

# **AWARENESS, KNOWLEDGE AND MISCONCEPTIONS ABOUT STIs AND HIV/AIDS IN SELECTED STATES OF INDIA: EVIDENCES FROM INDIA.**

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## **3.1 Importance of the Problem and Review of Literature**

AIDS (Acquired Immune Deficiency Syndrome) represents the late clinical stage of infection with human immunodeficiency virus (HIV). The HIV/AIDS epidemic has gained momentum during the last one and the half decade, expanding to all regions of the world and continues to be major global challenge. HIV/AIDS finds its victims in both and rich poor countries, but the hardest hit countries are between the developing and the underdeveloped nations. Two decades into the epidemic and there is still no vaccine and no “cure” for AIDS (Vinod k. Sharma, 2003). About 3 million people in the region were newly infected with the virus in 2004 (UNAIDS, 2004). Countries in the Eastern Europe and Asia now have the fastest growing rates of HIV/AIDS infection in the world, and the populous countries of China, India and Indonesia are of particular concern. The HIV/AIDS epidemic has also challenged traditional cultural boundaries. Effective prevention involves addressing traditional “taboos” in many cultures. Discussing sensitive issues around sexuality, critical to effective AIDS education, requires a change of traditional “culture of silence” so people can more freely talk about sex. India, being home to one sixth of the world population, accounts for nearly 10 percent of the global HIV/AIDS infections, unfortunately rapidly becoming the epicenter of the epidemic and harbors many implications. Approximately, 5.206 million people are living with HIV/AIDS in India today.

Sexually transmitted diseases (STD) are increasingly recognized as a major cause of morbidity in India. The importance of the control of STI has increased with the introduction of the HIV/AIDS epidemic in the country. Comprehensive awareness, which can lead to attitudinal and behavioral change in individual and society towards safe sexual and other health practices, is the only weapon today against HIV/AIDS. Sexually transmitted infections (STI) or Sexually transmitted diseases (STD) are a group of

communicable diseases that are transmitted predominantly by sexual contact. Sexually transmitted infections (STIs) remain a public health problem of major significance in most developing nations including India. STIs, especially among women are an important health problem in India. At present, health services for women are mainly limited to care during pregnancy, childbirth and contraception. Little, if any attention has been given to the reproductive health needs of non-pregnant women and adolescents. Therefore, regional or national data related to infection of sexually transmitted are not available. The high incidence of STIs in India also indicates the potential for rapid and extensive spread of the HIV epidemic. STIs are associated with the same risk behaviors that put a person at risk of HIV infection. In addition to this, STIs are independent risk factors for HIV infection, facilitating both the acquisition and transmission of HIV. The incidence of acute STI is believed to be high in many countries

There are evidences that limited knowledge and misconceptions about STIs and related issues as well as HIV/AIDS treated issues would lead to high-risk sexual behaviour. Empirically, in India, these associations were examined with the help of multivariate technique in a limited number of studies (Narvekar et al, Verma and Schensul, 2004), but both are with the data collected from men living in slums of Mumbai aged 16-49 and 21-40 years, respectively as well as based on the analysis of data (Ramesh and Rangaiyan, 2004), which was collected from men in the age group of 20-54 years as a part of RCH-RSH-Phase1 and Phase2 (1998-1999). Marital relationship can be an environment of risk in which there are major barriers to safe marital sex, poor marital communication about sexual risk and sexuality, limited capacity for wife's to refuse a husband demand for sex, spousal infidelity and limited use of condoms in marital sex as protection against disease transmission (Ali et al, 2004; Bhattacharya, 2004, El-Bassel et al, 2003). A significant number of Indian women, lack of control over their sexual lives is made more severe by domestic violence coercive sex and cultural constructions of gender that contribute to increased HIV/STI risk among married women (Verma and Collumbien, 2003; Verma and Sehensul, 2004). As a result, these factors of risk within marriages are amplified by poverty, illiteracy and gender discrimination, arranged marriages to virtual strangers, poor marital relationships and limited social

support. For a significant number of women, these issues contribute to increasing prevalence of sexual health problems (Patel and Kleinman, 2003; Patel and Ooman, 1999).

In the absence of curative and preventive therapy, even after more than two decades of the clinical detection of the HIV/AIDS virus that causes AIDS, creating people awareness and knowledge regarding HIV/AIDS is the only cost effecting strategy of primary prevention especially in the developing countries like India(World Bank,1997). Despite efforts of NACO and other international and national agencies, studies have pointed out the inadequate knowledge among the people regarding STIs and HIV/AIDS. There is a worldwide growing concern on sexually transmitted infection (STIs) and HIV/AIDS. Identification of sexually transmitted diseases (STDs) as risk factors for the spread of HIV infection has also contributed largely on increasing global awareness on STDs (Ramasubban, 2000). It is reported in various studies (Bang and Bang, 1989; Presad et al, 2000; Joshi et al, 2000) that there is a high prevalence of STIs in general population and the fact that women remains asymptomatic for most part makes it difficult to detect it at an early stage because of the lack of knowledge and awareness therefore as a result, they are neither reported nor treated.

