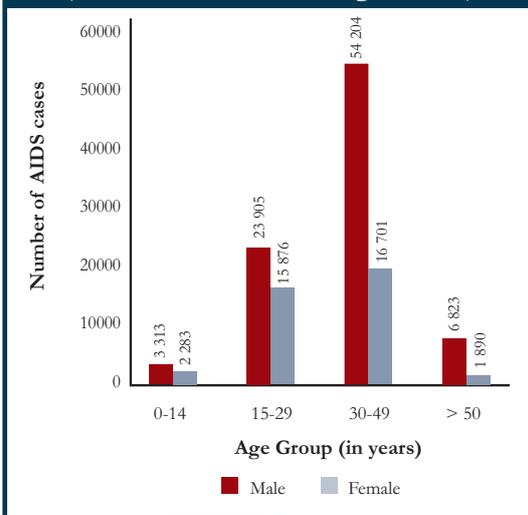


Young People and HIV/AIDS

Young People at the Centre of HIV/AIDS Epidemic

Young people aged between 10 and 24 years represent 30% of India's total population¹. Over 35% of all reported AIDS cases in the country occur among those in the age group of 15-24 years indicating that young people are not only at high risk of contracting HIV infection but already constitute a significant percentage of people living with HIV/AIDS². The cumulative number of AIDS cases since 1986 to August 2006 shows that the disease burden is highest among the 15-49 year age group (Figure 1).

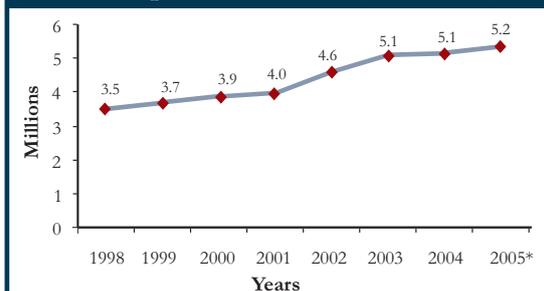
Figure 1: Reported AIDS cases according to age & sex (Cumulative: 1986 to August 2006)



Source: National AIDS Control Organisation (NACO), Ministry of Health and Family Welfare, Government of India. (Surveillance for AIDS Cases in India- 1986 to 31st August 2006) <http://www.nacoonline.org/facts-reportaug.htm>

Globally, India is second only to South Africa in terms of the total number of people living with HIV/AIDS. The annual sentinel surveillance estimated the number of adults (15-49 year age range) living with HIV/AIDS in 2005 to be 5.2 million (Figure 2). Almost 57% of these infection are in rural areas. The overall HIV prevalence

Figure 2: Estimates of HIV prevalence for the period 1998-2005 (in millions)



Source: India resolves to defeat HIV/AIDS, National AIDS Control Organisation, Ministry of Health and Family Welfare, Government of India, 2005.

*HIV/AIDS epidemiological surveillance and estimation report, 2005, NACO, Ministry of Health and Family Welfare, Government of India, April 2006

among the adult population was observed to be 0.91%³. Though India is considered to have a low national prevalence, due to its large population profile, a mere 0.1% increase in the prevalence level would raise the number of HIV-positive people by over half a million.

The HIV epidemic in India is characterized by a number of distinct epidemics, sometimes coexisting within the same state, among the various vulnerable groups at different stages of maturity and impact. Transmitted mainly through unprotected sex in the south and injecting drug use in the north-east of the country, HIV has spread beyond the "at risk" groups to the general population and from urban to rural areas. As many as 111 districts are considered as high prevalence areas with HIV prevalence of more than 1% in antenatal women and/or more than 5% in high-risk behaviour groups. The states of Andhra Pradesh, Karnataka, Maharashtra, Manipur, Nagaland and Tamil Nadu are considered "high-prevalence" states. Data generated from sentinel surveillance 2005 shows that the HIV prevalence among the ANC population remained more than 1% in the high prevalence states

except Tamil Nadu which has shown HIV prevalence of less than 1% (among ANC) for the last four years. Among the high risk population, HIV prevalence

among the STD population was estimated to be more than 5%, more than 8% among commercial sex workers and remained around 10% for injecting drug users³.

