

NATIONAL BASELINE
GENERAL POPULATION
BEHAVIOURAL
SURVEILLANCE SURVEY
2001

R E P O R T



NATIONAL AIDS CONTROL ORGANISATION

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LIST OF ABBREVIATIONS

AIDS	Acquired Immuno Deficiency Syndrome
APAC	AIDS Prevention and Control Project
BSS	Behavioural Surveillance Survey
CBO	Community Based Organisation
CEB	Census Enumeration Block
CMIS	Computerised Management Information System
DFID	Department for International Development
FHI	Family Health International
GP	General Population
HIV	Human Immunodeficiency Virus
IRS	Indian Readership Survey
ISSA	Integrated System for Survey Analysis
M&E	Monitoring & Evaluation
MRUC	Media Research Users Council
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NGO	Non Government Organisation
PPS	Probability Proportionate Sampling
PSU	Primary Sampling Unit
SACS	State AIDS Control Society
SPSS	Statistical Package for Social Sciences
STD	Sexually Transmitted Disease
UNAIDS	Joint United Nation programme on HIV/AIDS
UT	Union Territory
WHO	World Health Organisation

EXECUTIVE SUMMARY

1.0 Introduction

1. The National AIDS Control Program was launched in 1992. The increasing prevalence of HIV/AIDS in the country necessitated the launch of a second phase of the National Program in 1999 (NACP-II). The major objectives of NACP-II are reduction in spread of HIV infection in the country and strengthening the country's response to HIV/AIDS on a long-term basis. Specific objectives include interventions to change behaviour, especially among high-risk groups, decentralization of service delivery, protection of human rights, operational research and management reform.
2. Monitoring and Evaluation has been given key importance in NACP-II. This is to facilitate evidence based planning for NACP. This will be done through a regular Computerized Management Information System and through conduct of a series of Behavioural Surveillance Surveys (BSS) in the general population, bridge populations and the high-risk groups.
3. BSS in the general population and high-risk groups is proposed to be undertaken thrice during the period 2001 – 2005. To provide an independent evaluation of NACP-II activities, an external agency was contracted for BSS. ORG-CSR was identified for this purpose and will be involved in conducting a baseline, mid-term and end evaluation by BSS in the general population and the high-risk groups.
4. The present report details the observations of the national baseline BSS survey among the general population, which was conducted in all 35 States and Union Territories of the country. This baseline provides basic information needed to strategize and prioritize programs under NACP-II during its five years of implementation.

2.0 Methodology and Sampling Design

1. The 35 States and Union Territories in the country were categorized into 22 sampling units for the purpose of the survey. West Bengal and Andaman & Nicobar Islands were clubbed into one group, as were Kerala and Lakshwadeep, Tamil Nadu and Pondicherry, Goa and Daman & Diu and five North Eastern States of Meghalaya, Mizoram, Arunachal Pradesh, Nagaland and Tripura. In addition Uttaranchal was included in Uttar Pradesh, Jharkhand in Bihar and Chattisgarh in Madhya Pradesh for this baseline survey.
2. A total of 3832 respondents aged 15-49 years (1916 male and 1916 female) in each sampling unit were covered during the survey. There were an equal number of respondents from urban and rural areas in each sampling unit. A three-stage cluster-sampling format was used for identification of the sample.

3. The survey was conducted between April – September 2001. The States / Union Territories were divided into two groups for logistical planning. 11 State sampling units were covered in the first phase (April – June 2001) and the remaining sampled States were covered in the second phase (July – September 2001).
4. Standardization and uniformity during the survey were ensured by a series of training workshops for the field personnel, back translation of schedules and tight quality control during data collection. All teams were briefed every morning and debriefed every evening during the phase of data collection.
5. Data entry was done in the ISSA package at selected locations in the country while the final data analysis was done using the SPSS (10.0) software at Delhi. Adequate checks were built in at data entry and data analysis stages to ensure data quality.

3.0 RESULTS AND DISCUSSION

3.1 Respondent Profile

1. A total of 84182 respondents were contacted in the entire country during the baseline survey. Of these, 42062 (49.9%) were residing in urban areas while 42120 (50.1%) hailed from rural areas.
2. Among the interviewed respondents, 42554 (50.5%) were females while 41628 (49.5%) were male respondents. The proportion of males and females in both the urban and rural samples were similar to the overall proportion.
3. The median age of respondents was 29 years for females and 30 years for males for the entire sample. The median age ranged between 28-30 years for the individual States and for males/females and urban/rural areas. The largest proportion of the sample was composed of individuals aged 25-39 years (ranging between 46.9-53.6% in the different States). This data is in consonance with the Census of India data.
4. Nearly three out of every four respondents in the survey were currently married (ranging from a low of 56.2% in Goa to a high of 80.4% in Bihar). A higher proportion of females and rural residents were currently married compared to males and urban residents respectively. This data is similar to the data reported in the Census of India (1991).
5. Average literacy levels of the sampled respondents were high (75.1%). Overall males and urban residents had higher literacy rates compared to females and rural residents. Literacy rates ranged from a low of 33.1% among rural females from Madhya Pradesh to a high of 99.3% among urban males in Kerala.
6. Among male respondents, 18.4% were unemployed (including respondents currently studying) while among women, 65.9% were housewives and an additional 13.4% were unemployed (including students).

