13.2
General store/pan shop	2.0	3.8	7.0	18.4
Medical store	39.4	37.7	25.8	44.7
Anganwadi workers	8.1	24.5	7.9	21.1
Health worker	11.6	0.0	16.6	0.0
Peer educator	15.2	0.0	15.7	0.0
Friends bring	1.0	3.8	0.4	0.0
Condom outlets established by NGO	1.5	0.0	10.5	0.0
Number	205	86	235	91

It is evident from the table that generally the condoms are obtained by the control group (both male and female) from government hospital, pan shops/ general store, medical store and anganwadi workers. However, in case of Orissa, nearly half the beneficiaries (57.5% male and 46.3% female) have obtained it from peer educators, while the percentage is less but significant in Rajasthan (15.2% male and 15.7% female) also. Apart from this, a significant percentage of beneficiaries have obtained it from condom outlets established by NGOs (24.2% male in Orissa and 10.5% female in Rajasthan), as well as from health workers (14.2% male and 16.7% female in Orissa and 11.6% male and 16.6% female in Rajasthan).

From the tables discussed in this section it can be clearly inferred that not only are a higher percentage of beneficiaries are aware of the uses of condom, but are also using it, and this is particularly so in Rajasthan. Further, the beneficiaries are also getting a big chunk of their supply of condoms from the outlets established by NGOs, peer educators and health workers, indicating that the programme was useful in not only enhancing the awareness of youth but also helped in increasing the condom use among them, by making it easily available.

A higher percentage among the beneficiaries in both the states knew about condoms. However, in all more respondents from Rajasthan were aware of it. Further knowledge about condoms increased with increased level of education.

Use of condoms for avoiding pregnancy was generally well known among the respondents, the percentage generally being higher among beneficiaries compared to the control group except among males in Orissa. However, the beneficiaries were better aware of the other uses of condom like for avoiding sexual transmitted diseases as well as for protection from HIV/AIDS as compared to the respondents from control group whose awareness was very poor.

It is also seen that regular use of condom is much higher among beneficiaries, both married and unmarried. Further a significant percentage of them are obtaining condoms from peer educators/ condom outlets established by NGOs.

3.6 Reproductive Tract Infections/ Sexually Transmitted Diseases

The 1994 International Conference on Population and development (ICPD) defined reproductive health as “state of complete physical, mental and social well being in all matters relating to reproductive system and to its functions and processes”. In order to ensure good reproductive and sexual health (SRH), it is essential to ensure that people have proper knowledge about various symptoms of sexually transmitted/reproductive tract infections. Enhancing the accessibility of targeted youth to SRH information was one of the objectives of Oxfam GB’s HIV/AIDS Care and Prevention Programme and the Log Frame sees current status of knowledge of young people about SRH as one of the indicators of achievement of the Programme.

3.6.1 Knowledge and Awareness about RTI/STI

The respondents were asked about the symptoms of RTI/STI, source of their information, source of treatment, knowledge about methods of avoiding RTI/STI, their understanding of ‘safe sex’ etc, and the difference in the level of knowledge between the beneficiary and control groups are assessed in this section.

Table 3.6.1 gives the percentage of respondents reporting awareness about RTI/STI and also of those who could mention symptoms of sexual diseases without any prompt. The categorization is on the basis of age.

Table 3.6.1

Percentage of Respondents Reporting Awareness about RTI/STI by Age Group

Orissa

(Percentages)

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Reporting that they are aware of STI/RTI	90.3	95.5	92.9	64.4	76.3	70.3	78.8	90.0	84.4	43.1	47.5	45.3
Who could mention the following signs and symptoms of sexual diseases and infections without prompt												
Genital Discharge	15.3	21.0	18.1	4.4	10.6	7.5	13.5	11.5	12.5	1.3	1.9	1.6
White discharge	27.8	37.3	32.5	13.8	11.9	12.8	52.8	59.5	56.1	8.8	11.3	10.0
Burning sensation during urination	61.0	69.5	65.3	27.5	35.6	31.6	35.5	45.0	40.3	5.0	9.4	7.2
Genital ulcer/sores	37.3	42.5	39.9	15.6	15.0	15.3	33.0	40.0	36.5	6.3	8.1	7.2
Swelling in groin	32.0	40.5	36.3	4.4	8.1	6.3	14.3	17.0	15.6	0.0	0.0	0.0
Lower abdominal pain	26.5	27.8	27.1	1.9	5.6	3.8	31.5	38.3	34.9	2.5	5.0	3.8
Itching and irritation in the vaginal area	55.8	64.3	60.0	36.3	41.3	38.8	41.3	44.3	42.8	2.5	6.3	4.4
Pain during intercourse	18.3	25.5	21.9	2.5	11.3	6.9	1.8	10.5	6.1	0.0	0.0	0.0
Number	400	400	800	160	160	320	400	400	800	160	160	320

Rajasthan

(Percentages)

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Reporting that they are aware of STI/RTI	75.5	89.0	82.3	33.8	48.8	41.3	71.5	81.0	76.3	23.8	30.0	26.9
Who could mention the following signs and symptoms of sexual diseases and infections without prompt												
Genital Discharge	27.0	39.5	33.3	6.3	17.5	11.9	13.5	19.0	16.3	1.3	8.8	5.0
White discharge	32.0	53.0	42.5	3.8	28.8	16.3	63.5	80.0	71.8	8.8	13.8	11.3
Burning sensation during urination	28.5	41.0	34.8	8.8	15.0	11.9	39.0	51.0	45.0	10.0	8.8	9.4
Genital ulcer/sores	22.0	25.0	23.5	3.8	10.0	6.9	6.5	7.0	6.8	0.0	6.3	3.1
Swelling in groin	12.5	17.0	14.8	11.3	10.0	10.6	5.0	15.5	10.3	3.8	11.3	7.5
Lower abdominal pain	7.5	14.0	10.8	11.3	17.5	14.4	28.0	41.5	34.8	5.0	10.0	7.5
Itching and irritation in the vaginal area	37.0	42.5	39.8	6.3	17.5	11.9	10.0	31.5	20.8	3.8	8.8	6.3
Pain during intercourse	6.5	11.0	8.8	6.3	5.0	5.6	2.5	11.0	6.8	1.3	2.5	1.9
Number	200	200	400	80	80	160	200	200	400	80	80	160

A high percentage of the respondents in the beneficiary group (92.9% male and 84.4% females) in Orissa and Rajasthan (82.3% male and 76.3% females) reported that they were aware of STI/RTI. In contrast, the percentage of respondents in the control group reporting awareness was less in both Orissa (70.3% male and 45.3% female) and Rajasthan (41.3% male and 26.9% female). It is further seen that a higher percentage of respondents in the higher age group (19-25 years) reported being aware of RTI/STI compared to that in younger group (13-18 years) irrespective of gender, beneficiary or control group, state of residence.

Without any probes/ prompts, the respondents by themselves could mention symptoms of STI/RTI like genital discharge, white discharge, burning sensation during urination etc. as given in the tables. Some were able to mention more than one symptom. The responses have been tabulated to indicate the percentage of persons who could mention a particular sign/ symptom. The table indicates:

- (i) A higher percentage of the beneficiaries (both male and female) could mention each of these symptoms compared to the control group in both Orissa and Rajasthan.
- (ii) The respondents from the higher age group had better knowledge about the symptoms among both male and female respondents in Orissa as well as Rajasthan.
- (iii) In Orissa, a higher percentage of males could mention about burning sensation during urination (65.3% beneficiaries and 31.6% control group) and itching and irritation in the vaginal area (60% beneficiaries and 38.8% control group). A sizeable percentage of male beneficiaries were also able to mention other symptoms like white discharge, genital ulcer, swelling in the groin and lower abdominal pain while knowledge about these was very low among the males in the control group. In Rajasthan, nearly 40% of male beneficiaries could mention white discharge and burning sensation during urination and slightly lower percentage could mention genital discharge (33.3%) and genital ulcer/ sores (23.5%). Knowledge about the different symptoms was however very low among the males in control group.
- (iv) The knowledge regarding the symptoms was very low among the females in the control group both in Orissa and Rajasthan. While only one-tenth of them could mention about white discharge. Knowledge about the other symptoms was even lower. Among the

beneficiaries, nearly half the respondents (56.1%) in Orissa and 71.3% in Rajasthan could mention about white discharge. Burning sensation during urination was mentioned by 40.3% respondents in Orissa and 45% in Rajasthan. Nearly one-third of the respondents mentioned lower abdominal pain as a symptom. Itching and irritation in the vaginal area was mentioned by 42.8% in Orissa and by a slightly lesser proportion (20.8%) in Rajasthan.

The table clearly indicates that the knowledge of the beneficiaries is much higher than that of the control group in both the states, and this is particularly highlighted/ emphasized in the case of the female respondents.

The source from where the respondents got the information about the symptoms has been presented in table 3.6.2.

Table 3.6.2
Percentage Distribution of Respondents
by Source of Information about Symptoms of RTI/STI

Orissa

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Newspaper / books / magazines	13.6	15.4	14.5	14.6	17.2	16.0	9.5	9.7	9.6	4.3	2.6	3.4
Radio & TV	31.9	32.2	32.0	62.1	56.6	59.1	25.7	24.7	25.2	37.7	36.8	37.2
Friends	31.9	34.5	33.3	55.4	58.2	56.9	29.7	22.4	25.8	37.7	47.4	43.7
Relatives	6.8	8.9	7.9	30.1	15.6	22.2	7.9	18.8	13.7	39.1	39.5	39.3
Hospital (Govt & Pvt)	11.6	10.2	10.9	31.1	9.8	19.6	6.7	8.3	7.6	7.2	17.1	12.4
Health Worker	13.0	13.6	13.3	12.6	18.9	16.0	8.6	10.6	9.6	7.2	19.7	13.8
NGO	41.6	43.7	42.7	1.0	1.6	1.3	42.2	36.1	39.0	0.0	0.0	0.0
Health Camps	42.9	37.4	40.1	0.0	4.9	2.7	21.6	24.4	23.1	0.0	1.3	0.7
Peer Educators	76.7	66.8	71.6	0.0	0.0	0.0	75.9	69.7	72.6	0.0	0.0	0.0
Number	361	382	743	103	122	225	315	360	675	69	76	145

Rajasthan

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Newspaper / books / magazines	20.53	20.22	20.36	51.85	43.59	46.97	11.89	8.64	10.16	57.89	33.33	44.19
Radio & TV	55.63	54.49	55.02	74.07	100.00	89.39	32.87	31.48	32.13	63.16	70.83	67.44
Friends	55.6	65.2	60.7	63.0	94.9	81.8	82.5	77.2	79.7	68.8	75.0	72.0
Relatives	14.6	10.7	12.5	22.2	28.3	25.7	34.3	44.2	39.0	95.0	67.7	79.2
Hospital (Govt & Pvt)	12.58	26.97	20.36	25.93	20.51	22.73	1.40	3.70	2.62	5.26	8.33	6.98
Health Worker	13.91	17.98	16.11	59.26	66.67	63.64	15.38	37.65	27.21	42.11	87.50	67.44
NGO	21.19	23.03	22.19	0.00	7.69	4.55	12.59	12.35	12.46	0.00	0.00	0.00
Health Camps	10.60	7.87	9.12	14.81	0.00	6.06	10.49	6.17	8.20	31.58	0.00	13.95
Peer Educators	43.05	43.26	43.16	0.00	0.00	0.00	43.36	29.01	35.74	0.00	0.00	0.00
Number	151	178	329	27	39	66	143	162	305	19	24	43

The major sources of information regarding the symptoms are different for the control and beneficiary groups. The electronic media like radio, television and friends and relatives have been greatly responsible for this knowledge among the control group (both male and female) in the two states. Apart from this, newspapers and magazine as well as health workers have also been responsible to a large extent in Rajasthan, while they have made only a very small impact in Orissa.

However, nearly three-fourths of the beneficiaries in Orissa (71.6% male and 72.6% female) have received the information regarding the symptoms from peer educators, who were part of the intervention programme. NGOs (42.7% males and 39.0% females) and health camps (40.1% male and 23.1% females) have also played an important role in providing the information apart from the common sources like the media and friends and relatives. Although peer educators and NGO have had a hand in imparting information to the beneficiaries in Rajasthan, their influence is much less compared to that in Orissa. Friends/ relatives and media seem to have played a bigger role among the beneficiaries in Rajasthan.

3.6.2 Reporting of Symptoms of RTI/STI

The respondents were also asked if they were suffering from any of the symptoms of RTI/STI, and the percentage of those reporting the symptoms is given in table 3.6.3.

Table 3.6.3

Percentage of Respondents Reporting Symptoms of RTI/STI by their Marital Status

Orissa

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	Unmarried	Married	Total	Unmarried	Married	Total	Unmarried	Married	Total	Unmarried	Married	Total
Genital discharge/ White Discharge	0.0	0.0	0.0	0.0	0.0	0.0	3.3	9.0	4.9	0.8	1.3	0.9
Burning sensation during urination	12.8	21.0	14.5	10.6	15.2	11.6	2.6	4.9	3.3	2.1	10.4	4.1
Genital Ulcer/sores	0.0	0.0	0.0	0.0	0.0	0.0	0.3	1.8	0.8	0.0	0.0	0.0
Swelling in Groin	7.3	13.8	8.6	3.1	7.6	4.1	0.2	0.4	0.3	0.0	0.0	0.0
Lower abdominal pain	0.0	0.0	0.0	0.0	0.0	0.0	8.3	10.8	9.0	5.3	11.7	6.9
Itching/irritation in vaginal area	0.0	0.0	0.0	0.0	0.0	0.0	3.0	4.9	3.5	0.4	1.3	0.6
Pain during intercourse	0.0	0.0	0.0	0.0	0.0	0.0	0.2	6.7	2.0	0.0	0.0	0.0
Persons reporting at least one symptom	159	71	230	52	23	75	80	56	136	25	17	42
Percentage reporting at least one symptom	25.2	42.5	28.8	20.5	34.8	23.4	13.9	25.1	17.0	10.3	22.1	13.1
Total Number	632	167	799	254	66	320	575	223	798	243	77	320

Rajasthan

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	Unmarried	Married	Total	Unmarried	Married	Total	Unmarried	Married	Total	Unmarried	Married	Total
Genital discharge/ White Discharge	0.0	0.0	0.0	0.0	0.0	0.0	1.2	2.1	1.8	0.0	4.4	2.5
Burning sensation during urination	20.1	21.5	20.8	10.8	14.0	12.5	11.8	35.7	26.0	11.6	36.3	25.6
Genital Ulcer/sores	7.7	7.8	7.8	4.1	3.5	3.8	13.0	24.3	19.7	7.2	24.2	16.9
Swelling in Groin	4.6	5.4	5.0	1.4	3.5	2.5	3.1	8.5	6.3	1.4	12.1	7.5
Lower abdominal pain	12.4	16.1	14.3	6.8	16.3	11.9	3.1	6.0	4.8	0.0	3.3	1.9
Itching/irritation in vaginal area	0.0	0.0	0.0	0.0	0.0	0.0	2.5	6.4	4.8	1.4	6.6	4.4
Pain during intercourse	2.1	8.8	5.5	0.0	4.7	2.5	8.7	6.8	7.6	7.2	7.7	7.5
Persons reporting at least one symptom	57	61	118	28	25	53	45	124	169	16	47	63
Percentage reporting at least one symptom	29.4	29.8	29.6	37.8	29.1	33.1	28.0	52.8	42.7	23.2	51.6	39.4
Total Number	194	205	399	74	86	160	161	235	396	69	91	160

The percentage of respondents reporting at least one symptom is slightly higher among beneficiaries (28.8% male and 17.0% female) compared to the control group (23.4% male and 13.1% female) in Orissa. In Rajasthan, a higher percentage of males in control group (33.1% against 29.6% among beneficiaries) and a higher percentage of females among the beneficiaries (42.7% against 39.4% in control group) have reported the symptoms.

Generally, a much higher percentage of the respondents among the married in each group have reported the symptoms, the only exception being the male control group in Rajasthan.

There could be an interplay of several reasons for the results obtained

Generally, better knowledge about the symptoms results in higher reporting, However, the beneficiaries are more knowledgeable about the symptoms, many of them could also have taken precautions against the same.

3.6.3 Treatment Seeking Behaviour of Respondents for RTI/STI

Table 3.6.4 is about taking treatment for STI/RTI as well as the source of treatment and has been analysed on the basis of marital status.