Young People Are Vulnerable to HIV & STIs

Most young people are infected with HIV through unprotected sex. The main transmission route for HIV in India is heterosexual (Table 1).

Transmission route	Percent
Heterosexual route	85.69%
Perinatal transmission	2.72%
Blood transfusion and blood product infusion	2.57%
Injecting drug use	2.24%
Unidentified	6.78%

Source: Annual Report 2002-2003, 2003-2004 (upto 31 July 2004), NACO, MoHFW, GoI. 2004.

There is also a high prevalence of other sexually transmitted infections (STIs) in India. The overall HIV prevalence among STD population during 2005 was 5.66%. It is estimated that during 2005 the contribution of HIV infection from STD population was 1.7 million in comparison to 1.33 million during 2004. HIV prevalence among STD patients has increased significantly over previous years in low prevalence states like Rajasthan, Delhi and Orissa³.

STIs have significant implications for the vulnerability of young people to HIV. High levels of STIs among young people reveal increased unprotected sexual activity, which puts them at greater risk of contracting HIV. The probability of contracting HIV increases significantly in the presence of STIs, as a person with an STI is 8 to 10 times more vulnerable to contracting HIV⁴.

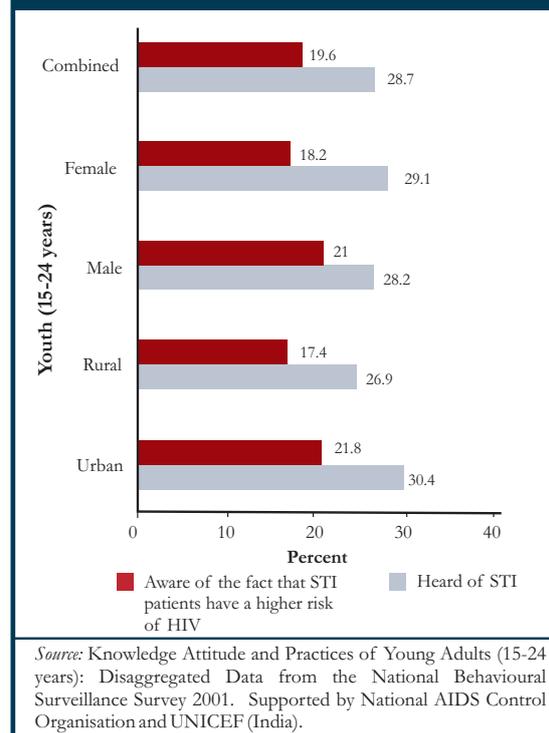
Many Young People Are Especially at High Risk

Girls and young women

While HIV continues to spread predominantly amongst the poor and marginalized sections of society in India, including sex workers, injecting drug users,

men who have sex with men and migrant labourers, infections are spreading among other groups as well. One in every four AIDS cases reported in India is a woman. Furthermore, the number of women being

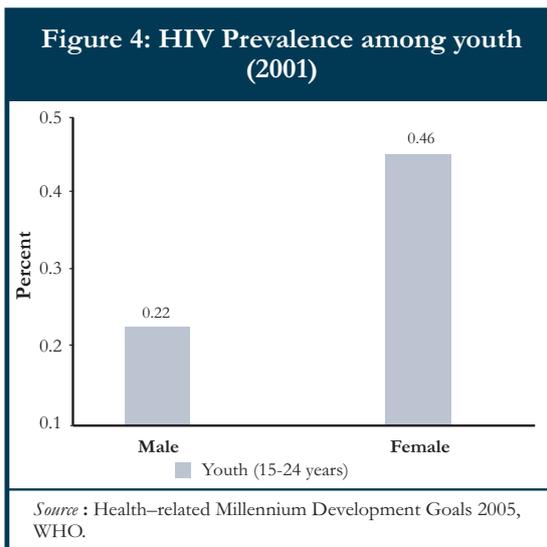
Figure 3: Awareness of STIs among young people



Data from the National Behavioural Surveillance Survey (2001) reveals that awareness levels on STIs are very low among Indian youth (15-24 years)⁵. Only 28.7% had heard of STIs. The awareness of the linkage between STIs and HIV was even lower in this age group, especially among rural youth and young women. Less than 20% of the young people surveyed were aware that someone who has an STI runs a higher risk of HIV infection (Figure 3).

newly infected with HIV is steadily rising⁶. Almost 38% of all Indians living with HIV currently are women³.

