

Author

Claudia Susanne Rastin, MD, MPH
Institute of Tropical Medicine and International Health, Berlin

Supervisor

Dr. Gisela Schneider
Guest lecturer, London School of Hygiene and Tropical Medicine, United Kingdom
Director of DIFÄM (German Institute for Medical Mission)

Technical advisors

Dr. Elisabeth Schüle, DIFÄM, Tübingen, Germany
and
Dr. Vandana Kanth, Duncan Hospital, Raxaul, India

Year of the study 2011

ABSTRACT

Thesis title:

Fighting HIV at a hot-spot: identifying driving and resisting factors in the decision making process for Voluntary Counselling and Testing in East Champaran District, Bihar, India

Background:

HIV-prevalence in India is estimated to be between 0.25% and 0.35%. The main mode of transmission is sexual intercourse, accounting for nearly 90% of new infections. The HIV epidemic is concentrated in nature with particularly high prevalence rates in at-risk groups such as Female Sex Workers (FSW), Men having Sex with Men (MSM), and Injecting Drug Users (IDU). The epidemic is shifting from these groups to bridge populations, mainly truckers and working migrants who in turn infect their spouses. Bihar in the Northeast of India is the poorest and least developed state of India with high rates of illiteracy and poverty. Raxaul, a border town to Nepal, is specifically at risk for the spread of HIV&AIDS. It is a principal transshipment point with the Highway Kalkutta-Kathmandu running through the city. There is a high presence of drivers, IDUs and FSW on both sides of the border. Duncan Hospital in Raxaul has been running an AIDS Control and Treatment project since 1997 and offers VCT. The study used established structures of the hospital for the investigation.

Objectives:

To identify driving and resisting factors in the decision making process for VCT among the target communities being covered by the ACT project of Duncan Hospital
To examine the awareness and sensitization activities provided through the ACT project of Duncan Hospital

To assess the perceptions of providers of awareness campaigns and community sensitization about their work and its effects.

Methods:

The qualitative study used in-depth semi-structured interviews, Focus Group Discussions (FGD) and structured observation, and assessed available quantitative data. Content analysis was performed for findings of FGDs, interviews and observations. Method triangulation was used to ensure comprehensiveness and reflexivity.

Results:

The main resisting factors identified were fear of stigma and discrimination, and fear of the disease itself. One main motivating factor was risk perception, either related to risky sexual behaviour or wrong medical practices.

The study found a new driving factor for VCT not yet described in literature, “sense of responsibility”. It also found a high level of gender inequality with serious impacts on HIV prevention efforts. Providers perceived that prevention efforts may not be sufficient to reach the target population of sexually active adults, in particular working migrants.

Conclusions: The findings suggest exploring people’s beliefs and perceptions about VCT on a larger scale. In case that sense of responsibility would be confirmed in its’ importance in the decision process, advantage must be taken of it when developing and implementing HIV prevention.

Key words: VCT, India, Bihar, Responsibility, Risk perception, Gender inequality