3.2 Awareness of Transmission and Prevention of HIV/AIDS

1. Overall, 76.1 % had ever heard of HIV/AIDS (82.4% – males and 70% – females). In the urban areas, 89.4% respondents had heard of HIV/AIDS as against 72.3 % in rural areas. Generally males reported higher awareness rates in most States

except in Andhra Pradesh and Kerala (urban areas) and Andhra Pradesh (rural areas), where females were more aware of HIV/AIDS compared to males. However these differences were only marginal. The lowest awareness rates were recorded among rural women in Bihar (21.5%), Gujarat (25%), Uttar Pradesh (27.6%), Madhya Pradesh (32.3%) and West Bengal (38.6%). Rural – urban disparities were marked in Madhya Pradesh, Bihar and West Bengal. Respondents from Kerala (98.9%), Andhra Pradesh (96.3%), Manipur (94.6%), Goa (93.6%) and Punjab (92%) reported highest awareness rates.

2. 71% of the interviewed respondents in the country were aware that HIV/AIDS is transmitted through sexual contact. Awareness rates were higher among urban residents and males. Lowest awareness rates were reported among rural women in the States of Bihar (18.7%), Gujarat (22.7%), Uttar Pradesh (24.3%), Madhya Pradesh (29.1%), and West Bengal (30.9%). Awareness of the sexual route of transmission was highest in Kerala (97.7%) followed by Goa (91.3%).
3. Among all the interviewed respondents, 72.5% were aware that HIV/AIDS could be transmitted through blood transfusions. Nine out of ten males in the urban area were aware of this mode of transmission. Lowest awareness was recorded among rural women from Bihar (20.6%), Gujarat (21.5%), Uttar Pradesh (24.7%), West Bengal (29.6%) and Madhya Pradesh (31%). Overall, awareness rates were highest in Kerala (96.4%), Goa (92.4%) and Andhra Pradesh (90.6%). Urban males had consistently high awareness rates in all States.
4. In most States across the country awareness of transmission of HIV/AIDS through sharing needles was consistently high. Pooling data from all States, 77.6% males and 64.9% females were aware of this mode of transmission. Urban respondents and male respondents had better awareness compared to rural and female respondents respectively. Urban males from Goa (98.5%), Jammu and Kashmir (97.9%), Manipur (96.3%), Himachal Pradesh (95.7%), Punjab (95%) and Kerala (94.8%) reported highest awareness rates while rural women from Bihar (20.2%), Gujarat (21.2%), Uttar Pradesh (24%), West Bengal (29%) and Madhya Pradesh (29.7%) reported the poorest awareness rates.
5. Compared to the other routes of transmission, mother-to-child transmission was less known to the respondents across most States and Union Territories in the country. Awareness was highest in Goa (90%). Only 20.1% female respondents from rural Bihar, 20.6% from Gujarat and 23.6% from Uttar Pradesh were aware of this mode of transmission of HIV/AIDS.
6. Only half (54.4%) the respondents in the country were aware that HIV/AIDS could be transmitted through breast-feeding. Only 18.6% rural female respondents from Gujarat, 19.4% from Bihar, 20.2% from Uttar Pradesh and 22.4% from West Bengal were aware of this mode of transmission. The rural-urban differences were marked in Bihar, Gujarat and Madhya Pradesh.
7. Regarding the benefit of consistent and correct condom use in prevention of transmission of HIV/AIDS, it was observed that greater than 75% respondents were aware of this potential benefit in Delhi, Goa, Himachal Pradesh, Kerala, Manipur and Punjab. However among rural female respondents, this awareness was very low with only 12.4% (Bihar), 13.4% (Gujarat) and 14% (West Bengal) being aware of this important mode of prevention of transmission.

8. More than half the respondents in the country (57%) were aware that having one faithful and uninfected sex partner could prevent transmission of HIV/AIDS. Urban respondents (both male and female) had better awareness of this aspect compared to rural and female respondents. The awareness levels were very poor among rural female respondents from Assam (14.4%), Bihar (15.2%) and West Bengal (18.9%). Highest awareness rate was recorded among males from urban Punjab (87.2%).
9. 46.8% in the entire country were aware of the two important methods of prevention of transmission i.e. consistent condom use and sexual relationships with faithful and uninfected partners. The proportion of respondents aware of both methods was lowest among rural females in West Bengal (8.3%), Orissa (10%), Bihar (10.2%), Assam (10.5%), Gujarat (11.4%), and Uttar Pradesh (16.2%).
10. A significantly larger proportion of respondents were aware that sexual abstinence played an important role in prevention of transmission of HIV/AIDS, compared to the other modes of prevention of transmission through the sexual route. 71.2% respondents in the country were aware of this preventive modality. Highest rates were recorded in Kerala (94.8%) and Goa (91.8%) while the lowest awareness rate was recorded in Bihar.
11. Most respondents in the country harbored some incorrect beliefs regarding transmission of HIV/AIDS. Less than 1 out of 4 interviewed respondents knew that HIV/AIDS couldn't be transmitted through mosquito bites or by sharing a meal with an infected person. Awareness was consistently low across gender and place of residence. Knowledge was low among rural females in, Bihar (4.1%), Uttar Pradesh (4.3%), Gujarat (4.5%), Madhya Pradesh (5%), Orissa (5.6%), Karnataka (5.9%), Tamil Nadu (5.9%) and Assam (6.5%). Rural – urban disparities were highest in those States where the level of awareness was low as were the gender differences. In fact this was the general observation with most parameters where awareness was low. Less than 10% respondents in the entire country were aware that HIV/AIDS cannot be transmitted by mosquito bites and sharing meals with an infected person and that a healthy looking person may be suffering from HIV/AIDS.

