CHAPTER-3

ROLE OF INFORMATION TECHNOLOGY IN PREVENTION OF HIV/AIDS IN INDIA & SOUTH AFRICA

1. NACO and state AIDS control societies

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

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

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

In addition, NACO is utilizing the various media units of the Ministry of Information and Broadcasting such as Directorate of Field Publicity, Song and
Drama Division and the Press Information Bureau for outreach in the rural areas and the regional press.1

The Center For Media Studies, New Delhi, a research agency, was entrusted the task of assessing and evaluating the contents of the IEC materials developed in states, as well as the processes and road map followed to developing these materials. Recommendations and outcomes of this evaluation would feed into future strategies for IEC at state and national levels.

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

2. Television: Prasar Bharti (Min. of I&B, GOI), BBC, Delhi Doordarshan (DD) and stte level DD kendras, Private satellite channels.

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

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

Spirit of Unity Concert: NACO has sponsored a classical music programme "Spirit of Unity Concerts" to mainstream the issue of HIV/AIDS and to reach out to the cultural elite and other educated classes through this programme.

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Telecast of Madhuri Dixit spots: Spots made by the renowned film maker Shri Jabbar Patel featuring the popular film star Madhuri Dixit have been telecast on prime time channels. The objective is to create awareness and empower women to discuss the difficult issue of HIV/AIDS in the family and prevent further spread of the infection.

Beginning in late 2001, and implemented from June 2002 onwards, NACO entered into a partnership with Prasar Bharati (Ministry of Information and Broadcasting, Government of India) and the BBC World Services Trust to produce high quality television spots, for telecast over the national news channel at prime time. Two serials in the infotainment format, were similarly produced and were telecast on prime time slots of Doordarshan, titled Jasoos Vijay and Hath Se Hath Mila. While Jasoos Vijay was a detective thriller telecast on Sunday evenings, the other serial, Hath Se Hath Mila was a youth show in a virtual reality format. The youth show was initially telecast on DD Metro but graduated to being beamed on the National Channel on Sunday mornings. The detective serial was awarded the Indian Telly Award while Hath Se Hath Mila received the Commonwealth Broadcasting Association Award. The TV spots campaign became a critical component under the tripartite partnership for which DD provided substantial free airtime. The best available talent in the country has produced some of the TV spots.

Initially the partnership covered only three states i.e. Rajasthan, Delhi and Uttar Pradesh. The second phase of the partnership saw the coverage increase to include South Indian States and most of North and East India. NACO sponsored a health magazine Kalyani which is telecast in the Hindi speaking states of UP, MP, Chattisgarh, Bihar, Jharkhand, Assam, Orissa and Rajasthan. The segments on HIV/AIDS focus on rural populations and are produced at the state level DoorDarshan Kendras so as to reflect local priorities, predilection and content. The HIV/AIDS in the Kalyani programme is telecast during the months of December

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and January, in a magazine format that includes field interviews, success stories, panel discussions, quiz competitions, contests etc.

Celebrities have endorsed messages on HIV/AIDS prevention and these have been telecast on DD and on private television networks, which has enlarged the audience base.

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

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

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

4. National AIDS Telephone helpline

   A toll free National AIDS Telephone Helpline has been set up to provide access to information and counseling on HIV/AIDS related issues. This is a

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


The Press Information Bureau of the Government of India has organized a number of programmes to sensitize the regional press on the issue of HIV/AIDS. The IEC department of NACO has prepared several packages of materials aimed at various population groups, to be used by the outreach workers, health workers and peer educators working in government as well as non-government organizations. Some of the important packages are as follows:

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

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

The bulk of print advertising is done by AIDS control societies in the form of materials such as posters, handbills, flip charts, flash cards, handouts, information booklets, stickers, wall hangings, etc. Very often, they utilize the prototypes forwarded by NACO, with appropriate modification. NACO has developed a lot of print material like posters, booklets, folders etc. which has been disseminated to all AIDS control societies, and other peripheral units. Prominent campaigns on which
NACO has worked are, for instance, a poster series on stigma and discrimination, voluntary blood donation, routes of transmission, care and support. NACO have had, through DAVP, regular insertions in the newspapers commemorating various events like World AIDS Day and Voluntary Blood Donation Day etc. During 2004 NACO took the initiative to support the Department of Posts & Telegraphs in printing 15 lakh post cards with messages on HIV/AIDS. This postcard, priced at 25 paise each, carries a multicolor advertisement on the half side, which contains the address. This medium has enabled NACO to reach out to the lowest economic strata of the population who use postcards to communicate with their near and dear ones. These postcards have been distributed across the states of Madhya Pradesh, Chattisgarh, Rajasthan, Uttar Pradesh, Uttaranchal, Bihar, Jharkhand and Orissa.\(^4\)

6. **Outdoor media – Delhi Metro Rail Corp.**

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

7. **Exhibitions – Directorate of Field Publicity**

State AIDS Control Societies, as well as the Directorate of Field Publicity (DFP), a media unit of the Ministry of Information and Broadcasting, have been provided with mobile exhibition kits produced by NACO through DAVP in the appropriate regional languages. NACO has also oriented the personnel of the Directorate of Field Publicity about more effective dissemination of this material in

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the field. These kits were most effectively used in the countrywide 'Swasthya Jagrukta Mah', the month long (15 February - 15 March 2004) integrated health exhibition organized in every parliamentary constituency sponsored by the Ministry of Health & family Welfare, Government of India.

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

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

Since 1994, the Song and Drama Division have been involved in the AIDS awareness campaign. It has produced several street plays, songs and dramas and has performed in 400 different locations utilizing the local dram troupes in many States. The Directorate of Field Publicity has also participated in the campaign. All its 260 units located countrywide have conducted several programs such as seminars, debate/essay and quiz competitions and film shows for AIDS awareness. An increasing number of programmes are also being carried out through various radio stations in the country by arranging panel discussions, features, phone-in programs etc.


