project prahari

hiv/aids prevention and care among india’s bordermen
Project Prahari aims at reducing the HIV/AIDS vulnerability of select cadre in the Border Security Force (BSF), with special emphasis on young recruits. It also aims at strengthening their capacity to expand outreach into their families and communities by integrating HIV/AIDS prevention and care into their existing goodwill programmes.

**Project areas:** BSF locations in West Bengal and key BSF Training Centres in the country

**UN executing agency:** UNDP Country Office, India

**Implementing partners:** West Bengal State AIDS Prevention and Control Society (WBSAPCS) and the Border Security Force

**National co-operating agency:** National AIDS Control Organization, Ministry of Health & Family Welfare, in collaboration with the Ministry of Home Affairs

**Support:** UNAIDS
The tasks of the BSF during peace time are: (i) promote a sense of security among the people living in the border areas; (ii) prevent trans-border crimes, unauthorized entry into or exit from the territory of India; (iii) prevent smuggling and any other illegal activity. In the last few years the BSF has, in addition to their duties, been deployed for counter insurgency and internal security duties. The tasks during war are: (i) hold ground in less threatened sectors; (ii) protect vital installations; (iii) assist in control of refugees; (iv) anti-infiltration duties in specific areas.
The new threat

The HIV/AIDS epidemic is one of the most serious public health problems in India. Given the tremendous cultural, geographic and economic diversity of a country with a population and size such as India, the patterns of HIV transmission vary widely.

At present there are an estimated 5.2 million people with HIV/AIDS in India. Forecasts for the year 2010 range from 15 million to a staggeringly high 25 million (National Informatics Center estimates).

Though West Bengal is a low prevalence state, the HIV epidemic is developing fairly fast. The high vulnerability to the
HIV epidemic is because the state has a vast hinterland in the states of UP, Bihar, Sikkim, Assam and other north-eastern states, and with countries such as Nepal and Bangladesh. Due to the industries in the State, the seven national highways and the port in Kolkata, the state sees a frequent exchange of people who come to trade and work. In fact nearly 3-5 million persons migrate to the State for seasonal employment, of whom most are unmarried. They are the ones who keep a huge sex industry of nearly 1,00,000 sex workers thriving in a State which has the highest population density in the country.

A large number of BSF personnel are posted within the state largely due to the shared borders with neighbouring countries. The contact that the personnel have with local communities heighten their vulnerability to various diseases including HIV/AIDS. Jawans are often deployed in alien cultural and physical environments that are hostile to them and have to operate within disrupted social environments. A large majority of them are very young, between 18-24 years, often away from home and family for long durations usually up to a year or more at a time, and live and work in situations of extreme stress and pressure. As per the Disturbed Areas Act of the Government of India, armed forces are usually deployed in areas facing a breakdown of government machinery. These situations are conducive to loss of livelihood and poverty which may lead to women selling sex for their own and their families’ survival. Sex services are therefore available in close proximity to locations of uniformed personnel. Unprotected multi-partner sex is known to make personnel, specially young recruits, vulnerable to HIV/AIDS.

Project Prahari is in response to this new threat that faces young bordermen of the BSF. To win the battle against a virus that has no borders, everyone must play his part, including the uniformed services as an institution and the soldier as an individual and peer.
Information about the estimates of Personnel Living With HIV and AIDS (PLWHA) in the uniformed services in India is limited. Nor is it easy to gauge the effectiveness with which the uniformed services is responding to the epidemic. Denial has kept the number of possible infection within the uniformed services fuzzy.

Conservative estimates based on the national average suggest that about 20,000 people in the uniformed services in India may be HIV positive. The numbers may be higher because of high vulnerabilities. Some reports suggest that infection rates in the uniformed services may be as high as double the amount in the general population.

There is no comprehensive data on the present HIV/AIDS scenario among troops of the BSF. But there is corroborative evidence to lend credence to apprehensions regarding the awareness as to safe sex practices.

In a knowledge and attitude study on 200 combatants in 2003, 186 had heard of AIDS, 172 knew how it is transmitted, and only 64 knew of consistent condom use for prevention. Doctors from the Frontier Hospital, Kolkata have also reported of three new HIV infections every month in the last few months. At present there is no mandatory HIV testing during recruitment or medical check-ups. However, a testing policy is ready and two voluntary counselling and testing centres are operative.

<table>
<thead>
<tr>
<th>Year</th>
<th>Men in uniform testing positive</th>
<th>Border Security Force men testing positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>2001</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>2002</td>
<td>9</td>
<td>7</td>
</tr>
</tbody>
</table>

Numbers betray trend
The problems of Private Ryan
Mobility, the working environment and age are among the key factors which make uniformed service personnel, specially the young recruits, vulnerable to HIV and other sexually transmitted infections (STI).

