Women's Vulnerability to STI/HIV in India

Findings of the CHARCA Baseline Survey

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PREFACE

The CHARCA Baseline Survey was conducted in the five districts to generate basic information essential to develop intervention strategies and monitor the progress of programmes to reduce young women's vulnerability to STI/HIV. Young women are especially at risk of contracting HIV because of the interplay of biological, economic, and socio-cultural factors. Due to biological reasons, the risks of contracting HIV through unprotected sex are higher for women than for men. At the same time, however the high rates of HIV infection among women and girls often have less to do with biology and more to do with issues of power and control between women and men. Women's vulnerability to HIV infection is also increased by economic or social dependence on men. In situations of economic dependence, women's ability to insist on condom use becomes even more difficult. If a women refuses sex or request condom use, they are likely to encounter abuse or suspicion of infidelity. Sexual assaults, including rape and molestation, are particularly dangerous to the reproductive health of women and girls, which heightens the risk of HIV infection. HIV infection is not confined to the poor, poverty has contributed to its spread by creating yet another situation of vulnerability. Women living in poverty may adopt behaviors that expose them to HIV infection, including the exchange of sexual favors for food, shelter or money to support themselves and their families.

The International Institute for Population Sciences (IIPS), at the request of United Nations Development Program (Contract no. 2004-117, dated June 7, 2004), undertook the task of conducting a baseline survey in five districts, namely Aizawl, Bellary, Guntur, Kanpur and Kishanganj. In this connection, we are thankful to Dr. Revathi Narayanan, National Project Coordinator CHARCA and other staff members at the CHARCA Secretariat, particularly Mr. Ayan Chatterjee for their kind cooperation and support at different stages of the project. Thanks are also due to members of CHARCA Task Force (M&E subcommittee), particularly Dr. Vidhya Ganeshan, UNICEF, Dr. Venkatesh Srinivasan, UNFPA, and Dr. Arvind Pandey, IRMS, for their technical inputs in designing the study. We also express our sincere gratitude to Professor G. Rama Rao, IIPS, Professor Ravi K. Verma, Population Council, New Delhi and Professor Shalini Bharat, TISS, for their invaluable inputs at different stages of the project.

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
APMO	Assistant Para Medical Officer
ARO	Assistant Research Officer
CBO	Community Based Organization
CHARCA	Co-ordinated HIV/AIDS Response through Capacity Building and Awareness.
CHC	Community Health Centre
CRDS	Community Rural Development Society
CSW	Commercial Sex Worker
DM&HO	District Medical and Health Officer
DPMO	Deputy Para Medical Officer
DRDA	District Rural Development Authority
DSA	District Situational Assessment
DSP	District Strategic Plan
FGD	Focus Group Discussion
FHAC	Family Health Awareness Campaign
GGH	Government General Hospital
GOI	Government of India
HIV	Human Immunodeficiency virus
IIPS	International Institute for Population Sciences
IRDP	Integrated Rural Development programme
IVDU	Intravenous Drug Users
KI	Key Informant
MDO	Mandal Development Officer
MPHA (F)	Multi Purpose Health Worker (Female)/ANM
MPHA (M)	Multipurpose Health Worker (Male)
MPTC	Mandal Praja Tribunal Committee
MSM	Men having Sex with Men
NACO	National AIDS Control Organization

NGO	Non Governmental Organization
OBG	Obstetrics and Gynecology
PD	Project Director
PHC	Primary Health Centre
PLWHA	Person living with HIV/AIDS
PMO	Para Medical Officer
PMP	Private Medical Practitioner
PRD	Panchayat Raj Department
RC	Research Coordinator
RCH	Reproductive and Child Health
RI	Research Investigators
RMP	Rural Medical Practitioner/PMP
RO	Research Officer
RSC	Research Sub Committee
RTI	Reproductive Tract Infection
SEEDS	Social Education and Economic Development Society
SC	Sub Centre
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
UN	United Nations
UPHC	Upgraded Primary Health Centre

