

DRAFT REPORT

Assessment of Community Awareness on HIV and the Role of different means of IEC in Chhattisgarh

Conducted by

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For

Chhattisgarh State AIDS Control Society

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Executive summary

HIV continues to remain a major public health issue, both around the globe and in India. There is no cure for the infection, but there are effective prevention, diagnosis, treatment and care available that makes HIV a manageable condition. Information education and communication activities involving multi-media approach consisting mass media, mid media, on ground mobilization and interpersonal communication has been given high priority under National AIDS control programme.

Chhattisgarh State AIDS Control Society (CGSACS) undertakes various modes of IEC to increase awareness and bring about behavioural change related to HIV/AIDS. This study was proposed by CG SACS through SHRC for evaluation of the effectiveness of IEC of the program. For evaluation, simple random sampling method was adopted. The evaluation was conducted in six districts of the state with a fair representation of urban, rural, and tribal areas. Data was collected from villages in rural areas and from wards in the urban areas. A total of 559 adults could be interviewed in the study.

The main findings of the study are as follows

Knowledge about the mode of transmission of HIV-AIDS, 67% knew it spreads through unprotected sex, 42% knew about spread through sharing drug needles, 41% knew from receiving blood from an HIV infected person and 33% knew it spreads from infected mother to child. 75% of the respondents could name atleast one correct answer for causes of transmission. The leading source of information of such awareness was television followed by radio, newspaper and Mitanins. Source of information was found similar for all modes of transmission and also similar for urban and rural areas.

Knowledge of when should one get tested for HIV-AIDS, 53% told after having unsafe sex, 35% told that when one comes accidentally in contact with someone else's blood and when the sexual partner is showing symptoms of HIV-AIDS was told by 35%. The leading source of information of such awareness was television followed by radio, newspaper and Mitanins. This source of information was similar for all categories of testing conditions told by respondents as well as for urban and rural areas.

Responses on Knowledge about high risk groups for HIV-AIDS, majority knew about multiple sex partner 35%, truck drivers 26% followed by others.

Knowledge about effectiveness of condoms, to prevent HIV-AIDS show that 56% knew that it is very effective.

Knowledge on the nearest health centre for HIV testing, 82% could name the nearest centre where the testing was available. 45% knew about district hospital, followed by CHC (41%), there were 18% who did not know where to get tested. The source of information for this knowledge was television followed by mitanins and radio.

Knowledge on the place where HIV people should seek for help or treatment, Around 80% could name the nearest centre where treatment is available. Around 62% named medical college or district hospital. Around 20% people did not know any place. Source of information for the knowledge was television followed by mitanin and radio.

Knowledge about the behaviour to be adopted if the wife of HIV positive becomes pregnant, shows that majority told she should be taken to government hospital and the major source of such information was through television.

Questions related to stigma, around 20% of respondents had strong stigma and another 15% as unsure.

On asking whether they will continue working with HIV positive person there were 35% people who were either not willing or not sure for same. The stigma was more prominent in rural than urban areas. There were 70% people who said that they will continue purchasing from HIV positive shopkeeper. Similarly there were only 65% people who said that they will allow their child to play with HIV positive child. There were 11% people who said that living in home of HIV can transmit the infection. Another 6% said that the HIV positive person should live separately from the community.

Question on Preventive behaviour, shows that 68% people ask for new syringe at the hospital. Also around 71% people ask for a safe and clean equipment before body piercing or tattooing.

When probed about various modes of awareness generation, it was found that television is the most prominent known source. Second most prominent source is by Mitanin. It was found that printed IEC material, IEC Van were the least known. Awareness about toll free number for HIV-AIDS related help 1097 was very minimum of 10%.

Recommendations–

It can be concluded that electronic mass media as a source of information has been the leading source in state of Chhattisgarh where most of the investments have also been done.

Use of Television should be continued as it is proven out a prominent source of information in the study. The use of FM Radio should be increased for urban areas.

Newspaper has not proven very effective. IEC through hoardings was not effective, hence its use should be discontinued. Mobile IEC vans are not effective and should be discontinued. Use of bus panels was too little to make a difference. The toll free helpline was not used at all by people.

Wall writings may be used as it can be an economical way to reach a large number of localities and it shown its utility in other health programmes.