The HIV prevalence rates for young women also exceed those for young men. According to the WHO health indicators, the HIV prevalence was 0.46% for 15-24 year old females while it was 0.22% for men in the same age group (Figure 4).

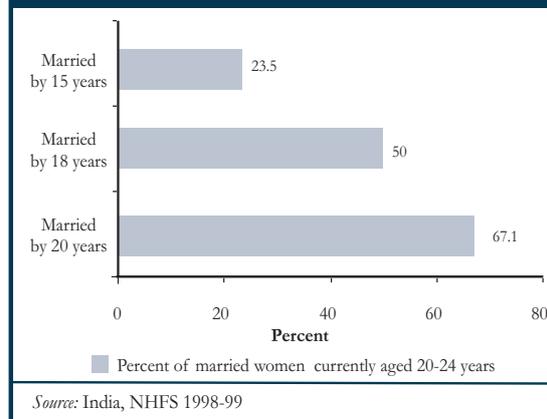


Prevalent gender inequalities in Indian society leave girls and young women socially and economically disadvantaged, greatly increasing their HIV vulnerability. The culture of silence surrounding sexual issues leads to girls and women remaining ignorant about HIV/AIDS, its spread and prevention options. Social constraints also limit their access to HIV prevention services. Furthermore, they do not have control over decisions related to their sexual and reproductive health and lack the power or skills to negotiate safe sex.

Early marriage also poses risks to young women as their reproductive tracts are not fully developed and therefore prone to tearing during sexual activity. This is especially relevant as 50% of women are married by 18 years in India (Figure 5). However, the same is not true for boys of the same age, often leading to considerable age gap between spouses.

Young women are also affected due to the risky sexual behaviour of their partners/spouses, many of whom indulge in unprotected sex with multiple partners and

Figure 5: Age at marriage



with men or are injecting drug users. Social norms, economic dependence and fear of violence often prevent young women from insisting on prevention methods such as use of condoms with their sexual partners. A significant proportion of HIV infections in India occur in women who are married and have been infected through unprotected sex with an infected spouse⁷.

Young sex workers

Young sex workers constitute one of the most vulnerable groups for HIV infection and transmission. Of the estimated two million women involved in sex work in India, 25-30% are minors⁸. According to the Social Welfare Board of India, two out of five sex workers are under the age of 18 years¹.

One of the highest HIV prevalence rates is among sex workers and their clients⁹. HIV surveillance of 2005 reveals that around 13% of female sex workers in Andhara Pradesh, 18% in Karnataka and more than 23% in Maharashtra were infected with HIV³. In Mumbai (Maharashtra) HIV prevalence among female sex workers has remained around 52% since 2000¹⁰. The overall HIV prevalence in female sex workers was estimated to be 8.44% in 2005. An increasing trend was noted among female sex workers of Nagaland, West Bengal, Rajasthan and Bihar compared to earlier years.

Early initiation into commercial sex, exposure to multiple partners, no negotiating power for safe sex leading to low or no condom use, exposure to STIs,

stigma and discrimination, limited access to information, prevention and treatment are some of the factors increasing vulnerability of young sex workers to HIV in India.

Findings of the Behavioural Surveillance Survey (2001) among groups perceived to be at higher risk of the infection showed that young brothel based female sex workers were more vulnerable to HIV infection compared to their non-brothel-based peers. They were also found to be less literate, exposed to sex much earlier in life and were four times more likely to have first sold sex before they attained the age of 15 years. Brothel based sex workers entertained 1.5 times more clients compared to non brothel based workers.

Information about and awareness of HIV/AIDS among female sex workers, especially those working on the streets was also found to be very low. Surveys in different parts of the country showed that 30% of street based sex workers were not aware that condoms prevent HIV infection. Nationally 42% of female sex workers felt that they could identify a HIV positive client on the basis of his physical appearance¹⁰.