### **Need for the Study**

From the above review of literature, it is evident that there has been an increasing concern over the general health and morbidity status of women in India, the arena of sexual and reproductive health is still little explored. Also it is found that due to lack of knowledge and awareness about RTI/ STIs and HIV/AIDS women are not in the position even to share her problem with their family members. Therefore it is necessary from the policy point of view to create such an environment which provides adequate knowledge about reproductive and sexual health to the women to take the necessary precaution about this sexual disease. On the other side, recent efforts in different developing countries including India to study reproductive morbidity at the community level suggest low knowledge and awareness about reproductive and sexual health leads to high prevalence of RTI/STIs among women. Sexually transmitted infections (STIs) control has been an important prevention strategy

for the past five years in India. Many epidemiologic and biologic studies now support the hypothesis that STDs enhance HIV transmission so it is necessary for the policy and the implementation point of view to all the policy makers and researchers to convey and give the awareness and knowledge about HIV/AIDS so that people could easily detect the STIs at an early stage, taking proper treatment and therefore will not have any possibility of having HIV infection in the future. In order to cope up and sort out such a disease in the developing country including India it is necessary to create a strong enabling environment which provides adequate knowledge about reproductive health to the people especially women. However, interventions at this level are often less effective due to lack in perceived severity of the problems affecting service utilization. Often people particularly women are not aware that they have an STD because that have symptoms, others know they are infected but avoid seeking care because of the stigma associated with STDs. Young women are especially at risk of contracting HIV because of the interplay of biological, economic and socio-cultural factors. A cross-cultural comparison of major correlates of young women's vulnerability to STIs/HIV was made in CHARCA baseline survey in terms of level of awareness, capacity building, improved services, support system and enabling environments measured through some core indicators. Therefore keeping this fact and view this study is focused on the awareness, knowledge and misconception about STI and HIV/AIDS in the selected states of India.

### **Objectives**

Almost two decades have elapsed, still the knowledge about STI/HIV vary a great deal among different group of population. This is in spite of the fact that there is restless effort on the part of the media, government as well as non-government organizations to disseminate knowledge at various levels. The present study deals with the following objectives:

- (1) To examine the extent of awareness and knowledge about STIs and HIV/AIDS among young women.
- (2) To assess the level of misconceptions about HIV/AIDS among the young women.
- (3) To investigate different sources of knowledge about sex and sexuality among men during the process of growing up.

## **Methodology**

This study is based on secondary data collected through the CHARCA (Coordinated HIV/AIDS response through capacity building and awareness) baseline survey conducted by the [International Institute for Population Sciences](#) in 2004 in five districts namely Aizwal, Bellary, Guntur, Kanpur and Kishenganj. The sample size for a district was estimated by considering the value of awareness level of STDs among currently married women below 25 years however the target sample size was estimated to be 400 for a district, assuming a ten percent coefficient of variation. Hence overall data for the present study pertain to information collected from 2458 married and unmarried women from the five districts in the age group of 13-24 year.

Further, the selection of the eligible men, that is male aged 15-29 years, was done from those households where at least one eligible woman was recorded at the screening level. Therefore, the target sample size for the married and unmarried men is 1309 among the five CHARCA district.

## **Description of variables**

The major *dependent* variables utilized in the study are namely, knowledge about modes of transmission of STIs/HIV, misconceptions about HIV transmission, sources of knowledge about sex and sexuality during process of growing up

The major *independent* variables used for analyzing socio-economic and demographic profile of the respondents and variation in the major response variables used in this study are as follows:

**Age:** In the age category usually the females has been classified into three sub-categories that is 13-16,17-20 and 21-24 and the males are into 15-19,20-24 and 25-29 subcategory in order to maintain the homogeneity in the age interval

**Education:** Variation in the education attainment of the respondents have been classified into three subcategories (based on their level of education) that is illiterate, up to high school and intermediate and above.

**Religion:** It has been classified as Hindu, Muslims and others

**SLI:** In order to assess the economic status of the respondents, standard of the living index has been computed by following the procedure adopted in NFHS I(1992-93) NFHS II (1998-99),IIPS, Mumbai by accounting household amenities, availability of

separate bedroom for the respondent in the household, availability of the separate kitchen at the time of interview. Various scores has been given to the each item of household amenities keeping in mind the market value of those items and quartile frequency distribution of the total score has been calculated to compute SLI with the range of the value termed as low, medium and high.

***Exposure to mass media:*** To capture the level of media exposure among the target women it has been asked that how often they are exposed to media items such as news-paper, radio, book and magazines. The responses were recorded under the following that whether they exposed to media items daily, once in a week, once in 15 days or never exposed. On this basis appropriate scores has been given to each item with a maximum score give to “Daily” and quartile frequency distribution of the total score has been calculated to compute Exposure to mass media giving the range low medium and high.