3.3 Awareness, Prevalence and Treatment Seeking Behaviour in STDs

1. Less than a third of all respondents (32.1%) had heard of STDs in the entire country. Awareness was consistently low across the country irrespective of whether respondents were male or female or resided in urban or rural areas.
2. Overall, awareness on the linkage between STD and HIV was low in the entire country (20.7%). Only respondents from Andhra Pradesh (41.1%), Kerala (40.9%) and Punjab (36.1%) had better awareness on the higher risk of HIV/AIDS if a person was suffering from STDs.
3. Awareness of the common symptoms of STDs among both men and women was uniformly low in the country. Less than a third of males and females were aware of common symptoms of STDs among women and the same proportion were aware of symptoms among men. Pain/ burning during urination along with ulcer/ sore were the most commonly heard symptoms by both male and female respondents. However less than 10% actually mentioned these symptoms.

4. A small proportion (3.4%) of respondents stated that they suffered from genital discharge in the preceding 12 months, in the entire country (5.4% females and 1.5% males). There was a wide variation across States with a high of 4.9% in Andhra Pradesh (males) to a low of 0.1% in Goa. Among females, prevalence rates ranged from a high of 14.1% in Haryana to a low of 0.4% in Goa. In more than 60% of the surveyed States, higher prevalence was reported among rural residents compared to urban residents.
5. An even smaller proportion (2%) reported suffering from a genital ulcer / sore in the country. Prevalence among males ranged from a low of 0.4% in some North Eastern States to a high of 5.6% in Delhi as against a reported prevalence of 0.4% in Goa to 4.2% in Andhra Pradesh, among women.
6. Proportion of respondents who reported genital discharge or ulcer/sore or both within the reference period of past one year was only 4.6%, ranging between 0.5% in Goa to 10.5% in Delhi and Haryana. Across most of the States, self-reported STD prevalence was higher in the rural areas than the urban areas. Prevalence among females was reported to be higher than males across most of the States.
7. Nearly a fourth of respondents who suffered from a genital discharge/ sore/ulcer in the preceding 12 months sought redress from Government facilities. Only in the North Eastern States, Himachal Pradesh and Orissa did significantly more persons seek treatment from Government facilities. This trend was also observed when respondents were asked about the facility they would prefer to go to for seeking treatment for any symptom of STD in the future. A high proportion (60.5%) stated that they would prefer to use Government facilities. This proportion was similar across rural and urban areas as well as males and females in nearly all the States.

3.4 Awareness, Availability and Accessibility of Condoms

1. A high level of awareness of condoms was observed in most States. 4 out of 5 respondents stated that they had either heard of or seen a condom. Overall, 90.4% urban respondents (94.7% male; 86.2% female) and 76.9% rural respondents (84.5% – males; 69.5% – females) stated that they had seen or heard of a condom.
2. Respondents were also asked to identify sources from where they could procure condoms. Respondents had the option of citing multiple sources. 93.6% respondents in the country stated that they could procure a condom from a pharmacy (95.8% male; 91.2% – female), while 89.3% cited Clinic/Hospital (90% – male; 88.5% – female). Three out of four respondents stated that condoms could also be procured from a Family Planning Clinic (76.9% – male; 72.7% – female). There was a wide variation among the other sources cited by the respondents across the different States.
3. Good access to condoms was defined as access within 30 minutes traveling time from their normal place of residence (irrespective of the mode of travel). More than a third (37.4%) respondents stated that it took them more than 30 minutes to procure a condom – a measure of poor access. 19.2% of urban females as against 8.6% of urban males and 48.9% of rural females as against 43.5% of rural males reported that it would take them more than 30 minutes to procure a condom. In most States (except Delhi and Kerala), nearly half the respondents residing in rural areas had poor access to condoms.

