CHAPTER - I

THE FRAMEWORK OF THE STUDY
This Chapter has been discussed under several headings. The chapter begins with the statement of the problem followed by the issue of HIV/AIDS and the modes of transmission of HIV/AIDS. A detailed discussion has been done on the review of literature and communication research in India. This chapter further explains the methodology that was used to conduct the research study.

**Statement of The Problem**

HIV, the Human Immune Deficiency Virus which causes AIDS has infected millions of women, men and children in developed as well as developing countries. It has become truly global in scope sparing none of the continents. In South Asia India has the largest no of HIV - infected persons among the countries of World about four million. In terms of individual countries India owes the top position. In India especially in the North Eastern states, the spreading of AIDS is coming up as a major problem. According to the latest sources available from the State AIDS Control Society, Manipur has 8177 HIV positive cases is followed by Nagaland with 429 cases. Assam has 173, Meghalaya 103, Tripura 59, Sikkim and Arunachal Pradesh six each. However Mizoram has 1,596 HIV/AIDS cases in the state. The State has the seventh highest HIV/AIDS cases in the County, has recorded 203 full blown cases and 129 deaths since 1990. Surprisingly, the patients who have already been declared as HIV positive or full blown AIDS carrier have not been identified or stamped. They move freely around the country.
In case of Silchar, the spectrum of AIDS has now haunting this small town. More than 50 patients are already detected as HIV positive in Silchar Medical College. According to the sources of a local NGO, Nibedita Nari Sanstha, almost 149 patients are living with HIV/AIDS in Silchar.

The Issue of HIV/AIDS

Developing countries all over the world are facing several deadly diseases, chief among them is Acquired Immune Deficiency Syndrome (AIDS). This acronym a response of familiarity today. Two and half decades ago it was not so. In the summer of 1981, the Centre for diseases control in the united states of America reported that five previously healthy homosexual men in Los Angeles were suffering from an unusual type of pneumonia caused by Pneumocystis carinii, a parasite which is mostly harmless to humans. CDS also reported that 26 previously healthy homosexual men in New York and Los Angeles had developed a rare form of skin cancer called Kaposi's Sarcoma. These reports signaled the arrival of a mysterious acquired disorder of the human immune system which disabled the body's defences. This was the beginning of one of the biggest public health and developmental problems of this century, which started from mere smoke signals and swept across the globe like wildfire. By, early 1989, more than 140000 AIDS cases had been officially reported to WHO from around the world. By May 1997, this figure is skyrocketed to 544067 cases (AIDS: No time for complacency, 1997). By the year 2000, more than 40 million people have been infected. More
than 7000 people are getting infected every day.

AIDS is now the fourth leading cause of death globally (Newsweek, June 11, 2001).

The first reported case in Asia was in Thailand in 1984. By 1997, over 65000 cases of AIDS have been reported from this region. By the year 2000, nearly 10 million people have been infected in this region. Thailand and India have reported the largest number of cases (95%). The alarming rise in the Sexually Transmitted Diseases has put our country at top position in AIDS cases in the South Asian subcontinent.

Acquired Immune Deficiency Syndrome (AIDS) is spreading at a dangerous pace in India. Every year it is grabbing a new zone. The HIV epidemic has reached an advanced stage with Maharashtra and Manipur continuing to have the highest rate of infection (NACO, 1994). India has more than 20 million HIV infected people, the largest number in any country. It appears that India is sitting on a time bomb which has already exploding. It will not be long before the predicted 6000 to 12500 people begin to die every day (Mundal, M Gilada, I.,1993)

Northeast is a region where HIV/AIDS is spreading like a wildfire throughout its length and breadth. All most every part of Northeast has now come under its trap. Different governmental and non-governmental organizations are taking initiative to protect and aware people about the disease but still the numbers of patients are increasing day by day. According to the reports stigma is killing people before the disease. Horror stories of
discrimination against HIV/AIDS patients in several parts of Northeast are now coming out in public. People don't report about their disease because of the fear of being discriminated.

