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IIPS RESEARCH BRIEF

Every year, IIPS undertakes many research studies on a number of themes related to population and health at the state and national levels using its own resources. The 'Research Brief Series' is a new initiative by the Institute to provide an opportunity to the faculty, Ph.D. students and visiting fellows to quickly disseminate the important findings of their research studies before they are published as a research report or in a scientific journal. The authors of the Research Brief look forward to receive feedback from readers that could be helpful in revising the larger study report.

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Male Sexual Concerns and Prevention of HIV/STIs: RISHTA Approach

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Introduction

To encourage male involvement in effective HIV/STI risk reduction, a research based intervention project entitled RISHTA (Research and Intervention in Sexual Health: Theory to Action and meaning 'relationship' in Hindi /Urdu) was established in 2002 at IIPS. RISHTA sought to make a pioneering effort by linking male sexual health concerns (*gupt rog*) to HIV/STI risk reduction in three slum communities in metropolitan Mumbai. This Indo-US collaborative project was jointly undertaken by the International Institute for Population Sciences (IIPS), University of Connecticut School of Medicine and the Institute for Community Research, USA and funded by the National Institute of Health (NIH). The project team was truly multidisciplinary in composition with anthropologists, demographers, physicians, psychologists, statisticians, sociologists and social workers working together to develop integrated concepts, interventions and analysis of results.

Over six years (2002-2008), the RISHTA team completed the three phases of the project: formative research, intervention and evaluation. Information gathered in the formative phase through qualitative and survey methods paved the way for designing multilevel intervention activities. At the community level, these activities focused on involving men in HIV/STD risk reduction through enhancing awareness regarding sexual behaviour and illnesses and generating the demand for appropriate health services. As a part of community education, poster & banner exhibitions and street plays along with community meetings and informal discussions provided the conduits for information about sexual health and risk reduction. At the provider level RISHTA developed a Male Health Clinic at a government Urban Health Center (UHC) in collaboration with Topiwala National Medical College in Mumbai that was established in one experimental community and all AYUSH providers were trained in addressing sexual health problems in the other experimental community. An innovative provider-patient interaction approach, Narrative Prevention Counseling (NPC), the first of its kind in India, was developed to facilitate better diagnosis, effective communication and treatment.

After four years of baseline research and intervention activities, the evaluation brought out encouraging results in terms of behavioural changes among men. Consistent with the efforts to improve spousal communication and relationships, the men were found responsive towards the desired direction. RISHTA's attempt to examine male sexual health concerns from a holistic viewpoint of their life situations, social dynamics, and psychological traits proved effective, when end line survey results showed a considerable decline in the prevalence of STIs (self reports supplemented by laboratory tests) among men. RISHTA experience clearly demonstrates that involving men in sexual risk reduction has resulted in effective and sustainable retention of knowledge, attitude and practice aiming risk reduction towards HIV/AIDS.

Major Objectives of the Project

- Test the proposition that traditional male concerns predict higher rates of HIV/STI.
- Determine the degree to which a culturally based intervention to address sexual health concerns can attract men into HIV/STI education, sexual risk reduction and early identification of HIV/STIs.
- Develop, test and evaluate a culturally based therapeutic approach called as "'Narrative Prevention Counseling" that can result in positive social, psychological and health outcomes for sexual health problems of men.

Design

The project followed a quasi-experimental design, where three communities were chosen to conduct the study. Of these three communities, two were for experimental conditions, while the third one was regarded as control community. Out of the three main types of intervention activities, i.e, community education for health promotion, establishment and propagation on Male Health Clinic, and collaboration with AYUSH providers, only the first activity of community education for health promotion was conducted in the control community. The evaluation generated interesting findings on the differential impact of intervention in the experimental and control communities.

Project Setting

The project was carried out in three low-income slum communities located at the northeast part of Mumbai city. The communities are largely inhabited by economically marginal in-migrants from various parts of the country, with a large proportion from northern states like Uttar Pradesh and Bihar, consisting of both Hindus and Muslims. These over-crowded slums, where the interventions were undertaken, are typical of urban slums with unhygienic atmosphere, poor drainage systems, semi-*pucca* and *kaatcha* housing, and lack other basic amenities.

