CHAPTER- 1
HIV/AIDS AWARENESS:
AN OVERVIEW
One of the prime reasons for the spread of HIV/AIDS is the lack of awareness amongst the general population. In India, where population is very large and extensive and the culture is much diversified, a strong awareness campaigns are necessary to curb or minimise the effect of this dangerous disease. For this we have to understand the initial detail of how this menace spreads or what is its origin.

**Historical Overview**

India is the second largest country in terms of population in the world after China (around 1.22 billion). The majority of the population (approx. 73%) lives in rural areas which are engaged in agriculture and allied occupations. The country’s urban population is relatively small in terms of numbers. The rate of growth is big and metropolitan cities are increasing very rapidly due to migration to these urban concentrations. Huge social inequalities, based on caste and gender biased aggravate the problem in terms of economic disparities also which results in unequal access to important development inputs. When the disease appeared in the West, many people in India thought that the disease would not affect the Indians. The Indians thinks that due their strong family values and traditions they are not in the risk area and HIV was seen as a disease of the West. In the beginning the disease had no entity. As this disease was seen among Homosexuals, it was called as Gay Related Immuno Deficiency (GRID) syndrome. By the end of 1983 this disease was also being discovered among other groups. The Center for Disease Control, Atlanta, USA named this disease as Acquired Immuno Deficiency Syndrome. Since then the disease is known as AIDS.

At the beginning of 1986, despite over 20,000 reported AIDS cases worldwide¹, India had no reported cases of HIV or AIDS². In 1985 the Indian Council of Medical Research (ICMR), set up a sero-surveillance programme. In 1986 the presence of the virus was first detected in sex
workers in Chennai. The first Indian patient to suffer from AIDS was reported from Mumbai. In 1987 the ICMR warned the country about the impending epidemic. Soon after the reporting of the first few HIV and AIDS cases in the country in 1986, Government recognized the seriousness of the problem and took a series of important measures to tackle the epidemic.

There was recognition, though, that this would not be the case for long, and concerns were raised about how India would cope once HIV and AIDS cases started to emerge. One report, published in a medical journal in January 1986, stated: “Unlike developed countries, India lacks the scientific laboratories, research facilities, equipment, and medical personnel to deal with an AIDS epidemic. In addition, factors such as cultural taboos against discussion of sexual practices, poor coordination between local health authorities and their communities, widespread poverty and malnutrition, and a lack of capacity to test and store blood would severely hinder the ability of the Government to control AIDS if the disease did become widespread.”

It was noted that contact with foreign visitors had played a role in initial infections among sex workers, and as HIC screening centers were setup across the country there were calls for visitors to be screened for HIV. Gradually, these calls subsided as more attention was paid to ensuring that HIV screening was carried out in blood banks. Shortly after reporting the first AIDS case in 1986, the Government of India established a National AIDS Control Program (NACP) which was managed by a small unit within the Ministry of Health and Family Welfare. The program’s principal activity was then limited to monitoring HIV infection rates among risk populations in select urban areas.

By the end of 1987, out of 52,907 who had been tested, around 135 people were found to be HIV positive and 14 had AIDS. Most of these
initial cases had occurred through heterosexual sex\textsuperscript{6}, but at the end of the 1980s a rapid spread of HIV was observed among injecting drug users in Manipur, Mizoram and Nagaland three north-eastern states of India bordering Myanmar (Burma)\textsuperscript{7}.

Government of India without wasting any time initiated steps and started pilot screening of high-risk population. A high-powered National AIDS Committee was constituted in 1986 itself and a National AIDS Control Programme was launched in the year 1987\textsuperscript{8}.

In 1991, the strategy was revised to focus on blood safety, prevention among population of high risk, level of awareness of the population should be raised and there must be scope of improving surveillance. With all the objectives keeping in mind the Government of India established a semi- autonomous body, National AIDS Control Organisation under the Ministry of Health and Family Welfare. The National AIDS Control Organisation (NACO) started its activities under its first phase from 1992-1999\textsuperscript{9}. Its emphasis is on committing for the disease on the national level, increasing awareness and addressing the problem of blood safety. Although the pace of the programme was a bit slow in the starting but due to the magnitude of the epidemic strict measures were followed thereafter. Apart from blood donations professionally which was banned legally after the implementations of the programme, screening of the donated blood became compulsory by the end of the phase. In order to facilitate more effective response, the power of the organisation was decentralised and some of the duties were assigned to states. There were varying degree of commitment and ability of the states was seen in the implementation of the programme at the state level. States like Tamil Nadu, Andhra Pradesh and Manipur demonstrated a much higher degree of involvement and commitment, states such as Bihar and Uttar Pradesh have yet to prove and reach that level.
In November 1999, the second National AIDS Control Programme (NACP-II) from 1999-2006 came into effect with the stated aim of reducing the spread of HIV through promoting behaviour change. The programme was launched with World Bank crediting a support of US $ 191 million. Based on the experience gained in Tamil Nadu and a few other states along with the evolving trends of the HIV/AIDS epidemic, the focus shifted from raising awareness to changing behaviour, decentralization of programme implementation at the state level and greater involvement of NGOs. During this time, the model PMTCT or Prevention of Mother-to-Child Transmission programme and the provision of free anti-retroviral treatment were available and implemented for the first time. The policy and strategic shift can be seen in the two key objectives of NACP-II:

- To reduce the spread of HIV infection in India
- To increase India’s capacity to respond to HIV/AIDS on a long-term basis

In 2001, the government formulates and adopted the National AIDS Prevention and Control Policy and specific objectives were also set. Former Prime Minister of India Atal Bihari Vajpayee referred to HIV/AIDS as the most potential and serious health issue facing by India when he addressed Parliament. Under this phase, the government continues to expand the programme at the state level. The states are being given policy directives to implement the strategies. Policy initiatives taken during NACP-II included adoption of National AIDS Prevention and Control Policy (2002); National Blood Policy; a strategy for Greater Involvement of People with HIV/AIDS (GIPA); launching of the National Rural Health Mission; launching of National Adolescence Education Programme; provision of Anti-Retroviral Therapy (ART); formation of an inter-ministerial group for mainstreaming; and setting up
of the National Council on AIDS chaired by the Prime Minister\textsuperscript{11}. Greater emphasis has been put on targeted interventions for high risk groups, preventive intervention among the general population, and greater involvement of Non-Government Organisations (NGO's) and other sectors and line departments such as education, transport and Police. Accountability and capacity at the state level are the main factors that are continued to be dealt and has required sustained support. Intercessions need to be a bit high to achieve higher percentage of the population, monitoring and evaluation need further bracing. The government has completed task of classifying states according to their prevalent situation to avoid smugness among the states based on their category as low prevalence and since then focused on the vulnerability by creating a sense of urgency.

The third phase (NACP III) started from 2007-2012 The overall goal of National AIDS Control Programme Phase III (2007-2012) is to halt and reverse the epidemic in India over the five year period. The programme hopes to achieve this through a bifurcated strategy:

- Prevent infection through saturation of coverage of high-risk groups with Targeted Interventions (TI), and a scaled up interventions for the general population.
- Provide greater care, support and treatment to a larger number of People Living with HIV/AIDS (PLHA). Address human rights and ethics issues with focus on fundamental rights of the PLHA and their active involvement.
- Strengthen the infrastructure systems and human resources in prevention, care, support and treatment at the district, state and national levels.
- Strengthen the nationwide Strategic Information Management System, to help track the epidemic, identify pockets of infection\textsuperscript{12}.  

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The third phase agendas were met with high priority with maximum onus to reach 80% of high risk groups including sex workers, men to men sex and injecting drug users who are at the top of the table for HIV infection. One of the basic points of the programme is the targeted interventions which are generally carried out by civil society or community organisations or NGO’s in partnering with State AIDS control societies.

**Driving Factors of HIV/AIDS Epidemic in India**

There are some driving factors which are affecting India’s initiative against HIV/AIDS epidemic. These can be described under the following five broad headings: Biological, socio-cultural, socio-economic, socio-political-historical and psychological. A word of caution must be entered once again here because the evidence is quite mixed with respect to the extent to which group of factors contribute to the spread and entrenchment the pandemic across India.

**Biological Factors**

On the biological front, research points to three key factors as the proximate determinants of India’s high HIV infectivity. The first of these is the existence of undiagnosed and untreated sexually transmitted diseases among many Indians. Studies suggest that in every 10 persons one is infected with HIV. One biological factor that has emerged in the recent literature as having some influence on the spread and transmission of HIV is the low rate of male circumcision found in India.

The second biological factor to be considered here pertains to be psychological vulnerability of women. Research shows that the risk of becoming infected with HIV during unprotected vaginal intercourse is as much as two to four times higher for women of all ages than for men. Women are also much more vulnerable to other STD’s. In India there are
currently six women with HIV for every five men with HIV and more than four fifth of the global total of HIV infected women are Indian.

In comparison to men women are biologically more vulnerable to HIV infection due to the fact that they have bigger surface area of mucosal exposed to their partner’s sexual secretions during sexual intercourse. The risk of acquiring HIV for females is reported to be higher by 2 to 17 times by different studies. All of this makes the male to female transmissions much easier than the female to male one.\(^{14}\)

**Socio-cultural Factors**

Alongside the biological factors there are a number of socio-cultural behavioural factors, which either are regarded as having or have been demonstrated to have a major impact on the transmission of HIV/AIDS in India. These factors derived from traditions and practices.

HIV is behavioural epidemic that is driven by individual behaviours. Individual epidemic are in turn largely influenced by social, cultural and religious factors that leave people with little or no control over their exposure to HIV. According to Betancourt, Lopez and Cole, culture in essence describes some system of meaning and customs including values, attitudes, goal, laws, beliefs, morals as well as physical artifacts of various kinds of tools and forms of dwellings. Furthermore to be called a culture. This system of meanings and customs must be shared by some identifiable groups to the next.\(^{15}\) Extensive studies have been carried out which shows that meaningful strategies to reduce HIV related risk behaviour cannot be realised without understanding the dynamics of family history, cultural norms. Talking about sex and sexuality is a taboo in many parts of India. Cultural norms, societal practices and family values by and large dictate to be a private and prohibited issue, which is not to be discussed in openly in public. In India relevant data assessing knowledge, attitudes and beliefs regarding HIV/AIDS among school and
college going adolescents indicate a lack of AIDS awareness. A study conducted among secondary school students in rural areas surrounding Delhi that although 25% of them were sexually active and majority of them were not aware about sex and sexuality. Violence against women plays a key factor in spreading of HIV/AIDS and other STD's. Women subjected to violence at the hands of their husband or partners are at greater risk of acquiring HIV. The UNAIDS report in 1999 shows that ‘Even when the violence is not sexual, however, the mere threat of it makes women wary of challenging their partner’s extra marital relations or afraid to demand condom use’. One of out of three women worldwide has been abused; coerced into sex according to global data released by NACO. Forced sex is known to transmit HIV more readily because of the greater probability of genital injury and because no condom use in such situation.