Young men who have sex with men (MSM)

Strong cultural taboos in India result in a near total denial of the fact that male with male sexual behaviour exists. Research indicates that sexual contact between males is common in both urban and rural settings. The HIV surveillance data of 2005 indicates an HIV prevalence of 8.74% among MSM with more than 10% prevalence in states like Karnataka, Maharashtra and Manipur. HIV prevalence among MSM population showed an increasing trend from 2004 to 2005 in the states of Delhi (from 6.8% to 21.6%), Gujarat (from 6.8% to 10.7%), Goa (1.7% to 4.9%) and Kerala (from 0.9% to 3.2%)³.

The data from the behavioural surveillance of 2001 on young men who have sex with men revealed high risk practices in this group. A significant proportion of MSM did not use condoms with paid and non-paid partners and many of them were also involved in

Table 2: Awareness and sexual practices of MSM aged ≤ 24 years

Parameters	≤19 years		20-24 years	
	N	%	N	%
Heard of HIV	110	94	428	96.4
Heard of condoms	62	53	193	43.5
Aware that consistent condom use and sex with faithful uninfected partner protects against HIV	75	64.1	315	70.9
Proportion harbouring no misconception on transmission	47	40.2	256	57.7
Consistently used condom at last sex with all non paying partners in a month's recall	30	30.6	110	30.1
Aware of STI	78	66.7	341	76.8
Reported sex with females in the last six months	15	12.8	77	17.3
Consistently used condoms with female partners in last six months	7	46.7	18	23.4
Proportion of respondents reporting that their first male sex was forced sex	23	19.7	115	25.9
Consistently used condoms in anal sex with paid male partners in a month's recall	4	21.0	25	21.5

Source: Knowledge Attitude and Practices of Young Adults (15-24 years): Disaggregated Data from the National Behavioural Surveillance Survey 2001. Supported by National AIDS Control Organisation & UNICEF (India)

heterosexual activity which was often unprotected (Table 2).

Young injecting drug users (IDUs)

Drug use among young people in India has emerged as a major cause for concern in recent years. In the northeastern region of the country the major mode of HIV transmission is injecting drug use. HIV is concentrated among IDUs and their sexual partners. The HIV sentinel surveillance of 2005 reveals the HIV prevalence to be more than 10% among IDUs (10.16%). HIV prevalence is especially high in the states of Manipur, Mizoram and Nagaland where the HIV prevalence among pregnant women is also over 1% indicating a substantial IDU and sexual interface¹¹. An

Table 3: Awareness, Injecting Habits and Sexual Practices of Injecting Drug Users aged ≤ 24 years.

Parameters	≤19 years		20-24 years	
	N	%	N	%
Heard of HIV	55	88.7	216	96
Proportion harbouring no misconception on transmission	25	40.3	93	41.3
Consistently used condoms with paying partners in a year's recall	1	11.1	11	33.3
Consistently used condom with regular sex partner in a year's recall	0	0	1	5
Respondents injecting drugs everyday	47	75.8	179	79.6
Proportion reporting sharing injecting equipment in last episode	35	56.4	92	40.9
Proportion reporting never sharing injection equipment in a month's recall	15	24.2	93	41.3

Source: Knowledge Attitude and Practices of Young Adults (15-24 years): Disaggregated Data from the National Behavioural Surveillance Survey 2001. Supported by National AIDS Control Organisation & UNICEF (India)

increasing trend of HIV infection among IDUs was also observed in Delhi, Tripura, Assam, Chandigarh, West Bengal and Kerala.

Findings of the Behavioural Surveillance Survey (2001) on young IDUs showed that their drug injecting practices start by the age of 16 years. The use of sterile injecting equipment was significantly lower among younger IDUs. The proportion of IDUs who reported sexual relationships was very low. Condom use rates were also very low. A comparative study of the younger IDUs with the older ones revealed that awareness on HIV/STI and not sharing needles was higher among older IDUs (Table 3).

Why Young People Are More Vulnerable

Early initiation of sexual activity

There is growing evidence of early onset of sexual activity among young people in India. Studies in different cities showed that almost 10% of young women and 15-30% of young men indulged in premarital sex. Research suggests that young people who become sexually active during adolescence are more likely to have sex with high risk partners or multiple partners. Early sexual debut of Indian women is generally in the context of marriage while young men become sexually active by the age of 16-19 years¹².