AIDS, the scourge of the new millennium is not a disease that affects only those people who lead immoral lives. AIDS is a disease that continues to affect people across the country without any distinction of one's color, class, religious beliefs, qualification, sex and age. AIDS the acronym Acquired Immune Deficiency Syndrome (sometimes called "slim disease") is a fatal illness caused by a retrovirus known as the Human Immune deficiency Virus (HIV) which breaks down the body's immune system, leaving the victim vulnerable to host life - threatening opportunistic infections, neurological disorders, or unusual malignancies. AIDS is called 'Acquired, because it is always caught (become infected) from some one else, Immune-Deficiency, because the virus destroys the boy's "Protection Mechanism" (Immune System) that fight against diseases and Syndrome, because this illness has a variety of signs and symptoms.

Among the special features of HIV infection are that once infected, it is probable that a person will be infected for life. Strictly speaking, the term AIDS refers only to the last stage of the HIV infection. AIDS can be called our modern pandemic, affecting both industrialized and developing countries.
Nearly two decades after AIDS was first identified scientists worldwide are still grappling with the human immunodeficiency virus in a race to find a vaccine and a cure. According to latest a new virus strain has been discovered which will required new type of treatment. Scientists are worried that this new virus found in South Korea has already been transmitted worldwide. Vaccines have to be developed to deal with various types of HIV (News report, The Indian Express, 2009). Drugs for treating AIDS have been developed, but they are expensive and can alleviate the condition only for some time. As most of the men and women afflicted are in the prime of their life, the epidemic will devastate the world especially in areas that are least able to cope. In order to win this grim battle against the epidemic it is imperative that prevention and control measures are taken—local, national, international.

HIV is a challenge that requires each of us to reconsider our traditions, morals and values and to respond positively to the pandemic. It is to be complacent about one's community and society, turning a blind eye to the truth. The myth of Indian morality lies shattered as more and more Indians are found to be HIV positive. Going by the present trend one in every three Indians is going to be HIV positive by the 2009. The statistics are mind boggling. The situation seems more serious because Indians are still in the denial stage of the pandemic where they do not want to believe that they are as susceptible to the disease like anyone else.
Modes of Transmission of HIV

The major modes of transmission of HIV worldwide is unquestionably heterosexual sex; this is particularly true in developing countries, where infected men and women are approximately equal. Countries such as those in Sub-Saharan Africa with a predominantly heterosexual mode of transmission have been termed by WHO as pattern II countries. In contrast pattern I countries are those in which the vast majority of causes are among men who have sex with men or among IDU's. Originally, the United States and Canada, most countries in South America, Western Europe, Scandinavia, Australia, and New Zealand were clearly pattern I countries. However, in most of these countries, including the United States, the pattern is gradually shifting, with a growing proportion of new cases among heterosexuals. Pattern III countries are those in which there are relatively few cases of HIV infection/AIDS, and most of the infected individuals have had contact with individuals from pattern I and II countries. A striking index of the spread of the epidemic is the fact that, just a few years ago, India and Thailand, along with other Asian countries, countries in Eastern Europe, North Africa, and the Middle East, certain countries in the Pacific were considered pattern III countries. Both India and Thailand have rapidly evolved into pattern II countries.

HIV is transmitted by both heterosexual and homosexual contact; by blood and blood products; and by infected mother to infants either intrapartum, perinatally, or via breast milk; Transmission in the developing countries is
almost always heterosexual and can take place in both directions, India has no exception to it; Any vaginal, anal or oral sex can spread AIDS. AIDS is acquired mainly through heterosexual contact (infected man to woman; infected woman to man). Every single act of unprotected intercourse with an HIV infected person exposes the un-infected partner to the risk of infection. The second mode of transmission is through bold and bold products: Contaminated needles can transmit the infection. This is particularly relevant in drug addicts who share syringes and needles. The use of unsterile syringes and needles by qualified or non-qualified health workers makes iatrogenic infection likely; The risk of infection following needle stick injury with sharp instruments used on zero positive patients has been estimated to be about one percent; Transmission of infection from mother to baby can take place before, during or after birth HIV may be present in breast milk and may rarely be transmitted through breast-feeding.

HIV is a challenge that requires each of us to reconsider our traditions, morals and values and to respond positively to pandemic. It is easy to be complacent about one's community and society, turning a blind eye.

