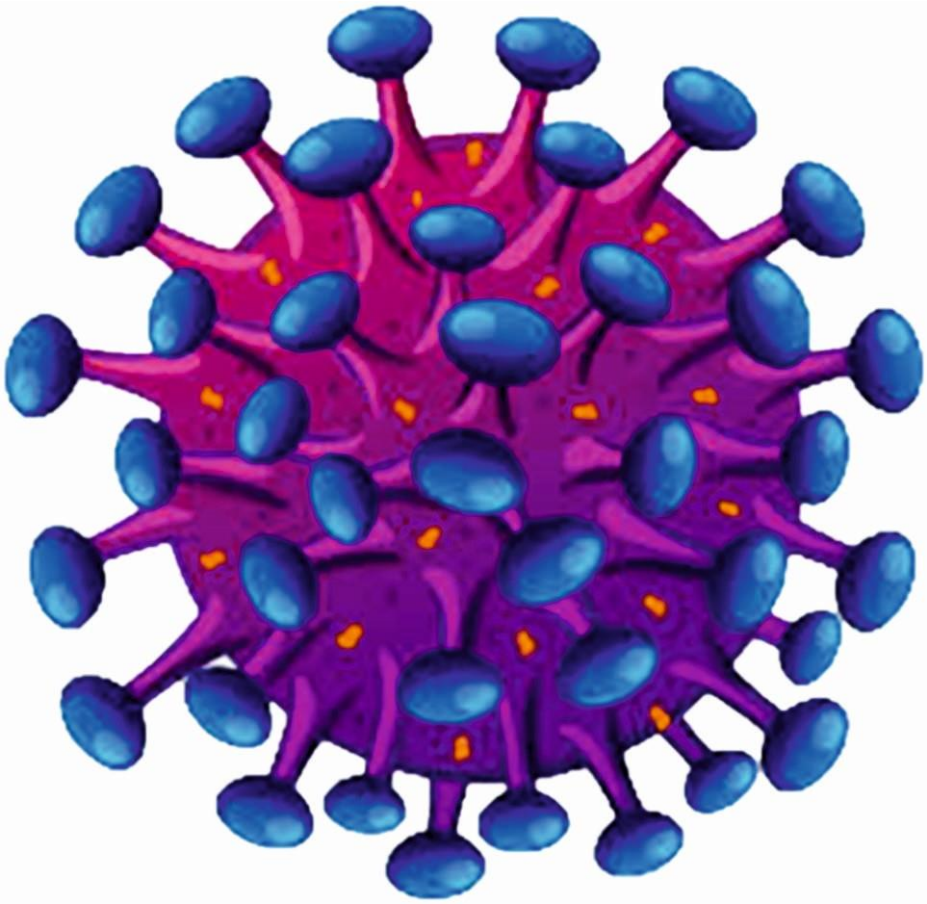
HIV SENTINEL SURVEILLANCE (ANC)

Telangana State Report



2018-19

TELANGANA STATE AIDS CONTROL SOCIETY TSACS

INDIAN COUNCIL OF MEDICAL RESEARCH NEW DELHI

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NACO

HIV

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ICMR-NATIONAL INSTITUTE OF EPIDEMIOLOGY
Chennai

NATIONAL AIDS CONTROL ORGANISATION
New Delhi

TELANGANA STATE AIDS CONTROL SOCIETY
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Foreword

HIV Sentinel surveillance among ANC attendees is one of the most important national level activities, as it helps the programme managers in framing health policies towards controlling HIV infection in the state and the country as well. The objectives of HIV sentinel surveillance are to understand the trends, assess spread and distribution of HIV infection among geographical areas across the state. In order to have uniform geographical coverage, the number of sentinel sites in the state has been increased over a period of years by keeping at least one site in each district.

The National Institute of Epidemiology, Chennai, one of the Regional Institutes for 8 southern states, is involved in the HIV surveillance activities since 2006. This report is prepared based on the data collected during the 16th round of surveillance, in conjunction with the past years data to analyze the trend and to have an insight of epidemiological factors. I hope this report will serve as a very useful tool for the policy makers, scholars, researchers and other stakeholders in formulating guidelines in controlling HIV and enhancing their knowledge of HIV in their state.

I take this opportunity to thank Dr. Shobini Rajan, Assistant Director General, NACO and Dr. Pradeep Kumar, Consultant (surveillance) & his team for entrusting this activity to NIE and also for providing technical support in implementing the surveillance. I also wish to thank the Project Director and nodal officer of State AIDS Control Society for their help in completing the surveillance activities in a timely manner. I express my gratitude to all the State Referral Laboratories, National Referral Laboratories, State Surveillance Team members, Sentinel sites personnel and other National and International partners who helped us in completing the surveillance successfully.

Dr. Manoj V Murhekar

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Contents

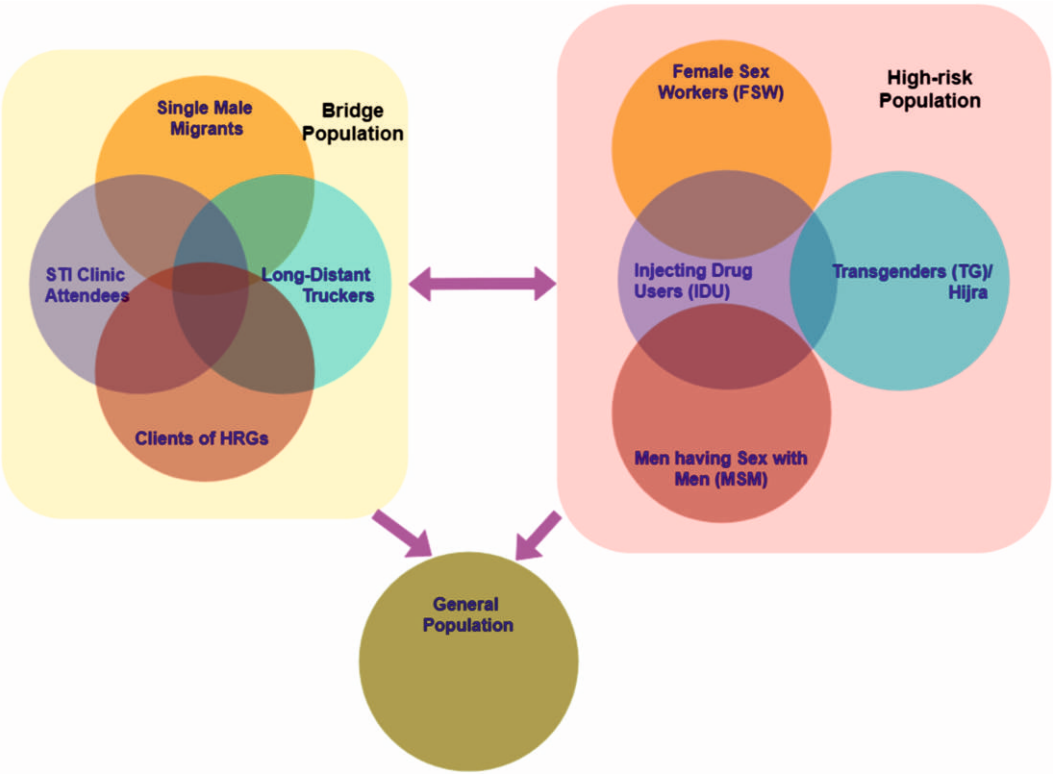
CHAPTER 1.

INTRODUCTION: HIV AND HSS

Acquired immune deficiency syndrome or acquired immunodeficiency syndrome (AIDS), caused by the human immunodeficiency virus (HIV), progressively reduces the effectiveness of the immune system, leaving the infected susceptible to opportunistic infections. HIV was first reported in USA in 1981, following which the infection spread globally. Three decades since its inception, the epidemic still continues to be a global public health threat and interventions at various levels are ongoing for HIV management. Unprotected sex, sharing used needles or syringes and transfusion of untested blood increases the risks of HIV infection.

The first HIV case in India was reported in 1986 in Chennai, followed by a rapid spread across the nation within a decade. Based on their risk of disease transmission and HIV prevalence levels, the population in India is divided into 3 categories high-risk groups with - high prevalence, bridge populations with moderate prevalence and general population low prevalence.

Figure 1: HIV Transmission Dynamics among HIV Sub-population groups

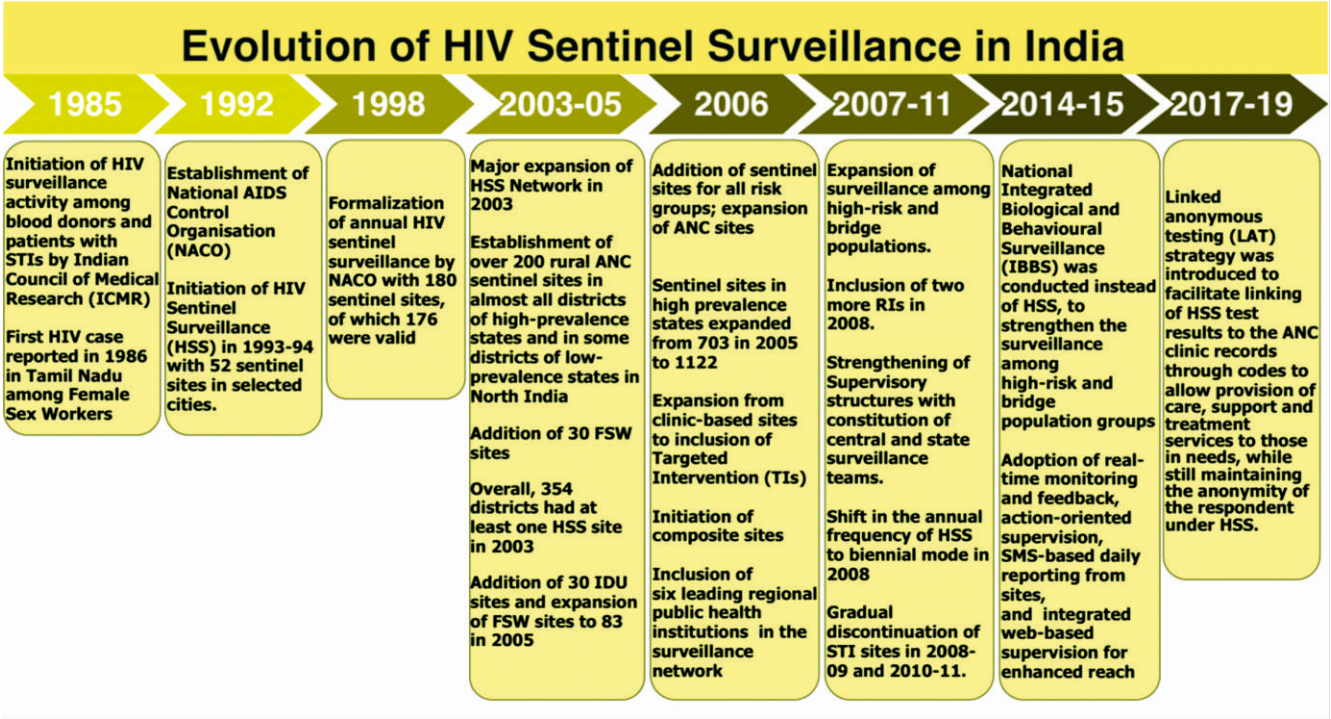


HIV in India is highly concentrated among the high-risk population groups. Unprotected sex with female sex workers (FSW), injecting drug users (IDU), and unprotected anal sex between men are the three primary routes of HIV transmission in India. The bridge population, generally the clients or partners of high-risk population, transmit the disease to the general population. Hence measures to reduce the HIV prevalence levels in high-risk population has been observed as an effective method to reduce the transmission risks.

1.1 HIV Sentinel Surveillance (HSS)

HIV sentinel surveillance is defined as a system of monitoring the HIV epidemic among the specified population groups by collecting information on HIV from designated sites (sentinel sites) over years, through a uniform and consistent methodology that allows comparison of findings across place and time, to guide programme response. A sentinel site is a designated service point/facility where blood specimens and relevant information are collected from a fixed number of eligible individuals from a specified population group over a fixed period of time, periodically, for the purpose of monitoring the HIV epidemic.

Figure 2: Evolution of HIV sentinel surveillance in India



The HIV sentinel surveillance (HSS) in India was initiated in 1985 among the blood donors and patients with STIs by the Indian Council of Medical Research (ICMR). It is one of the largest HSS systems in the world which helps to understand the dynamics of the HIV epidemic and monitor the trends among different population groups and geographical areas. It provides inputs to the programme for strengthening prevention and control activities. The sentinel sites have been scaled up in a phased manner from 176 in 1998 (including 92 ANC sites) to 1359 in 2010-11 (including 696 ANC sites). HSS 2019 was implemented at 776 ANC sites. In continuation, the 16th round of HIV Sentinel Surveillance (HSS) among antenatal care (ANC) clinic attendees was implemented during year 2019 at 833 sites across 35 States/UTs and 642 districts (out of total of 727 districts). This is highest in various rounds of HSS under NACP till now.

Figure 3: Objectives and Application of HIV Sentinel Surveillance

CHAPTER 2

HSS - METHODOLOGY AND IMPLEMENTATION

2.1 Implementation Structure of HIV Sentinel Surveillance in India

HIV sentinel surveillance has a robust structure for planning, implementation, and review. It follows a four-tier supervisory structure at national, regional, state, and district levels.

National level Organizations and Institutes act as Nodal Agencies while the 8 regional institutes provide technical support to the State AIDS Control Societies (SACS) for all HSS activities. SACS is primarily responsible for implementation of HSS in their respective states with the support of functional district AIDS Prevention and Control Units (DAPCUs), for coordination of HSS activities at the sentinel sites and the associated testing labs. The entire HSS structure is involved the assessment of HSS implementation plans and review of the outcomes of each round.