More resources should be also directed towards inter personal communication (IPC) as means of spreading awareness. The example of Mitanins has shown that despite spending very little resources on them, they were able to spread awareness in a significant population. Mitanins were particularly useful in spreading awareness on services of testing

and treatment of HIV in government facilities. The use of IPC should be increased through all frontline workers, especially male multi-purpose workers.

Folk/street theatre (kala jatha) which is regarded as a useful medium in remote and media dark areas has not shown much effectiveness, it can be used in specific locations for targeted groups that are known to be showing high risk behaviours for HIV.

Poster as a way of information is not very effective since posters are placed in health centres now. The use of poster for awareness generation can be done in colleges and other educational institutes. The design of posters may include more pictorial material than written words.

Any impact of social media messaging was not seen in the study, if used more planned messaging is suggested targeting audience of urban and youth.

INTRODUCTION

It was the Simian Immunological Virus (SIV), closely related to HIV being accidentally transmitted from Chimps to humans in the Democratic Republic of Congo in the 1920s but only after four decades, the known infection to humans was traced in a plasma sample of an adult man. It is still surely not known that who the first HIV positive Patient or “patient zero” was. The sporadic cases of AIDS were firstly documented around the 1970s and the prime cases were mostly registered in the North and South America, Europe, Africa, and Australia. Only in the late 80s, many countries started reporting AIDS cases across the world. Today as per World Health Organisation (WHO), HIV is continued to be a major global public health issue, having claimed 36.3 million lives so far and around 37.7 million people were living with HIV at the end of 2020. It was the year 2020 where around 6.8 million people died from HIV-related causes and 1.5 million people acquired HIV.

India is one of the countries that promptly responded to the issue soon after the discovery of the first AIDS case. As a counter measure, the National AIDS Control Committee (NACC) was formed in the Ministry of Health and Family Welfare. The objective of this committee was to review the situation and form a strategy to counter the upcoming danger of the epidemic. After extensive research and consultation, committee recommended to have a separate National Health Program for HIV/AIDS. Accepting the recommendation, Government of India started National AIDS Control Program (NACP) in 1992. Today the NACP has reached its IVth phase of implementation. After over this period, India’s prevalence rate has dropped to 0.22 in 2019 and today around 2.1 million people are living with HIV/AIDS in India.

All the success India and world got in controlling the HIV/AIDS was the identification, diagnosis, followup and surveillance of the NACP program but all this could have possible because of the effective Information, Education, and Communication. The IEC play key role in generating awareness on prevention as well as motivating access to treatment, care and support in any national health program. Therefore, as IEC was emphasised in previous three phases of NACP implementation, in the phase IV, it got more streamline and evidence based. In the recent phase of implementation of NACP, more emphases have been given to increase knowledge among general population (especially youth and women) on safe sexual behaviour, to sustain behaviour change in at risk populations, demand generation for care, support and treatment services and reinforcement of positive attitudes, beliefs and practices to reduce stigma and discrimination.

NFHS-5 (2019-21) data indicated that, comprehensive knowledge of HIV/AIDS among 15-49 years male and female is 30.7% and 21.6% respectively. Knowledge among men and women about consistent use of condom reducing the chance of getting HIV/AIDS is 82% and 68% respectively. It indicates that the comprehensive knowledge of HIV/ AIDS in India has still

not reached satisfactory level and there is need for effective IEC if India wishes to achieve the desirable goal in NACP phase IV.

NEED OF THE STUDY

Chhattisgarh states HIV/AIDS prevalence rate is just below the national average translating to near about 4.5 million people living with HIV/AIDS in the state. Although the new HIV infection since 2010 has been declining by 6.6 % and mortality by 56%, still AIDS related mortality in the state is 1.48 per thousand which is concerning for the state. As per the Chhattisgarh State AIDS Control Society (CGSACS) report, to cater the HIV/AIDS positive people, there are five Antiretroviral Therapy Centres (ARTC) in the state that are only available at the District Hospitals and Medical Colleges. The Health Management Information System (HMIS) data indicated that from year 2007 to August 2020, total of 5.3 million people was tested for HIV of which around 3500(0.66%) were found positive. Out of the positive, around 3 thousand people been registered at the ARTC, of which approx. 1500 people are taking monthly medicine from the ARTC. It means substantial number of people are dropping at every next level of service.

The above data make it more relevant to discuss the low registration for treatment after getting HIV positive and comprehensive knowledge of HIV/AIDS amongst the people of Chhattisgarh. As NACP phase IV is all aimed to reduce the new infections by 50 percent by end of the phase by intensifying and consolidating the preventive services and scaling up the Targeted Intervention services coverage, low knowledge may hamper the output of the phase negatively.

