

DISSERTATION REPORT ON
EFFECTIVENESS OF IEC IN HIV/AIDS AWARENESS

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**International Institute of Health Management Research, New Delhi
2012**

Certificate of Internship Completion

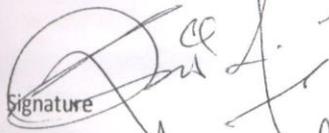
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This to Certify that Mr./Ms./Dr. Ram Gopal Shukla has successfully completed his 3 months internship in our organization from Feb 1, 2012 to April 30, 2012. During this intern he has worked on technical support in lab format (task performed) under the guidance of me and my team at PCI India (organization). Diligently and (any positive or negative comment)

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We wish him/her good luck for his/her future assignments


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Dr. Vikram Aggarwal (Name)

Director of Programs (Designation)
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The following dissertation titled "**Effectiveness of IEC in HIV/AIDS Awareness**" is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of **Post- Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

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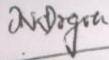
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CERTIFICATE FROM DISSERTATION ADVISORY COMMITTEE

This is to certify that **Ram Gopal Shukla**, a participant of the Post- Graduate Diploma in Health and Hospital Management has worked under our guidance and supervision. He is submitting this dissertation titled "**Effectiveness of IEC in HIV/AIDS Awareness**" in partial fulfillment of the requirements for the award of the Post- Graduate Diploma in Health and Hospital Management.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.



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DECLARATION FROM STUDENT

I Ram Gopal Shukla, hereby declare that the summer training work entitled “EFFECTIVENESS OF IEC IN HIV/AIDS AWARENESS” is my original and exclusive work. I further declare that my work is my own authentic piece of work and has not been submitted at any organisation/institute/university for personal/academic gains and benefits or awards of any Degree/Diploma/Certificate.

Ram Gopal Shukla

Enrolment No. - PG/10/094

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Someone has rightly said, “No one can live in isolation”. It is true that every individual needs the help of others in every work he does.

No words can symbolize the gratitude to my faculty supervisor respected Dr. Nitish. Dogra, who guided me with his knowledge and skill and helped me in successful completion of the work.

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Acronyms-

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
IEC	Information Education and Communication
NACO	National AIDS Control Organization
ICTC	Integrated Counselling and Testing Centre
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	U.S Agency for International Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
CDC	Centre for Disease Control and Prevention
BCC	Behavioural Communication Change
NACP	National AIDS Control Programme
BSS	Behavioural Surveillance Survey
STD	Sexually Transmitted Disease

EXECUTIVE SUMMARY

The study is being conducted in the time span of five days from 1st March to 30th March 2012

To conduct the study the urban slums of New Delhi was chosen as the target community.

The main aim of the study was, to aware the adolescent population on various issues of HIV and AIDS using information, education & communication and behaviour change communication as the main tool.

Then after knowing the various factors of HIV and AIDS in the community, next target was the awareness of the disease among the adolescents of the community.

The questionnaire and direct interview were the method used to collect information from the community.

Different IEC and BCC strategies were implied to conduct the awareness programme.

The result was analysed to know the effectiveness of the IEC and BCC strategies among the adolescents of the community

Internship Report

About Project Concern International (PCI)-

Foundation of Project Concern International-

In 1961, a young doctor from San Diego volunteering at a Tijuana clinics saved the Lives of two small children who were dying of pneumonia. This experience led Dr. James Turpin to found PCI and forever change the lives of millions of children and families around the world by providing health and hope to those most in need. Since then, the focus of the organization has remained true to its founder. PCI works in vulnerable communities to improve health and create long term change by helping people help themselves. For fifty years, thousand of dedicated individual and groups have worked to make this vision a reality.

PCI India is an International non-government; non-sectarian organization dedicated to promoting community health, Human rights, and integrated development worldwide. PCI is a global health organization, based in San Diego, USA working to saves lives and building healthy communities around the world by preventing disease and providing access to economic opportunity, clean water and nutritious food. PCI establish its presence in India in 1997, and was registered as an Indian Charitable Society in 1998.

PCI received its FCRA status in 2001, which enables it to directly projects using foreign currency resources. PCI India head office is located in New Delhi and supported by field /project offices.

Since, from 1997 PCI India has undertaken 31 project out of which 5 project are currently running.

Area of Engagement-

- 1) PRATIBHA (Project for Accelerated Technical Assistance and Integrated Capacity Building for HIV/AIDS) Project-**

PCI India is implementing PRATIBHA- a project to provide technical assistance (TA) to National AIDS Control Society (NACO) on laboratory services strengthening through financial and technical support from US centre of Disease Control and Prevention (CDC). The overall purpose of PRATIBHA is to strength laboratory services in India by focusing on the NACP-III priorities designed to increase effectiveness, efficiency and accountability with regards to HIV testing. The project will focus upon training and upgrading of the skills and knowledge of public and private laboratories at all levels; implementation of quality assurance mechanism at all National Reference Laboratory (NRLs), State Reference Laboratory (SRLs) and selected Integrated Centre for Testing and Counselling (ICTCs); strengthening of supervision mechanism to ensure laboratories adherence to quality standards, such as proficiency testing and a nationwide accreditation system; and to provide recommendation for implementation of cutting edge specimen collecting technologies for HIV testing.

Working closely with government and the CDC/other donors to revive the technical resource group on lab/revision of lab guidance/policy document. Provide technical assistance in establishing an External Quality Assurance System(EQAS) and proficiency testing for Apex lab and link with CDC GAP Laboratory Branch, Atlanta

PRATIBHA has a team of regional experts, which are placed at various sites in India to provide technical assistance to national, state and local laboratories.

Others Project of Project Concern India-

2) PCI's Orphaned and Vulnerable Children Programs-

Eleven million young Indians call the street their home – the largest population of street children and youth in the world. In New Delhi, the number of street youth is estimated at over 100,000. Orphaned or abandoned, and left to fend for themselves, these children and adolescents mostly find shelter at rail stations, bus depots, and waste dumpsites, where they eke out meager and unreliable incomes as luggage porters, petty workers, and rag pickers. For a child, a life on the street comes with the imminent danger of exploitation, abuse, hunger, illness, and substance addiction.

PCI India works to enhance the life opportunities for street children and youth by providing a continuum of services through its Orphaned & Vulnerable Children (OVC) Program. From children on the streets to adolescents in the slums, our diverse and comprehensive services provide shelter, nutrition, health care, psychosocial support, access to formal and non-formal education, family reunification, and life skill and livelihood training. Through the work of our dedicated and qualified team, we improve the life opportunities for the most marginalized and disadvantaged young people in India.