School AIDS Education is one of the important programmes that focuses towards student youth to raise awareness levels, help young people resist peer pressure and develop a safe and responsible lifestyle.

In order to bring about uniformity in approach, a training module called ‘Learning for Life’ has been developed in consultation with UNICEF and Sewadham, an NGO based in Maharashtra, and distributed to all states.

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

11. Events

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

Knowledge of AIDS among different community members

The percentage of women who have heard about AIDS by background characteristics. Sixty percent of women in India have never heard of AIDS. Knowledge of AIDS varies little by women’s age, but it is somewhat higher among women age 25-34. Urban residence, education, and the standard of living all have a very strong positive association with AIDS knowledge. Seventy percent of urban women in India have heard about AIDS compared with only 30 percent of rural women. Knowledge of AIDS increases from only 18 percent among illiterate women to 92 percent among women who have at least completed high school. Similarly, knowledge of AIDS increases from 20 percent among women in households with a low standard of living to 74 percent among women in households with a high standard of living.\(^5\)

Table 1

<table>
<thead>
<tr>
<th>Background characteristic</th>
<th>Percentage who have heard about AIDS</th>
<th>Number of women</th>
<th>Radio</th>
<th>Television</th>
<th>Cinema</th>
<th>Newspaper/magazine</th>
<th>Poster</th>
<th>hoarding</th>
<th>Health worker</th>
<th>Adult education programme</th>
<th>Friend/relative</th>
<th>School/teacher</th>
<th>Other source</th>
<th>Number of women who have heard about AIDS</th>
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<td>5.4</td>
<td>16.878</td>
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</table>

Contd...
Table 2

Table 6.24: Source of knowledge about AIDS (contd.)

The percentage of ever-married women who have heard about AIDS and among women who have heard about AIDS, the percentage who received information from specific sources by selected background characteristics, India, 1988–99

<table>
<thead>
<tr>
<th>Background characteristic</th>
<th>Percentage who have heard about AIDS</th>
<th>Number of women</th>
<th>Radio</th>
<th>Television</th>
<th>Cinema</th>
<th>Newspaper/magazine</th>
<th>Poster/Hoarding</th>
<th>Health worker</th>
<th>Adult education programme</th>
<th>Friend/relative</th>
<th>School/teacher</th>
<th>Other source</th>
<th>Number of women who have heard about AIDS</th>
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<td>Standard of living index</td>
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<td>0.4</td>
<td>50.1</td>
<td>0.9</td>
<td>10.2</td>
<td>5.882</td>
</tr>
<tr>
<td>Medium</td>
<td>40.1</td>
<td>41.289</td>
<td>42.5</td>
<td>78.1</td>
<td>6.7</td>
<td>19.8</td>
<td>10.4</td>
<td>3.9</td>
<td>0.4</td>
<td>32.7</td>
<td>0.8</td>
<td>8.4</td>
<td>16.559</td>
</tr>
<tr>
<td>High</td>
<td>74.3</td>
<td>17.845</td>
<td>40.9</td>
<td>93.9</td>
<td>11.2</td>
<td>43.4</td>
<td>17.7</td>
<td>3.2</td>
<td>0.6</td>
<td>20.6</td>
<td>1.4</td>
<td>4.9</td>
<td>13.267</td>
</tr>
<tr>
<td>Exposure to mass media</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposed to any media</td>
<td>60.7</td>
<td>53.224</td>
<td>43.3</td>
<td>83.5</td>
<td>8.7</td>
<td>29.2</td>
<td>13.2</td>
<td>3.5</td>
<td>0.5</td>
<td>27.9</td>
<td>1.1</td>
<td>5.8</td>
<td>32.316</td>
</tr>
<tr>
<td>Listens to radio weekly</td>
<td>61.6</td>
<td>32.547</td>
<td>59.2</td>
<td>81.1</td>
<td>9.9</td>
<td>32.0</td>
<td>13.0</td>
<td>3.7</td>
<td>0.6</td>
<td>28.4</td>
<td>1.2</td>
<td>6.0</td>
<td>20.040</td>
</tr>
<tr>
<td>Watches television weekly</td>
<td>68.1</td>
<td>40.788</td>
<td>43.2</td>
<td>90.9</td>
<td>9.2</td>
<td>30.4</td>
<td>13.9</td>
<td>3.4</td>
<td>0.5</td>
<td>25.5</td>
<td>1.1</td>
<td>5.4</td>
<td>27.776</td>
</tr>
<tr>
<td>Goes to cinema/theatre monthly</td>
<td>71.9</td>
<td>9.457</td>
<td>48.8</td>
<td>84.6</td>
<td>19.6</td>
<td>33.1</td>
<td>14.3</td>
<td>3.8</td>
<td>0.7</td>
<td>32.4</td>
<td>1.4</td>
<td>6.3</td>
<td>6.795</td>
</tr>
<tr>
<td>Reads newspaper/magazine weekly</td>
<td>85.1</td>
<td>18.567</td>
<td>47.9</td>
<td>89.4</td>
<td>12.2</td>
<td>51.1</td>
<td>19.6</td>
<td>4.1</td>
<td>0.8</td>
<td>22.4</td>
<td>1.6</td>
<td>5.7</td>
<td>15.809</td>
</tr>
<tr>
<td>Not regularly exposed to any media</td>
<td>10.1</td>
<td>35.975</td>
<td>26.2</td>
<td>37.3</td>
<td>2.4</td>
<td>5.3</td>
<td>5.8</td>
<td>4.4</td>
<td>0.2</td>
<td>57.6</td>
<td>0.9</td>
<td>12.0</td>
<td>3.830</td>
</tr>
<tr>
<td>Total</td>
<td>40.3</td>
<td>89.199</td>
<td>41.5</td>
<td>78.8</td>
<td>8.1</td>
<td>26.8</td>
<td>12.5</td>
<td>3.6</td>
<td>0.5</td>
<td>30.9</td>
<td>1.0</td>
<td>6.4</td>
<td>35.946</td>
</tr>
</tbody>
</table>

Note: Total includes women with missing information on education, religion, caste/tribe, and the standard of living index, who are not shown separately.
increases women’s knowledge about AIDS substantially. Eighty-five percent of women who read a newspaper or magazine at least once a week know about AIDS compared with only 10 percent of women who are not regularly exposed to any mass media (newspapers, magazines, radio, television, cinema, or theatre).