Adverse societal norms and practices also challenge women’s ability to protect them from HIV. For instance, certain communities in India like Bedias have a history of practicing community based prostitution (Devdasi system) and exploitation of girls is routine and part of the ritual of ‘growing up’. Such practices coupled with a lack of negotiating power make young girls more vulnerable to AIDS16.

Socio-Economic Factors

The struggle to survive every day overshadows attention and concern about a virus that does not demonstrate any immediate harm. Poverty, migration and prostitution can be result of economic compulsions, which are making people more vulnerable to HIV. Mobile workers are defined as those who work far away from their permanent place of residence and are usually unable to return home at the end of the working day. Therefore they have temporary residence in the vicinity of their work site and return home at various intervals for example such
workers including truck drivers, road/dam building construction workers, commercial sex workers, injecting drug users, wildlife officers.

Poverty manifests itself in the form of sexual abuse, sexual exploitation and prostitution. Economic pressures are forcing an ever increasing number of people into flesh trade\textsuperscript{17}.

\textbf{Socio-political and Historical Factors}

Political turmoil and civil war in many countries have also been instrumental in the rapid spread of the HIV. For many of them, sex is a source of comfort and not of any special danger. Epidemiological estimates by the Indian Army indicated that there were at least 6000 armed forces personnel who were HIV positive in 1998. According to a report since these personnel are subjected to immense physical as well as mental stress and they have to stay separated from their families under inhospitable conditions for long periods, the desire to seek sexual satisfaction often lead them to sex workers.

\textbf{Psychological Factors}

Many a times societal oppression in the form of neglect, abuse and exploitation especially during childhood leaves a deep impact on the psychology of an individual people who have been abused and exploited at the hands of the society are more vulnerable to HIV/AIDS. Their abuse has been known to lead them to a feeling of loss self esteem and control over their lives. They are also known to become more prone to drug taking and commercial sex.

In Indian context, Mane and Maitra observed that there is a tendency to be psychologically oriented to virtual things rather than to real life issues related to sex. Women are brought up psychologically passive in talking about sex, sexuality and condom use with their
partners. Female sexuality to them means sexually subordinating to men and fulfilling roles of reproduction and motherhood\textsuperscript{18}.

**HIV/AIDS Awareness and Role of Communication**

In the last decade or so, measures to control the spread of HIV/AIDS have gone up. At one hand, researches from the medical field are giving their time in developing new cures and vaccines and on the other hand, social scientist are attempting to understand the human behavior in a better way. Their efforts are posing a serious challenge to the disease.

Information and awareness about HIV/AIDS is reaching to different segments of the population. Apart from these interventions through communication strategies are developed for the society are relatively isolated with not much of the effect. Due to their risky behaviour this segment are prone to the disease and it transfer very easily. The main purpose about this information is make them strong enough and take actions to prevent the transmission of the disease and in case of illness, to get them properly treated. In the promulgation of information personal variables like age, sex, marital status, education and religion of the targeted as also their attitudes, beliefs and values about the disease have an important role to play.

The patient’s psychological makeup also influences the action they take. For these considerations, the level of HIV/AIDS awareness and dissemination of information in different segments is very important and to be analysed systematically\textsuperscript{19}. Knowledge and awareness are influencing factors which played an important role in utilization of treatment services and prevention has received quite considerable attention. Some studies points out that those who have less education have less knowledge and more misconceptions\textsuperscript{20}. A study shows that knowledge about AIDS is associated with improvement in seeking
treatment and following medical advice\textsuperscript{21}. However, these research and statistics has been unable to postulate the independent effect of knowledge on improved health behaviour.

The emphasis is laid on knowledge of HIV/AIDS and the risk behaviour change in the context of the disease. It is reported that knowledge of the risk factors involved in HIV transmission is necessary to develop aspects of risk\textsuperscript{22}. However, there other instances which have shown that despite high level of disseminating knowledge, individuals do not think that they are at high risk. A study has explained this inconsistency with regard to knowledge of HIV transmission influencing behaviour change. It explained that knowledge can influence the first level of change process i.e. problem perception\textsuperscript{23}.

Their level of knowledge cannot predict their existing behaviour but that cannot postulate that knowledge does not influence the change process. It was reported that knowledge of HIV/AIDS is very low in Indian population. It was categorically pointed out that affliction is not adequate especially among women in lower socio-economic strata.