Drop in centres:**Red Fort and Nizamuddin-Delhi**

Our Drop In Centres, located at the Old Delhi and Nizamuddin railway stations, are the cornerstone projects of our OVC Program. Boys between the ages of 6 and 17 are received into the Centres where they stay from one day to a few weeks depending on their needs. The Centres provide hot meals, medical checkups, formal and nonformal education, counselling, and life skill training. Annually, about 1,400 boys use the centres' services. We leverage our strong community relationships to refer girls who need similar support to services run by other NGOs in the area.

Family Reunification

A unique feature of our program is our focus on family reunification, rooted in the belief that home is the best place for a young person. After confirming the address, health and safety of a child's family home, we motivate him to return to his roots and help restore him to his family. As of the end of May 2011, we have reunited 950 children with their families since the commencement of our OVC program in 2000.

Shelter Home — Bhango, Mewat, Haryana

Our Shelter Home in Bhango village (Mewat, Haryana), can house 40 boys and young men between the ages of 6 to 18. Typically, these young people have stayed at the Drop In Centres for extended durations and could not be reunited with families or referred to other programs. Since 2004, the Shelter Home has been a safe haven providing boys and young men with shelter, nutrition health care, psychological support and access to formal and non-formal education in a supportive and cooperative rural community.

Vocational Training Centre — New Seemapuri, Delhi

Our Vocational Training Centre, in New Seemapuri, Delhi, provides vocational skill instruction, from cutting and tailoring to computer training, to about 700 adolescent girls between the ages of 14 and 20 annually. With skills in art, crafts, beauty, sewing, and computers, the girls become not only economically self-empowered, but also highly employable. The Centre helps transform young girls who have dropped out of school due to difficult family circumstances into confident micro-entrepreneurs or employees. We track the girls post training and are proud to report that over 70% of them enhance their family incomes

from 30 to 50%, resulting in significant improvement in the livelihood and health status of their families

3) PCI Disease Prevention Program-

Core Group Polio Project-

The Child Survival Collaboration and Resources group (The CORE Group), a network of over 50 US-based organizations working in community-driven health and development, joined the Polio Eradication Initiative in 1999 under the CORE Group flagship. PCI, a key ally of this group internationally, actively supported Core Group Polio Project's (CGPP's) interventions in India through its Country office, PCI India.

Despite missing the year 2000 target, between 2000 and 2001, India was able to restrict the number of polio cases to around two hundred as compared to 5,000 cases a decade ago. It suffered a major blow to its efforts due to a cyclical resurgence of poliomyelitis in 2002. The country ended the year with 1,613 children affected and paralyzed. The vast majority of cases - 80% - occurred in UP. The state reported more polio cases than any country in the world. Persistent transmission of the virus in UP and Bihar are major contributing factor in high number of polio cases in the country. Since the inception of the program there has been a dramatic decline in number of paralytic poliomyelitis cases from 740 wild polio virus (WPV) cases in 2009 to 42 cases in 2010. The P2 strain was eradicated in 1999 and both the P1 and P3 strains also appear to be on their last leg with just a single case reported so far in 2011. This encouraging trend is attributed to the quality of Supplementary Immunization Activities (SIAs) and mop-up campaigns targeting migratory populations at different sites, including railway stations, bus stops, construction site, and slums. Engagement of local doctors, religious leaders, and other key community members plays a pivotal role in increasing the reach of the Oral Polio Vaccine (OPV) to underserved communities in the country.

PCI believes in strengthening government's initiatives on immunization through addressing the gaps with regard to-

- (a)reaching the high risk groups,
- (b)missed children tracking,
- (c)health system's capacities to deliver immunization program and
- (d) community demand generation.

PCI has gained technical expertise and excellence to deliver on these above mentioned areas through its immunization programs in Bihar and Uttar Pradesh, for more than a decade. Currently, PCI is working in twenty four blocks/ planning units of Uttar Pradesh three districts: Muzaffarnagar, Meerut and Moradabad, reaching out to over four million

populations through local NGO partners such as Adarsh Seva Samiti, Mahila Jagriti Sewa Samiti, Jan Kalyan Samiti and Society for All Round Development. These districts of western Uttar Pradesh (UP) are considered as one of the most challenging polio eradication grounds in the world. A total of 298 high-risk areas (HRA) fall under PCI's area of intervention, of which 298 are covered through community mobilization coordinators (CMC), a grass roots-level worker of the Polio Eradication Initiative (PEI).

PCI has implemented techniques such as routine immunization campaigns, hygiene and sanitation drives, school and madrassas education programs with active collaboration of the local and state government departments, NGOs and CBOs. PCI has also maintaining a strong community based management information systems for missed children tracking and has built capacities of numerous healthcare workers including ASHA and Aanganwadi Workers (AWW) to strengthen outreach and monitoring.

Reflection from Internship at Project Concern International India-

During the entire tenure of dissertation, various phases gave various types of knowledge varying from soft skills, stress handling to technical advancements.

The major learning included handling the data, feeding them at appropriate place in MIS and put in such a way that anyone can pull out required information in an easy and in a short duration of time.

Supervising the workers and getting it done on time is a challenging task. If not done on time, may further delay the project deadlines. It included managerial skills and I have learned a lot from completing these tasks.

No work is possible without coordination among the team members. Few of the tasks given required everyone's input and working as a team to finish the assigned tasks.

One of the most important lessons I have learned thus far is that flexibility is essential. As I was involved in providing technical support to 4 technical expert and other staff of our project, shifting focus from one to another was little difficult, but multi tasking is the key here. This task provide me great experience to involved with many people with so many work. There are days when you are working on an assignment and something very important comes up and you have to switch gears to focus your attention on that. You must be able to jump on that task and complete it with the best of your ability.

Also, I was open to criticism. Soaked up all the advice and critiques my seniors gave me. The guidance from the seniors helped me in completing the tasks as well as developing the required skills to perform well.

Dissertation Report

INTRODUCTION-

HIV transmission is the result of certain human behavior and activities which allow the virus to pass from one individual to anotherⁱ. If the individuals engage in unprotected sexual behavior or unprotected sexual behavior or sharing of contaminated syringes, they will be at high risk for acquiring HIV infection. In the community, each individual must take a decision to either take part or not in the behavior, which will place them at the risk of AIDS. In order for the members of the community to take such a decision, they will need correct information about the causes and outcomes of HIV infection and AIDS.

To raise awareness about HIV / AIDS in the general population information, education, and communication (IEC) campaign can be used. This includes the design of information materials, posters and pamphlets, their display at public places, their wide distribution through mass gathering and community based organizations. In addition to the written material, information must also be provided to those who cannot read by devising appropriate channels of communication.

However, bringing a change in the behaviour of the people is not easy and is more so difficult when it is related to issues that are personal and sensitive in nature. In such type of cases use of different approaches of IEC becomes handy and many a times has been very successful in bringing the desired result. Educating the public can be effectively carried out by removing many misconceptions and ignorance through well designed communication systems.