Table 3.6.4

Percentage Taking Treatment for STI/RTI and Source of Treatment by Marital Status

Orissa

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	Unmarried	Married	Total	Unmarried	Married	Total	Unmarried	Married	Total	Unmarried	Married	Total
Have taken treatment	89.9	95.8	91.7	92.3	91.3	92.0	51.3	69.6	58.8	24.0	23.5	23.8
Distribution of those who sought treatment by source of treatment												
Government Hospital	60.1	75.0	64.9	68.8	85.7	73.9	63.4	74.4	68.8	66.7	0.0	40.0
Private	6.3	11.8	8.1	14.6	14.3	14.5	0.0	7.7	3.8	0.0	25.0	10.0
Health workers	3.5	2.9	3.3	6.3	0.0	4.3	36.6	38.5	37.5	16.7	25.0	20.0
YRC	2.8	0.0	1.9	0.0	0.0	0.0	7.3	2.6	5.0	0.0	0.0	0.0
Quacks	2.1	1.5	1.9	10.4	0.0	7.2	19.5	17.9	18.8	50.0	75.0	60.0
NGOs	6.3	1.5	4.7	0.0	0.0	0.0	14.6	15.4	15.0	0.0	0.0	0.0
Health camps	18.2	7.4	14.7	0.0	0.0	0.0	2.4	0.0	1.3	0.0	0.0	0.0
Others	0.7	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Distribution of those seeking treatment by whether they are cured or not												
Completely cured	93.0	94.1	93.4	50.0	42.9	47.8	65.9	71.8	68.8	16.7	25.0	20.0
Somewhat cured	7.0	5.9	6.6	47.9	57.1	50.7	34.1	28.2	31.3	83.3	50.0	70.0
No improvement	0.0	0.0	0.0	2.1	0.0	1.4	0.0	0.0	0.0	0.0	25.0	10.0
Number Reporting Symptoms of RTI/STI	159	71	230	52	23	75	80	56	136	25	17	42

Rajasthan

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	Unmarried	Married	Total	Unmarried	Married	Total	Unmarried	Married	Total	Unmarried	Married	Total
Have taken treatment	78.9	91.8	85.6	78.6	96.0	86.8	46.7	42.7	43.8	68.8	48.9	54.0
Distribution of those who sought treatment by source of treatment												
Government Hospital	51.1	50.0	50.5	59.1	87.5	73.9	71.4	77.4	75.7	63.6	69.6	67.6
Private	37.8	39.3	38.6	36.4	33.3	34.8	33.3	17.0	21.6	9.1	17.4	14.7
Health workers	20.0	21.4	20.8	18.2	12.5	15.2	9.5	5.7	6.8	27.3	13.0	17.6
YRC	6.7	8.9	7.9	0.0	0.0	0.0	0.0	5.7	4.1	0.0	0.0	0.0
Quacks	11.1	3.6	6.9	9.1	4.2	6.5	0.0	20.8	14.9	18.2	13.0	14.7
Health camps	13.3	26.8	20.8	13.6	8.3	10.9	4.8	9.4	8.1	9.1	8.7	8.8
Others	0.0	0.0	0.0	0.0	4.2	2.2	4.8	0.0	1.4	0.0	0.0	0.0
Distribution of those seeking treatment by whether they are cured or not												
Completely cured	64.4	48.2	55.4	0.0	4.2	2.2	28.6	41.5	37.8	0.0	0.0	0.0
Somewhat cured	33.3	50.0	42.6	40.9	37.5	39.1	61.9	43.4	48.6	54.5	34.8	41.2
No improvement	2.2	1.8	2.0	59.1	58.3	58.7	9.5	15.1	13.5	45.5	65.2	58.8
Number Reporting Symptoms of RTI/STI	57	61	118	28	25	53	45	124	169	16	47	63

The gender bias existing in the society is evident from the table. While nearly 92% of the male respondents (both beneficiaries and control group) complaining symptoms of RTI/ STI are taking treatment, this percentage is only 58.8% for female beneficiaries and a meager 23.8% for the female respondents from control group in Orissa. Further, the percentage taking treatment is higher among the married than the unmarried among the beneficiaries (male and female), while the reverse is noticed in case of the control group.

The gender bias is noticeable even in case of Rajasthan where nearly 86% of the male respondents are taking treatment as against 43.8% of female beneficiaries and 54% of females in the control group. No marked differences are however seen in the treatment seeking behaviour of beneficiaries Vs control group whether among males or females or in Rajasthan or Orissa.

It is generally seen that irrespective of the group, a high percentage of the affected are taking treatment in hospitals with the exception of the female respondents in the control group of Orissa where nearly 60% are getting treatment from quacks. A small percentage of the respondents from Orissa as well as a much higher percentage from Rajasthan are taking treatment from private hospitals probably indicating that they are financially better off or that the government facilities may not be available to them. A small percentage of all respondents in Rajasthan are taking

treatment from health camps while the facility is being availed of only by the beneficiaries in Orissa.

The main difference noticed between the sources of treatment for beneficiaries and control group is that while a small percentage of the affected are taking treatment from Youth Resource Centres and NGOs, such facilities are not available to the control group.

It is also seen that a higher percentage of the beneficiaries seeking treatment claim to be completely cured as compared to the control group both among males and female in Rajasthan and Orissa.

All the respondents who sought treatment were asked whether they went to take treatment on their own or whether other people asked them to do so. As RTIs and STIs could be transmitted to their sexual partners, they were also asked whether they were advised to get their partners checked and if so, whether they were getting their partners also checked. Table 3.6.5 provides information on these issues.

Table 3.6.5
Distribution of Respondents Who Sought Treatment
by Source & Advice Received on Treatment

Orissa

(Percentages)

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	Unmar ried	Married	Total	Unmar ried	Married	Total	Unmar ried	Married	Total	Unmar ried	Married	Total
Distribution treatment seekers by who advised them												
Self	34.3	38.2	35.5	68.8	57.1	65.2	34.1	23.1	28.8	33.3	25.0	30.0
Peer educator	44.1	36.8	41.7	0.0	0.0	0.0	29.3	41.0	35.0	0.0	0.0	0.0
Health worker	7.0	7.4	7.1	14.6	23.8	17.4	7.3	15.4	11.3	16.7	25.0	20.0
Relative/friends	13.3	11.8	12.8	16.7	19.0	17.4	29.3	12.8	21.3	50.0	25.0	40.0
Others	1.4	5.9	2.8	0.0	0.0	0.0	0.0	7.7	3.8	0.0	25.0	10.0
Reporting getting advice to get partners checked	39.2	48.5	42.2	31.3	52.4	37.7	34.1	71.8	52.5	0.0	75.0	30.0
Reporting partner also getting treated	83.9	93.9	87.6	40.0	45.5	42.3	78.6	82.1	81.0	0.0	66.7	66.7
Number Reporting Symptoms of RTI/STI	159	71	230	52	23	75	80	56	136	25	17	42

Rajasthan

(Percentages)

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	Unmar ried	Married	Total	Unmar ried	Married	Total	Unmar ried	Married	Total	Unmar ried	Married	Total
Distribution treatment seekers by who advised them												
Self	40.0	30.4	34.7	40.9	37.5	39.1	33.3	35.8	35.1	18.2	56.5	44.1
Peer educator	24.4	33.9	29.7	0.0	0.0	0.0	33.3	15.1	20.3	0.0	0.0	0.0
Health worker	22.2	17.9	19.8	27.3	29.2	28.3	14.3	11.3	12.2	27.3	13.0	17.6
Relative/friends	11.1	12.5	11.9	18.2	12.5	15.2	19.0	32.1	28.4	54.5	21.7	32.4
Others	2.2	5.4	4.0	13.6	20.8	17.4	0.0	5.7	4.1	0.0	8.7	5.9
Reporting getting advice to get partners checked	60.0	69.6	65.3	13.6	70.8	43.5	100.0	52.8	66.2	72.7	52.2	58.8
Reporting partner also getting treated	66.7	92.3	81.8	0.0	35.3	30.0	71.4	71.4	71.4	12.5	33.3	25.0
Number Reporting Symptoms of RTI/STI	57	61	118	28	25	53	45	124	169	16	47	63

A significant percentage of all the groups have gone in for treatment on their own, while a small percentage have done so on the basis of advise from health workers and relatives and friends. It is however seen that these percentages are higher among the control groups compared to the beneficiaries and it is because a significant percentage of the beneficiaries both in Orissa (41.7% male and 35.0% female) and Rajasthan (29.7% male and 20.3% female) have sought treatment on the advise of peer educators.

A higher percentage of the beneficiaries (42.2% male and 52.5% female) received advise to get their partners checked as compared to the control group (37.7% male and 30% female) in Orissa. The percentages were higher among the married groups. A higher percentage of beneficiaries (87.6% male and 81.0% female) reportedly got their partners treated as compared to the control group (42.3% male and 66.7% female). In all probability, this could be because the beneficiaries are aware of the seriousness of the situation.

A similar situation is seen in Rajasthan also where higher percentage of the beneficiaries were advised to get their partners checked as compared to the control group. Once again, a higher proportion of the beneficiaries (81.8% male and 71.4% female) reported getting their partners treated, compared to the control group (30% male and 25% female).

‘Prevention is better than cure’. Hence, an attempt was made to find out if the respondents knew how to avoid getting RTI/STI.

Table 3.6.6

Distribution of Respondents by the Knowledge about How to Avoid Getting RTI/STI

Orissa

(Percentages)

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	Unmarried	Married	Total	Unmarried	Married	Total	Unmarried	Married	Total	Unmarried	Married	Total
Respondents who mentioned the following ways of avoiding without probe												
Use of condom during intercourse	39.0	74.5	46.7	18.5	40.4	24.0	20.9	44.7	28.1	16.7	51.2	26.9
Use of clean cloth during menses	4.6	3.1	4.3	11.9	5.3	10.2	11.3	3.9	9.0	17.6	11.6	15.9
Avoiding sexual relation	16.0	11.8	15.1	24.4	19.3	23.1	21.7	7.3	17.3	13.7	4.7	11.0
By cleaning & washing organs after intercourse	3.3	5.0	3.6	10.7	12.3	11.1	6.6	5.3	6.2	2.9	9.3	4.8
Not having multiple partners	21.0	31.7	23.3	7.1	5.3	6.7	18.1	42.2	25.5	9.8	9.3	9.7
Avoiding infected partners	24.4	36.6	27.1	4.8	12.3	6.7	15.8	35.0	21.6	6.9	7.0	6.9
Number	582	161	743	168	57	225	469	206	675	102	43	145

Rajasthan

(Percentages)

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	Unmarried	Married	Total	Unmarried	Married	Total	Unmarried	Married	Total	Unmarried	Married	Total
Respondents who mentioned the following ways of avoiding without probe												
Use of condom during intercourse	57.5	73.9	66.3	56.7	52.8	54.5	29.1	39.6	36.1	14.3	95.5	55.8
Use of clean cloth during menses	23.5	28.4	26.1	86.7	72.2	78.8	59.2	58.4	58.7	81.0	86.4	83.7
Avoiding sexual relation	17.0	18.8	17.9	40.0	55.6	48.5	10.7	8.4	9.2	4.8	13.6	9.3
By cleaning & washing organs after intercourse	15.7	18.2	17.0	33.3	61.1	48.5	16.5	29.7	25.2	52.4	59.1	55.8
Not having multiple partners	37.9	43.8	41.0	13.3	19.4	16.7	20.4	20.3	20.3	28.6	59.1	44.2
Avoiding infected partners	11.8	15.9	14.0	0.0	16.7	9.1	11.7	13.4	12.8	0.0	18.2	9.3
Number	153	176	329	30	36	66	103	202	305	21	22	43

In Orissa, it is seen that the important and correct ways were mentioned by a comparatively higher percentage of beneficiaries among both male and female beneficiaries as compared to the control group. Use of condom during intercourse was mentioned by 46.7% male beneficiaries, 28.1% female beneficiaries as against 24% of males and 26.9% females in the control group. Not having multiple partners was mentioned by 23.3% male beneficiaries and 25.5% female beneficiaries as against 6.7% males and 9.7% females in the control group. Avoiding infected partners was mentioned by 27% male and 21.6% female beneficiaries while only 6.7% males and 6.9% females in the control group were able to mention the same. In general, the married respondents' awareness was better than that of the unmarried

In Rajasthan however, the awareness particularly of the females in the control group, on these issues was noticeable. In fact, use of condom during intercourse was mentioned by a higher percentage of females in the control group (55.8%) compared to the female beneficiaries (36.1%), although, among the males, a higher percentage of beneficiaries (66.3% as against 54.5% of control group) could mention it. Again, a higher percentage of females in the control group (44.2% as compared to 20.3% of beneficiaries) could mention not having multiple partners a method of avoid STI/RTIs. 41% male beneficiaries and 16.7% of male control group also mentioned it. However, avoiding infected partners was mentioned by 14% male beneficiaries, 9.1% males in control group, 12.8% of female beneficiaries and 9.3% females in the control group.

While the knowledge of both male and female beneficiaries is higher in Orissa, in Rajasthan, male beneficiaries are better aware of ways of avoiding STI/RTIs compared to males in the control group and the females in the control group are better informed about this issue compared to the female beneficiaries.

The respondents were also asked whether they think treatment facilities are available, and if they knew about the facilities, they were also asked to mention the facilities known to them. The responses are tabulated in table 3.6.7.

Table 3.6.7

Distribution of Respondents by their Knowledge about Availability of Treatment Facility

Orissa

(Percentages)

	Male		Female	
	Beneficiary	Control group	Beneficiary	Control group
Mentioning following facilities				
Government Hospital/PHC	41.6	27.8	45.5	15.9
Private Hospital/doctor	10.3	12.5	3.3	0.3
Health Workers	20.4	20.3	19.5	5.0
Youth Resource Centre	19.5	1.3	7.4	0.0
Quacks	9.9	10.6	9.0	8.8
Health camps	45.5	0.9	10.8	0.0
Do not know what facilities are available	5.1	32.2	29.1	59.7
Think there is no treatment facility available	7.6	11.6	8.1	17.8
Number	800	320	800	320

Rajasthan

(Percentages)

	Male		Female	
	Beneficiary	Control group	Beneficiary	Control group
Mentioning following facilities				
Government Hospital/PHC	39.0	53.1	62.5	66.9
Private Hospital/doctor	33.0	29.4	17.5	20.6
Health Workers	21.3	1.9	13.8	4.4
Youth Resource Centre	23.0	0.0	12.0	0.0
Quacks	10.3	0.0	11.5	0.0
Health camps	19.5	1.3	19.8	1.9
Do not know what facilities are available	3.8	23.1	5.5	27.5
Think there is no treatment facility available	4.3	14.4	3.5	25.6
Number	400	160	400	160

In Orissa, 32.2% of the males in control group and more than half (59.7%) of the females in control group did not know as to what facilities were available for the treatment of RTI/STI. Comparatively, a much lower percentage of the beneficiaries (5.1% male and 29.1% female) were in the same state. In fact, 11.6% males and 17.8% of the females in the control group, and a slightly lesser percentage among the beneficiaries – 7.6% male and 8.1% female, were of the impression that no treatment facilities were available.

Similar results are seen in Rajasthan with only slight differences in the percentages. In Rajasthan 14.4% of male and 25.6% of females in the control group as well as 4.3% male and 3.5% female beneficiaries thought that no treatment facilities were available for RTI/STI. Again, 23.1% male and

27.5% females in the control group and a small percentage among the beneficiaries – 3.8% male and 5.5% female did not know what facilities were available.

As regards the health facilities, government hospital/ PHC, private hospitals/ doctor were mentioned by all the groups, although comparatively a higher percentage of the male respondents mentioned private hospitals. About 10% of all groups excepting the control group mentioned quacks also as a facility for getting treatment for RTI/STI. However, health workers – particularly in Rajasthan as well as youth Resource Centre and health camps were mentioned by a comparatively higher proportion of the beneficiaries compared to the control group.

The respondents were asked if they faced any barriers in seeking treatment from government facilities and if so what they were and the replies are tabulated in table 3.6.8.

Table 3.6.8
Distribution of Respondents by Barriers Faced
by them in Seeking Treatment for RTI/STI from Government Facilities

	Orissa			
	Male		Female	
	Beneficiary	Control group	Beneficiary	Control group
Feel shy	18.9	8.3	32.3	51.4
Absence of doctors	20.6	25.6	5.4	8.3
Absence of lady doctors	0.3	2.8	14.9	27.8
Behaviour of health workers	10.3	14.4	2.4	9.7
Lack of privacy	15.0	25.6	25.7	48.6
Expensive treatment	41.1	36.7	15.5	20.8
Transport problems	32.7	29.4	16.9	59.7
Absence of medicine	20.9	16.7	27.3	54.2
No problem	21.9	22.2	11.4	26.4
Number	800	320	800	320

Rajasthan**(Percentages)**

	Male		Female	
	Beneficiary	Control group	Beneficiary	Control group
Feel shy	21.7	56.0	35.2	70.7
Absence of doctors	14.4	15.0	25.3	48.0
Absence of lady doctors	0.0	0.0	17.9	81.3
Behaviour of health workers	11.7	3.0	9.1	2.7
Lack of privacy	22.0	56.0	12.1	64.0
Expensive treatment	14.1	22.0	28.6	36.0
Transport problems	9.5	10.0	36.5	60.0
Absence of medicine	10.9	17.0	13.5	41.3
No problem	29.1	8.0	8.0	9.3
Number	400	160	400	160

Varying percentages of the respondents in the different groups in the two states (11.4% to 26.4% in Orissa and 8% to 29.1% in Rajasthan) mentioned that they faced no problems in seeking treatment for RTI/STI from government facilities.

A small percentage of the male respondents in Orissa (18.9% beneficiary and 8.3% control group) as well as 21.7% male beneficiaries said that they felt shy to go to the government hospitals. The percentage was higher among the female respondents, particularly the control group (51.4% in Orissa and 70.7% in Rajasthan) as well as 56% of males in the control group in Rajasthan. Other barriers mentioned were absence of doctors, behaviour of health workers, lack of privacy etc. Nearly 80% females in the control group in Rajasthan mentioned absence of female doctors as a barrier, while it was mentioned by a much lower percentage among female beneficiaries in Rajasthan (17.9%), and female beneficiaries (14.9%) and female respondents in the control group (27.8%) in Orissa.

3.6.4 Understanding of Safe Sex

Safe sex is a term for describing practices designed to reduce the risk of catching sexually transmitted diseases (STDs). The respondents' perception of safe sex was assessed in the survey.

