Chapter - 2

REVIEW OF LITERATURE

The review of literature is considered as a most important part of the research process. An appraisal of the past research studies related to a certain problem enables the researcher to know about the nature of work which has been done in the area. It helps in choosing the research design and point out the effectiveness of the research methodology used in these researches. It also enables the investigator to sharpen his technique and procedure to study the research problem more precisely and properly. Therefore, it is desirable to review the relevant literature thoroughly while handling a research problem. The relevant studies related to the impact of Mass Media on HIV/AIDS awareness in Delhi Slums have been reviewed.

AIDS Awareness Campaign in the World

AIDS has been acknowledged to be the First International Mass Media disease. Throughout the world, particularly in the US, Western Europe and Latin America, people have learned more about AIDS from the television, radio and the press than from personal contacts with health professionals. (Church and Geller, 1989; Kroger, 1991; Bagarukayo, 1991; Piotrow and Rimon II et.al.1990; Piotrow And Meyer et.al.1992). But efforts to curb the epidemic cannot be left entirely to the news coverage of AIDS as it is mostly slow and erratic. National campaigns have therefore been designed to educate people about HIV/AIDS. The campaigns have varied greatly in their scope, sophistication and the use of Mass Media. The first generation of AIDS campaigns was designed hastily with hardly any audience research. A decade of experience with AIDS campaigns has given important lessons for the use of Mass Media in AIDS education which are now slowly being implemented. (Piotrow and Meyer et.al.1992; Middlestadt and Fishbein et.al.1995; Nurra et.al.1996; Menard et.Al.1998; Nyanjoom and Mwongela, 1998)
AIDS presents perhaps the most challenging and consequential of recent campaign issues. Consequences of behaviors perceived as risky occur so long after exposure, risky behavior involves activities perceived as pleasurable to participants (sex and drugs), detection of contagious individuals is socially and technically complex and moral, economic and legal issues are raised. (Rice and Atkin, 1989)

While evaluation studies have shown the effectiveness of mass media in health intervention the workability of communication in AIDS program is off late being assessed. The result of campaign in the Netherlands (ongoing since 1987) is as yet one of the most complete documentation of the impact of mass media on safe sex practices. Analyses indicate that exposure to the campaign was a important contribution towards changes in the audiences meaning and use of condoms and the cultural meaning of safe sex. There were dramatic effects among those persons most likely to be at risk of HIV infection. (Nyanjoom and Mwongela, 1998). An Ugandan AIDS film ‘It’s not easy’ was the first film using the enter educate approach to be evaluated. The film did not promote any specific product or service. Yet an emotional human interest drama like that film could influence the behavior of the viewers. About 1600 men and women were interviewed about the film. It was found that those who had seen the film were more than twice as likely to have used condoms in the previous two months (18.4%) as were those who had not seen the film (7.7%). (Mc Combie 1990 as cited in Piotrow and Meyer et.al.1992)

With few exceptions very little research has been conducted to assess the impact of health-related content on the public. (Atkin and Arkin, 1988) An analysis of the information/education programs of 38 national AIDS programs revealed that in over 90 % of both industrialized and developing countries, the main messages were caution about life style and correcting misperceptions. About 80% of the countries surveyed have provided information about how to assess personal risk. Far fewer countries included message s countering discrimination, partner negotiation and testing, Partner negotiation and testing message were more commonly reported from industrialized countries. (Mann and Tarantola et.al.1994)
In the most countries, the main preventive theme was using condoms, reducing number of partners, preventing and treating sexually transmitted diseases. Fewer countries selected abstinence as the main theme – industrialised countries were more likely to do so. Regarding the channels used for information education and communication (IEC) on HIV/AIDS in the 38 national programs on AIDS, the AIDS in the world survey revealed that industrialized countries used print media most, followed by targeted media, electronic media and school courses. Training of trainers was used most frequently by developing countries used school courses more frequently, while the developing countries preferred to use performances.

While studying other AIDS prevention campaigns, researchers have concluded that prevention message has been full of inferences to sexual practices, which were as likely to confuse as to inform. For instance, warning against exchanging of bodily fluids may avoid offence but understood to mean sweat and tears also. In Nigeria, for examples, frightening and confusing information about AIDS in radio broadcasts, newspapers and print material resulted in negative attitudes towards people with AIDS and unfounded fears about the risk of infection. (Ogunyankin and Jinadu, 1990) A study by the Glasgow Media groups. It found that the audience was confused about the term body fluids. Audiences were unsure if the term meant sexual fluids and blood or included other fluids like saliva and urine. This squeamishness by the editors could make people more vulnerable to AIDS. (Brown, 1992)

