

# Reproductive health concerns of women in context of HIV/ AIDS, Pune India

## **Executive Summary:**

**Issues:** Female controlled methods like vaginal microbiological agents, female condoms are still under a trial stage and still require community acceptance. Our study focuses on reproductive health concerns of women and communication channels in context of HIV/AIDS.

## **Description:**

1. Baseline information using qualitative and quantitative data covered a selected and a comparable group of adolescent girls, and their mothers from slums, and workingwomen in hostels.
2. Ongoing intervention was based on needs of women planned through Information, education and Communication (including counselling),(IEC) and health camps: health check-ups, growth measurements, blood group, haemoglobin levels etc. as an ongoing process with over 180 women enrolled in 10 Health camps.
3. Post intervention to evaluate and monitor changes in knowledge, attitude, behaviour and practices related to rights, reproductive health and HIV/AIDS.

**Social mapping:** census data from 138 households with a population of 863; focus group discussion; and in-depth interviews covering 42 women in 3 groups were carried out. Girls marry around age 16 years, prior to legal age, while boys marry at 22, after the legal age; educational level of females is lower than that of males; men have skilled/ regular jobs while women work in unskilled/ ad hoc jobs; about a tenth of women head their families. Their health status according to Body Mass Index (BMI) varied: 57.1% of adolescent girls were in the underweight category and 41.7% of women were in the overweight category. During health check-ups the adolescent age group showed more health awareness than other groups and were more interested in knowing their blood group. Common health complaints are skin problems (acne, skin rash etc.). Women, particularly adolescents, require periodic ophthalmology checkups. Myths and misconceptions related to reproductive health, family planning (FP) exist, and varied in the three groups. Consultation on health matters occurs with friends, neighbours and the doctor being consulted during trouble. Women of all groups showed interest in the need of maintaining menstrual cycle records (119 in all). Participation in immunisation in all health camps for checkups (183), especially with 46 making repeat visits was encouraging. Women needed far more information on sexuality family planning, vocational skills and legal issues.

**Lessons learned:** Developing interventions based on needs of women using participatory approaches have shown encouraging results. Following ethical procedures are extremely helpful in understanding sensitive issues of gender, health and sexuality.

**Recommendations:** Ongoing interventions may be integrated with the existing programs for greater impact on women's empowerment to use women controlled technologies.

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