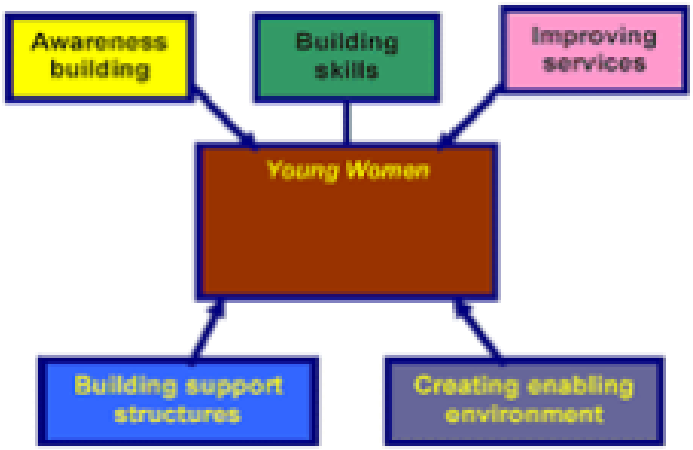
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

In the wake of the HIV/AIDS epidemic in the country from high risk to low risk population, there has been a perceptible shift in priorities to increase the effectiveness of various programs for prevention and control of the epidemic. As such, adolescents and youth (below 25 years) are increasingly attracting the attention of policy makers, researchers and program managers. Besides, in view of the pathetic situation of poor women, culture of silence among women, lack of control over their own bodies, ideality of family, marriage and motherhood, and increase in gender-related (sexual) violence, women in India are more vulnerable to STI/HIV infection than men. As a result, there is growing concern to reduce the potential vulnerability of STI/HIV among adolescents and youth through different innovative strategies. It is against this backdrop that CHARCA aims to reduce the vulnerability of women, particularly young women (13-24 years), from HIV infection in six selected districts in India. The program aims to provide information related to sexually transmitted infections and rights issues, thereby improving their skills and accessibility to quality services. It also aims to build their capacity and supporting networks by providing a conducive environment that will empower them to protect against STI/HIV and to effectively assert their rights.

In view of the above dimensions of risk behaviour among adolescents and early adults (below 25 years), irrespective of their marital status, especially in the rural areas, CHARCA (Coordinated HIV/AIDS/STD response through Capacity-Building and Awareness) aims to reduce the vulnerability of women, particularly young women (13-24 years), to HIV infection in six select districts in India. It aims to provide information, improve their skills and access to quality services. It also aims to build leadership, support networks and the necessary enabling environment. Through this process, it seeks to empower women to protect themselves against STIs/HIV and realize their rights. Overall, the purpose of the

project is to reduce vulnerabilities and increase capacities of young women to protect themselves against STIs and HIV infection under the following conceptual frame-work:

Conceptualization of CHARCA Strategies



The project focuses on five major areas in order to realize its objectives. These are elaborated below:

Creating Awareness: The project aims to provide information on reproductive health and rights, increase people's awareness about RTIs, STIs and AIDS, so that they are able to exercise their right to a healthy life.

Building Skills: Building skills of women on various fronts, for example, education, life skills and vocational skills, so that they have more control over their general welfare and are able to negotiate and exercise their right to a fulfilling life within the family and community.

Improving Services: The objective of the project is to improve access and quality of services by reorienting public services to provide gender sensitive and women centered services.

Building Support Structures: The project endeavors to support existing community organizations and collectives and such other groups towards addressing women's needs and problems. Where such groups do not exist, the

project plans to facilitate the formation of such organizations. It also hopes to render support to such organizations by way of capacity building and improving their skills to function more effectively.

Creating an Enabling Environment: To harness the support of those people and agencies which form a part of the immediate environment of women, the project aims at improving their skills, creating awareness and sensitizing them so as to create a conducive, enabling environment for women to address their needs with respect and dignity. The project aims to work with influential family members, community leaders, law enforcement agencies and the media to build a positive environment for women.

In view of the above framework of CHARCA, the main objective of the baseline study is to generate relevant information consistent with the objectives and the indicators of the proposed intervention for young women in the age group 13-24 years. This will also include a comprehensive understanding of the problems and the opportunities in the community. The specific objectives are:

- To gather baseline information related to the objectives and indicators of the project document, so as to be able to measure progress and also to verify targets and indicators. This will require:
    - examining knowledge, attitude, behaviour and practices related to STDs/HIV among CHARCA subpopulation in five selected districts identified for CHARCA intervention in five different states
    - mapping and listing current support structures (formal as well as informal) for young women in CHARCA districts.
    - Gathering qualitative insights on the forms and attitudes of target population in relation to collective action at community levels to reduce young women's vulnerability to HIV/AIDS
    - Exploring the problems and prospects in building local capacity, for example, local leadership and support networks to take up the issues of young women at community level, and
    - Developing sound referral systems for the reproductive and sexual health needs of adolescents