Table 3.6.9

Distribution of Respondents by their Understanding of Safe Sex by Marital Status

Orissa

(Percentages)

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	Unmarried	Married	Total	Unmarried	Married	Total	Unmarried	Married	Total	Unmarried	Married	Total
Reporting ignorance about 'Safe Sex'	5.2	1.9	4.4	40.5	7.0	32.0	32.2	20.4	28.6	45.1	9.3	34.5
Reporting having following perception on safe sex												
Avoiding intercourse	30.9	26.1	29.9	47.0	42.1	45.8	37.1	8.7	28.4	47.1	18.6	38.6
Use of condom during intercourse	54.1	91.3	62.2	52.4	94.7	63.1	47.5	95.1	62.1	55.9	65.1	58.6
Sex with single partner	61.5	57.8	60.7	26.8	17.5	24.4	56.1	68.9	60.0	20.6	41.9	26.9
Avoiding sex workers	16.2	19.3	16.8	31.0	43.9	34.2	5.3	3.4	4.7	2.0	0.0	1.4
Avoiding anal sex	3.3	0.6	2.7	0.0	0.0	0.0	0.0	1.0	0.3	0.0	0.0	0.0
Number	582	161	743	168	57	225	469	206	675	102	43	145

Rajasthan

(Percentages)

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	Unmarried	Married	Total	Unmarried	Married	Total	Unmarried	Married	Total	Unmarried	Married	Total
Reporting ignorance about 'Safe Sex'	11.1	7.4	9.1	96.7	33.3	62.1	23.3	14.4	17.4	42.9	72.7	58.1
Reporting having following perception on safe sex												
Avoiding intercourse	6.5	4.0	5.2	13.3	19.4	16.7	19.4	11.9	14.4	14.3	18.2	16.3
Use of condom during intercourse	82.4	89.2	86.0	6.7	58.3	34.8	69.9	68.3	68.9	38.1	22.7	30.2
Sex with single partner	66.7	65.3	66.0	13.3	19.4	16.7	72.8	61.4	65.2	38.1	9.1	23.3
Avoiding sex workers	10.5	7.4	8.8	3.3	5.6	4.5	8.7	10.9	10.2	28.6	13.6	20.9
Avoiding anal sex	1.3	5.1	3.3	6.7	13.9	10.6	1.0	1.0	1.0	4.8	0.0	2.3
Number	153	176	329	30	36	66	103	202	305	21	22	43

It is seen that a comparatively high percentage of respondents among the control group in both Orissa (32% male and 34.5% female) and Rajasthan (62.1% male and 58.1% female) have reported ignorance about safe sex. In contrast, a very low percentage of the male beneficiaries in both the states (4.4% in Orissa and 9.1% in Rajasthan) and slightly higher percentage of female beneficiaries (28.6% in Orissa and 17.4% in Rajasthan) have reported ignorance about safe sex.

It is seen that the unmarried are more ignorant about safe sex. Nearly all the unmarried in the male control group in Rajasthan (96.7%), 40% of the control group in Orissa and around 45% among the female control group in both Orissa and Rajasthan have reported ignorance about safe sex. *In contrast, among the male beneficiaries in Orissa and Rajasthan, more than 90% of both, unmarried and married are aware of 'safe sex'.*

The survey tried to assess the perception of safe sex among the respondents. It is seen that the group of male beneficiaries in Orissa and Rajasthan, where only a very small percentage were ignorant about safe sex, a high percentage of the respondents could mention use of condom during intercourse (86% in Rajasthan, 62.2% in Orissa), and sex with single partner (66% in Rajasthan and 60.7% in Orissa), as their perception of safe sex. Similarly 62% of female beneficiaries in Orissa and 68.9% in Rajasthan perceived use of condom during intercourse and 60% of female beneficiaries in Orissa and 65.2% in Rajasthan perceived sex with single partner as safe sex. Although the control group – both male and female in Orissa and Rajasthan were aware about the use of condom, very few perceived sex with a single partner as safe sex. A small percentage among all groups in both Orissa and Rajasthan mentioned avoiding intercourse and avoiding sex workers as their perception of safe sex.

The table clearly indicates that both unmarried and married among the beneficiaries have better knowledge about safe sex compared to the control group.

A higher percentage of the beneficiaries reported awareness of RTI/STI. Further a higher percentage of beneficiaries could mention each of the symptoms compared to the control group. *In fact, only a very small percentage among the control group, particularly female were aware of the symptoms.*

A higher percentage of the beneficiaries have gained knowledge about the symptoms from peer educators, NGOs and health camps, although their impact is higher in Orissa compared to Rajasthan.

Percentage of respondents reporting at least one symptom has varied among the different groups, without there being any trend. As regards percentage taking treatment, it is seen that rather than

differences between beneficiaries and control group, it is the gender bias that is more evident. A higher percentage of the beneficiaries seeking treatment claim to be completely cured. Apart from the usual sources like health workers, relatives/ friends, a significant percentage of those who sought treatment on advice from peer educators. A higher percentage of beneficiaries received advice to get their partners checked, and among those who got their partners checked also, the percentage among the beneficiaries is higher. Beneficiary (male and female) are more aware about the different ways of avoiding RTI/STI in Orissa, while in Rajasthan, male beneficiaries and females in the control group possessed better knowledge.

Compared to the beneficiaries, a higher percentage among the respondents from the control group were under the impression that no treatment facility is available for RTI/STI, and also a higher percentage among the control group did not know what facilities were available.

A significant percentage among the beneficiaries had taken treatment for STI/RTIs from youth Resource Centres and health camps.

The control group was very much more ignorant about safe sex compared to the beneficiaries while all groups perceived use of condom during intercourse as safe sex, a higher percentage among the beneficiaries considered sex with a single partner also as safe sex.

All the respondents were also asked if they desired more information on sexual health, RTI/STI and HIV/AIDS. The responses are indicated in table 3.8.4. Nearly half the male beneficiaries in Orissa felt that they had sufficient knowledge. 35% of male beneficiaries and 31% of males in the control group in Rajasthan were also of the same view. Only small percentages among the other groups felt that they had sufficient knowledge on these issues.

Varying percentages among the different groups wanted more information on varying subjects like safe motherhood, RTI/STI, family planning and others. Interestingly, a significant percentage wanted to learn more about HIV/AIDS. The percentage however ranged from 17% (beneficiary males in Rajasthan and to 63% (female control group in Orissa).

Table 3.6.10

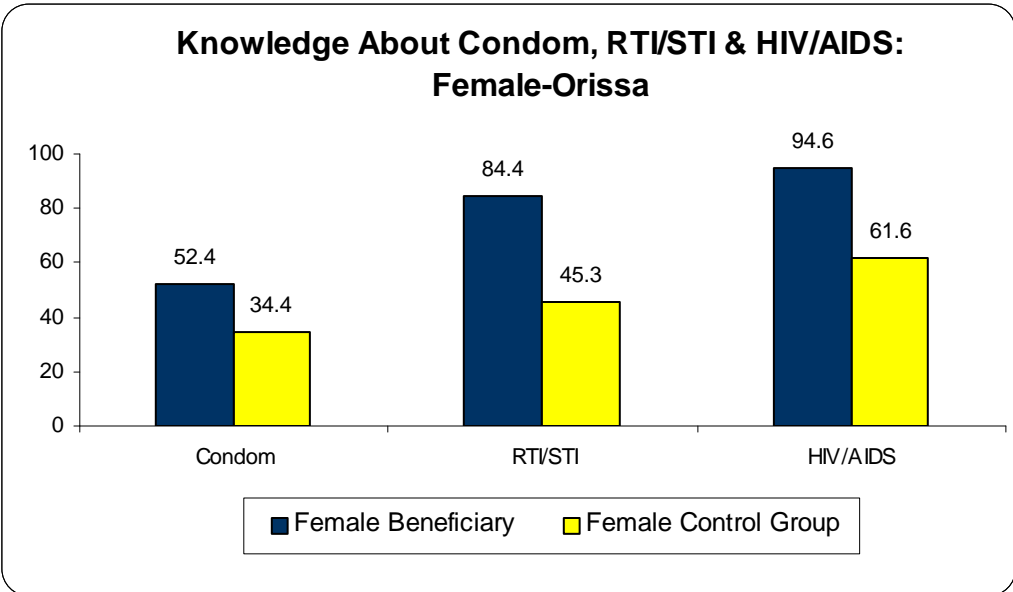
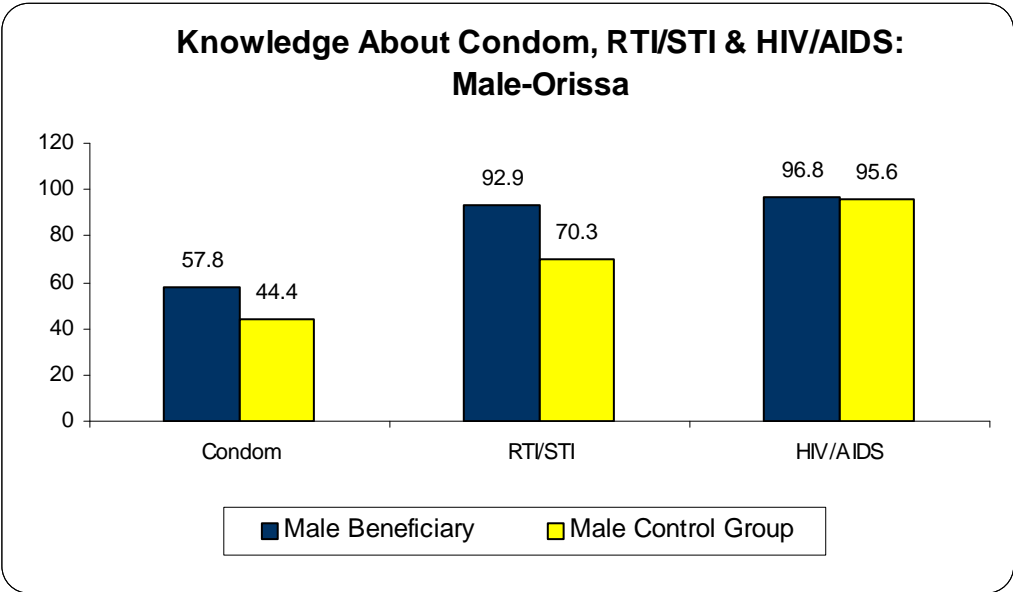
Percentage distribution of Respondents by their Desire for more information on Sexual Health, RTI/STI and HIV/AIDS

Orissa

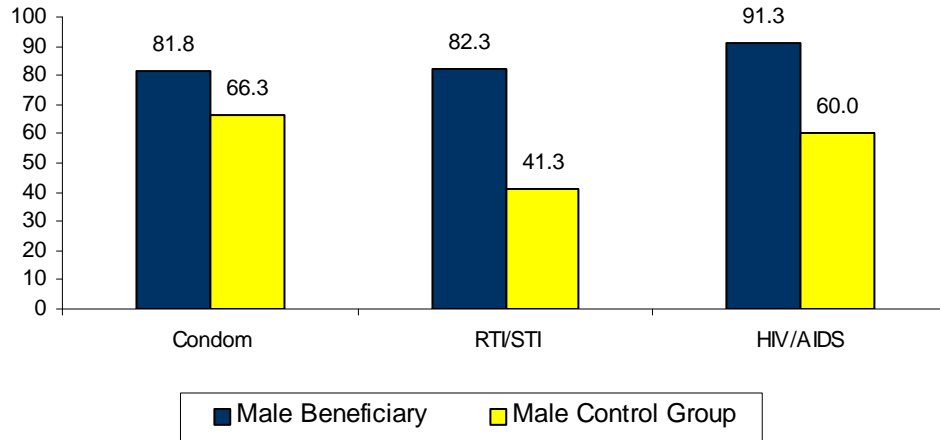
	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Feel that they have sufficient/appropriate knowledge	48.5	49.8	49.1	5.6	7.5	6.6	16.8	17.0	16.9	8.1	6.3	7.2
Distribution of Male and Female by subjects on which more information is required by them												
Health/hygiene/cleanliness	35.8	34.3	35.0	31.9	33.1	32.5	20.3	19.3	19.8	13.8	13.1	13.4
Food and Nutrition	24.5	28.5	26.5	13.8	14.4	14.1	8.3	6.0	7.1	10.6	6.3	8.4
Physical changes during adolescence	12.5	19.3	15.9	10.0	1.3	5.6	9.5	6.0	7.8	13.1	6.9	10.0
Reproductive and safe motherhood	10.3	11.0	10.6	8.8	2.5	5.6	20.8	39.3	30.0	11.9	19.4	15.6
Menstruation cycle	5.3	5.5	5.4	0.6	0.6	0.6	8.5	5.3	6.9	9.4	4.4	6.9
RTI/STI	12.5	14.8	13.6	17.5	46.3	31.9	24.5	25.8	25.1	30.0	40.6	35.3
Family Planning	16.0	10.8	13.4	2.5	2.5	2.5	8.0	15.0	11.5	3.1	12.5	7.8
Safe Sex	15.0	21.0	18.0	12.5	19.4	15.9	13.0	12.5	12.8	14.4	11.3	12.8
HIV/AIDS	19.00	15.25	17.13	25.63	31.88	28.75	35.50	29.00	32.25	65.00	61.25	63.13
Number	400	400	800	160	160	320	400	400	800	160	160	320

Rajasthan

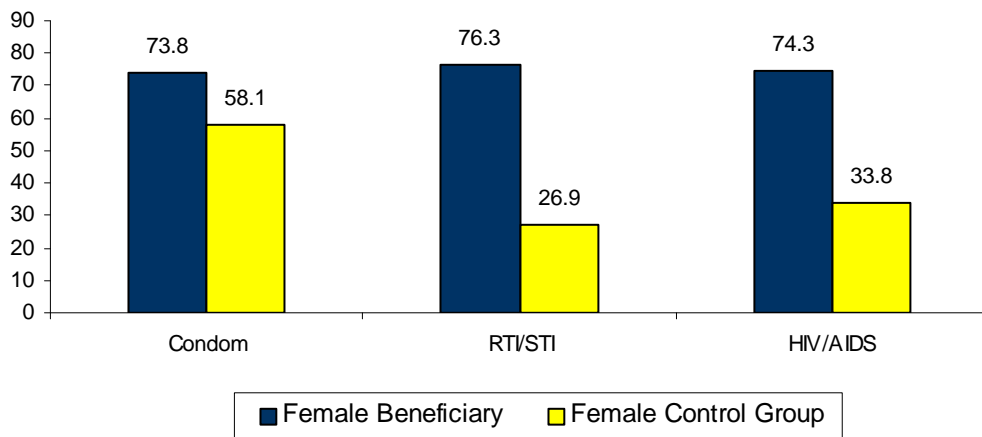
	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Feel that they have sufficient/appropriate knowledge	28.5	42.5	35.5	21.3	41.3	31.3	7.5	19.0	13.3	3.8	7.5	5.6
Distribution of Male and Female by subjects on which more information is required by them												
Health/hygiene/cleanliness	12.5	16.0	14.3	11.3	17.5	14.4	23.0	10.5	16.8	8.8	13.8	11.3
Food and Nutrition	16.0	21.0	18.5	7.5	20.0	13.8	11.5	7.5	9.5	5.0	8.8	6.9
Physical changes during adolescence	20.5	23.0	21.8	25.0	16.3	20.6	17.5	1.5	9.5	25.0	6.3	15.6
Reproductive and safe motherhood	16.5	20.0	18.3	11.3	8.8	10.0	14.5	24.5	19.5	13.8	26.3	20.0
Menstruation cycle	7.5	8.0	7.8	5.0	5.0	5.0	25.5	7.5	16.5	22.5	6.3	14.4
RTI/STI	11.5	11.0	11.3	5.0	5.0	5.0	15.5	23.5	19.5	23.8	26.3	25.0
Family Planning	21.5	30.0	25.8	17.5	12.5	15.0	9.0	9.5	9.3	3.8	7.5	5.6
Safe Sex	12.5	11.5	12.0	17.5	23.8	20.6	5.5	7.0	6.3	10.0	10.0	10.0
HIV/AIDS	19.0	14.5	16.8	20.0	16.3	18.1	41.5	44.5	43.0	51.3	48.8	50.0
Number	200	200	400	80	80	160	200	200	400	80	80	160



Knowledge About Condom, RTI/STI & HIV/AIDS: Male-Rajasthan



Knowledge About Condom, RTI/STI & HIV/AIDS: Female-Rajasthan



3.7 Knowledge and Awareness about HIV/AIDS and Attitude towards HIV Infected /Affected Persons and Families

Acquired Immuno Deficiency Syndrome (AIDS) is an illness caused by the HIV virus, which weakens the immune system leading to death through secondary infections such as tuberculosis or pneumonia. The virus is generally transmitted through sexual contact, through the placenta of HIV-infected women to their unborn child, or through contact with contaminated needles (injections) or blood. Since HIV/AIDS mostly affects youth and the people who are at their most productive age, it is necessary to educate them about ways and means of protecting them as well as improve services for those who are already affected by the infection. The intervention programmes of Oxfam GB and its partner NGOs were aimed at increasing knowledge about HIV/AIDS and also to remove the myths and misconceptions about it. In order to assess the achievements of the programme, that is to compare the knowledge of beneficiaries with the control group all the respondents were asked if they had heard about HIV, AIDS, knew how to find out their HIV status, and if tested positive where to go for testing. The results can be seen in table 3.7.1.