In Zaire, a program dramatizing the plight of a young married woman and the tragic impact of AIDS on her family resulted in almost three-fourths of viewers of the programs resolving to change their behavior. (Convisser, 1991) A popular TV soap opera in the Philippines aired an episode showing what happened to a businessman and his wife after the broadcast, the number of visits to sexually transmitted diseases clinic in manila doubled. (Dayrit, and Monzon et.al.1987)
The UNFPA-supported project on development and distribution of information, education, and communication (IEC) materials in support of improving women's health and status was evaluated at a workshop held in Tokyo in December 13-15, 1995. The 1992-95 cycle of the project was analyzed by experts from Bangladesh, China, India, Indonesia, Malaysia, Nepal, the Philippines, and Vietnam plus three experts from the UNEPA/country team. The workshop also made it possible for the experts to identify needs as well as effective utilization of existing IEC materials. It was suggested that a nongovernmental organization be established for the distribution and effective use of these materials. The workshop mostly reviewed the print and audiovisual materials. Videos were also evaluated. The materials were found useful for the targeted region. Among other sub regional issues it was noted that youth needs were inadequately addressed as they related to sexually transmitted diseases (STDs), unwanted pregnancy, risk of maternal mortality and morbidity, low birth weight, and premature birth. Although the women of the region comprise one-third of the world's population, 70% of the global annual maternal mortality of 500,000 occurs in the sub region. IEC materials should also target adolescents and their support groups. Other needs were also outlined; the expansion of educational opportunities for women, the promotion of employment, the involvement of men, and the training of personnel. The strategies used in the cycle helped strengthen self-reliance through information and experience sharing. The focus on women should be continued with more attention paid to adolescents and young adults, including abortion. The production of IEC materials should be identified through research and analysis of existing materials, focus group discussions, or field visits. (Joicfp news, 1996)

Evidence from evolutions conducted by John Hopkins University/population communication services over the last decade or so, concludes that mass media are most effective as a behavior change technique than previously thought. Various health and family planning communication programs conducted in many developing countries brought rewarding results. In Brazil (1988-90) multi media campaign to
promote vasectomy in three Brazilian cities featuring humorous TV sports for six months brought 58% new clinic visit in one city who cited TV as source of reference. There was an 81% increase in vasectomies performed in one clinic. In the Cebu province of the Philippines (1988-89), there was a 188% increase in family planning acceptors at city clinics and a 54% increase in new acceptors at private clinics after a one year’s mass media campaign promoting health and family planning. As a result of a multi media campaign to promote health and family planning in Bolivia (1984-87) which featured eight radio sport in three languages in eight cities; plus prints and tapes for buses; family planning acceptors at clinics increased 71% during campaign period and 99% of the surveyed expressed an intention to visit a clinic as a result of hearing sports on radio. In the kevara states of Nigeria (1984-89) a multi media campaign to promote health and family planning featuring four radio sports (aired 169 times) and five TV sports (aired 110 times led to a 500% increase in new acceptors per quarter (from 258 in 1984 to 1526 in 1987) in seven clinics that were in place began. Evaluation studies have revealed more examples of such successful health communication campaigns. (Development Communication Report, 1992)

In general, many researchers agree that public communication campaigns can play an important role in communicating information to the public, placing health on public’s agenda and contributing to changing lifestyle behavior (Maccoby And Alexander, 1980; Atkiin 1981; Solomon 1982; McGuire, 1984; Flay, 1987b And O’Keefe And Reid – Nash, 1986 as cited by wallack, 1990a). During as a early as the seventies, the first TV show called ‘Vd Blues’ was aired in the US which dealt candidly with the taboo topic of venereal disease. Evaluating VD Blues revealed that a concentrated media presentation focused on particular health issue is likely to result in heightened awareness, knowledge and salience of health issues such as AIDS as well as increased and more at ease interpersonal communication about them. (Greenberg an Gantz, 1986). In 1986, a rock song and video called Cuando Estemos Juntos (“when we are together”) was launched in Latin speaking South American countries to tackle the social problem of early
pregnancy. The song became very popular amongst teenagers and encouraged them to talk more freely about teenage sex, reinforced the use of restraint, sensitized younger viewers to the importance of the topic, and disseminated information about contraception. (Singhal and Rogers, 1989; Atkin And Meischke, 1989) The goal of ‘Freestyle’ television series was to reduce sex-role stereotyping effects on children’s preoccupation activities and perception of adult work and family roles. Many episodes were engineered with specific models of persuasion like the theory of reasoned action in mind. Evaluation showed that the series achieved many of its educational objectives. (Larose, 1989)

Well designed and implemented media campaigns have been shown to be useful for recruiting people in community health programs (Levenkron and Farquhar, 1982), stimulate use of a cancer hotline number, increase purchase of high fiber cereals (Levy and Stokes, 1987) and in some cases reduce smoking (Flay, 1987b). Despite shortcomings, Wallack (1990) acknowledges that communication campaigns are an important part of a comprehensive strategy of health promotion.