State Variations in the percentage of ever-married women who have heard about AIDS are shown in Table 2 and Figure 3. Knowledge of AIDS ranges from a low of only 12 percent in Bihar to 93 percent in Manipur and Mizoram. Bihar, Uttar Pradesh, Rajasthan, and Madhya Pradesh all have very low levels of AIDS awareness (below 23 percent). On the other hand, Tamil Nadu, Kerala, Delhi, Goa, and Nagaland (in addition to Manipur and Mizoram) have relatively high levels of AIDS awareness (about 72 percent). In NFHS-1, AIDS-awareness questions were asked in only 13 states so it is not possible to assess trends in AIDS awareness between NFHS-1 and NFHS-2 for India as a whole. However, in all of the 12 states with comparable information currently available, awareness of AIDS increased substantially between the two surveys. Particularly dramatic increases in AIDS knowledge have taken place in Tamil Nadu (from 23 to 87 percent), Delhi (from 36 percent to 79 percent), Maharashtra (from 19 to 61 percent), and Goa (from 42 percent to 76 percent).
<table>
<thead>
<tr>
<th>State</th>
<th>Percentage who have heard about AIDS</th>
<th>Among those who have heard about AIDS, percentage who received information from:</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>40.3</td>
<td>Radio  41.5  Television  78.8  Cinema  8.1  Newspaper/ magazine  26.6  Poster/ hoarding  12.5  Health worker  3.8  Adult education programme  0.9  Friend/ relative  0.5  School/ teacher  30.9  Other source  1.0</td>
</tr>
<tr>
<td>North</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delhi</td>
<td>79.2</td>
<td>36.1  96.9  13.2  38.8  21.6  2.4  0.4  14.8  0.6  3.1</td>
</tr>
<tr>
<td>Haryana</td>
<td>44.3</td>
<td>32.2  90.5  3.6  26.3  17.8  3.2  0.6  24.4  2.4  2.6</td>
</tr>
<tr>
<td>Himachal Pradesh</td>
<td>60.9</td>
<td>33.3  89.8  2.7  28.0  31.9  10.4  0.5  21.7  0.8  3.7</td>
</tr>
<tr>
<td>Jammu &amp; Kashmir</td>
<td>31.9</td>
<td>45.9  86.4  2.2  16.4  4.0  2.2  0.4  17.9  0.9  1.0</td>
</tr>
<tr>
<td>Punjab</td>
<td>54.6</td>
<td>25.2  54.6  3.9  34.2  23.0  3.1  0.7  24.2  0.6  2.8</td>
</tr>
<tr>
<td>Rajasthan</td>
<td>20.8</td>
<td>28.1  87.4  4.5  28.7  12.6  3.9  0.2  13.0  1.3  4.0</td>
</tr>
<tr>
<td>Central</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Madhya Pradesh</td>
<td>22.7</td>
<td>27.8  83.8  5.3  29.9  7.0  3.4  0.3  10.7  0.8  2.0</td>
</tr>
<tr>
<td>Uttar Pradesh</td>
<td>20.2</td>
<td>39.4  90.4  7.4  22.4  6.3  1.2  0.0  11.1  0.3  1.9</td>
</tr>
<tr>
<td>East</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bihar</td>
<td>11.7</td>
<td>55.4  82.9  13.6  22.1  2.9  1.2  0.4  18.4  1.1  3.2</td>
</tr>
<tr>
<td>Orissa</td>
<td>39.0</td>
<td>61.8  74.4  5.1  16.7  7.0  2.2  0.4  40.2  0.8  2.9</td>
</tr>
<tr>
<td>West Bengal</td>
<td>28.4</td>
<td>31.3  68.8  5.2  25.8  6.0  1.8  0.0  16.3  0.3  4.2</td>
</tr>
<tr>
<td>Northeast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arunachal Pradesh</td>
<td>60.4</td>
<td>30.8  62.7  5.0  9.3  8.1  1.7  0.5  65.3  1.4  4.5</td>
</tr>
<tr>
<td>Assam</td>
<td>33.7</td>
<td>63.2  63.8  15.5  27.9  17.0  3.1  0.2  38.5  0.9  5.1</td>
</tr>
<tr>
<td>Manipur</td>
<td>92.9</td>
<td>72.3  34.5  4.1  23.1  12.5  6.1  0.1  57.4  0.8  17.9</td>
</tr>
<tr>
<td>Meghalaya</td>
<td>44.2</td>
<td>54.9  60.6  4.6  42.9  21.0  6.0  1.4  57.4  1.1  4.8</td>
</tr>
<tr>
<td>Mizoram</td>
<td>93.2</td>
<td>67.4  30.4  1.7  60.1  44.4  12.8  1.6  59.3  2.8  16.0</td>
</tr>
<tr>
<td>Nagaland</td>
<td>72.4</td>
<td>39.8  40.0  1.2  28.8  27.1  3.1  1.0  72.3  1.0  23.4</td>
</tr>
<tr>
<td>Sikkim</td>
<td>53.6</td>
<td>57.1  70.7  4.6  21.2  24.3  10.7  0.5  40.3  0.6  4.5</td>
</tr>
<tr>
<td>West</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goa</td>
<td>76.3</td>
<td>26.5  82.5  2.4  34.7  18.5  10.2  1.8  32.9  2.5  13.0</td>
</tr>
<tr>
<td>Gujarat</td>
<td>29.8</td>
<td>15.2  85.9  5.2  46.4  37.5  3.6  1.3  11.9  1.5  5.4</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>61.1</td>
<td>22.2  76.8  2.7  23.0  16.6  6.5  0.2  32.8  1.5  13.6</td>
</tr>
<tr>
<td>South</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Andhra Pradesh</td>
<td>55.3</td>
<td>33.7  74.3  14.7  15.9  6.6  2.9  0.3  40.6  0.9  7.7</td>
</tr>
<tr>
<td>Karnataka</td>
<td>58.1</td>
<td>68.3  80.6  12.0  26.9  10.9  4.4  0.4  33.4  0.9  3.4</td>
</tr>
<tr>
<td>Kerala</td>
<td>96.9</td>
<td>86.8  57.3  4.3  60.6  7.2  1.9  0.2  34.6  0.0  5.0</td>
</tr>
<tr>
<td>Tamil Nadu</td>
<td>87.3</td>
<td>52.4  78.1  11.8  19.2  14.3  3.4  0.4  50.9  5.9  8.9</td>
</tr>
</tbody>
</table>
Figure 3