Although the state has always been looking for an integrated and people centric IEC for the program, its effectiveness has always remained a question mark for the policymakers. Therefore, it is always good to go back and evaluate the current strategy of IEC to measure its effectiveness. Ultimately, the effectiveness of IEC will help to achieve the NACP phase 4 objectives in the desired time. Chhattisgarh State AIDS Control Society (CGSACS) correctly identified the area where they have proposed to conduct a third-party evaluation of the IEC of the program.

OBJECTIVE OF THE STUDY

The following were the specific objectives of the study.

1. To assess the knowledge about HIV transmission, prevention, and availability of testing for HIV/ AIDS amongst the general population.
2. To find out which sources of IEC are more effective in improving knowledge in the general population.
3. To suggest measures to improve the IEC for the future.

METHODOLOGY

The evaluation was conducted in six districts of the state. The sampling method was simple random sampling and the data was collected from villages in rural areas and from wards in

the urban areas. The evaluation was mixed type, consisting of both quantitative and qualitative methods for data collection. The data was collected by trained surveyor from each selected district using observation, semi-structured interviews. A total target of 600 samples, 100 per district, was decided and collected using Kobo collect tool. Written consent was obtained from all participants before study. Objective of the study and their right to participate or not to participate in the study explained. Those who gave their consent considered for the study. After data cleaning total 559 samples were analysed and is presented in the study.

Details of IEC activities carry out by the department in between 2018 to 2021 (three consecutive financial years).

Sr. No	category	Type of IEC	Year		
			2018-19	2019-20	2020-21
1	TV channels	Private TV channels	Chhattisgarh (310 spots)	Chhattisgarh (110 spots)	Chhattisgarh (115 spots)
		On railways stations	100 spots at Raipur	Nil	1428 spots at Raipur
2	Audio	FM radio	300 spots - Raipur and Bilaspur, Sarguja Division	950 spots - Raipur and Bilaspur, Sarguja Division	1400 spots- Raipur Bilaspur, Sarguja Division
		All India Radio	68 spots - Raipur and Bilaspur Division	49 spots - Raipur and Bilaspur Division	21 spots - Raipur and Bilaspur Division
3	Newspaper and magazine	Advertisement	Chhattisgarh	Chhattisgarh	Chhattisgarh
4	Hoardings	Advertisement	65 spots	100 spots (except in Bijapur, Narayanpur, Sukma)	100 spots (except in Bijapur, Narayanpur, Sukma)
5	Folk	Folk troupe	Raipur, Bilaspur, Durg, Sarguja, Raigarh, Bemetra, Rajnandgaon, Kawardha, Janjgir, Mahasamund, Baloda Bazar.	Raipur, Bilaspur, Durg, Sarguja, Raigarh, Bemetra, Rajnandgaon, Kawardha, Janjgir, Mahasamund, Baloda Bazar.	Nil
6	Mobile IEC	IEC van	Raipur, Bilaspur, Durg, Sarguja, Raigarh, Rajnandgaon, Janjgir, Kawardha, Mahasamund, Baloda Bazar, Bemetra.	Raipur, Bilaspur, Durg, Sarguja, Raigarh, Janjgir, Rajnandgaon, Kawardha, Mahasamund, Baloda Bazar, Bemetra.	Nil
		City bus	Nil	Nil	11 buses at Raipur for 5 months
7	Social media	Social media promotion	Nil	Nil	Chhattisgarh
		Free SMS	Nil	Nil	50 lakh SMS
8	Printed material	IEC material	Chhattisgarh	Chhattisgarh	Chhattisgarh
		Poster display in the office	Nil	Nil	27 district level posters (1 poster in each centre for 3 months)

RESULTS

Socio-demographic characteristics

Total 559 respondents of age above 18-year-old were interviewed. Respondents aged 30-39 years constituted 34% of the total sample following the 20–29-year age group constituting 29%. There was almost equal representation of both the gender in the study, female respondents were 51% and male respondent were 49%. 63% of the total respondents were educated 8th and above. 14% of people were illiterate.

30% of the respondents have agriculture as their occupation and constitute the higher number of the total respondents. Majority of the respondents (94%) belong to Hindu religion. In Chhattisgarh, 77% population lives in rural areas and only 23% population compose the urban population. In this study particularly, 37% population were from urban, and 63% from rural. Almost equal representation of both gender was seen in urban rural population as presented in table below. The details of socio-demographic character are as given below in table 1.