While addressing the importance of HIV/AIDS awareness and information, there is a need to pay on attention communication. Kotler and Roberto\textsuperscript{24} have identified types of channels of communication, personal and mass communication. The former includes face to face interaction (peer group, school mates, counselors etc.) and the latter includes print media (newspapers, magazines, pamphlets etc.), displays (billboards, posters etc.), electronic media (radio, TV, cable networks), electronic recordings (audio/video tapes, CD/DVD’s, cinematic films etc.) and public events (exhibition, Melas, public information campaigns, street theater, musical programmes, car rallies etc.). Having a wider outreach, the mass media can educate people on HIV and STD’s prevention. It can correct myths and misconception about the disease and
understand the sufferings of the infected people. In a way or the other these can promote change, mould thinking and behaviour of the people which is very important to curb the epidemic.

Mass media in many countries uses Radio and Television especially to disseminate information on HIV/AIDS. Telephone helplines and counseling services which are used as personal communication channels are also used. In this context, electronic media is found to be effective.

![Myth vs Truth Poster](image)

**The issue of awareness**

The issue of how best to move forward with comprehensive policies and programmers that aim to mitigate the social and economic impact of the HIV/AIDS pandemic has become a central concern for our country’s policy makers. It is now increasingly clear that to achieve this objective, it is essential to address the issue of awareness, care, prevention and support for those affected and to increase the access of PLHWA to effective treatment.
Need for Creating AIDS Awareness in India

The impact of AIDS is now being increasingly felt by many countries across the globe. The disease is tearing away the social and economic fabric of the global community by killing the people in the prime of their youth on whom the society relies for production and reproduction. The epidemic has been eroding the gains earned in the development indicators by regressing life expectancy, rising child mortality rates and leading to substantial fall in gross domestic product (GDP) growth rate in India.

In India AIDS is seen not just as a health problem, but a potential threat to human welfare, development as well as social and economic stability. The challenge to contain the spread of AIDS and to convert this commitment into sustained strategy is the need of the hour. Identifying people with the propensity to acquire and transmit HIV infection and addressing factors that make individuals vulnerable to the disease becomes crucial.

Statistics from various countries including India show that behaviours that cause the highest risk of acquiring HIV infection are unprotected sexual contact with multiple partners and sharing of needle and syringe by drug users who are infected with HIV. This is turn implies that most vulnerable groups includes commercial sex workers (CSW’s), truck drivers, migrant workers, injecting drug users and other groups. While men and women both are vulnerable to HIV/AIDS, the latter are more or so because of their sexual and economic subordination to men.

Despite an urgent need to identify factors that make individuals particularly vulnerable to HIV infection, that there has been a paucity of systematic analysis on this subject. The social, economic and cultural situations that create vulnerability to HIV infection had not been studied or explained. Surprisingly, there is virtually no information in India on
the basic sexual and drug taking behaviours and patterns of sexual networking that determine how the virus spreads amongst population\textsuperscript{26}.

Various parts of the world particularly in India have witnessed the epidemic among the diverse populations, poverty, lack of skills, violence and harmful social norms are some of the manifestations. The problem is further aggravated by illiteracy. Since many of the populations most affected by disease are among India’s least educated. There has been a temptation to say ‘AIDS is a disease of ignorance’. More than 26 years into the epidemic millions of young people know little about HIV/AIDS. According to UNICEF over 50\% of the young people (15-24 years) in more than dozen countries have never heard of AIDS and harbor serious misconceptions about how HIV transmitted. So we can say there is no single solution to these closely interlinked problems, still since HIV is primarily associated with high risk behaviour changes in individual behaviour would go long way to prevent this dreaded disease. But building awareness regarding HIV/AIDS would be prerequisite. Gaining awareness and knowledge is the first stage in the process of acceptance of new ideas, practices and change of behaviour\textsuperscript{27}.

Studies have shown that well designed and carefully focused HIV prevention campaigns that rely on increasing knowledge of HIV and how to avoid it and creating an environment where safer sexual or drug taking behaviours can be discussed and acted upon providing services such as treatment for sexually transmitted diseases access to cheap condoms and clean injection equipment and lastly but importantly helping people to acquire the skills they need to protect themselves have managed to arrest or even reverse HIV trends.

The joint United Nations programmes on HIV/AIDS (UNAIDS) along with host of other UN agencies, countries and partner organisations in developing countries and advocating the use of ‘best practices’ which
strive to reduce the impact of HIV/AIDS. The World Health Organisation (WHO) and UNAIDS have taken what is termed as ‘3 by 5’ initiative which aims at providing anti-retroviral treatment (ART) to 3 million people.

Large scale information, education and communication (IEC) programmes continue to be implemented to contain the spread of HIV/AIDS. However, it is important that the message that are seen or sent out must be sensitive to cultures, traditions, the literacy levels and the environment of the people while designing/implementing HIV/AIDS awareness programmes, many factors need to be taken into account. A ‘client centered model’ can help service providers to work more effectively with population resistant to behavioural change.

Prevention initiatives that rely on community participation in terms energy, commitment and spirit of the targeted communities are emerging to be credible and cost effective solution in combating AIDS. The gross participation of the community members is vital in developing a culturally appropriate programme. Peer educators are being encouraged and trained to disseminate HIV information and importance of peer educators to bring about behavioural change.

Another area requiring concerted efforts backed by strong political leadership and high level of public commitment are being stepped up yet behavioural data mapping knowledge, attitude, behaviour and practices (KABP) related to HIV/AIDS reflects an overall lack of awareness coupled with widespread complacency amongst vast population across the globe.