India is not only a vast country but also a country of numerous cultural and linguistic diversities. This poses a great challenge for developing suitable IEC strategies and approaches that are specific and relevant to the cultural and linguistic context.

In the NACP-II, NACO is giving the highest priority to an effective and sustained strategy to bring about changes in behaviour to prevent further infection. For an effective IEC campaign a full range of activities and approaches from mass media campaigns for public education to the use of targeted interventions to help individuals negotiate safer practices is being used. IEC programs have also been integrated in various components of the program such as STD service, condom programming and Blood safety.

Keeping this in view, a study on *“The role and effectiveness of Information, Education and Communication in Awareness Generation among adolescent/youth of the Community Members regarding HIV/AIDS is being done”*

REVIEW OF LITERATURE

IEC materials remain the central resources and key components in the implementation of HIV/AIDS awareness campaigns. Mass media is the most effective way to communicate this information to youth, and instilling a multi-dimensional, multi-faceted and comprehensive expansion of IEC material will serve to further the impact made on young people. The cumulative impact of the government's various IEC programs has resulted in a successful mobilization and active participation of mass media, and has "contributed to 70% of the population of reproductive age having basic knowledge on HIV and AIDS modes of transmission and prevention measures" (Khuat, Nguyen, Ogden. 2004).

Some IEC activities remain limited in that they target only specific groups such as youth, MSM etc have not resulted in change of behavior that would prevent the spread of HIV (Khuat, Nguyrn.,2004)

Since the first prevention efforts, Information, Education and Communication (IEC) were seen as imperative tools and integral parts in strategies aiming at influencing individual and Social behavior. However, most theories, behavioral models and frameworks used in HIV/AIDS prevention were derived from social psychology (Parker, 2001; Airhihenbuwa & Obregon, 2000)3

However, recent increased knowledge about HIV transmission has not resulted in decreased stigmatizing attitudes toward people with HIV/AIDS (PWA) in China (Zhang, 2004)

Studies persistently show that high level of HIV transmission knowledge does not necessarily lead to change in HIV-related behaviour and attitudes because accurate knowledge of true HIV transmission co-occurs with high levels of inaccurate beliefs about modes of transmission in the population (Boer & Emons, 2004; London & Robles, 2000)

Stigmatizing also undermines HIV preventive behavior by discouraging people with HIV from coming forward for HIV testing, counseling and treatment; from sharing their seropositive status with their sexual partners, family and friends; and from receiving support for HIV-related behavioral changes and responses. As a result, stigmatizing leads to a lack of inadequate information about the actual level of HIV epidemic, making informed preparation and appropriate responses difficult (UNDP, 2003)

“HIV/AIDS has a close relationship to emotions and feelings. Behaviour change does not occur in any particular way. Entertainment, music and humor are central elements and must be used in education and prevention programs” (UNAIDS, 1999:65).

Integrated interventions in which mass media advertising is complemented by in school programmes and other activities, have been found to be particularly effective in producing health behaviour change (Backer et al., 1992; Perry, Kelder, Murray, & Klepp, 1992; Pierce, MacAskill, & Hill, 1990)

Several studies suggest that the inclusion of IEC within a harm reduction programme can have a significant impact on HIV-related risk behaviour (Gagarkin & Vanenkova, 2000)

About the Disease:-

AIDS (Acquired Immuno Deficiency Syndrome) is a chronic, irreversible and fatal disease caused by Human Immuno Deficiency Virus (HIV). Once a person infected with the virus it slowly begins to attack the immune system, destroying the healthy immune system cells. As a result, the individual is more prone to a number of opportunistic infections, neurological disorders and unusual malignancies, ultimately leading to death. The deterioration and destruction of immune function leads to AIDS. People infected with HIV may take 5-7 years or more to develop AIDS. During this interval, HIV infected individuals may suffer from a variety of disorders which are suggestive of being infected with HIV. HIV enters through the body through the mucous membranes or through blood to blood contact. It is more common in high risk segments of population which include commercial sex workers, truck drivers, migrants, intravenous drug users etc. There is no vaccine for AIDS. AIDS cases occur worldwide.

The four stages of the HIV infection are as follows:

- 1) The period following infection is called the window. It is called this because it reflects the window of time between infection and that which antibodies develop in a person. The HIV test looks for antibodies not the virus.
- 2) The second stage is called seroconversion. This is when the body begins to develop lots of antibodies to fight off the virus in the body. During this period a person may have flu like symptom. Also during this period is said to be very infectious.
- 3) The third stage is called symptom free. During this period a person may have no symptom what so ever. This can last anywhere from 6 months to well over ten years. The medical world is not sure why some people are living symptom free for so long.
- 4) The final stage is called AIDS. This is the period when TCELL drop to below 200.

Mode of Transmission:

The common modes of transmission of HIV/AIDS all over the world are as follow -

- i. Unsafe sexual practices between men and women or between men and men,
- ii. Intravenous drug use,
- iii. Infected blood transfusion and
- iv. Transmission of disease from infected mother to child.

The Human Immunodeficiency virus (HIV)/Acquired Immunodeficiency syndrome (AIDS) epidemic has devastated many individuals, families and communities. As the epidemic evolves further, rates will continue to rise in communities and nations where poverty, social inequalities, and weak health infrastructures facilitate spread of the virus.

The Government of India estimates that about 2.45 million Indians are living with HIV and suffering from AIDS. National AIDS Control Organization (NACO) and Ministry of Health and Family Welfare, Government of India in 2005 declared six states namely Andhra Pradesh, Karnataka, Maharashtra, Manipur, Nagaland, and Tamil Nadu as high prevalence areas, defined by a rate of HIV positivity of more than one percent among women visiting pre-natal clinics and a rate of more than five per cent among patients visiting clinics for STDs. Moderate prevalence i.e. rate of HIV positivity of less than one per cent among women visiting prenatal clinics and a rate of more than five per cent among patients visiting clinics for STDs was found in the following states which were Gujarat, Goa, and the Union Territory of Pondicherry.

According to UNICEF, 30,000 babies are born HIV positive each year in India. The HIV prevalence is greater among the males (0.43) than among the females (0.29). For every 100 people living with HIV/AIDS (PLHAs), 61 are men and 39 women (taking into account the fact that the total number of men is greater than to 0.30 percent women as elucidated by the sex ratio). Prevalence is also high in the 15-49 age groups (88.7 percent of all infections), indicating that AIDS still threatens the cream of society, those in the prime of their working

life. Between 2005 and 2006, prevalence has fallen in some major states - Maharashtra from 0.80 to 0.74 percent, in Tamil Nadu from 0.47 to 0.39 percent - for instance. Yet, new areas of concern have emerged. In West Bengal, prevalence has gone up from 0.21 and in Rajasthan from 0.12 to 0.17 percent. And the HIV adult prevalence is more in the urban (0.4) compared to rural (0.3).