Behavioural Surveillance Survey (2001) findings shows that young men aged 15-19 years and 20-24 years reported more casual sex compared to females in the same age groups. Rural males reported more casual sex compared to urban males. More than 54% urban male respondents in the age group of 15-19 years and more than 64% in the 20-24 year age group reported using condoms with their last casual sex partner. However, only about 36% urban males in the 15-19 age group and 40% in the 20-24 year age group, of those reporting casual sex in a year's recall, stated that they had consistently used condoms (Table 4).

Table 4: Sexual behaviour of youth

Parameter	15-19 years				20-24 years			
	Urban		Rural		Urban		Rural	
	M	F	M	F	M	F	M	F
Percent reporting casual sex in a year's recall	8	2.4	10.1	2.2	13.4	1.8	14.9	1.7
Percent reporting using condoms on last casual sex episode	54.7	46.3	39	35.8	64.4	61.5	47.9	44.4
Percent reporting consistent condom use in casual sex in a year's recall	36.2	28.4	24.7	23.9	40.8	44.6	33.6	25.4

Source: Knowledge Attitude and Practices of Young Adults (15-24 years): Disaggregated Data from the National Behavioural Surveillance Survey 2001. Supported by National AIDS Control Organisation & UNICEF (India)

An increasing number of young people are also experiencing forced sexual activity. Though young women are generally more vulnerable to sexual coercion and violence, young men and boys also experience non-consensual sex. A study in Goa reported that 7% of the boys were forced to have sex with an older male while 6% of girls reported forced sexual relations. Many street boys in Bangalore also reported that they were sexually initiated through forced sex at an early age by an older male¹².

Young people lack information and skills

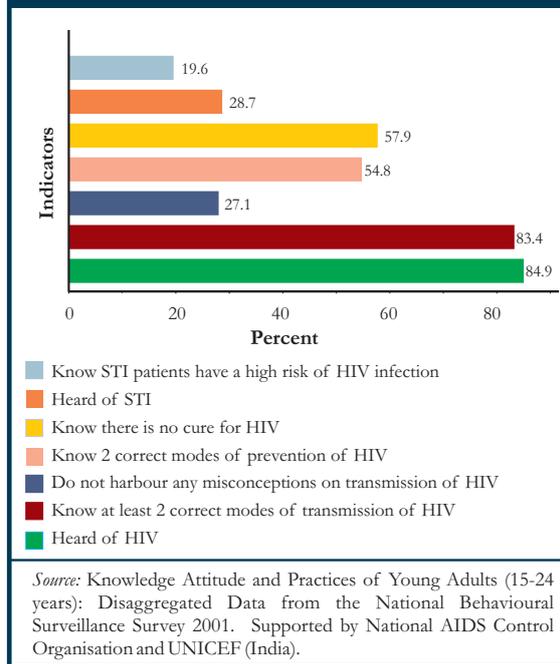
The Behavioural Surveillance Survey (2001) revealed that there was a high level of awareness among young people in general about HIV/AIDS with urban males in India being most aware. Most respondents knew of at least two common modes of transmission of HIV. However, awareness among rural females especially in Jharkhand, Gujarat, Chhattisgarh, Uttar Pradesh and West Bengal was low.

Although a significant proportion of young people were aware of HIV/AIDS, their knowledge on prevention modalities was low. Only about half the respondents of the behavioural surveillance (2001) were aware of two important modes of prevention of HIV transmission: consistent condom use and sexual relationships with uninfected faithful partners. Rural and young female respondents had poorer awareness levels than the urban and youth while older respondents were more informed than the younger ones.

Respondents also harboured misconceptions on the modes of HIV transmission. Less than 30% were certain that a mosquito bite or sharing a meal with an infected person cannot transmit HIV and that a healthy looking person can transmit HIV. Even urban males with higher literacy levels had incorrect knowledge on these three aspects. More than half the respondents were aware that there is no known cure for AIDS (Figure 6).