The age at recruitment is below 20 years and retirement at 57. A borderman spends more than 75% of his prime life in active duty, away from home. Accommodation for the young bordermen are limited and they are usually not granted couple accommodation till they reach 25.

They are frequently moved from one location to another, and from the Bangladesh border to the western border with Pakistan, a distance of nearly 2,200 km.

Troops often encounter risk situations which are known to create a false sense of invincibility and machismo that could lead to carelessness and increase the risk of infection.

This natural build-up of sexual tension happens in the absence of strong social nets and peer pressure. Being financially more stable than most of border population, access to paid sex is also relatively easier for the bordermen.
The figures show that the incidence of HIV/AIDS is not very high among the BSF. It is exactly for this reason that the time has come to preempt the virus.
Project Prahari

Project Prahari supplements the on-going responses initiated by NACO, the Government of India and the uniformed services. It is a pilot initiative which aims to develop mechanisms, tools and strategies to reduce HIV/AIDS vulnerabilities and enhance prevention and care among BSF units, especially young recruits. The BSF was the obvious choice because of its vulnerability quotient, willingness to undertake HIV/AIDS related initiatives, presence of basic functional infrastructure, and possibilities of the multiplier effect. For example, partnership with a paramilitary unit operational at the international border between Bangladesh and India threw up possibilities of integrating anti-trafficking initiatives with HIV/AIDS initiatives.

The project builds on and strengthens the existing infrastructure present in the force, including training.
institutes, welfare organisations, medical units, etc. A key strategy is to mainstream HIV/AIDS into the existing training programmes of the identified training institutes and reinforce and supplement it with peer support initiatives, access to user friendly information and services, improved VCT facilities, and care and support in the deployment area in West Bengal. New tools are being generated to fill gaps in the existing services and capacity.

The project also aims to strengthen the capacity of chosen units to integrate HIV with the existing goodwill programmes being undertaken by the troops in deployment areas within West Bengal. This would ensure wider outreach within communities and with families of the bordermen. The uniformed service personnel undertake constructive activities such as building civilian facilities, organising medical aid camps, participating in pulse polio and immunization camps, etc. The goodwill programmes in the conflict areas try to win the hearts of the civilian population in order to mobilize its support, create an atmosphere of peace and security for the people and protect their well being and to incrementally consolidate peace in the country. Interface with civilian services, including local government structures and civil health systems, are being undertaken.

While the project focuses on the young recruits, senior personnel are sensitized through advocacy including field visits, exposure trips, inter-agency dialogue, films and documents in order to build greater commitment. This would pave the way for replication of the model in other wings of the forces during or after the project ends.
A soldier spends more than 75% of his prime life in active duty, away from home. Accommodation for the young recruits are limited and they are usually not granted couple accommodation till they reach 25.
Troops often encounter risk situations which are known to create a false sense of invincibility and machismo that could lead to carelessness and increase the risk of infection.
Mapping the HIV/AIDS quotient

The battle against AIDS is more than half won when one gets the basic facts about AIDS right. The three tables here map BSF personnel’s awareness of three crucial aspects of AIDS. The survey was done by Quest Asia Research and Consulting. The sample groups were drawn from BSF officers (Off.), sub-ordinate officers (SO), and staff of other ranks (OR).

### AIDS is/means ... (aided*)

All responses are in %.

<table>
<thead>
<tr>
<th></th>
<th>All</th>
<th>Off.</th>
<th>SO</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>a perpetual illness/weakness</td>
<td>55</td>
<td>65</td>
<td>73</td>
<td>51</td>
</tr>
<tr>
<td>a deadly virus</td>
<td>53</td>
<td>47</td>
<td>55</td>
<td>53</td>
</tr>
<tr>
<td>social ostracisation/rejection</td>
<td>33</td>
<td>24</td>
<td>40</td>
<td>32</td>
</tr>
<tr>
<td>a killer disease</td>
<td>23</td>
<td>12</td>
<td>28</td>
<td>23</td>
</tr>
<tr>
<td>a disease which bad/dirty people get</td>
<td>15</td>
<td>18</td>
<td>18</td>
<td>14</td>
</tr>
<tr>
<td>Don't know/Can't say</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>7</td>
</tr>
</tbody>
</table>