HIV spending increased steadily in India from 2003 to 2007 but has since fallen. In 2006-2007 \$171 million was spent to contain and prevent the growth of HIV, which represented an increase of 28% from the previous year. Currently, India spends about 5% of its health budget on HIV and AIDS. However, the World Bank has warned that India will have to scale up prevention efforts in order to avoid spending more of its health budget in the future. According to the World Bank's report, by 2020 India will have to spend 7% of its health budget on AIDS if the rising tide of the AIDS epidemic in New Delhi, Mumbai, the north and the north east is not halted. This would put further strain on a struggling health sector which, on top of HIV and AIDS, faces a growing multitude of health challenges including malaria, diabetes, heart disease and cancer.

Recent surveys do suggest that national HIV prevalence has probably fallen slightly in recent years. This trend is mainly due to a drop in infections in southern states; in other areas there has been no significant decline.

India's epidemic is on an African trajectory, although it claims to acknowledge the seriousness of the crisis.

The HIV infection profile of Delhi in year 2007 is as follow (As per NACO HIV Sentinel Suvelliance2007):-

Antenatal clinic HIV prevalence 2007 (%)	0.25
STD clinic HIV prevalence 2007 (%)	5.20
IDU HIV prevalence 2007 (%)	10.10

MSM HIV prevalence 2007 (%) 11.73

Female sex worker HIV prevalence 2007 (%) 3.15

ABOUT INFORMATION, EDUCATION, COMMUNICATION

In the inventory analysis, IEC has been defined as that information, education and communication activities intended to increase knowledge, change attitudes and bring about a change in practices in regard to population and family planning. The IEC concept includes mass communication, informal or community education and formal or school education. In practice, IEC involves more than the informational and education output of population/ family planning program such as films/ slides, posters, literature, radio, television, campaigns, population awareness, conferences and meetings. It also involves the input necessary to design and administer IEC program training for communication specialists, teachers and motivational field workers. It also involves research on methods of communication, the social factors affecting family planning practices, development of audio-visual and written materials, utilization of expert advice and assistance. Finally, the funding necessary to design population programmes/family planning programmes also constitutes IEC. In the absence of preventive/curative vaccine for HIV/AIDS, the IEC has an important role in controlling the spread of HIV/AIDS infection in the country by bringing about changes in the behavior of the people who practice high-risk behavior or to educate those people who are not aware of the disease.

In addition, the IEC is specifically expected to:

- i) Create an enabling environment to facilitate behavioral changes among the people through a network of various communication channels available in the country.
- ii) Raise the level of awareness, knowledge and understanding of the people about HIV/AIDS.

- iii) Provide an environment for the care as well as for the re-habilitation of people suffering from HIV/AIDS.
- iv) Develop an inter-sectoral coordination to tackle the problems of HIV/AIDS more systematically in the country; and
- v) Sensitize the commercial sex workers and those who are practicing high risk behavior by broadcasting/ telecasting a special communication package on HIV/AIDS in addition to interpersonal communication.

In the NACP-II, NACO is giving the highest priority to an effective and sustained strategy to bring about changes in behavior to prevent further infection. For an effective IEC campaign a full range of activities and approaches from mass media campaigns for public education to the use of targeted interventions to help individuals negotiate safer practices is being used. IEC programs have also been integrated in various components of the program such as STD service, condom programming and Blood safety.

ROLE OF NACO AND COLLABORATING MEDIA AGENCIES

1. NACO and state AIDS control societies

The strategy for awareness generation among the general population is operationalized at two levels. At the national level, NACO is responsible for policy and strategy formulation and for framing guidelines for IEC activities. Advocacy with the elected representatives and with the media, inclusive of the regional media and the vernacular press receives special focus at the national level. At the state level, the state AIDS control societies conduct Communication Needs Assessment Studies. This enables them to evolve state specific IEC strategies that address local priorities within the overall national strategy and framework. Most of the field action i.e. disseminating the IEC at the grassroots takes place below state and district levels.

However, to ensure a collective response and shared understanding of sensitivities while disseminating IEC, NACO undertakes mass media campaigns and attempts to provide states with prototypes and some leads on material generation.

Over the last two years, the IEC needs in the different states have been reviewed. Project Directors and IEC officers from the state AIDS control societies have participated in interstate experience sharing and regional strategy building workshops where IEC is projected as a means of raising awareness and communicating a need for behaviour change, generating a demand for services, and a tool for debunking myths and misconceptions, dispelling stigma and discrimination, and breaking the silence. A series of regional and state level workshops have provided hand holding to states to build capacity and strengthen them to formulate and develop appropriate state specific action plans and IEC material.

In addition, NACO is utilizing the various media units of the Ministry of Information and Broadcasting such as Directorate of Field Publicity, Song and Drama Division and the Press Information Bureau for outreach in the rural areas and the regional press.

The Centre for Media Studies, New Delhi, a research agency, was entrusted the task of assessing and evaluating the contents of the IEC materials developed in states, as well as the processes and road map followed to developing these materials. Recommendations and

outcomes of this evaluation would feed into future strategies for IEC at state and national level.

The IEC strategy and action plans are also guided by the annual HIV Sentinel Surveillance, Behavioral Surveillance Survey (BSS), Communication Needs Assessment (CNA), Mapping of high risk groups and bridge populations, and by the CMIS.

With the changing profile of the HIV/AIDS epidemic, the Guidelines for IEC are modified, as necessary.

2. Television:

In order to enhance the awareness levels among the general population, especially in rural areas, Government has decided to use the medium of TV in a more intensive and interactive manner. A television talk show titled “Khamosi Kyon” was launched on the 03rd December 2001 by Hon’ble Union Minister for Health & FW. The Hindi talk show hosted by Ms Neena Gupta commenced telecast on the 05th December 2001 on DD1. The English show “Talk Positive” for the urban audience hosted by Ms Mallika Sarabhai commenced on 15th December 2001 on ZEE News Channel.

NACO is utilizing the massive outreach of Doordarshan and private satellite channels for telecast of messages on HIV/AIDS prevention and control during prime time. These include messages on sexually transmitted diseases, blood safety and voluntary blood donation. Some of the specific activities are :

Spirit of Unity Concert: NACO has sponsored a classical music programme "Spirit of Unity Concerts" to mainstream the issue of HIV/AIDS and to reach out to the cultural elite and other educated classes through this programme. The objective is to create awareness and empower women to discuss the difficult issue of HIV/AIDS in the family and prevent further spread of the infection. Celebrities have endorsed messages on HIV/AIDS prevention and these have been telecast on DD and on private television networks, which has enlarged the audience base.