Figure 4: Implementation Structure of HSS

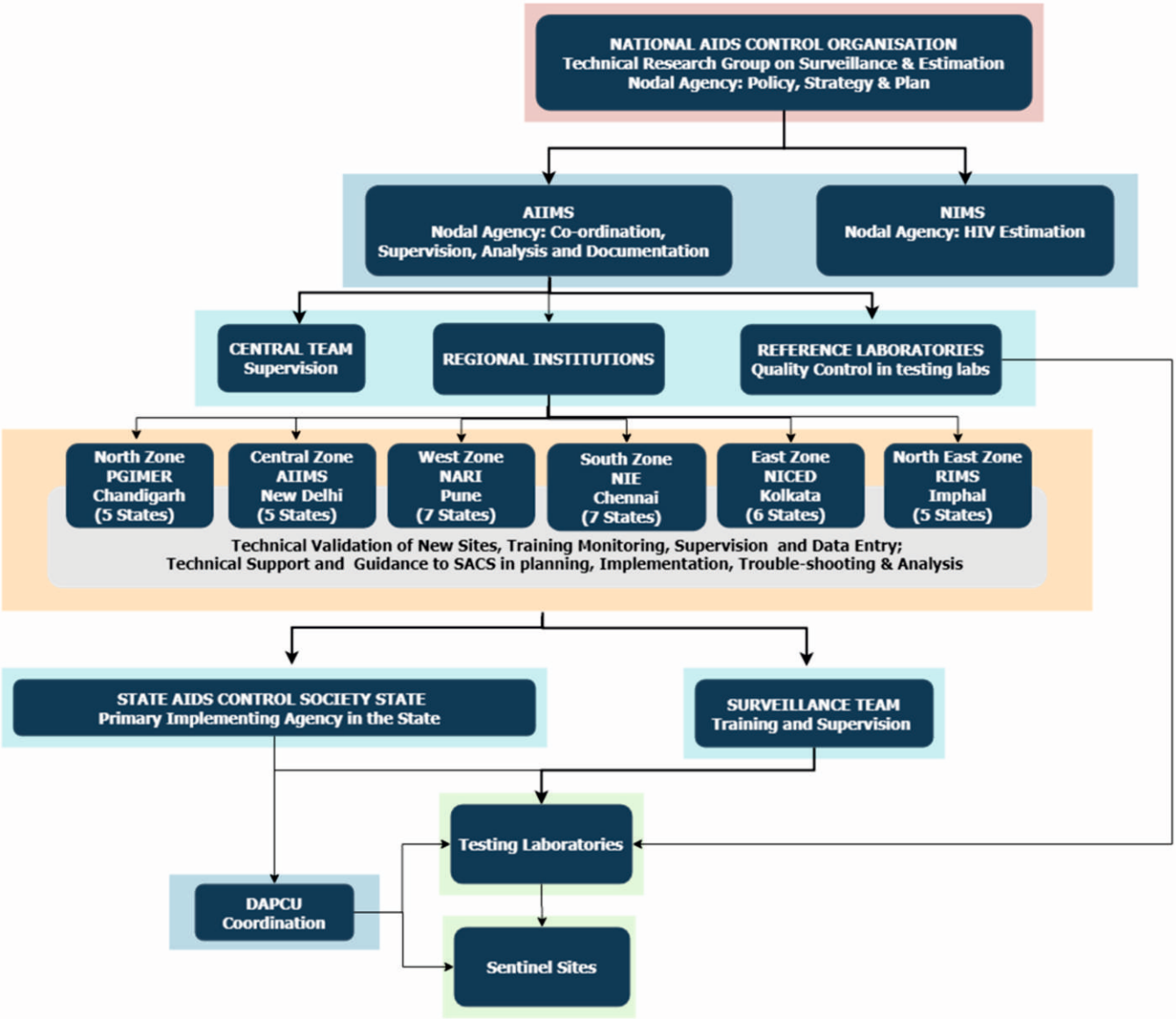


Table 1: Regional Institutes and their States Covered	
Name of regional institution	**Responsible states**
Central: All India Institute of Medical Science, New Delhi	Uttar Pradesh, Bihar, Jharkhand, Uttaranchal, and Delhi.
North: PostgraduateInstitute of Medical Education and Research, Chandigarh	Haryana, Himachal Pradesh, Jammu & Kashmir, Punjab, and Chandigarh.
West: National AIDS Research Institute, Pune	Maharashtra, Gujarat, Goa, Madhya Pradesh, Rajasthan, Daman & Diu, and Dadra Nagar Haveli.
South: National Institute of Epidemiology, Chennai	Andhra Pradesh, Tamil Nadu, Karnataka, Kerala, Odisha, Puducherry, and Lakshadweep and Telangana.
East: National Institute of Cholera and Enteric Diseases, Kolkata	West Bengal, Chhattisgarh, Sikkim, Andaman & Nicobar Islands, Meghalaya, and Nagaland.
Northeast: Regional Institute of Medical Sciences, Imphal	Manipur, Mizoram, Tripura, Assam, and Arunachal Pradesh.

2.2 Initiatives during HSS 2018-19:

In response to key issues identified in the implementation of HSS during the previous rounds as well as to improve the quality and promptness of the surveillance, several new initiatives were implemented in the 16th round, as part of continuous quality improvement.

SACS checklist for preparatory activities:

- Developed to monitor the planning process for HSS in each state (Annex 3).
- All preparatory activities were broken into specific tasks with clear timelines and all SACS were required to submit the completion status for each task.
- A team of officers from NACO coordinated with state nodal persons to ensure that preparatory activities in all states adhered to the timelines.

Pre-surveillance sentinel site evaluation (SSE):

- A pre-surveillance evaluation of ANC and STD sentinel sites was conducted to identify and correct human resources and infrastructure-related issues at the sentinel sites before initiation of surveillance.
- The evaluation also provided site information such as type of facility, average OPD attendance, availability of HIV and AIDS services, and distance of facilities from HSS labs (Annex 4), which may have implications on adherence to methodology.

Standard operational manuals, wall charts, and bilingual data forms:

- Developed to simplify the HSS methodology for site-level personnel and to ensure uniform implementation of the guidelines in all the sentinel sites.
- These were printed centrally and distributed across the country.

Training during HSS 2018-19:

Steps to improve quality of training:

1. A well-structured training programme was adopted to ensure that all the personnel involved in HSS at different levels were adequately and uniformly trained in the respective areas of responsibility.

2. The training agenda, curriculum, and planning and reporting formats were standardized and used in all the states. Standard slide sets and training manuals for training of sentinel site personnel were developed centrally to ensure uniformity.

3. Trainings included group work and a "know your sentinel site" exercise, which helped participants to identify the routine practices that could affect the implementation of surveillance at their sites and recommended actions to address the same.

4. Pre and post-test assessments were given to each participant at the site-level trainings. Analysis of these scores helped state teams to identify the priority sites for supervisory visits.

5. Training reports for each batch were submitted in standard formats at the end of each training.

Details of trainings:

1. Trainings started with two batches of national pre-surveillance meetings with about 90 personnel from regional institutes and SACS to discuss the critical aspects of planning for HSS 2018-19 and to clearly understand the system for supportive supervision through the online Strategic Information Management System (SIMS) application.

2. This was followed by 2-day regional TOTs organised by the RIs for SACS officers and state surveillance teams, comprised of public health experts and microbiologists, to create state-level master trainers and to plan for the site-level trainings.

3. Site-level trainings (2 days per batch @ 8-10 sites per batch) were conducted in all the states. Representatives from the regional institutes and NACO observed the trainings to ensure that trainings were provided as per the protocol and that all the sessions were covered as per the session plan.

4. Separate trainings on surveillance testing protocols and lab reporting mechanisms through the SIMS application for HSS were organised for microbiologists and lab technicians from 117 ANC/STD testing labs and 13 NRLs.

5. Overall, 40 central team members; 30 officers from six RIs; 95 SACS officers including in-charge surveillance, Epidemiologists, and M&E officers; 280 state surveillance team members; 260 laboratory personnel including microbiologists and lab technicians from the designated testing labs; and more than 3,000 sentinel site personnel including medical officers, nurse/counsellors, and lab technicians were trained under HSS 2018-19.

Laboratory system:

- The laboratory system was strengthened by limiting the sample testing to designated SRLs.
- introduction of web based reporting through the SIMS application ensured real-time monitoring of the quality of blood specimens and laboratory processes
- Quality assurance aspects of sample testing under HSS were standardized
- Responses in case of discordant test results between testing lab and reference lab were streamlined through the SIMS application.

Supervisory mechanisms for HSS 2018-19:

- Supervision of all HSS activities was prioritized to ensure smooth implementation and high-quality data collection.
- Extensive mechanisms were developed to set up a comprehensive supervisory system for HSS and to ensure that 100 % of HSS sites were visited in the first 15 days of the start of sample collection.
- The principles adopted included action-oriented supervision, real-time monitoring and feedback, accountability for providing feedback and taking action, and an integrated web-based system to enhance the reach and effectiveness of supervision.

SIMS modules for web-based supervision:

- Specific modules were developed and made operational in the web-based SIMS for HSS to facilitate real-time monitoring of HSS 2018-19.
- Field supervision was conducted by trained supervisors who visited the sentinel sites to monitor the quality of recruitment of respondents and other site-level procedures. Real-time reporting of field supervision used the SIMS supervisor module via the field supervisory quick feedback and action taken report sub-modules. The module was used extensively by all the supervisors and helped in quick identification and resolution of challenges in the field.
- Data were supervised by data managers at RIs to monitor the quality of data collection and transportation using the SIMS module.
- Laboratory supervision was conducted by SRLs and NRLs to monitor the quality of blood specimens, progress in laboratory processing, and external quality assurance, using the SIMS lab module.
- Overall, 80 % of supervisors reported on the SIMS field supervisor quick feedback format, and 52 % of action taken report formats were submitted by HSS focal persons from SACS and RIs. Laboratory reporting through the lab module was completed by 87% of SRLs.

Integrated monitoring and supervision plan:

- An integrated supervision plan for each state was developed by RIs, SACS, and AIIMS to avoid duplication in monitoring coverage, thereby facilitating maximum coverage of surveillance sites.
- The first round of visits was conducted by RI, SACS, and SST members.
- Central team members (CTM) visited the top priority sites identified in feedback from the first round of visits.
- Subsequent visits were based on priority with a goal of making at least three visits to each identified site which require supervision.

2.3 Methodology of HSS at ANC Sentinel Sites:

The methodology for the 2019 round of HSS at ANC clinic attendees remained as same as the earlier round. The complete methodology may be found in the HIV Sentinel Surveillance Operational Guidelines available on the website of the National AIDS Control Organisation (NACO).

Figure 5: HSS Methodology

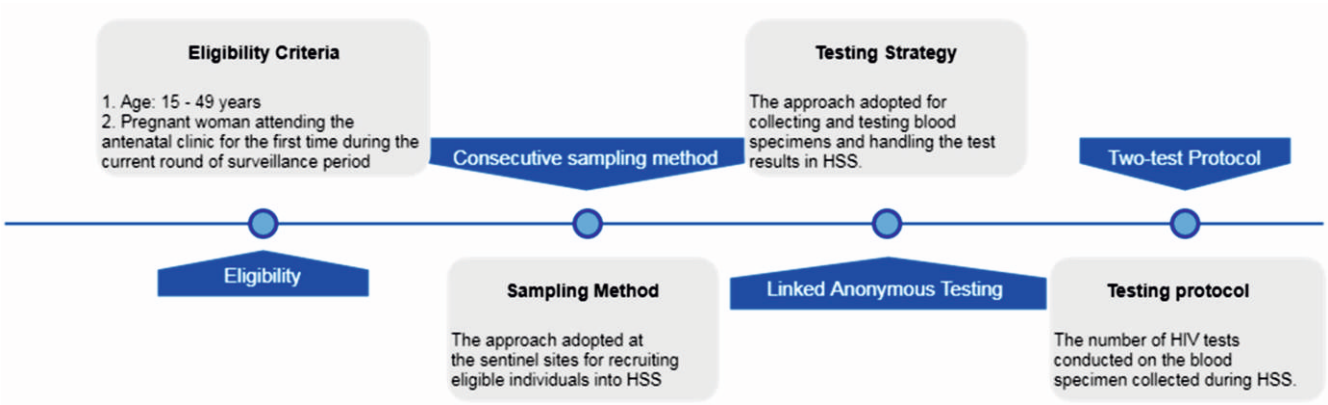


Table 2: Summary of HSS Methodology at ANC Sentinel Sites

Sentinel site	Antenatal clinic
Sample size	400
Duration	3 months
Frequency	Once in 2 years (biennial)
Sampling method	Consecutive sampling
Eligibility	Pregnant women ages 15-49 years attending ANC clinic for the first time during the current round
Testing strategy	Linked anonymous testing
Blood specimen	Serum collected through venous blood specimen
Testing protocol	Two-test

Key elements of the HSS methodology:

- In HSS among pregnant women, recruitment of respondents is conducted biennially for three months between January to March at selected ANC sentinel sites, across the nation.
- Because of the low HIV prevalence in India, the classical survey method of sample size calculation gives a large sample size. Owing to the practical difficulty in data and sample collection from such a large sample size through facility-based surveillance on regular basis, a sample size of 400 for surveillance among ANC attendees has been fixed.
- All eligible respondents are enrolled until the sample size of 400 in each sentinel site is reached or until the end of the surveillance period, whichever is earlier.
- Eligibility: All pregnant women eligible under the above inclusion criteria are included in the survey irrespective of the date of antenatal registration, known HIV positivity status, testing status under PPTCT programme or participation in the previous rounds of HSS.
- Inclusion Criteria: i. Age 15-49 years; ii. Pregnant woman attending the antenatal clinic for the first time during the current round of surveillance period
- Exclusion Criteria: i. Pregnant women not in the age group of 15-49 years; ii. Pregnant woman attending the antenatal clinic for the second or more time during the current round of surveillance period
- Sampling method, testing strategy and test protocol are standard components of any surveillance. Consecutive sampling method, linked anonymous testing strategy and two-test protocol are followed in HSS among pregnant women.

2.4 Information Collected under HSS at ANC Sentinel Sites

Information on 15 variables pertaining to the respondents' socio-demographic characteristics, HIV testing and management was collected. The data collected during the surveillance is robust and gives an insight on the socio-demographics and vulnerabilities of the respondents. The data helps the program managers and policy makers to identify of specific characteristics associated with higher risk of acquiring HIV infection. Thus the data has guided the HIV intervention program in responding to the epidemic effectively.