Hence a successful response to the AIDS epidemic calls for a dynamic action in the form of programmes which are need based, faster community participation include mobilisation of peer educators and empower targeted communities.
December 1\textsuperscript{st} is being observed as World AIDS Day every year since 1998. The day emerged from a call given by world summit of Ministers of Health in January 1998 to promote and coordinate international efforts against HIV/AIDS. In 1997, the first AIDS campaign took place to stress on the need of sustaining HIV prevention efforts all through the year for HIV/AIDS awareness, a red ribbon logo (fig. red ribbon logo) was conceived in 1991 by a group of US artist who wanted to draw attention to AIDS\textsuperscript{29} then it has become an international symbol of HIV/AIDS awareness.

**HIV/AIDS Awareness through Religion**

In most countries across the globe the daily lives of people are strongly influenced by spiritual beliefs related to God, supernatural powers and life after death. Religious institutions and preachers form an integral part of many communities in these countries particularly in rural areas. They have been known to be powerful influences and are being currently trained to create AIDS awareness in the communities.

India is a nation of many religions. With diverse ethnic and cultural entities which indeed add richness to this country. Each religious faith has excellent organizational structure and has been providing health, social and educational services in their various communities for several years. Harnessing the already existing interfaith infrastructure and resources along with collaborative interaction to foster better understanding tolerance and build trust for service delivery which is essential. The first Interfaith Round Table on HIV/AIDS was held at the Urban Research and Training Institute in Bangalore on June 18-19, 2005, which was coordinated by NACO, UNAIDS and VHERDS. The Round Table reaffirmed the vital influence that the religious and spiritual traditions can have on the formation of healthy behaviour and right conscience in individuals and the unique role that the religious heads can play in
curbing the HIV/AIDS in the society by being a moral force in the community faith based organisation (FBO’s) thus provide a very credible platform and partnership to address the challenge of HIV and AIDS prevention, control and awareness in collaboration and synergy with the government.

The tremendous impact of religion and the vast outreach potential of various festivals in India have also been used for creating HIV/AIDS awareness. For instance, Indian Health Organisation has organised various HIV/AIDS awareness exhibition during major festivals such as Kumbh Mela (in Nasik & Allahabad), Ganpati immersion and annual Urs of Khwaja Moinuddin Chisti (Ajmer), In Mysore (Karnataka), a local community has erected a shrine for what they call as AIDS goddess ‘AIDS Amma’. Former Prime Minister Atal Bihari Vajpayee, addressing a meeting on HIV/AIDS stressed on the need to involve religious institutions in our fight against HIV/AIDS. In his word ‘we should actively involve religious establishments who can have a strong influence over large sections of society’ in combating HIV/AIDS.

The Evangelical Baptist Church (EBC), Manipur in Churachandpur district has decided to actively campaign against HIV/AIDS and distribute condoms despite opposition from religious heads. The church also allowed some of the key NGO’s working in Manipur to educate people during Sunday masses in particular and at regular prayer meeting. The EBC was founded in 1948 and it had 40,000 members in Manipur, Mizoram, Assam and Nepal.

Awareness through community participation

In recent years there has been a growing awareness about the HIV/AIDS in different communities playing a crucial role. The recognition of community participation or group meeting in facilitating
HIV/AIDS prevention efforts led to the reformulation of both theoretical and practical efforts at HIV/AIDS prevention care.

Community participation or group meeting approaches allow us to study and determine the salient features of the social structure as well as the psychological factors of the community participatory methodology has also been extensively used to develop culturally appropriate behaviour changes programmes. The Social Marketing Initiative (SMI) technique was developed by the Centre for Disease Control and Prevention (CDC). Another programme which is also developed by CDC is the Preventive Marketing Initiative (PMI) approach, engaged in involving, preparing and recruiting young people of the communities to actively assist in HIV/AIDS prevention efforts.

In a project on Sonagachi (West Bengal) in Kolkata, TAI (Tamil Nadu AIDS Initiative) programme in Tamil Nadu etc. qualify as an exemplary peer education project that is running successfully among commercial sex workers and transgender.

Under NACO community care and support, the first community care center for PLHWA was inaugurated in New Delhi on 6th April, 2000. Researchers observed that community counseling could effectively help in facilitating the community to take the responsibility for change and in this sense it is an indicator of behavioural change and sustainability.

Communities have been at the forefront of the response to HIV/AIDS since the emergence of the epidemic. Mobilising communities on participation of communities to act collectively ensures that the AIDS epidemic is owned and responded to by all levels of society. Thus community participation or group meeting can play a vital role in planning, implementing and sustaining HIV/AIDS awareness and prevention.
The first case of HIV was detected in 1986 by Christian Medical College (CMC), Vellore, in the blood sample of a commercial sex worker from Chennai. After that a National AIDS Committee was setup under the chairmanship of Minister of Health and Family Welfare. The NACP was established in May, 1992 in New Delhi by the Ministry of Health and Family Welfare to manage the activities of NACP.