Debates about the effectiveness of communication campaigns have been ongoing. For instance, there has been difference of opinion regarding the effectiveness of communication campaigns in promoting seat belt use in the US. Over the years, numerous communication campaigns have attempted to persuade the public to buckle up, often using fear approach, warning that any inconvenience or discomfort is minor compared to the disability or disfigurement resulting from a vehicle crash. In the best known safety belt campaign, Robertson and Kelley et.al. (1974) concluded that TV campaigns don not have any effect on the use of safety belts. The conclusion was however refined by Geller (1986) to indicate that certain kinds of communication are unsuccessful in changing behavior. Social learning theory and much supportive research indicate that showing the convenience, comfort, and reinforcing consequences of using safety belts is likely to affect large scale increases in actual safety belt use, especially if such demonstrations are frequent, realistic and viewed by the public.
A significant case in point is the success of USAID sponsored Health Communication Project. Between 1985 and 1991, the Centre for International Health and Development Communication (CIHDC) conducted ten major pre and post intervention survey studies of health communication programs in eight countries. Besides providing evidence for the workability of health communication, the result of these studies are worth nothing for the insight these provide on health communication. Healthcom's programs have demonstrated definitively that health communication can work in the broadest sense to increase immunization coverage, use of ORT, consumption of vitamin A capsules and improve breast feeding and other healthy practices. For instance in four out of six cities where HEALTHCOM supported immunization programs, relative coverage rates ranged from 25 to 85 per cent. Similarly, in Jordan, Healthcom's media campaign contributed to an increase from 38 percent to 56 percent of mother who initiated breast feeding within six hours of their child's birth. (Development Communication Report 1992)

Although it is quite certain that communication works, by itself it is not enough to change behavior. People must have the opportunity to perform a recommended behavior and the environment must be able to sustain the behavior change. In Health Com project in Ecuador, for example, immunization rates were dramatically improved as a result of a combined service/ communication approach while interpersonal channels increase likelihood of the adoption of a new behavior, mass media score by reaching a large number of people. In Switzerland, eg. Healthcom's experience showed that while health workers reached out 22 per cent of the population and outreach workers only 16 per cent, radio reached near 60 per cent of the population. It was concluded that even through radio was less effective per contact, it was more effective overall because radio could reach many more people. CIHDC evaluation of 16 health intervention programs has shown that exposure to mass media messages is sharply associated with the level of program success. (Development communication report, 1992).
Studies in India

Serosurveillance findings in states showed that 21,131 cases out of 2,743,913 people screened were found to be HIV positive. This meant a seropositivity rate of 7.7 per thousand. (NACP, 1995) However, by May 1997, the seropositivity rate has been reported to go up to 18.6 per thousand. Till 30th November 1995, 2097 case of AIDS has been reported to the Ministry of Health And Family Welfare from 32 states and union territories. (NACP, 1995) The number had gone up to 3551 cases by May, 1997. As of 31st January 1999, over 80,000 people had been found to be HIV positive and 6703 cases of full-blown AIDS were reported. Till April, 2001, 21215 cases of AIDS had been reported. (www.naco.nic.in, 2001) The prevalence of the HIV infection in all parts of the country highlights the spread of the infection from urban to rural areas and from high risk to general population. It is estimated HIV infection rate among adult population between 15-49 years of age is 0.7% (www.naco.nic.in, 2001). However, a controversy seems to have arisen between NACO and UNAIDS over the number of children orphaned and correspondingly the number of AIDS deaths in the country. (Time Of India , pg. 1, 22.6.01 ) 78.6% of the infection among males and 21.4% infection among females has been reported , the ratio being 3:1, tuberculosis has been reported as the main opportunistic infection in people with AIDS. (Narain , 1998 ; NACO, 2001 ; VHAI,2001)

As regards the probable means of transmission or of acquiring the infection, reports reveal that multi partner sex dominates 80.86% followed by blood as about 6% of the cases (each) were transmitted through blood/ blood products and sharing of drug-injecting equipment. (NACO, 1999-2000) studies have thus quite conclusively found promiscuity to be the prime cause of HIV transmission in India. Promiscuity has infact become more apparent in Asian societies with the advent economic progress and profligacy. Sexual attitudes and behavior patterns have undergone a radical change. Premarital sex especially teenage sex is a cause for concern with regard to HIV. Adolescents and young adults are particularly vulnerable in view of their lack of sex
education and their curiosity to experiment with sex... Among the 21215 cases of AIDS reported till May, 2001, 8654 were between the ages of 15-49 years. Youth have thus a unique vulnerability to the virus which makes them important candidates for HIV intervention programs. (WHO, 1993; Bhatt and Dhoundiyal, 1996) current projections of annual HIV related deaths are between 100,000 to 500,000 annually which is 10-40% of all current prime age (15-45 years) adult deaths. (Godwin, 1998) As this study is specifically focused on youth, here follows a detailed discussion on the specific characteristics of the youth population, their psyche and the challenges they present for communication experts and social workers.