3.5 Sexual Behaviour

1. The median age at first sex was 21 years for males and 18 years for females in the entire country. The median age was marginally lower for males in rural areas of the country, compared to urban males while for females, there were no differences in the median age at first sex between the urban and the rural areas. There were wide inter state variations in the country ranging from a low of 16 years in Bihar to 21 years in Goa (urban females), 19 years in Andhra Pradesh and Madhya Pradesh to 25 years in Assam (urban males), low of 16 years in Andhra Pradesh, Bihar, Madhya Pradesh, Rajasthan and UttarPradesh to a high of 20 years in Kerala and Goa (rural females) and a low of 18 years in Madhya Pradesh to a high of 25 years in Kerala (rural males).
2. Proportion of respondents reporting sex with a non-regular partner is an important indicator for tracking sexual behaviour. Non-regular partners were defined as any sexual partner other than the married spouse. In the present baseline survey, respondents were required to provide information on sex with non-regular partners during a 12-month reference period. Overall, in the national context, 11.8% males and 2% females reported sex with non-regular partners in a 12-month recall period. Aggregated data for the national level recorded a prevalence of 12.6% for urban males against 11.4% for rural males. The corresponding prevalence rates in women were 2.3% and 1.8% for urban and rural areas respectively. There were wide inter state variations ranging from 2.5% (Manipur) to 23.4% (Maharashtra) among urban males, from 0.1% (Orissa) to 14.6% (Maharashtra) for urban females, 3.2% (West Bengal) to 21.7% (Andhra Pradesh) for rural males and 0.0% (Delhi) to 7.5% (Andhra Pradesh) for rural females.
3. Overall, among the 3575 males reporting non-regular sex, 51.2% reported using condoms during the last sex with their non-regular partners as against 39.8% among 715 females reporting such sex. There were wide inter-state variations in reported condom use ranging from 16.2% in Orissa to 80.5% in Goa.
4. Consistent condom use was defined as use of condoms in all sexual intercourses with non-regular partners in the past 12 months. A third (33.6%) of males and a fourth (26.6%) of females reported consistent condom use in the country. Here also wide variations were observed between States. For males, lowest condom use rate was observed in Orissa (10.7%) while the highest was observed in Goa (79.8%). For females, lowest was observed in Orissa (0.0%) while the highest was in Punjab (55.7%).

3.6 Media Habits

1. It was observed that radio listener-ship was low across most of the reporting units in the country. Only in the States of Manipur (78.2%) and the other North east states (54.8%) did more than half the respondents state that they listened to the radio at least once a week during the past month. Reported listener-ship rates were low in Gujarat, Madhya Pradesh, Punjab, Bihar, Himachal Pradesh and Goa. In all these states, listener-ship was less than 30%. These findings are similar to the observations of the Indian Readership Surveys.
2. Radio listener-ship was higher in rural areas in most of the States and a higher proportion of males listened to the radio compared to females during a one-month recall period. This trend, in relation to gender was observed in all the

sampled populations. The most preferred time slots to listen to the radio were between 7-9 PM and 6-8 AM for the males (in descending order) while for females the 6-8 AM slot was most preferred followed by 8 AM-12 Noon, 12 Noon-4.00 PM and 7-9 PM.

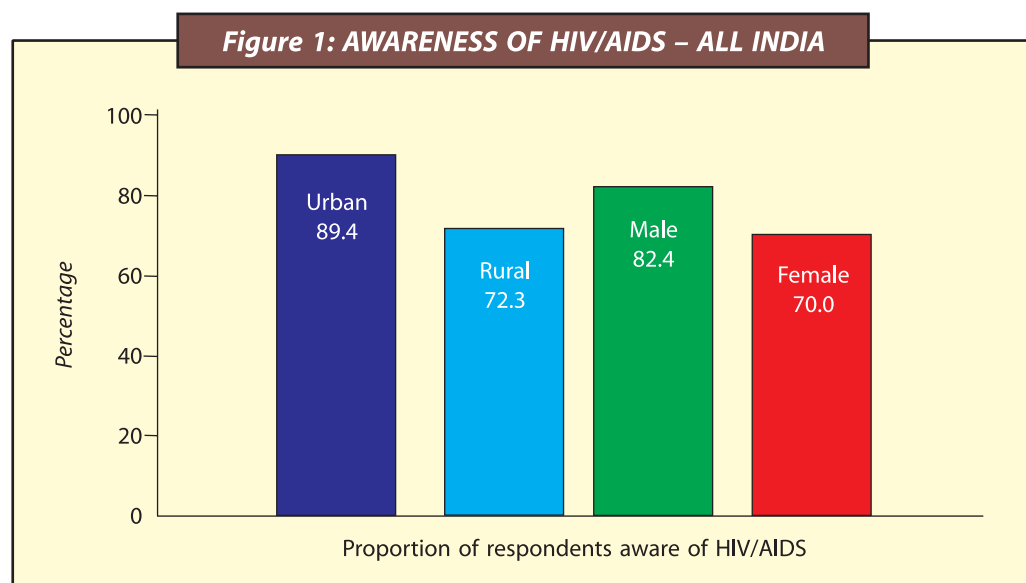
3. Despite major inter – state differences, TV viewer-ship across 11 States was more than 70%. Urban viewer-ship was relatively much higher compared to rural viewers. In 72.7% of the sampled States, more than 80% respondents reported viewing TV at least once a week in the past one month in the urban areas. In the rural areas, only in Delhi, Punjab and Goa did greater than 80% respondents report viewing TV at least once a week during a month's recall period.
4. Reading habits varied considerably across the States. States with higher literacy of respondents reported higher readership rates of at least once a week during a month's recall period. More than 40% respondents in Delhi, Himachal Pradesh, Manipur, other North Eastern States, Goa, Maharashtra, Kerala and Tamil Nadu read newspapers / magazines at least once a week. States with the lowest literacy rates recorded lowest readership rates also. Less than 30% respondents stated reading newspapers/ magazines at least once a week in the States of Uttar Pradesh, Bihar, West Bengal, Madhya Pradesh and Orissa. Urban-rural and male-female differences were marked in most States.
5. The overall findings indicate that TV has emerged as the most commonly used medium in the country. Radio was observed to be the least popular medium as significantly lower rates were reported for radio listener-ship compared to TV or newspapers/magazines. These findings are similar to what has been reported earlier in the country from the Indian Readership Survey.