3.7.1 Knowledge about HIV/AIDS

Table 3.7.1
Distribution of Respondents by their Knowledge & Awareness about HIV/AIDS by Age Group

Orissa	(Percentages)											
	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Have heard about HIV	93.0	95.8	94.4	48.8	58.8	53.8	65.0	68.0	66.5	43.1	35.6	39.4
Have heard about AIDS	94.8	98.8	96.8	93.8	97.5	95.6	92.3	97.0	94.6	66.3	56.9	61.6
Knew HIV status can be found out by test	68.0	80.5	74.3	43.1	38.8	40.9	44.3	43.8	44.0	16.9	14.4	15.6
Distribution of those who knew about Test by their awareness about where to go for testing												
Government Hospital/PHC	45.2	58.1	52.2	73.9	59.7	67.2	39.0	42.9	40.9	77.8	78.3	78.0
Private Hospital/PHC	3.7	2.2	2.9	15.9	6.5	11.5	4.0	2.9	3.4	0.0	0.0	0.0
Health camps	1.1	0.3	0.7	1.4	0.0	0.8	1.1	1.7	1.4	0.0	0.0	0.0
VCTC/ICTC/FHCC	47.8	37.3	42.1	5.8	25.8	15.3	35.6	30.3	33.0	11.1	8.7	10.0
Don't know	2.2	2.2	2.2	2.9	8.1	5.3	20.3	22.3	21.3	11.1	13.0	12.0
Number	400	400	800	160	160	320	400	400	800	160	160	320

Rajasthan

(Percentages)

	Male						Female					
	Beneficiary			Control Group			Beneficiary			Control Group		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Have heard about HIV	61.5	59.0	60.3	28.8	33.8	31.3	45.5	41.0	43.3	21.3	20.0	20.6
Have heard about AIDS	89.0	93.5	91.3	56.3	63.8	60.0	71.5	77.0	74.3	32.5	35.0	33.8
Knew HIV status can be found out by test	36.0	42.5	39.3	10.0	15.0	12.5	46.0	49.0	47.5	6.3	10.0	8.1
Distribution of those who knew about Test by their awareness about where to go for testing												
Government Hospital/PHC	65.3	77.6	72.0	75.0	58.3	65.0	82.6	72.4	77.4	80.0	62.5	69.2
Private Hospital/PHC	19.4	7.1	12.7	25.0	25.0	25.0	1.1	5.1	3.2	20.0	37.5	30.8
Health camps	6.9	7.1	7.0	0.0	8.3	5.0	7.6	4.1	5.8	0.0	0.0	0.0
VCTC/ICTC/FHCC	2.8	7.1	5.1	0.0	0.0	0.0	3.3	18.4	11.1	0.0	0.0	0.0
Don't know	5.6	1.2	3.2	0.0	8.3	5.0	5.4	0.0	2.6	0.0	0.0	0.0
Number	200	200	400	80	80	160	200	200	400	80	80	160

Following are the important findings:

- (i) The beneficiaries who have heard of AIDS constitute nearly twice the percentage of those in the control group. This is true among both male (94.4% beneficiary and 53.8% control group) and female (66.5% beneficiary and 39.4% control group) respondents in Orissa as well as in Rajasthan (60.3% male and 43.3% female beneficiaries) against (31.3% male and 20.6% female control group).
- (ii) The percentage of the respondents who had heard about AIDS was higher than that of those who had heard about HIV in each of the groups.
- (iii) The percentage of respondents who have heard about HIV is much higher in Orissa compared to Rajasthan, in all the different groups.
- (iv) Among the groups, a higher percentage of the beneficiaries, both male and female were aware that the HIV status can be found out by test as compared to the control group in both states, although the percentages varied a lot.
- (v) As regards where to go for the testing, a higher percentage of all groups knew about government hospitals/ PHC. Nearly one-fourth of the male and 30% of females in the control group in Rajasthan mentioned private hospitals, although this percentage was much lesser among the other groups. Health camps as well as VCTC/ICTC etc as venues of getting the test done was generally known only to the beneficiaries, and that too a small percentage. However, one unexpected result is that a higher percentage of the

female beneficiaries in both Orissa (21.3% as against 12.0% of control group) and Rajasthan (2.6% as against 0% of control group) did not know where to go for the test.

In table 3.7.2, the same responses have been analysed on the basis of the level of education of the respondents.

Table 3.7.2

**Distribution of Respondents by their Knowledge
& Awareness about HIV/AIDS by Level of Education**

Orissa

(Percentages)

	Male					Female				
	Illiterate	Up to primary	Up to Middle	High school and above	Total	Illiterate	Up to primary	Up to Middle	High school and above	Total
Have heard about HIV	95.3	91.9	93.7	99.0	94.4	50.2	70.0	86.2	88.9	66.5
Have heard about AIDS	97.7	95.8	95.2	99.5	96.8	93.4	93.0	100.0	98.9	94.6
Knew HIV status can be found out by test	67.4	72.3	69.3	85.5	74.3	32.3	42.2	64.9	67.8	44.0
Total	86	332	189	193	800	303	313	94	90	800

Rajasthan

(Percentages)

	Male					Female				
	Illiterate	Up to primary	Up to Middle	High school and above	Total	Illiterate	Up to primary	Up to Middle	High school and above	Total
Have heard about HIV	39.4	43.8	66.7	88.9	60.3	23.4	43.8	73.3	88.9	43.3
Have heard about AIDS	51.5	91.3	97.4	97.8	91.3	34.3	96.2	90.0	100.0	74.3
Knew HIV status can be found out by test	21.2	31.3	43.6	54.4	39.3	19.0	57.3	73.3	77.8	47.5
Total	33	160	117	90	400	137	185	60	18	400

It is generally seen that awareness increases with the level of education among all categories in both the states indicating that educating the masses could go a long way in curtailing the spread of HIV/AIDS.

Table 3.7.3 gives the distribution of respondents by their knowledge about the right modes of transmission of HIV/AIDS as well as by those who had misconceptions about the modes.

Table 3.7.3**Distribution of Respondents by their Knowledge about the Mode of Transmission****Orissa****(Percentages)**

	Male		Female	
	Beneficiary	Control Group	Beneficiary	Control Group
Could tell the following right modes without probe				
Unprotected sex	85.5	61.6	60.9	21.9
Use of infected syringe /needle	69.1	35.9	57.1	21.6
Blood transfusion from an infected person	60.4	36.9	52.5	19.1
Sex with HIV infected person	70.0	59.7	69.1	28.1
HIV infected mother to child	44.1	10.9	28.6	10.6
Who had the following misconception about HIV/AIDS				
Holding hands/ hugging /kissing	6.9	4.1	2.9	2.2
Sharing public toilets	4.0	3.8	6.0	4.4
Roaming with HIV positive person	6.4	1.9	4.4	5.0
Sharing food with an HIV infected person	10.1	11.9	10.9	9.1
Number	800	320	800	320

Rajasthan**(Percentages)**

	Male		Female	
	Beneficiary	Control Group	Beneficiary	Control Group
Could tell the following right modes without probe				
Unprotected sex	38.3	28.1	30.5	21.9
Use of infected syringe /needle	12.5	5.0	20.0	1.9
Blood transfusion from an infected person	13.0	5.6	19.3	0.0
Sex with HIV infected person	30.0	34.4	21.5	14.4
HIV infected mother to child	7.3	10.0	10.3	10.6
Who had the following misconception about HIV/AIDS				
Holding hands/ hugging /kissing	11.5	13.1	4.0	1.9
Sharing public toilets	7.3	51.3	5.3	6.9
Roaming with HIV positive person	14.5	18.8	3.8	3.1
Sharing food with an HIV infected person	21.8	42.5	11.5	10.0
Number	400	160	400	160

The results indicate:

- (i) Generally, a higher percentage of the beneficiaries were aware of the right modes of transmission compared to the control group in both the states. However, as regards transmission from HIV-infected mother to child 10.0% males in the control group were aware of it as against 7.3% of the male beneficiaries, and nearly equal percentage of the females from beneficiary (10.6%) were aware. Further transmission through sex with HIV-infected person was known to 34.4% in the male control group as against 30% of male beneficiaries.

- (ii) In Orissa, a higher percentage of the respondents were aware of the right modes of transmission, and a lesser percentage had misconception as compared to those in Rajasthan in each of the groups.
- (iii) A higher percentage of males among both beneficiary and control group were aware of the right modes compared to the females in both Rajasthan and Orissa.
- (iv) Overall a high percentage of male beneficiaries from Orissa were aware of the different modes of transmission.
- (v) A higher percentage of males compared to females, in both control and beneficiary group, in Orissa and Rajasthan had the misconceptions that holding hands/ hugging and kissing an HIV-infected person as well roaming with HIV-positive person would transmit HIV/AIDS.

Among those who had heard about HIV/AIDS, there were some respondents who were of the idea that it was not possible to protect oneself against HIV/AIDS. There were also those who knew about the various methods of protection like use of condom during intercourse, avoiding multiple partners, testing blood before transfusion etc. Distribution of the respondents on this basis is given in table 3.7.4.

Table 3.7.4

Distribution of Respondents by Source of Information about HIV/AIDS

Orissa	(Percentages)			
	Male		Female	
	Beneficiary	Control Group	Beneficiary	Control Group
Newspaper/books/magazines	8.9	12.1	5.4	3.0
Radio/TV	42.9	83.0	83.4	86.8
Friends & relatives	20.7	45.8	26.9	58.4
Government/Pvt Hospital	9.6	12.7	6.2	3.6
Health workers	9.0	12.4	3.7	4.6
NGOs	27.6	1.0	29.5	0.0
Health camps	24.0	1.6	13.6	1.5
Peer Educators	61.4	0.0	72.8	1.0
Street Plays	36.4	8.2	48.3	2.5
Hoarding & Posters	22.7	33.3	8.6	6.6
Number	774	306	757	197

Rajasthan**(Percentages)**

	Male		Female	
	Beneficiary	Control Group	Beneficiary	Control Group
Newspaper/books/magazines	20.8	40.6	14.1	35.2
Radio/TV	49.6	90.6	45.8	87.0
Friends & relatives	54.2	88.5	54.2	48.1
Government/Pvt Hospital	3.0	8.3	1.0	0.0
Health workers	11.5	39.6	18.2	7.4
NGOs	16.4	8.3	18.2	22.2
Health camps	5.2	2.1	9.8	9.3
Peer Educators	51.0	0.0	63.0	0.0
Street Plays	35.3	19.8	36.7	37.0
Hoarding & Posters	10.4	16.7	1.7	9.3
Number	365	96	297	54

Although media to a large extent, and friends/ relatives, government/ private hospitals and health workers are some of the common sources of information for HIV/AIDS among all groups of respondents, in the case of beneficiaries peer educators have played an important role in creating the awareness. Peer educators have been the source of information for 61.4% of male and 72.8% of female beneficiaries in Orissa and 51% male and 63% female beneficiaries in Rajasthan. NGOs have been a source of information to both beneficiaries and control groups in the two states, although in Orissa only 10% of male beneficiaries have benefited by them. Again health camps have spread awareness among a comparatively higher percentage of beneficiaries in Orissa (24% male, 13.6% female) compared to about 1.5% of the control group. However, nearly similar percentage of males (5.2% beneficiaries, 2.1% control group) and females (9.8% beneficiary, 9.3% control group) have benefited from the health camps in Rajasthan.

3.7.2 Attitude of Respondents Towards HIV Affected Persons

The attitude of the respondents towards HIV-infected/ affected persons is discussed in table 3.7.5:

Table 3.7.5

Distribution of Respondents by their Attitude towards HIV Infected/Affected Persons Families

Orissa (Percentages)

	Male		Female	
	Beneficiary	Control Group	Beneficiary	Control Group
Think that their community will allow the person to stay in their village/locality	88.4	39.5	87.1	73.1
Would interact with the family	36.0	19.9	81.9	61.4
Share food with the infected person	30.5	18.0	70.3	47.2
Continue to use the health facility where HIV positive person is being treated	49.6	22.5	82.0	63.5
Allow children to play with a child from the family affected by HIV/AIDS	80.9	42.2	79.4	64.5
Send their child to a school where HIV positive children are studying	83.3	48.7	88.0	65.5
Buy eatables like bread/biscuits from a shopkeeper who is HIV positive	42.5	13.4	74.0	56.3
The reporting cases for persons heard about HIV/AIDS	774	306	757	197

Rajasthan (Percentages)

	Male		Female	
	Beneficiary	Control Group	Beneficiary	Control Group
Think that their community will allow the person to stay in their village/locality	85.2	60.4	87.5	70.4
Would interact with the family	82.7	60.4	85.9	57.4
Share food with the infected person	51.2	47.9	76.1	48.1
Continue to use the health facility where HIV positive person is being treated	83.3	78.1	89.9	72.2
Allow children to play with a child from the family affected by HIV/AIDS	87.9	88.5	88.9	81.5
Send their child to a school where HIV positive children are studying	80.3	83.3	87.2	81.5
Buy eatables like bread/biscuits from a shopkeeper who is HIV positive	68.2	65.6	79.5	46.3
The reporting cases for persons heard about HIV/AIDS	365	96	297	54

Compared to the control group, a higher percentage of beneficiaries in both the states feel that their community would allow HIV-infected person to stay in the locality, would interact with the family of the affected, share food with the infected person. While a higher percentage of the beneficiaries in Orissa would allow their child to play a child from an HIV-affected family, buy eatables from HIV-infected vendor compared to the control group. In Rajasthan, a similar percentage among both the beneficiaries and the control group are of the same view on these issues.

Overall, the beneficiaries are seen to have a better attitude towards the HIV-infected/ affected as compared to the control group. This could be due to two reasons Firstly, better knowledge about ways by which HIV is transmitted could have reduced their mis-conceptions and hence resulted in better attitude towards the affected. Secondly, the peer-educators and the street plays could have had an influence on them.

3.8 Attendance and Views on Various Intervention Programme by Oxfam and other NGOs

Oxfam with partner NGOs conducted a number of intervention programmes in selected districts of Orissa and Rajasthan in order to increase the knowledge of tribal/ rural youth on matters relating to sexual health, RTI/STI, HIV/AIDS, use of condoms etc. In order to assess the usefulness of these, the beneficiaries were asked if they attended the health camps, as to who informed them about the health camps as well as the kind of benefits derived by those who attended the camps.

Table 3.8.1
Percentage Distribution of Respondents
by their Attendance and Opinion on Health Camps
Orissa (Percentages)

	Male			Female		
	13-18	19-25	Total	13-18	19-25	Total
Have attended health camps	70.8	75.8	73.3	37.3	35.5	36.4
Distribution of those who attended by source of information about the camp						
Peer Educators	78.1	77.6	77.8	75.2	70.4	72.9
Health workers	7.8	5.6	6.7	8.1	9.2	8.6
Friends and Relatives	13.8	14.5	14.2	13.4	19.0	16.2
Others	0.4	2.3	1.4	3.4	1.4	2.4
Distribution of those who attended the camps by the type of benefits derived						
Counselling	47.0	52.5	49.8	56.4	52.8	54.6
Condom supply	34.6	52.2	43.7	8.1	13.4	10.7
Treatment for RTI/STI	40.6	37.3	38.9	63.1	66.2	64.6
Referral service	10.3	11.9	11.1	2.7	1.4	2.1
ANC check up	3.9	6.3	5.1	1.3	11.3	6.2
TB/Malaria treatment	4.2	5.0	4.6	6.7	11.3	8.9
Treatment of general illnesses	32.9	17.5	24.9	24.8	16.9	21.0
Others	0.7	0.7	0.7	6.7	3.5	5.2
No benefit	0.4	0.0	0.2	0.7	0.0	0.3
Number	400	400	800	400	400	800

Rajasthan (Percentages)

	Male			Female		
	13-18	19-25	Total	13-18	19-25	Total
Have attended health camps	57.5	71.5	64.5	74.5	34.0	54.3
Distribution of those who attended by source of information about the camp						
Peer Educators	67.8	74.1	71.3	66.0	58.8	62.8
Health workers	16.5	12.6	14.3	20.6	20.6	20.8
Friends and Relatives	14.8	9.1	11.6	10.3	13.2	11.6
Others	0.9	4.2	2.7	3.1	7.4	4.8
Distribution of those who attended the camps by the type of benefits derived						
Counselling	17.4	16.8	17.1	28.9	33.8	30.4
Condom supply	38.3	51.0	45.3	9.4	14.7	11.1
Treatment for RTI/STI	23.5	39.2	32.2	11.4	25.0	15.7
Referral service	20.9	21.7	21.3	2.0	7.4	3.7
ANC check up	13.0	13.3	13.2	1.3	5.9	2.8
TB/Malaria treatment	14.8	15.4	15.1	2.0	2.9	2.3
Treatment of general illnesses	39.1	35.0	36.8	24.8	47.1	31.8
Others	1.7	0.7	1.2	0.0	4.4	1.4
No benefit	1.7	0.7	1.2	4.7	0.0	3.2
Number	200	200	400	200	200	400

In Orissa, about 73% of the male and 36% of female beneficiaries reported attending the health camps. Only minor differences are observed in the percentages reported by the two age groups both among males and females. In Rajasthan however, a high percentage of males in the age group 19-25 years (71.5%) attended the health camps compared to that in age group 13-18 years (57.5%), while among the females, a higher percentage of the respondents in the lower age group of 13-18 years (74.5%) did so compared to that in 19.25 years age group(34%)

Peer educators appear to be the major source of information for high percentage of respondents. About three-fourths of the male and female beneficiaries in Orissa and 71.3% of male and 62.8% female respondents in Rajasthan came to know about the health camps from peer educators. Health workers and friends and relatives have also been the source of information for a small percentage for the respondents.