- To deepen the understanding of the problems and opportunities of communities living in the study area
- To identify potential issues for further research during the project implementation
- To built local capacity in baseline studies

Data and Study Design

The baseline survey has adopted a scientific study design developed through a combination of quantitative and qualitative tools in each of the five districts. The research design consists of the following two parts:

Sampling Design for Canvassing Structured Questionnaire

A quantitative survey through a structured questionnaire has been conducted among selected female adolescents in the age group, 13-24 years. The number of respondents from each district has been decided based on the actual awareness level about RTIs/STDs among the currently married women below 25 years of age based on the RCH-DLHS Survey[1] conducted by the Institute in the year 2002-2003. The available statistics on the prevalence of RTIs/STDs among currently married women below 25 years of age in these districts provide the best approximation even if it does not contain information among unmarried adolescents.

The sample size for a district was estimated by considering the value of awareness level of RTIs/STDs among currently married women below 25 years and assuming the value of its coefficient of variation[2]. The prevalence of awareness about RTIs/STDs among currently married women below 25 years of age was 48 percent in Kanpur, Uttar Pradesh; 35 percent in Guntur, Andhra

[1] World Bank sponsored Reproductive and Child Health: District Level Household Survey conducted by The International Institute for Population Sciences, Mumbai for all 593 districts in the country.

$$2. \quad n = \frac{1}{\alpha^2}\frac{q}{p}$$

$$where, n\ is\ the\ desired\ \ sample\ \ size$$
$$p\ is\ the\ \ prevelance\ \ of\ \ the\ attribute\ \ and$$
$$\alpha\ is\ the\ coefficien\ t\ of\ \ \text{var}\ ition\ \ in\ the\ estimate$$

Pradesh; 23 percent in Kishanganj, Bihar; 29 percent in Aizawl, Mizoram; and 21 percent in Bellary, Karnataka. However, the target sample size was estimated to be 400 for a district, assuming a ten percent coefficient of variation and considering the awareness level of Bellary, where the lowest level of awareness of STI was reported. In view of five to seven percent non-response among currently married women below 25 years of age (as experienced in RHS-DLHS), it was decided to assume a non-response rate up to 10 percent (as the study includes unmarried girls). Under this assumption, the target sample size for a district was increased to 450 women in the age group, 13-24 years. The sample was distributed proportionally to rural and urban areas of a district. A multistage design was adopted for selection of women in each district. It was decided to select 15 PSUs (village or group of villages) in a district and 30 eligible women on an average from each PSU. Utilizing information on age-sex-marital status composition of women in a household in NFHS-2, it was decided to select 52 households in each PSU in order to get the required number of eligible women. However, during the initial phase of fieldwork in Kanpur, it was found that the desire number of 30 eligible women (aged 13-24 years) could not be obtained from these 52 households. Therefore, the fixed number of households to be selected was increased to 70 households from each selected clusters. All the eligible women from the selected households were included in the sample.

The rural sample was selected using a two-stage design, with selection of villages by probability proportional to size (PPS) after grouping them according to their distance from the district headquarter (less than 5 KM, 5-10 KM, and more than 10 KM). At the second stage, selection of a fixed number of households was done using systematic sampling within each selected village after complete listing of households. However, in case of large villages with more than 500 households, the villages were segmented and one segment was randomly selected for complete house listing and selection of fix number of households. In case of Aizawl district, selection of a fixed number of households was done based on the house lists of Census 2001 available with the village councils. Of

course, the overall design for the selection of eligible women in each PSU remains the same in all the five districts.

In urban areas, a three-stage procedure was adopted. In the first stage, a ward was selected with PPS, followed by the selection of a cluster/section again by PPS. Lastly, a fix number of households were selected from each cluster after a comprehensive house listing. The process of segmentation of section/cluster was also used in the urban areas where size of the section or cluster was more than 500 households.

