

Synergizing Youth Sexual Reproductive Health and HIV prevention in India- A model for Change

Background:

This Pilot project, “Youth Friendly Initiative”, was administered in the Gosainganj Block of the Lucknow District owing to vulnerable situation of adolescents and young people to STI/HIV infection. This operational model for ASRH service delivery had been developed with a goal of promoting dual protection for young people against STIs/HIV and unwanted pregnancy through greater access to youth /adolescent friendly SRH and HIV prevention services. The main objective of the project were to create a supportive environment for SRH services for young people, to improve knowledge and skills of young people around SRH issues, to enhance access of young people to youth friendly services for SRH and HIV prevention and to document processes at all level and stages of the implementation for its future replicability and up-scaling.

Mamta Health Institute for Mother and Child and GB Pant Institute for Studies in Rural Development have conducted the end line survey after implementing the project for 18 months. Prior to commencing implementation activities the base line survey was also conducted. In the base line the questionnaires, as a quantitative tool, were administered to 410 young people from target area which has been extended to 450 in the end line. Quantitative surveys and qualitative data collection were carried out during both the base line and the end line. The result of the base line and the end line survey has been compared to see the effect of the intervention in young people.

Implementing Site:

Implementation site includes the Katra Bakkas PHC, which covers 34 revenue villages covered by PHC. The total population coverage of PHC is 35,000, out of which 10,646 were young people in the age group of 10-24 (30.41% of the total population). The sex ratio of this age group is not favourable. There were 5842 (54.87%) male and 4804 (45.12%) female.

Methodology:

A combination of both quantitative and qualitative research methods was adopted to meet the research objectives. Quantitative methods (structured questionnaires) were used to assess young peoples’ health seeking behaviors, their needs and concerns, as well as access to and utilization of public health services for their sexual and reproductive health (SRH) concerns. At the same time, the status of health system infrastructure was ascertained through a facility survey, with a view towards determining the preparedness of these facilities to cater to the special needs of young people. Service providers at various levels (CHC, PHC and Sub-centre) were interviewed to find out the nature and quality of services available to young people, along with the sensitivities and attitudes of service providers to young people’s SRH care.

Focus Group Discussions (FGDs) were conducted with unmarried young people (male and female), married young people (male and female), and their parents (mother and fathers) to collect qualitative data.

In-depth interviews were conducted with service providers, local self government, (Head of Panchayati Raj Institution).

Sampling technique for the quantitative data collection:

A. Selection of villages

A multi stage sampling procedure was adopted for this survey. In the 1st stage two villages from each Youth Information Centre totaling to twelve villages were selected for the end line survey. The village where the YIC is located and another village where the YIC is not located, but is under the administration of the YIC supervisors and community worker (from the nearby YIC) were selected for the survey.

B. Selection of young people

The 450 young people (10-24) for the survey were randomly selected following the same criteria as base line from the 12 selected villages. In order to ensure geographical, socio-cultural representation and to obtain a cross-section of young people, survey team was spread out in all four directions of the area selected.

Results:

Nature of Existing Government Health Facility:

The behaviour of the doctors has been reported as having changed after the implementation of this project. (In the base line only 66% of young people reported receiving a greeting from the doctor or staff that provided them services, which has increased to 82% in the end line.)

In the base line, 91% young people reported that the doctor listened to them carefully, which is almost the same as 93.76% in the end line.

While 21% young people rated the care as very good, most of them rated the government. Health facilities as average, in the end line 20% reported services as very good and 68% as good. The perception of the young people about the health centre has seen some change over this one year.

Knowledge about Sexually Transmitted Infections:

About 45% young people reported in the base line that they have heard about STI, which has increase to 84% for young males and 69% for females.

About 22% men recognized the symptom of STI in baseline, which has increased to about 89% for both boys and girls at end line.

Knowledge and attitude about HIV/AIDS:

In the base line, 85 % young people reported that they have heard about HIV/AIDS, which has increased to 99% for young boys and 99% for young girls at end line. This is due to the active role played by community workers and peer workers in disseminating information through different activities with young people.

Modes of Transmission of HIV/AIDS:

At base line, 76%, young people reported that transfusion of infected (untested) blood can transmit the HIV, which has increased to 96.8% for boys and 98.7% for the girls at end line. About 63% young people had knowledge that HIV/AIDS can be transmitted through infected needles at the baseline, this percentage has increased to 99.6% for girls and 94.5% for boys at endline. The knowledge that HIV/AIDS can be pass from HIV positive mother to child is high amongst girls i.e.97.4% in comparison to boys (74.1%) at end line, but in the base line it was just 52% for boys and girls both.

Prevailing myths and misconception about HIV/AIDS among the young people:

At end line 89.5% boys and 91.2% girls knew that HIV does not spread by mosquito bite, this was just 66% at base line. At base line survey, 76% young people knew that that HIV/AIDS cannot spread through urine and stool, which has increased to 84.5% boys and 93.4% girls at end line.

In the end line survey about 90% of the boys and 96.5% of the girls knew that the AIDS can't be spread by sharing utensil, this knowledge was just about 83% during the base line survey.

In the end line survey about 89.1% boys and 94.7% girls have knowledge that HIV/AIDS can't be spread by sharing cloths with the AIDS patient, this was 84% (boys and girls combined) during the base line survey.

Knowledge about the methods of the contraceptives:

In the base line survey, condoms emerged as most known method among young people mentioned by highest proportion of young people (74%). In the end line the knowledge of condom as a method of contraception has increased to 96.2% among girls and 100% among boys.

Condom as dual protection from pregnancy and HIV/STI:

In the base line about 62.22% of the young people had knowledge that condom work as dual protection against pregnancy and STI/HIV. This percentage has increased to 100% for girls and 90.6% for boys during the end line.

Conclusions:

The knowledge, attitude and practice of the young people with regards to sexual and reproductive health have changed to a large extent during the end line survey in comparison to the base line study. There were lots of myths and misconception in the society related to STI and HIV/AIDS, which has reduced to a great extent in comparison to the base line survey. The project period was too short to reach all the young people in the community and change their sexual and reproductive health practices, but the knowledge level have changed significantly. The role of Youth Information Centre (YIC), community workers and the peer educator in this regard is pivotal.

The behaviour of the service provider has also changed for the better, which may be due to the sensitization and orientation on Youth Friendliness and capacity building programmes on technical aspects, carried out by Mamta. The advocacy initiatives resulted in establishment of the Youth Friendly Clinic in the Primary Health Centre and the Youth Friendly Centre in the Community Health Centre which is significant achievement.

It is clear from the different statements of different stakeholders that the programme has achieved a measure of success in terms of the increasing knowledge on sexual and reproductive health issues among young people. All the stakeholders have knowledge about the project and do recognise the need and importance of the issues of sexual and reproductive health. The training of the service providers and the workshop with the stakeholders was an important step/process in convincing the stakeholders for allowing the young people to visit the YIC's and to take part in its activities. In the initial phase of the project there was some resistance from some of the stakeholders, but they got convinced slowly and gradually. Even the community workers and the peer workers were not accepted in the community, but in the long run they have started welcoming them. Now most of the people have understood the importance of the issues.

In the final analysis it is obvious that most of the objectives of the project have been achieved to a significant extent given the short time period, which included the initial phase of establishing YICs and services at health facilities and convincing the stakeholders about working on the sensitive issues.