**Condom Promotion**

The adoption of safe sex is central to HIV prevention and condom promotion is a key component of HIV/STI (sexually transmitted infection) control programmes. Condom supply was organised with the help of Department of Family Welfare. NACO has initiated a programme to ensure that good quality and affordable condoms are easily available to vulnerable groups. Emphasis was placed on social marketing of condoms. The male latex condom is used correctly without oil based lubricants is the single most efficient available technology to reduce the sexual transmission of HIV and other STI’s. The female condom is an alternative to the male condom and is made from polyurethane, which allows it to use in the presence of oil based lubricants with consistent and correct use of condoms. There is a very low risk of HIV infection.
Public Awareness through IEC

Efforts are underway in all parts of the country to educate people about HIV/AIDS. A comprehensive Information, Education and Communication (IEC) strategy was prepared by NACO in 1994 at two levels. At the National level political and media advocacy is being enhanced to create a supportive environment and the state level; State AIDS Control Societies are undertaking IEC activities in accordance to their social and cultural context.

IEC strategies are being extensively used in different ways across the globe to create HIV/AIDS awareness. The use of IEC material in the form of Audio/visual aids have been vitally helpful for illiterate people and written text in the form of brochures, booklets, pamphlets etc.

The school AIDS programme of NACO is a crucial intervention to address school going youth of the country. It is an innovative effort that provides peer driven life skills education to children of classes $9^{th}$ and $11^{th}$. It is always implemented through department of education either directly or through NGO’s, HIV/AIDS education should be given at the primary level. Education of HIV/AIDS is helping develop safe and
responsible life styles like abstinence and also helping young people resist peer pressure to participate in risky behaviour like unsafe sex. The programme is presently operational in about 40,000 schools. The UTA (Universities Talk AIDS) programme launched in 1991 for the youths, which covered 3.5 million students in 4044 institutions in the country and this programme is implemented by National Service Scheme (NSS) with assistance from the WHO and NACO. The programmed is aimed at reaching all universities and 10+2 level schools. The UTA is a low cost programme which aims to train 10 new peer educators in college per year. The programme is very near in creating awareness about HIV/AIDS and developing positive attitude towards sex in boys and girls.

Another programme launched by former chief Dr. Prakash Sarang of AIDS Control Unit in Mumbai to give education about sex and HIV/AIDS through a museum on 29th October, 2002. This programme is a unique programme as compared to others and this museum is established for the first time in India, which is named as ‘ANTARANG’. This museum shows that sex education is just like an open diary in our life. This museum is a part of the education tour.

AIDS is no longer a public health issue but has become a seriously socio-economic and developmental concern. There is an immediate need to act with an utmost sense of urgency and seriousness. When the diseases defy treatment, cure has to precede and be identifying treatment. Such can be process to combat and control the menace of HIV/AIDS. Thus media is one of the instrumentalities which facilitates and gives directional thrust to the efforts to cure disease if not to treat it. If medicine can treat HIV/AIDS, media is capable to prevent it with ultimate goal to cure it through capabilities to impart education through entertainment.

Media is contributing in a global first against HIV/AIDS as it plays as essential role in reversing the progression of HIV/AIDS. Let us hope
that media continues to play a key role in reversing progression of HIV/AIDS\(^3\). Awareness through media, e-quiz and games are also playing a very important role in HIV/AIDS awareness.

Union Ministry of Youth Affairs and Sports has launched an online quiz programme to test your knowledge and awareness about sexual health and HIV/AIDS, celebrity Quiz Master Siddharth Basu has anchored the programme. According to S.Y.Quraishi, the then Secretary of the ministry “youth spend hours playing cricket and shooting rockets through online games, went to absorb some of the time in teaching about sexual health and primarily AIDS through entertainment. Over 30 questions have been selected by a team of experts from UNAIDS, UNFPA, NACO and UNICEF and these quiz questions were available at the portals of Yahoo India. The web based quiz is a part of YUVA (Youth Unite for Victory on AIDS) programme to be launched on June 27, 2006 by the then Vice President Bhairon Singh Shekhawat.

YUVA is a five plan action agenda aimed at reaching out to adolescents and youths across the country that by 2010, all young people have access to accurate information and HIV prevention service and facilities in a conclusive, safe and supportive environment.

There is also development of games as to tool to spread awareness about HIV/AIDS. The mobile gaming championship organised by Nokia in the recent past, attracted more than 26000 people across the country. On December 1\(^{st}\) 2005 (National AIDS Prevention Day or AIDS Day), New Delhi based ZMQ systems unveiled four mobile games. Using entertainment as their platform, ZMQ software systems plans on educating people about HIV/AIDS through these games, cricket, Ribbonchase, Messenger and Quiz with Babu\(^3\).
NGO’s - A Complete Set of NACP

In India, a number of NGO’s have responded very positively to the HIV/AIDS epidemic. The role of NGO’s in reaching the marginalised groups is vital. Many NGO’s continue to help in preventing new HIV infections through awareness generating activities, some of the NGO’s recognised for their efforts in combating HIV/AIDS epidemic care.

- AIDS Awareness Group (AAG), New Delhi working with commercial sex workers
- Kolkata Samaritans, Kolkata working with street children
- Children In Need Institute (CINi)-Asha, Kolkata working with street children
- Community Health and Education Society, Chennai working children
- Kripa Foundation, Manipur working with street children for community health rehabilitation
- Naaz Foundation, New Delhi working with men who have sex with men (MSM)
- Prayas and Prachi, Delhi working with different communities.
- Prerana, Mumbai working with children
- Sharan, New Delhi working with Intravenous drug Users (IDU’s)
- Society for Promotion of Youth and Masses (SPYM) working with truck drivers.
- Sangram, based in Sangli, Maharashtra is working with women in prostitution and sex work.