Further, the selection of the eligible men, that is males aged 15-29 years, was done exclusively from those selected households where at least one eligible woman was recorded at the screening level. Thus, out of 70 selected households in a PSU, two types of households, namely '**where neither a woman aged 13-24 years nor a male aged 15-29 years have been recorded'** and '**households not having any target women but having at least one target male',** were not considered in the survey. As a result, male interviews were conducted only from those households where the eligible male and women had been recorded through the screening proforma.

Design for the Qualitative Study

A series of ethnographic research tools were used in order to get a comprehensive insights into the processes attuned with the second and third objectives of the study. This is also the backbone of the proposed CHARCA intervention in the study districts. The sequence of using ethnographic tools with predefined roles and objectives consistent with the inputs required for the implementation of CHARCA efforts is given below:

- *Mapping of community based resources for women*: At the outset, a map of the existing local resources such as CBOs and women's groups that can play potential roles in women issues after capacity building was prepared. The mapping includes information on organization structure,

frequency of meeting, roles, functions and responsibilities especially in the context of women's issues.

- *Interviews with key informants*: Community level stakeholders were interviewed in order to get insights into the problems and prospects of women's issues including reproductive health problems and reproductive rights. Local political leaders, religious leaders, office bearers of women's organizations and other influential persons were included in the list of key informants for a village or an urban block.
- *Focus group discussions:* One focus group discussion was organized in each PSU covering different sub-populations that have the potential to influence women's social mobility and can address their vulnerability, especially in the context of violence and right issues. These groups included young men and women of two broad age groups and older men and women (aged 40 years and above) who were family members of the target groups. They may also work as support systems with an enabling environment for building and nurturing young women's needs.

Findings and Conclusions

The salient findings that emerged from the baseline survey have been summarized as follows:

Awareness about Locations of Getting Male Condoms and Prevention of STI/HIV

Comprehensive awareness is the basic prerequisite for changing people's behavior. One of the important determinants of vulnerability of young women is the lack of awareness about modes of transmission and prevention of STI/HIV. In fact, very few states in India have included sex education for adolescents in their school health programs. Therefore, CHARCA has given due importance to STI/HIV and included it as one of the five major pillars of intervention. The extent of awareness among young women and men about vulnerability to STI/HIV has been analyzed in three different contexts that is, extent of knowledge, sources of

knowledge and variation in these indicators across various sub-populations. The salient features related to awareness about STI/HIV among young women and men in the five districts are given below:

- Awareness about at least one location to get male condom is highest in Kanpur (82 percent), followed by Kishanganj (54 percent). The level of awareness is even less than 30 percent in other three districts, particularly in Bellary (12 percent).
- The level of awareness about means of preventing HIV/AIDS varies greatly across the five districts. Young women in Aizawl and Kanpur are better informed about the use of condoms as means of preventing HIV infection than those in Kishanganj, Bellary and Guntur. The existing low level of awareness in Bellary, Guntur and Kishanganj is a matter of immediate concern in terms of reducing vulnerability of young women from STI/HIV infection. Thus, it is clear that young women need a concerted programmatic response through suitably developed interventions.
- In the case of men (aged 15-29 years), the pattern of awareness about use of condom as a means of protection against HIV/AIDS is substantially low in Guntur (48 percent) and Aizawl (62 percent).
- Awareness about STI prevention reveals two prominent features across the districts. **First**, the proportion of young women who knows different ways to prevent STI is significantly lower than those who know about prevention of HIV/AIDS. The awareness levels are alarmingly low in Bellary (5 percent) and Guntur (10 percent). **Secondly**, men in Bellary, Guntur and Aizawl have better knowledge about STI prevention than their female counterparts.
- The level of misconceptions about the mode of HIV transmission is very high in all the districts including Kanpur and Aizawl where overall knowledge about HIV prevention is comparatively higher. Interestingly, there are a substantial proportion of women who are not aware at all (‘don’t know’) about modes of transmission of HIV/AIDS, especially in

Bellary and Guntur districts. The main misconceptions about modes of transmission of acquiring HIV pertain to bites by mosquitoes/fleas/bedbugs.