***Membership in CBO/NGO:*** To get information on membership in community based organization or non-government organizations, a series of questions have been asked to the male and female respondent that is “Is there any CBO/NGO located in your community and if it is then are you be the member of that CBO/NGO. All those who reported no in case of presence of CBOs/NGOs in their community have been treated as not member of any CBO/NGO.

## **2.4 Profile of the Respondents**

From the Table 2.1, a relatively larger proportion of young women included in the CHARCA base line survey to generate log frame based indicators to assess young women’s vulnerability to STI/HIV were unmarried women (58 percent). Moreover, majority of married women falls between the age -group 21 to 24 years, whereas among unmarried most of the women falls into 13 to 16 years of age. A little over half of the married women are educated up to high school, where as this situation is better in case of unmarried women (67 percent). Profile of respondents by their membership in CBO/NGO shows that a relatively lower proportion of young married women are having membership in any local CBOs/NGOs (11percent) than their unmarried counterparts (18

percent). By looking at residential status of the respondents a relatively larger proportion of married women belong to rural areas (54 percent), whereas, the same in case of unmarried women is 44 percent. Religious composition of young women included in the survey reveals that more than two-thirds of married women are Hindu, while this proportion reduces to 41 percent among unmarried women.

By looking at profiles of young men included in the CHARCA base line (Table 2.2), it has come out that the majority of the men are unmarried (60 percent). Among married men, majority of them belong to age 25-29 years (64 percent). Moreover, in the case of unmarried, little over half of the men belong to age group 15-19 years. Majority of the men, irrespective of their marital status, have reported high school level education. A large proportion of married men belong to rural areas (57 percent). Hindus are dominating in both the cases of married and unmarried.

This study has been organized into three sections. The first section deals with the extent of knowledge and awareness about the modes of STIs and HIV transmission among married and unmarried women (aged 13-24 years). Further the next section of this chapter is based on the analyzing the extent of misconceptions about HIV/AIDS among married and unmarried women (aged 13-24 years) and the last section (section three) of this chapter has focused on the variation in source of knowledge about sex and sexuality during the process of growing up among adult men aged 15-29 years.

### **Major Findings**

The main objective is to examine the extent of knowledge about different modes of STI transmission and prevention among adult women and men across five CHARCA districts. For this purpose, four most significant modes of STI transmission i.e. sex with CSW, sex with other women, homosexual contact, and heterosexual contact have been converted into a composite variable, extent of knowledge. If a respondent has reported knowledge of all the four modes of transmission, it is classified as a complete knowledge. If a respondent has reported either of four modes of transmission, it is labeled as partial knowledge and all those who could not mention even a single mode of STI transmission has been categorized as having no knowledge. Distribution of adult women by the extent of their knowledge about STI transmission reveals that unmarried women are 1.3 times

more likely to have knowledge about STI transmission than married women of age below twenty-five years. However, the difference in the knowledge about STI transmission between the married and unmarried women gets narrower while moving from partial to complete knowledge.

Variation in extent of knowledge about STI transmission by some selected background characteristics reveals that there is a positive association between the current age and the extent of knowledge irrespective of their marital status. The extent of knowledge about STI transmission increases sharply with the level of educational attainment. However, the pattern of increase is not uniform among married and unmarried women. A little over ten percent of illiterate unmarried women, are having complete knowledge of STI, which increases sharply (22%) among those completed at least intermediate and above. On the other hand, the corresponding difference in the extent of knowledge is very pronounced among married women. Membership in CBOs/NGOs and urban-rural residence are other predictors having positive association with the extent of knowledge about STI transmission (Table 3.1). The logistic regressions for both married and unmarried women depict that membership in CBO and exposure to mass media have significant positive impact on likelihood of reporting of at least one mode of transmission of STI after adjusting for the effects of other predictors included in the model (Table 3.2).

For the analysis of the extent of knowledge about different modes of HIV transmission among adult women six most significant modes of HIV transmission i.e. *sex with CSW, sex with other women, homosexual contacts, and heterosexual contacts, mother to child, transfusion of infected blood* have been converted into a composite variable namely extent of knowledge of HIV transmission. If a respondent has reported knowledge of all the six modes of transmission, it is classified as a complete knowledge. If a respondent has reported either of six modes of transmission, it is labeled as a partial knowledge and all those, who could not mention even a single mode of HIV transmission have been categorized as having no knowledge of HIV transmission. From the Table 3.3, the distribution of adult women by the extent of their knowledge about the HIV transmission reveals that with increasing age complete knowledge towards HIV transmission among unmarried women increases sharply as compared to those among married women below age twenty-five years. Unmarried women are more likely to have



complete knowledge about HIV transmission than their married counterparts. The relative difference is the maximum in the age group 13-16 years. Unmarried women age 13-16 are three times more likely to have complete knowledge than the married women in the same age group. Also it is found that as the standard of living becomes better among married and unmarried women, their “no knowledge” about modes of HIV transmission is shrinking down and “complete knowledge” about the modes of HIV transmission is continuously increasing. Even at a low level of standard of living the level of complete knowledge about HIV transmission is considerably higher (31 percent) among unmarried women than among married women (21percent).

