



Join in circuit on AIDS, love and sexuality, Tibet/China

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Overview of the Presentation

- Situation of HIV/AIDS and STIs in Tibet
- Sexual and reproductive health rights in Tibet/China
- Introduction to the SRC Health Programme in a nutshell
- The SRC Join in Circuit (HIV market)
- Evaluation of the Join in Circuit
- Strengths and challenges of the SRC project
- Does SRC project influence sexual and reproductive health rights in Tibet ?

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Situation of HIV/AIDS & STI in Tibet

Risk factors in Tibet

- Very poor knowledge & awareness on HIV/AIDS & STIs
- Prostitution is widespread
- Large migrant population from mainland and rural areas
- Polyandry is very common
- Generally tolerant society regarding sexual relations outside married couple
- Condom almost unknown & not even promoted as contraceptive

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Situation of HIV/AIDS & STI in Tibet

- Official data on HIV/ AIDS and STIs are unavailable and not published
- HIV/AIDS prevalence is still very low, but in sharp increase (*70 cases between 1993 -2008, 130 new cases in 2009-2010*)
- STIs are widespread
- High level of stigma and discrimination
- Mostly untrained health workers and unavailability of condoms at grassroot level
- VCT available to all person groups, but partly compulsory
- ART is available, only accessible at Prefecture level

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Sexual and reproductive health rights in Tibet

- Government of China Family Planning policy is applied with less rigidity than in mainland China.
- The FP policy promoted by the government is perceived rather positively because of good economic impact on family life and is well accepted by the population.
- Linking SRH & HIV/AIDS is non-existing in the current government health strategy.

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SRC Health Programme in a nutshell

Current project components



Location: Shigatse Prefecture

Population: 650'000 habitants
Area: 176'000 km² (4 x the size of Switzerland)
Economy: agriculture & animal husbandry
Semi-arid & cold climate, high altitude (up to 8'848m)



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HIV/AIDS prevention: Target group students



Through:
Youth Peer Education
Public Stands
HIV Join in circuit

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HIV/AIDS prevention: Target group Government workers



Through:
HIV join in circuit
Workshops
Public stands

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HIV/AIDS prevention: Target group general population (urban & rural area)



Through:
Public stands
HIV Join in circuit

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HIV/AIDS prevention: Target group sex workers



Through:
Outreach visits (saunas, bars, discos, hairdressers etc.)
Workshops
Free condom distribution at Red Cross office (>40'000 pcs/year)

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SRC Join in Circuit/ HIV Market

- **Origin of concept**
Developed by German BzGA, and promoted by GIZ in around 20 countries as "Join In Circuit"
- **2008: Introduction in Tibet by SRC**
 - adapted to the Tibetan context
 - suitable for illiterate and low educated participants
 - addressing a wide range of public
 - attractive presentation
 - bilingual Tibetan - Chinese
 - convivial atmosphere allowing participation & interaction
 - integrates sexual and reproductive health with HIV/AIDS in one tool

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- 5 interactive stands
- 1 facilitator in each stand
- Participants divided in 5 groups of 10-15 persons
- 20 minutes per stand → 2 hours to complete the circuit



Tent transmission way: "Be informed"



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Tent love and sexuality: "No taboo"



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Tent family planning: "Plan your life"



Tent STI: "Everybody is at risk"



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Tent Condom use: "Protect yourself"



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Evaluation of the HIV Market

Methodology of the evaluation

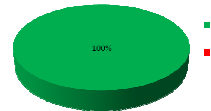
- KAP survey done between December 2010 & January 2011
- Individual interviews with questionnaire with 19 questions related to the 5 topics of the HIV market
- Total of 206 interviews conducted (103 female & 103 male)
- Interviews were realised in two rural counties with similar socio-cultural characteristics:
 - Non-intervention area – 104 respondents
 - Intervention area of HIV market in 2009 – 102 respondents
- Impact of the HIV market is measured in terms of difference of Knowledge, Attitude and Practice between intervention and non-intervention areas

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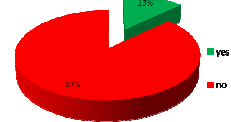


Results: Heard about HIV/AIDS before

Have you already heard about HIV?
Intervention area (n=104)