Figure 6: Recruitment process of ANC attendees at ANC Sentinel Sites for HSS

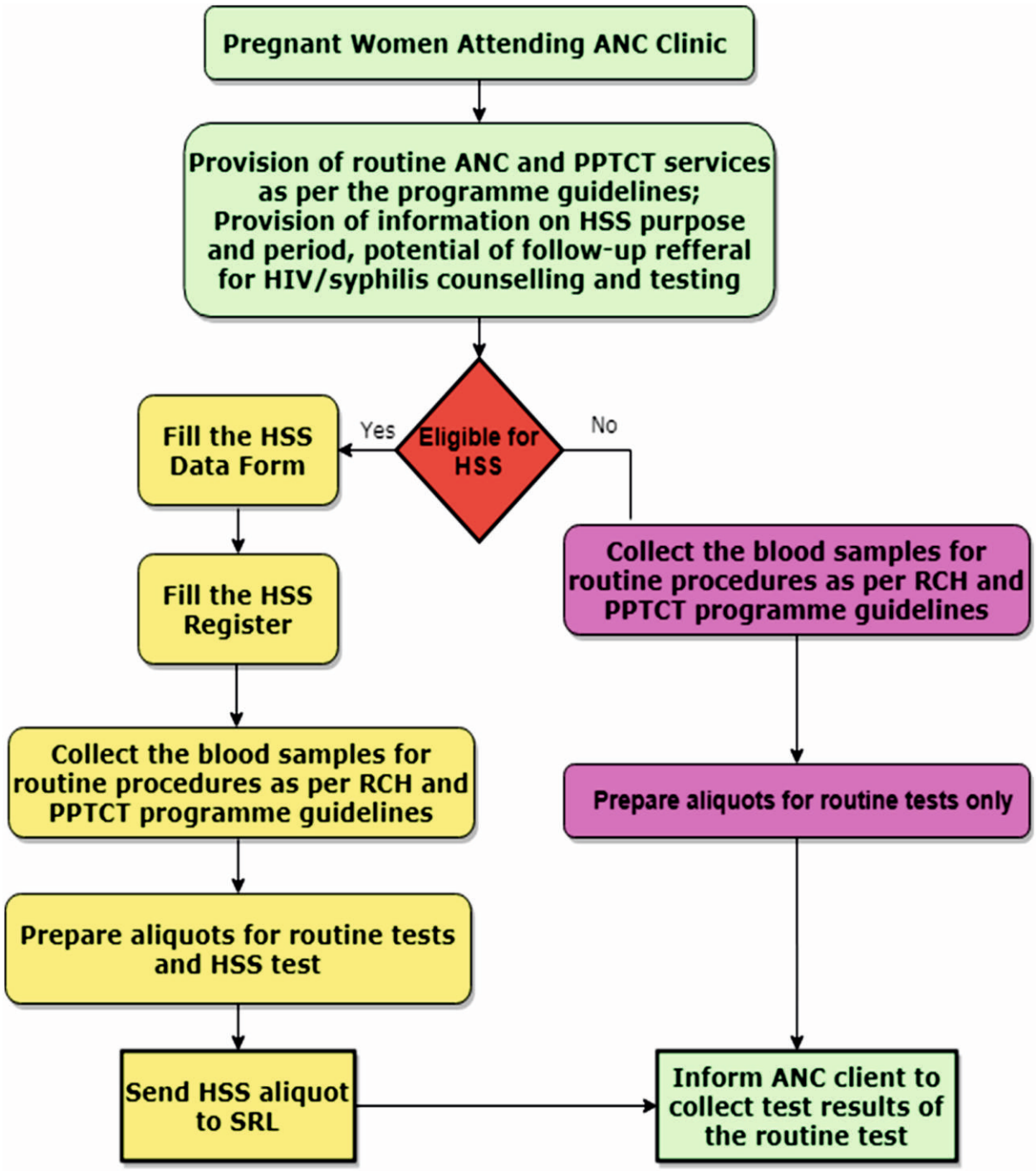


Figure 7: Information Collected under HSS at ANC Sentinel Sites

CHAPTER 3

PROFILE OF ANC ATTENDEES IN TELANGANA

Telangana, situated in South-India, shares its boundary with, Maharashtra in the north, Chhattisgarh in the east, Karnataka in the west, and Andhra Pradesh in the east and south. The state was separated from the north-western part of Andhra Pradesh in 2014. Telangana has 33 districts with a total area of 112,077 sq. km and a population of 35.19 million as per the 2011 census. According to the HIV estimations in 2017, Telangana records the fourth-highest adult HIV prevalence [0.70%, 0.50-0.95] in India and had the fourth-highest number of PLHIV [2.04 lakh, 1.495-2.773]. The pregnant women who attend the ANC clinics are considered proxy for general population and serve as a key indicator of the adult HIV prevalence. Telangana has implemented various programmes to bring down the HIV prevalence in the state. Before bifurcation, HIV prevalence among pregnant women in the undivided AP was 1.72% in 2002 and 0.60% in 2013. In 2015, HIV prevalence among pregnant women in Telangana was 0.39 % which has declined to 0.23% in 2019.

The section presents findings from the 2019 round of sentinel surveillance among the antenatal clinic attendees in Telangana. First, the distribution of the respondents by their background characteristics has been presented by followed by HIV and Syphilis seropositivity. Analysis of these variables is important because they help programme managers and policymakers understand the background characteristics of clinic attendees. Also, they help in the identification of particular characteristics that make respondents more prone to acquiring HIV infection.

Table 3: Distribution of the respondents by their background characteristics

Variables	Telangana	(N=11600)
Age	Number	%
15-24	8026	69.2
25-34	3502	30.2
35-44	72	0.6
45-49		
literacy Status		
Illiterate	1431	12.3
Literate and till 5th standard	1350	11.6
6th to 10th standard	4186	36.1
11th to Graduation	4158	35.8
Post Graduation	454	3.9
Order of current pregnancy		
First	5393	46.5
Second	4564	39.3
Third	1376	11.9
Fourth or more	258	2.2
Duration of current pregnancy		
First trimester	2418	20.8
Second trimester	4208	36.3
Third trimester	4959	42.8
Received ANC service during current pregnancy		
Yes	9974	86.0
No	1602	13.8
Source of referral to the ANC clinic		
Self Referral	1559	13.4
Family/ Relatives/ Neighbors/ Friends	3011	26.0
NGO	1	0.01
Private Hospital (Doctor/ Nurses)	112	1.0
Govt. Hospital (including, ASHA/ ANM)	6898	59.5
ICTC / ART Centre	1	0.01
Current place of residence		
Urban	2874	24.8
Rural	8615	74.3
Current occupation of the respondent		
Agricultural Labourer	1284	11.1
Non-Agricultural Labourer	699	6.0
Domestic Servant	24	0.2
Skilled / Semiskilled worker	383	3.3
Petty business /small shop	55	0.5
Large Business/Self employed	26	0.2
Service (Govt./Pvt.)	253	2.2
Student	88	0.8
Hotel staff	2	0.02
Truck driver/Helper	1	0.01
Local transport worker (auto/taxi driver, hand cart pullers, rickshaw pullers etc)	2	0.02
Agricultural cultivator / landholder	736	6.3
Housewife	8047	69.4
Current occupation of the spouse		
Agricultural Labourer	2094	18.1
Non-Agricultural Labourer	1719	14.8
Domestic Servant	30	0.3

Skilled / Semiskilled worker	1266	10.9
Petty business / small shop	731	6.3
Large Business/Self employed	255	2.2
Service (Govt./Pvt.)	2351	20.3
Student	42	0.4
Hotel staff	81	0.7
Truckdriver/Helper	387	3.3
Local transport worker (auto/taxi driver, hand cart pullers, rickshaw pullers etc)	1044	9.0
Agricultural cultivator / landholder	1535	13.2
Unemployed	35	0.3
Not Applicable (For Never married/widows/Divorced/Separated)	25	0.2
Spouse resides alone in another place/town from wife for work for longer than 6 months		
Yes	78	0.7
No	11492	99.1
Not Applicable (For Never married/Widows/Divorced/Separated)	23	0.2
Ever Been tested for HIV		
Yes	7393	63.7
No	4205	36.3
If ever tested HIV, When was the last tested		
Tested during current pregnancy	5052	43.6
Consented today		
Tested before current pregnancy	2341	20.2
NA (For never tested)	4205	36.3
Result of respondent's last HIV test result		
Positive	11	0.1
Negative	7372	63.6
Did not collect the last result	4	0.03
No response	6	0.1
NA (For never tested/Consented today))	4205	36.3
If previous HIV test positive, taking ART medications		
Yes	9	0.1
No	2	0.02
NA (never tested or Not positive when last tested/Consented today)	11587	99.9
HIV		
Negative	11573	99.77
Positive	27	0.23
Syphilis		
Negative	11597	99.97
Positive	3	0.03

CHAPTER 4

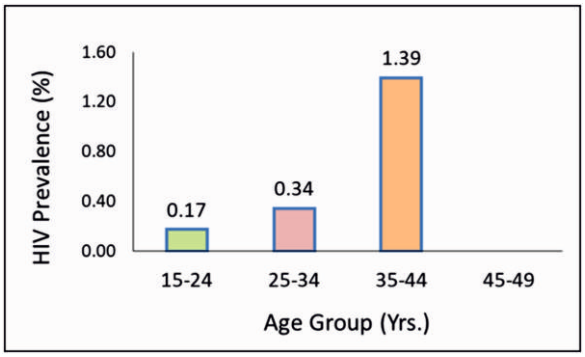
DISTRIBUTION AND HIV PREVALENCE BY SOCIO-DEMOGRAPHIC VARIABLES

The correlation between respondent's background characteristics and HIV prevalence has been presented.

4.1 Distribution and HIV Prevalence by Age Group:

Figure 8: Percentage (%) Distribution of respondents by age group

Figure 9: HIV Prevalence among ANC Clinic Attendees by Age



Age of the respondents ranged from 16 to 42 years with a median age of 23 years. Nearly two-thirds (69.2%) of the respondents were aged from 15 to 24 years and about 30.2% were in the age group of 25-34 years. The HIV prevalence among the former was 0.17% and the later was 0.34%. While only 0.6% of respondents belonged to the age group of 35-44 years, HIV prevalence among them was 1.39%. None of the respondents belonged to the age group of 45-49 years.

4.2 Distribution and HIV Prevalence by Literacy Status

Figure 10: Percent Distribution of respondents by educational status

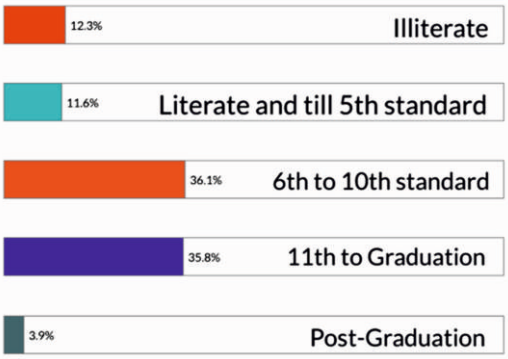
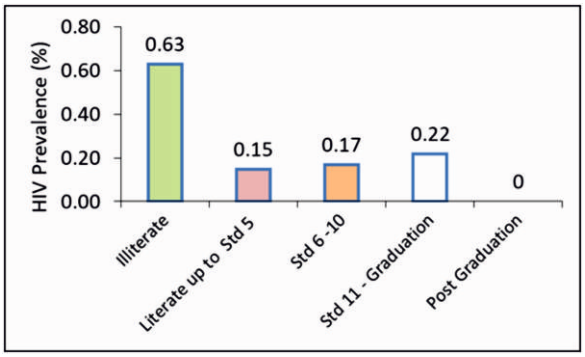


Figure 11: HIV Prevalence (%) among ANC Clinic Attendees by Literacy Status



While over one-third of the respondents had secondary level education (36.2%) and higher secondary or undergraduate level (35.8%) of education. The HIV prevalence among the former was 0.17% and the later was 0.22%. While about one-tenth (12.3%) were illiterates, 11.6% were educated up to primary levels, and only 3.9% were post-graduates. The HIV prevalence among them was 0.63%, 0.15% and 0% respectively. Predominantly, higher the standard of education level, lower was the HIV prevalence.

4.3 Distribution and HIV Prevalence by Order of Pregnancy

Figure 12: Percent Distribution of respondents by order of pregnancy

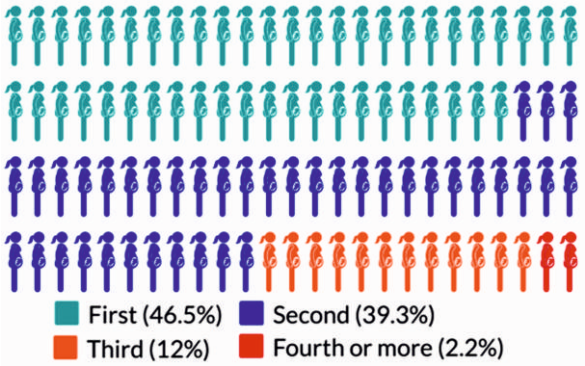
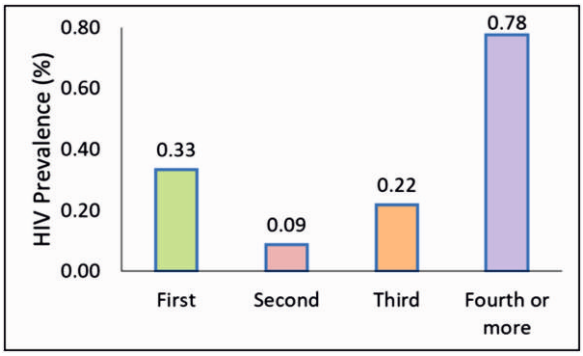


Figure 13: HIV Prevalence (%) among ANC Clinic Attendees by Order of Pregnancy



The order of pregnancy, also known as gravida, is the number of times a woman had become pregnant including live births, still births and abortions. About 46.5% of the respondents were in their first gravida, 39.3 % in their second and 12.0 % in their third with a prevalence of 0.33%, 0.09% and 0.22% respectively. Other higher order pregnancies were only 2.2% with a prevalence of 0.78%.

4.4 Distribution and HIV Prevalence by Duration of Pregnancy:

Figure 14: Percent Distribution of respondents by duration of current pregnancy

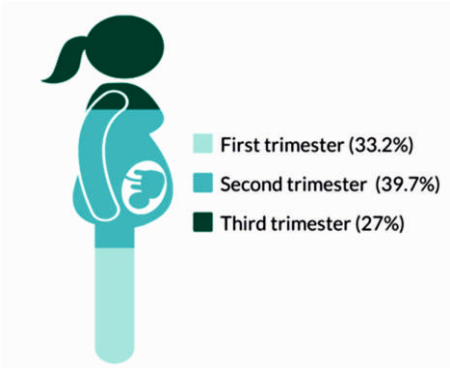
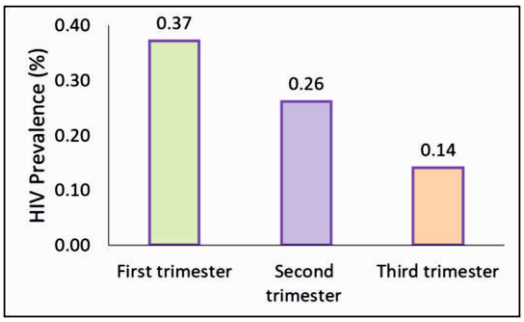


Figure 15: HIV Prevalence (%) among ANC Clinic Attendees by Duration of Pregnancy



One-third of the respondents (33.2%) belonged to the first trimester followed by 39.7% in second trimester and 27.0% in the third trimester. The highest HIV prevalence (0.37%) was recorded among respondents in first trimester, followed by 0.26% in third and 0.14% in second trimesters.