AIDS awareness among 350 Indian women in view of increasing risk of HIV infection, intensive health education campaigns, and widespread scientific and media attention was surveyed by Chatterjee (1999) Data collection adapted from WHO/GA phase 2 questionnaire on knowledge, attitudes, beliefs, and practices (KABP) related to HIV/AIDS were analyzed. A media score was computed in response to the 3 items in the questionnaire: watching TV, reading newspaper, and listening to radio. 8 descriptor variables included age, number of years in school, family income, personal income, years spent in Bombay, number of children, number of pregnancies, and media score. Six nominal variables included awareness of condoms, practices of religion, language spoken, importance of religion, and birthplace were considered in the stepwise multivariate logistic regression procedure with backward elimination. Results showed that the women who were not aware of AIDS had significantly fewer years of formal education, lower personal and family incomes, less exposure to the mass media and were more likely not to know of condoms in comparison to the women who had heard of AIDS. The results suggested that there were socio-economic barriers to the diffusion of AIDS information in Bombay. To stop the further spread of AIDS among vulnerable groups, specific interventions aimed at this subgroup of women through the use of specific channels of communication are urgently needed. Health education remains the most feasible preventive tool in the contexts of married women who are at high
risk for acquiring HIV infection in India. Results show that a majority of them had acquired information about AIDS from the mass media, particularly television. Socio-demographic analysis revealed 87% of the women who knew of AIDS had been exposed to AIDS-related information in the mass media in the past four weeks and that 57% had discussed it within their social networks. Women were most likely to discuss AIDS with their husbands as a general social issue, followed by friends and family members. They were least likely to talk to their husband about AIDS as a personal risk issue relating to their sexual relationships. Women’s strategies for risk assessment may be inadequate owing to their dependency on knowledge and perceptions of AIDS acquired from brief and impersonal message on television.

Research suggests that in India men aged 18-25 years rarely use condoms, and only 7.1% of currently married women in India aged 13-49 years report ever having used condoms for contraception. 1628 HIV-negative men were recruited to participate in a follow-up study evaluating the sex behavioral impact of repeated HIV counseling and testing. At the first and all subsequent visits, the men gave blood samples, received physical examinations, and answered questions on demographics, previous STDs, medical history, sex behavior, and knowledge of HIV and AIDS. Participants also received one on-one counseling with a trained social worker. At 3-month intervals, the men were offered condoms, underwent clinical and behavioral exams, and counseled to remain monogamous and use condoms. Almost one-third of participants had never heard of AIDS at their initial screening visit. However, with each return visit, the level of consistent condom use increased. At 6-months, men were 2.8 times more likely to consistently use condoms with prostitutes; 3.6 times at 18 months, and 4.7 times at 24 months. Over the course of the study, the number of men who reported having sex with a prostitute fell from 63% to 16% by 6 months, then rose to 23% by 24 months of follow-up. Low education levels and ignorance of how HIV is transmitted were consistently associated with continued visits to prostitutes and a lack of condom use. (AEGIS, 1998)
AIDS knowledge and attitude among the most educated sector of the population were explored in a 1994 survey involving 433 university student and faculty from southern India (Andhra Pradesh and Tamil Nadu) and selected research and technical staff of the Public Health Service. Although most respondents were aware that sexual intercourse (95%) and injecting drug use (85%) can transmit HIV, and that shaking hands (95%) and mosquito bites (86%) cannot, 63% did not know that breast feeding is a mode of transmission and 71% incorrectly identified blood donation as an HIV risk factor. 95% knew it is impossible to identify an HIV-infected individual on the basis of appearance, but only 24% realized seropositive persons can be asymptomatic. 42% believed that those with HIV should be quarantined and 31% favored barring infected students from college classes. 90% harbored at least one negative view toward people with AIDS (e.g., they deserve their fate or they should kill themselves); knowledge and education independently correlated with decreased hostility. 85% agreed that AIDS is a very serious problem in India and, despite their negative attitudes toward persons with AIDS, 93% favored increased government spending on AIDS education. Overall, these findings indicate that high level of education are associated with above-average knowledge of HIV and its transmission; however, the sexually conservative nature of Indian society has impeded a compassionate stance toward people with AIDS, even among the most educated. (Ambati and Ambati et al. 1997)

A study by Chattopadhyaya and Riley et al. (1991) was carried in Delhi among 15 paid blood donors who were HIV positive and on 100 paid seronegative donors. No difference, in terms of their knowledge of AIDS, was found between seropositive and seronegative donors. Among the 59 seronegative donors who had heard of AIDS, more than half (53%) did not know that AIDS can be transmitted through blood transfusions and 22% of them had engaged in sexual intercourse with multiple partners. While the study acknowledged that the professional blood donors could not be regarded as representative of the general population, it highlighted the severe deficiency in the AIDS education of a group that
has been clearly identified to be at risk of infection. By virtue of their lifestyle or condition, prostitutes/commercial sex workers (CSWs) and STD patients form a particularly vulnerable group with respect to HIV. Information surveys among Calcutta prostitutes have revealed high rates of ignorance about AIDS. (Ukil and Dasgupta, 1990). In a study at Vellore, only 20% of prostitutes questioned had heard of AIDS; lack of knowledge was associated with illiteracy and a lower socio economic class. (Jacob et 1989) Of the entire sample in this study which comprised of prostitutes, attendees of a STD client and medical patients, only 30% had heard of AIDS. Among those who had heard of the disease, however, no further characterization of their attitudes or their levels of awareness among commercial sex workers on AIDS and STDs, a very good level of knowledge about AIDS was reported. Some discrepancies were noted nevertheless as nearly 64% of the sex workers said that anal sex not lead to HIV infection. (Ahmad, 1996)

