

EXECUTIVE SUMMARY

An effective Health Campaign complements the other efforts at prevention and helps in demand generation for services. NACO has developed and implemented a communication strategy, as part of its Phase III programme which entails moving beyond awareness generation to bringing about behaviour change with a focus on reduction of stigma and discrimination, promotion of services (counselling, testing, ART, PPTCT), increasing condom use and blood safety. To create awareness about the counselling and to bring the targeted people to the ICTCs for HIV tests, NACO had organized the multimedia campaigns in the country during 2007-2008. The objective of the multimedia campaign was to promote voluntary counseling and testing, and an increase in the service-uptake at ICTC and PPTCT centres. The period of the first campaign was from August 2007 to October 2007 in the first phase and from December 2007 to February 2008 in the second phase. The activities under the campaign were coordinated by NACO through Doordarshan (Government Television Channels) and All India Radio services, Song and Drama Division of Information and Broadcasting Ministry, Satellite Television Channels, Print Medium, Internet, FM radio stations and Cinema Halls.

The present study conducted by the Indian Institute of Mass Communication (IIMC) evaluated the impact of the multimedia campaign with the broad objective to assess the impact of the campaign among the targeted groups. An 'after-effect design' methodology was used to assess the impact of the Mutli-Media Campaign. Multistage sampling method was used to draw samples from the population in the three high HIV prevalence 'A' Category states, namely Andhra Pradesh, Maharashtra and Tamilnadu. In each of these states, two districts were selected on the basis of reach and access of the campaign in the state capitals and randomly selected districts. In all, 6 districts were selected, two from each state, to carry out the field-work. A sample of 1200 respondents were randomly selected from the urban and semi urban locations which were the sites for the multimedia campaigns. To assess the impact of the campaign, the level of knowledge, attitude and practice was measured regarding the preventions and symptoms, testing at ICTCs and ART treatment of AIDS. Hence those who were exposed to the campaign were termed as 'exposed' and those who had not been exposed to any such campaign over a period of six months were termed as unexposed. Within exposed group further categorisation was done

on the basis of exposure to specific campaign on PPTCT and ICTC to establish any change in KAP to testing, and available services.

Major Findings of the Study

Extent of Media Exposure, Sources of Information and Specific Messages on HIV/AIDS Recalled:

- There was a high percentage of exposure to mass media campaign. Majority of people 950 (i.e. 79.2%) out of 1200 respondents reported to be exposed to any kind of programme on HIV and AIDS during last six months.
- TV (876), and Radio (535), were reported as the highest media sources for receiving information on HIV/AIDS. Drama /Street theatre (118) was the lowest recalled channel for the campaign.
- Nearly 55% of those exposed to any programme on HIV/AIDS during the last six months recalled about exposure to specific campaigns, on ICTC or PPTCT.
- Message on condom promotion was the highest recalled message through TV largely (i.e. 624 recalls) and to a lesser degree from radio (i.e. 249).
- Various messages related to vertical transmission (i.e. 164 recalls), use of tested and safe blood (i.e. 241 recalls) and about ICTC (i.e. 288 recalls) were recalled by the respondents through TV..
- Informations on treatment and ART centers were the lowest (i.e. 70 recalls) recalled messages through TV or through other media channels as well.
- Nearly 36.21% (344) exposed respondents reported hoardings and posters at hospitals as the source of information on HIV/AIDS thereby suggesting that more informative and strategically located out-door media can be used to provide comprehensive knowledge to those visiting hospitals and other public places.

Knowledge about HIV and AIDS: Routes of Transmission

- There was wide-spread awareness about the term ‘HIV’ and ‘AIDS’. 98.7% of the respondents exposed to the campaign and 95.2% of those unexposed to the multi-media campaign had heard about HIV /AIDS.

This suggests that ‘general’ awareness level among the people was high regarding HIV/AIDS which however did not match in equal measure for issues related to Testing and Treatment of HIV and AIDS.

- Everyone, who was exposed to any campaign, had heard about HIV/ AIDS in Maharashtra though it differences was marginal (96.6%) in Andhra Pradesh.
- Education was no bar in acquiring information on HIV/AIDS since 99% of respondents, with no formal education, had heard about the term HIV /AIDS. This can be attributed to the success of the communication programme undertaken by NACO and other partners from time to time.
- Women had higher knowledge about various aspects of HIV/ AIDS: About the routes of infection, or information about where to go for testing.
- Awareness about heterosexual route of transmission route was highest (i.e. 89.7%), and knowledge regarding sharing of needles/syringes among IDUs and men having sex with men as routes of transmission of HIV infection were at the lowest end i.e. 38.4% and 34.7% respectively in the exposed group.
- Information about vertical transmission route was higher in the exposed group (49.5%) as compared to 28.0% in the unexposed group, but no significant differences were observed on the issue of prevention of vertical transmission. Both categories of respondents (exposed and unexposed) had similar awareness level i.e. 25% to 30% respectively.
- 58.6% of the exposed respondents knew that use of untested blood could transmit HIV as compared to 51.6% in the unexposed category.
- State differentials in knowledge level varied: Awareness level in Tamilnadu, for the others routes of transmission was low and varied from 9.3% to 25%. In comparison with Tamilnadu and Andhra Pradesh, awareness level was higher in Maharashtra and varied between 40% to 75%.