3.7 Other Salient Observations

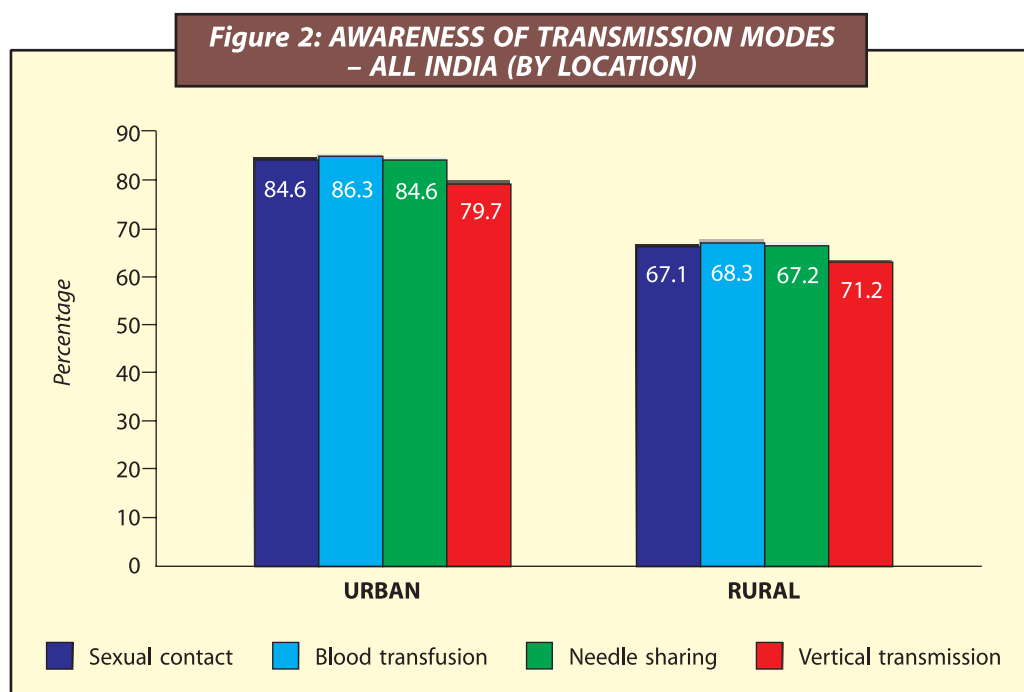
1. A relatively low proportion of respondents were exposed to inter personal communication on HIV/AIDS/STD during a one-year reference period. Only 14.3% reported such an exposure in the entire country. Respondents from Gujarat, Manipur, Sikkim and Orissa reported better exposure to such communication compared to the other States. These findings are similar to the evaluation reports of the Family Health Awareness campaigns conducted by INDICLEN.
2. Only 1 in 10 interviewed respondents (10.9%) stated that they had been communicated messages on condom use through inter personal channels. In Manipur and Sikkim nearly a fifth of the respondents had benefited from such channels.
3. Overall, 8.7% respondents reported that they knew or heard of somebody suffering from HIV/AIDS. The highest proportion was in Manipur (37%) and Andhra Pradesh (36.7%). In many States less than 5% respondents knew or heard of somebody suffering from HIV/AIDS.
4. Nearly 1 out of 10 respondents (9%) in the country knew or heard of someone who died of AIDS. Such experiences were most commonly reported from Manipur (37%), Andhra Pradesh (31.2%) and Maharashtra (20.8%).
5. Only 10.4% respondents in the country were aware of an HIV/AIDS testing facility in their vicinity. In Punjab, a third (33.8%) were aware of such a facility where they could get a confidential test done.

The findings of this baseline survey show that there are significant differences in awareness levels regarding HIV/AIDS/STDs and sexual behaviour among different States in the country. Significant differences were generally observed in relation to gender and to place of residence. In most instances females and rural residents were more disadvantaged compared to their counterparts. Awareness regarding condoms was more uniformly distributed across the different population groups in the country. Some gray areas in relation to awareness levels in HIV/AIDS/STDs emerged from the survey and these areas need to be tackled on a priority basis to improve knowledge of the general population in India, more specifically the women and rural residents.