NGO’s remain passive in exchanging information and reluctant in coming together in a coalition format and it can provide information, services and other social support systems to people in danger of catching the disease.
Support from UNAIDS

The '3 by 5' initiative supported by WHO and UNAIDS was implemented in India with a slow uptake. The number of using antiretroviral increased to a little over 18000 by December, 2005.

UNICEF has been supporting AIDS awareness using the school systems and out of school education mechanism. UNICEF and UNAIDS has been the engine of the ‘communication consortium’ an initiative requested by the NACO to coordinate behavior change communication. In 2005, UNICEF and UNAIDS launched a major pediatric AIDS initiative was intensified work on prevention of mother to child transmission, increased community care, support to treatment for children and children care for orphans and vulnerable children.

UNDP has coordinated the response to the Tsunami including the HIV component. UNDP and UNAIDS have supported the AIDS community of practice, which is the most successful in India and gathers more than 2000 professionals and civil society members.

UNODC has undertaken a whole set of initiatives for the reduction of impact of HIV on Injecting Drug Users (IDU). UNODC has taken the lead in coordinating UN support in the North-East.

International Labour Organisation (ILO) has stepped up its work, enrolling a large number of companies and professional associations and designing new guidelines and support document. ILO has also worked in close cooperation with unions, both in the formal and informal sectors.

UNFPA has taken the lead in the Reproductive and Child Health (RCH) programme of the Ministry of Health and Family Welfare with a major contribution to condom promotion and logistics.

UNESCO and UNAIDS have worked on AIDS awareness in the education system through National Cadet Corps (NCC).
The most important role of the UN in particular the joint UN team on AIDS, will be the development and implementation of a strategic UN implementation support plan in aid of the third phase of NACP as an integral part of the UN development assistance framework process which commences in March, 2006\textsuperscript{36}.

**Testing and Treatment for People Living With HIV/AIDS**

The most important part of spreading awareness for those who are already infected and taking knowledge from those, we can further hinder the growth of the disease by spreading messages through different communication channels. The hardest thing is to create general consensus among those who are fighting AIDS worldwide is that HIV testing should be carried out voluntarily, with consent of the individuals concerned. This view has been supported by the Government of India and the NACO, which has helped in establishing hundreds of Voluntary Counseling and Testing (VCT) centers in India.

Voluntary testing is officially supported in India some states have tried to implement policies that would force people to be tested for HIV against their will. In Goa and Rajasthan, the state government recently planned to make HIV test compulsory before marriage and in Punjab it has been proposed that all people wishing to obtain a driver’s license should be tested for HIV.

It is scientifically proven fact that timely and appropriate treatment of opportunistic infections could improve the quality of life of positive persons and retain their usefulness to the family and community. Treatment with drugs for opportunistic infections works best when it is accompanied by good nutrition and psychological support that helps patient stay optimistic and comply with the requirements of the therapy they are undergoing\textsuperscript{37}.
HAART, a form of treatment involving ART in 1996, combination of ART is a cocktail of three Antiretroviral (ARV) drugs i.e. Stavudine, Lamivudine and Nevirapine derivative mixed with together to prevent drug resistance. It brings down the viral load and boosts the immune system and delays the progression from HIV/AIDS. It thus holds out the real possibility of improving the quality of life and longevity of those already infected. One form of ART is available as Post Exposure Prophylaxis (PEP), it is taken within three hours of exposure or at the most within 72 hours of a needle stick injury (accidental prick from an infected injection needle or surgery equipment to health personnel or home based carriers of positive patients). It can protect the person from the infection. It is possible for people to live fairly long lives just as they would in any chronic disease, provide that ART is administered in a timely manner. Apart from its humanitarian impact, the strongest argument in support of ART is that the knowledge that HIV/AIDS is a treatable disease may act as spur to voluntary treatment and through the effect of breaking the cycle of transmission, have a significant impact upon public health. The government has started to expand access to ARV’s in a number of areas and the national numbers of ARV increased from 70 in 2005 to 350 in 2012.

They are also planning to improve the provision of Nevirapine to pregnant mothers with HIV, which can significantly reduce the risk of the risk that they will pass infection on to their child. Now in India there are some drugs for pregnant women who are HIV positive can get safe baby. HIV positive men in India could soon father of healthy children without infecting their wives through the latest Sperm Washing Treatment in which individual sperms are removed from the semen of an HIV positive man and then used on his wife through artificial insemination. This way, the sperms are rid of HIV. This treatment ensures that an infected woman
can have a healthy baby without having unprotected sex with her HIV positive husband. AIDS scientist Suniti Solomon, who is also the Director of the YRG Centre for AIDS Research and Foundation said “even they who are married with HIV positive husband women across the globe want to be mothers, sperm washing treatment is great new technique that can fulfill this desire without risking the women’s life”. In this procedure, the semen of an HIV positive man is taken and centrifuged in different gradients, removing the virus and then introduced into women’s body. The woman then conceives without picking up the virus.