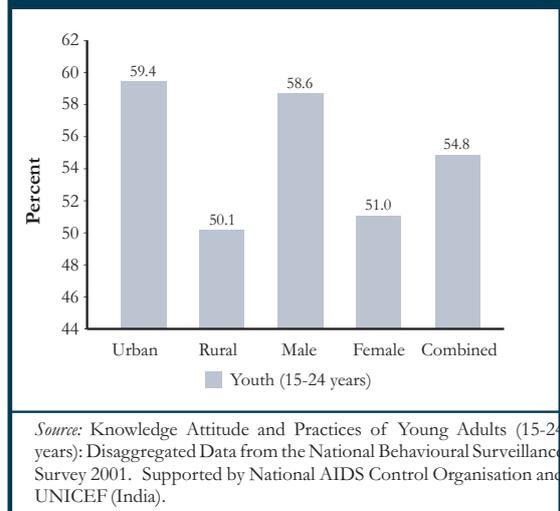
The same survey revealed that the young people who had received education beyond the standard VIII level were more aware of HIV related issues than those with lesser levels of education.

Figure 6: Awareness of youth on HIV



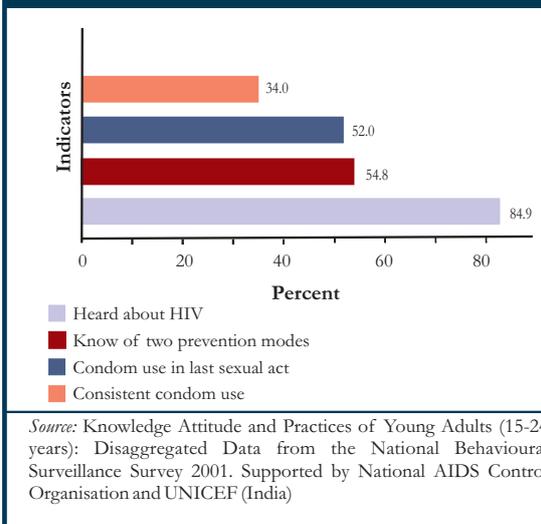
Most young adults and adolescents were aware of condoms. Males had better awareness compared to females in both urban and rural areas. Urban respondents reported more condom use (59.4%) compared to the rural ones (50.1%). Males reported higher condom use as compared to females (Figure 7).

Figure 7: Reported condom use in last casual sexual act



However, as the number of respondents reporting casual sex were few, these findings cannot be generalized. The findings also indicated a significant gap between awareness levels of young people on HIV and their actual behavior. Fifty-two percent reported using a condom in the last casual sex and only 34% reported that they consistently used a condom with all casual partners in a one-year recall period while more than 84% were aware of HIV/AIDS (Figure 8).

Figure 8: Comparison of awareness indicators on HIV and condom use among youth



Other studies on premarital sexual behaviour among school and college males have shown that many engage in unprotected sex even with commercial sex workers. In a study among sexually active young unmarried men in Mumbai only 27% reported always using condoms¹².

Regarding access to information, the survey reveals that most young people obtained information on HIV/AIDS/STIs from the mass media. Television, radio and newspapers were quoted as the most common source of information. Interpersonal communication for obtaining information was less indicating that there are few discussions on these issues within the family or the community.

In general, young people adopt risky behaviours since they are poorly informed about their physical attributes, sexuality, and consequences of unprotected sex. They also lack the skills to negotiate safe sex or say no to unwanted sex. In addition, experimentation with drug use including injecting drugs also becomes a contributing factor in compounding the vulnerabilities of young people to HIV. Lack of access to correct information and discrimination due to age and gender further impede prevention.

Focusing on the Young to Halt the Spread of HIV/AIDS

The vulnerability of young people to HIV infection has been recognized by the Government of India. The government has through a series of policy initiatives reiterated its commitment and concern towards young people.

Ministry of Youth Affairs and Sports

The National Youth Policy 2003 has identified HIV/AIDS, STIs and substance abuse as its focus areas. It reiterates the need for incorporating education on HIV/AIDS and sexual health in the school curriculum and introducing counselling services for youth for both treatment and rehabilitation.