Percentage Who Have Heard About AIDS by State

NFHS-2, India, 1998-99
**Source of Knowledge about AIDS**

Mass media especially electronic media has been extensively used to create awareness among the general public about AIDS and its prevention. Table 1 shows the percentage of ever-married women who have heard about AIDS from specific sources. Television is the most important source of information about AIDS among ever-married women in India. Seventy-nine percent of women report television as a source of their information about AIDS. Other important sources are the radio (42 percent), friends or relatives (31 percent), and newspapers or magazines (27 percent). Only 4 percent report that they received information about AIDS from a health worker.

Television is the most important source of information about AIDS in both urban and rural areas, followed by the radio. Rural women are more likely than urban women to have learned about AIDS from the radio, a health worker, or a friend or relative. On the other hand, urban women are more likely to have learned about AIDS from television, cinema, newspapers or magazines, or posters or hoardings. More educated women are less likely than less educated women to have learned about AIDS from a friend or relative, but they are more likely to have learned about AIDS from each of the other sources. Scheduled tribr women are less likely than other women to have learned about AIDS from television or cinema, but are more likely than other women to have learned about AIDS from a health worker or a friend or relative.

Women in households with a high standard of living are more likely than other women to have learned about AIDS from television, cinema, newspapers or magazines, or posters or hoardings; they are less likely to have learned about AIDS from a friend or relative. Finally, women who are not regularly exposed to mass media are much less likely to have learned about AIDS from any media sources, but they are more likely to have learned about AIDS from a friend or relative, as might be expected.

Primary source of information in most states among ever-married women, who have heard about AIDS is television, followed by the radio (Table 2).
Newspapers and magazines are also important sources of information about AIDS in most states. The percentage who received AIDS information from a health worker is much higher in Mizoram, Sikkim, Himachal Pradesh, and Goa than in other states, but even in those states only 10-13 percent of women mention health workers as a source of information. Friends and relatives are a relatively important source of AIDS information in the northeastern and southern states, as well as in Orissa, Goa, and Maharashtra.

Level of awareness and behavior risk patterns:

As a part of the monitoring and evaluation activities under the NACP-II behavioral surveillance survey was carried out in the general population in all 35 States and Union Territories in the country between April-September 2001. The survey provides baseline information on the behavior risk patterns in the country. A total of 84478 respondents were contacted in entire country during the baseline survey. Of these 42125 (49.9%) were residing in urban areas while 42263 (50.1%) hailed from rural areas. The salient highlights of the National Baseline Behavioral Surveillance Survey amongst general populations are:

- 76.1% had ever heard of HIV / AIDS (82.4% - males and 70% - females). Low awareness rates were recorded among rural women in Bihar, Gujarat, U.P., M.P. and West Bengal.
- More than three out of every four interviewed respondents were aware that HIV / AIDS is transmitted through sexual contact. Low awareness rates were reported among rural women in the States of Bihar, Gujarat, UP, MP and West Bengal.
- 72.5% were aware that HIV / AIDS could be transmitted through blood transfusion. Low awareness was recorded among rural women from Bihar, Gujarat, UP, MP and West Bengal.
- 77.6% males & 64.9% females were aware that HIV / AIDS could be transmitted through needle sharing.
- The potential of mother to child transmission is still less known to the respondents across the country.
- 54.4% respondents were aware that HIV / AIDS could be transmitted through breast-feeding.

- More than 75% respondents were aware of the benefit of consistently using a condom in prevention of transmission of HIV / AIDS in Delhi, Goa, HP, Kerala, Manipur and Punjab. However among rural female respondents, this awareness was low in Bihar, Gujarat and West Bengal.

- 57% of the respondents were aware that having one faithful and uninfected sex partner could prevent transmission of HIV / AIDS.

- 71.2% were aware that sexual abstinence helped in prevention of transmission of HIV / AIDS.

- Less than 1 of 4 respondents knew that HIV / AIDS couldn’t be transmitted through mosquito bites or by sharing a meal with an infected person.

- Less than a third of all respondents had heard of Sexually Transmitted Diseases (STDs) in the entire country.

- Awareness on the linkage between STD and HIV was low in the entire country (20.7%).

- 90.4% urban respondents (94.7% male; 86.2% female) and 76.9% rural respondents (84.5% males; 69.5% females) stated that they had seen or heard of a condom.

- More than a third of the respondents (37.4%) stated that it took them more than 30 minutes to procure a condom.

- The median age at first sex was 21 years for males and 18 years for females in the entire country.

- 11.8% males and 2% females reported sex with non-regular partners in a 12-month recall period.

- 51.2% males reported using condoms during the last sex with their non-regular partners as against 39.8% females.