4.5 Distribution and HIV Prevalence by ANC Service Utilization:

This refers to any prior receipt of antenatal care services from a health care facility (PHC/CHC/District hospitals/Maternity hospitals/Private health care facilities/NGO Health care facilities) by the pregnant women during her current pregnancy. In Telangana, about 86.17% of respondents had received ANC services during current pregnancy prior to the surveillance whereas 13.83 % of respondents had not received prior ANC services. HIV prevalence was 0.21% and 0.37% among respondents who had and had not received prior ANC services, respectively.

Figure 16: Percent Distribution of respondents by ANC service uptake

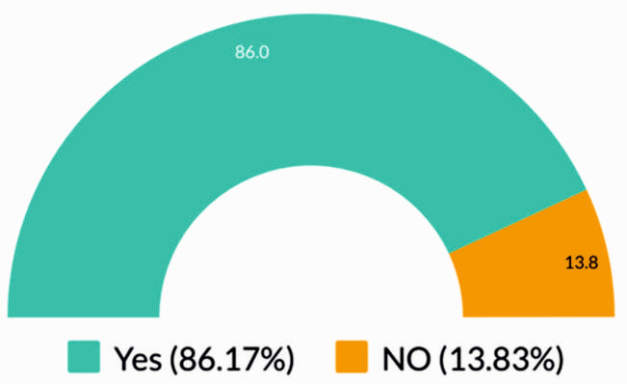
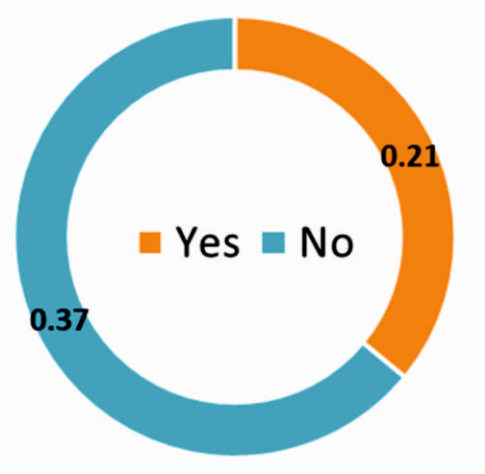


Figure 17: HIV Prevalence among ANC Clinic Attendees by ANC service uptake



4.6 Distribution and HIV Prevalence by Source of Referral:

Figure 18: Percent Distribution of respondents by source of referral

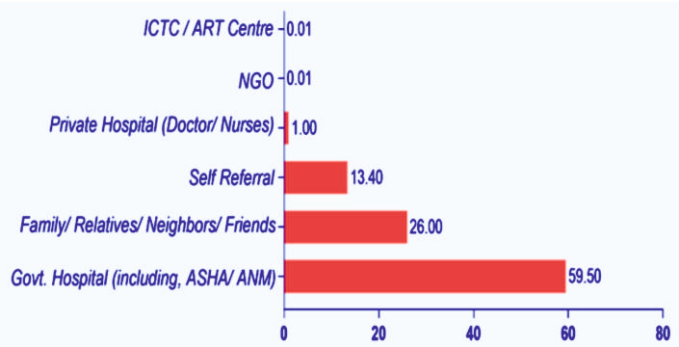
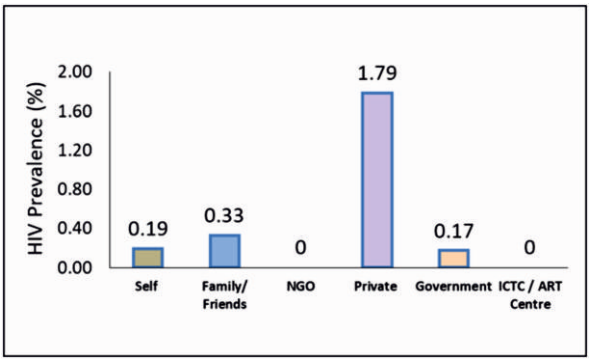


Figure 19: HIV Prevalence (%) among ANC Clinic Attendees by Source of Referral

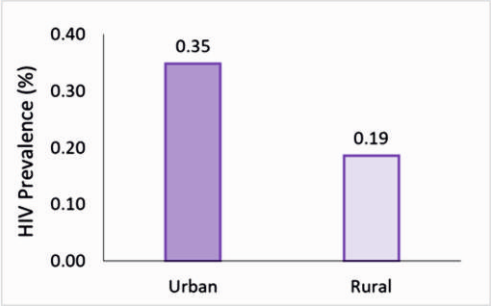


Knowing the sources of referral helps to identify referral bias being introduced in the sample due to specific referrals of HIV-positive cases from any source. Government based sources including hospital, ANM/ASHA were identified as the major referral source (59.50%) to ANC clinics, followed by family/relatives/ neighbour/friends (26.0%) and self-referral (13.4%). Highest HIV prevalence (1.79%) was recorded in respondents referred by private doctors or nurses although the proportion referred accounted to only 1.0%. This was followed by referral through friends and relatives (0.33%) and self-referral (0.19%). While prevalence among referrals from government hospitals was 0.17% that of the ICTC/ART centres and NGOs was 0 %.

4.7 Distribution and HIV Prevalence by Place of Residence:

Figure 20: Percent Distribution of respondents by current place of residence

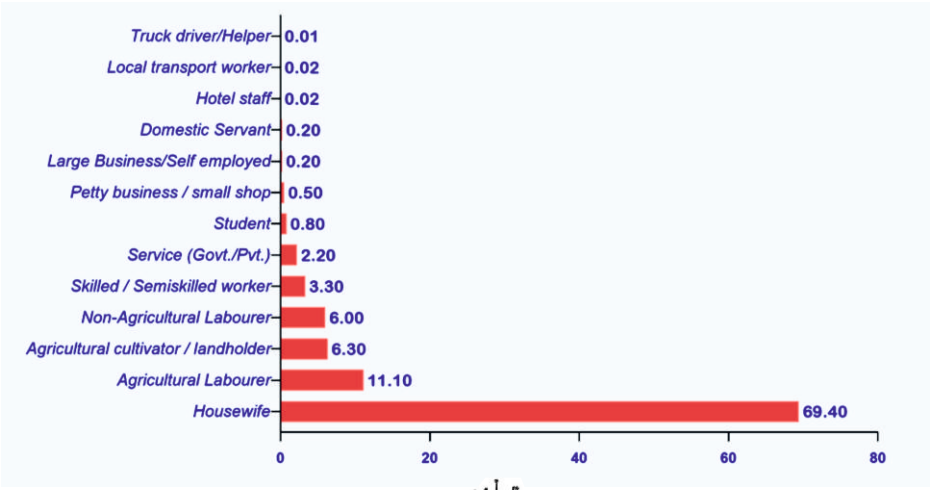
Figure 21: HIV Prevalence (%) among ANC Clinic Attendees by Place of residence



Current residence of the respondent was recorded either as urban or rural. Areas under Municipal Corporation, municipal council, or cantonment area, were classified as urban and the rest were classified as rural. At the state level, 74.3 % of the respondents reported to be currently residing in rural areas and the rest (24.8%) reported to be currently residing in urban areas. However, there were inter-district variations. HIV prevalence among the urban-resident respondents was 0.35%; whereas it was 0.19% among the rural-resident respondents.

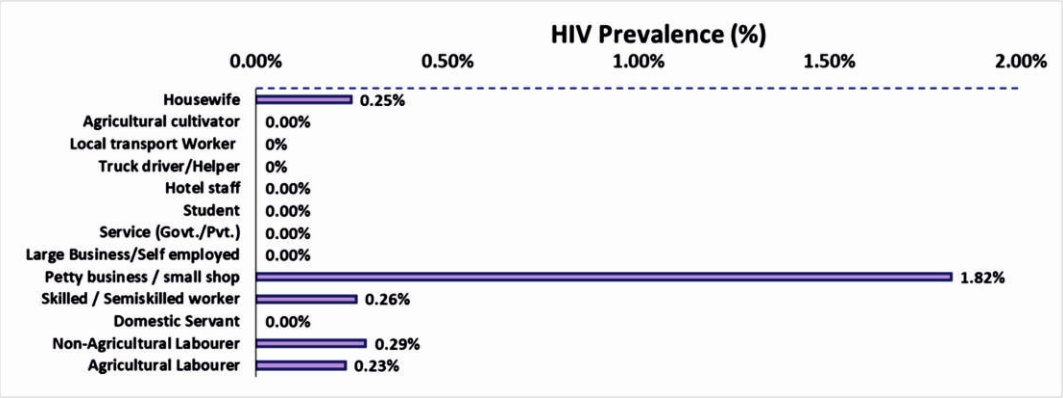
4.8 Distribution and HIV Prevalence by Occupation of the Respondent:

Figure 22: District-wise % Distribution of respondents by Occupation



Certain occupations are associated with higher risk of exposure and HIV infection. Hence, understanding the profile of respondents with respect to their occupation, helps to identify specific focus areas. While a vast majority of them were housewives (69.4%), about 11.1% were agricultural labourers, 6.3 % agricultural cultivators/landlords and 6.0% were non-agricultural labourers. In Telangana, the highest HIV prevalence was recorded among pregnant mothers whose current occupation was petty business or small shop owners (1.82%) followed by agricultural labourers (0.29%) and skilled / semi-skilled workers (0.26%).

Figure 23: HIV Prevalence (%) among ANC Clinic Attendees by Current Occupation of Respondent



4.9 Distribution and HIV Prevalence by Occupation of the Respondents' Spouse:

HHIV transmission in South India is mainly driven through heterosexual route and pregnant mothers represent the sexually active population. Hence occupation of spouse serves to identify population groups at higher infection risk. The proportion spouses of ANC mothers who were service sector employees was 20.3%, followed by agricultural labourers (18.1%), non-agricultural labourers (14.8%) and agricultural cultivators (13.2%). While 9.0% were local transport workers, 3.3% were truckers. The proportion spouses of ANC mothers who were skilled/semi-skilled workers was 10.9 % petty or small business owners was 6.2 %, large business owners/self-employed was 2.2% and hotel staffs was 0.7%. HIV prevalence was the highest among the ANC attendees whose spouses were local transport workers (0.48%) followed by non-agricultural labourers (0.41%), and skilled or semi-skilled workers (0.32%). The prevalence ranged from 0.07% to 0.27% among respondents whose spouses were agricultural labourers, agricultural cultivators, petty / small shop owners, truckers and service sector employees.

Figure 24: % Distribution of respondents by the Occupation of spouse

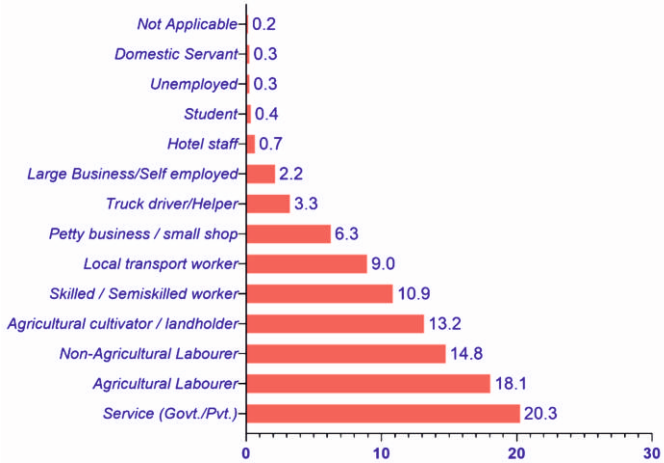
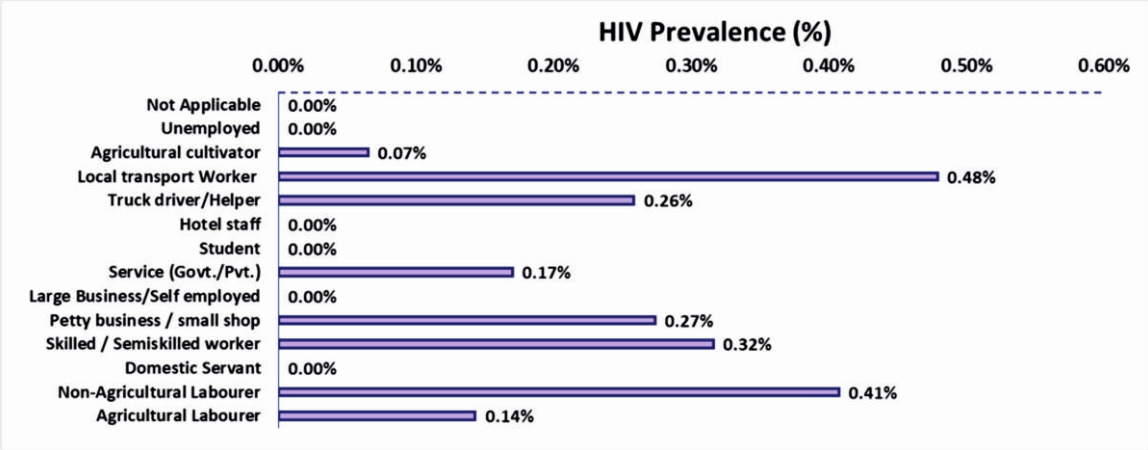


Figure 25: HIV Prevalence among ANC Clinic Attendees by Current Occupation of Spouse



4.10 Distribution and HIV Prevalence by Migration Status of the Respondents' Spouse:

The spouse of the respondent is considered to be a migrant if he resides alone in another place or town away from wife for work for longer than 6 months. In Telangana, during HSS 2019, 99.1% of the pregnant women reported their husbands to be non-migrants while the spouses of 0.7% pregnant women were migrants. While the HIV prevalence among pregnant women with migrant spouses was 1.28%, that of the pregnant women with non-migrant spouses was 0.23%.