A similar study on the awareness of Indian communities on AIDS/STDs (Balaganesh and Ramakrishn, et.al.1994) showed that although awareness regarding AIDS and STDs was high both in urban and rural groups, knowledge about HIV transmission was low and there was a high prevalence of myths about HIV/AIDS. Mass media, the study showed, played a very significant role in providing information on AIDS as 53.04% rural and 57.36% urban population were accessing newspapers, magazines and TV for information on AIDS. Even in a study on AIDS awareness among anganwadi workers and laborers, it was found that awareness was present only among those who had access to TV and radio. The print media did not play any role here since the population was largely illiterate or educated up to eight standards. (Bhattacharya, 1994)

In a study on Calcutta slum dwellers as well, Mass Media particularly TV emerged as the main sources of information on AIDS. (Poddar and Poddar et.al.1996). Even in a study on intravenous drug users in Manipur, mass media proved to be an excellent source for information on AIDS. Awareness about AIDS/HIV was very high but beliefs and attitudes regarding the same were not very promising. Among
the intervention strategies suggested was the intensification of IEC among all segments of society so as to create behavioral change that will prevent the spread of HIV/AIDS. The IEC campaign should start early, the study recommended, before the age of fifteen. (Sehgal and Singh, 1997) TV was the main source on AIDS related information.

In studying the knowledge, attitudes and beliefs about HIV/AIDS among secondary school students, 368 boys and 332 girls, in rural areas surrounding Delhi (Sharma et.al.1994) it was found that 83 % had heard about AIDS but a majority did not know the method of prevention. Only 27.1% of girl knew about regular condom usage. Half of the students had permissive attitudes towards premarital sex for both boys and girls and 25% of the students were found to be sexually active. Students were keen to know more about HIV/AIDS and the preferred channels for this information were mass media. The study on college youth of east Delhi concluded that majority of youth were aware of HIV/AIDS and that there was hardly any need to inculcate additional AIDS education amongst college youth. (Aggarwal and Sharma et.al. 1997)

A survey of 893 public school students revealed that Indian adolescents have limited knowledge about human sexuality and AIDS. (Tikoo and Bollman et.al. 1995) Similar results were obtained from a study on AIDS awareness amongst rural junior college students. The study showed that overall knowledge regarding the etiology of AIDS was poor and misconceptions were high. (Rahate and Zodpey et.al. 1995) Mass media including TV, newspapers, books and radio were quoted to be the main sources of HIV/AIDS related knowledge in a study on students of three colleges of East Delhi. (Aggarwal and Sharma et.al. 1997) Mass media like television, film slides in cinema halls, posters, and radio were emphasized as effective means of spreading awareness by students in a rapid survey to assess AIDS awareness among college students in Bombay and Pune. (Verma And Pavri, Mimeographed). Murugan and Kalleluah, et.al. (1987) have also reported that majority of students learn about AIDS from books and media. Apart from media, continuous multiphase counseling was also concluded to have brought about substantial changes in knowledge, attitude and practice against HIV/AIDS. (Grover, Kannan et.al.1997)
493 boys and girls aged 10-17 years, of mean age 13.46 years, responded to a 99-question survey on their knowledge about human sexuality and AIDS. Respondents were grade 6-12 students enrolled at a public school in New Delhi. The sample was representative of all social classes and 55.2% male. The average score on the reproductive knowledge scale was 4.19 out of a possible maximum 8.0. The average score on the AIDS scale was 3.08 out of a possible maximum 7.0. No student achieved the maximum score on the reproductive knowledge scale, but a few did so on the AIDS scale. Boys were more knowledgeable than girls, with knowledge levels increasing by grade. (Tikoo, and Bollman et.al. 1995)

A study by the NGO AIDS cell on slum dwellers in Delhi has shown how important it is to target the youth for sex education. The study revealed that 52.8% of the males had got married between the age 16 to 21 years and only about half of them had knowledge about sex before marriage. In case of girls, the situation was less promising. About half of the respondents had got married between the ages of 10 to 15 years and a huge majority of them (81.8%) had no knowledge of sex before marriage. (Ghosh and Chaudhury et.al. 1997) Emphasizing the need to ‘catch them young’, a study by sehgal and singh (1997) recommended intervention strategies like starting IEC campaigns for the youth before the age of fifteen as habits like drug use often start early. Similar recommendation were made for school students when a KAB study found high level of knowledge among secondary school students of Delhi but also many misconceptions pertaining to sex on subjects like masturbation. Emphasis was thus laid upon education to clear misconception and IEC orientation training was deemed highly imperative mainly to change negative attitudes toward people with HIV/AIDS. (Aggarwal and kumar, 1996; Bahulekar and Garg, 1996; Mukhopadhyaya and Biswas et.al.1997; sundar and kavitha, et.al. 1997; Deshmukh and Wadhwa et.al. 1998)

Similarly, in studies aimed at smoking cessation, it was found that best results were obtained from communities exposed to media and community programming. (Meyer, And Nash et.al. 1980; Egger and
Fitzgerald et al. 1983; Dwyer and Pierce et al. 1986; Pierce and Dwyer et al. 1986) However, detailed analysis of the TCS revealed that for certain kinds of behaviors like acquiring new knowledge could be learnt through attention to the mass media alone. Whereas, for certain behaviors like smoking cessation, a different constellation of media events was required consisting of skill training, self-monitoring and feedback. (Flora and Maccoby et al. 1989; McAlister and Ramirez et al. 1989)