3. Radio: AIR, AIR – FM and other commercial broadcasting stations of AIR:

NACO is using the popular FM channel to combine entertainment and education in reaching out to the urban youth. The one hour programme which is titled "NACO Film Hit Parade" is broadcast for one hour every week on the AIR-FM channel in Delhi. The programme has received a wide and positive response from a number of people who respond on the telephone numbers given seeking medical advice and counseling.

All India Radio broadcasts NACO sponsored programmes, every week. During 2003-4, the erstwhile programme Jiyo aur Jine Do, which was being broadcast on 30 commercial broadcasting stations of AIR in 12 languages since June 1998, was revamped and relaunched on the Primary Channel and Vividh Bharati stations of AIR and re-titled "Jeevan Hai Anmol" . Another programme called "Lets Talk" was launched on FM Delhi. While the FM programme is directed towards the urban audience, "Jeevan Hai Anmol" is addressed to a mass audience. The state AIDS control societies are roped in to provide field level inputs and to highlight issues of significance relating to HIV/AIDS. These are then woven into these radio programmes. A series of spots have also been produced, which are broadcast on the occasion of events like Voluntary Blood Donation Day (1st October), World AIDS Day (1st December), at appropriate times.

4. National AIDS Telephone helpline:

A toll free National AIDS Telephone Helpline has been set up to provide access to information and counseling on HIV/AIDS related issues. This is a computerized four digit number, 1097, with a voice response system linked with the telephonic hotline. This is a very popular service, since it maintains the confidentiality of the callers and helps the caller clarify doubts and access personal counseling without revealing their identity. The Telephone Helpline has been extended to 35 cities/towns all over the country.

5. Print: AIDS control societies, Dept. of Posts & Telegraphs, Press Information Bureau:

The Press Information Bureau of the Government of India has organized a number of programmes to sensitize the regional press on the issue of HIV/AIDS.

The IEC department of NACO has prepared several packages of materials aimed at various population groups, to be used by the outreach workers, health workers and peer educators working in government as well as non-government organizations. Some of the important packages are as follows:

A package (comprising of two sets of flashcards, five posters, five stickers, four leaflets and a guide book) for Injecting Drug users in the North-East. A health education package for the commercial sex workers (three sets of flash cards, one poster, one leaflet and a user manual). A package on HIV/AIDS containing three posters, a flip book, and a folder, for slum dwellers. For workplace education in Industry, an IEC package consisting of posters, booklets, stickers and a video set of options has been produced. An imaginative package containing training guides, posters, educational games and kits has been developed for street children.

The other print media developed for awareness were: posters, pamphlet and booklets on general information on HIV/AIDS/STDs, voluntary blood donation, timely treatment of STDs and developing a positive attitude towards those infected with HIV/AIDS.

The bulk of print advertising is done by AIDS control societies in the form of materials such as posters, handbills, flip charts, flash cards, handouts, information booklets, stickers, wall hangings, etc. Very often, they utilize the prototypes forwarded by NACO, with appropriate modification. NACO has developed a lot of print material like posters, booklets, folders etc. which has been disseminated to all AIDS control societies, and other peripheral units. Prominent campaigns on which NACO has worked are, for instance, a poster series on stigma and discrimination, voluntary blood donation, routes of transmission, care and support. NACO have had, through DAVP, regular insertions in the newspapers commemorating various events like World AIDS Day and Voluntary Blood Donation Day etc. During 2004 NACO took the initiative to support the Department of Posts & Telegraphs in printing 15 lakh post cards with messages on HIV/AIDS. This postcard, priced at 25 paise each, carries a multicolor advertisement on the half side, which contains the address. This medium has enabled NACO to reach out to the lowest economic strata of the population who use postcards to communicate with their near and dear ones. These postcards have been distributed across the states of Madhya Pradesh, Chattisgarh, Rajasthan, Uttar Pradesh, Uttaranchal, Bihar, Jharkhand and Orissa.

6. Outdoor media – Delhi Metro Rail Corporation

Hoardings, wall writings, kiosks etc. have been used appropriately to inform and communicate messages on HIV/AIDS. During 2003-04, NACO hired some hoarding space along prime roads of Delhi, and at prominent road junctions to disseminate messaging on the four known routes of transmission, and on the "Live and Let Live" campaign for the World AIDS Day, 2003. In another unique initiative during 2004, NACO has disseminated key messaging on HIV/AIDS inside two Delhi Metro trains. The messages have been put up on 54 panels of size 50X 21 cms in each of two trains running from Shahdara to Rithala of the Delhi Metro. The total duration of the campaign is six months.

7. Exhibitions – Directorate of Field Publicity:

State AIDS Control Societies, as well as the Directorate of Field Publicity (DFP), a media unit of the Ministry of Information and Broadcasting, have been provided with mobile exhibition kits produced by NACO through DAVP in the appropriate regional languages. NACO has also oriented the personnel of the Directorate of Field Publicity about more effective dissemination of this material in the field. These kits were most effectively used in the countrywide 'Swasthya Jagrukta Mah', the month long (15 February - 15 March 2004) integrated health exhibition organized in every parliamentary constituency sponsored by the Ministry of Health & family Welfare, Government of India.

8. Folk media: Song and Drama Division (Min. of I & B)

This is extensively used for dissemination of messaging at the grassroots to complement and supplement other forms of IEC, mostly through the Song and Drama Division, Ministry of Information & Broadcasting. This Division of the Ministry of I&B has been thoroughly sensitized by NACO, to address issues surrounding HIV/AIDS. This is a crucial channel of communication, widely relied upon by the AIDS control societies.

Since 1994, the Song and Drama Division have been involved in the AIDS awareness campaign. It has produced several street plays, songs and dramas and has performed in 400 different locations utilizing the local dram troupes in many States. The Directorate of Field Publicity has also participated in the campaign. All its 260 units located countrywide have

conducted several programs such as seminars, debate/essay and quiz competitions and film shows for AIDS awareness. An increasing number of programmes are also being carried out through various radio stations in the country by arranging panel discussions, features, phone-in programs etc.

9. School AIDS Education Programme: UNICEF & Sewadham (NGO):

School AIDS Education is one of the important programmes that focus towards student youth to raise awareness levels, help young people resist peer pressure and develop a safe and responsible lifestyle. In order to bring about uniformity in approach, a training module called 'Learning for Life' has been developed in consultation with UNICEF and Sewadham, an NGO based in Maharashtra, and distributed to all states.

10. University Talk AIDS: National service scheme (NSS) [Deptt. Of Youth Affairs and Sports]:

The University Talk AIDS Project began in October 1991 and is a collaborative partnership between the National Service Scheme (NSS), Dept. of Youth Affairs & Sports and NACO. The project involves creating awareness among students and the youth on issues related to HIV/AIDS through workshops, seminars and written materials especially designed for them.