SOME KEY INDICATORS

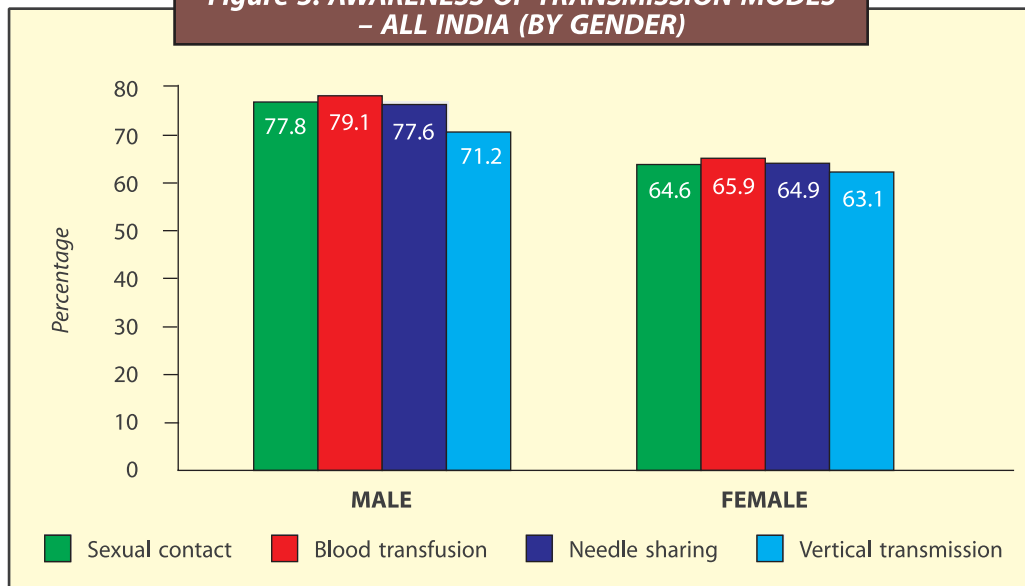


Base: All respondents



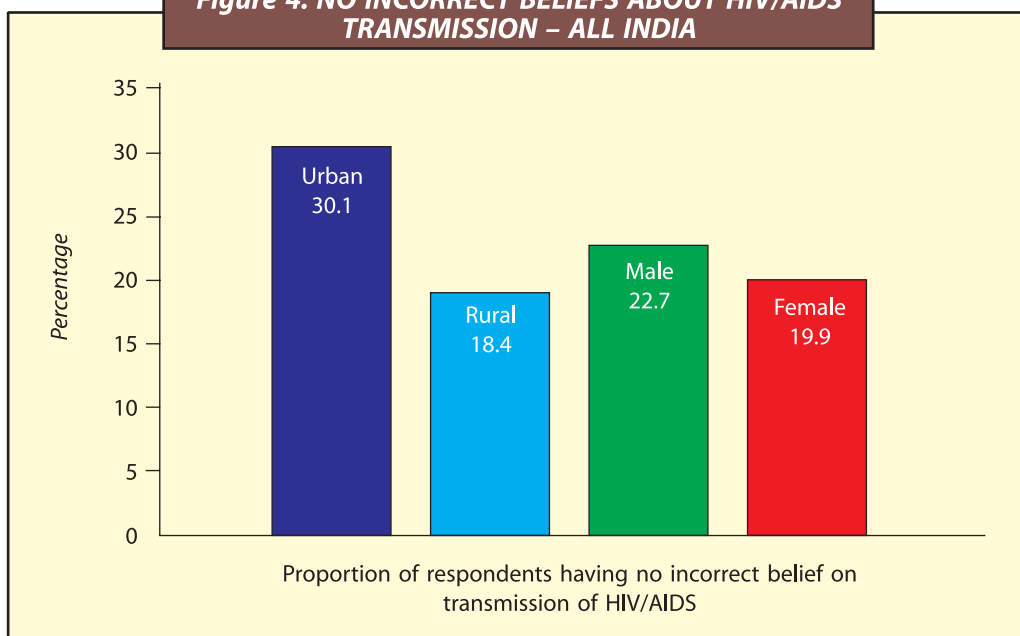
Base: All respondents

Figure 3: AWARENESS OF TRANSMISSION MODES – ALL INDIA (BY GENDER)