As the number of the person in India infected with HIV continues to rise, the role of social workers and nurses in AIDS education, counseling and patient care will increase as well. To determine how adequately social work and nursing students in India are prepared to assume these roles, an exploratory study was conducted among 887 students (average age, 21.1 years) attending two large universities in Delhi in 1993-94. 76.8% of respondents were female; 40.9% were studying nursing, 37.6% were social work students, and 21.5% were in humanities. The mean score on a 20-item test of knowledge about HIV transmission, symptoms, and prognosis was 12.80 (nurses, 13.92; social workers, 13.29; humanities, 10.71). Of concern were gaps in information on key points. For example, 42.1% of the student did not know an individual can be infected by someone who is HIV-positive but has not yet developed AIDS. 55.6% had positive, supportive attitudes toward persons with AIDS and 62% indicated willingness to work alongside someone with AIDS; however, 54.2% would not want their child to be in a classroom with someone with AIDS. Social work students were significantly more positive toward AIDS patients (67.3%) than nursing students (47.8%). 81.9% of nursing students, 52.4% of social work students, and only 38.6% of humanities students viewed homosexuality as an unacceptable form of sexual behavior - a finding that raises concerns about the ability of the first two groups of professional to establish nonjudgmental, caring relationships with gay AIDS patients. These findings indicate a need for a formal curriculum on AIDS for helping professionals, including attention to the emotional impact of work with AIDS patients and the need to increase professionals’ comfort level with sexual diversity. (Sachdev, 1998)
AIDS Awareness Campaign in India

Thomas (2001) believes that IEC has failed to meet its objectives with respect to HIV intervention. Particularly in the earlier phase of the epidemics, i.e., from 1986 onwards India’s officials rapidly adopted the worst possible approach to HIV prevention which was far worse than inaction. This was to treat HIV/AIDS as a law and order problem. The policies that emerged from this inherently unsound approach were a fatal mix of illogic, hysteria and force. Public fears and stereotypes were worsened by the government’s AIDS awareness campaign, which proclaimed that “AIDS equals death” or that AIDS was spread by “fallen women” awareness campaigns have been so conservative in India that they fail to convey the basic issues involved in the sexual transmission of HIV/AIDS and worsen the stereotyping and terror of the disease .... Even today in Delhi, right under NACO’s nose, prevention amounts to little more than billboards (Dube, 2000 pp.22)

A few studies in India have analyzed the content of Mass Media message in family welfare programmes. Overall salient finding of a study by the ministry of health and family welfare revealed that family planning message lacked in variety in term of contents and were presented in isolation. They were not linked with socio-cultural, economic or health issues. Irrespective of the media used, majority of the family planning message utilized intellectual approaches and used an urban dialect, which was not desirable keeping in view the rural target audience. Very few message made use of play/drama or story form to communicate family planning message. A large majority of the audience found the messages on posters and pamphlets ‘difficult to follow’ the audience suggested that simple language and local dialect be used for radio and television an that attractive picture should be used for posters. (Reddy and Dubey et.al.1985). An audience and media survey of four districts of Rajasthan area project found that radio was the most predominant medium of mass communication in terms of popularity, availability, reach and credibility. Traditional and culture forms of group meeting were effective channels to disseminate information. (Naik and Tripathi, 1985)
In a comparative analysis of the use of various media, radio was found to be far outsorcing over the interpersonal media. Three-fourths of the respondents favoured the use of radio for dissemination of information and most of the respondents reported that the language used was simple and easy to understand this was true in case of TV as well. The reach of the TV and film, however was found to be low. Similarly, newspapers were beyond the reach of 60% of respondents. The impact of communication programs was found to be good as a vast majority of respondents reported a good understanding of the family planning message. Another important finding of the study was that a majority of workers had received the communication material for educating the people n. this shows a serious gap in material dissemination. (Bardhan and Dubey et.al. 1983)

Bhardwaj (1983) evaluated the mass mailing unit of the ministry of health and family welfare in the terms of its functioning and achievement of goals. It was found that the literature was considered reliable and dependable by as many as 29 % of the respondents and more than 50% were willing to pay for it. A majority of the respondents did not want the mass mailing of literature to be discontinued.

An assessment of the ‘One day AIDS awareness program’ for ICDS functionaries revealed an average increase of about 78% in knowledge scores after the awareness program. Even high pre assessment scores were attributed to better access to the Media. (Ray and Saha et.al. 1995). Orientation training has infact proved to be valuable in obtaining a desirable level of awareness in service nursing personnel and traditional birth attendants. (Banara and Chaturvedi et.al.1990; Datta, 1993) AIDS health education/contact programmes organized for different voluntary organization in Andhra Pradesh viz. NSS students rural youth leaders, community health workers, NSS programme officers, Lions and Rotarians, revealed a significant impact of health education. (Rao and Pilli et.al.1995) An exploratory research study undertaken at the STD clinic in the Safdarjung hospital concluded that the health education campaign launched by the Government of India through Mass Media has
created awareness about AIDS but knowledge about the syndrome is abysmally low. Newspapers and radio, followed by TV, posters and magazines were reported to be the main sources of AIDS related information. The study emphasized the significance of adequate dissemination of correct and complete messages about AIDS. (Pandey and Bhargava et al., 1989)