Participants

In baseline research, a stratified sample of 2,408 married men from the age range of 21 to 40 years was drawn from the three communities. More than 50 percent of sample respondents are Muslims, followed by Hindus (42 percent). Three out of every five were migrants, born outside Mumbai and mainly from Uttar Pradesh and Bihar. The majority of these respondents were found living in Mumbai over the past 10 years or more. A little less than one-fifth of the men were illiterate while the rest reported as having some level of education. Majority of these men were engaged in daily wage earnings (43 percent) followed by petty business (31 percent). Around 18 percent were having salaried work. The men reported an average monthly income of Rs. 3200.

During end line research of the project, a stratified sample of 2,319 married men aged 21 to 45 years were interviewed from the same study communities. Both the samples drawn during baseline and end line studies were comparable in terms of socio- economic and demographic characteristics. As a part of the end line research, a panel sample of 403 men was also chosen from the baseline respondents, to accommodate the need for longitudinal samples in the study. Both baseline and end line surveys targeted collection of a wide range of information from the respondents. Apart from demographic, socio-economic and nuptial aspects, a variety of issues were enquired- the information related to men's exposure to mass media, social engagement, activities with friends, addiction to intoxicants (smoking and alcohol), exposure to pornographic materials (printed or audio-visual), sexual and other emotional relations with wife, domestic violence, self-sex acts, sexual health problems, pre or extra-marital sexual relationships, visits to CSWs, unsafe sexual behaviour, incidence of sexual health problems in the past three months, knowledge of STD, the attitude towards masculinity and overall satisfaction with life and self. This wide gamut of information helped in understanding men's behaviour related to sexual and other risks and to formulate effective intervention activities towards health promotion. Comparable data collected over two periods of time provided an opportunity to test the efficacy of the project's intervention activities and to assess change in the community.

Table 1: Exposure to RISHTA Community Intervention Activities

Type of activity	% Heard / seen	% Participated
Street play	56.2	41.7
Poster exhibition	50.2	38.8
Discussions on Gupt Rog using banners	32.8	22.2
Written materials	29.2	23.1
Community meetings	8.6	5.6
Video screening	8.3	4.8
Interpersonal communication	6.7	4.9
Condom distribution	5.1	2.4
Total (N)= 2,722		

Intervention Activities

The baseline research during the formative period (2002-2003) of the study highlighted the lack of sexual health knowledge among young married men. Four specific domains emerged from interviews with men on their sexual health problems (SHPs), which included: definition of symptoms related to men's perceived sexual health problems, concepts of masculinity, the nature of marital relations and men's involvement in risky lifestyle. Hence, RISHTA planned for an effective intervention program based on cultural concepts. An approach was taken to involve the men and the community together into the varied community intervention programs by seeking cooperation and participation of local community-based private healthcare providers for better management of STD/SHPs, and finally by facilitating government and private health systems in the communities to be more responsive to men's sexual health concerns. By following this culturally sensitive approach and integrating local health beliefs, RISHTA strongly endorsed the fact that these cultural concepts are not barriers to proper action, but instead can be a boon for interventionists, receptive to ground realities in addressing sensitive issues. The intervention approach was planned based on socio-psychological theories, with a particular

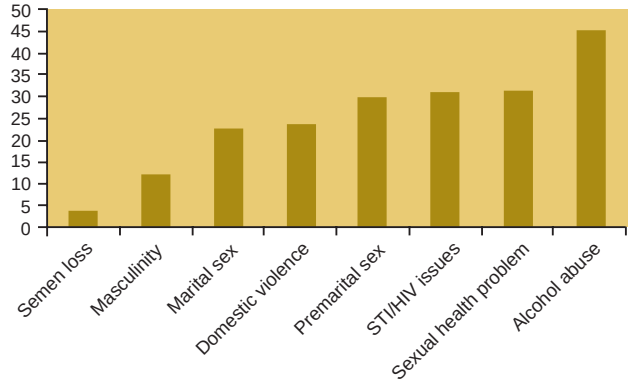
focus on cognition and behaviour of the individual.These approaches were directed towards providing information, fostering attitudes, influencing motivations, and teaching skills that support engagement in health-promoting (or risk-reducing) behavior.