11. Events:

The World AIDS Day, December 1 and the Voluntary Blood Donation Day, October 1, mark two high points, each year, in NACO's efforts to generate awareness, and motivate behavior change so as to prevent the spread of HIV, dispel myths and misconceptions surrounding the illness and reduce as much as possible HIV related stigma and discrimination. On World AIDS Day, NACO sponsors and conducts special campaigns and various activities at the national, state & district levels.

ABOUT THE CHARACTERISTICS OF THE COMMUNITY CHOSEN TO CONDUCT THE STUDY

Slums are defined by the United Nations Organizations as:

“A building or group of buildings and area characterized by overcrowding, deterioration in sanitary conditions, or absence of facilities and amenities, which because of these conditions or any of them endanger the health, safety or morals of its inhabitants or the community”.

52 per cent of Delhi’s population lives in slums.

The community chosen to conduct the survey for the study are the slums of west Delhi area.

The areas where the study is being conducted is New Seemapuri, New Delhi

The target community were the urban slums of New Seemapuri in Delhi.

- Mainly there are semi-permanent and temporary houses in the community with poor electricity facility.
- Public toilets are built in the community, which are used for both bathing and sanitation purposes by most of the community members.
- There is poor sanitation system and open drains running all over the community.
- There are large dumps of garbage in the community, which is one of the major sources of infection and illness especially during the rainy season.
- High rate of poverty and lack of education.
- There is also lack of medical facilities availability in the community.
- Most the community members are working as rickshaw pullers, factory workers, labourers and truck drivers.
- Poor medical facilities available in the community
- There is also large number of commercial sex workers, both males and females in the community.

HEALTH RELATED ISSUES IN THE COMMUNITY:-

As there was improper sanitation system, unhygienic conditions and poor knowledge of the health. There were many health related issues in the community. The health problems which are most commonly and frequently faced by the community members are disease like diarrhoea, malnutrition, tuberculosis and various types of oral and skin diseases. Due to lack of education, people are not much aware about the preventive measures of the above mentioned disease. And due to poverty the members of the community were not much interested to change their behaviour towards various health related issues.

GENERAL OBJECTIVES:

1. To understand various IEC strategies adopted by various agencies to sensitize the adolescents about HIV/AIDS in India.

SPECIFIC OBJECTIVES:

1. To study the level of awareness among the adolescent group of the community about different aspects of HIV/AIDS.
2. To study the role and effectiveness of IEC in awareness generation regarding HIV/AIDS among the adolescent group of the community.

METHODOLOGY-

Study Design – Quasi Experimental Study

The study is conducted in two phases:

- To meet the adolescents need of the community and to understand their level of awareness about HIV/AIDS by means of well framed questionnaire.
- To conduct intervention regarding the HIV/AIDS awareness among the adolescents by means of IEC and BCC through pamphlets, video screening, group discussion, and if required one-to-one talk strategies in the community.

Sampling Procedure:

To conduct the study in the target community, convenient sampling procedure was used to select the people or the sample from the community as the subjects of the study. The procedure is explained in detail in next section.

Sample Size:

- The total sample size of the study was 32 which were interviewed.

Tools & Techniques:

- In first phase, the detailed questionnaire is used as a tool to interview the respondents to assess the awareness regarding the HIV/AIDS.
- In the second phase, to intervene regarding the awareness generation among the respondents, pamphlets, video screening, group discussion, and one-to-one talk technique is used.
- To analyse the data MS Excel software used.

PHASE - I

The first phase of the study comprises of rapport building with the adolescents of the community to know their awareness level about HIV/AIDS.

For this purpose systematic random sampling method was used.

Convenient Sampling:-

A list of population/houses is prepared and the items are arranged and serially numbered. Now the first item is selected at a random, followed by the selection of other items using a fixed sampling interval.

The community which was targeted for the selection of sample was New Seemapuri

The sample of the population interviewed from intervention site of Project Concern International, where vocational training and capacity building has been performed from past few years.

Every adolescent was given a structured questionnaire which was in *Hindi language* for the convenience of the subject to read and write the questions and answers.

Each data collected from the communities was analysed to know the awareness level of HIV/AIDS among the adolescents.

PHASE – II

After analysing the data collected in phase – I, all the sample adolescents were informed to gather at PCI dropping centre New Seemapuri, on a fixed date.

Only thirty two adolescents came on the announced date from the target community.

Awareness programme of one hour session using the following IEC strategies was started.

- i. First, Pamphlets are distributed among the adolescents
- ii. These adolescents were shown a Hindi documentary film on HIV/AIDS
- iii. Then these people were given every information and education related to HIV and AIDS through group discussion. The language used in discussion was Hindi.
- iv. Thereafter, an interactive session was taken separately with boys and girls to answer their queries related to HIV/AIDS.
- v. In the end every adolescent was given the same structured question paper as in phase I on HIV/AIDS.

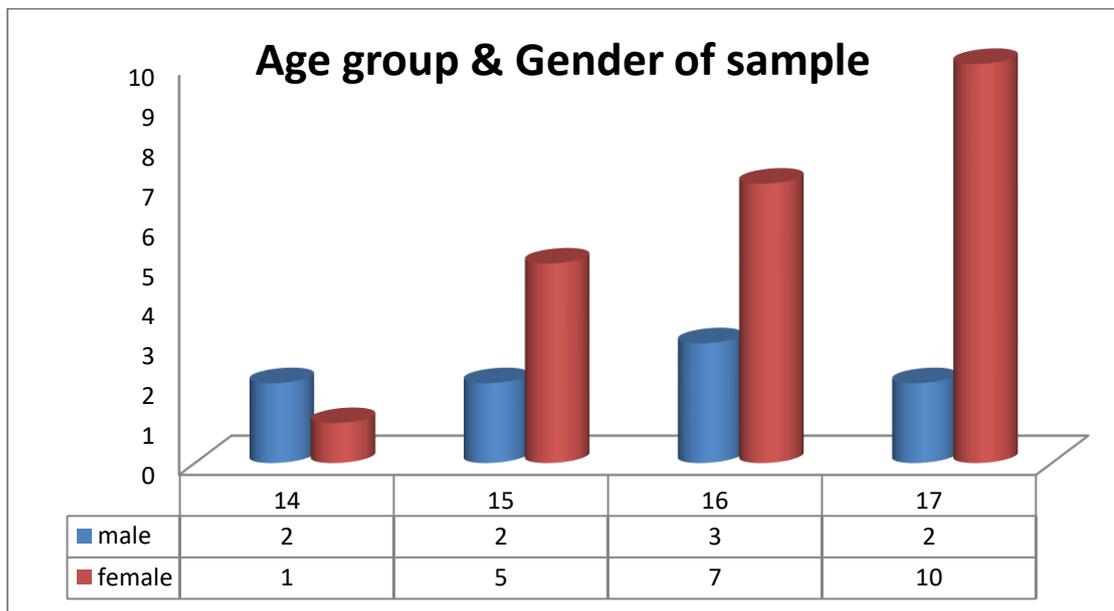
Every question paper or data collected after the awareness programme using IEC strategies was analysed to know the effectiveness of the programme and the new level of understanding of the adolescents about HIV/AIDS.