A genre of television programming successfully employed for including behavior change is the predevelopment soap opera. A predevelopment soap opera is a melodramatic television serial that is broadcast in order to entertain and to convey subtly an educational or development theme. (Singhal and Rogers, 1988) The origin of these soap operas can be traced from Peruvian and Mexican soap operas (called telenovelas) like Simplemente Maria, VenComigo, and Acompaname which achieved success in targets relating to improving the status of women, literacy and family planning. (Rogers and Antola, 1985; Singhal and Rogers, 1989; Yoder and Hornik et al., 1996; Marion, 1996; Thi, 1998) inspired by Mexican experience of predevelopment soap operas, Doordarshan, the government television system in India telecast a series called Hum Log for 17 months in 1984-85. 156 episodes of 22 minutes each were broadcast in Hindi. while Hum Log was not manifestly designed as a communication campaign, it was displayed several qualities that are typical of communication campaigns such that it was intended to achieve specific effects like promoting equal status for women, family harmony, family planning, national integration and health. The series was highly popular among Hindi speaking viewers of North India and most viewers reported learning positive attitudes and behaviors about family harmony, equal status for women and smaller family size norms. Significantly, Hum Log (as other predevelopment soaps) demonstrated that Bandura’s (1977) social learning theory is a good for designing educational soap operas. (Singhal and Rogers, 1989)

While there is good evidence that health communication does work, Backer and Rogers et al. (1992) did an extensive literature review along with 29 interviews with campaigns designed to ascertain what
makes for more effective health communication campaigns. As a result, they identified 27 generalizations about what makes for effective health communication campaigns. With certain modification, these generalizations can be applied to any kind of health communication. The authors, however, makes no assumption that any of these generalizations / characteristics of campaigns is more important than the order or is essential for the success of a campaign. The author suggested that these generalizations can be helpful in creating a ‘checklist’ of desirable campaign features. Then any campaign design can be compared against this checklist. (Backer and Rogers et.al. 1992)

Another approach quite similar to the predevelopment soap is the strategy of using television programming (usually of the entertainment category), in which individuals demonstrate and model specific behavioral skills like not smoking or not drinking and driving. Such messages are subtly weaved in the regular plot of the drama or series, by showing the characters behaving in a certain way. This way the desired behavior is modeled and the viewers receive the message. This way, the drama or soap is not manifestly educational but success in disseminating desires messages through its characters. This approach has been found to be quite promising. (Puska and Mcalister, et.al.1981; Danaher and Berkanovic et.al .1983; flay, 1987)

**HIV/ AIDS and NGO’s**

Widespread pressure for popular participation and a declining faith in the capacities of governments to solve the interrelated problems of social welfare, development, and the environment, lead to the global upsurge of organised private activity through a new non-profit sector. The non-profit sector has grown increasingly important in its efforts to provide alleviation of societal problems and injustices and the promotion of democratic values throughout the world in recent years. This sector has also become a major economic force with sizeable expenditures and multiple levels of paid and volunteer employment. Non-governmental organisations make up the subset of the non-profit sector involved in development work. (Salamon 1997)
According to Brodhead and O’Malley, the term ‘non-governmental organisations’ applies to diverse organisations that “work together outside of government to address a need, advance a cause or defend an interest” (Brodhead and O’Malley 1989). However, the World Bank defines NGOs as “private organisations that pursue activities to relieve suffering, promote the interests of the poor, protect the environment or undertake community development” (World Bank 1988; Mercer et al. 1991). Brown and Korten further differentiate nongovernmental groups into the commercial and voluntary sectors. According to them, “the voluntary sector is seen as a distinct class of organisations that are held together by common beliefs and shared values, rather than by political imperatives (government) or economic incentives (the commercial sector)” (Brown and Korten 1989). They include locally-based groups as well as international organisations having local offices in project countries. Many are single-focus, narrowly targeted organisations while others attempt to meet broader needs in mainstream communities. All are characterised by their dedication to a set of shared social values that guides their organisational mission (Brown and Korten 1989; Mercer, et al. 1991).

NGOs have in increasing numbers voiced their concerns in international discourse about numerous problems of international scope. Human rights activists, gender activists, development agencies, groups of indigenous peoples and representatives of other defined interests have become active in the international community. Since their inception, the United Nations and its various organisations have felt the direct and indirect impact of NGOs. NGOs are omnipresent in many aspects of international relations, and have become critical to the UN’s future. NGOs have assumed a central role in activities involving human rights, complex humanitarian emergencies, the United Nations relationship, the global environment, the international women’s movement, operational coalitions and state relations, and AIDS. They also bring local experience to bear on international decision making. (Gordenker and Weiss 1996)
The NGO expansion, dubbed the "barefoot revolution", can be attributed to several external and internal factors to produce what has become a significant event in international policy making and execution (Gordenker and Weiss 1996). Three of the more important factors include: the end of the cold war, technological developments, and growing resources. The end of the Cold War was the first, and perhaps most important influence on NGO expansion. The demise of the Cold War brought with it the end of ideological and social orthodoxy. UN practitioners and diplomats became less reluctant to interact with nongovernmental staff, opening up new avenues of communication and cooperation within the decision making process. The UN became a forum for discussions between governments and NGOs. When politics and security, especially over nuclear proliferation, dominated the international agenda, NGOs were at a comparative disadvantage. They had no weapons, and only limited access to people wielding decision-making power. Since the end of the Cold War, NGOs have had the capacity for direct action. They also contribute advanced knowledge on issues such as gender, environment, AIDS, relief assistance, human rights, and community development. (Gordenker and Weiss 1996)

