**Scavenger hunt for information and services about sexual and reproductive health among middle class people in Delhi, India Edmunds**

Few things impact the well-being and life chances of young adults more profoundly than their decisions and behaviors regarding sexual activities, building families and bearing children. Yet oftentimes, people face these life-changing decisions with little or no reliable SRH information. Sexual and reproductive health (SRH) education and services are widely considered to be human rights and to contribute to better health outcomes, as well as being vitally important for people as they enter their potentially reproductive years (Misra & Chandiramani 2005, Correa et al 2008, Ecker & Kirby 2009, Jejeebhoy 2003). International standards for age-appropriate, medically-accurate, comprehensive sexuality education (CSE) that is also culturally appropriate have been called for and developed, (Andrew et al 2003, Kirby et al 2005, Jejeebhoy 2003, Senderowitz & Kirby 2006). Yet, as in many places, middle class people in Delhi, India have to actively strategize to obtain reliable information and access to services in an environment of historical social taboos, little privacy, and significantly prescribed gender roles.

Over the past several decades, throughout India, supporters and opponents have alternately advanced and suppressed CSE programs and curricula for decades. Within the last decade, several states and organizations have blocked or banned CSE curricula, raising objections to the introduction of comprehensive sex education curricula including concerns that it violates social norms and values (Perry 2005, Bahuguna 2007, Sudha 2007, Bamzai 2008, Verma 2013).

Two of the most critical areas in which reliable information can make significant positive health contributions are for reducing the risk of HIV and other STIs, and for reducing the risk of unintended pregnancy (Chandiramani 1998, Jejeebhoy 2003, Perry 2005). The National Family Health Survey from 2005- 2006 (NFHS-3), interviewed 124,385 women and men about key indicators of health. As the third such survey, the NFHS 3 includes unmarried women for the first time, partly reflecting growing acknowledgement of significant sexual activity outside of marriage and calls for increased access to SRH knowledge and services as health supportive and protective measures (Jaya & Hindin 2009, Tripathi & Sekher 2013).

According to the NFHS-3, urban men (aged 15-54) were more likely to know about condoms and emergency contraceptive pills than urban women (aged 15-49), and the women were more likely to know of regular contraceptive pills, IUDs and injectable methods (NFHS-3). The data collected do not reflect whether people know how to use the methods properly, how to deal with potential side effects or

contraindications, where to obtain them or whether they are affordable. Regarding the percentages of urban adults who stated knowledge of indicated HIV prevention methods, the women were much less likely than men to know about any methods, particularly condoms and abstinence (NFHS-3 p 322). Furthermore, these data cannot reflect whether the people are able to communicate and negotiate HIV prevention methods effectively with their partners, or how a sexually active person can determine whether they are uninfected.

For this qualitative study, the main data were collected in semi-structured Interviews and a focus group discussion (FGD) of middle class Delhi-ites for a total of 46 respondents. Participants were aged 18-53, and were 31 women, 11 men and 4 transgender-identified people. The participation of Lesbian Gay Bisexual and Transgender (LGBT) people was encouraged, and made up 17 out of 46 respondents. Interviewees and FGD participants were recruited using a mix of emergent, purposive and snowball sampling methods. Respondents were asked when, where and what they had learned about a series of SRH related topics, including both formal (in school or other curricula) and informal sources of information, as well as through any form of media or interaction.

**Follow-up research Question 1: Where do people obtain STI/HIV Screening?**
Participant observation: Obtaining screening for STIs.
**Tertiary Care Government Hospital-** (February 2014, Field note excepts)
*An STI clinic was located online, though the website was geared toward providers, administrators, and not prospective clients/patients. I went to a large government hospital with a good reputation in a South Delhi neighborhood, accompanied by one female friend. We entered the hospital to see large open areas devoid of furniture, chairs or benches…*
**Private Laboratory-** (March 2014 Field note excerpts)
*Though an online search for a lab conducting STI/HIV screening was fruitless, I had been informed by several sources that that is where people would go to obtain them. I went alone into a busy well-respected local laboratory. It was located on a busy street near a market in a South Delhi neighborhood. This time I went to inquire about the types and prices of STI screening. There was a big desk with four staff members and others milling around and doing work. It was in a foyer/waiting room and there were about 5 people waiting at the desk and about twenty others sitting on benches and chairs and talking or reading magazines...*

**Private Laboratory pricing for STI screenings - South Delhi 2014**

| Test | Cost-Indian Rupees | Cost- US Dollars |
|---|---|---|
| Thyroid -T3 | 1100 | 18.32 |
| Anemia screen | 4600 | 76.61 |
| Routine Urine screen | 3500 | 59.29 |
| Written on piece of paper: *Do you do Pelvic exams and STD screening here?* | | |
| STI Screening Tests | | |
| HIV | 700 | 11.66 |
| VDRL (for Syphillis) | 350 | 5.83 |
| HBSAG (for Hepatitis B) | 500 | 8.33 |
| HCV (for Hepatitis C) | 1200 | 19.99 |
| HSV-2 (for Herpes simplex 2) | 450 | 7.49 |
| CT/NG * (for Chlamydia and Gonorrhea) | 5000 | 83.28 |
| Total STD screen | 8200 | 136.57 |