Looking at the adjusted effect of these predictors on extent of knowledge about HIV transmission, odds of having knowledge about at least one mode of transmission among those who are member of CBOs/NGOs is 1.2 times higher than among those who is not a member of any CBO or NGO. Exposure to mass media and SLI are other two predictors showing significant impact on knowledge about HIV transmission after adjusting for other predictors included in the model (Table 3.4).

### **3.3 Misconceptions about HIV Transmission**

Over the years there are growing evidences that with increasing number of targeted interventions in different sub population’s level of knowledge about STI/HIV transmission is increasing, at the same time its misconceptions of HIV/AIDS have been increased. For the purpose of analyzing the extent of misconceptions among married and unmarried women different response categories kept in CHARCA base line survey have been categorized into two categories i.e., “no misconception “and “at least one misconception”. It has been observed that relatively higher proportion of unmarried women have reported at least one misconception (76%) than among married women (68%). It can also be seen that more educated respondents (married and unmarried) are more likely to have at least one misconception about HIV transmission. In other words, those who are better informed about at least one mode of STI/HIV transmission are more likely to have at least one misconception. Interestingly, membership in CBOs/NGOs is also showing positive association with having at least one misconception among married as well as unmarried women. The pattern remains by and large the same even looking at the differentials within level of education, standard of living and place of residence (Table 3.5)

Logistic regression odds ratios for having at least one misconception about HIV transmission reduces by one third as we move from education category illiterate to those educated up to high school. Other predictors having significant negative impact on at least one misconception are membership in CBO/NGOs and SLI. However, adjusted effect of exposure to mass media on at least one misconception shows a contrast pattern where odds of having at least one misconception among unmarried women in medium and high exposure to mass media categories are six and four times higher than the odds for low exposure to mass media. However, corresponding values of odds ratios among married women are 3.3 and 1.6 respectively (Table 3.6).

A very limited role of parents/ families as well as school/teachers in imparting knowledge about sex and sexuality including HIV/AIDS is also justified with the following quotes emerged during FGD conducted with young men:

*People in this area are well aware of HIV and AIDS. Mainly TV and friends/peers are the main sources of knowledge about HIV/AIDS. There is no NGO/CBO working on HIV/AIDS in this area. Even in spite of knowledge about HIV/AIDS many young men visits DC Nagar. Very few of them are using Nirodh and hence there is a channel to get their wife infected as majority of these people return home after drinking, force wife for sex without adopting any protective behavior. (FGD with young male age 25-29, Bellary, Karnataka)*

## **Summary, Conclusion and Recommendation**

This chapter contains the key findings of the study focusing at extent of knowledge, awareness and misconceptions about STIs and HIV/AIDS in among young women as well as men in five CHARCA districts. All the three issues are expected to provide empirical evidences for the need and importance of early diagnosis and treatment of STIs in the over all HIV prevention programme. Of course, some of the limitations of this study are also mentioned towards the end of this chapter.

This study looks at the plausible explanations of the extent of knowledge, awareness and misconceptions about STIs and HIV/AIDS among five CHARCA districts of India. Moreover, all these five districts are socially and culturally different in terms of

opportunities for the risk of HIV. This study is making a comparison between both the married and unmarried women in the age group of 13-24, and it also makes comparisons of both the married and unmarried men in the age group of 15-29 years.

From the secondary data analysis it has emerged that married women are having a lower level of knowledge about the modes of transmission of STI as compared to unmarried, this may be due to the fact that they are less exposed to the mass media and to outer world. This finding is also substantiated by the logistic regressions. Moreover, it can also be due to diversity into socio –cultural practices and thus young married women needs more and more attention of policy makers and planners for educating them by giving comprehensive knowledge of transmission of STI. Our patriarchal social norms, culture, customs, values, and stigma about sexuality and gender give a little exposure, to women in general, and to married women in particular, to explore the outer world. Subsequently, one can always ask question on the kinds of program strategies we have adopted for prevention and control of STI. This analysis has clearly brought out a lesser proportion of the respondents have shown the complete knowledge of STI. Even after more than 15 years of prevention and control program we have not achieved that much success as it appears from this study too. The level of complete knowledge about HIV/AIDS is very low between both married (26 percent) and unmarried (36 percent) women respondents. Therefore, there is a strong need to make suitable intervention strategies to address this issue among general masses; particularly women should be given due emphasis for reducing the risk of HIV, therefore, far reaching consequences can be visualized for the nation, society and individual. Moreover, this situation becomes gloomy when we look at misconceptions about HIV/AIDS. Misconceptions of HIV/AIDS have been increasing with the increase in knowledge. One answer of these increasing misconceptions could be that people relate new knowledge with their pre-existing knowledge categories and our programs have not tried enough to focus on what people think about HIV/AIDS. Consequently, with increase in knowledge more and more misconceptions can be found. It is encouraging to know that younger women are more knowledgeable about HIV/AIDS than married. Therefore there is a strong need to know what kind of knowledge categories people are having about this HIV/AIDS? It is