Television was the most popular medium in the general population in most States.
The United Nations (UN) termed Acquired Immune Deficiency Syndrome (AIDS) as one of the biggest global concern and adopted halting and reversing the spread of HIV/AIDS as one of its Millennium Development Goals. According to UNAIDS (2007)⁶ “every day, over 6800 persons become infected with HIV and over 5700 persons die from AIDS, mostly because of inadequate access to HIV prevention and treatment services. The HIV pandemic remains the most serious of infectious disease challenges to public health”. The estimated number of persons living with HIV worldwide in 2007 was 33.2 million and estimated number of deaths due to AIDS in 2007 was 2.1 million worldwide (UNAIDS, 2007).⁷ The overwhelming majority of people with HIV, some 95% of the global total, live in the developing world. India is one of them as more accurate estimates of HIV indicate that approximately 2.5 million people in India were living with HIV in 2006. Although the proportion of people living with HIV is lower than previously estimated, India’s epidemic continues to affect large numbers of people (UNAIDS, 2007).⁸ The UNAIDS Report (2006) estimated that only 7% of Indians who needed anti retroviral drug therapy actually received it last year while only 1.6% of pregnant women who needed treatment to prevent mother to child HIV transmission were receiving it. These estimates reveal that India is facing a tsunami of HIV/AIDS and need better approaches and strategies to provide HIV/AIDS education particularly to young people in the age group of 10-19 years.⁹

**HIV/AIDS EDUCATION AND YOUNG PEOPLE**

The most tragic aspect about AIDS is that more than 2.5 million people living with HIV/AIDS are less than 15 years of age. The UN Declaration of Commitment on HIV/AIDS outlined a goal of reducing HIV prevalence by 25% in young people (aged 15–24 years) in the most-affected countries by 2005. National surveys conducted between 1994 and 2006 to assess sexual behavior trends among young people have suggested that prevention efforts are having an impact in several of the most-affected countries (UNAIDS, 2007). Therefore, addressing children and youth during this age period is a real “window of hope” for preventing the spread of HIV

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⁶ UNAIDS (2007)  
⁷ Ibid  
⁸ Ibid  
There is further evidence that HIV and AIDS education taught before young people become sexually active does not result in an earlier age of sexual debut, and in fact it may have the opposite effect of delaying the initiation of sexual activity and encouraging protective behavior upon sexual initiation.  

In the absence of a vaccine, prevention remains the number one priority. Research from around the world shows that participating in primary and secondary schooling is a critical factor in protecting young people, and especially girls, from HIV infection. A positive impact can be expected if preventive measures taking place in the school are accompanied by activities carried out within the community.

Schools and other learning places have an obligation to equip students with these facts and skills for life, including how to avoid coercive and unwanted sex. The challenge remains of finding the most effective way to bring this learning to adolescents (school students). Unfortunately, the most influential group for students’ means parents and teachers in India has social inhibitions and lack HIV/AIDS knowledge. School teachers do not posses proper knowledge and skills to teach about HIV/AIDS issues.

These observations motivate us to find out strategies to provide HIV/AIDS knowledge and development of attitudes and skills that can limit the spread and impact of the epidemic among adolescents in age group of 10-19 years accounting for 22.8% of the population (230 million) of India. Majority of this age group is studying in 7,10,471 Primary level, 2,62,649 Middle level and 46,796 Secondary level schools (MHRD, 2004). Offering HIV/AIDS awareness education and training to these school going students as well to their parents/teachers is a major challenge. Using educational media for this purpose can be a viable option to face this challenge in India having socio-cultural diversity, sixteen official languages and wide disparities in living standards.

HIV/AIDS EDUCATION AND EDUCATIONAL MEDIA

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12 IBE 2006
Experience to date suggests that educational media can be applied to achieve better health outcomes and is being used in many developing countries and communities to facilitate remote consultation, diagnosis and treatment.  

European countries developed substantial public education program, making heavy use of mass media, to address the HIV/AIDS epidemic during the 1980s and early 1990s. Health related internet use was associated with HIV disease knowledge, active coping, information seeking, and social support among persons who were using the internet. Similarly a report published in Plosmedicine, advocated that Internet may be a promising strategy to deliver low-cost HIV/AIDS risk reduction interventions in resource limited settings with expanding Internet access.

These observations clearly suggest possibilities of using the educational media for HIV/AIDS related information and health benefits among people. Before suggesting strategies to use educational media for HIV/AIDS prevention it is necessary to understand the reach and potential of key educational media in India. The National Readership Study 2006 (NRS 2006) states that Print, Radio, Television, Mobile telephony and Internet enabled computer are key media in India. Considering the severity of AIDS epidemic, it is high time to adopt innovative strategies to use all these media for imparting HIV/AIDS education and training to school students. It is a well established fact educational actions on targeted group (in this case school students) are most effective when reinforced by complimentary educational provision aimed at other people who have an influence on the target group (in this case, their teachers and parents). Following this principle, a whole-community approach has been adopted and proposed strategies to use key educational media for HIV/AIDS education are targeted for school students and their parents/teachers.

14 http://www.healthnet.org/
(A) Strategies to use Print Media

According to NRS (2006) “over the last 3 years the number of readers of dailies and magazines has grown to 222 million. Vernacular dailies have grown from to 203.6 million while English dailies have at around 21 million. \(^{19}\) The reach of magazines was 68 million in 2006”. Newspapers are publishing HIV/AIDS issues and articles in regular intervals but they are required to contribute more considering the killer impact of this disease. In this context, following strategies can be adopted to utilize print medium for HIV/AIDS awareness and training to school students and their parents/teachers.\(^ {20}\)

(I) For Students

(i) News papers and magazines can publish specific “HIV/AIDS education and training to young people” column. The cuttings of these columns can be placed on library and bulletin board of schools to make students aware and better informed. Publication of relevant articles and quizzes about HIV/AIDS particularly in regional dailies targeting school students may also be helpful to bring awareness.