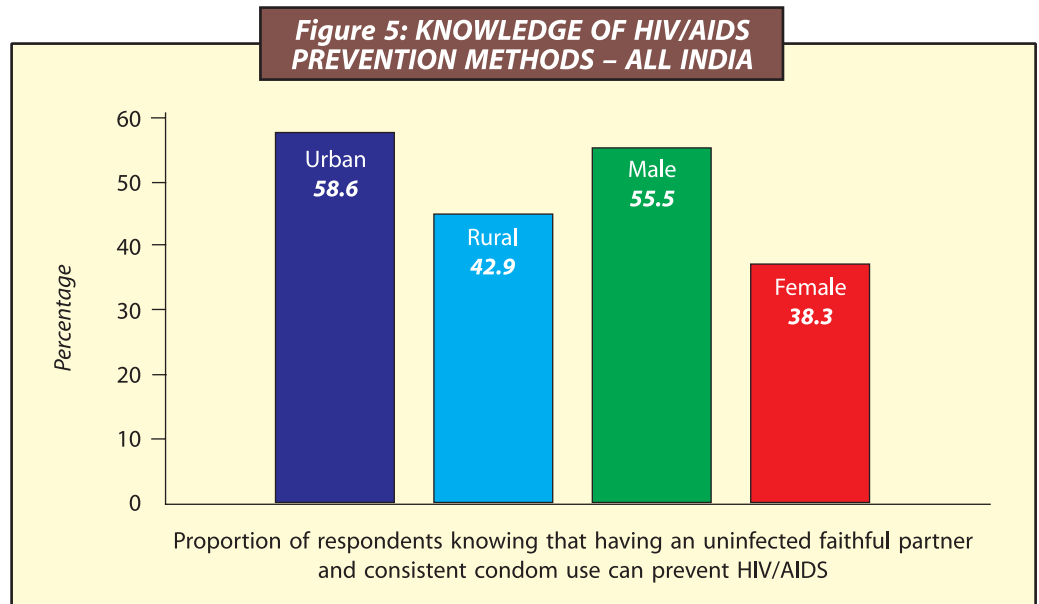


Base: All respondents

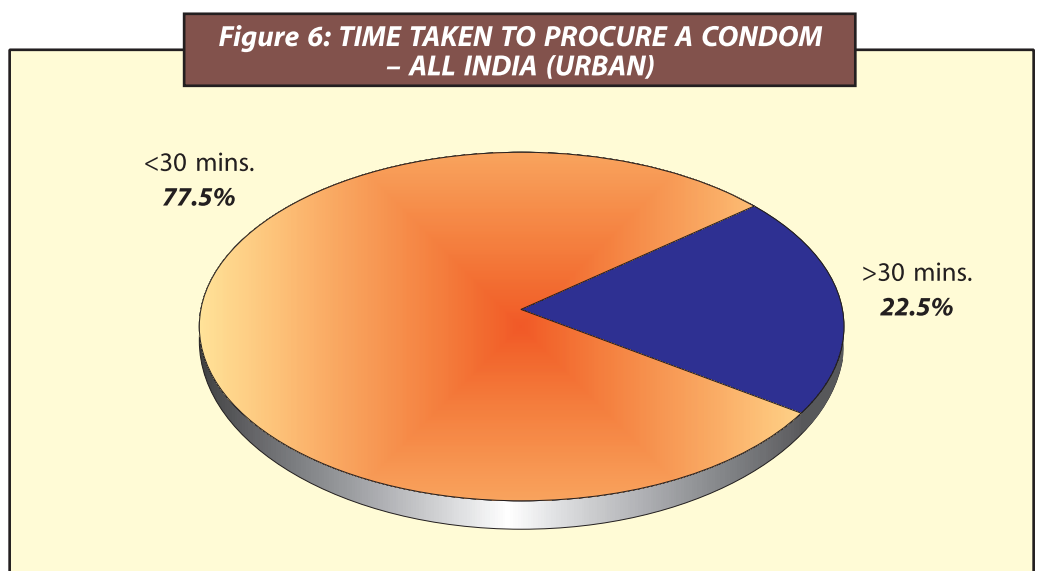
Figure 4: NO INCORRECT BELIEFS ABOUT HIV/AIDS TRANSMISSION – ALL INDIA



Base: All respondents

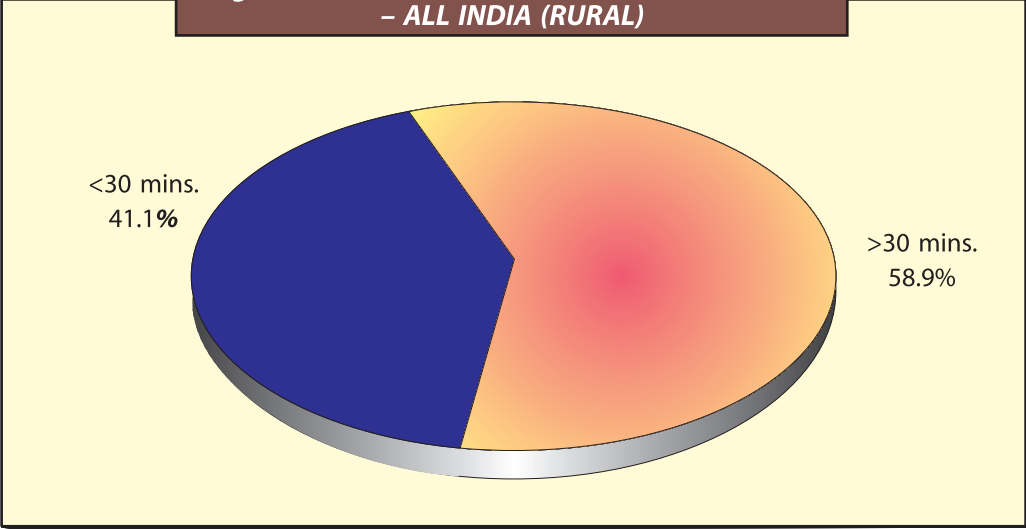


Base: All respondents



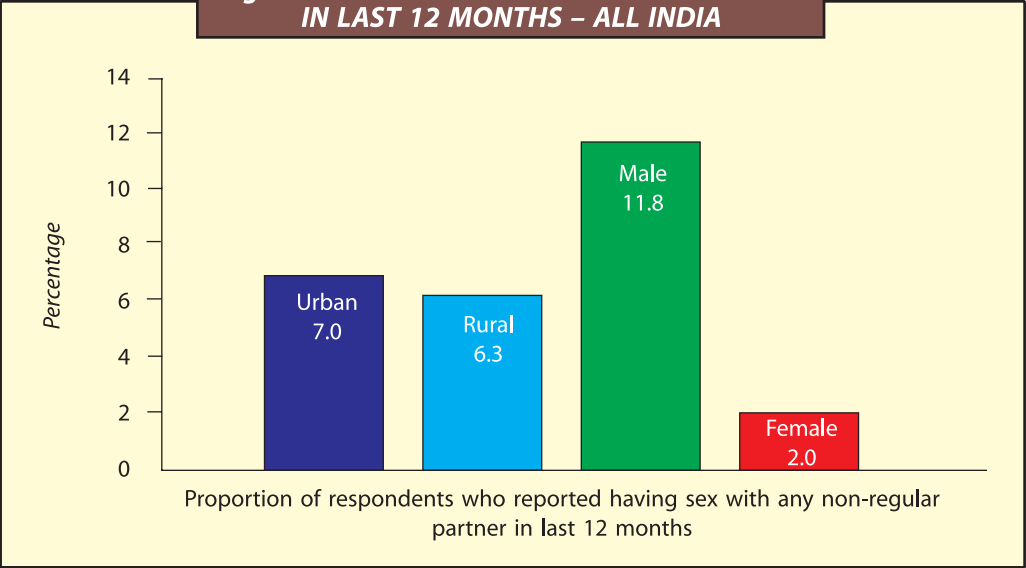
Base: Those who are aware of condom

**Figure 7: TIME TAKEN TO PROCURE A CONDOM
- ALL INDIA (RURAL)**