worthwhile to eliminate misconceptions, though it is a difficult task as they are deep-rooted into the belief system of individuals' and not universal too. Thus, how these misconceptions are socially represented in the particular social context need to be given priority as a prevention strategy for controlling STI/HIV. Further for early diagnosis and treatment of STIs, it is necessary to have enough information about the sources through which these youngsters are getting information on sexuality related issues. From the analysis, friends/ peers, electronic media, print media are the principle sources of getting sexual information for adult men below 25. Also; one can see that youths are getting less information about sexuality related issues from school /teachers. It has also emerged that a higher proportion of young men who are not a member of any CBO/NGOs reported to get sexual information from their parents, teachers and schools therefore, the primary social institutions such as family, religion, and educational institutions should emphasis family life education for imparting correct knowledge between both men and women on sexuality related issues particularly during the process of their growing up.

### ***Limitations of the Study***

This study is based on secondary data analysis and hence in explanations of some of the social and contextual issues existing gaps would have been filled in more effectively if researcher had first hand experience social realities.

## BIBLIOGRAPHY

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- Audinarayana, N. (2005.) ‘Correlates of High Risk sexual behavior among never married male industrial worker in Tripur city’, Tamil Nadu. Tiruvananthapuram: AMCHSS, Sri Chitra Tirunal Institute of Medical Sciences and Technology.
- Bang, R. and Bang, A. (1989): “A community study of gynecological diseases in Indian villages in Zeidenstein and Moore (eds.) Learning about Sexuality: A Practical Beginning, New York: Population Council.
- Cameron DW et al.( 1988). ‘Prediction of HIV infection by treatment failure for cancroids, a genital ulcer disease’, in 4th International Conference on AIDS, Book 2, p 334, Stockholm, 12–16 June.
- Gittelsohn, J., Bentley, M. E., Pelto, P. J., Nag, M., Pachauri S., Harrison, A. D. and Landman, L.T. (eds.) Listening to women talk about their health: Issues and Evidence from India, New Delhi: Har Anand Publication
- Heffernan.(2004). ‘Housewives account for one fifth of India’s HIV cases, expert says’, India Post and NCM, April 16.
- Kaiser Network (2003) ‘India Must act to prevent tens of millions of HIV cases’,UNAIDS director says:458 millions Indians already HIV positive, Daily HIV/AIDS Report, July 25.
- JeJeebhoy, Shireen (2000): Adolescent Sexual and Reproductive Behavior: A review of the evidence from India in Ramasubban and Jejeebhoy (eds.) Women’s Reproductive Health in India, New Delhi: Rawat Publication.
- Khanna,Anoop and Goyal R.S(2005). ‘A study of adolescent girls in Rajasthan’ Journal of health management,Vol.7(1),pp:91-107.
- National AIDS Control Organization (2003). ‘National baseline general population behavioral surveillance survey(BSS)’.New Delhi: Ministry of Health.
- Oomman, Nandini (2000): “A decade of research on Reproductive Tract Infections and other Gynecological Morbidity in India: What we know and what we don’t know in Ramasubban and Jejeebhoy (eds.) Women’s Reproductive Health in India, New Delhi: Rawat Publication

- Ramakrishna Jayashree, Br. Mani Karott, Radha Srinivasa Murthy, Vinay Chandran and Pretti J. Pelto. 2004. 'Sexual Behaviour of Street Boys and Male Sex Workers in Bangalore, Paper Prepared for Sexuality in the Time of AIDS', 2004. pp 45-67.
- Rangaiyan, G. 1996. 'Sexuality and Sexual Behaviour in the Age of AIDS: A Study among College Youth in Mumbai'. Unpublished Ph. D. Thesis Mumbai: IIPS.
- UNAIDS (2004), Report on the global AIDS Epidemic.
- Verma, Ravi K. and Hemkhathang Lhungdin. 2004. 'Sexuality and Sexual Behavior in Rural India: Evidence from a Five State Study' in Verma et al. (eds.) Sexuality in the Time of AIDS: Contemporary Perspectives from Communities in India, New Delhi: Sage Publications, pp. 156-176.
- Wasserheit JN and PJ Hitchcock. 1992. Future directions in sexually transmitted disease research, in Advances in Host Defense Mechanisms. Volume 8. Immune pathogenesis of Sexually Transmitted Diseases. Quinn T (Ed). Raven Press: N