In Orissa, nearly 50% of respondents both males and females have received counseling and about 25% of male and 21% of female beneficiaries have received treatment for general illnesses. A higher percentage of the male respondents (43.7% compared to 10.7% of females) have received condoms, while a higher percentage of females (64.6% compared to 38.9% of males) have received treatment for RTI/STI. In Rajasthan, 17.1% male and 30.4% of female respondents have received

counseling. 45.3% males and 11.1% females have received condoms, 32.2% males and 15.7% females have taken treatment for RTI/STI and 36.8% males and 31.8% females have received treatment for general illnesses. Apart from these, a small percentage of the respondents have also availed of referral services, ANC check up, treatment of general illnesses etc.

Opinion regarding street plays are given in table 3.8.2.

Table 3.8.2
Percentage Distribution of Respondents
by their Attendance and Opinion on Street Plays
Orissa (Percentages)

	Male			Female		
	13-18	19-25	Total	13-18	19-25	Total
Have seen health related street plays in the last 2 years	89.0	90.8	89.9	60.3	61.8	61.0
Distribution of those who have seen street plays by the message received by them						
Safe sex	46.9	55.9	51.5	35.3	42.1	38.7
HIV/AIDS	92.4	92.8	92.6	91.3	93.1	92.2
Alcoholism	19.9	21.5	20.7	4.1	3.6	3.9
Health/hygiene	10.4	11.6	11.0	15.4	16.6	16.0
Gender equality /empowerment of women	2.0	0.8	1.4	0.4	2.0	1.2
Number	400	400	800	400	400	800

Rajasthan (Percentages)

	Male			Female		
	13-18	19-25	Total	13-18	19-25	Total
Have seen health related street plays in the last 2 years	66.0	67.0	66.5	52.0	45.0	48.5
Distribution of those who have seen street plays by the message received by them						
Safe sex	17.4	20.1	18.8	26.9	8.9	18.6
HIV/AIDS	84.8	85.1	85.0	74.0	93.3	83.0
Alcoholism	50.8	51.5	51.1	33.7	42.2	37.6
Health/hygiene	24.2	23.9	24.1	4.8	6.7	5.7
Gender equality /empowerment of women	3.8	5.2	4.5	1.0	3.3	2.1
Number	200	200	400	200	200	400

A large majority of the respondents in Orissa have seen health related street plays in the last two years, the percentage being 89.9% among males and 61.0% among females. Lesser proportion of the respondents in Rajasthan watched these plays (66.5% males and 48.5% females) and as expected a higher percentage of males in both the states have been to street plays.

Among them, more than 90% in Orissa and more than 80% in Rajasthan have seen plays conveying message regarding HIV/AIDS. While a good percentage in Orissa have seen plays based on safe sex, plays based on alcoholism have been popular in Rajasthan. A small percentage have also seen plays based on health/ hygiene and gender equality/ empowerment of women.

A distribution of the respondents by their participation in different activities is given in table 3.8.3.

Table 3.8.3
Percentage Distribution of Respondents by their participation
in Health, Community and Youth Related Activities

Orissa	(Percentages)					
	Male			Female		
	13-18	19-25	Total	13-18	19-25	Total
Who have taken part in HIV/AIDS prevention and care related activities conducted by NGO	51.3	53.3	52.3	43.5	38.5	41.0
Who have attended Panchayat/village level Health Committees	30.3	31.8	31.0	17.0	16.5	16.8
Who are who are members of following organizations						
Village Health Committee	21.5	21.8	21.6	5.0	4.5	4.8
Youth Club	30.5	49.8	40.1	1.0	0.0	0.5
Farmers Union	1.3	4.3	2.8	0.3	0.0	0.1
Self Help Group	8.0	11.5	9.8	12.5	30.0	21.3
Balika/Balak group	53.3	63.3	58.3	44.5	60.8	52.6
Youth Resource Centre	16.5	18.5	17.5	4.5	4.5	4.5
Who feel more comfortable visiting health facilities	75.5	83.8	79.6	63.8	56.5	60.1
Number	400	400	800	400	400	800

Rajasthan	(Percentages)					
	Male			Female		
	13-18	19-25	Total	13-18	19-25	Total
Who have taken part in HIV/AIDS prevention and care related activities conducted by NGO	45.5	50.5	48.0	38.5	44.5	41.5
Who have attended Panchayat/village level Health Committees	28.0	43.0	35.5	10.5	7.5	9.0
Who are who are members of following organizations						
Village Health Committee	14.5	21.5	18.0	1.5	3.0	2.3
Youth Club	26.0	26.0	26.0	0.5	2.0	1.3
Farmers Union	12.0	14.5	13.3	0.5	0.0	0.3
Self Help Group	14.5	20.0	17.3	8.0	18.0	13.0
Balika/Balak group	16.5	20.5	18.5	33.5	37.5	35.5
Youth Resource Centre	29.0	30.5	29.8	23.0	33.5	28.3
Who feel more comfortable visiting health facilities	64.5	68.5	66.5	35.0	53.5	44.3
Number	200	200	400	200	200	400

Nearly half the male and about 40% of female beneficiaries have taken part in HIV/AIDS prevention and care related activities conducted by the NGOs. About 30% of males and lesser percentage of females (16.8% in Orissa and 9.0% in Rajasthan) have attended Panchayat /village level health committees.

In Orissa, between 50-60% of the beneficiaries are members of the Balika/ balak group while about 40% males have joined the youth club. Small percentage have also become members of self help groups, youth resource centre etc. participation in these are much lesser among the beneficiaries in Rajasthan. Around 30% have been associated with youth Resource Centre. Among the males 26% are with the youth club while around 35% females are in the Balika/ balak group.

Around 80% of males and 60% of females in Orissa as well as about 65% of males and 45% females in Rajasthan feel comfortable visiting the health centre. Age however, does not seem to be a very important factor.

A higher percentage of male respondents as compared to females attended health camps, and most of them got the information from peer educators. A number of facilities were availed of them from the health camps like treatment for RTI/STI, condom supply etc. A high percentage of the respondents particularly male attended health related plays, and most of them were regarding HIV/AIDS. Number of respondents had taken part in HIV/AIDS care related programmes/ activities conducted by NGOs, many have become members of youth club, balika/ balak group, etc. However, a majority felt that they required more information on family planning, RTI/STI etc, while the highest percentage particularly among females wanted more information on HIV/AIDS.

Chapter IV

Quantum of Change – Comparison of Findings from End line and Baseline Surveys

The HIV/AIDS Prevention and Care Programme was implemented in the rural areas of Orissa and Rajasthan with the objective of increasing access to appropriate information and services regarding reproductive and sexual health and HIV/AIDS. At the beginning of the Programme, a need assessment survey was conducted among the target population to identify the information and health needs of the youth/ adolescent population. The survey also found out the status of their knowledge with regard to sexual and reproductive health and HIV/AIDS and their sexual behaviour pattern and perception. In this chapter, an attempt is made to compare the findings of the present end line survey with the base line need assessment survey to measure the changes brought by the Programme. A Logical Framework has been developed to identify some verifiable indicators of achievement and in this chapter the achievements or the changes brought by the Programme are discussed.

4.1 Sample Size of Base Line and End Line Survey

Table 4.1
Sample Size for the End Line and Base Line Survey

Number of Villages/ Respondents	Orissa		Rajasthan	
	End Line Survey	Baseline Survey	End line Survey	Baseline Survey
Number of villages	40	80	20	20
Number of respondents				
13-18 age group males	400	675	200	414
19-25 age group males	400	808	200	439
13-18 age group females	400	803	200	442
19-25 age group females	400	808	200	433
Total Sample	1600	3094	800	1728

In the state of Orissa, the base line survey covered 1483 male and 1611 female youth /adolescents and in Rajasthan 853 males and 875 females. In the end line survey, the sample size of male and female youth and adolescents in Orissa works out to be 800 each and Rajasthan 400 each. The sample population for both the surveys included only those who were out of school/college in the age groups of 13-18 years and 19-25 years and both married and unmarried males and females were included in the surveys.

4.2 Profile of the Respondents

In Orissa, nearly 80 percent of the male respondents from the endline survey and more than 70 percent from the baseline survey were unmarried, while in Rajasthan only around half of the male youth in both the surveys were not married. In the case of female respondents, in Orissa while more than 70 percent of the sample respondents in the end line survey were unmarried, the percentage was much lower at 56 for the sample women in the base line survey. In Rajasthan the percentage of unmarried female respondents for the end and base line surveys were 40 and 30 respectively. The distribution of respondents by their marital status indicates two things. Firstly, as compared to Orissa, in Rajasthan both male and female respondents seem to get married at a younger age; and secondly as compared to the base period, the proportion not married is higher among the sample respondents of endline survey in both the states with the exception of male respondents from Rajasthan.

Table 4.2.1

Marital Status and Level of Education of Respondents by Age and Sex

Orissa

(Percentages)

	Male						Female					
	End line Survey			Baseline survey			End line Survey			Baseline survey		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Distribution of respondents by their Marital Status												
Unmarried	96.5	61.5	79.0	94.3	61.5	76.5	94.5	49.3	71.9	82.4	30.0	56.1
Married	3.5	38.3	20.9	5.6	38.1	23.3	5.5	50.3	27.9	17.1	68.7	42.9
Married but gauna not done	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1
Divorced/separated/Widowed	0.0	0.3	0.1	0.0	0.4	0.2	0.0	0.5	0.3	0.5	1.2	0.9
Distribution of respondents by their Educational Level												
Illiterate/ Never been to school	10.8	10.8	10.8	21.6	19.7	20.6	33.0	42.8	37.9	49.6	53.6	51.6
Total	400	400	800	675	808	1483	400	400	800	803	808	1611

Rajasthan

(Percentages)

	Male						Female					
	End line Survey			Baseline survey			End line Survey			Baseline survey		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Distribution of respondents by their Marital Status												
Unmarried	74.0	23.0	48.5	77.1	30.5	53.1	74.5	6.0	40.3	67.6	7.9	30.1
Married	25.5	76.5	51.0	19.3	68.1	44.4	23.5	93.0	58.3	27.6	90.5	58.7
Married but gauna not done	0.5	0.0	0.3	3.2	0.7	1.9	1.0	0.0	0.5	4.8	0.9	2.9
Divorced/separated/Widowed	0.0	0.5	0.3	0.5	0.7	0.6	1.0	1.0	1.0	0.0	0.7	0.3
Distribution of respondents by their Educational Level												
Illiterate/ Never been to school	8.0	8.5	8.3	12.6	14.6	13.8	24.0	44.5	34.3	42.8	57.5	50.1
Total	200	200	400	414	439	853	200	200	400	442	433	875

Since the focus of the Programme was on out of school youth, it is important to know what percentage of the sample never went to school. In Orissa, while nearly 10 percent of the male respondents of the end line survey were illiterate/never been to school, this percentage was double for their counterparts in the baseline survey. In the case of female respondents also, while in the end line survey 38 percent of the sample are illiterate, in the base line survey this percentage was much higher at 52. Similarly in Rajasthan also, the percentage of both male and female respondents who have never been to school is much lower in the endline survey as compared to base line survey. In other words, in the present study, the percentage who had never been to school has worked out to be much lower for both male and female respondents.

Table 4.2.2
Occupational Status of the Respondents

Orissa

(Percentages)

	Male						Female					
	End line Survey			Baseline survey			End line Survey			Baseline survey		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Involved in income generating activity	73.3	90.3	81.8	78.5	90.5	85.0	59.5	58.0	58.8	52.2	43.8	48.0
Distribution of respondents by their occupation												
Agriculture (incl animal husbandry)	32.8	26.0	29.1	50.1	51.4	50.9	24.0	14.7	19.4	27.2	34.7	30.6
Labour (Farm & Non-farm)	54.3	49.6	51.7	38.3	29.1	33.0	71.4	77.6	74.5	60.9	54.2	57.8
Self employed /small buisiness	10.2	16.9	13.9	5.5	8.1	7.0	0.0	1.7	0.9	10.7	8.8	9.9
Technician/artisan	2.0	1.7	1.8	2.5	3.6	3.1	0.0	0.4	0.2	0.5	0.0	0.3
Service	0.7	5.3	3.2	1.3	4.8	3.3	0.8	2.2	1.5	0.0	1.4	0.7
Others	0.0	0.5	0.3	2.3	3.0	2.7	3.8	3.4	3.5	0.7	0.8	0.8
Total	400	400	800	160	160	320	400	400	800	160	160	320

Rajasthan

(Percentages)

	Male						Female					
	End line Survey			Baseline survey			End line Survey			Baseline survey		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Involved in income generating activity	70.5	93.0	81.8	80.7	95.4	88.3	12.5	14.5	13.5	43.2	45.0	44.1
Distribution of respondents by their occupation												
Agriculture (incl animal husbandry)	26.2	26.9	26.6	57.8	52.8	54.5	48.0	44.8	46.3	67.5	64.1	65.8
Labour (Farm & Non-farm)	56.7	44.1	49.5	25.1	25.1	25.1	36.0	37.9	37.0	29.8	26.2	28.0
Self employed/ Small business	12.1	21.0	17.1	9.0	9.3	9.2	16.0	10.3	13.0	1.6	5.1	3.4
Technician	1.4	3.8	2.8	2.4	3.8	3.2	0.0	0.0	0.0	0.0	1.0	0.5
Service	1.4	2.7	2.1	5.7	8.4	7.2	0.0	3.5	1.9	1.0	2.6	1.8
Others	2.1	1.5	1.8	0.0	0.7	0.4	0.0	3.5	1.9	0.0	1.0	0.5
Total	200	200	400	80	80	160	200	200	400	80	80	160

While more than 80 percent of the male respondents of both base and endline surveys were engaged in some income generating activity, in the case of female respondents this percentage was much lower, especially in the case of female respondents of the end line survey for the state of Rajasthan. In Orissa, as compared to base line survey when 48 percent of females were employed, proportion of female respondents employed has increases to 59 percent. However, in the case of Rajasthan, the trend is reverse. The percentage of female who were engaged in income generating activities among

the respondents of end line survey was much lower at 13.5 percent as compared as compared to base line survey, when 44 percent of the female youth was employed.

The predominant occupation for respondents of both the surveys seems to be agriculture and farm and non-farm labour; only a small percentage was engaged in other occupations.

Exposure to Media

In addition to the level of education, exposure to media plays an important role in enhancing people's knowledge and awareness about various matters. Over the period, even rural areas access to television, which is a powerful media in disseminating information, has increased.

Table 4.2.3
Distribution of Respondents by Exposure to Media

	Orissa (Percentages)											
	Male						Female					
	End line			Base line			End line			Base line		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Go to see cinema in a theatre												
Regularly	8.5	9.5	9.0	0.3	0.5	0.4	0.3	0.0	0.1	0.4	0.6	0.5
Occasionally	61.0	71.5	66.3	47.9	55.7	52.2	18.5	22.3	20.4	11.8	10.6	11.2
Never	30.5	19.0	24.8	51.9	43.8	47.5	81.3	77.8	79.5	87.8	88.7	88.3
Watch TV												
Regularly	14.8	21.5	18.1	27.6	32.1	30.0	17.8	17.8	17.8	15.8	19.2	17.5
Occasionally	68.0	64.8	66.4	28.9	27.4	28.1	45.0	39.8	42.4	14.7	13.9	14.3
Never	17.3	13.8	15.5	43.6	40.5	41.9	37.3	42.5	39.9	68.5	67.0	68.2
Read Newspaper / Magazines												
Regularly	8.3	15.8	12.0	6.7	14.2	10.8	0.3	2.5	1.4	2.6	4.8	3.7
Occasionally	38.3	45.8	42.0	12.0	19.8	16.2	29.8	25.3	27.5	6.9	7.8	7.3
Never	53.5	38.5	46.0	81.3	66.0	73.0	70.0	72.3	71.1	90.4	87.4	88.9
Number	400	400	800	675	808	1483	400	400	800	803	808	1611

Rajasthan

(Percentages)

	Male						Female					
	End line			Base line			End line			Base line		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Go to see cinema in a theatre												
Regularly	6.0	15.5	10.8	0.0	0.2	0.1	1.0	2.5	1.8	0.5	0.0	0.2
Occasionally	74.0	72.0	73.0	44.2	49.0	46.7	11.0	10.5	10.8	1.8	3.0	2.4
Never	20.0	12.5	16.3	55.8	50.8	53.2	88.0	87.0	87.5	97.7	97.0	97.4
Watch TV												
Regularly	38.5	46.0	42.3	37.9	35.3	36.6	32.0	33.0	32.5	24.4	21.7	23.1
Occasionally	54.0	46.5	50.3	25.8	26.4	26.2	39.0	32.0	35.5	10.8	9.7	10.3
Never	7.5	7.5	7.5	36.2	38.3	37.3	29.0	35.0	32.0	64.7	68.6	66.6
Read Newspaper / Magazines												
Regularly	16.0	34.5	25.3	28.3	30.8	29.5	3.5	1.5	2.5	4.5	2.1	3.3
Occasionally	55.0	53.0	54.0	18.8	26.5	22.7	24.0	28.5	26.3	7.0	5.8	6.4
Never	29.0	12.5	20.8	52.9	42.8	47.7	72.5	70.0	71.3	88.5	92.1	90.3
Number	200	200	400	414	439	853	200	200	400	442	433	875

As compared to end line survey, the percentage having exposure to print media as well as television and cinema was much lower in the case of both male and female respondents of the base line survey. For instance, in Orissa more than 70 percent of the male and nearly 90 percent of the female respondents of base line survey never read newspaper or magazines. In Rajasthan, nearly half of the male respondents and 90 percent of the male respondents of base line survey never read newspaper/magazines. This percentage is much lower at 46 percent for male and 71 percent for the female respondents of end line survey in Orissa and in Rajasthan these percentages are 21 and 71 respectively for the male and female respondents of end line survey. This is understandable given the lower proportion of educated persons among the respondents of baseline survey. However, even the percentage that never watch television or go to see a cinema had worked out to be much higher for the respondents of the base line survey.