    (ii) Print media can make a difference by giving the epidemic prominent news coverage and dedicating space to HIV/AIDS public service messages. Print Media can also undertake massive campaigns targeting school students to remove myths about HIV/AIDS, awareness of risk and knowledge of how to avoid transmission of AIDS, prevention of HIV/AIDS and development of right attitude towards HIV/AIDS epidemic.

(II) For Parents/Teachers

    (i) Print media can play an important and determining role in educating, creating awareness and transmitting crucial information about HIV/AIDS issues so that parents/teachers become aware, remain alert and take measures to prevent its occurrence among their wards/students. This will empower them to teach and train young people about HIV/AIDS issues.

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\(^ {19}\) Ibid
(B) Strategies to use Radio

Radio broadcast, both for information and education, is fairly old in India. Expansion of radio transmission has been rapid, and today there are over 197 radio stations, including 184 full-fledged stations, 10 relay stations and three exclusive commercial radio stations reaching 97.3% of the population and 90% of the geographical area (GOI 2000, 2003). The radio has immense reach in India and radio listening still remains an important source of information for a large number of listeners particularly in rural India. Considering this aspect, following strategies can be adopted to provide HIV/AIDS education through Radio.

(I) For Students

(i) Studies have shown that young people (school students) hesitate to discuss HIV/AIDS issues. Phone-in-programs by Radio can be helpful to counter this problem. In these programs, listeners talk through phones to put up their choices and opinions with anchors/experts. Through its phone-in-programs, radio can offer medical, social and psychological counseling regarding HIV/AIDS to school students.

(ii) Most of the available literature and material regarding HIV/AIDS provided by national and international agencies is in English. India is a multilingual country and majority of students prefer their local or regional language to obtain educational information. Radio can be of immense help to overcome language barrier for dissemination of HIV/AIDS knowledge. The HIV/AIDS awareness programs broadcasted through radio in regional languages will be helpful for school students to understand HIV/AIDS issues easily and efficiently.

(II) For Parents/Teachers

(i) Seventy percent population of India lives in rural sector and they require information about HIV/AIDS prevention. Radio can help in this aspect. Agriculture is main occupation in rural sector and radio broadcasts a number of programs on agriculture and farming for the benefit of rural population. Giving HIV/AIDS information between agriculture programs will be useful to disseminate HIV/AIDS

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education to large number of parents/teachers living in rural sector. Afterwards, they will pass on acquired information to their wards/students.

(C) Strategies to use Television

National television, known as Doordarshan in India is the world’s largest television network, with 23 channels and 1,314 transmitters dotting the country (Doordarshan 2002).\textsuperscript{22} Besides Doordarshan, there are over 150 multilingual private satellite television channels (Satellite and Cable TV 2003) offering news, general entertainment, movies, music and so on to over 87\% of the Indian population. Besides Hindi and English, the telecast covers 15 other Indian languages. According to Doordarshan India 2002, 79.3 million homes in the country have television. Television in India has already been used to offer HIV/AIDS education in the form of serials, quizzes, advertisements and awareness programs. The following strategies will be helpful to further utilize the immense potential of television for HIV/AIDS education.

(I) For Students

(i) People in India love to watch soap operas. This tendency of Indian viewers can be exploited for the cause of HIV/AIDS education. The program producers and serial makers for television can be requested to portray one or two characters of HIV/AIDS people in their soap operas and show their lives from different perspectives. This act will enable the school students (prominent viewers of TV) to understand the cause, effects and sufferings behind HIV/AIDS epidemic.

(ii) The teleconferencing mode of television can also be utilized to provide information and counseling to school students to discuss HIV/AIDS issues openly with experts. The television studios can invite experts like medical practitioners, social workers, educationists to counsel on the issues of HIV/AIDS. Students can be asked and encouraged to put up their question and queries to experts by using this facility. The television studios can also organize this conferencing at regional level.

(II) For Parents/Teachers

\textsuperscript{22} Doordarshan India (2002) Prasar Bharati (Broadcasting Corporation of India), New Delhi.
(i) Now-a-days reality shows on television in India are very popular. These shows have been used to encourage and excel people in different walks of life. Considering this success, reality shows for HIV/AIDS people on television can be organized. These shows will motivate HIV/AIDS people to overcome on stage and share their feelings, emotions and apprehensions with millions of viewers. These shows will motivate parents and teachers to introspect and change their actions and attitudes towards these people. This attitudinal change will sensitize them to talk about AIDS issues with their wards/students.

(D) Strategies to use mobile telephony

Mobile telephony is one of the most used communication means in media. Agarwal (2005) observes that phone networks, including cellular phones, leading to “silent” communication revolution enabling millions to overcome the literacy barrier in communication. Companies and organizations are using mobile signals to endorse their products, services and messages. Considering this aspect, mobile phone offers great opportunity to provide HIV/AIDS education. The following strategies can be adopted for this purpose.

(I) For Students

(i) Mobile in India has been frequently used for Short Messaging Service (SMS) and Multimedia Messaging Service (MMS). These messages are also available in national and regional languages. The AIDS prevention agencies and organizations can send AIDS awareness/prevention messages to mobile using school students with a request to spread these messages among peers to help humanity and save community. This will trigger chain reaction among mobile using school students to understand and spread HIV/AIDS messages.

(ii) Every mobile company has customer care centre to provide free of cost consultancy to their customers. Taking clue from this scheme, agencies responsible for HIV/AIDS prevention can establish HIV/AIDS care centre via mobile network to provide consultancy and AIDS related information. The interested students can

contact these centers by using toll free numbers. This step will be helpful to improve the communication and awareness about AIDS among students. Besides, these centers will also help them to put their queries and apprehensions about HIV/AIDS to experts without disclosing their identity.

(II) For Parents/Teachers

(i) Mobile companies offer the facility of mobile alerts to their customers. Under this facility, they alert their customers about e-mails, latest events and other required information as per the need of the customers. This feature can be used to provide HIV/AIDS awareness and training particularly to parents and teachers. The agencies can use this service to alert the willing parents/teachers about latest information, events and breakthroughs in the field of HIV/AIDS prevention. This information will help them to guide their wards/students about HIV/AIDS issues on regular basis.