**Table-2.1: Profile of the female respondent among the CHARCA district**

<b>Background characteristic</b>	<b>Married women (N=1032)</b>	<b>Unmarried women (N=1426)</b>
<b>Age</b>		
13-16	3.7	48.3
17-20	39.8	38.4
21-24	56.5	13.3
<b>Women's Education</b>		
Illiterate	40.2	11.7
Up to high school	53.4	67.7
Intermediate and above	6.4	20.5
<b>Membership in CBOs</b>		
Yes	11.4	18.1
No	88.6	81.9
<b>Standard of Living</b>		
Low	47.0	30.8
Medium	41.0	45.3
High	12.0	23.9
<b>Exposure to Mass media</b>		
Low	14.1	38.1
Medium	55.2	51.3
High	30.6	10.6
<b>Place of residence</b>		
Urban	46.0	55.8
Rural	54.0	44.2
<b>Religion</b>		
Hindu	58.5	41.3
Muslim	26.1	27.5
Others	15.4	31.2
<b>Total</b>	<b>42.0</b>	<b>58.0</b>

**Table-2.2: Profile of the male respondent among the CHARCA district**

<b>Background characteristic</b>	<b>Married men (N=525)</b>	<b>Unmarried men (N=784)</b>
<b>Age</b>		
15-19	2.5	52.5
20-24	33.1	37.1
25-29	64.4	10.4
<b>Men's Education</b>		
Illiterate	26.1	12.2
Up to high school	62.3	62.6
Intermediate and above	11.6	25.1
<b>Membership in CBOs</b>		
Yes	15.6	24.2
No	84.4	75.8
<b>Place of residence</b>		
Urban	43.2	54.8
Rural	56.8	45.2
<b>Religion</b>		
Hindu	54.3	46.0
Muslim	27.0	28.2
Others	18.7	25.8
<b>Total</b>	<b>40.1</b>	<b>59.9</b>



**Table-3.1: Percentage distribution of young women (aged 13-24 years) by extent of their knowledge about modes of STI transmission by some selected socio-economic characteristics in CHARCA districts**

Socio-economic characteristic	Married women (1032)			Unmarried women (1426)		
	No Knowledge	Partial Knowledge	Complete knowledge	No knowledge	Partial Knowledge	Complete Knowledge
<b>Age</b>						
13-16	71.1	26.3	2.6	50.1	34.1	15.8
17-20	63.7	25.3	10.9	35.6	42.4	21.9
21-24	45.6	33.4	20.9	30.5	46.3	23.2
<b>Women's Education</b>						
Illiterate	64.3	27.5	8.2	57.5	32.3	10.2
Up to high school	47.7	32.5	19.8	41.6	38.5	19.9
Intermediate and above	37.9	24.2	37.9	34.1	44.0	21.8
<b>Membership in CBOs</b>						
Yes	56.8	22.9	20.3	24.4	51.2	24.4
No	53.4	30.9	15.8	45.8	36.2	18.0
<b>Standard of Living</b>						
Low	68.2	19.6	12.2	58.1	23.7	18.2
Medium	44.4	40.0	15.6	35.8	47.7	16.6
High	29.0	36.3	34.7	32.8	41.9	25.2
<b>Exposure to Mass Media</b>						
Low	21.9	42.5	35.6	27.4	46.4	26.2
Medium	58.6	26.5	14.9	47.5	36.9	15.6
High	59.8	30.4	9.8	66.9	21.9	11.3
<b>Place of residence</b>						
Urban	41.9	32.2	25.9	35.0	40.6	24.4
Rural	63.9	28.0	8.1	50.7	36.8	12.5
<b>Religion</b>						
Hindu	62.4	21.0	16.6	55.9	25.8	18.3
Muslim	38.3	46.5	15.2	32.1	49.5	18.4
Others	47.2	35.8	17.0	32.1	47.0	20.9
<b>District</b>						
Kanpur	13.8	36.5	49.7	26.4	38.1	35.5
Kishenganj	83.1	13.0	3.9	79.8	17.4	2.8
Guntur	23.8	45.2	31.0	27.4	49.4	23.3
Bellary	91.2	7.4	1.4	88.7	8.8	2.5
Aizwal	17.5	65.9	16.6	18.1	61.6	20.3
<b>Total</b>	<b>53.8</b>	<b>29.9</b>	<b>16.3</b>	<b>41.9</b>	<b>38.9</b>	<b>19.1</b>

**Table-3.2: Logistic regression odds ratio of knowledge about modes of STI transmission among married and unmarried women aged 13-24 years**