Higher Awareness about ICTC Services and Motivation for Testing:

- Awareness about the ICTC services for counselling and rapid blood test was 37.8% in the exposed group those who had seen any HIV/AIDS campaign in last six months and it declined further to 14% in the unexposed group. It is notable that among the exposed more than half had knowledge (56.4%) that HIV status could be determined by a blood test at a 'nearby clinic/doctor'.
- Marked differences were found in the awareness level about the location of the ICTC centre among the exposed (50.2%) as compared to the unexposed (21.6%).

But visits to ICTC centers were less compared to awareness about the testing centre (27.5% among the exposed and 10% unexposed). The reason was that they “did not consider it was necessary”. Nearly 67% respondents who had not gone for testing (N=803/1200), gave the reason that they did not consider it was necessary, whereas 17.6%, didn’t know where to go for testing and how to get tested for HIV.

- The positive side of the campaign was that- nearly half among the exposed category affirmed that they would avail the services, or motivate others or they would go for the testing before planning to have a child.

State- Differentials:

- In Maharashtra, 63.1% in the exposed group were aware about ICTC facility in their locality as compared to Tamilnadu (33.7%). In Maharashtra, though the knowledge was high about ICTC centres but only 28.1% of the exposed group had visited ICTC centre. In contrast, in Andhra Pradesh the actual turnout for testing was 42.7%, which was far higher than in Tamilnadu, (10%). In Maharashtra, more number of exposed (63.9%) had said ‘yes’ for testing if such a facility was provided to them and in Andhra Pradesh larger number of exposed (72.2%) opted for motivating others for testing. Tamilnadu’s exposed respondents showed little interest for testing either for himself/herself (20.4%) or in motivating others to go for testing (36.7%).

Age-wise Differences:

- Greater number of middle-aged among the exposed group (30.8%) said ‘yes’ for a possibility of visiting ICTC centres, or they would go for testing if such a facility was provided (53.1%), and if and when they (58.9%) planned to have a child as compared to those in the younger age group with in exposed group.

Marital Status:

- Married respondents, within the exposed group (58.6%), were more aware of the ICTC facility in the locality, as compared to those unmarried. More than half of them (58.1% married and 53% unmarried) said ‘yes’ to testing if such a facility was provided and or if they planned to have a child, though, only 31.9% of the married among the exposed group visited any ICTC centres.

Knowledge about Locations & Type of Counselling:

- Knowledge about provision of counselling services (13.5% among the exposed group and 5.9% of the unexposed group) and where these services were located

(55.8% exposed & 15.7% unexposed), indicated that those who were exposed to specific campaign had better knowledge on ICTC related services.

- Among those exposed to the specific PPTCT campaign during past six months, 70% perceived that pregnant women should go for the HIV testing, while in the unexposed group the percentage was only 2.7%. Hence, there was a higher level of awareness about the PPTCT services among those exposed and the wide gap in the knowledge level among those non-exposed to such a campaign, It is imperative to launch such programmes among women which promote not general awareness about PPTCT/ICTC services but more comprehensive knowledge of all aspects of testing and treatment which are mandatory through phases of pregnancy and delievary.

Issue of Discrimination:

- More discrimination was reported at the level of the community as compared to the medical institution level. Discrimination at the community level was perceived in the exposed category (36.6%) and 34.4% in the unexposed category. For discrimination at the medical institution level only 19.3% said 'yes' in the exposed category and 10% in the unexposed category. But more importantly, the response elicited was 'can't say' which was indicative of a state of uncertainty. It however did not suggest that there was no discrimination at medical institution level.

State Differentials:

- In Tamilnadu more discrimination at the community level (57.4%) was reported as compared to other two states. In Maharashtra (28.8%) discrimination was found at the level of the medical institution as compared to other two states. In Andhra Pradesh however discrimination drew a silence among the respondents for the community level (72.2%) as well as at the medical institution level (88.8%) among the exposed respondents. The issue of stigma and discrimination needs special attention due to high prevalence of the infection in these states and for the protection of the rights of the positive people. Some positive sign was evident since nearly 60% of the exposed were willing to go for test, if such a facility was provided, or motivate others for testing, and once they planned for a child.