**Review of Literature**

The issues about effects and effectiveness of mass communication have attracted the attention of the social scientists from the very beginning. The role of the mass media in development activity was very clearly implied in the dominant paradigm of development. But most of the models of
development communication were developed in the context of the western countries. The First World War can be considered to be a watershed in mass communication theory and research. Harold Lasswell (1927) came up with an innovative conceptualization of mass media effects. His model of communication was strongly influenced by Freudian theory and was in direct contradiction to liberation philosophy (Davis & Baran; 1981), Denis Macquail (1969) identified three main stage in the history of mass communication research. The initial phase started from the turn of 20th Century to the outbreak of the second world war. During this phase, mass media were attributed with considerable power to shape opinion and beliefs.

In the second phase, from 1940s to early 1960s, mass media were believed to be largely important to initiate opinion and attitude change, although they could relay certain forms of information and reinforce existing beliefs. And in the current stage, the question of media effects is one where new thinking and new evidence are accumulating regarding the influences of mass communication. The second stage, extending from about 1940 to the early 1960s, is strongly shaped by growth of mass communication research in the United States and the application of empirical method to specific questions about the effects and effectiveness of mass communication. The classical studies of how voters make up the mind were conducted by Lazarsfield (1944) in 1940 US Presidential elections. These investigations indicate that only limited change has occurred during the campaign. This works also provide an incomplete picture of the total effects of mass communication because they concentrated only on effects, which occur during the campaign.
The earliest studies of Presidential elections in 1940 and 1948 conducted by Lazarsfield (1944) and Berelson (1954) respectively and the programme of research on the exposures to mass media primarily press, radio, film or television were unlikely to be major contributors to direct change of individual opinions attitudes or behavior or to be a direct cause of crime, aggression or other disapproved social phenomenon.

There is indeed overwhelming evidence that the measured net changes in attitudes or opinion as a result of persuasive material presented on radio, film, television or the press are likely to be small. Klapper (1960) suggested that people exposed themselves to messages selectively. There was a tendency for individuals to expose themselves relatively more to those items of communication that were consonant with their beliefs, ideas, values, etc. Regardless of exposure to communication, an individual's perception of a certain event, issue, person, or place could be influenced by his/her latent beliefs, attitudes, wants, need or other factors. Thus, two individuals exposed to the same message could go away with diametrically different perceptions about it. Research showed that even recall of information was influenced by factors such as an individual's needs, wants, moods, perceptions and so on. However, Klapper (1960:8) argued that "Mass Communication ordinarily do not serve as a necessary and sufficient cause of audience effects, but rather function among and through a nexus of mediating influences." Although, research had not shown the different media to be without effects, but it had established the primacy of other social facts and showed the power of the
media to be located within the existing structure of social relationships and systems of culture and belief. The research evidence of Rogers and Shoemaker (1971) led to the realization of the facts that social structure and social institutions intervene powerfully in the process of media effects. But a number of social scientists expressed their doubt about it. (Lang and Lang 1959; Key 1961; and Halloran 1964). They paid more attention to people in their social context, rather than at their attitudes and opinions. They took account of the uses and motives of the audience members as mediating and effect. They took more notice of the content whose effects are being studied. On the other hand, the propounders of the 'theory of mass society' have examined the question of media effects on culture and society (Mills 1956; Kornhauser 1960; and Shils 1957). In their view, mass media encourage and make viable a rootless, alienated form of social organization in which we are increasingly within the control of powerful and distant institutions. The Marxist accounted the effects of mass media as a powerful and distant institutions. The Marxist accounted the effects of mass media as a powerful ideological weapon for holding the mass people in voluntary submission to capitalism (Marcuse, 1964; Miliband, 1969; Carey 1969). They argued that the mass media are both a force for integration and for dispersion and individualization of society. It suggests that mass media do have important consequences for individuals for institutions, for society and culture.

The diffusion of innovations theory has important theoretical links with communication effects research. The emphasis was on communication effects: the ability of media messages and opinion leaders to create
innovations. There was disagreement on the question of whether ideas were independently developed in different cultures, or whether an idea was invented in one culture and borrowed by or diffused into another. Evidence indicated that in most cultures there was a predominance of borrowed or diffused elements over those that developed from within a particular culture (Linton, 1936, Kroeber 1944). The diffusion of innovations research established the importance of communication in the modernization process at the local level. In the dominant paradigm, communication was visualized as the important link through which exogenous ideas entered the local communities. Daniel Lerner's The Passing of the Traditional Society (1958) points out that the mass media were both an index and agent of modernization. In Lerner's model, there was a close reciprocal relationship between literacy and mass media exposure. The literate rate developed the media which in turn accelerated the spread of literacy.