Background Characteristic	Married		Unmarried	
	B	Exp(B)	B	Exp( B)
<b>Age of Women</b>				
13-16®				
17-20	-0.877	0.416**	-0.295	0.745
21-24	-0.685	0.504*	0.084	1.088
<b>Women's Education</b>				
Illiterate®				
up to High school	-0.274	0.760	-0.251	0.778
Intermediate and above	0.101	1.106	0.078	1.081
<b>Membership in C.B.O</b>				
Yes®				
No	0.181	1.198	-0.691	0.501*
<b>Standard of living index</b>				
Low®				
Medium	-0.893	0.409*	-0.235	0.791
High	0.045	1.046	0.443	1.557**
<b>Exposure to mass media</b>				
Low®				
Medium	0.902	2.464*	1.545	4.687*
High	-0.137	0.872	0.738	2.092
<b>Place of residence</b>				
Urban®				
Rural	0.978	2.659*	0.617	1.853*
<b>Religion</b>				
Hindu®				
Muslim	-0.400	0.670***	-0.425	0.653**
Others	0.630	1.877**	1.022	2.778*

\* P<.01. \*\*P<.05 and \*\*\*P<.1

**Table-3.3: Percentage distribution of young women (aged 13-24 years) by extent of their knowledge about modes of HIV transmission by some selected socio-economic characteristic in CHARCA district**

Socio-economic characteristic	Married women (N=1032)			Unmarried women (N=1426)		
	No Knowledge	Partial Knowledge	Complete knowledge	No knowledge	Partial Knowledge	Complete Knowledge
<b>Age</b>						
13-16	31.6	57.9	10.5	24.4	45.1	30.5
17-20	34.5	41.6	23.8	11.2	46.6	42.2
21-24	20.6	49.7	29.7	5.8	48.9	45.3
<b>Women's education</b>						
Illiterate	44.3	41.7	14.0	56.9	27.5	15.6
Up to high school	16.2	50.1	33.8	14.4	46.8	38.8
Intermediate and above	1.5	51.1	47.0	2.0	54.9	43.0
<b>Membership in CBOs</b>						
Yes	16.9	40.7	42.4	1.2	43.4	55.4
No	27.8	24.8	47.4	20.3	46.8	32.9
<b>Standard of Living</b>						
Low	32.6	46.6	20.8	22.1	44.6	31.3
Medium	26.2	46.3	27.4	20.9	45.8	33.3
High	4.0	49.2	46.8	2.3	49.0	48.7
<b>Exposure to Mass Media</b>						
Low	3.4	53.4	43.2	3.5	47.1	49.4
Medium	23.0	48.2	28.8	16.9	49.6	33.5
High	43.7	41.1	15.2	64.2	26.5	9.3
<b>Place of residence</b>						
Urban	16.4	48.0	35.6	6.9	48.6	44.5
Rural	35.2	45.8	19.0	29.3	43.3	27.4
<b>Religion</b>						
Hindu	24.3	49.8	25.8	15.8	48.7	35.5
Muslim	34.6	42.4	23.0	29.1	41.8	29.1
Others	21.4	42.8	35.8	7.4	46.7	45.8
<b>District</b>						
Kanpur	8.8	41.1	49.7	3.9	45.6	50.5
Kishenganj	33.9	40.2	26.0	25.7	43.1	31.2
Guntur	7.1	40.5	52.4	2.8	46.5	50.6
Bellary	27.5	68.3	4.2	28.9	63.2	7.8
Aizwal	38.4	34.1	27.5	32.9	37.4	29.7
<b>Total</b>	<b>16.3</b>	<b>46.8</b>	<b>26.6</b>	<b>16.8</b>	<b>46.2</b>	<b>37.0</b>

**Table-3.4: Logistic regression odds ratio of Knowledge about modes of HIV transmission among married and unmarried women aged 13-24 years**

Background Characteristic	Married		Unmarried	
	B	Exp(B)	B	Exp(B)
<b>Age of Women</b>				
13-16®				
17-20	-0.554	0.575	-0.743	0.476
21-24	-0.794	0.452*	-0.064	0.938
<b>Women's Education</b>				
Illiterate®				
up to High school	-2.893	0.055	-2.338	0.097
Intermediate and above	-1.885	0.152	-1.153	0.316
<b>Membership in C.B.O</b>				
Yes®				
No	-0.430	0.651	-2.338	0.096*
<b>Standard of living index</b>				
Low®				
Medium	1.031	2.803*	0.878	2.406**
High	0.835	2.304**	0.979	2.661**
<b>Exposure to mass media</b>				
Low®				
Medium	1.522	4.581*	2.344	10.422*
High	0.501	1.650*	1.489	4.4326*
<b>Place of residence</b>				
Urban®				
Rural	0.713	2.040	0.885	2.423
<b>Religion</b>				
Hindu®				
Muslim	0.325	1.384	0.486	1.626
Others	-0.008	0.992	0.563	1.756

\* P<.01, \*\*P<.05 and \*\*\*P<.1

**Table-3.5: Percentage distribution of reporting according to the degree of misconception about HIV/AIDS by some selected socio-economic characteristic in CHARCA district**