The data was also analysed to know the change in behaviour/thinking of the adolescents towards the HIV/AIDS patients.

DATA INTERPRETATION AND ANALYSIS-

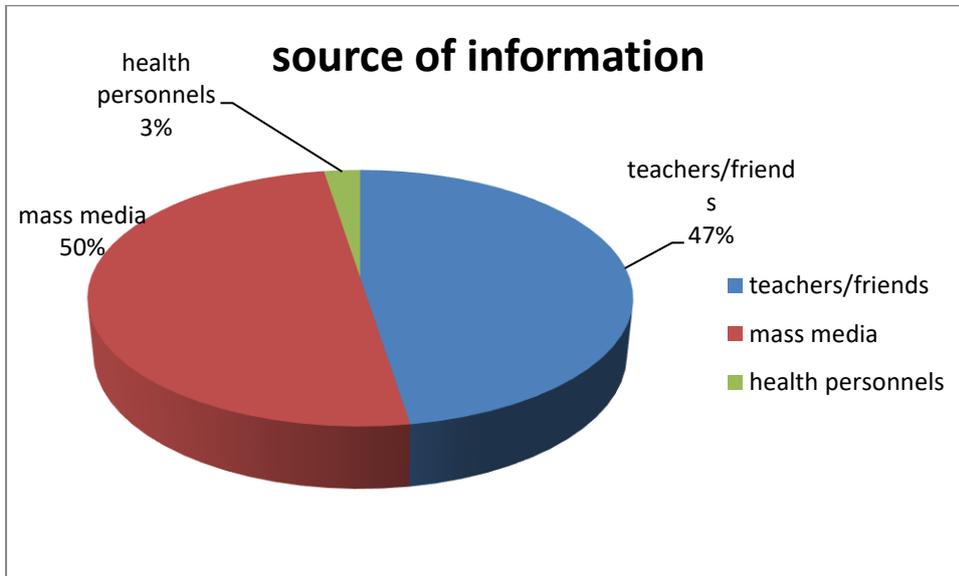
- 1) Out of the total sample of 32 adolescents from the community, 72% were females and 28% were males. According to age group 38 % of the adolescents in the sample were of 17 yrs in age, followed by 31 % of 16 yrs, followed by 22 % of 15 yrs and followed by 9 % of 14 yrs of age.

		sex		Total
		Male	female	
age	14	2	1	3
	15	2	5	7
	16	3	7	10
	17	2	10	12
Total		9	23	32

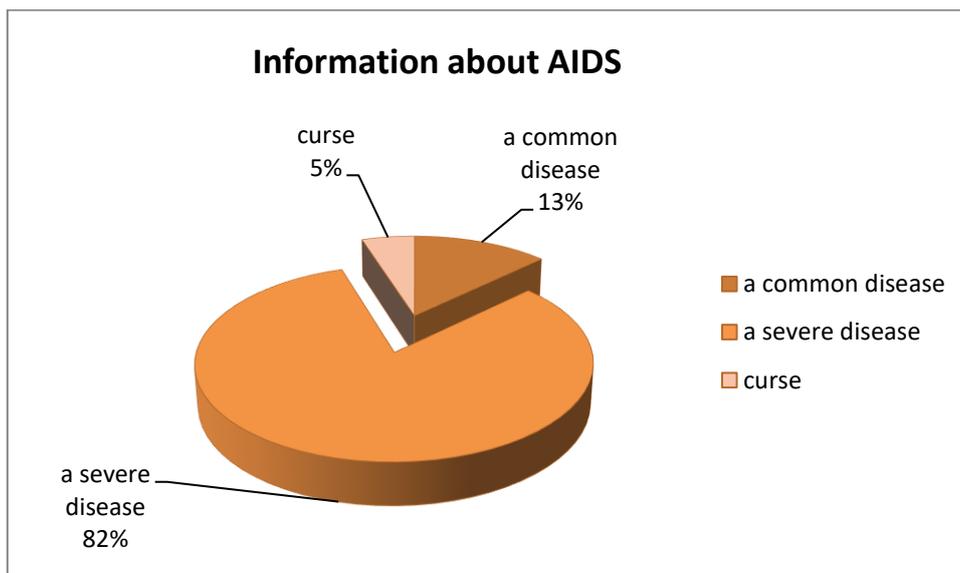


- 2) Out of the total sample of adolescents, 50% of the adolescents got the information about HIV/AIDS from various media like newspaper, television, radio etc., 48% got

the information either from their school teachers or their friends and remaining 3% got the information from health personnel.



3) Out of the total sample of adolescents, 83% of the adolescents were aware that AIDS is a severe disease, 13% think it's a common disease and only 5% consider as a curse.



ANALYSIS TO KNOW THE EFFECTIVENESS OF THE IEC AND BCC STRATEGIES:

The analysis is done on the basis of data collected from the adolescents through the structured questionnaire. This analysis compares the knowledge and the awareness level of the adolescents before the IEC activities and after conducting IEC activities.

Below is the result of the pre IEC and post IEC.

<u>S.NO</u>	<u>QUESTION</u>	<u>PRE IEC</u>	<u>POST IEC</u>
1.	HIV is the causing agent whereas AIDS is the disease	3%	88%
2.	AIDS stands for ACQUIRED IMMUNO DEFICIENCY SYNDROME	10%	75%
3.	HIV/AIDS is caused by VIRUS	20%	97%
4.	The highest numbers of AIDS cases are reported in SOUTH AFRICA	5%	94%
5.	HIV/AIDS can occur in ALL AGE GROUPS	53%	91%

6.	AIDS causing agent in infected cases is found in greatest concentration in BLOOD AND SEMEN	60%	88%
7.	HIV/AIDS is commonly seen in SEX WORKERS	78%	97%
8.	The commonest mode of transmission of HIV in INDIA is SEXUAL ROUTE	70%	97%
9.	A person with HIV/AIDS can transmit the infection to others, FOREVER TILL DEATH	93%	100%
10.	HIV/AIDS can be transmitted through all of the following UNSAFE SEX, INFECTED BLOOD TRANSFUSION, USE OF COMMON RAZOR, NEEDLES & SYRINGES, INFECTED PREGNANT MOTHER TO HER CHILD	50%	85%
11.	HIV/AIDS doesn't spread through all of the following activities SHARING CLOTHS, UTENSILS AND OTHER THING, TALKING TO INFECTED PERSON, CASUAL CONTACT WITH INFECTED PERSON	48%	91%
12.	A person infected with HIV/AIDS carries the virus FOREVER, TILL DEATH	85%	100%

