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AN EXPLORATORY STUDY ON HIV RISK PERCEPTION, BEHAVIOURS/ PRACTICES AND VARIOUS COMMUNICATION CHANNELS OF INTEREST AMONG YOUTHS

IN THE THREE CITIES OF INDIA

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EXECUTIVE SUMMARY

Young people are one of the most susceptible groups to HIV infection and even small behavioural changes among this age group may have a significant impact on the HIV transmission. Information from unreliable sources may lead to misconceptions among young people.

This study explored the HIV risk perception, behaviours, practices and various communication channels of interest among youths residing in Punjab, Maharashtra and Mizoram due to rising prevalence of HIV across these states.

The main findings of the study were that youth had a significant knowledge gap regarding HIV/AIDS, and often rely on multiple sources for information, due to a lack of comprehensive sex education in schools and feeling of discomfort while discussing issues related to sexual health with parents. In order to fill the knowledge gap and eliminate myths regarding HIV/AIDS, credible information sources are essential. These findings emphasise the dire need for comprehensive and accurate sexual health education in schools, legitimate online platforms, and targeted awareness campaigns to address misconceptions and promote safer behaviours among youths.

THE ISSUE

- Human Immunodeficiency Virus (HIV) continues to be a significant public health problem globally, and in India [1].
- India has made commendable progress in its fight against HIV over the years, but it continues to grapple with the epidemic, with an estimated 2.3 million people living with HIV in 2020 and approximately 31% young people account for newly infected persons [2,3].
- Sexual behaviours among youths are central to the transmission dynamics of HIV. Research shows that unsafe sexual practices, multiple sexual partners, and inconsistent condom use contribute significantly to the spread of the virus [4].
- Youth participation in HIV prevention measures depends on effective communication using tailored messages and activities that are adapted to the communication preferences of youths [5].
- Furthermore, the issue is compounded by the absence of comprehensive sex education in schools and limited communication between parents and adolescents regarding sexual health in India [6].
- Factors such as urbanisation, globalisation, and evolving societal norms have ushered in changes in sexual behaviours among youth, rendering it imperative to explore how these shifts influence their perception of HIV risk and subsequent behaviours. Understanding HIV risk perception among youth is pivotal, as it shapes their engagement in preventive practices. HIV risk perception encompasses individual's subjective assessment of their vulnerability to HIV infection and is influenced by factors such as knowledge, stigma, and misconceptions [7].

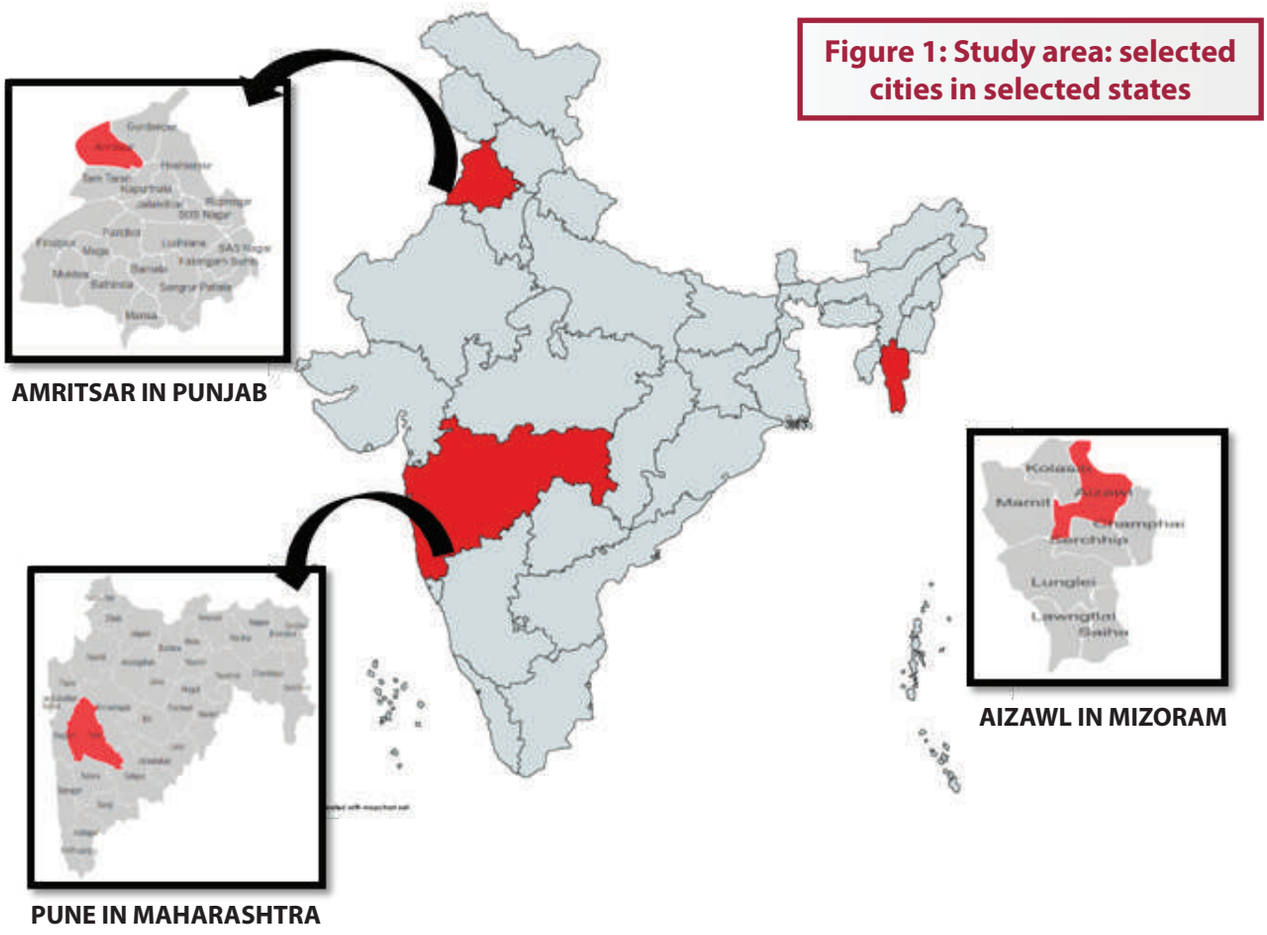
Therefore, the current study was planned to explore the HIV risk perceptions, behaviours/practices, and communication preferences among youths in three cities of India. This will also aid in developing effective behaviour change interventions and planning strategies for HIV prevention and control, particularly among young people.