According to International AIDS Vaccine Initiative (IAVI), a 50% effective vaccine given to just 30% of population could cut the number of new HIV infections in the developing world by more than half over 15 years. According to analysis, a high efficacy vaccine (70%) with 40% coverage could avert 56% (28 million) of new infections worldwide by 2030.
Above all discussions there are some preventive measures against HIV/AIDS which are as follows:

- Avoiding multiple sex partners
- Using fresh syringes and needles and dispensing syringes and needles after use which could be infected.
- Demand in the saloon for the use of a fresh blade
- Ask for AIDS test before transfusion of blood
- Never recycle the blood stained bandages, cloth, needle or syringe
- Breast milk is the best food and allow your child to be breast feed
- Some physicians suggest that even a mother with a HIV/AIDS need to feed her baby with breast milk
- Milk banks established in hospitals need to be tested for AIDS and provide the milk to the child
- The blood banks need to be regularly checked for AIDS when the blood is donated and again before giving blood transfusion. The government need to strictly regulate this protocol and frame appropriate laws
- AIDS patient need to be strictly monitored for preventing further infection. They need to be looked at sympathetically and their needs may be urgently met
- Narcotics and drug addicts need to be monitored for a longer period in order to check for AIDS
- Regular sexual partners need to be monitored for a longer period by the government and they need to be provided condoms free of cost
- In India there is a need to introduce a special chapter on AIDS in Biology textbooks in schools and provide for a round the clock counseling hotline service
• Video films on AIDS and modes of preventive measures need to be shown to all students
• Film theatres must show a small documentary on AIDS before the screening any movie
• The internet sites on AIDS and preventive measures need to be made popular for the net users
• Radio bulletins must be broadcasted periodically on AIDS and its prevention and awareness
• The literature on AIDS and its prevention must be made available to everyone at low cost in all Indian languages. Government must subsidize the production of AIDS related educational material and publications
• The local folklore, skits, plays, dramas on AIDS prevention messages should be done to educate the illiterate public
• Billboards can be prepared in local languages about AIDS and its prevention and awareness and be displayed in public places
• Primary Health Centers (PHC’s) in rural areas and paramedics need to be educated to identify AIDS cases if any refer them to hospitals for treatment and promote preventive measures
• The research concerning immunological aspects need to be strengthened in order to understand the nature of the virus and find suitable medicine within the country or abroad
• Illiteracy, poverty and malnutrition are prevalent in many states. These factors increase the chances for the development of AIDS. The efforts need to be made to increase the general standard of life

The awareness and prevention in India from HIV/AIDS has become an important research area. The epidemic is the underlying cause for reversal of hard earned progress on growth and development indicators.
Today awareness and prevention from it has become our prime necessity. To protect and aware high risk population from HIV/AIDS is a challenging, yet an urgently needed task since these groups are serving as bridges for HIV transmission from the risk behaviour population to the general population.

According to a report by NACO in 2012, India is known to have 2.39 million HIV infected people, the second largest in the world. Many programmes for the vulnerable groups are being implemented across the country with the aim of creating HIV/AIDS awareness amongst them.

Awareness for sure holds the key to success in containing the spread of the epidemic. People who are aware educated are known to adopt measures to protect themselves and take proper treatment for the virus as compared to those who are unaware about the disease. Hence there lies an urgent need to create awareness among masses especially those who face increased vulnerability to the disease. But, unfortunately in India, the task of creating AIDS awareness is complicated by various reasons such as illiteracy, socio-cultural taboos and restrictions and adherence to gender inequality as norm as well as economic compulsions.

Educating people about HIV/AIDS is complicated in our country as number of languages and hundreds of different dialects are spoken within its population. It means some HIV/AIDS education and prevention and awareness can be done at the national level, many of the efforts are best carried out at the state and district level.

Each state has its own HIV/AIDS awareness and prevention control societies, which carries out local initiatives with guidance from NACO. Under the second stage of the NACP which was finished in 2006, state AIDS control societies were granted funding for youth campaigns, blood safety checks and HIV test among other things, various public platforms were used to raise awareness of the epidemic i.e. concerts, religious
forums, community participation, voluntary organisations, radio, dramas, voluntary blood donation camps, day games for school children and TV spots with a popular Indian film star. Messages were conveyed to young through school. Teachers and peer educators were trained to teach about the subject and students were educated through active learning sessions including debates and role playing.

The next stage of NACP which has been completed in April, 2012 has US $ 2.5 billion pumped for fighting against HIV/AIDS, most of which has be spent on prevention. Aside from the government, this money has come from NGO's, companies and international agencies such as the World Bank and The Bill and Melinda Gates Foundation.

The next phase which is NACP-IV of the programme is being initiated. The next phase will continue to be focused on lower strata, weaker sections and people who are living in far flung areas. NACP has explored various approaches towards this. NACP IV will continue to provide care, support and treatment to all eligible population along with focused prevention services for the high-risk groups and vulnerable populations.

From the above discussion we can conclude that several measures were taken by the government as well as private organisations to check the spread of AIDS. It can also be concluded that communication is the only way of sending awareness related messages. Many schemes were introduced to understand the dynamics of the disease some which are initially successful and the others are in development stages. By seeing the history and nature of HIV/AIDS we can say a lot of work is to be done in the future.
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