The development of new technology is widely considered a second factor in influencing the prominence of NGOs in UN activity. Governments hostile to NGOs often fail in their efforts to prevent information flow, interaction and networking through the Internet and telecommunications. Electronic media have made it possible to ignore national borders, and create communities based on common values and objectives that were once the exclusive privilege of nationalism. (Gordenker and Weiss 1996)

A third factor is the growing resources and professionalism of NGOs. Indigenous and trans-national NGOs have attracted additional resources from individual donors, governments and the UN. Western governments, for example, have increasingly turned towards NGO projects on the basis of reputation and cost-effectiveness. This trend matches the progressively declining funding for foreign assistance and
with domestic pressures in donor countries to cut back on overseas commitments. New communications technologies are also helping foster the kinds of interaction and relationships that were once possible only through air travel. Scaling up certain kinds of trans-national efforts from neighbourhoods and regions to the global level, and scaling down to involve local grassroots organisations are no longer logistically impossible. (Gordenker and Weiss 1996)

Based on a close scrutiny of goals, relationships among various organisations, and operational methods, it was deduced that NGOs play two broad roles in society: (1) operational roles, and (2) educational and advocacy roles. Operational NGOs are more central to international responses in the post-Cold War world. They have the responsibility of fundraising. The rendering of services is central to most NGO budgets, and the source for support from donors. Services rendered could include technical advice, tangible resources for disaster relief, development, etc. (Gordenker and Weiss 1996)

NGOs facilitate the formation of international institutions and reinforce the standards promoted by these institutions through public education, organised attempts to hold states accountable to these, and enhance institutional effectiveness by reducing the implementation costs associated with international institutions. Increased networking capabilities also allows for improved capacity to monitor states' compliance with international agreements, promote institutional adaptation and innovation, and challenge failed institutions or projects. NGOs employ a variety of inter-organisational devices ranging from formal structures, to informal interpersonal ties to increase their persuasiveness and efficiency. Four types of inter-organisational devices can be identified: formal bridging groups, federations, UN coordinating bureaus, and connections to governments. (Gordenker and Weiss 1996)

While the target of organisational NGOs is beneficiaries (or victims in case of emergencies), educational and advocacy NGOs seek to influence citizens, and through public opinion, bear fruit in the form of additional resources for their activities, as well as new policies, better
decisions and enhanced international regimes. These NGOs help to reinforce various norms promoted through public education campaigns. This heightened awareness among public audiences in turn helps hold the state accountable for their international commitments. (Gordenker and Weiss 1996)

Categorising NGOs, their trans-national relationships, and their impact on the community marks an initial step toward understanding non-governmental organisations. NGO interactions with the UN system and the global community forms part of a larger set of challenges as the international community copes with changing political trends towards decentralisation and democratisation of global governance. NGOs have played a key role in this global progression. (Gordenker and Weiss 1996)

The role of NGOs in society cannot be ignored. This is true also in the field of prevention and treatment of HIV/AIDS. In areas of the industrialised world hardest-hit by AIDS, NGOs helped set trends that have now been institutionalised within AIDS prevention:

1. Advocacy for persons living with HIV/AIDS,
2. Targeting educational materials to specific groups,
3. Improved access to experimental drug trials and health care, and
4. Peer education.

In the developing world, the NGO response to AIDS emerged somewhat more slowly, reflecting both a lack of resources and experience, and a widespread reluctance to recognise publicly or acknowledge the threat. As the epidemic has progressed however, both well-established and newly organised NGOs have been among the first to respond, promoting the need for persons with AIDS and HIV to have access to counselling, support and health care. They have mobilised impressive efforts for training, education, and other supportive services while official declarations denied the existence of the problem. (Morina and PANOS 1991; Haslegrave 1988; and Mercer et. al. 1991)
The importance of NGOs in the national AIDS control programmes of developing countries has also evolved over time. When the World Health Organisation’s Global Programme on AIDS (GPA) first began to assist countries to draw up national plans for AIDS control, NGOs were not regularly consulted during planning, nor represented on national AIDS committees. Over time, GPA developed extensive links with a wide range of NGOs, and now supports their efforts to combat AIDS at global, national and local levels. (Grose 1989) A 1989 resolution from the World Health Assembly supported the importance of NGOs in the global strategy for the prevention and control of AIDS, acknowledging that “their commitment and versatility, and their knowledge and experience… can make a special impact on individuals and society regarding AIDS and the needs of HIV-infected people and those with AIDS” (World Health Organisation/ Global Programme on AIDS 1989).