The Ministry has launched a five-year nation-wide action plan called YUVA (Youth Unite for Victory on AIDS) to create mass awareness on HIV and AIDS among young people in the country.

This campaign involves 21.4 million youth volunteers belonging to the India Youth Network partners: Nehru Yuva Kendra Sangathan (NYKS), National Service Scheme (NSS), Bharat Scouts and Guides (BS&G), Youth Red Cross, Association of Indian Universities (AIU) and Youth

Hostels Association of India (YHAI). The joint action plan will help to bring young people under the wider umbrella of 'India Youth Network'.

Ministry of Human Resource Development

National Adolescence Education Programme: The Department of Education and NACO will be implementing a programme for preventing HIV infections among young people and reducing social vulnerability to the infection. It will also focus on sexual and reproductive health and life skills.

Ministry of Health and Family Welfare

The National Population Policy 2000 recognizes adolescents as an underserved segment of the population with special sexual and reproductive health needs. It calls for delayed marriage and child-bearing, sex education and greater outreach in rural areas. The policy stresses the need for availability of information, counselling, population education and making services more accessible and affordable.

The National Health Policy 2002 envisions equitable access to health services and efforts to bring about behavioural changes to prevent HIV. Young people are targeted through school health programmes that impart information relating to basic principles of preventive health care.

Phase II of the Reproductive and Child Health programme initiated by the Ministry of Health and Family Welfare proposes to focus on integrating youth friendly services into the existing public health system.

National Strategy on Adolescent Sexual and Reproductive Health (ASRH) has been developed. National Standards for provisioning of quality health services to adolescents and implementation guide to operationalise these standards have been finalised. Training packages for Medical officers and Auxiliary Nurse Midwife (ANM) were adapted from WHO generic package and have been printed and disseminated to all states in India. A range of modules in these training packages address sexual and reproductive health issues with a particular focus on building capacity of health providers to provide Adolescents Friendly Health Services (AFHS). Regional and state level training workshops have been in progress to build critical mass of trainers. Selected indicators have been included in the implementation guide to be addressed as part of HMIS and plans for monitoring quality of services are being finalised.

The National AIDS Prevention and Control Policy 2000 with its objective of preventing the epidemic from spreading and of reducing its impact, lays emphasis on the strategy of promoting better understanding of HIV infection among people especially students, youth and other sexually active sections of the population to generate greater awareness about the nature of HIV transmission and to adopt safe behavioural practices

for its prevention. The focus is also on managing STDs among vulnerable sections of the population while promoting condom use as a preventive measure.

A series of initiatives have been adopted in recent years. These are included under the First National AIDS Prevention and Control Programme (1992-1999) with special focus on strengthening systems for HIV sentinel surveillance, management and treatment of sexually transmitted infections and promotion of condoms. The Second National AIDS Control Programme (1999-2006) key objectives were to reduce the rate of HIV infection in India, targeted interventions for groups at high risk, preventive interventions for the general community and strengthening capacity through institutional capacity building and intersectoral collaboration.

The proposed Third National AIDS Prevention and Control Programme aims to build upon the previous achievements and bridge identified gaps.

Several UN agencies have provided critical inputs in strengthening the national AIDS control programme as part of the multilateral support to India. CHARCA (Coordinated HIV/AIDS Response through Capacity Building and Awareness) is a joint programme between the government and UN organisations. It is implemented in six districts of six states in the country. Each UN organisation involves its strength and expertise to complement each other to build a holistic response to address the needs and vulnerabilities of young women to HIV/AIDS.

UNFPA India supports a regional level initiative: unified budget and work plan on developing models for scaling up youth friendly services for sexual and reproductive health and HIV prevention. This will be an input into the ongoing second phase of the reproductive and child health in the India country programme.

Initiatives by the Government

The national surveillance data shows that in many states, HIV prevalence is highest in the youngest age groups across all risk groups¹³. The young are biologically vulnerable and at the same time they are also increasingly vulnerable to peer pressure for indulging in high risk behaviours which can lead to

HIV infection. Adolescent girls are at a higher risk, since they are more vulnerable not only due to their own risk behaviour but also on account of risky behaviour of their sexual partners/spouses. Therefore, a special and concerted focus on young people of both sexes is needed in campaigns of behaviour change with specific tailored and targeted interventions.