4.3 Views of Respondents on Sexual Matters and their Sexual Behaviour

It has been found that the young people are vulnerable and face considerable risks related to sexual and reproductive health because of their sexual behaviour. There is enough evidence to suggest that a large of number of youth engage in premarital sex, reporting physical intimacy and to a lesser extent sexual intercourse. These behaviours have been observed by studies in rural as well as urban settings of India (Dhapola Mrinalika et al 2007; Sekhar Medha et al 2007; Jejeebhoy J S 2007). This has been corroborated by the present end line survey as well; both married and unmarried respondents have reported premarital sexual experience and a smaller percentage of men have

reported sexual experience with more than one partner. Before discussing their sexual experience, the unmarried respondents were asked about their views on sexual matters and these are presented in Table 4.3.1

4.3.1 Views of Unmarried Respondents on Premarital Sex

With the exception of unmarried female respondents of Orissa, as compared to the respondents of base line survey, a higher percentage of unmarried respondents of end line survey are willing to accept premarital sexual relationships. While in Orissa 47 percent of the male youth from endline survey are ready to accept females having pre marital relationships, only 30 percent of their counterparts from base line survey were willing to accept such a relationship. For the state of Rajasthan, these percentages were respectively 44 and 30. Similarly, in the state of Orissa, the percentage of male youth willing to accept pre marital sexual relationships of men is 64 percent in the end line survey as compared 42 percent in the base period and these percentages were respectively 51 and 33 for the male respondents of Rajasthan.

Table 4.3.1

Distribution of Unmarried Respondents by their Views on Pre-marital Sex

Orissa

(Percentages)

	Male		Female	
	End Line	Base Line	End Line	Base Line
Can accept Females having premarital sexual relationship	46.7	6.6	2.1	1.1
Can accept Males having premarital sexual relationship	63.6	2.8	1.7	3.3
Reporting their friends from same sex having sexual relation with opposite sex	28.6	33.4	15.1	9.4
Have friends from opposite sex	73.1	41.2	23.5	15.4
Number of unmarried respondents	632	1134	575	905

Rajasthan

(Percentages)

	Male		Female	
	End Line	Base Line	End Line	Base Line
Can accept Females having premarital sexual relationship	44.3	6.6	8.1	1.1
Can accept Males having premarital sexual relationship	50.5	7.7	11.2	1.4
Reporting their friends from same sex having sexual relation with opposite sex	25.3	40.5	9.9	13.1
Have friends from opposite sex	47.9	34.8	8.7	7.0
Number of unmarried respondents	194	469	161	358

It is interesting to note that the unmarried male respondents of end line survey from the both the states seem to have a liberal outlook and are much more accepting, while only a small percentage of their female counterparts were willing to accept such a relationship with the opposite sex. Given the societal gender norms, it is quite possible that some of the female respondents are not frank in expressing their views. Even then the gender differences are quite significant. In addition, a higher percentage of respondents are willing to accept men having pre marital sexual relationship than women having such a relationship. However, the respondents of base line survey were not that liberal in accepting pre marital sexual relationships, irrespective of the gender. Although percentage willing to accept pre marital sex was higher among the male respondents than their female counterparts, these percentages were quite low when compared to end line survey. While, a much higher percentage of male, than female respondents have reported having friendship with opposite sex; only a small percentage of female respondents of both base line and end line surveys have admitted having friends from opposite sex. For both male and female youth/adolescents these percentages have worked out to be much higher for the end line survey than baseline.

4.3.2 Sexual behaviour of Unmarried Respondents

The unmarried respondents were asked whether they have had sexual relationship with the opposite sex and if yes, with whom they had their first sexual experience. Here again with the exception of female respondents from Orissa, as compared to base line survey, the percentage reporting pre martial sexual experience has worked out to be higher for both male and female respondents of end line survey. This higher reporting of sexual experience by the unmarried youth of end line survey could be because of their willingness to open up and disclose their secrets since the NGOs implementing the HIV/AIDS Prevention and Care Programme had already created a good rapport with the youth.

Once again the gender differences in reporting of pre martial sexual experience were quite marked in both the states as well as in both the surveys. In Orissa, while among the male respondents 33 percent in end line and 26 percent in base line surveys reported having pre marital sexual experience, the corresponding percentages for the female respondents were much lower at 3.3 and 4.5 respectively. Similarly, in Rajasthan, 40 percent of the male respondents of end line survey and 37 percent of male respondents of base line survey reported having sexual experience, only 10.6

percent of females in end line survey and 6.7 percent of females in base line survey admitted having such an experience.

Fortunately, only a small percentage of youth had reported multiple partners, which is a high risk behaviour. It is important to note that most of the unmarried male and female youth who had reported sexual relation, have had their sexual experience with known persons like boy/girl friends, relatives and neighbours and only a small percentage had dared to go to strangers.

Table 4.3.2

Distribution of Unmarried Respondents by Pre-Martial Sexual Experience

Orissa

(Percentages)

	Male		Female	
	End Line	Base Line	End Line	Base Line
Who have had pre marital sexual experience	32.8	25.8	3.3	4.5
Distribution of those who had sexual experience by with whom they had their first experience				
Male/Female friend	50.2	46.7	31.6	63.4
Relative	20.8	23.8	52.6	21.9
Neighbour/co-worker	21.26	24.2	0.00	14.6
Unknown person	1.4	2.7	0.0	0.0
Do not want to disclose	2.4	0.0	15.8	0.0
Others	3.9	34.1	0.0	0.0
Reporting sex with multiple partners	9.3	7.3	0.0	0.3
Number	632	1134	575	905

Rajasthan

(Percentages)

	Male		Female	
	End Line	Base Line	End Line	Base Line
Who have had pre marital sexual experience	40.2	37.1	10.6	6.7
Distribution of those who had sexual experience by with whom they had their first experience				
Male/Female friend	57.7	47.7	52.9	25.0
Relative	23.1	29.3	35.3	41.7
Neighbour	10.3	16.7	11.8	29.2
Unknown person	6.4	4.0	0.0	0.0
Do not want to disclose	2.6	0.6	0.0	0.0
Others	0.0	1.7	0.0	0.0
Reporting sex with multiple partners	17.0	12.4	1.9	0.0
Number	194	469	161	358

Distribution of the unmarried respondents who had pre-marital sexual experience on the basis of the age at the time of first sexual experience is given in the table 4.3.3 below

Table 4.3.3**Distribution of Unmarried Respondents who had Pre-marital Sexual Experience by Age at First Sex**

Orissa		(Percentages)			
Age	Male		Female		
	Beneficiary	Control Group	Beneficiary	Control Group	
< or = 15	9.2	8.8	21.1	26.8	
16-17	36.7	30.7	31.6	43.9	
18-19	22.2	38.2	15.8	19.5	
20-21	12.1	12.9	15.8	9.7	
22-23	13.5	5.4	10.5	0.0	
>23	6.3	3.7	5.2	0.0	
Total	100.0	100.0	100.0	100.0	
N	207	293	19	41	

Rajasthan		(Percentages)			
Age	Male		Female		
	Beneficiary	Control Group	Beneficiary	Control Group	
< or = 15	21.8	26.4	35.3	12.5	
16-17	33.3	38.5	59.8	62.5	
18-19	19.2	25.3	5.9	8.3	
20-21	19.2	6.9	-	16.7	
22-23	5.1	2.3	-	0.0	
>23	1.3	0.6	-	0.0	
Total	100.0	100.0	100.0	100.0	
N	78	178	17	24	

It is seen that in Rajasthan a higher percentage of the unmarried youth had sexual experience even by the time they were 15 years of age, as compared to those in Orissa. Taking 21 years for males and 18 years for female (Legal age at marriage) as the basis, it is seen that both in Orissa and Rajasthan, as higher proportion of youth from the base line survey had their first sexual experience by this age, as compared to the end line survey, with the females in Rajasthan being an exception to this.

4.3.4 Sexual Behaviour of Married Respondents

The married respondents were asked about their sexual behaviour within marriage and outside marriage, both before and after and the responses are presented in Table 4.3.4.

Table 4.3.4**Distribution of Married Respondents by Pre-Martial Sexual Behaviour****Orissa****(Percentages)**

	Male		Female	
	End Line	Base Line	End Line	Base Line
Who have had sexual relationship with opposite sex before marriage	38.9	25.5	1.8	3.2
Who have had sexual relation with more than one partner before marriage	10.8	8.0	0.4	0.7
Who have had sexual relationship with other than their spouse after marriage	4.2	10.0	0.9	11.1
Who have had sex with multiple partners (other than spouse)	0.6	2.9	0.0	0.0
Number	167	349	223	706

Rajasthan**(Percentages)**

	Male		Female	
	End Line	Base Line	End Line	Base Line
Who have had sexual relationship with opposite sex before marriage	43.4	32.6	3.0	3.9
Who have had sexual relation with more than one partner before marriage	19.5	15.4	0.4	0.4
Who have had sexual relationship with other than their spouse after marriage	17.1	21.6	0.4	7.4
Who have had sex with multiple partners (other than spouse)	16.1	4.7	0.4	0.2
Number	205	384	235	517

As expected in both the states, as compared to married females, a much higher percentage of their male counterparts of base line as well as end line surveys have reported pre marital and extra marital sexual relationships; in fact only a small percentage of females had reported having such relationships. In both the states, when compared to base line survey, higher percentage male respondents of end line survey had reported pre marital sexual experience and multiple partners. In Orissa, while in the end line survey, 39 percent of married male respondents has reported pre marital sex, in the base line survey this percentage was lower at 26. Similarly, in Rajasthan these percentages were respectively 43.4 and 32.6. When it comes to having relationships after marriage, in both the states, as compared to base period, a smaller percentage of male respondents of end line survey had reported extra marital sexual relation, although a fairly high percentage (16.%) of male respondents of end line survey in Rajasthan seem to have multiple partners.

Another observation is that not only a very small percentage of female respondents report pre marital as well as extra marital sexual relationships, they also seem to stick to single partner. The percentage of females reporting multiple partners is negligible or zero.

4.4 Knowledge, Awareness and Use of Condom by Respondents

4.4.1 Knowledge and Awareness about Condom

As discussed in the earlier section, both married and unmarried respondents, mostly, male seem to indulge in risky sexual behaviour including sex with multiple partners. Hence it is necessary to know to what extent they use condom, so that their behaviour can be called “Safe Sex”. As per the Log Frame, the indicators to measure the achievement of the programme include increase in the condom use by targeted youth during sex with regular and non-regular partners. Both the base and the end line surveys tried to find out the level of awareness about condom and its uses among the youth. These findings are presented in tables 4.4.1.

Table 4.4.1
Knowledge about Condom and Its Uses

Orissa	(Percentages)			
	Male		Female	
	End Line	Baseline	End Line	Baseline
Who know about condom				
13-18 years	40.5	56.4	29.0	23.2
19-25 years	75.0	78.1	75.8	46.4
Total	57.8	68.2	52.4	34.8
Views on Uses of Condom				
Sexual pleasure	0.6	2.3	1.0	17.8
Avoid pregnancy	25.3	96.2	51.1	97.3
Avoid sexual diseases	41.3	13.5	29.8	10.5
Protect from HIV/AIDS	31.2	72.6	18.1	33.5
Others	6.9	0.3	0.0	0.5
Don/t know	0.0	0.7	0.0	0.1
Number of who know about condom	462	1012	419	561

Rajasthan**(Percentages)**

	Male		Female	
	End Line	Baseline	End Line	Baseline
Who know about condom				
13-18 years	76.0	69.1	66.0	44.8
19-25 years	87.5	81.3	81.5	71.8
All	81.8	75.4	73.8	58.2
Views on Uses of Condom				
Sexual pleasure	13.8	7.0	5.1	1.8
Avoid pregnancy	87.8	90.7	55.6	97.0
Avoid sexual diseases	44.6	25.7	45.1	7.0
Protect from HIV/AIDS	65.7	54.6	50.5	9.2
Others	0.9	3.3	0.0	1.6
Don't know	0.6	2.6	0.7	2.3
Number of who know about condom	327	643	295	509

With the exception of male respondents from the state of Orissa, percentage who knows about condom has worked out to be much higher for the respondents of end line survey and the difference in the knowledge is much more marked in the case of female respondents. The question about various uses of condom was asked only from those who knew about condom. Among the various uses, in both the states, more than 90 percent of the respondents of base line survey know that condom as a family planning method, while this percentage was much lower for the respondents of end line survey. However, a higher percentage of respondents of end line survey from both the states knew the use of condom as a protection against sexual diseases. Surprisingly, in Orissa as compared to respondents of base line survey, a much lower percentage of respondents of end line knew that condom could be used to protect oneself from HIV infection. However in Rajasthan, the knowledge of condom as a protection from HIV/AIDS was known to a much higher percentage of respondents of end line survey, especially when we compare the female respondents of base line and end line survey.

4.4.2 Condom Use by unmarried Respondents

Table 4.4.2 clearly shows that as compared to the unmarried respondents of base line survey who have had pre marital sexual experience, a much higher percentage of respondents of end line survey have used condom during sexual intercourse. In Orissa, while the percentage that ever used condom has worked out to be 86.5 for the male unmarried respondents of end line survey, the percentage for their counter parts in base line survey was much lower at 13.6. Similarly for the female respondents, these percentages have worked out to be 57.9 and 12.1. In the state of Rajasthan also the difference

in the condom use between the two surveys is quite marked. While, 98.7 percent of the male respondents of end line survey had ever used condom, this percentage has worked out to be much lower at 17.8 for the male respondents of base line survey. In the case of female respondents the respective percentages are 94.1 and 16.7. *This shows that the Programme has not only created awareness about condom, but has also motivated them to use condom and helped them by making the supply of condom available at condom outlets, health camps and through peer educators.*

Table 4.4.2
Distribution of Unmarried Respondents Who have had Sexual Experience by Use of Condom

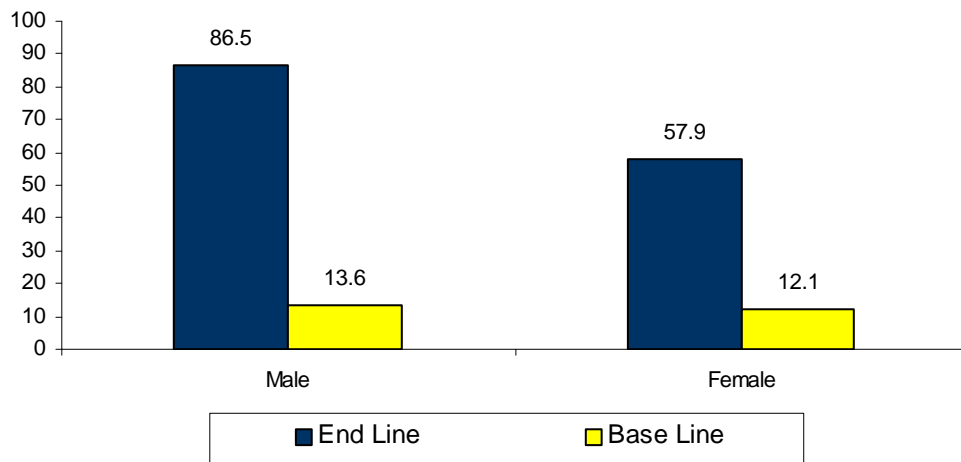
Orissa **(Percentages)**

	Male		Female	
	End Line	Baseline	End Line	Baseline
Ever used condom	86.5	13.6	57.9	12.1
Never used	13.5	86.3	42.1	87.8
Number of respondents who had sexual experience	207	293	19	41

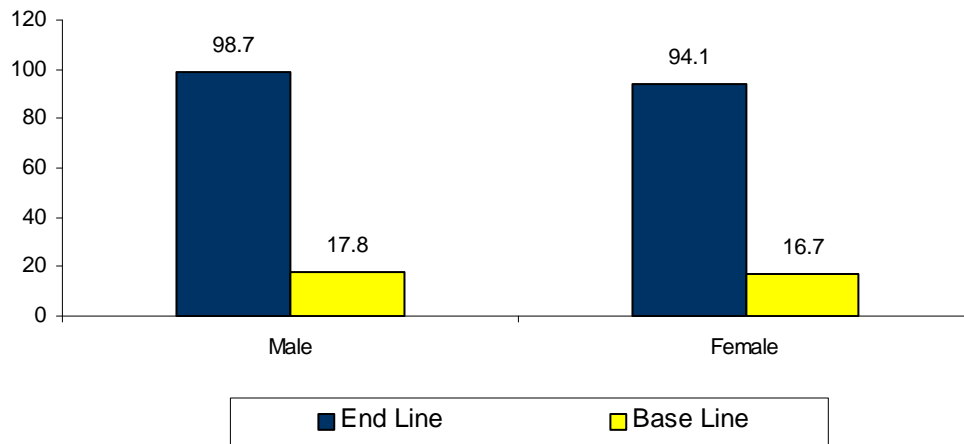
Rajasthan **(Percentages)**

	Male		Female	
	End Line	Baseline	End Line	Baseline
Ever used condom	98.7	17.8	94.1	16.7
Never used	1.3	82.2	5.9	83.3
Number of respondents who had sexual experience	78	174	17	24

Ever Used Condom : Unmarried Respondents- Orissa



Ever Used Condom: Unmarried Respondents- Rajasthan



In Table 4.4.3, the normal source from where the respondents get their supply of condom is presented

Table 4.4.3

Normal Source of Supply of Condoms for Unmarried Respondents

Orissa **(Percentages)**

	Male		Female	
	End Line	Base Line	End Line	Base Line
Distribution of those who used condom by their normal source of supply				
Government Hospital/PHC	6.1	17.5	0.0	20.0
General store/pan shop	19.0	35.0	0.0	40.0
Medical store	12.8	62.5	45.5	60.0
Health worker	7.8	10.0	9.1	0.0
Health Camp	4.5	-	0.0	-
Peer educators	17.9	0.0	36.4	0.0
Friends bring	1.7	-	0.0	-
Condom outlets established by NGO	30.2	-	9.1	-
Others	0.0	-	0.0	20.0
Number of respondents using condom	179	40	11	2

Rajasthan **(Percentages)**

	Male		Female	
	End Line	Base Line	End Line	Base Line
Distribution of those who used condom by their normal source of supply				
Government Hospital/PHC	5.2	22.6	18.8	0.0
General store/pan shop	2.6	19.4	25.0	25.0
Medical store	32.5	51.6	18.8	50.0
Health worker	19.5	29.1	6.3	0.0
Health Camp	11.7	-	6.3	-
Peer Educators	22.1	-	0.0	0.0
Friends bring	1.3	-	6.3	-
Condom outlets established by NGO	5.2	0.0	0.0	0.0
Others	0.0	3.2	18.8	25.0
Number of respondents using condom	77	31	16	4

While for the respondents of base line survey the medical stores and the general shop/pan shop were the major source of supply of condom, in the case of respondents of end line survey in addition to these sources, the NGOs and the Peer educators had also played an important role in supplying condom. In fact in Orissa, 30 percent of the male respondents of end line survey have obtained their supply from the condom outlets established by the NGOs. Another 18 percent of the male and 36 percent of the female respondents of end line survey had mentioned peer educator as a source. In

Rajasthan, medical shops continue to be main source of supply, although 22 percent of the male respondents have got their supply from peer educators and another 12 percent from the health camps. .