- In most of the districts, more than 90 percent of the women get information from women folk (mother, sister-in-law and sister) except Aizawl (67 percent) during the process of growing up (up to 15 years).
- Health workers (Doctor and Auxiliary Nurse Midwife) are the main source of knowledge about sex and sexuality except in Aizawl. In Aizawl, young women got information about sex and sexuality from their schools/teachers (36 percent). To some extent schools/teachers are the main source of knowledge even in Guntur and Bellary. The variations across the districts clearly indicate the potential to strengthen school-based sex education programs, particularly in Kanpur and Kishanganj.
- The limited contribution of NGO/CBO in imparting knowledge about sex and sexuality, except in Aizawl, provides another opportunity for intervention pertaining to issues of STI/HIV infection.

These findings suggest an urgent need for a comprehensive program of awareness that can be sustained by introducing various thematic concepts and messages among young women rather than targeting a macro level program. A more specific community-based program will be appropriate as it has the potential to increase the overall knowledge and awareness as well as to reduce prevailing misconceptions.

Capacity Building

The core concept of capacity building, especially among young women, is to develop their skills in different spheres of life and to empower them. It will also enhance control over their general welfare and ability to negotiate and exercise their rights within family and community with dignity and self-respect. Accordingly, the capacity building of young women has been conceptualized in the context of perception and practices of reproductive and sexual rights. Following are some of the important findings that reflect insights into their

perception and practices on different dimensions of reproductive and sexual rights across the five districts.

Reproductive Rights

Two important issues of decision-making by young women such as choice of contraceptive methods and utilization of health care services are considered to reflect their notions about their reproductive rights. The main findings are:

- More than 70 percent of the young women in all the districts, except in Bellary, perceived that decisions on the use of contraceptives should be taken jointly by husband and wife. However, actual behavior differs drastically from that of their perception. The difference between perception and behavior among young women is greatest in Bellary. A similar gap between perception and behavior is seen in the utilization of health care services.

  These findings clearly suggest that young women's perceptions are not reflected in their behavior (limited only to married women) across all the five CHARCA districts. However, the situation is more grave in the case of young women in Bellary. For example, 41 percent of the young women in Bellary perceive that decisions regarding utilization of health facility should be taken jointly with the husbands. However, only three percent reported to be actually involved in deciding health care services. Looking at the reasons of the existing gaps between perception and behavior, qualitative findings suggest that strong patriarchy and the feudal system in Bellary, for instance, the existence of the *Devadasi* system, restricts women's decision making power and also curtails their mobility in accessing community based resources.
- A relatively higher proportion of young males in Aizawl, Guntur and Bellary perceived that the reproductive decisions should be taken jointly with their wives. These perceptions provide an excellent enabling environment for a program to translate young men's attitude into actual behavior by

reinforcing through suitably developed interventions. However, the situation of male concerns over women's reproductive rights is not so encouraging in Kishanganj and Kanpur and hence area specific interventions should be given due importance in the entire CHARCA effort.

Sexual Rights

Information on perception and practices of sexual rights have been collected through two core indicators that is, equality in sexual relations and control over own body. The major findings are as follows:

- Over nine-tenths of young women in Aizawl, followed by 89 percent in Guntur, 84 percent in Kishanganj and 70 percent in Kanpur would not accept their husband's/would-be-husband's extramarital relations. However, nearly half of the young women in Bellary accept their husband's extramarital relations.
- Although a substantial proportion of women particularly in Bellary and Kishanganj are not ready to accept the husband's extramarital relation, they cannot deny sex to their husbands even when they are not willing. Nevertheless, the male's attitude towards women's sexual rights is extremely encouraging across all the five districts. Perhaps, the enabling environment to ensure women's sexual rights seems to be restricted in Kanpur and Bellary, where 47 and 33 percent of young men respectively perceived that wives should accept husband's extramarital relation.
- Nearly half of the young women (who ever experienced penetrative sex) in Bellary (47 percent) followed by 38 percent in Kishanganj, 35 percent in Guntur and 20 percent in Kanpur experienced first penetrative sex before 15 years of age. This is primarily due to low age at marriage in all these districts. The initiation of sex at a very young age results in multiple and unsafe pregnancies. The situation becomes even more critical in the absence of awareness and practices of reproductive rights. This calls for suitable interventions for increasing age at marriage for girls, which in turn increases age of sexual debut.