Intervention at Community Level

At community level, different modes of intervention programmes were planned - Street-Drama, Community Meeting, Informal Group Meeting with community men, Meetings with Community-Based Organizations (CBOs), Banner Displays, Poster Exhibitions and Video shows. The intervention and communication messages were prepared keeping in mind, men's sexual health needs identified during baseline research. Two scripts for street drama were developed in collaboration with a professional drama-troupe associated with CORO (a local NGO). The slogans incorporated in the script were firmly grounded on the baseline research findings on men's sexual health nexus as observed in the community. These scripts depicted the linkages between hyper-masculinity, poor marital relationships, and risky lifestyle with acquired sexually transmitted diseases. In each community, two street drama shows were conducted on a monthly basis. Each of these street-drama shows were followed by meetings with community members. These meetings conducted by project field staff were primarily aimed to debrief the men on contents and messages of the street drama. These meetings were found extremely useful for answering the men's queries on a range of issues related to sexual health and risks.

RISHTA encouraged the preparation of nearly 80 unique hand painted posters on domestic violence, spousal communication, alcoholism, modes of HIV/STI transmission and need of proper treatment for sexual health problems. These posters were generated through a student competition conducted by RISHTA. Poster exhibitions were conducted in various sites in the communities by the project team to reach out a larger population. RISHTA prepared a master banner describing the linkage between sexual-health and other factors in a man's life. This posters were used as the medium during banner-exhibition addressed to smaller gathering of men, and conducted in lanes and by-lanes of each of the community.RISHTA also prepared pamphlets with specific promotional messages on sexual health problems, masculinity, masturbation, consequences of extra-marital relations, and HIV/AIDS. The pamphlets in Hindi were distributed among the men after poster/banner exhibitions or street drama shows. The first step in the implementation of community intervention activities, was to build confidence among the community key-persons including local leaders, members of community based organizations, member of local women's groups and private healthcare providers. The support received from these key persons over a period of two years from 2003 to 2005, made it possible in successfully conducting the intervention programmes in these communities.

Graph 1: Men Able to Recall the Messages on Different Topics from RISHTA Community Education Programme (Percentages)



Intervention at Health Service Providers Level

Training for Allopathic and AYUSH Health Care Providers

Baseline research indicated that an overwhelming proportion of private healthcare providers in these slums were trained in non-allopathic streams of medicine (mainly in Ayurveda, Unani and Homeopathy). For treatment of sexual health problems men frequently sought the services of these non-allopathic doctors. At the same time, men did not seek treatment from the public health providers since the *gupt rog* problems were distained by the allopathic system. Targeting the effective management of sexual health concerns and STDs, it was decided that RISHTA needed to develop expanded capacities for both the private AYUSH system and the public allopathic system. As a result, RISHTA provided training on the NPC jointly to the AYUSH and allopathic providers. The focus of the training was to reorient the AYUSH providers back to their holistic methods of diagnosis and treatment that characterized their medical traditions. These providers had become heavily symptom-oriented in their approach with a strong emphasis on the use of "English" medicines. For the allopathic providers, they needed a greater understanding of culturally constructed sexual health concerns of men and their importance in relating to risk reduction behavior. The underlying objective was to make use of the public and private human resources available in the locality to promote proper knowledge among the men and to manage the risk reduction of HIV/STD in the community.

Results from End line Research

An end-line evaluation research was conducted to assess the impact of various intervention activities on the community men. A survey of 2,722 men (including both cross-sectional and panel samples) across all the three communities were carried out to gather information on the exposure to these activities. The responses were taken in terms of men's exposure to the community intervention activities at three levels- heard from others about the programmes; witnessed programmes as passers/observers; and took part in conversation, received pamphlets or other education materials.