Table No. 1. Socio-demographic characteristics

Indicator		Frequency (N=559)	Percentage
Age	< 20	15	3
	20 - 29	162	29
	30 - 39	189	34
	40 - 49	137	25
	50 - 59	47	8
	> 60	9	2
Gender	Male	272	49
	Female	287	51
Educational status	Illiterate	76	14
	Class 1 - 4 Pass	33	6
	Class 5 - 7 Pass	97	17
	Class 8 - 9 Pass	112	20
	Class 10 - 11 Pass	83	15
	Class 12 - Diploma	103	18
	Graduate and above	55	10
Occupational status	Agriculture (Own land)	169	30
	Self-employed	62	11
	Salaried employee (Government)	30	5
	Salaried employee (Private)	31	6
	Daily wages labour	55	10

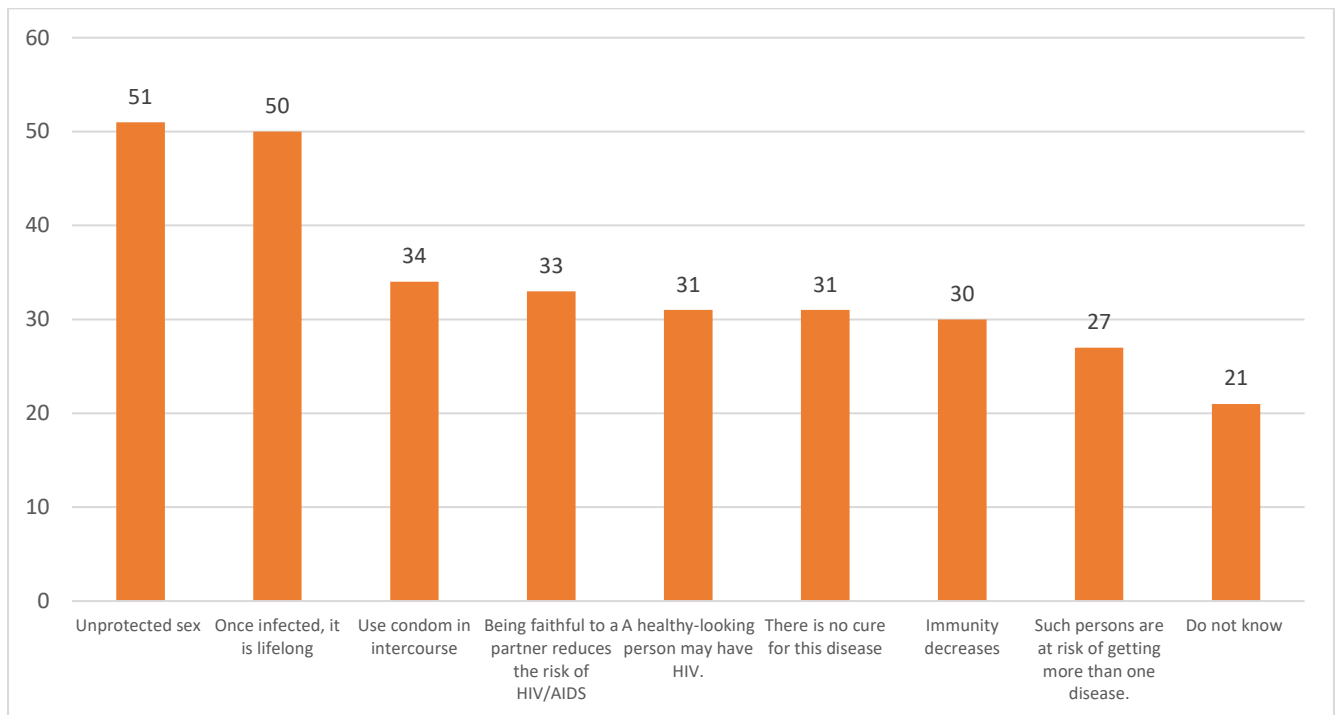
	Housewife	160	29
	Unemployed	48	9
	Student	4	1
Religion	Hindu	523	94
	Muslim	10	2
	Sikhs	0	0
	Christian	16	3
	Jain	0	0
	Buddhist	10	2
Urban – Rural sample composition	Total urban sample	206	37
	Total rural sample	353	63
	Urban male	99	48
	Urban female	107	52
	Rural male	174	49
	Rural female	180	51