13.	Most of the people who are HIV positive BECOMES VERY SICK AFTER INFECTION	43%	94%
14.	Major sign of infection is CHRONIC DIARRHOE WITH SEVERE LOSS OF BODY WEIGHT AND HEADACHE	35%	88%
15.	A women suffering from HIV/AIDS can GIVE BIRTH TO A NORMAL CHILD	3%	91%
16.	A HIV/AIDS infected female, CANN'T BREAST FEED HER CHILD	58%	81%
17.	If a mosquito bites an HIV/AIDS infected person & same mosquito then bites a healthy person, then A HEALTHY PERSON WILL NOT GET THE INFECTION	5%	97%
18.	HIV/AIDS is diagnosed through BLOOD TEST	55%	94%
19.	HIV/AIDS can be prevented by AVOIDING USE OF SHARED RAZORS, AVOIDING USE OF SHARED NEEDLES & SYRINGES, HAVING SEX WITH ONE PARTNER & USING CONDOM	38%	78%

20.	AIDS infecting agent CAN'T BE KILLED	25%	91%
21.	HIV/AIDS is NOT CURABLE	25%	94%
22.	Safe sex can be ensured through USING CONDOM, AVOIDANCE OF HOMOSEXUALITY, AVOIDANCE OF MULTIPLE PARTNERS	8%	78%
23.	HIV/AIDS patient be ALLOWED TO STAY IN THE SOCIETY LIKE OTHERS	15%	91%
24.	A person should TALK NORMALLY with the HIV/AIDS patient	35%	94%
25.	HIV/AIDS patient suffer from physical & mental illness, Loose social relations, Decrease in household income	73%	88%
26.	Rejection & fear against HIV/AIDS infected person can be minimised or prevented through DETECTION OF HIV/AIDS CASES AND SEX EDUCATION	5%	69%

27.	Can you now counsel others properly about HIV/AIDS	30%	91%
28.	As a part of the country will you counsel others about HIV/AIDS, ITS MODE OF TRANSMISSION AND SAFE SEX	15%	69%
29.	Was this COUNSELLING SESSION BENEFICIAL FOR YOU	–	75%

Discussion-

In this study the entire adolescent sample had heard about the word HIV/AIDS which is supported by the study carried by Goyal R C et al “Health profile and needs of the people living with HIV/AIDS in rural areas of Ahmed Nagar district in Maharashtra”.⁸

Present study represent a small group of adolescent in the New Seemapuri area and result of the study reflect the intervention carries out. It is heartening to note that the baseline level of awareness among female is very low but due to IEC activities, awareness level increases, this result is supported by study carried by Sundar.N et al., in the urban college.⁹

Before intervention 15% adolescent aware with that HIV positive people are allowed to live normal life in the society but after intervention it increases to 91%.

Before IEC activities, awareness about the fact that HIV/AIDS occur in all age group is 53% but after IEC activities it increases to 93% and similarly awareness regarding modes of prevention from HIV/AIDS is 38% but after IEC activities it increases to 78% among the adolescent. This result is supported by study carried out by Bhatia V et al. in Chandigarh¹⁰

In this study 50% adolescent hear about HIV/AIDS through mass media and 82% are aware with the severity of HIV/AIDS which show that mass media playing very important role in disseminating the information. Similar finding were observed by Poddkar A K et al.1996.¹¹

Our study revealed that 5% adolescent of the study are thought that mosquito bite are not responsible for HIV spread before IEC and it changes to 97% after IEC activities. Similar finding have been reported by study conducted by Sunder et al.¹²

CONCLUSION

Exposure to mass media increases knowledge about AIDS. Television is the most important source of information about AIDS, followed by the radio. The lack of knowledge of AIDS, its modes of transmission, and ways to avoid infection among women in India is a major challenge to efforts to avoid the spread of AIDS.

The IEC activities conducted was very useful especially for the females from the adolescent group, as they were always afraid and hesitate to talk on the topic of HIV/AIDS with their peer, teachers and health personnel as in the target community most the people misunderstood HIV/AIDS with other STDs and relate HIV/AIDS with sexual activities.

Out of the total sample of the adolescents taken for the study, 75% felt that the IEC activity was beneficial for them as it gave them information and enhanced their knowledge about the topic.

There was also effective change in behaviour and perception of the adolescents towards the people living with HIV/AIDS.

The role of IEC in alleviating stigma and discrimination towards those living with HIV is central to communication efforts. Information and communication on HIV/AIDS must motivate people to utilize services provided through the national AIDS control program like STI treatment, counselling, testing, medicines for opportunistic infections, and most recently anti-retroviral treatment for people living with AIDS. IEC initiatives should succeed in mobilizing other sectors of society to help integrate HIV/AIDS messages into their existing activities, example in the work place across the formal and informal sectors, and should create a supportive environment for the care and rehabilitation of people living with HIV/AIDS.

Recomendations-

As a manager, I would like to give some suggestions after analysing the whole data which was collected both from the HIV/AIDS patients and the adolescents of the community.

As the data reveals that mostly the females were either had no knowledge about the disease or had partial knowledge about the disease. So there should be focus more focus on the females while conducting awareness programme about HIV/AIDS in the community.

The IEC activities should be conducted which make the community members aware about the difference between the STDs and HIV.

While conducting the study on HIV/AIDS patients, it was found that many of the patients faced social discrimination from the society and had lost most of their social relations with their friends, relatives, colleagues and neighbours.

Time to time IEC activities should be conducted, focusing more on the behaviour change communication which will decrease the rejection of HIV/AIDS patients in the community. There should be behaviour change communication which can bring change in behaviour about the practices of sexual activities among the community members.

There should be more IEC and BCC activities for providing more counselling and rehabilitation care to the people suffering from HIV/AIDS so that they take precautions that the disease does not spread further from them and they can also participate in the next counselling sessions for the community.

The effectiveness of behaviour change in the community should be monitored from time to time.

There should be more medical and rehabilitative camps organised in the community to teach people about the importance of good health.

There should be some street plays organised regarding the importance of education and hygiene for the healthy environment.

There should be street plays organized to aware people importance of family planning and population control which are important to eradicate poverty from the country.

LIMITATIONS:-

While conducting the study lot of limitations were faced by me in the community.

The major limitation was that they community members were not very much interested in talking about HIV/AIDS as they relate the disease only with sexual activities.

Due to lack of education it was difficult to communicate with the community members especially the female sections on the various issues of HIV/AIDS, some of the elderly females stopped me from questioning their daughters on the disease..

There were many HIV/AIDS patients who denied being the part of the study, as they had a fear that their identity would be revealed in their community and the general public.

There was lack of manpower and infrastructure to conduct much awareness activities in the community.

There was very less trained health personnel's, who can educate the community members about the importance of proper sanitation and hygiene issues.

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