(E) Strategies to use internet and computer networks

The Indians are increasingly becoming Internet savvy. A survey by Internet and Mobile Association of India published in Times of India (2005) reports that “Internet penetration has been facilitated by low rates for broadband connection and introduction of affordable PCs which enables the common man to overcome the first obstacle of accessing the Net”. The researches world over shows that internet has immense potential and is one of the best medium to spread HIV/AIDS information. Following strategies can be adopted to use internet and computer networks for HIV/AIDS education to school students in India.

(I) For Students

(i) The apex agencies involved with HIV/AIDS epidemic in India can launch specific websites regarding HIV/AIDS information. The websites can also provide ‘mail us to ask about HIV/AIDS’ option in their web pages. The school students will be main beneficiary from this provision.

(ii) Internet can be used to offer online HIV/AIDS education program particularly to school students as they need HIV/AIDS education but hesitate to

24 Times of India (December 09, 2005) Internet users base up by 54% in India. Times of India, New Delhi.
obtain it from their teachers, parents and peers. The internet can come handy for this purpose. The online education program containing safe sexual practices, information about nature and spread of HIV virus, how to safeguard them from AIDS, etc. can be offered through these online programs.

**For Parents/Teachers**

(i) With the help of chat rooms and blogs, parents/teachers can form a group to portray their feelings, information and apprehension about sharing HIV/AIDS awareness and training issues with their wards/students. Through this medium, parents/teachers can share their ideas and feelings about issues like reducing infection of sexually transmitted diseases amongst young people, practical steps to ensure that their children understand and practice safe behaviour; better supervision of young people in schools, aspects of school and class management that can promote and enforce responsible behaviour, etc. This exchange of information will empower parents/teachers to train and guide their wards/students about HIV/AIDS prevention.

**HIV PREVALENCE AMONG DIFFERENT POPULATION GROUPS**

The average HIV prevalence among women attending antenatal clinics in India is 0.88%. Much higher rates are found among people attending sexually transmitted disease clinics (5.66%), female sex workers (8.44%), injecting drug users (10.16%) and men who have sex with men (8.74%). Rates vary widely between regions, and exceed 20% among female sex workers in Maharashtra, injecting drug users in Delhi and Manipur, and men who have sex with men in Delhi.

In India, a severe AIDSA epidemic would raise government health expenditure in 2010 by one-third more than it would have been in the absence of AIDS.

AIDS kills the most productive segment of society-prime-aged adults. It makes poor families poorer and dramatically increases the number of orphans. Orphaned children are more malnourished than children with living parents, and older children are typically withdrawn from school following an adult death, to cope with the...
economic consequences. Modelling carried out by UNAIDS has suggested that in India by 2010 total of 25 million people will be living with HIV/AIDS under a worst-case scenario, with the corresponding number being 5 million under a best-case scenario, i.e. an adult seroprevalence of approximately 1-5%. It corresponds to a scenario in which prevalence grows from its current level of approximately 1 % of the sexually active population to an equilibrium level of almost 5%. For Botswana, where HIV prevalence levels are already high, no major growth of the epidemic is anticipated. Model parameters and initial values were set to reflect an equilibrium HIV/AIDS prevalence of about 30% of the sexually active adult population. The most important intrinsic differences assumed between Botswana and India were as follows: the rate at which men became clients of female sex workers, which was taken to be four times higher in Botswana than in India; and in the number of infections caused by infected individuals among low-risk individuals of the opposite sex, which was twice as high in Botswana as in India, reflecting the higher frequency of non-commercial extramarital sex in sub-Saharan Africa.

Each state has its own AIDS Prevention and Control Society, which carries out local initiatives with guidance from NACO. Under the second stage of the government’s National AIDS Control Programme (NACP-II), which finished in March 2006, state AIDS control societies were granted funding for youth campaigns, blood safety checks, and HIV testing, among other things. Various public platforms were used to
raise awareness of the epidemic - concerts, radio dramas, a voluntary blood donation day and TV spots with a popular Indian film-star. Messages were also conveyed to young people through schools. Teachers and peer educators were trained to teach about the subject, and students were educated through active learning sessions, including debates and role-play.25

The third stage of the National AIDS Control Programme (NACP-III), was launched in July 2007 and runs until 2012.26 The programme has a budget of around $2.6 billion, two thirds of which is for prevention and one sixth for treatment. Aside from the government, this money will come from non-governmental organisations, companies, and international agencies, such as the World Bank and the Bill and Melinda Gates Foundation.27

The government has announced that this campaign will place a strong focus on condom promotion. It has already supported the installation of over 11,000 condom vending machines in colleges, road-side restaurants, stations, gas stations and hospitals. With support from the United States Agency for International Development (USAID), the government has also initiated a campaign called ‘Condom Bindas Bol!’ (Condom-Just say it!), which involves advertising, public events and celebrity endorsements. It aims to break the taboo that currently surrounds condom use in India, and to persuade people that they should not be embarrassed to buy them.28

In one unique scheme, health activists in West Bengal are attempting to promote condom use through kite flying, which is popular before the state’s biggest festival, Durga Puja: "The colourful kites carry the message that using a condom is a simple and instinctive act… they can fly high in the sky and land at distant places where we cannot reach." 29

This initiative is an example of how HIV prevention campaigns in India can be tailored to the situations of different states and areas. In doing so, they can make

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25 ‘India: Country situation’
28 Ibid
an important impact, particularly in rural areas where information is often lacking. Small-scale campaigns like this are often run or supported by non-governmental organisations, which play a vital role in preventing infections throughout India, particularly among high-risk groups. In some cases, members of these risk groups have formed their own organisations to respond to the epidemic.

