



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

Executive Summary

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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 been 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.

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