Figure 26: Percentage of respondents with migrant spouse

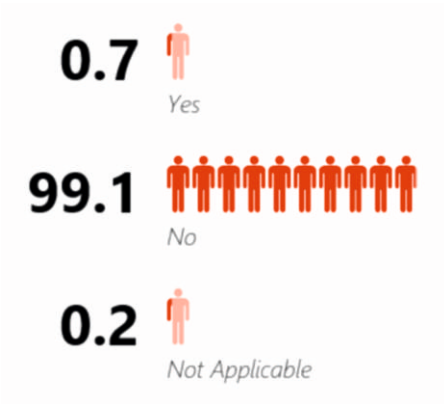
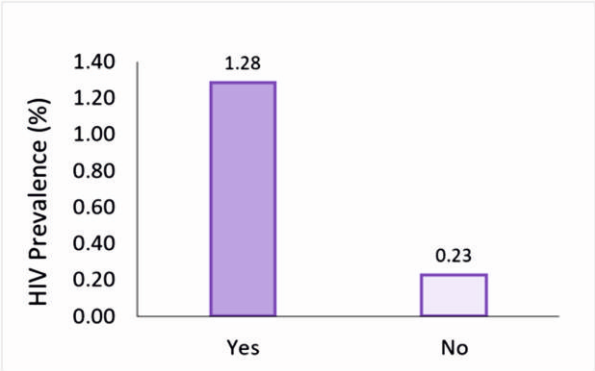


Figure 27: HIV Prevalence among ANC Clinic Attendees by Migration status of Spouse



4.11 Distribution and HIV Prevalence by HIV Test History:

HIV Testing has been mandated for all pregnant mothers. With reference to their previous HIV test history, 63.7% of the respondents were already tested for HIV, prior to the current surveillance. HIV prevalence among those who had previously tested for HIV was 0.18% and it was 0.33% among those who had previously not tested for HIV

Among the respondents, 43.56% had tested for HIV prior to the surveillance during current pregnancy while 20.18% had tested before current pregnancy. About 36.26% had not tested for HIV. Of the 56.0% respondents who had last tested for HIV, prior to the current surveillance, 63.6% were HIV Negative, 0.1% were HIV positive, 0.03% had not collected the results of the last HIV test; and 0.1% had no response.

Figure 28: Percent Distribution of respondents by HIV testing history

Figure 29: HIV Prevalence by HIV Test History

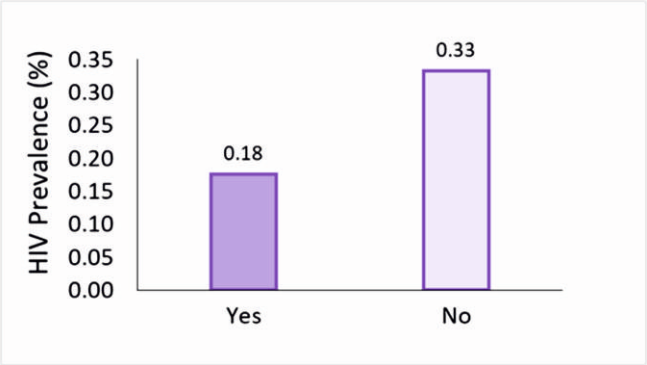


Figure 30: Percent Distribution of respondents by Time of last HIV Testing

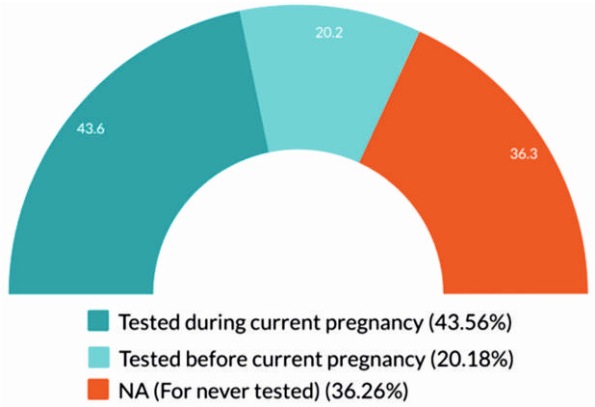
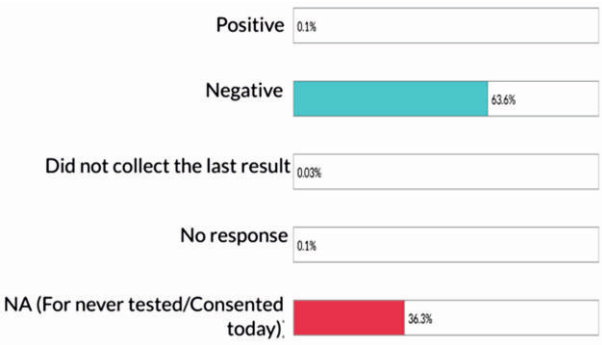


Figure 31: HIV prevalence by Result of last HIV test



4.12 Distribution and HIV Prevalence by HIV Management:

Based on the result of the last HIV test of the respondents, 11 pregnant women were reported to be known-positives. HIV management related information was gathered from known-positive respondents. With reference to the enrolment of HIV positive respondents in any HIV care, either for pre-ART or ART services, at the time of surveillance, 72.7% (n=8) of them, were taking care from Government hospital/ART centres and 9.1% (n=1) from were taking care from both Government hospital/ART centres and Private centres. About 18.2 % (n=2) were not seeking any care. With reference to the current uptake of 'Antiretroviral therapy' or HIV medications, 81.8% (n=9) of them, were taking ART or HIV medications, whereas 18.2% (n=2) were not taking any HIV medications.

CHAPTER 5

5.1 District-wise Distribution of Respondents, HIV Prevalence and Trend

The national, state and district response to the HIV epidemic is guided by data obtained through HIV Sentinel Surveillance (HSS). The HIV epidemic in India continues to be concentrated among HRG with low level and declining prevalence among general population. Over time, HIV Sentinel Surveillance has offered vital clues to newer areas where HIV was emerging, highlighting rising trends in certain districts or regions.

This chapter gives district-wise distribution of respondents, HIV prevalence and its trend details as observed against the key fifteen socio-demographic variables which were recorded for each respondent. Data from the year 2002 has been used for trend analysis. Data from only consistent sites was used for trend analysis as it avoids the effect of addition of new sites on HIV prevalence in subsequent years, and hence provides a better picture of HIV trends in a district. Though there was a clear declining trend seen in Telangana, within the state, there are variations in HIV prevalence among the districts. A detailed district-wise analysis by applying local knowledge about vulnerabilities and risk factors will be needed to understand heterogeneity of the disease and inter-district variations, which is essential for planning district strategies in HIV prevention and control.

Figure 32: District-wise HIV Prevalence in Telangana, 2019

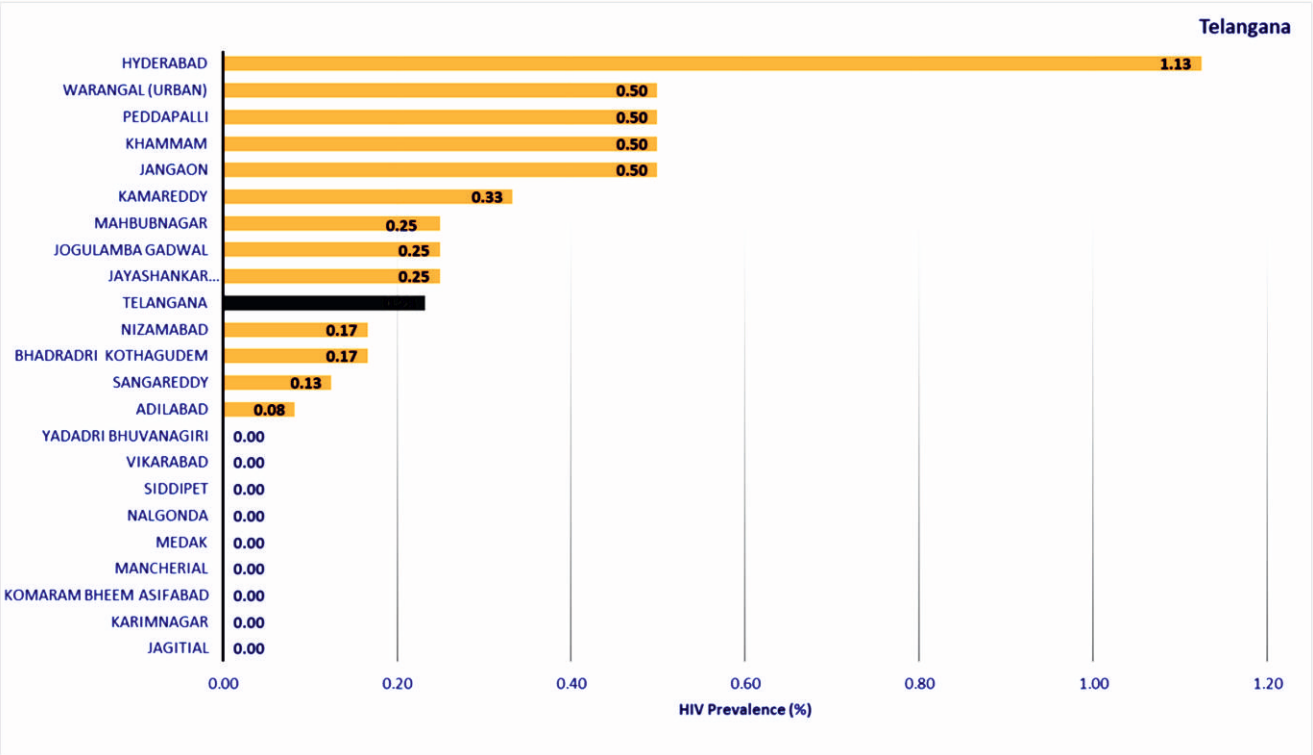


Table 4: District-wise distribution of respondents based on the age group (%)

Age Group	15-24	25-34	35-44	45-49	Total
Telangana	69.2	30.2	0.6	0	11600
Adilabad	73.3	26.2	0.6	0	1200
Bhadradri Kothagudem	79.3	20.8	0	0	1200
Hyderabad	55.4	43.4	1.3	0	800
Jagitial	65.3	34.0	0.8	0	400
Jangaon	74.5	24.5	1.0	0	400
Jayashankar Bhoopalpally	75.5	24.5	0	0	400
Jogulamba Gadwal	71.8	27.5	0.8	0	400
Kamareddy	66.5	32.3	1.2	0	600
Karimnagar	58.8	40.3	1.0	0	400
Khammam	80.3	19.8	0	0	400
Komaram Bheem Asifabad	61.5	37.0	1.5	0	400
Mahbubnagar	71.0	28.3	0.8	0	400
Mancherial	69.3	30.5	0.3	0	400
Medak	69.0	30.5	0.5	0	400
Nalgonda	77.3	22.5	0.3	0	400
Nizamabad	58.3	40.2	1.5	0	600
Peddapalli	70.0	29.8	0.3	0	400
Sangareddy	63.4	36.5	0.1	0	800
Siddipet	71.3	28.0	0.8	0	400
Vikarabad	71.3	28.3	0.5	0	400
Warangal (Urban)	65.0	34.3	0.8	0	400
Yadadri Bhuvanagiri	72.8	26.8	0.5	0	400

Table 5: District-wise distribution of respondents based on the literacy status (%)

State/District	Illiterate	Literate and till 5th standard	6th to 10th standard	11th to Graduation	Post Graduation	Total
Telangana	12.4	11.7	36.2	35.9	3.9	11600
Adilabad	14.3	13.1	40.5	31.4	0.8	1200
Bhadradri Kothagudem	9.7	16.0	35.3	34.4	4.6	1200
Hyderabad	5.8	2.8	38.1	41.6	11.8	800
Jagitial	11.5	16.8	37.5	30.3	4.0	400
Jangaon	5.3	0.3	33.0	57.8	3.8	400
Jayashankar Bhoopalpally	7.8	9.8	35.3	43.4	3.8	400
Jogulamba Gadwal	48.6	8.5	24.8	15.3	2.8	400
Kamareddy	4.3	20.0	36.2	36.2	3.3	600
Karimnagar	8.8	4.0	34.0	43.0	10.3	400
Khammam	8.0	7.3	42.3	38.8	3.8	400
Komaram Bheem Asifabad	7.5	19.8	43.0	28.8	1.0	400
Mahbubnagar	20.6	6.9	39.1	31.1	2.3	400
Mancherial	4.3	18.3	31.8	42.8	3.0	400
Medak	8.3	19.3	40.8	30.8	1.0	400
Nalgonda	5.5	15.5	50.3	28.8	0.0	400
Nizamabad	17.1	7.5	46.6	26.3	2.5	600
Peddapalli	9.5	3.8	35.8	43.0	8.0	400
Sangareddy	26.7	19.8	24.9	27.6	1.0	800
Siddipet	6.0	4.0	34.8	51.5	3.8	400
Vikarabad	23.3	24.0	28.0	24.0	0.8	400
Warangal (Urban)	8.3	5.3	30.0	45.5	11.0	400
Yadadri Bhuvanagiri	6.8	1.0	30.8	57.3	4.3	400

Table 6: District-wise distribution of respondents based on the Order of Pregnancy (%)

State/District	First	Second	Third	Fourth or more	Total
Telangana	46.5	39.3	11.9	2.2	11600
Adilabad	51.5	34.6	11.3	2.6	1200
Bhadradri Kothagudem	46.4	44.9	7.8	0.9	1200
Hyderabad	41.8	38.4	13.4	5.9	800
Jagitial	45.3	44.3	9.8	0.8	400
Jangaon	56.8	35.5	6.8	1.0	400
Jayashankar Bhoopalpally	51.3	37.5	10.3	1.0	400
Jogulamba Gadwal	38.3	42.3	15.8	3.8	400
Kamareddy	44.5	40.2	13.3	2.0	600
Karimnagar	45.3	45.3	8.8	0.8	400
Khammam	49.3	43.3	7.0	0.5	400
Komaram Bheem Asifabad	50.0	35.5	10.8	3.8	400
Mahbubnagar	47.3	38.0	12.8	2.0	400
Mancherial	52.8	38.8	8.0	0.5	400
Medak	44.5	39.8	15.0	0.8	400
Nalgonda	62.5	29.8	6.0	1.8	400
Nizamabad	40.0	36.5	17.7	5.7	600
Peddapalli	47.3	41.8	9.0	2.0	400
Sangareddy	32.5	39.8	24.4	3.3	800
Siddipet	46.0	39.0	13.3	1.5	400
Vikarabad	44.5	42.3	10.3	3.0	400
Warangal (Urban)	49.8	38.0	11.3	1.0	400
Yadadri Bhuvanagiri	48.8	40.5	10.5	0.3	400

Table 7: District-wise distribution of respondents based on the Duration of Pregnancy (%)