The government has however funded a small number of national campaigns to spread awareness about HIV/AIDS to complement the local level initiatives. On World AIDS Day 2007 India flagged off its largest national campaign to date, in the form of a seven-coach train called the 'Red Ribbon Express.' A year later the train journey was completed, having travelled to 180 stations in 24 states and reaching around 6.2 million people with HIV/AIDS education and awareness.

The awareness levels on HIV/AIDS also vary widely among these states. Generally awareness levels are higher in high-prevalence states and lower in low-prevalence states that form a belt across central India, with rural women in these states the most disadvantaged in terms of awareness. Incidence of casual or multi-partner sex in the country was 5.1 percent. It is the industrially and commercially advanced states in peninsular India that presently show highest rates of infraction and risky sexual behaviour (NACO 2001a)

1. The government of India launched a National AIDS Control Programme in 1987, which concentrated on surveillance, blood safety, and information, education and communication (IEC). A comprehensive five-year strategic plan was launched during 1992-97 with World Bank credit as the Nation AIDS Control Programme Phase 1. The second phase of the National AIDS Control Programme (NACP-II) was formulated with the two key objective of reduction of the spread HIV infection in the county and to strengthen India’s capacity to respond to HIV/AIDS on a long-term basis (NACO 1999a, 1999b).

Specific objectives of this phase include interventions to change behaviour especially among high-risk groups through targeted interventions, decentralization of

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30 Ibid
31 WHO (1992) School Health Education to prevent AIDS and Reduce Teen Pregnancy
service delivery through State AIDS Control Societies (SACS), protection of human rights, operational research and management reform. Inter-spectral collaboration with all government departments, elected representatives of the people, chambers of commerce and industry, community-based organizations and the civil society in general is another feature of this phase. 

During the past few years the programme has witnessed a rapid expansion and decentralization in the country. SACS have been setup in 35 percent/UTs and three municipal corporations (Mumbai, Chennai and Ahmedabad). These 38 percent have adequate financial and administrative powers to identify and respond to local needs. SACS operate through the regular health infrastructure and have designated district nodal officers to carry out activates related to prevention and control of HIV/AIDS. Considerable progress has been made in the past few years in implementing quality interventions. Two landmark policies, the National AIDS Prevention and Control Policy and the National Blood Policy, were adopted by the government in 2002. These are expected to be the framework on which the comprehensive national response to the epidemic will be upon. To facilitate this response, AIDS-related legislation is also on the anvil.

Access to quality data on sexual behaviour of the population is also essential for mounting evidence based control programmes. A nationwide baseline behavioural surveillance survey was conducted among the general population, bridge and high-risk populations in the country. Findings from these surveys are being used for better programming. Clear differentials between states and groups on various risk practices have been brought out.

The school AIDS programme of NACO is a crucial intervention to address school going youth of the country. It is an innovative effort that offers flexibility to the states to follow models that best suit it in providing peer-driven life skills education on children of classes 9 and 11. It is always implemented through departments of education either directly or NGOs. The programme focuses on: (a) raising awareness levels about HIV; (b) helping young people resist peer pressure to participate in risky behaviour; and (c) helping develop safe and responsible

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lifestyles, like abstinence. The programme is presently operational in about 35,000 schools.

Under IEC activities, multimedia campaigns are being taken up. Special communication packages are developed for vulnerable groups like sex workers, IDUs, truckers and street children. Focused radio programmes are broadcast on a regular basis to provide information about prevention and control of HIV/AIDS. Field publicity units, and the song and drama division have taken extensive campaigns in rural areas. AIDS hotlines with the 1097 toll-free numbers have been established in major cities in the country.

Another example of a successful program for the youth has been the Universities Talk AIDS (UTA) programme, which covered 3.5 million students in 4,044 institutions in the country. This programme was launched in 1991 and implemented by the National Services Scheme (NSS) with assistance from the WHO and NACO. The programme was aimed at reaching all universities and 10 + 2 level higher secondary schools. Along with a training manual in English (translated into various regional languages), a lot of IEC material was produced for disseminating information to students. The evaluation reports of the UTA programme by the WHO and other professional agencies indicate that the programme was successful in creating awareness about HIV/AIDS and developing a positive attitude towards sex in both boys and girls.

The family Health Awareness Campaign is an innovative public health initiative to create awareness and encourage health-seeking behaviour among rural population on RTIs and STIs, and to motivate and sensitise field-level health functionaries on the importance of treating such infections. Such a campaign is being organized annually in the entire rural population and in urban slum population in the country. About 226 million target beneficiaries (15 to 49 years) had been covered during the last campaign, out of which 43 million cases were referred from these camps and 1.8 million cases were treated during this campaign in the year 2000.

Just as HIV infection is transcending the boundaries of the high-risk population and spreading into the general populace, prevention and care
programmes have also reached a critical phase. The Indian government is fully committed to preventing HIV/AIDS at the initial stage before it emerges as a catastrophic epidemic. It looks at HIV/AIDS prevention and control as a development issue with deep socioeconomic implication and not infected and affected, irrespective of their regional, economic or social states. By following a concerted policy, and an action plan that emerges out of it, the government hopes to control the epidemic and slow down its spread in the general population within the shortest possible time. The government hopes that all participating agencies in the governmental or non-governmental sectors, and international and bilateral agencies will adopt policies and programmes in conformity with this national policy in their effort to prevent and control HIV/AIDS in India.

We all know that information is power, and awareness empowers one to protect from HIV/AIDS. The tsunami of HIV/AIDS in India can not be halted only by traditional efforts like informing people with brochures and advertisements. It is high time to utilize AIDS tremendous creative and communicating power of mainstream media for awareness and training to school students and their parents/teachers. The use of educational media offers immense possibilities to create awareness and transmitting crucial information about HIV/AIDS issues to school students. The researcher has a belief that adoption of proposed strategies in India will be helpful to achieve one of the most crucial MDGs by UN “halting the spread of HIV/AIDS”.