The research in the field to mass communication has gained momentum in developing countries in the decade of fifties and sixties. Dube (1958) studied the importance of communication in community development programme in India. Wilbur Schramm (1964) emphasized on the role of communication in the process of social change by saying that the development of mass media is one of the requisites for and signs of a modernizing society. Nevertheless, mass media can play an important role in generating the awareness and shaping the public opinion in the case of the developed societies as well as in the case of a developing society like India. In case of vulnerable disease like AIDS/HIV mass media can play a vital role. Chauhan (2004)
pointed out that what is the most essential message which "must" reach the people through the mass-media, it is "let us discuss about AIDS". Unfortunately this is not happening, people at large are either unconcerned about AIDS or don't want to discuss about it. Both of these situations are dangerous from the point of view of society. The print - and electronic media can dispel the fears about the AIDS among the people, but these efforts would not be sufficient enough until people discuss about it amongst themselves. As the print and electronic media can't go beyond a certain level like developing awareness about the AIDS, some specialized skills in the area of communication are required to dispel the fears and educate the people about it. This proposes to undertake a study to analyse the relationship between mass media and awareness about the AIDS/HIV among the youth which is considered as most potential group in this regard.

**Communication Research in India**

Communication is a process said in which ideas, thoughts, and words are transferred from one person to another. The process of transmission of ideas can be said as communication.

Research according to dictionary meaning is to make a detailed enquiry into" researcher is someone who makes a detailed enquiry into a subject. The objective of research is to find out something of the research that is being undertaken in order to satisfy our interests. Research in the field of communication started only in the late fifties and early sixties. Mass
Communication research can be either simple or complex based on the objective of undertaking the research and the scope and what we intended to find out in the research.

Mass Communication Research aims to find out the audience behavior and uses of the media by the users etc. It is a late starter and at the outset remained concentrated on rural areas. S.C. Dube (1964) conducted a survey on the perception of emergency after the Chinese attack. He observed that 83.3% respondents were aware of the Chinese aggression. The information reaching the elite through the mass media is relayed to the common village people through the traditional channel. Lakshaman Rao (1966) studied the role played by the communication in the economic, social and political development of a community. Dumle (1966) enquired the diffusion of modern ideas and kind of knowledge in seven villages. The study elicited information regarding the awareness of the people about the national political scene, national politics, world political structure, modern ideas, regarding caste and religion and the impact of new ideas of recreation movie, radio, sports, newspapers lectures, political propaganda etc. C.R Prasad Rao and K.Ranga Rao (1976) who have studied the human communication channels in three villages of Andhra Pradesh reported one of the important findings this the knowledge imparted through broadcasting was significantly retained by the respondents even 30 days after the broadcast.

Since the establishment of the Indian Institute of Mass Communication (IIMC) in New Delhi in 1965 by the Government of India, various types of researches have been undertaken on various dimensions of
communication. Since August 1, 1975 through the Satellite Instructional Experiment (SITE) development programmes were shown in 2,379 villages of six states. A team of social scientists was employed by SITE to test the efficiency of television in improving agricultural practices and population control in promoting national integration, in upgrading and expanding education and in promoting better health hygiene for a better life in rural areas. (Guptal985).

HIV/AIDS is the worst epidemic humanity have ever faced. It affects every country in the World, but it is in developing countries that it poses the greatest threat. Mass education through mass communication has long been recognized as the most effective weapon to fight the spread. According to the experts the media in the country must remain at the heart of the campaign to help the people make conversant choices since the mass media pose the greatest capacity in retaining conducive environment for change. However, Golding (1981) contends that media exposure has greater impact on knowledge and information than attitude change. This might explain why despite high awareness levels prevalence still increasing in this parts of the country.

Similarly, Cohen (1963) in his research on audience attention notes that the media may not be successful in telling its audience what to do but it is rather successful in telling the audience what to think about.