- A high prevalence of forced penetrative sex has been reported from Kishanganj (41 percent) and Bellary (38 percent). A considerable proportion of women have also reported that their husband/partner does not respect their unwillingness to have sex (46 percent in Bellary, followed by 24 percent in Kishanganj). These findings violate the concept of equality in sexual relations. Therefore, an effort should be made to minimize the gender-imposed sexual violence in case of intimate relationships.
- Pattern of condom use among young women and men at last sexual encounter is consistently low. However, the likelihood of using condom among young women who are aware of at least one location of getting male condom is considerably higher, particularly in Kanpur and Kishanganj compared to those who are not aware of any location. On the other hand, pattern in condom use at the time of last sexual encounter is not consistent with their knowledge that use of condom can protect STI infection. These findings suggest that use of condoms has not been effectively positioned as a means of dual protection.
- Likelihood of using condoms at the time of last sexual encounter is higher among women *'who have the ability to refuse sex', 'who are not ready to accept husband's extramarital relations'* and *'who perceive utilization of health care services should be jointly decided by husband and wife'*.

Prevalence of STI and Responsiveness of Services

In order to reduce young women's vulnerability to STI/HIV infections, one of the most important concerns is early diagnosis and treatment of STI. In accordance with the major themes of CHARCA, an effort has been made to find symptomatic prevalence of STIs among women as well as men, their treatment seeking

behavior and perceived quality of care. The major issues emerging from the study are summarized below:

- Proportion of women having at least one symptom of STI during the last twelve months is considerably higher in Kishanganj (85 percent), followed by Aizawl (76 percent) and Kanpur (47 percent). By and large, a similar pattern is observed even among young men across five districts. However, the reported prevalence of urethritis is higher in Guntur (6 percent) than in Kishanganj (4 percent), Aizawl and Bellary (each with two percent).
- Increasing prevalence of symptomatic STI among young women with age cuts across all the five districts. In addition, significantly higher prevalence of STI has also been reported among married respondents. Migratory status of husband also reveals a pronounced impact on prevalence of any STI during the last twelve month, particularly in Kishanganj.
- Private hospitals and medical shops are the main sources of getting health care services in the case of STI treatment among men as well as among women across all the districts, except Aizawl. These findings reflect that the public health system is not geared sufficiently to provide effective STI services.
- Symptomatic prevalence of STIs is not significantly associated with the extent of awareness about condoms as a means of protection from STI/HIV among young women. The association is also not significant with various dimensions of reproductive and sexual rights, namely, women's control over their own sexuality and acceptance of husband's extramarital relations.
- Proportion of young women and men who have been visiting the health service providers to seek treatment for any STI is notably low. One of the possible explanations for not seeking treatment or delaying treatment could be due to the undermining of perceived severity of the problem and its potential future risk. This phenomenon needs special programs in a set

up where literacy and awareness are poor and gender norms are also unfavorable to women. Secondly, from the supply side, it reveals that perceived quality of care could also be an important factor that discourages women to opt for treatment. It has been reported in the public health facilities in all the districts, except Bellary, that doctors are not available, counseling services are not encouraging and follow up is not advised.

Support System

Within the existing cultural and traditional norms associated with sex and sexuality, women are faced with sexual duality that demands value attached with virginity and culture of silence. As a result, women are helpless even after facing gender imposed sexual violence, which further increases their vulnerability to STI/HIV. Therefore, women need stronger advocacy and sound support systems within the family, community and society. Networks of women's organizations, non-governmental organizations (NGOs), and Community-based organizations involved in women's health care and established advocates of women's issues need to be identified and strengthened through capacity building. The salient findings of the base line survey on the exiting support systems and their effects are presented below:

- In districts such as Kishanganj and Kanpur, majority of the young women are not aware of the existence of any organization that renders support in diverse fields, ranging from health to education and economics to violence. On the contrary, in the districts of Bellary and Guntur, women are aware of the presence of such organizations but do not utilize them. Aizawl is the only place, where women are familiar with such organizations and their working.
- Except Aizawl, in all other districts the issues related to women’s rights, STI/RTI and violence are being neglected in most CBO/NGO meetings. Women reported that the main issue discussed at such meetings, irrespective of the geographical location, is on financial matters related to

savings and credit, followed by education.