It was found that a number of men who were not exposed to the intervention activities also received information from peers and acquaintances who actually attended the programmes. As it is evident from Table 1, out of 2,722 men surveyed during end line, more than half witnessed at least one street-drama show. As expected, the majority reported as watching street dramas followed by poster exhibition, while 22 percent of the respondents took part in discussions on Gupt-rog using master banners. Nearly, one fifth of the sample respondents were exposed to the written materials (pamphlets) on Gupt-rog distributed by RISHTA project. Though a good number of respondents reported as watching/ participating in awareness programmes, it is equally important to find out how far they were able to remember and recollect the messages conveyed through various programmes. As shown in Graph 1, the maximum proportion of the respondents (47.5 percent) could recall messages received on alcohol abuse, while about one third of them reportedly received information on topics such as sexual health, HIV/STIs, and pre-marital sex. Less than one-fourth of the respondents were able to recall messages received on domestic violence and marital sex.

The main objective of the end line evaluation was to assess the differential impact of RISHTA interventions towards promotion of health and safe sexual behaviour among the men, across case and control communities. The evaluation results suggest a significant decline in STD prevalence and also decline in incidences of sexual-contacts with commercial sex workers or other extra-marital partners. Significant increase in condom use was also observed among members of the community where private non-allopathic providers were trained by the RISHTA. Overall, the evidence of improved marital relations and decline in intimate-partner violence were observed from the survey. It was found that alcohol consumption was reduced by 10 percent, where, nearly three- fourth of the men from both case and control communities reported to have never taken alcohol during one month preceding the survey.

The results relating to the incidence of spousal conflict during past six months preceding the survey was far better in case of the study-community where the MHC was established and the allopathic doctors trained by RISHTA were involved. The number of men, who reported having extra-marital sexual relations either with sex-workers or with non-sex workers any time during the past one year period, were significantly less during the end line survey, across all three communities. However, the use of condoms in case of extra-marital relations did not show much difference between two periods.

A significant reduction was observed in the prevalence of STIs (as measured by biological testing) across the case and control communities from 5.4 to 1.4. The rate of extramarital sex across all three study communities from baseline to endline was 15.5 to 2.8%. Reduction in the prevalence of *kamjori* and *dhat* problems was also observed. In case of the control community, it has come down by half from what was reported during baseline survey. Interestingly, reduction of *kamjori* and *dhat* problems was more pronounced in the experimental community with trained AYUSH practitioners. This indicates the efficacy of trained AYUSH providers, in reconstructing patients' myths related to sexual health concerns that are often manifested in non-contact sexual health problems. The project has developed an intervention manual for AYUSH and allopathic practitioners using Narrative Prevention Counseling to address *gupt-rog* and published many scientific articles based on the experiences and lessons learnt from this innovative action project. The RISHTA manual for health care providers was released at the national dissemination seminar held in August 2007 which was facilitated by Population Council, New Delhi.

Conclusions

The study indicates approximately half of the surveyed men reported symptoms of *gupt rog*. It was found that men are more concerned about sexual performance than they are about sexually transmitted diseases. Rather than rejecting this notion, RISHTA used *gupt rog* as a means of addressing sexual risk behavior and prevention of HIV and other sexually transmitted diseases. Using *gupt rog* as an entry point, RISHTA intervention programmes successfully demonstrated the strategies of effective community health education programmes and also the efficacy of engaging AYUSH and allopathic providers in HIV/STI risk reduction among men. The findings of the intervention programmes were shared with the communities, leading to the formation of Community Action Groups (CAGs) that are committed to programme sustainability. Presently six CAGs, promoted by RISHTA, are actively engaged in health education programmes. In brief, the RISHTA experiment serves as a model that demonstrates the importance of identification and utilization of local culture as a means of implementing HIV prevention programmes and the utility of research that can lead to effective intervention in local communities.

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