The above discussion proposes to undertake a comparative study among the college students of Aizawl and Silchar towns and to find out their awareness level about the disease.
Techniques of Data Collection

The purpose of research is to discover answers to questions through the application of scientific procedures. Scientific procedure requires proper use of methodology. Methodology, however concerns the research strategy as a whole. Research methodology is a way to systematically solve the research problem. It may be understood as science of studying how research is done scientifically.

Seale (1998) mention that political, theoretical and philosophical implications of making choices of methods while doing research. Thus, it is methodology which provide a significant mechanism through which a research can be easily and systematically conducted.

Methodology also makes any research reliable, acceptable and as well as scientific. Research in social sciences is rather complex in comparison with natural sciences. It require more careful, attentive and appropriate use of methodology, because it mostly deals with complex, changeable as well as unpredictable nature of subject matter. In this study also the researcher has to understand the human behaviour in social phenomena, which often creates a great challenge for the researchers. The researcher in this study also kept in mind all the factors followed an appropriate methodology, according to the formulated problems, questions as well as objectives of the study.

The Objectives of the Study
The specific objectives of the study are as follows:
1. To find out the media habits of the respondents.
2. To understand the social background of the respondents.
3. To find out whether or not they know about the means of transmission of AIDS.
4. To find out their level of awareness about the preventive measures (condom & other contraceptives).

Methodology

THE LOCALE: The study was conducted in district towns located in two different States of Northeast, namely Aizwal in Mizoram and Silchar in Assam. The rationale for selecting Silchar and Aizawl town is that both neighboring zones are having very good communication facility. Mizoram State is dependent on Silchar for different types of provisions. Mizoram and Silchar are having the same highway related to other parts of North East. Many heavily loaded trucks come and take halt in Silchar and it was believed that most of HIV virus is brought by these people. So it has become important to find out the awareness level among the youth of these two places. Again these are the two places where the percentage of literacy is higher in comparison to other parts of North East zone.

The study was conducted among the students studying in the colleges of Aizwl and Silchar towns. The present study was conducted on 300 youths (150 from Aizawl and 150 from Silchar). Major communities living in those areas are Bengali, Manipuri, Marwaries, Assamese, etc. In Aizwal it is mostly
Mizos. The population is having access of both national and local satellite services. From Silchar three colleges were selected to collect sample. These college are, Gurucharan College, Cachar College, and Radhamadhab College. The colleges which were selected from Aizawl, are Hrangabana College, Chanmari, Pachhunga University College and Government College Aizawl.

From each college 50 (25 male and 25 female) students were taken as respondents from each of the colleges in Aizawl and Silchar towns.

Variables of the Study:

The variables of the study were as follows:

Social Background: Social Background of the respondents was studied in terms of their age group, sex, religion, mother tongue, caste, marital status, income, languages known, educational qualification of the respondents, their parents, their parents occupation, native place etc.

Media Exposure of the Respondents: Media exposure of the respondents was studied in terms of the exposure to the newspaper (subscription of the newspaper, the number of newspapers read, time spent on newspaper reading, category of newspaper read preferences of the section of the newspapers). Access to television channels (ownership, kind of channels they are being exposed, national/international and local, time spent on watching TV, place of watching), magazines, radio, (ownership, frequency of radio listening, programmes listen), and cinema, (frequency of cinema going, types of films preferred, languages of the film). Print Forms of Communication: newspapers, magazines, pamphlets, books, novels etc.
Broadcasting Media: Radio, public address systems such as amplifiers.

Audio - Visual Media: television, cinema, video shows etc.

Multimedia - Computer based media such as VCD player, DVD player, Internet.

Awareness about AIDS had been studied in terms of their knowledge about means of transmission of AIDS and their source of information about HIV/AIDS.

Preventive measures had been studied in terms of their awareness about the practice of preventive measures.

**Sample Size:** purposive sample study was conducted done for the process.

**SCOPE OF THE STUDY:**

Media has now become the most powerful weapon to educate, influence and motivate the people. The present study will be useful in determining the possible impact of media in society to fight against the disease. It may also be useful for the planners and policy makers particularly in formulating the policies for the areas located in remote peripheries of the country.