NACO reaches out to youth through a variety of special programmes:

Universities Talk AIDS

This is a collaborative partnership between the National Service Scheme (NSS), Department of Youth Affairs & Sports and NACO. The project involves creating awareness material for HIV/AIDS through workshops, seminars and written material especially designed for young people. Apart from the 'Youth to Youth' approach, the programme has a component called 'Campus to Community' which involves training of community leaders to raise awareness levels at the grassroots level.

Village Talk AIDS

This programme for the out-of-school youth including those based in rural and remote areas is conducted by the Nehru Yuvak Kendra Sangathan (NYKS) network under the auspices of the Union Ministry of Youth Affairs and Sports.

School AIDS Education Programme

The Ministry of Human Resource Development and NACO have collaborated to scale up the school based adolescent programme across 144 409 schools. This programme focuses on raising awareness levels about HIV, equipping young people with the skills to resist peer pressure to participate in risky behaviour, helping develop safe and responsible life-styles. Essentially, the programme provides a life skills approach towards prevention of HIV.

For out- of-school youth

A large number of young people of the age group of 10-24 years in India are out of school. They form a large component of the population most vulnerable to HIV infection. District wide innovative programmes have been launched to reach out to young people from particularly vulnerable communities in various states.

National AIDS tele-counselling helpline

A toll-free National AIDS Telephone Helpline has been set up at the dedicated number 1097, solely for counselling on HIV and AIDS-related issues. All relevant information, education and communication activities are provided at this number.

Voluntary Counselling and Testing Centres (VCTC)

A key component of the national programme on HIV/AIDS deals with encouraging individuals to undergo HIV testing and counselling. A range of communication initiatives are being undertaken to motivate people indulging in risk behaviour to opt for and access the Voluntary Counselling Testing Centre (VCTC). There are 709 VCTCs functioning all across the country.

According to the new VCTC guideline VCT services should be available to children and young people under the age of 18 years based on an assessment of their ability to comprehend the nature and implications of HIV/AIDS and HIV test result. A trained counselor is required to assess these abilities and the prior informed consent of parents or guardian is required.

Treatment of STIs and condom promotion

STI care has been incorporated in the mainstream clinical services offering access for treatment to young people and for people at high risk for both STI and HIV. This offers the dual benefit of treating STI and at the same time provides prevention education, HIV testing, identifying HIV infected persons in need of care, and partner notification for STIs or HIV infection¹⁴.

Quality management of sexually transmitted infections (STI) is used as an entry point for organizing prevention programmes for HIV/AIDS. The objective is to reduce the prevalence of STIs and to prevent short-term and long-term morbidity and mortality due to STIs. There are 775 STI clinics operational in the country².

Condom promotion is another key component of the prevention strategy. Social marketing units are constituted at NACO and innovative channels of distribution; retailing, pricing and promotional strategies are being developed.

The Family Health Awareness Campaign (FHAC) also focuses on reducing the spread of reproductive tract

infections including STIs and HIV especially among the rural and marginalized population. The administering of free STI drugs and referral treatment are facilitated by the campaign.

Anti Retroviral Treatment

The government's commitment in providing access to Anti Retroviral Treatment (ART) for people living with HIV/AIDS has become an integral component of the national response to HIV/AIDS. Both public and private sectors are involved in ART delivery. Sixty community care centres are being run by NGOs. NACO supports 22 state level networks of PLHA countrywide. The government also provides (ART) to PLHA free of cost. Some of the public sector schemes are run through the Central Government Health Scheme (CGHS), Employees State Insurance Corporation (ESIC), the

Armed Medical Services, and the Railways as well as through the National AIDS Control Programme via the interventions on prevention of parent to child transmission.

Services for women

The antenatal screening facilities and Preventing Parent to Child Transmission (PPTCT) Centres are being established to protect women from HIV infection. At the same time efforts are being made to establish access to the services and support needed to protect children from becoming infected with HIV.

PPTCT services are provided in the antenatal clinics of all the medical college hospitals, both private and government, in both high and low prevalence states, and in the district hospitals of the high prevalence states.

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