- But, the misconceptions related to the transmission of HIV/AIDS among the members of CBOs/NGOs, is higher in each district, more so in Kishanganj, which could be due to incomplete dissemination and dispelling of knowledge about transmission of the disease.
- Reported incidence of abuse is the highest in Kishanganj, as nearly 42 percent of the women have been harassed in the past one year, compared to 21 percent in Aizawl and about 10 percent in Kanpur and Bellary respectively. Violence within marriage is more likely to occur in Kanpur and Kishanganj.
- Proportion of women soliciting formal support that is support from the police, *Nari Adalat* or *Panchayat* is negligible in all the districts.
- A large proportion of husbands (more than 60 percent) accompanied their wives at the time of last treatment in all districts.

Recommendations

1. The findings of CHARCA Baseline Survey on awareness relating to location of getting male condom and the protective nature of condoms from STI/HIV reveal that enhancement of the level of awareness among young women and men needs to be given top priority by adopting diverse innovative approaches. Some of the important strategies for increasing the consistent use of condoms might be by focusing an intervention on the use of condoms as a means of dual protection. Another strategy could be encouraging frank discussion related to use of condom among young women preferably by organizing group based educational sessions and presenting condoms as an erotic and seductive stimulus in the sexual relationship. However, organization of group based educational sessions for young women can be possible only through creating a conducive and enabling environment by involving local advocacy groups, senior males and females in the communities.
2. As peers are the most important source of knowledge among young men as well as women (in addition to women folk), any awareness program

aiming to reduce women's vulnerability in the program area will have better success by adopting a peer lead model.

3. Group based educational sessions should have inherent strategies to enforce messages on reproductive body, vulnerability factors and changing of the cultural script of sex and sexuality with emphasis on masculinity among young men.
4. The existing gaps in the perception and practices relating to reproductive rights of women, which have been assessed through their decision making power regarding contraceptive use of their choice and utilization of health care services. These gaps demand a concerted effort to empower women. Programs can strategize through provoking the male's positive attitudes towards reproductive rights of women by developing gender sensitive scripts and highlighting the importance of respect in intimate relationships. Another equally important strategy to bridge the lacunae in perception and practice may be by activating self-help groups or *Mahila Mandal* such as *Swasakti, Shrisakti* etc. to incorporate violence related issues and themes based on women's rights in the domain of their activities.
5. Findings on sexual rights reveal that young women are in a miserable position not only due to lack of their control over their husband's extramarital relations but also due to their inability to protect themselves against forced penetrative sex within intimate relationships. On the other hand, most of the males consider coercion as part of their sexual rights. Therefore, the issue of minimizing sexual violence, primarily within intimate relationship, may require innovative strategy to change the deep-rooted cultural norms in male sexuality. One of such strategies may be to strengthen the concept of optimizing the sexual pleasure, which may be possible through respecting the partner's sexuality.
6. Community level support systems in its existing form do not seem to be effective in protecting women from domestic violence across all the five CHARCA districts. Therefore, all the CBO/NGOs need to be sensitized and provoked to deviate from their stereotype functioning with credit and debit to the larger context of women's needs particularly, their reproductive and sexual health needs and development related subjects.

7. Formal support systems such as *Panchayat, Local Police, Naari Adalat* and other law enforcing agencies are not at all proactive to the issues related to women across all the districts. Therefore, sensitization workshops should be organized in different constituencies, which can focus on the potentials of addressing women's concerns within the framework of their role, function and responsibilities.
8. Poor utilization of STI services by young men and women and use of medical stores and private health services by majority of those seeking services are raising two important questions to be addressed at different stages. It has been understood from different levels of discussions that more young men have cultural conceptions about the lack of complexities in male sexuality and sexual health problems than their female counterpart do. As a result, they reflect a growing tendency to avoid medication and prefer self-medication (by consulting with chemists and medical stores) rather than seek formal services. Therefore, young men should be oriented towards the early diagnosis and treatment of STIs primarily with their partner's compliance, which in turn, will work as means to reduce women's vulnerability to STI/HIV.
9. The issue of strengthening the public health system for early diagnosis and treatment of STIs should be tackled through strengthening and improving the basic infrastructure for treating RTI/STIs and demystifying these service outlets (PHCs/SCs) as women-centered services. This can be done by allocating specific time for caring of reproductive health complications.
10. Registered medical practitioners and other service providers belonging to non allopathic branches of medicine, who are available at the doorsteps in all the CHARCA districts, may be brought under the umbrella of service providers by executing rigorous training on reproductive and sexual health issues.