THE METHODOLOGY

Qualitative exploratory research was carried out to investigate HIV risk perceptions, behaviour, practice and communication channels among youth in India.

Study was done at Pune in Maharashtra, at Amritsar in Punjab and at Aizawl in Mizoram. These cities were selected due to rising HIV prevalence in these areas. **(Figure 1)**

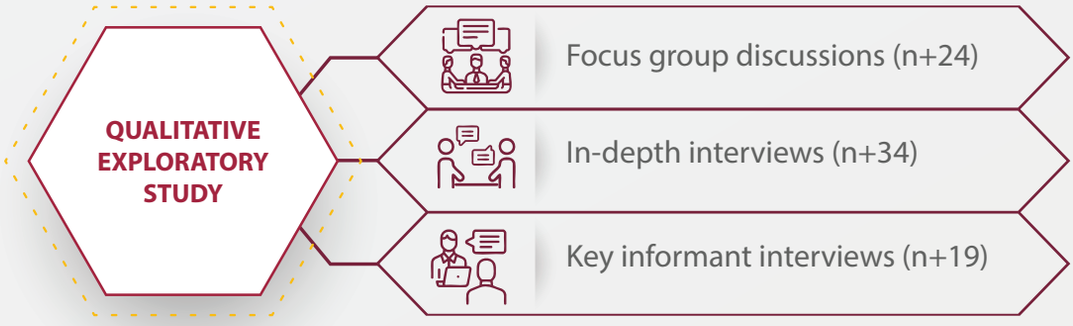
Figure 1: Study area: selected cities in selected states



The study was conducted among men and women aged 18-29 years as this age group is relatively more vulnerable to HIV compared to other age groups.

Focused Group Discussions i.e., FGDs (N=24), In-Depth Interviews i.e., IDIs (n=34) and Key Informant Interviews i.e., KIIs (n=19) were conducted. A total of 192 participants took part in the study. KIIs were conducted with the dean, guides, researchers, red ribbon club members, student leaders/student welfare committee members, and representatives of non-governmental organisations (NGOs) working with out-of-school youths or HIV/AIDS. Participants included both men and women in colleges and also out-of-school youths. **(Figure 2)**

Figure 2: Study design and data collection tools



For each selected city, an exhaustive list of universities and colleges was prepared. Based on student population size and popularity, one university and five colleges were chosen for the study from each selected city. Two exclusive colleges for women were selected in each city except Aizawl where only one women college was included. Rest of the colleges/ universities were co-educational institutions.

Participants who were articulate and confident in discussing sensitive topics related to HIV were selected purposively in the study.