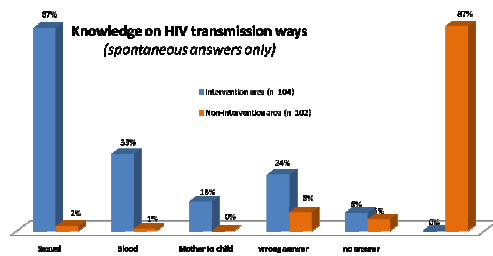
Have you already heard about HIV?
Non-intervention area (n=102)



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Result: HIV & transmission ways

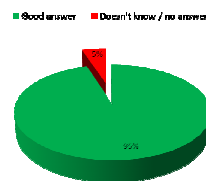


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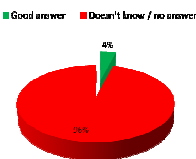


Result: Knowledge about what a condom is

Interviewee knows what a condom is
Intervention area (n=104)



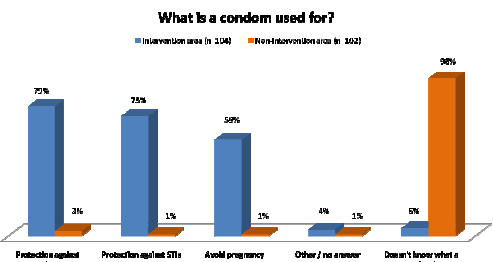
Interviewee knows what a condom is
Non-intervention area (n=102)



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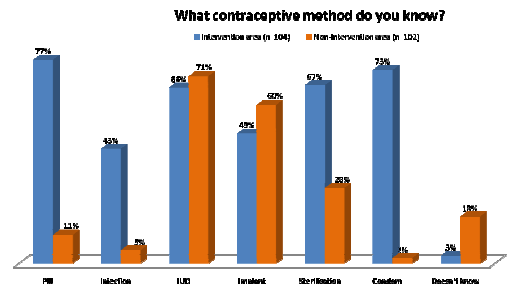
Result: Condom Use



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Result: Family planning

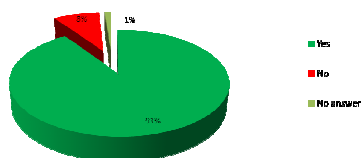


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Result: Love & Sexuality

After the HIV Market, did you speak about it with your partner?
Intervention area, participants with partner (n=97)

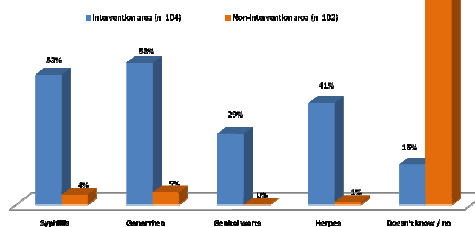


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Result: Knowledge of STIs

Can you name STIs?



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Conclusions of the evaluation

- Very important differences observed between intervention and non-intervention areas, where the knowledge is extremely poor (except on FP methods)
- The knowledge acquired during HIV market is long-lasting & also induced behaviour changes
- The participants do appreciate the HIV market, as the methodology is attractive and easy to understand

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Strengths of the SRC project

- SRC project is pioneer in the integrative reproductive health and HIV approach in Tibet
- Approach is mainstreamed in the other project components as well (eye care, health promotion)
- High impact of the project amongst the different target groups
- Interaction with peers in real-life situations in local language enhances the sustainability of knowledge
- Increasing collaboration with the MoH; authorities show a strong interest in the HIV market

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Challenges of the project

- Students: sustainability of the YPE project (RH & HIV is not officially integrated in school curriculum)
- Sex workers: very high turnover of girls, project is not able to respond to abuses
- Limited availability of condoms, especially in small towns and rural areas
- Access to condoms for unmarried persons through public health services
- Stigmatisation remains very high
- Continuation of the integrated approach once SRC stops activities

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Does SRC project influence sexual and reproductive health rights in Tibet ?

- **Linking SRH & HIV/AIDS** is non-existing in the current government strategy. Can the SRC experience influence policy?
- **Government policy for social protection and rights for HIV positive people is not put into practise**, can SRC make a difference?
- **Within the framework of the FP policy**, can the SRC empower people by enhancing decision making and informed choice?

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