Assessment of Knowledge, Attitude and Practice

1. Knowledge of HIV/AIDS disease

When the question was asked about what the respondent knows about HIV-AIDS, 79% expressed that they have any knowledge about HIV/AIDS. Of the people who had some knowledge of HIV-AIDS, 51% replied that HIV- AIDS spreads through unsafe and unprotected sex. 50% people said that it is a lifelong infection once someone gets infected and 31% said there is no cure for disease. 34% had knowledge that one should use a condom during sex with multiple partners. A similar number of respondents (33%) expressed that a faithful partner can reduce the risk of getting HIV/AIDS and it is the best alternative available to prevent the deadly infection. On average 30 % of participants express that a healthy-looking person can also be having HIV/AIDS, so it is difficult to identify such a person easily. People also have the opinion that HIV-AIDS is such a disease that the deceased person's immunity gets compromised and because of that such person is at more risk of secondary infection which is cause more danger to the patient.

Graph 1. Any Knowledge of HIV/AIDS (%)



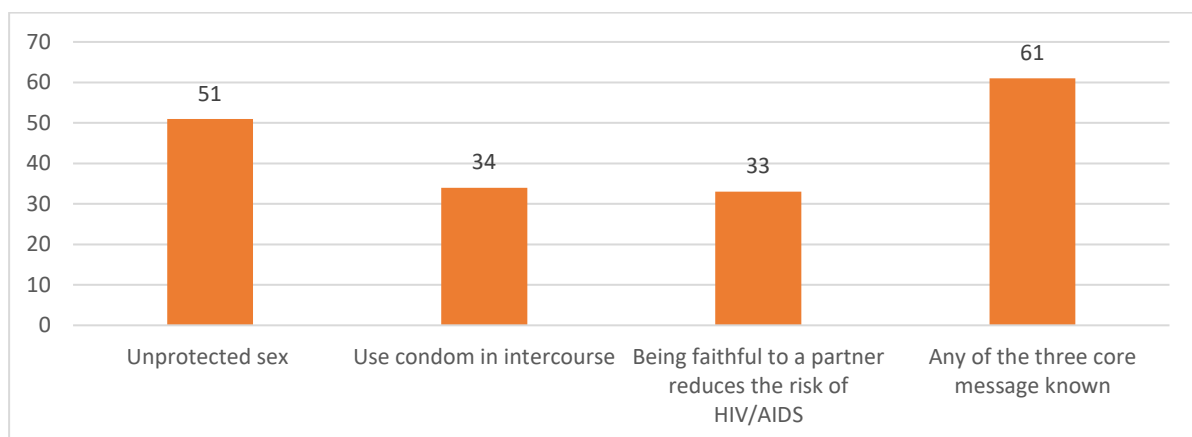
Essential information

The 3 core messages that gives the overall idea of HIV-AIDS related knowledge are:

1. Unprotected sex/ unsafe sex may cause HIV-AIDS
2. Use of condom during unsafe sex
3. Being faithful to a partner reduces the risk of HIV/AIDS.

When this 3 category are combined, it was found that there were 61% respondents that had any of the 3 core messages knowledge.

Graph 2. Knowledge about Essential information of HIV-AIDS (%)



Unprotected sex/ unsafe sex is the main reason for HIV/ AIDS transmission. 283 (51%) people know that the main reason for HIV/AIDS spread is unprotected sex/ unsafe sex. Of the 51% total 39 % of respondents were from urban and 61% were from rural areas. The people who know about the use of condoms during unsafe sex is 34% that comprise 26% urban and 74% rural respondents. People who strongly believe that a faithful partner reduces the risk of HIV/AIDS is 33%.

Details of respondent who know any one of three essential messages.