Ethical clearance was obtained from the Institutional Ethical Committee of Post Graduate Institute of Medical Research (PGIMER), Chandigarh. Prior to participation, written and verbal informed consent, along with participant information sheets, were provided to ensure ethical considerations.

Interviews and group discussions were conducted in local languages by trained investigators, ensuring confidentiality and anonymity. Data was transcribed for further analysis. **(Figure 3)**

Figure 3: Thematic analysis based on grounded theory approach

FINDINGS

Participants' Profile

Table 1: Socio-demographic Characteristics of the FGD & IDI Participants (N=192)

Categories	FGD (n=158)*	IDI (n=34)
Age (years)		
Mean	21.6	24.4
SD	±2.005	±2.98
Marital Status n (%)		
Unmarried	153(96.8)	26(76.5)
Married	5(3.2)	7(20.6)
Divorcee	--	1(2.9)

Categories	FGD (n=158)*	IDI (n=34)
Marital Status n(%)		
Male	81 (51.3)	23 (67.6)
Female	77(48.7)	11(32.4)
Educational Qualification n(%)		
Undergraduate	59(37.3)	4(11.8)
Postgraduate	63(39.9)	11(32.4)
PhD Scholars	--	9(26.5)
Out of school youth	36(22.8)	10(29.4)

* 8 FGDs, in each selected city or study site, having 6-10 number of participants in each FGD

Knowledge regarding HIV/AIDS and STIs

Knowledge regarding HIV/AIDS:

The study revealed that youth had a basic understanding of HIV/AIDS. Participants were aware of the modes of transmission of HIV. Most of the participants mentioned unprotected sexual contact as one of the modes of HIV transmission. The mother-to-child transmission was the least mentioned mode of transmission by participants from all the study sites. Youth at all study sites were aware of the modes of HIV transmission. Overall, the most mentioned mode of HIV transmission was unprotected sexual contact and the least mentioned was parent to child transmission.

In Pune, the most mentioned mode of HIV transmission was unprotected sex and blood transfusion while in Amritsar and Aizawl, the most mentioned mode of HIV transmission was unprotected sex and sharing a needle for injecting drugs.

Myths and Misconceptions about HIV/AIDS:

Youths had a number of misconceptions regarding modes of transmission such as through mosquito bite, saliva, kissing, hugging, coughing, sneezing, sharing food, sharing clothes, and using the same toilet, etc. Participants also held a misconception that HIV is a curable disease, indicating a notable gap in knowledge regarding the nature of HIV infection.

> *"If you are having only one partner and if they are trusted, there are very low chances. But if you have multiple sexual partners its very risky behaviour, as with only kissing and saliva exchange this(HIV) can happen."*
>
> **(IDI-10, Pune)**

In Aizawl, fewer myths and knowledge gaps were found among participants (both students and out-of-school youths) as a majority of them got knowledge about HIV through various awareness programmes organised by Mizoram State AIDS Control Society. It was observed that out-of-school youths especially in Amritsar had the least knowledge about HIV/AIDS followed by out-of-school youths in Pune.

> *"These programmes are mostly conducted by MSACS and we mostly got the information about HIV prevention, its consequences and how it works in our body."*
>
> **(FGD-3, Aizawl)**

Awareness regarding Sexually Transmitted Infections (STIs):

Participants' knowledge about STIs was generally inadequate. In Aizawl and Pune, some basic knowledge about STIs, symptoms, and prevention was observed, but in Amritsar, very few participants were aware of the term STIs, and some linked it to sexual power enhancement.

> *"I saw some posters on 'gupt rog' which claim that they can increase the sexual powers... I don't know anything about it (STIs). Though I have knowledge about sex problems, but it's not a big deal. Sex problems are caused by thinking in one's own mind. If you think that you are weak, you will become weak but if you will think that you are strong then you will become strong. It all depends upon the one's mind."*
>
> **(IDI-3, Amritsar)**

Risk Perception and Testing for HIV

- During FGDs and IDIs, participants reported that youth are most susceptible to HIV due to unsafe sex. Consuming drugs was also mentioned as the reason for youth's vulnerability to HIV.

> *"College students want to experience new things, so they have a high risk... The reason they are infected mainly is because of sexual intercourse, I don't think it is because of the sharing of syringes. I think it is because of sexual behaviors mainly for colleges."*
>
> **(KII-1, Aizawl)**

- Behaviours such as inconsistent condom use, early sexual debut, random sexual hook-ups, and substance use were mentioned to be prevalent among youths. The culture of random sexual hook-ups was more prevalent in Pune as compared to Aizawl and Amritsar. These behaviours were common among both students and out-of-school participants.