4.4.3 Condom Use by Married Respondents

The married respondents were asked about condom use in the past (during pre marital sexual relations) as well as current situation (during sex with their spouse as well as with any one other than their spouse). A comparison of condom use by the respondents of end line survey with the base line survey clearly indicates that the condom use has increased many folds in all the three situations; the difference between base line and end line survey is much more marked in the current situation i.e. during sex with spouse as well as extra-marital sexual relations (with the exception of female respondents of Orissa), than pre marital.

Table 4.4.4
Distribution of Married Respondents by Use of Condom

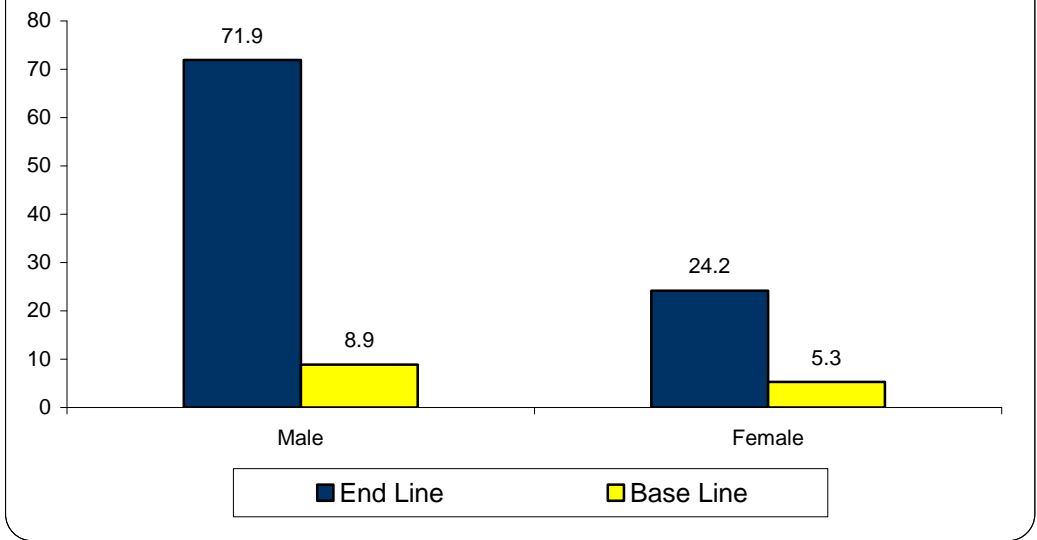
Orissa	(Percentages)			
	Male		Female	
During Premarital Sex	End Line	Base Line	End Line	Base Line
Always	33.8	6.7	25.0	8.0
Sometimes	44.6	3.3	0.0	8.0
On the basis of availability	1.5	0.0	0.0	0.0
Never	20.0	89.8	75.0	84.0
Number who had pre-marital sexual experience	65	89	4	25
During Extra-marital Sexual Relation				
Ever Used	63.6	11.4	100.0	0.0
Never Used	36.4	88.5	0.0	100.0
Number reporting extra marital sexual relation	11	35	2	79
During Sex with their Spouse				
Ever used	71.9	8.9	24.2	5.3
Never Used	28.1	91.1	75.8	94.6
Number of married respondents	167	349	223	706

Rajasthan

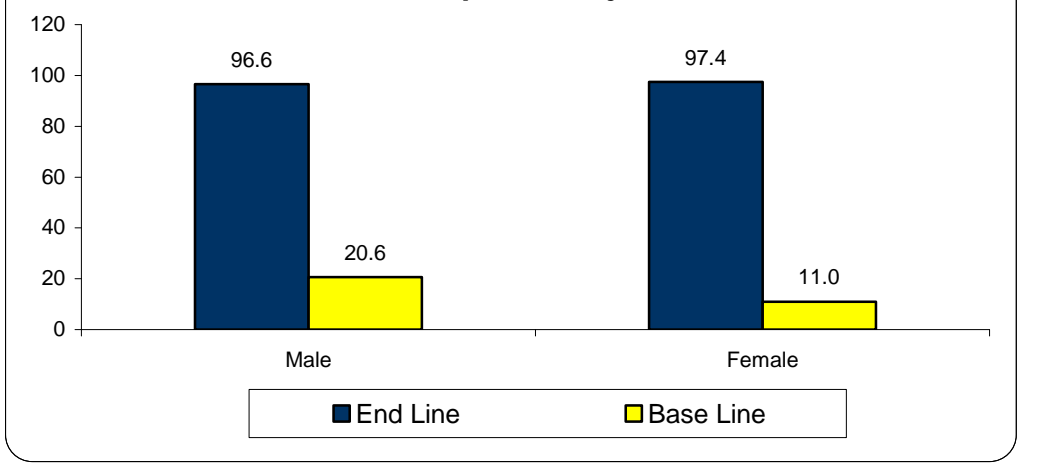
(Percentages)

During Premarital Sexual Relation	Male		Female	
	End Line	Base Line	End Line	Base Line
Always	48.9	4.0	57.1	0.0
Sometimes	37.8	16.0	28.6	10.0
On the basis of availability	10.0	0.8	14.3	5.0
Never	3.3	79.2	0.0	85.0
Number who had pre-marital sexual experience	90	125	7	20
During Extra-marital Sexual Relation				
Ever Used	95.0	18.1	100.0	0.0
Never Used	5.0	81.9	0.0	100.0
Number reporting extra marital sexual relation	60	83	9	38
During Sex with their Spouse				
Ever used	96.6	20.6	97.4	11.0
Never	3.4	79.4	2.6	89.0
Number of married respondents	205	384	235	517

Use of Condom by Married Respondents during Sex with Spouse- Orissa



Use of Condom by Married Respondents during Sex with Spouse-Rajasthan



The percentage distribution of male and female respondents by source from where they normally get the supply of condom is presented in Table 4.4.5. In Orissa, while in the end line survey, a high percentage of respondents (57.5 of the male and 46.3 the female youth) reported peer educators as a source of supply of condom, in the base line survey, most of the respondents were dependent on either medical stores or general shop/pan shop. In the base line survey 58 percent of male respondents were getting their supply from medical stores and another 45 percent mentioned general/pan shop also as a source; as high as 60 percent of the female respondents were dependent on medical stores. It is important to note that around one fourth of the male respondents of end line survey are getting their supply from condom outlets set up by the NGOs.

Table 4.4.5

Distribution of Married Respondents by Source of Normal Supply of Condom

Orissa

(Percentages)

	Male		Female	
	End Line	Base Line	End Line	Base Line
Government Hospital/PHC	14.2	19.3	14.8	10.5
General store/pan shop	35.8	45.1	7.4	26.3
Medical store	13.3	58.0	40.7	60.5
Anganwadi workers	13.3	12.9	38.9	14.2
Health worker	14.2	12.9	16.7	2.6
Peer educator	57.5	-	46.3	-
Friends/partner bring	1.7	-	0.0	7.8
Condom outlets established by NGO	24.2	-	3.7	
Others		-		5.2
Number	167	31	223	38

Rajasthan

(Percentages)

	Male		Female	
	End Line	Base Line	End Line	Base Line
Government Hospital/PHC	18.2	20.3	17.9	8.9
General store/pan shop	2.0	15.2	7.0	5.4
Medical store	39.4	58.2	25.8	33.9
Anganwadi workers	8.1	12.7	7.9	5.4
Health worker	11.6	13.9	16.6	17.9
Peer educator	15.2	-	15.7	-
Friends bring	1.0	-	0.4	-
Condom outlets established by NGO	1.5		10.5	-
Others	-	11.4		-
Number	205	79	235	57

In Rajasthan, the difference in the source of supply between the end line and base line surveys is not that marked, excepting that as compared to the base period, dependence on medical store and general/pan shop is less among the respondents of end line survey. The peer educator as a source of supply of condom is mentioned by 15 percent of the respondents of end line survey. *Thus, the Programme has had significant impact, especially in increasing the condom use manifolds by making a difference in the level of awareness about condom especially among the female youth as well as by supplying condom through peer educators and condom outlets.*

4.5 Knowledge and Awareness about RTI/STI, Reporting of Symptoms and Treatment Seeking Behaviour of the Respondents

4.5.1 Knowledge about RTI/STI and Source of Information

In order to ensure good reproductive and sexual health (SRH), it is essential to ensure that people have proper knowledge about the various symptoms of sexually transmitted/reproductive tract infections. Enhancing the accessibility of targeted youth to SRH information was one of the objectives of Oxfam GB's HIV/AIDS Care and Prevention Programme and the Log Frame sees current status of knowledge of young people about SRH as one of the indicators of achievement of the Programme.

Table 4.5.1
Percentage of Respondents Reporting Awareness about RTI/STI

Orissa

(Percentages)

	Male						Female					
	End Line			Base Line			End Line			Base Line		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Reporting aware of STI/RTI	90.3	95.5	92.9	30.8	46.9	39.5	78.8	90.0	84.4	34.4	53.2	43.8
Source of Information (Multiple Source)												
Newspaper / books / magazines	13.6	15.4	14.5	17.8	31.6	26.7	9.5	9.7	9.6	2.8	7.7	5.7
Radio & TV	31.9	32.2	32.0	58.2	63.1	61.3	25.7	24.7	25.2	24.7	30.0	27.8
Friends	32.6	35.6	34.2	65.9	70.2	68.6	29.8	22.5	25.9	62.7	51.2	55.6
Relatives	6.9	9.2	8.1	12.0	15.5	14.2	7.9	18.9	13.9	68.9	76.5	73.4
Hospital (Govt & Pvt)	11.6	10.2	10.9	22.6	28.8	26.5	6.7	8.3	7.6	7.0	3.0	2.0
Health Worker	13.0	13.6	13.3	36.5	41.4	39.6	8.6	10.6	9.6	13.0	13.0	3.6
NGO	41.6	43.7	42.7	18.8	19.5	19.2	42.2	36.1	39.0	10.9	10.5	40.6
Health Camps	42.9	37.4	40.1	-	-	-	21.6	24.4	23.1	-	-	-
Peer Educators	76.7	66.8	71.6	-	-	-	75.9	69.7	72.6	-	-	-
Number aware of RTI/STI	361	382	743	208	379	587	315	360	675	276	430	706
Number	400	400	800	675	808	1483	400	400	800	803	808	1611

Rajasthan

(Percentages)

	Male						Female					
	End Line			Base Line			End Line			Base Line		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Reporting aware of STI/RTI	75.5	89.0	82.3	44.7	67.0	56.2	71.5	81.0	76.3	44.6	69.7	56.9
Source of Information (Multiple Source)												
Newspaper / books / magazines	20.5	20.2	20.4	35.1	33.7	34.2	11.9	8.6	10.2	6.1	4.0	4.8
Radio & TV	55.6	54.5	55.0	47.6	47.6	47.8	32.9	31.5	32.1	31.4	19.6	20.3
Friends	55.6	65.2	60.8	82.5	77.2	79.71	74.6	67.0	69.9	59.4	47.5	52.2
Relatives	14.6	10.7	11.5	34.2	43.2	39.0	13.5	16.3	15.3	50.8	67.1	60.6
Hospital (Govt & Pvt)	12.6	26.97	20.36	14.6	20.4	18.1	1.40	3.70	2.62	0.5	2.8	1.8
Health Worker	13.91	17.98	16.11	7.6	10.5	9.4	15.38	37.65	27.21	3.6	11.0	8.0
NGO	21.19	23.03	22.19	1.1	1.7	1.5	12.59	12.35	12.46	0.0	0.7	0.4
Health Camps	10.60	7.87	9.12	-	-	-	10.49	6.17	8.20	-	-	-
Peer Educators	43.05	43.26	43.16	-	-	-	43.36	29.01	35.74	-	-	-
Number aware of RTI/STI	151	178	329	185	294	479	143	162	305	197	301	498
Number	200	200	400	414	439	853	200	200	400	442	433	875

There seems to be a remarkable improvement in the level of knowledge about RTI/STI among the youth over the period. For instance, in Orissa while at the time of base line survey only around 40 percent of the male respondents knew about RTI/STI, at the time of end line survey as high 93 percent of them had reported having knowledge about RTI/STI. For the female respondents, these percentages have worked out to be 44 for the base period as compared to 84 at the time of end line survey. Same is true for the state of Rajasthan as well. As compared to the respondents of base line survey (56 percent of male and 57 percent of the female youth), a much higher percentage of respondents of the end line survey (82 percent of male and 76 percent of female youth) reported having knowledge about RTI/STI.

Although, friends and relatives continue to be one of the important sources of information, the findings of the end line survey suggest that the peer educators have played an important role in enhancing their awareness, especially in Orissa where peer educator as a source is mentioned by more than 70 percent of the respondents who know about STI/RTI. In addition, the NGOs and the health camps are mentioned by a fairly high percentage of respondents of end line survey. Thus the Programme has played a major role in increasing the level of awareness among the youth.

4.5.2 Reporting of Symptoms of RTI/STI

During the survey, the respondents were asked whether they have suffered or have been suffering from any of the symptoms of RTI/STI in the past 3 months. As we can see from Table 4.5.2, when compared to base period, a much higher percentage of respondents of end line survey have reported symptoms of RTI/STI.

Table 4.5.2
Percentage of Respondents Reporting Symptoms of RTI/STI

	Orissa				Rajasthan			
	Male		Female		Male		Female	
	End Line	Base Line	End Line	Base Line	End Line	Base Line	End Line	Base Line
Persons reporting at least one symptom	230	48	136	63	118	58	169	116
Percentage reporting	28.8	8.2	17.0	9.0	29.6	12.1	42.7	23.3
Total Number	799	587	798	706	399	479	396	498

Better knowledge about the symptoms of RTI/STI could have resulted in higher reporting of the symptoms in the case of respondents of end line survey.

HIV is also sexually transmitted infection and if a person has STI/RTI, his/her chances of getting HIV are very high. Hence it is very important to treat RTI/STI, since most of these infections are curable. Table 4.5.3, shows the treatment seeking behaviour of respondents, who had reported symptoms of RTI/STI in the last three months.

Table 4.5.3
Percentage Taking Treatment for STI/RTI and Source of Treatment

	Orissa				Rajasthan			
	Male		Female		Male		Female	
	End Line	Base Line	End Line	Base Line	End Line	Base Line	End Line	Base Line
Who have taken treatment	91.7	66.6	58.8	68.2	85.6	56.9	43.8	52.6
Distribution of those who sought treatment by source of treatment								
Government Hospital/PHC	64.9	50.0	68.8	36.3	50.5	36.4	75.7	39.3
Private	8.1	18.7	3.8	4.4	38.6	24.3	21.6	23.2
Health workers	3.3	-	37.5	-	20.8	-	6.8	-
YRC	1.9	-	5.0	-	7.9	-	4.1	-
Quacks	1.9	31.2	18.8	4.5	6.9	24.2	14.9	5.4
NGOs	4.7	-	15.0		-	-	-	-
Health camps	14.7	-	1.3		20.8	-	8.1	-
Others*	0.5	40.5	0.0	54.4	0.0	5.1	1.4	32.1
Distribution of those seeking treatment by whether they are cured or not								
Completely cured	93.4	71.8	68.8	70.4	55.4	72.7	37.8	63.9
Number Reporting Symptoms of RTI/STI	230	48	136	63	118	58	169	116

* Includes home treatment, chemist shop, pharmacists etc.

As compared to the base line survey, the percentage of male respondents seeking treatment is the end line survey is higher while at the time of end line survey, 92 percent of male respondents in Orissa and 86 percent of the male youth in Rajasthan had sought treatment for STI, at the time of base line survey, only two thirds in Orissa and 57 percent in Rajasthan had gone in for treatment. However, as far as female respondents are concerned, the trend is reverse; as compared to base line survey, the percentage seeking treatment has worked out to be marginally lower for the respondents of end line survey. Most of the respondents of base line as well as end line surveys have sought treatment from government health facilities.