Sr. No	Response	Percentage
1	Respondents Know any 1 essential message	28
2	Respondents any 2 essential messages	8
3	Respondents know all 3 essential messages	25

2. Source of information for HIV-AIDS

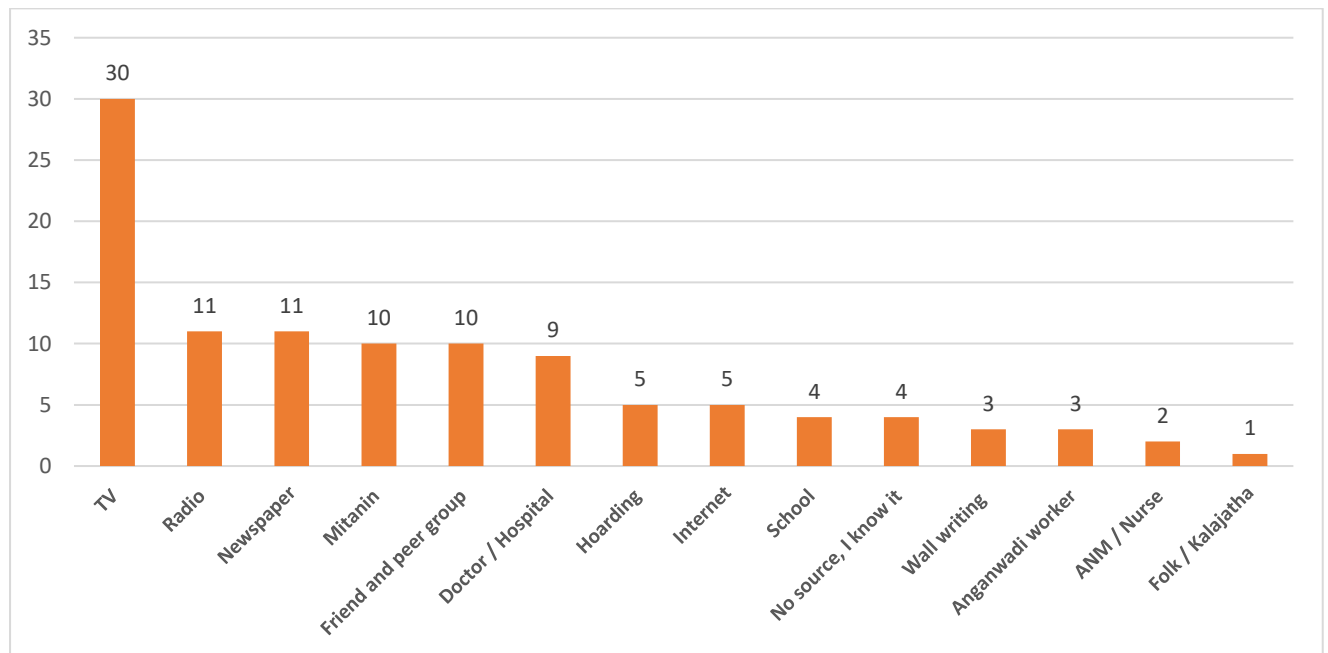
Every information has its source, and the receiver may have received it from one or multiple sources. All the people who had some or all the information about HIV-AIDS has expressed that they got the information from different sources. Following is the source of information given by the respondents for the essential information.

2.1 Source of information for unprotected sex / unsafe sex

The top information sources for HIV-AIDS spread through unprotected sex/unsafe sex are Television (30%), Radio and newspaper (11%), Mitanin and friends/peer groups (10%). Therefore, it is clear that the audio-visual mode of information plays a crucial role in providing information to people. At the community level, Mitanin provides information to 10% of the total people who knew about HIV-AIDS. This information is passed through direct one to one contact. The importance of the two-way communication process is found here to be more effective than the other traditional source of information source. Doctors/hospitals account act as source of 9% of people. But their other counterpart like ANM/ nurse are not reaching people particularly, the essential information is a concern.

The traditional IEC material that the department mostly uses, like hoardings, folk/ kalajatha has not been that effective source for the people. It is the source for only 1% of people. Friends and peer group is an average source of information. In modern days where the internet is more accessible to people, only 5% of respondents could gather HIV/AIDS-related information through it. 4% of respondents know unprotected sex and HIV-AIDS, but they claim that there was no source of information for it. School as a medium of information could only provide information to 4 % of people.