State/District	First trimester	Second trimester	Third trimester	Total
Telangana	20.8	36.3	42.8	11600
Adilabad	28.7	32.8	38.5	1200
Bhadradri Kothagudem	26.4	37.7	35.9	1200
Hyderabad	26.6	40.4	32.6	800
Jagitial	4.0	31.8	64.3	400
Jangaon	8.5	36.0	55.3	400
Jayashankar Bhoopalpally	10.8	34.5	54.3	400
Jogulamba Gadwal	22.3	37.8	40.0	400
Kamareddy	28.3	42.0	29.7	600
Karimnagar	20.8	33.5	45.8	400
Khammam	6.8	28.3	65.0	400
Komaram Bheem Asifabad	26.8	54.3	19.0	400
Mahbubnagar	11.8	53.8	34.3	400
Mancherial	13.5	32.8	53.8	400
Medak	11.0	48.3	40.8	400
Nalgonda	4.5	0.5	94.8	400
Nizamabad	20.3	38.3	40.8	600
Peddapalli	17.8	33.3	48.8	400
Sangareddy	14.4	38.5	47.1	800
Siddipet	13.3	36.3	50.3	400
Vikarabad	38.0	33.8	28.3	400
Warangal (Urban)	61.5	21.0	17.5	400
Yadadri Bhuvanagiri	13.3	46.8	39.5	400

Table 8: District-wise distribution of respondents based on the Prior ANC service uptake(%)

State/District	YES	NO	Total
Telangana	86.0	13.8	11600
Adilabad	75.8	24.3	1200
Bhadradri Kothagudem	82.7	17.3	1200
Hyderabad	67.3	32.1	800
Jagitial	99.0	0.5	400
Jangaon	92.5	7.5	400
Jayashankar Bhoopalpally	94.0	5.5	400
Jogulamba Gadwal	69.3	29.5	400
Kamareddy	99.3	0.7	600
Karimnagar	100.0	0.0	400
Khammam	100.0	0.0	400
Komaram BheemAsifabad	91.3	8.8	400
Mahbubnagar	93.8	5.5	400
Mancherial	100.0	0.0	400
Medak	100.0	0.0	400
Nalgonda	95.3	4.0	400
Nizamabad	98.3	1.5	600
Peddapalli	91.5	8.5	400
Sangareddy	76.5	23.4	800
Siddipet	97.5	2.3	400
Vikarabad	99.8	0.3	400
Warangal (Urban)	11.8	88.3	400
Yadadri Bhuvanagiri	98.8	1.0	400

Table 9: District-wise distribution of respondents based on the Source of Referral (%)

State/District	Self Referral	Family/ Relatives/ Neighbors/ Friends	NGO	Private (Doctor/ Nurses)	Govt (including, ASHA/ ANM)	ICTC / ART Centre	Total
Telangana	13.4	26.0	0.0	1.0	59.5	0.0	11600
Adilabad	38.5	27.4	0.0	0.1	34.0	0.0	1200
Bhadradri Kothagudem	2.7	51.3	0.0	0.0	46.0	0.0	1200
Hyderabad	32.1	41.5	0.0	3.3	23.1	0.0	800
Jagitial	57.0	0.0	0.0	0.0	42.3	0.0	400
Jangaon	0.0	0.0	0.0	0.0	100.0	0.0	400
Jayashankar Bhoopalpally	0.0	0.0	0.0	0.0	99.5	0.0	400
Jogulamba Gadwal	5.3	62.8	0.0	0.0	31.8	0.0	400
Kamareddy	0.0	15.7	0.0	0.0	84.2	0.0	600
Karimnagar	52.5	18.5	0.0	0.3	28.8	0.0	400
Khammam	7.8	77.8	0.0	0.0	14.3	0.0	400
Komaram Bheem Asifabad	0.0	0.0	0.0	7.0	93.0	0.0	400
Mahbubnagar	40.8	3.3	0.0	0.3	54.8	0.0	400
Mancherial	0.0	0.0	0.0	0.0	100.0	0.0	400
Medak	0.0	0.0	0.0	0.0	100.0	0.0	400
Nalgonda	32.8	37.0	0.0	0.0	30.0	0.3	400
Nizamabad	2.8	52.7	0.2	3.2	41.0	0.0	600
Peddapalli	0.3	0.0	0.0	0.0	99.8	0.0	400
Sangareddy	0.8	45.9	0.0	0.8	52.3	0.0	800
Siddipet	0.0	0.0	0.0	7.5	92.5	0.0	400
Vikarabad	0.0	40.3	0.0	0.0	59.8	0.0	400
Warangal (Urban)	0.0	0.0	0.0	0.0	100.0	0.0	400
Yadadri Bhuvanagiri	0.0	0.0	0.0	0.0	99.8	0.0	400

Table 10: District-wise distribution of respondents based on Place of Residence (%)

State/District	Urban	Rural	Total
Telangana	24.8	74.3	11600
Adilabad	25.1	74.8	1200
Bhadradri Kothagudem	16.9	82.7	1200
Hyderabad	90.3	5.8	800
Jagitial	16.5	82.0	400
Jangaon	9.8	90.3	400
Jayashankar Bhoopalpally	0.0	97.8	400
Jogulamba Gadwal	14.0	81.3	400
Kamareddy	4.0	95.5	600
Karimnagar	21.0	77.8	400
Khammam	26.0	73.5	400
Komaram Bheem Asifabad	40.5	59.0	400
Mahbubnagar	4.0	94.5	400
Mancherial	30.5	69.5	400
Medak	0.5	99.5	400
Nalgonda	18.0	81.3	400
Nizamabad	46.2	52.5	600
Peddapalli	21.8	78.3	400
Sangareddy	9.3	90.0	800
Siddipet	22.8	77.3	400
Vikarabad	39.8	60.3	400
Warangal (Urban)	32.3	67.8	400
Yadadri Bhuvanagiri	21.0	78.3	400

Table 11: District-wise distribution of respondents based on the Occupation (%)

State/Distirct	Agricultural Labourer	Non-Agricultural Labourer	Domestic Servant	Skilled / Semiskilled worker	Petty business / small shop	Large Business/Self employed	Service (Govt./Pvt.)	Student	Hotel staff	Truckdriver/Helper	Local transport Worker	Agricultural cultivator	Housewife	Total
Telangana	11.1	6.0	0.2	3.3	0.5	0.2	2.2	0.8	0.0	0.0	0.0	6.3	69.4	11600
Adilabad	14.1	12.3	0.0	0.3	0.1	0.5	2.8	0.3	0.0	0.0	0.1	7.6	62.0	1200
Bhadradri Kothagudem	8.6	2.8	0.0	0.5	0.3	0.0	1.4	0.0	0.0	0.0	0.0	0.5	85.8	1200
Hyderabad	0.5	0.6	0.6	0.9	0.1	0.0	7.0	1.4	0.0	0.0	0.0	1.5	87.4	800
Jagitial	8.8	0.3	0.0	30.0	1.0	0.0	0.3	1.3	0.0	0.0	0.0	11.3	47.3	400
Jangaon	21.5	5.8	0.0	0.3	1.0	0.5	2.5	2.5	0.0	0.0	0.0	1.8	64.3	400
Jayashankar Bhoopalpally	14.0	6.5	0.0	0.8	0.3	0.0	3.0	0.3	0.0	0.0	0.0	12.5	62.8	400
Jogulamba Gadwal	12.8	1.8	0.0	2.8	1.0	0.0	1.3	1.8	0.0	0.0	0.0	50.5	28.3	400
Kamareddy	9.0	7.0	0.0	12.5	0.2	0.0	2.8	0.2	0.0	0.0	0.2	12.8	55.3	600
Karimnagar	7.3	19.0	0.8	4.5	2.5	0.0	2.8	2.3	0.0	0.0	0.0	0.5	60.5	400
Khammam	14.5	2.8	0.3	0.0	1.3	1.5	2.8	2.8	0.3	0.0	0.0	7.3	66.8	400
Komaram Bheem Asifabad	12.0	1.0	0.0	0.0	0.3	0.0	0.3	0.5	0.0	0.0	0.0	0.0	86.0	400
Mahbubnagar	34.3	6.5	0.0	0.8	0.5	0.0	0.8	0.3	0.0	0.0	0.0	0.0	57.0	400
Mancherial	0.0	1.3	0.0	0.0	0.0	0.0	1.8	0.0	0.0	0.0	0.0	0.0	97.0	400
Medak	2.5	4.0	0.0	1.0	1.0	0.3	1.5	0.5	0.0	0.0	0.0	35.0	54.3	400
Nalgonda	22.8	0.3	0.0	0.3	0.3	0.3	0.5	0.3	0.0	0.0	0.0	2.0	73.5	400
Nizamabad	9.0	9.0	0.0	10.7	0.3	1.3	2.2	0.2	0.0	0.0	0.0	1.5	65.8	600
Peddapalli	5.3	8.0	0.0	0.5	0.0	0.0	2.5	0.0	0.3	0.0	0.0	0.3	83.3	400
Sangareddy	15.0	16.5	1.8	1.1	0.1	0.0	1.8	0.6	0.0	0.0	0.0	0.3	62.9	800
Siddipet	3.5	3.0	0.0	10.0	1.0	0.3	2.0	1.8	0.0	0.0	0.0	7.5	71.0	400
Vikarabad	32.3	2.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	65.3	400
Warangal (Urban)	1.3	8.3	0.3	3.8	0.8	0.3	2.5	2.8	0.0	0.0	0.0	4.3	76.0	400
Yadadri Bhuvanagiri	2.5	0.3	0.0	0.3	0.5	0.0	1.3	0.0	0.0	0.3	0.0	2.0	93.0	400

Table 12 : Districtwise distribution of respondents based on the Occupation of spouse (%)

State/District	Agricultural Labourer	Non-Agricultural Labourer	Domestic Servant	Skilled / Semiskilled worker	Petty business / small shop	Large Business/Self employed	Service (Govt./Pvt.)	Student	Hotel staff	Truck driver/Helper	Local transport Worker	Agricultural cultivator	Unemployed	Not Applicable	Total
Telangana	18.1	14.8	0.3	10.9	6.3	2.2	20.3	0.4	0.7	3.3	9.0	13.2	0.3	0.2	11600
Adilabad	10.3	18.0	0.0	7.3	7.9	4.8	18.3	0.3	0.7	4.6	7.9	19.3	0.4	0.3	1200
Bhadradri Kothagudem	32.1	14.3	0.1	13.1	4.3	0.2	18.8	0.2	0.0	2.1	9.1	5.1	0.8	0.1	1200
Hyderabad	0.4	6.3	0.8	15.8	10.0	3.5	43.6	0.5	1.4	3.8	9.3	2.5	0.5	1.9	800
Jagitial	24.5	2.0	0.8	29.3	3.8	0.0	3.8	1.0	0.0	0.3	11.5	23.0	0.3	0.0	400
Jangaon	31.8	9.3	0.0	17.3	2.3	1.5	27.3	0.3	0.0	0.5	4.3	5.8	0.0	0.0	400
Jayashankar Bhoopalpally	42.8	7.8	0.0	6.0	5.3	2.0	10.8	0.0	0.0	0.0	5.0	20.0	0.3	0.3	400
Jogulamba Gadwal	9.8	8.3	0.0	8.3	3.5	2.3	12.0	0.3	0.5	0.0	3.3	52.0	0.0	0.0	400
Kamareddy	18.3	4.0	0.0	10.0	6.0	0.5	12.3	0.2	1.2	8.5	3.8	34.7	0.2	0.0	600
Karimnagar	6.0	15.0	0.0	8.5	10.8	1.3	21.5	0.8	2.0	4.8	12.0	17.0	0.0	0.5	400
Khammam	14.3	11.5	0.0	13.3	3.3	2.3	26.8	0.5	0.8	5.0	10.0	12.5	0.0	0.0	400
Komaram Bheem Asifabad	20.5	29.8	0.0	8.0	7.5	1.3	19.0	0.0	0.5	2.5	4.8	6.3	0.0	0.0	400
Mahbubnagar	38.0	26.0	0.3	5.0	3.3	0.5	9.8	0.3	0.3	0.5	16.0	0.3	0.0	0.0	400
Mancherial	2.3	22.0	0.0	5.5	5.0	3.5	25.5	0.0	0.3	2.0	14.5	18.5	1.0	0.0	400
Medak	2.8	10.5	0.0	6.8	4.0	1.5	28.3	0.3	0.8	0.5	11.8	32.8	0.3	0.0	400
Nalgonda	34.0	7.5	0.0	12.8	5.3	2.0	15.0	0.5	0.0	10.3	0.0	11.5	0.8	0.3	400
Nizamabad	21.5	28.8	0.0	9.2	6.5	2.0	7.7	0.7	1.3	1.8	17.3	2.5	0.2	0.3	600
Peddapalli	13.0	34.0	0.0	7.0	5.5	1.5	19.3	0.0	0.3	2.3	13.0	4.3	0.0	0.0	400
Sangareddy	18.4	15.9	2.4	17.5	12.0	2.0	18.3	0.4	2.0	2.6	6.8	1.4	0.4	0.0	800
Siddipet	8.8	17.0	0.0	6.5	3.8	6.5	21.0	0.5	1.5	3.5	13.0	17.5	0.5	0.0	400
Vikarabad	38.5	20.8	0.0	11.3	3.8	5.3	9.3	0.0	0.8	2.5	8.0	0.0	0.0	0.0	400
Warangal (Urban)	3.0	17.3	0.0	10.3	8.0	0.5	30.5	2.0	0.3	0.0	13.5	14.8	0.0	0.0	400
Yadadri Bhuvanagiri	9.5	1.0	0.0	4.5	8.5	2.3	43.5	0.0	0.0	14.0	5.8	11.0	0.0	0.0	400

Table 13: District-wise distribution of respondents based on Migration of Spouse (%)

State/District	YES	No	Not Applicable	Total
Telangana	0.7	99.1	0.2	11600
Adilabad	0.4	99.3	0.3	1200
Bhadradri Kothagudem	0.5	99.4	0.1	1200
Hyderabad	0.6	97.4	1.9	800
Jagitial	3.0	97.0	0	400
Jangaon	0.3	99.8	0	400
Jayashankar Bhoopalpally	0.8	99.0	0	400
Jogulamba Gadwal	0	100.0	0	400
Kamareddy	0.2	99.8	0	600
Karimnagar	0	99.5	0.5	400
Khammam	0.3	99.8	0	400
Komaram Bheem Asifabad	0.3	99.8	0	400
Mahbubnagar	0.5	99.0	0	400
Mancherial	0	100.0	0	400
Medak	0.3	99.8	0	400
Nalgonda	0.3	99.5	0	400
Nizamabad	5.5	93.8	0.3	600
Peddapalli	0.8	99.3	0	400
Sangareddy	0	100.0	0	800
Siddipet	0.3	99.8	0	400
Vikarabad	0.3	99.8	0	400
Warangal (Urban)	0	100.0	0	400
Yadadri Bhuvanagiri	0.3	99.8	0	400

Table 14: District-wise distribution of respondents based on HIV tested history (%)