B.C.	Married women (N=1032)		Unmarried women (N=1426)	
	No Misconception	At least one misconception	No Misconception	At least one misconception
<b>Age</b>				
13-16	34.2	65.8	31.2	68.8
17-20	40.4	59.6	16.3	83.7
21-24	25.2	74.8	17.4	82.6
<b>Women's Education</b>				
Illiterate	48.7	51.3	59.3	40.7
Up to high school	21.2	78.8	21.6	78.4
Intermediate and above	10.6	89.4	9.9	90.1
<b>Membership in CBOs</b>				
Yes	18.6	81.4	5.4	94.6
No	33.3	66.7	27.7	72.3
<b>Standard of Living</b>				
Low	36.5	63.5	29.4	70.6
Medium	32.9	67.1	28.3	71.1
High	8.1	91.9	7.3	92.7
<b>Exposure to Mass Media</b>				
Low				
Medium	7.5	92.5	10.5	89.5
High	28.6	71.4	23.6	76.4
	48.1	51.9	70.9	29.1
<b>Place of residence</b>				
Urban	21.5	78.5	13.8	86.2
Rural	40.2	59.8	36.0	64.0
<b>Religion</b>				
Hindu	29.0	71.0	22.9	77.1
Muslim	40.1	59.9	36.7	63.3
Others	27.0	73.0	13.0	87.0
<b>District</b>				
Kanpur	12.2	87.8	10.4	89.6
Kishenganj	43.3	56.7	37.6	62.4
Guntur	9.5	90.5	8.0	92.0
Bellary	30.3	69.7	32.8	67.2
Aizwal	43.7	56.3	40.3	59.7
<b>Total</b>	<b>31.6</b>	<b>68.4</b>	<b>23.6</b>	<b>76.4</b>

**Table-3.6: Logistic regression odds ratio of misconceptions towards HIV Transmission among married and unmarried women aged 13-24 years**

Background Characteristic	Married		Unmarried	
	B	Exp (B)	B	Exp (B)
<b>Age of Women</b>				
13-16®				
17-20	-0.404	0.668	0.173	1.189
21-24	-0.765	0.465*	0.778	2.176*
<b>Women's Education</b>				
Illiterate®				
up to High school	-1.118	0.326**	-1.093	0.335*
Intermediate and above	-0.218	0.804	-0.286	0.751
<b>Membership in C.B.O</b>				
Yes®				
No	-0.647	0.523**	-1.429	0.239*
<b>Standard of living index</b>				
Low®				
Medium	-0.774	0.461**	-0.732	0.480*
High	-0.719	0.487***	-0.771	0.4625*
<b>Exposure to mass-media</b>				
Low exposure®				
Medium Exposure	1.202	3.326*	1.926	6.862*
High Exposure	0.455	1.576*	1.527	4.604*
<b>Place of residence</b>				
Urban®				
Rural	0.589	1.802*	0.529	1.697*
<b>Religion</b>				
Hindu®				
Muslim	0.432	1.540***	0.310	1.363
Others	0.091	1.095	0.230	1.259

\* P<.01. \*\*P<.05 and \*\*\*P<.1

**Table-3.7: Percentage distribution of young men (aged 15-29 years) according to the sources of their sexual information in CHARCA district**

Sources	Married Men (N=525)	Unmarried Men (N=784)
Friends/ peers	94.1	94.5
Parents/ Family	12.0	12.6
Teachers/School	6.3	20.7
Electronic media	86.9	88.3
Print media	64.0	59.2

**Table-3.8: Percentage distribution of young men (aged 15-29 years) according to the sources of their sexual information by some selected socio-economic characteristic in CHARCA district**

Socio-economic characteristic	Married men (N=525)		Unmarried men (N=784)	
	Parents / Family	Teachers / School	Parents / Family	Teachers/ School
<b>Age</b>				
15-19	15.4	23.1	10.7	21.0
20-24	9.8	2.3	14.5	21.0
25-29	13.0	7.7	16.0	18.5
<b>Men education</b>				
Illiterate	18.2	0.7	10.4	2.1
Up to high school	9.2	5.5	13.2	20.2
Intermediate and above	13.1	23.0	12.2	31.0
<b>Membership in CBOs</b>				
Yes				
No	11.5	5.6	10.1	13.1
	14.6	9.8	20.5	44.2
<b>Place of residence</b>				
Urban				
Rural	10.6	9.3	12.8	25.8
	13.1	4.0	12.4	14.4
<b>Religion</b>				
Hindu	7.7	5.3	7.8	15.2
Muslim	20.4	6.3	13.6	12.7
Others	12.2	9.2	20.3	39.1
<b>District</b>				
Kanpur	5.6	7.9	5.8	15.3
Kishenganj	0.7	6.1	0.9	5.1
Guntur	20.4	12.2	22.2	44.4
Bellary	4.2	4.2	6.6	25.0
Aizwal	35.0	5.0	23.4	9.9
<b>Total</b>	<b>12.0</b>	<b>6.3</b>	<b>12.6</b>	<b>20.7</b>