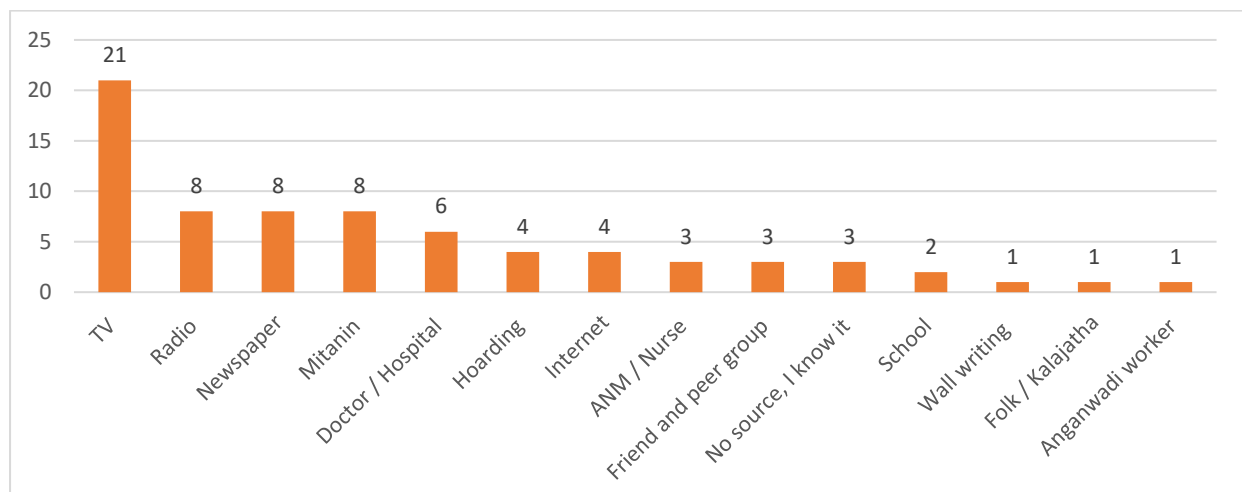
Graph 3: Source of information for Unsafe/unprotected sex in HIV-AIDS (%)



2.2 Source of information for use of condoms during unsafe sex in HIV

It is a tested statement that the use of condoms in unsafe sex is the best preventive method to stop HIV-AIDS transmission. As far as the source of information is a concern for it, TV was the source for 21% which is highest. Radio and newspapers were the second leading source of the information. Mitanin contributes to 8% of people passing this knowledge. Wall painting and folk have a minimum stake in this source of information. Schools could only cover 2% of people. Doctors/hospitals is covering 6% of people and ANM / nurse has a minimal share in this message to pass the information. 3% of people knew, but they have no source of information.

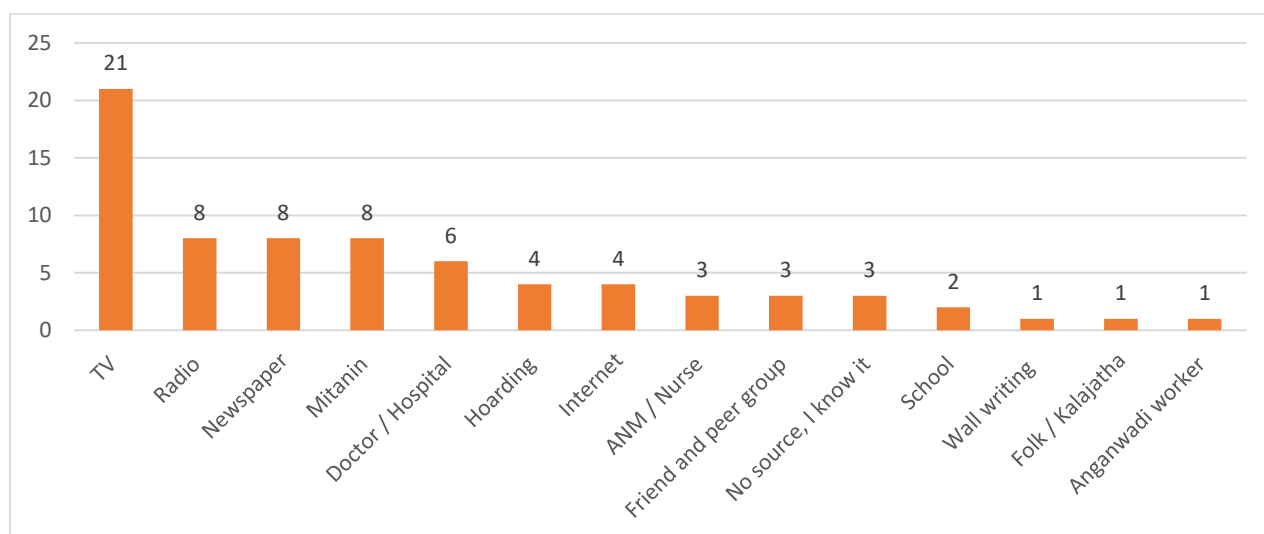
Graph4: Source of information for knowledge of use of condoms during unsafe sex (%)



2.3 Being faithful to a partner reduce the risk of HIV/AIDS.

Even the use of condoms is best amongst the preventive measure but still, it is not 100% safe. The risk of getting HIV due to tearing out the condom or faulty use may expose the user to risk. Therefore, the best way to prevent HIV/AIDS is, be faithful to a partner and have no risky sexual behaviour. It is ultimate prevention. The information source for this information is TV in 20%. One to one contact like doctors and Mitanin are contributing 7% to pass the information. Mitanin as usual spreading her word effectively.