State/District	Yes	No	Total
Telangana	63.7	36.3	11600
Adilabad	74.5	25.5	1200
Bhadradri Kothagudem	61.7	38.3	1200
Hyderabad	68.1	31.8	800
Jagitial	99.3	0.8	400
Jangaon	89.8	10.3	400
Jayashankar Bhoopalpally	80.3	19.8	400
Jogulamba Gadwal	13.5	86.5	400
Kamareddy	77.0	23.0	600
Karimnagar	54.0	46.0	400
Khammam	61.0	39.0	400
Komaram Bheem Asifabad	26.3	73.8	400
Mahbubnagar	75.0	25.0	400
Mancherial	99.5	0.5	400
Medak	73.8	26.3	400
Nalgonda	29.8	70.3	400
Nizamabad	85.7	14.2	600
Peddapalli	85.5	14.5	400
Sangareddy	15.8	84.3	800
Siddipet	91.0	9.0	400
Vikarabad	67.0	33.0	400
Warangal (Urban)	11.5	88.5	400
Yadadri Bhuvanagiri	71.0	29.0	400

Table 15: District-wise distribution of respondents based on the Time of their last HIV test (%)

(Only the respondent whom tested for HIV test previously)

State/District	Tested previously during current pregnancy	Consented today	Tested before current pregnancy	Total
Telangana	68.33	0.00	31.67	7393
Adilabad	72.37	0.00	27.63	894
Bhadradri Kothagudem	81.08	0.00	18.92	740
Hyderabad	79.63	0.00	20.37	545
Jagitial	48.61	0.00	51.39	397
Jangaon	84.68	0.00	15.32	359
Jayashankar Bhoopalpally	77.26	0.00	22.74	321
Jogulamba Gadwal	96.30	0.00	3.70	54
Kamareddy	57.14	0.00	42.86	462
Karimnagar	33.80	0.00	66.20	216
Khammam	98.77	0.00	1.23	244
Komaram Bheem Asifabad	18.10	0.00	81.90	105
Mahbubnagar	54.67	0.00	45.33	300
Mancherial	87.19	0.00	12.81	398
Medak	44.07	0.00	55.93	295
Nalgonda	95.80	0.00	4.20	119
Nizamabad	60.51	0.00	39.49	514
Peddapalli	82.75	0.00	17.25	342
Sangareddy	34.13	0.00	65.87	126
Siddipet	80.22	0.00	19.78	364
Vikarabad	40.30	0.00	59.70	268
Warangal (Urban)	100.00	0.00	0.00	46
Yadadri Bhuvanagiri	48.94	0.00	51.06	284

Table 16: District-wise distribution of respondents based on the HIV test results (%)

(Only the respondent whom tested for HIV test previously)

State/District	Positive	Negative	Did not collect the test result	No Response	Total
Telangana	0.15	99.72	0.05	0.08	7393
Adilabad	0.11	99.89	0.00	0.00	894
Bhadradri Kothagudem	0.00	100.00	0.00	0.00	740
Hyderabad	0.73	98.72	0.00	0.55	545
Jagitial	0.00	99.50	0.50	0.00	397
Jangaon	0.56	99.44	0.00	0.00	359
Jayashankar Bhoopalpally	0.31	99.69	0.00	0.00	321
Jogulamba Gadwal	0.00	100.00	0.00	0.00	54
Kamareddy	0.00	100.00	0.00	0.00	462
Karimnagar	0.00	100.00	0.00	0.00	216
Khammam	0.00	100.00	0.00	0.00	244
Komaram Bheem Asifabad	0.00	100.00	0.00	0.00	105
Mahbubnagar	0.00	100.00	0.00	0.00	300
Mancherial	0.00	100.00	0.00	0.00	398
Medak	0.00	100.00	0.00	0.00	295
Nalgonda	0.00	100.00	0.00	0.00	119
Nizamabad	0.00	99.42	0.39	0.19	514
Peddapalli	0.58	99.42	0.00	0.00	342
Sangareddy	0.00	100.00	0.00	0.00	126
Siddipet	0.00	100.00	0.00	0.00	364
Vikarabad	0.00	100.00	0.00	0.00	268
Warangal (Urban)	2.17	93.48	0.00	4.35	46
Yadadri Bhuvanagiri	0.00	100.00	0.00	0.00	284

Table 17: District-wise distribution of respondents based on the HIV management (%)

State/District	(1) ART	(2) NGO	(3) PVt	(4)Pharmacist/Chemist	(5) Alternative/non Allopathic	(6) Any other type	(7) Not seeking taking for HIV management	(1)+(2)	(1)+(3)	(1)+(5)	(1)+(6)	Total
Telangana	8						2		1			11
Adilabad	1											1
Hyderabad	2						2					4
Jangaon	1								1			2
Jayashankar Bhoopalpally	1											1
Peddapalli	2											2
Warangal (Urban)	1											1

Table 18: District-wise distribution of HIV positive respondents based on the ART uptake (%)

(Results Only;If respondent whom Previous HIV test results postive and ART taken currently or not)

State/District	1. Yes	2. No	Total
Telangana	81.8	18.2	11
Adilabad	100	0	1
Hyderabad	50.0	50.0	4
Jangaon	100	0	2
Jayashankar Bhoopalpally	100	0	1
Peddapalli	100	0	2
Warangal (Urban)	100	0	1

Table 19: HIV Prevalence among ANC Clinic Attendees by Age

State/Districts	15-24		25-34		35-44		45-49	Total
	%	Total	%	Total	%	Total		
Telangana	0.17	8026	0.34	3502	1.39	72		11600
Adilabad	0	879	0.32	314	0	7		1200
Bhadradri Kothagudem	0.21	951	0	249				1200
Hyderabad	1.13	443	0.86	347	10.00	10		800
Jagitial	0	261	0	136	0	3		400
Jangaon	0.67	298	0	98	0	4		400
Jayashankar Bhoopalpally	0.33	302	0	98				400
Jogulamba Gadwal	0	287	0.91	110	0	3		400
Kamareddy	0.50	399	0	194	0	7		600
Karimnagar	0	235	0	161	0	4		400
Khammam	0.31	321	1.27	79				400
Komaram Bheem Asifabad	0	246	0	148	0	6		400
Mahbubnagar	0	284	0.88	113	0	3		400
Mancherial	0	277	0	122	0	1		400
Medak	0	276	0	122	0	2		400
Nalgonda	0	309	0	90	0	1		400
Nizamabad	0	350	0.41	241	0	9		600
Peddapalli	0.36	280	0.84	119	0	1		400
Sangareddy	0	507	0.34	292	0	1		800
Siddipet	0	285	0	112	0	3		400
Vikarabad	0	285	0	113	0	2		400
Warangal (Urban)	0	260	1.46	137	0	3		400
Yadadri Bhuvanagiri	0	291	0	107	0	2		400

Table 20:HIV Prevalence (%) among ANC Clinic Attendees by Literacy Status and Districts

State/District	1. Illiterate Total		2. Literate and till 5th standard Total		3. 6th to 10th standard Total		4. 11th to Graduation Total		5. Post Graduation Total		Total
	%	Total	%	Total	%	Total	%	Total	%	Total	
Telangana	0.63	1431	0.15	1350	0.17	4186	0.22	4158	0	454	11600
Adilabad	0	172	0	157	0	485	0.27	376	0	9	1200
Bhadradri Kothagudem	0	116	0.52	192	0.24	424	0	413	0	55	1200
Hyderabad	4.35	46	4.55	22	0.66	304	1.20	332	0	94	800
Jagitial	0	46	0	67	0	150	0	121	0	16	400
Jangaon	0	21	0	1	0.76	132	0.43	231	0	15	400
Jayashankar Bhoopalpally	3.23	31	0	39	0	141	0	173	0	15	400
Jogulamba Gadwal	0.52	194	0	34	0	99	0	61	0	11	400
Kamareddy	3.85	26	0	120	0.46	217	0	217	0	20	600
Karimnagar	0	35	0	16	0	136	0	172	0	41	400
Khammam	3.13	32	0	29	0	169	0.65	155	0	15	400
Komaram Bheem Asifabad	0	30	0	79	0	172	0	115	0	4	400
Mahbubnagar	1.25	80	0	27	0	152	0	121	0	9	400
Mancherial	0	17	0	73	0	127	0	171	0	12	400
Medak	0	33	0	77	0	163	0	123	0	4	400
Nalgonda	0	22	0	62	0	201	0	115	0		400
Nizamabad	0	102	0	45	0.36	278	0	157	0	15	600
Peddapalli	0	38	0	15	0.70	143	0.58	172	0	32	400
Sangareddy	0.47	213	0	158	0	199	0	220	0	8	800
Siddipet	0	24	0	16	0	139	0	206	0	15	400
Vikarabad	0	93	0	96	0	112	0	96	0	3	400
Warangal (Urban)	3.03	33	0	21	0	120	0.55	182	0	44	400
Yadadri Bhuvanagiri	0	27	0	4	0	123	0	229	0	17	400

Table 21: HIV Prevalence (%) among ANC Clinic Attendees by Order of Pregnancy and districts

State/District	First		2. Second		3. Third		4. Fourth or more		Total
	%	N	%	N	%	N	%	N	
Telangana	0.33	5393	0.09	4564	0.22	1376	0.78	258	11600
Adilabad	0.16	618	0	415	0	135	0	31	1200
Bhadradri Kothagudem	0.36	557	0	539	0	93	0	11	1200
Hyderabad	1.80	334	0.33	307	0	107	4.26	47	800
Jagitial	0	181	0	177	0	39	0	3	400
Jangaon	0.88	227	0	142	0	27	0	4	400
Jayashankar Bhoopalpally	0.49	205	0	150	0	41	0	4	400
Jogulamba Gadwal	0	153	0.59	169	0	63	0	15	400
Kamareddy	0.75	267	0	241	0	80	0	12	600
Karimnagar	0	181	0	181	0	35	0	3	400
Khammam	0.51	197	0	173	3.57	28	0	2	400
Komaram Bheem Asifabad	0	200	0	142	0	43	0	15	400
Mahbubnagar	0.53	189	0	152	0	51	0	8	400
Mancherial	0	211	0	155	0	32	0	2	400
Medak	0	178	0	159	0	60	0	3	400
Nalgonda	0	250	0	119	0	24	0	7	400
Nizamabad	0	240	0	219	0.94	106	0	34	600
Peddapalli	0.53	189	0.60	167	0	36	0	8	400
Sangareddy	0	260	0	318	0.51	195	0	26	800
Siddipet	0	184	0	156	0	53	0	6	400
Vikarabad	0	178	0	169	0	41	0	12	400
Warangal (Urban)	0.50	199	0.66	152	0	45	0	4	400
Yadadri Bhuvanagiri	0	195	0	162	0	42	0	1	400

Table 22 : HIV Prevalence (%) among ANC Clinic Attendees by Duration of Pregnancy and districts

State/District	First trimester		Second trimester		Third trimester		Total
	%	N	%	N	%	N	
Telangana	0.37	2418	0.26	4208	0.14	4959	11600
Adilabad	0	344	0	394	0.22	462	1200
Bhadradri Kothagudem	0.32	317	0.22	452	0	431	1200
Hyderabad	1.88	213	0.93	323	0.77	261	800
Jagitial	0	16	0	127	0	257	400
Jangaon	2.94	34	0	144	0.45	221	400
Jayashankar Bhoopalpally	0	43	0.72	138	0	217	400
Jogulamba Gadwal	0	89	0.66	151	0	160	400
Kamareddy	1.18	170	0	252	0	178	600
Karimnagar	0	83	0	134	0	183	400
Khammam	0	27	0.88	113	0.38	260	400
Komaram Bheem Asifabad	0	107	0	217	0	76	400
Mahbubnagar	0	47	0.47	215	0	137	400
Mancherial	0	54	0	131	0	215	400
Medak	0	44	0	193	0	163	400
Nalgonda	0	18	0	2	0	379	400
Nizamabad	0	122	0.43	230	0	245	600
Peddapalli	0	71	0.75	133	0.51	195	400
Sangareddy	0	115	0	308	0.27	377	800
Siddipet	0	53	0	145	0	201	400
Vikarabad	0	152	0	135	0	113	400
Warangal (Urban)	0.41	246	1.19	84	0	70	400
Yadadri Bhuvanagiri	0	53	0	187	0	158	400

Table 23: HIV Prevalence (%) among ANC Clinic Attendees by ANC service uptake and districts

State/District	Yes		No		Total
	%	N	%	N	
Telangana	0.21	9974	0.37	1602	11600
Adilabad	0.11	909	0	291	1200
Bhadradri Kothagudem	0.10	992	0.48	208	1200
Hyderabad	1.12	538	1.17	257	800
Jagitial	0	396	0	2	400
Jangaon	0.27	370	3.33	30	400
Jayashankar Bhoopalpally	0.27	376	0	22	400
Jogulamba Gadwal	0.36	277	0	118	400
Kamareddy	0.34	596	0	4	600
Karimnagar	0	400	0		400
Khammam	0.50	400	0		400
Komaram Bheem Asifabad	0	365	0	35	400
Mahbubnagar	0.27	375	0	22	400
Mancherial	0	400	0		400
Medak	0	400	0		400
Nalgonda	0	381	0	16	400
Nizamabad	0.17	590	0	9	600
Peddapalli	0.55	366	0	34	400
Sangareddy	0.16	612	0	187	800
Siddipet	0	390	0	9	400
Vikarabad	0	399	0	1	400
Warangal (Urban)	2.13	47	0.28	353	400
Yadadri Bhuvanagiri	0	395	0	4	400

Table 24: HIV Prevalence (%) among ANC Clinic Attendees by Source of Referral

State/District	1. Self Referral		2. Family/ Relatives/ Neighbors/ Friends		3. NGO		4. Private (Doctor/ Nurses)		5. Govt (including, ASHA/ ANM)		6. ICTC / ART Centre		Total
	%	N	%	N	%	N	%	N	%	N	%	N	
Telangana	0.19	1559	0.33	3011	0	1	1.79	112	0.17	6898	0	1	11600
Adilabad	0	462	0.30	329			0	1	0	408			1200
Bhadradri Kothagudem	0	32	0.33	615					0	552			1200
Hyderabad	0.78	257	0.90	332			7.69	26	1.08	185			800
Jagitial	0	228							0	169			400
Jangaon									0.50	400			400
Jayashankar Bhoopalpally									0.25	398			400
Jogulamba Gadwal	0	21	0.40	251					0	127			400
Kamareddy			1.06	94					0.20	505			600
Karimnagar	0	210	0	74			0	1	0	115			400
Khammam	0	31	0.64	311					0	57			400
Komaram Bheem Asifabad							0	28	0	372			400
Mahbubnagar	0.61	163	0	13			0	1	0	219			400
Mancherial									0	400			400
Medak									0	400			400
Nalgonda	0	131	0	148					0	120	0	1	400
Nizamabad	0	17	0	316	0	1	0	19	0.41	246			600
Peddapalli	0	1							0.50	399			400
Sangareddy	0	6	0	367			0	6	0.24	418			800
Siddipet							0	30	0	370			400
Vikarabad			0	161					0	239			400
Warangal (Urban)									0.50	400			400
Yadadri Bhuvanagiri									0	399			400