**Follow-up research Question 2 : Where do people buy or obtain condoms or emergency contraception (EC)?**

**Ethnographic survey**. Over a period of 6 months, I physically surveyed 54 shops, in 13 Central and South Delhi neighborhoods between the hours of 2pm and 7pm. They were stand-alone and branches of chains, most were chemists (51) and 3 were convenience shops with food and snacks. Of the 54 establishments, 15 displayed condoms where the customer could picked them up and bring them to the cash register. 31 stores had them out of reach, or out of sight, requiring verbal requests and assistance, and 8 stores professed to have none at all. 22 stores had theirs under or behind glass counters, 5 had them behind the registers, 2 stores had condoms hidden entirely in closed dark drawers in the back of the store as if they were illegal.

**Study Findings:** There is a critical shortfall of SRH information and services for middle class people in Delhi. Condoms can be promoted as a *contraceptive as well as to* prevent infections. Emergency Contraception can be accompanied with instruction that it is NOT effective against the transmission of HIV and other STIs, as it does not provide a barrier to potential pathogens. Knowledge of and Access to Services for prevention, diagnosis and treatment of unintended pregnancy and STI transmission are difficult to find in confidential, private and judge-free venues.

Sources for extended abstract:

Andrew G, Patel V & Ramakrishna J. (2003). *Sex, studies or strife? What to integrate in adolescent health services.* Reproductive Health Matters. 2003 May 11(21):120-9.

Bahuguna, N. J. (2007). *India: State lawmakers eliminate sex education programs.* Inter Press Service/Global Information Network, Aug 30 2007, accessed 4/3/09

Bamzai, K., Pai, A., Mishra, A, & David, S. et al. (2008). *New adolescence education modules ineptly introduced by the HRD Ministry.* India Today. New Delhi: June 18, 2007

Chandiramani R. (1998). *A view from the field: phone help line in India helps identify HIV risk behaviors.* SIECUS Report. 1998 Jun-July 26(5):4-6.

Correa, S., Petchesky, R. and Parker, R. (2008) *Sexuality, Health and Human Rights.* London, New York: Routledge.

Dasgupta, J. (2002). *Experiences of implementing a sexual health strategy in northern India.* SIECUS Report, 30(5), 21-23. Retrieved March 30 2009, from Platinum Periodicals database. (Document ID: 154559531).

Ecker, N. & Kirby, D. (2009). *International Guidelines on Sexuality Education: An evidence informed approach to effective sex, relationships and HIV/STI education.* UNESCO.

Jaya J, Hindin MJ. (2009) *Premarital romantic partnerships: attitudes and sexual experiences of youth in Delhi, India* . Int Perspect Sex Reprod Health. 35:97–104.

Jejeebhoy, S., & Sebastian, M. (2003). *Actions that protect: Promoting sexual and reproductive health and choice among young people in India* (Regional Working papers No. 18) (pp. 1–53). New Delhi, India: Population Council.

Kirby D, Laris BA, Rolleri L. (2005). *Impact of Sex and HIV Education Programs on Sexual Behaviors of Youth in Developing and Developed Countries.* Working Paper, Family Health International, Research Triangle Park, NC

McManus A, Dhar L. (2008) *Study of knowledge, perception and attitude of adolescent girls towards STIs/HIV, safer sex and sex education.* BMC Womens Health. July 23;8:12.

Misra, G. & Chandiramani, R. (2005) Sexuality, Gender and Rights Sage Publications, India Pvt. Ltd.

Perry, A. (2005). *When silence Kills: India's AIDS crisis. The first step: get honest about sex.* International(Asia Ed.) New York, June 6 vol 165 p16

Senderowitz, J. & Kirby, D. (2006). *Standards for Curriculum-Based Reproductive Health and HIV Education Programs*. Family Health International/YouthNet

Sudha, B. (2007) *Asia: the birds, the bees and the taboos* Economist 9 17 2007 Vol 385 is 8546 p 75

Tripathi N, Sekher TV (2013) *Youth in India Ready for Sex Education? Emerging Evidence from National Surveys.* PLoS ONE 8(8): e71584. doi:10.1371/journal.pone.0071584

Verma, JS, L Subramanian G. (2013) *Report of the committee on Amendments to criminal law*. Accessed at http://www.prsindia.org/parliamenttrack/report-summaries/justice-verma-committee-report-summary-2628/ on 11/22/13