In the context of RTI/STI and HIV/AIDS, both the surveys attempted to find out their perception of safe sex from the male and female youth. The findings are presented in Table 4.5.4.

Table 4.5.4

Distribution of Respondents by their Understanding of Safe Sex

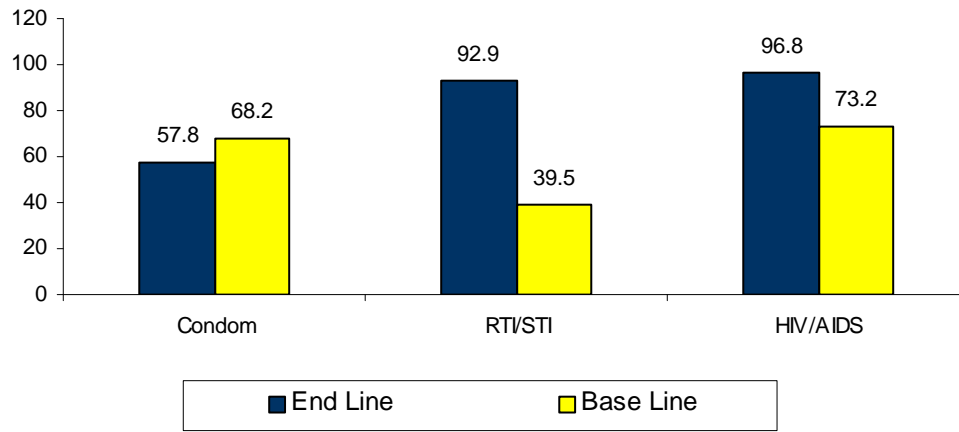
Orissa

(Percentages)

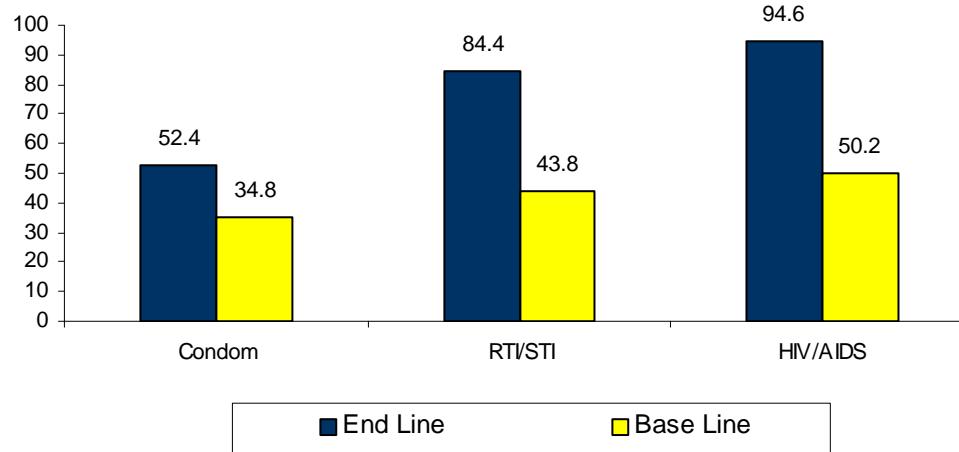
Perception on safe sex	Orissa				Rajasthan			
	Male		Female		Male		Female	
	End Line	Base Line	End Line	Base Line	End Line	Base Line	End Line	Base Line
Avoiding intercourse	29.9	27.7	28.4	26.7	5.2	15.7	14.4	8.5
Use of condom during intercourse	62.2	71.8	62.1	12.3	86.0	64.6	68.9	24.2
Sex with single partner	60.7	52.1	60.0	68.2	66.0	57.8	65.2	74.0
Avoiding sex workers	16.8	30.7	4.7	28.6	8.8	31.0	10.2	5.5
Avoiding anal sex	2.7	0.9	0.3	1.7	3.3	2.1	1.0	0.0
Number	743	1087	675	810	329	565	305	236

The table shows interesting gender differences in the perception of respondents about safe sex. In both base and end line surveys a fairly high percentage of youth have mentioned use of condom during intercourse as safe sex. However, at the time of base line survey, only a small percentage of females had mentioned use of condom, while at the time of end line survey as high as 62 percent of females in Orissa and 69 percent in Rajasthan seemed to know using condom could ensure safe sex. *In other words the knowledge about use of condom among female youth has increased considerably over the period. Sex with single partner was also mentioned by male as well as female respondents of both the surveys.*

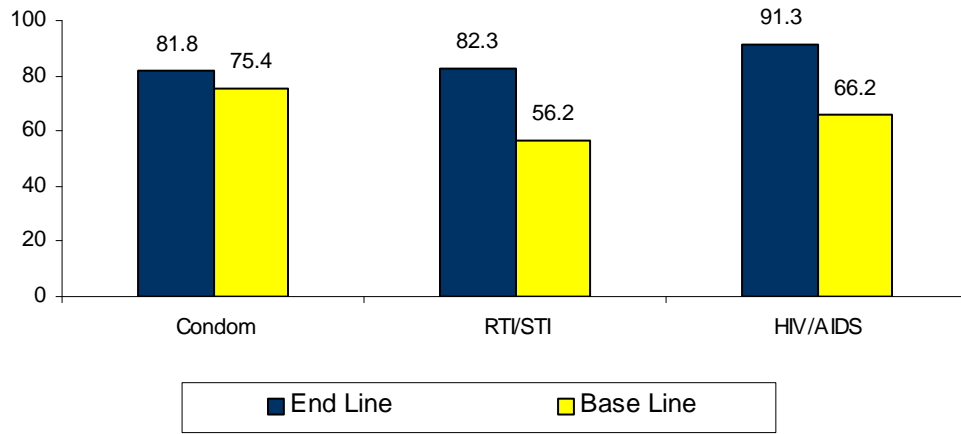
Knowledge About Condom, RTI/STI & HIV/AIDS: Male-Orissa



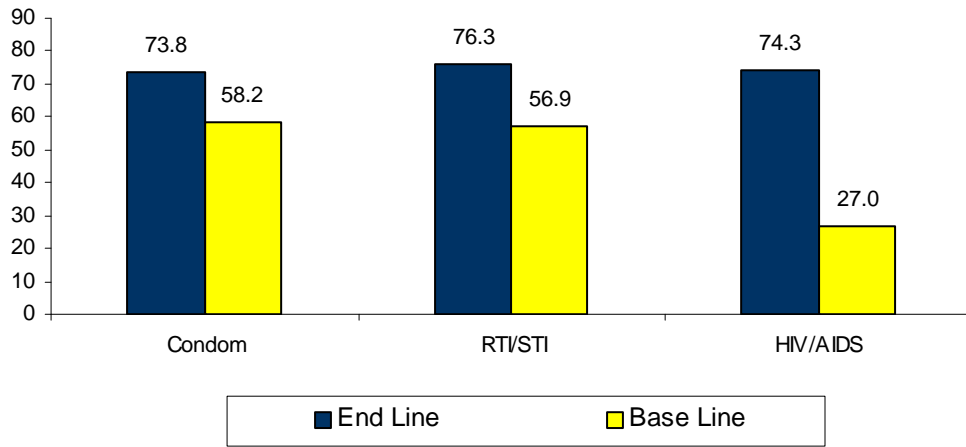
Knowledge About Condom, RTI/STI & HIV/AIDS: Female-Orissa



Knowledge About Condom, RTI/STI & HIV/AIDS: Male-Rajasthan



Knowledge About Condom, RTI/STI & HIV/AIDS: Female-Rajasthan



4.6 Knowledge and Awareness about HIV/AIDS

The most important objective of the programme was to improve access to information regarding SRH and HIV/AIDS and improve the prevention and care services. Since HIV/AIDS mostly affects youth and the people who are in their most productive age, it is necessary to educate them about ways and means of protecting them as well as to improve the services for those who are already affected by the infection.

Table 4.6.1
Distribution of Respondents by their Knowledge & Awareness
about HIV/AIDS by Age Group

	Male						Female					
	End Line			Base Line			End Line			Base Line		
	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total	13-18	19-25	Total
Orissa												
Have heard about HIV/AIDS	94.8	98.8	96.8	65.3	80.0	73.2	92.3	97.0	94.6	44.6	55.9	50.2
Number	400	400	800	675	808	1483	400	400	800	803	808	1611
Rajasthan												
Have heard about HIV/AIDS	89.0	93.5	91.3	58.2	73.8	66.2	71.5	77.0	74.3	24.7	29.3	27.0
Number	200	200	400	414	439	853	200	200	400	442	433	875

When we compare the end line and base line surveys, it can be seen that over the period the awareness has increased considerably. While only 73 percent of the male respondents in Orissa had heard about HIV/AIDS at the time of base line survey, as high as 97 percent of their counterparts of end line survey had heard about HIV/AIDS. For the female respondents these percentages had worked out to be 95 for the end line and 50 for the base line surveys. Similarly in the state of Rajasthan, for the male youth this percentage has increased from 66 to 91 and for the female youth 27 to 74 during the period.

It is interesting to note that as compared to male respondents the level of awareness is generally lower among their female counterparts. This kind gender difference in the level of awareness about HIV/AIDS has been brought out by other studies as well (Pradhan K. Basanta and Ramamani Sundar 2006). However what is important from the point of view of this evaluation study is that over the period, the level of awareness has increased considerably among the female youth. *The Programme can take credit for the increase in the awareness level, the peer educators, street plays*

and health camps organized as part of the Programme have played an important role in making this difference.

There are instances when the peer educators had been used quite successfully in various Programmes to work with the youth to improve their knowledge and awareness about SRH and HIV/AIDS. The Voluntary Health Association used peer educators to work with women college students in Chennai to influence them to break down common myths and misunderstanding and raise questions on sexuality, and condom use. These young women became bold enough to discuss HIV/AIDS in free forum (Kapali etc 2006).

Table 4.6.2

Distribution of Respondents by Source of Information about HIV/AIDS

Orissa

(Percentages)

	Male		Female	
	End Line	Base Line	End Line	Base Line
Newspaper/books/magazines	8.9	17.2	5.4	9.0
Radio/TV	42.9	66.0	83.4	41.4
Friends & relatives	20.7	62.0	26.9	58.1
Government/Pvt Hospital	9.6	11.7	6.2	1.5
Health workers	9.0	30.8	3.7	18.0
NGOs	27.6	20.1	29.5	20.2
Health camps	24.0	-	13.6	-
Peer Educators	61.4	-	72.8	-
Street Plays	36.4	10.3	48.3	7.0
Hoarding/Posters/Pamphlets	22.7	13.0	8.6	3.5
Number	774	1087	757	810

Rajasthan

(Percentages)

	Male		Female	
	End Line	Base Line	End Line	Base Line
Newspaper/books/magazines	20.8	44.0	14.1	12.3
Radio/TV	49.6	58.0	45.8	70.8
Friends & relatives	54.2	59.4	54.2	0.8
Government/Pvt Hospital	3.0	11.5	1.0	2.5
Health workers	11.5	8.3	18.2	10.2
NGOs	16.4	6.4	18.2	30.5
Health camps	5.2	-	9.8	-
Peer Educators	51.0	-	63.0	-
Street Plays	35.3	2.7	36.7	4.7
Hoarding/Posters/Pamphlets	10.4	23.9	1.7	4.7
Number	365	565	297	236

We can see from table 3.5.2 that in Orissa 61 percent of male and 73 percent of female respondents of end line survey had come to know about HIV/AIDS from the peer educators. In Rajasthan 51 of the male and 63 of the female respondents of end line survey had mentioned peer educators as one of the sources of information. While in Orissa, another 36 percent of male and 48 female respondents had mentioned street plays as one of the sources, in Rajasthan 35 percent of male and 37 percent of female respondents had mentioned this source.

In order to protect oneself from HIV/AIDS, it is essential to know about the ways in which HIV is transmitted and to dispel myths and misconceptions. Lack of knowledge about modes of transmission and the misconceptions generally leads to prejudices and negative attitude towards HIV infected/affected persons and families. In Table 4.6.3.distribution of male and female youth by their knowledge about various modes of transmission is presented.

Table 4.6.3
Distribution of Respondents by Knowledge
about Mode of Transmission of HIV

Orissa	Male		Female	
	End Line	Base Line	End Line	Base Line
Unprotected sex	85.5	68.9	60.9	39.0
Use of infected syringe /needle	69.1	30.5	57.1	33.4
Blood transfusion from an infected person	60.4	27.0	52.5	27.5
Sex with HIV infected person	70.0	34.4	69.1	50.8
HIV infected mother to child	44.1	6.1	28.6	8.7
Who had the following misconception about HIV/AIDS				
Holding hands/ hugging /kissing	6.9	0.7	2.9	1.2
Sharing public toilets	4.0	0.9	6.0	1.2
Roaming with HIV positive person	6.4	1.1	4.4	1.4
Numbers	800	1087	800	810

Rajasthan**(Percentages)**

	Male		Female	
	End Line	Base Line	End Line	Base Line
Unprotected sex	38.3	72.5	30.5	66.1
Use of infected syringe /needle	12.5	32.2	20.0	25.8
Blood transfusion from an infected person	13.0	24.2	19.3	18.6
Sex with HIV infected person	30.0	36.6	21.5	21.6
HIV infected mother to child	7.3	6.4	10.3	6.7
Who had the following misconception about HIV/AIDS				
Holding hands/ hugging /kissing	11.5	0.5	4.0	1.7
Sharing public toilets	7.3	0.5	5.3	1.2
Roaming with HIV positive person	14.5	1.2	3.8	3.1
Numbers	400	565	400	236

In the state of Orissa, as compared to the base period, the level of awareness about various modes of transmission of HIV/AIDS was higher among the male and female respondents of end line survey. Although the percentage having misconceptions was also marginally higher among the respondents of end line survey, the percentage itself was quite low. However, in Rajasthan, the level of awareness about modes of transmission was quite low among the respondents of both base line and end line surveys (with the exception of “Unprotected Sex” which was mentioned by 73 percent of male and 66 percent female respondents of base line survey). Even the level of misconception was higher among the respondents of end line survey. In other words, even though a much higher percentage of respondents of end line survey had heard about HIV/AIDS, they did have complete knowledge and information.

Chapter V

Conclusion

The HIV/AIDS Prevention and Care Programme implemented by the Oxfam GB and its partner NGOs among the out of school/college rural and tribal youth of Orissa and Rajasthan was to increase their knowledge and awareness about sexual and reproductive health, including HIV/AIDS and improve their accessibility to services. A Need Assessment survey was conducted in 2004 to study the prevailing status of knowledge and awareness about SRH and HIV/AIDS among the youth and the accessibility and availability of services. The end line quantitative survey was conducted to measure the quantum of change brought by the HIV/AIDS Prevention and Care Programme, in 2007. This report measures the impact of the Programme in two ways; firstly, by comparing the beneficiaries of the Programme with the control group and secondly by comparing the results of end line survey with the base line Need Assessment survey.

The sample of male and female beneficiaries selected for the end line survey were similar to their counterparts in the control group in terms of their marital status, level of education, occupational pattern as well as exposure to media. Hence a comparison of these two groups probably depicts the real impact of the programme. As far as the comparison with the base line is concerned, the sample male and female youth of the end line survey were somewhat better educated and had better exposure to media than the base line sample youth. In addition, during the three-year intervening period, a number of other developments could have taken place and there was no way of eliminating any of the external influences.

The results of the end line survey indicate that the Programme has brought about tremendous changes not only in knowledge, awareness and practice, but also in the attitude of the youth towards sexual issues. As compared to the control group and the base line sample, a much higher proportion of the beneficiary male and female youth have knowledge about condom, RTI/STI and HIV/AIDS. The differences in the proportions are particularly marked in respect of female youth/adolescents. This, in fact, is a very important achievement since the main aim of the Programme is to increase access of young people, especially girls to information and HIV/AIDS prevention, care and support services. Further, although knowledge about use of condom as a family planning method was fairly

high even among the base line sample and control group, a much higher proportion of beneficiaries had knowledge about the use of condom as a protection against STI/RTI as well as HIV/AIDS. As compared to the control group, a higher proportion of the beneficiary youth could spontaneously mention symptoms of RTI/STI. They also knew the various modes of transmission of HIV/AIDS and the difference in knowledge between the beneficiary and the control group was more noticeable among the female youth.

The programme can take credit for the increase in awareness since a high proportion of beneficiaries have mentioned the various initiatives of the programme such as health camps, street plays, peer educators etc. as their source of information. The peer educators, in particular seem to have played a crucial role in making this difference, especially among the female youth.

The programme has not only increased the knowledge and awareness about condom and its various uses, but has also made them understand the concept of safe sex, resulting in higher usage of condom by the beneficiary youth, both within and outside marriage. While the sample youth from the base line and the control group were mainly dependent on medical/general stores, the beneficiaries had a wider choice of obtaining their supply of condoms from other sources like the condom outlets set up by the NGOs, health camps and peer educators.

The programme has also brought about attitudinal changes among the beneficiary youth. As compared to their counterparts from baseline and control group, the beneficiaries, in particular the male youth, seem to accept pre marital sexual relations. This could probably be the reason for a higher proportion of male beneficiaries reporting such relationships.

The other attitudinal change reported among the beneficiaries is towards the HIV infected and affected person and families. As compared to the control group the beneficiaries seem to have a more positive attitude towards the affected.

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