Table 25 : Prevalence among ANC Clinic Attendees by Place of Residence and district

State/District	Urban		Rural		Total
	%	N	%	N	
Telangana	0.35	2874	0.19	8615	11600
Adilabad	0	301	0.11	897	1200
Bhadradri Kothagudem	0.49	203	0.10	992	1200
Hyderabad	1.11	722	2.17	46	800
Jagitial	0	66	0	328	400
Jangaon	0	39	0.55	361	400
Jayashankar Bhoopalpally	0		0.26	391	400
Jogulamba Gadwal	0	56	0	325	400
Kamareddy	0	24	0.35	573	600
Karimnagar	0	84	0	311	400
Khammam	0	104	0.68	294	400
Komaram Bheem Asifabad	0	162	0	236	400
Mahbubnagar	0	16	0.26	378	400
Mancherial	0	122	0	278	400
Medak	0	2	0	398	400
Nalgonda	0	72	0	325	400
Nizamabad	0	277	0.32	315	600
Peddapalli	1.15	87	0.32	313	400
Sangareddy	0	74	0.14	720	800
Siddipet	0	91	0	309	400
Vikarabad	0	159	0	241	400
Warangal (Urban)	0	129	0.74	271	400
Yadadri Bhuvanagiri	0	84	0	313	400

Table 26: HIV Prevalence among ANC Clinic Attendees by Current Occupation of Respondent

State/District	Agricultural Labourer		Non-Agricultural Labourer		Domestic Servant		Skilled / Semiskilled worker		Petty business / small shop		LargeBusiness/Self employed		Service (Govt./Pvt.)		Student		Hotel staff		Truck driver/Helper		Local transport Worker		Agricultural cultivator/		Housewife		Total
	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	
Telangana	0.23%	1284	0.29%	699	0.00%	24	0.26%	383	1.82%	55	0	26	0.00%	253	0	88	0	2	0%	1	0%	2	0.00%	736	0.25%	8047	11600
Adilabad	0%	169	0.00%	148			0.00%	3	0.00%	1		6	0.00%	34		3						1	0.00%	91	0.13%	744	1200
Bhadradri Kothagudem	0%	103	0.00%	34			0.00%	6	0.00%	4			0.00%	17									0.00%	6	0.19%	1030	1200
Hyderabad	0%	4	0.00%	5	0.00%	5	0.00%	7	0.00%	1			0.00%	56		11							0.00%	12	1.29%	699	800
Jagitial	0%	35	0.00%	1			0.00%	120	0.00%	4			0.00%	1		5							0.00%	45	0.00%	189	400
Jangaon	0%	86	0.00%	23			0.00%	1	0.00%	4		2	0.00%	10		10							0.00%	7	0.78%	257	400
Jayashankar Bhoopalpally	0%	56	3.85%	26			0.00%	3	0.00%	1			0.00%	12		1							0.00%	50	0.00%	251	400
Jogulamba Gadwal	1.96%	51	0.00%	7			0.00%	11	0.00%	4			0.00%	5		7							0.00%	202	0.00%	113	400
Kamareddy	0%	54	0.00%	42			1.33%	75	0.00%	1			0.00%	17		1						1	0.00%	77	0.30%	332	600
Karimnagar	0%	29	0.00%	76	0.00%	3	0.00%	18	0.00%	10			0.00%	11		9							0.00%	2	0.00%	242	400
Khammam	1.72%	58	0.00%	11	0.00%	1			0.00%	5		6	0.00%	11		11		1					0.00%	29	0.37%	267	400
Komaram Bheem Asifabad	0%	48	0.00%	4					0.00%	1			0.00%	1		2									0.00%	344	400
Mahbubnagar	0%	137	0.00%	26			0.00%	3	50.00%	2			0.00%	3		1									0.00%	228	400
Mancherial			0.00%	5									0.00%	7											0.00%	388	400
Medak	0%	10	0.00%	16			0.00%	4	0.00%	4		1	0.00%	6		2							0.00%	140	0.00%	217	400
Nalgonda	0%	91	0.00%	1			0.00%	1	0.00%	1		1	0.00%	2		1							0.00%	8	0.00%	294	400
Nizamabad	1.85%	54	0.00%	54			0.00%	64	0.00%	2		8	0.00%	13		1							0.00%	9	0.00%	395	600
Peddapalli	0%	21	0.00%	32			0.00%	2					0.00%	10				1					0.00%	1	0.60%	333	400
Sangareddy	0%	120	0.00%	132	0.00%	14	0.00%	9	0.00%	1			0.00%	14		5							0.00%	2	0.20%	503	800
Siddipet	0%	14	0.00%	12			0.00%	40	0.00%	4		1	0.00%	8		7							0.00%	30	0.00%	284	400
Vikarabad	0%	129	0.00%	10																					0.00%	261	400
Warangal (Urban)	0%	5	3.03%	33	0.00%	1	0.00%	15	0.00%	3		1	0.00%	10		11							0.00%	17	0.33%	304	400
Yadadri Bhuvanagiri	0%	10	0.00%	1			0.00%	1	0.00%	2			0.00%	5						1			0.00%	8	0.00%	372	400

Table 27: HIV Prevalence among ANC Clinic Attendees by Current Occupation of Spouse

State/District	Agricultural Labourer		Non-Agricultural Labourer		Domestic Servant		Skilled / Semiskilled worker		Petty business / small shop		Large Business/Self employed		Service (Govt./Pvt.)		Student		Hotel staff		Truck driver/Helper		Local transport Worker		Agricultural cultivator/		Unemployed		Not Applicable		Total
	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	
Telangana	0.14%	2094	0.41%	1719	0	30	0.32%	1266	0.27%	731	0.00%	255	0.17%	2351	0	42	0	81	0.26%	387	0.48%	1044	0.07	1535	0	35	0	25	11600
Adilabad	0.00%	123	0.00%	216			0.00%	88	0.00%	95	0.00%	58	0.46%	219		3	0	8	0.00%	55	0.00%	95	0	232		5	0	3	1200
Bhadradri Kothagudem	0.00%	385	0.00%	171		1	0.00%	157	0.00%	52	0.00%	2	0.00%	225		2			0.00%	25	1.83%	109	0	61		9	0	1	1200
Hyderabad	0.00%	3	6.00%	50		6	1.59%	126	0.00%	80	0.00%	28	0.57%	349		4	0	11	3.33%	30	1.35%	74	0	20		4	0	15	800
Jagitial	0.00%	98	0.00%	8		3	0.00%	117	0.00%	15			0.00%	15		4			0.00%	1	0.00%	46	0	92		1			400
Jangaon	0.00%	127	0.00%	37			1.45%	69	0.00%	9	0.00%	6	0.00%	109		1			0.00%	2	5.88%	17	0	23					400
Jayashankar Bhoopalpally	0.00%	171	3.23%	31			0.00%	24	0.00%	21	0.00%	8	0.00%	43							0.00%	20	0	80		1	0	1	400
Jogulamba Gadwal	2.56%	39	0.00%	33			0.00%	33	0.00%	14	0.00%	9	0.00%	48		1	0	2			0.00%	13	0	208					400
Kamareddy	0.00%	110	0.00%	24			1.67%	60	0.00%	36	0.00%	3	0.00%	74		1	0	7	0.00%	51	0.00%	23	0.48	208		1			600
Karimnagar	0.00%	24	0.00%	60			0.00%	34	0.00%	43	0.00%	5	0.00%	86		3	0	8	0.00%	19	0.00%	48	0	68			0	2	400
Khammam	1.75%	57	0.00%	46			0.00%	53	0.00%	13	0.00%	9	0.00%	107		2	0	3	0.00%	20	2.50%	40	0	50					400
Komaram Bheem Asifabad	0.00%	82	0.00%	119			0.00%	32	0.00%	30	0.00%	5	0.00%	76			0	2	0.00%	10	0.00%	19	0	25					400
Mahbubnagar	0.00%	152	0.00%	104		1	0.00%	20	7.69%	13	0.00%	2	0.00%	39		1	0	1	0.00%	2	0.00%	64	0	1					400
Mancherial	0.00%	9	0.00%	88			0.00%	22	0.00%	20	0.00%	14	0.00%	102			0	1	0.00%	8	0.00%	58	0	74		4			400
Medak	0.00%	11	0.00%	42			0.00%	27	0.00%	16	0.00%	6	0.00%	113		1	0	3	0.00%	2	0.00%	47	0	131		1			400
Nalgonda	0.00%	136	0.00%	30			0.00%	51	0.00%	21	0.00%	8	0.00%	60		2			0.00%	41			0	46		3	0	1	400
Nizamabad	0.00%	129	0.58%	173			0.00%	55	0.00%	39	0.00%	12	0.00%	46		4	0	8	0.00%	11	0.00%	104	0	15		1	0	2	600
Peddapalli	1.92%	52	0.74%	136			0.00%	28	0.00%	22	0.00%	6	0.00%	77			0	1	0.00%	9	0.00%	52	0	17					400
Sangareddy	0.00%	147	0.00%	127		19	0.00%	140	1.04%	96	0.00%	16	0.00%	146		3	0	16	0.00%	21	0.00%	54	0	11		3			800
Siddipet	0.00%	35	0.00%	68			0.00%	26	0.00%	15	0.00%	26	0.00%	84		2	0	6	0.00%	14	0.00%	52	0	70		2			400
Vikarabad	0.00%	154	0.00%	83			0.00%	45	0.00%	15	0.00%	21	0.00%	37			0	3	0.00%	10	0.00%	32							400
Warangal (Urban)	0.00%	12	1.45%	69			0.00%	41	0.00%	32	0.00%	2	0.82%	122		8	0	1			0.00%	54	0	59					400
Yadadri Bhuvanagiri	0.00%	38	0.00%	4			0.00%	18	0.00%	34	0.00%	9	0.00%	174					0.00%	56	0.00%	23	0	44					400

Table 28: HIV Prevalence among ANC Clinic Attendees by Migration status of Spouse

State/District	Yes		No		Not Applicable		Total
	%	N	%	N	%	N	
Telangana	1.28	78	0.23	11492	0	23	11600
Adilabad	0	5	0.08	1192	0	3	1200
Bhadradri Kothagudem	0	6	0.17	1193	0	1	1200
Hyderabad	0	5	1.16	779	0	15	800
Jagitial	0	12	0	388			400
Jangaon	0	1	0.50	399			400
Jayashankar Bhoopalpally	0	3	0.25	396			400
Jogulamba Gadwal			0.25	400			400
Kamareddy	0	1	0.33	599			600
Karimnagar			0	398	0	2	400
Khammam	0	1	0.50	399			400
Komaram Bheem Asifabad	0	1	0	399			400
Mahbubnagar	0	2	0.25	396			400
Mancherial			0	400			400
Medak	0	1	0	399			400
Nalgonda	0	1	0	398			400
Nizamabad	3.03	33	0	563	0	2	600
Peddapalli	0	3	0.50	397			400
Sangareddy			0.13	800			800
Siddipet	0	1	0	399			400
Vikarabad	0	1	0	399			400
Warangal (Urban)			0.50	400			400
Yadadri Bhuvanagiri	0	1	0	399			400

Table 29 : HIV Prevalence among ANC Clinic Attendees based on HIV tested history

State/District	YES		No		Total
	%	N	%	N	
Telangana	0.18	7393	0.33	4205	11600
Adilabad	0.11	894	0	306	1200
Bhadradri Kothagudem	0	740	0.43	460	1200
Hyderabad	0.92	545	1.57	254	800
Jagitial	0	397	0	3	400
Jangaon	0.56	359	0	41	400
Jayashankar Bhoopalpally	0.31	321	0	79	400
Jogulamba Gadwal	0	54	0.29	346	400
Kamareddy	0.22	462	0.72	138	600
Karimnagar	0	216	0	184	400
Khammam	0	244	1.28	156	400
Komaram Bheem Asifabad	0	105	0	295	400
Mahbubnagar	0	300	1.00	100	400
Mancherial	0	398	0	2	400
Medak	0	295	0	105	400
Nalgonda	0	119	0	281	400
Nizamabad	0	514	1.18	85	600
Peddapalli	0.58	342	0	58	400
Sangareddy	0	126	0.15	674	800
Siddipet	0	364	0	36	400
Vikarabad	0	268	0	132	400
Warangal (Urban)	2.17	46	0.28	354	400
Yadadri Bhuvanagiri	0	284	0	116	400

CHAPTER 6

SUMMARY

The 16th round of HSS among pregnant women in 2019 was implemented at 22 sites across 33 districts in Telangana collecting a total of 11600 complete data forms and biological specimens following consecutive sampling method and linked anonymous strategy as in previous round.

The median age of respondents were 23 years in the state and ranged between 16 and 42 years across the districts. The overall HIV prevalence among ANC clinic attendees in Telangana in 2019 was low at 0.23%. District-wise, Hyderabad (0.58 %), Warangal (urban), Peddapalli, Khammam, Jangaon (0.50%), Kamareddy (0.33%) and Mahbubnagar, Jogulamba Gadwal, Jayashankar Bhoopalpally (0.25%), recorded higher HIV prevalence than that of the state average (0.23%). Vizianagaram and Bhadradri Kothagudem recorded a prevalence of 0.17%, whereas it was 0.13% in Sangareddy and 0.08% in Adilabad.

In general, HIV prevalence was higher among older age-group women and those at higher order pregnancies, illiterates and urban residents. Prevalence was the higher among pregnant women who were petty business / small shop owners, non-agricultural labours and skilled or semi-skilled workers. Pregnant women whose spouses were migrants or spouses working as local transport workers, non-agricultural labourers, and skilled or semi-skilled workers also had higher prevalence.

Findings from 2019 round of ANC HSS corroborates with previous rounds showing a low and declining trend at the state level, with persistent geographical diversity at district level. Sustained declining trend among ANC clients nationally and at the state-level, is positive indicator of the successful response of the National AIDS Control Programme (NACP). However, a district-level fluctuating trend is a continuing challenge. The findings will be used as a compass by the policy makers and programme managers towards achieving 'End of AIDS' as a public health threat by 2030.

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