> *"Yes, youth is actually at a lot of risks. It comes with a behaviour and in a metropolitan city, it is a risky behaviour because nowadays people are lonely, and they want to meet random people. Compared to other times, now random hook ups have become very common and adding onto it."*
>
> **(KII-6, Pune)**

- Though youths were perceived highly vulnerable to HIV/AIDS, many participants perceived themselves as low-risk individuals. Reasons for low self-risk perception were abstinence, monogamy, or lack of engagement in risky behaviours.
- As a majority of the participants perceived themselves to be at low risk, they never got tested for HIV.
- Lack of awareness about testing centres was a significant factor discouraging individuals from seeking HIV testing. In both Amritsar and Pune, there was lack of knowledge about HIV services which are available free of cost, including counselling, testing and treatment. However, in Aizawl a majority of the participants were well-informed about Integrated Counselling and Testing Centres (ICTCs) and drop-in centres.

Sources of Information regarding HIV/AIDS

- Many participants reported that internet and social media were major sources of information. Social media including Instagram, Facebook, WhatsApp, YouTube etc, were the most accessed sources of information among college students as well as out-of-school youths. Few participants stated that they received HIV-related information through TV advertisements and hardly anyone mentioned newspapers and radio channels.
- Participants admitted that they had light-hearted conversations with peers or friends regarding such topics, but they often centred around personal experiences and entertainment rather than education. Peers serve as a primary source of information for out-of-school youths.
- Awareness programs and campaigns conducted by government agencies and NGOs played a significant role in informing youth about HIV/AIDS, particularly in Aizawl. The presence of Red Ribbon Clubs and peer education programs were acknowledged as effective awareness measures.
- The role of government and NGO led awareness programmes in informing youths about the risks of HIV was found to be very low in Amritsar and Pune, whereas in Mizoram this was significant.
- Schools have limited coverage of HIV education in the curriculum, and parents often feel uncomfortable discussing sexual health topics with their children. Stigma and societal taboos around discussing sexual health emerged as significant constraints. Lack of formal sex education in schools and hesitation in families hindered open and informative discussions.

Preferred Modes of Information

- Participants mostly preferred social media platforms like Instagram, Facebook, WhatsApp, and YouTube for providing HIV related information to youth. Social media was also the most preferred mode of information among out- of- school youths as it is very popular and easily accessible.

> *"Through social media, short video clips could be played and spread it because most of the youths find it interesting. Social media influencers have a high impact on the youth, even a short-minute video with short lines put up, it attracts the youth. It not only influences the youth but for some who are using their parents' phone, through the messages send on WhatsApp and videos posted on Facebook, the parents are also impacted by it so it's very useful to spread information."*
>
> **(KII-6, Pune)**

- Participants expressed a preference for interactive sessions, seminars, and workshops allowing open discussions at school and college level. They also advocated for integrating HIV education into the curriculum.

> *"Schools, and colleges should appoint counsellors and there should be a compulsory subject for sexual education to control HIV/AIDS. At the village level, gram panchayat may appoint counsellor to solve problems & awareness of HIV for out of school youth."*
>
> **(KII-1, Pune)**

RECOMMENDATION

Based on the findings and stakeholders' suggestions, the following key recommendations are being proposed to address HIV risk perception and behaviours among youths:

Educational Interventions

- Introduction of sex education in school curriculum
- Interactive sessions and awareness programs at school/college level
- Display of posters at educational institutions
- Appointment of peers, health educators and counselors for dissemination of correct information to the schools and out-of-school youths
- Parent counselling and orientation is needed to enable them to discuss about such issues with their children
- Expansion of Red Ribbon Clubs in collages

Social Interventions

- More rigorous and active engagement of SACS for dissemination of information through multimedia, mid media and 360 degree campaigns.
- Community level awareness programs
- Use of social media-informative video clips
- Information through nukkad nataks (dramas/ street plays and skits)
- Promotion of healthy peer norms among youngsters
- HIV prevention awareness on condom packets
- Engagement of social mobilizers, champions, church organization and Mothers associations

Public Health Interventions

- Awareness generation on risky behaviour in education curriculum
- Frequent HIV testing camps at educational institutions
- Counselling on sexual health
- Promotion and provisioning of safe needle and syringe practises for harm reduction for HIV and Hepatitis-C

These recommendations aim to combine educational, social, and public health approaches to enhance HIV awareness, reduce misconceptions, encourage safe sexual practices, and promote a supportive environment for youth in managing HIV risk.

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