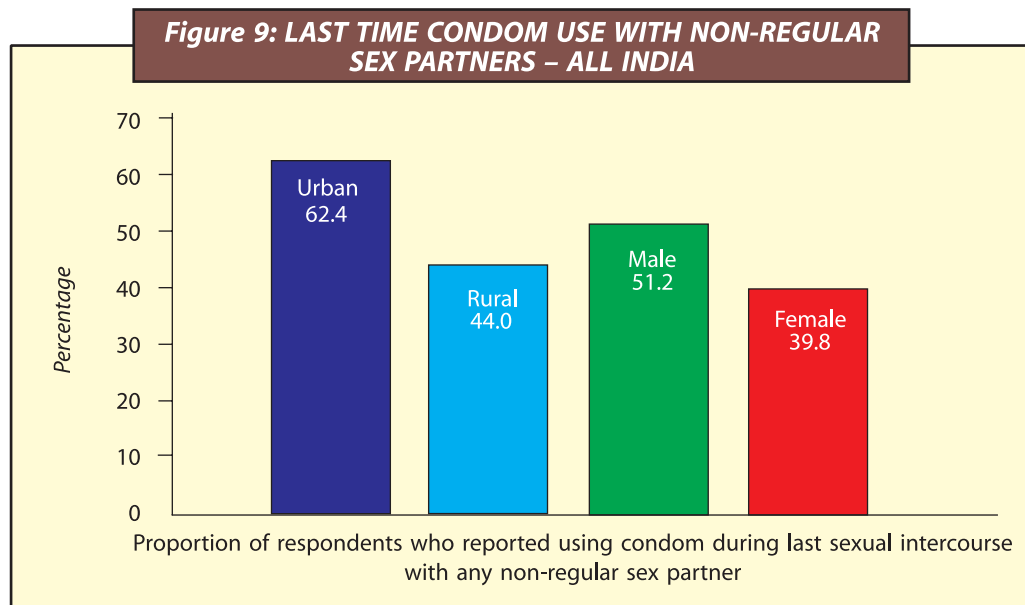


Base: Those who are aware of condom

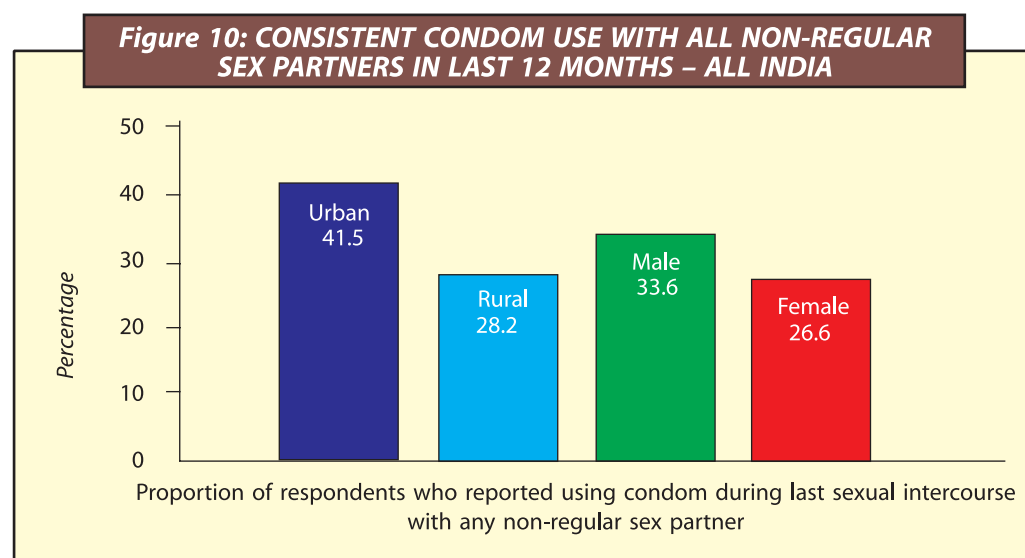
**Figure 8: SEX WITH NON-REGULAR PARTNERS
IN LAST 12 MONTHS - ALL INDIA**



Base: All respondents



Base: Respondents who reported having sex with any non-regular partner in the last 12 months



Base: Respondents who reported having sex with any non-regular partner in the last 12 months