### AIDS spreads by/through ... (aided)

<table>
<thead>
<tr>
<th></th>
<th>All</th>
<th>Off.</th>
<th>SO</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>mosquito bite</td>
<td>21</td>
<td>24</td>
<td>23</td>
<td>21</td>
</tr>
<tr>
<td>kissing infected person</td>
<td>15</td>
<td>6</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td>hugging infected person</td>
<td>10</td>
<td>12</td>
<td>18</td>
<td>9</td>
</tr>
<tr>
<td>sharing plate with infected person</td>
<td>10</td>
<td>0</td>
<td>23</td>
<td>8</td>
</tr>
<tr>
<td>handshake with infected person</td>
<td>8</td>
<td>6</td>
<td>18</td>
<td>6</td>
</tr>
<tr>
<td>using infected person clothes</td>
<td>8</td>
<td>0</td>
<td>18</td>
<td>7</td>
</tr>
<tr>
<td>contact with stool/urine of infected person</td>
<td>6</td>
<td>0</td>
<td>10</td>
<td>5</td>
</tr>
</tbody>
</table>

### AIDS can be prevented by ... (aided)

<table>
<thead>
<tr>
<th></th>
<th>All</th>
<th>Off.</th>
<th>SO</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>using a condom</td>
<td>24</td>
<td>18</td>
<td>33</td>
<td>23</td>
</tr>
<tr>
<td>using disposable syringes</td>
<td>42</td>
<td>35</td>
<td>48</td>
<td>41</td>
</tr>
<tr>
<td>having sex with one partner only</td>
<td>36</td>
<td>29</td>
<td>40</td>
<td>36</td>
</tr>
<tr>
<td>avoiding sex</td>
<td>16</td>
<td>12</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>not donating blood</td>
<td>25</td>
<td>29</td>
<td>30</td>
<td>24</td>
</tr>
<tr>
<td>taking medicines/injections</td>
<td>27</td>
<td>53</td>
<td>33</td>
<td>24</td>
</tr>
<tr>
<td>not sharing razors or nailcutters</td>
<td>58</td>
<td>35</td>
<td>68</td>
<td>58</td>
</tr>
<tr>
<td>not using common toilets</td>
<td>10</td>
<td>6</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>not wearing clothes of infected person</td>
<td>7</td>
<td>0</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>not using utensils/cups used by infected person</td>
<td>6</td>
<td>0</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>washing the vaginal area after intercourse</td>
<td>24</td>
<td>29</td>
<td>20</td>
<td>24</td>
</tr>
<tr>
<td>taking a bath after intercourse</td>
<td>16</td>
<td>24</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>urinating after intercourse</td>
<td>18</td>
<td>24</td>
<td>13</td>
<td>19</td>
</tr>
</tbody>
</table>

When the responses for the aided and unaided questionnaires are combined, we get these results:
- AIDS is a killer disease ... 96%
- Many respondents had misconceptions about the transmission of AIDS. But, only a small fraction of the respondents referred to them on their own (unaided). However, once the myths were specifically mentioned (aided), a larger proportion accepted them as valid mechanisms of transmission of AIDS.
- The above observation holds true for awareness on prevention of AIDS.

*The respondents were given aided and unaided questionnaires. In the aided ones, they were given options to choose from, whereas in the unaided, the questions were open-ended; no options were given.
Major achievements

Advocacy
- Awareness campaigns across command hierarchy for a common understanding of issues and strategising a common combative mode.
- 700 key officials already involved.
- *Ek Sarhad Aur . . .*, a movie for advocacy across the whole force, ready for launch.
- Awareness sessions covering over 13,000 personnel

Strengthening the health care system
- Three workshops of health care providers conducted at Kolkata, Kadamta, and Tekanpur.
- Health care providers’ manual drafted, tested, and finalised through this process.
- Two model voluntary counselling and testing centres established at Kolkata and Kadamta hospitals.

Policy interventions
- Integration into all basic training courses.
- Condoms made accessible.
- Expansion of family accommodation being reviewed.
Care and support

- Two workshops with 18 PLWHA participants from West Bengal held to identify and address their needs.
- Provision of anti-retroviral drugs ensured.

IEC and awareness

- Communication needs assessment completed.
- Commanders and doctors systematically discussing HIV/AIDS pre-emption at the BOPs.
- A quiz competition from the BOP up to frontier level in progress.

Add-ons

- Involvement of PLWHAs as peer educators.
- Reaching out to families.
- Going to schools.
- Community outreach along borders.

Activities in the offing

- Setting up a capacity centre and knowledge base at Tekanpur and Kadamtala.
- Central training of trainers at all training centres for integration into all basic training.
- Development and dissemination of IEC material in the light of CNA findings.
- Institutionalisation of monitoring and evaluation.
- Peer educators’ training.
- Another VCTC at Tekanpur.

Coordination: S K Mitra and Dr Pallav Bhattacharya for the Project Management Team, Project Prahari

Design: Bee Ideas

Photography: Shilbhadra Datta
project prahari

hiv/aids prevention and care among india’s bordermen

West Bengal State AIDS Prevention and Control Society
Swasthya Bhavan, GN-29, Sector V
Salt Lake, Kolkata 700 091