Graph 5: Source of Information for knowledge on being faithful to a partner reduce the risk of HIV (%)



Information source for urban and rural people.

As the demography change, the vital socio-demographic character also changes. When knowledge is seen urban-rural wise, urban respondents show more knowledge than the rural respondents for knowledge on transmission of HIV AIDS through unsafe sex, use of condoms in unsafe sex, being faithful to their partner can reduce the risk of HIV/AIDS.

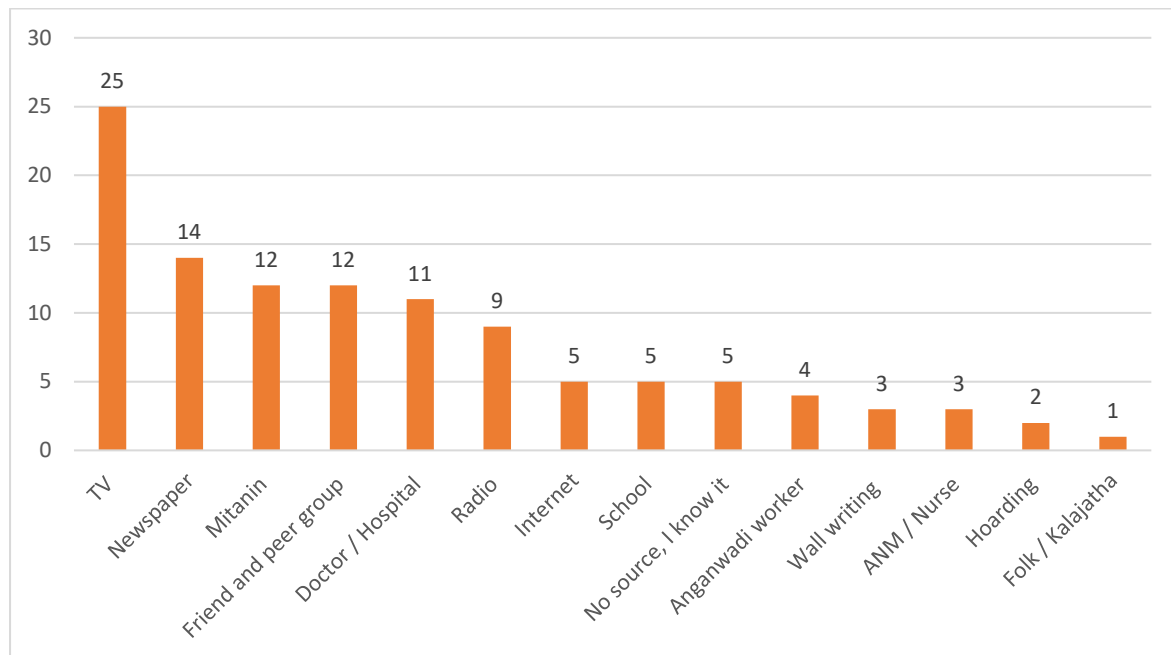
Sr. No.	Response	Urban % (N= 206)	Rural % (N= 353)
1	Spread through unsafe sex	53	49
2	Once infected, it is lifelong	50	50
3	Condom should use in unsafe sex	36	33
4	Being faithful to a partner reduces the risk of HIV/AIDS	34	31
5	There is no cure for this disease	30	31
6	A healthy-looking person may have HIV.	28	33
7	Immunity decreases	30	29
8	Such persons are at risk of getting more than one disease.	26	27
9	Do not know	21	21

a. Information source for the rural population

2.1.a Source of information for Unsafe/unprotected sex in HIV-AIDS rural (%)

For the rural population, TV (25%) following the radio (12%) was the main source for the knowledge of HIV- AIDS. In close contact information source, Mitanin, family and friend (12%), and doctor/ hospital are 11%.

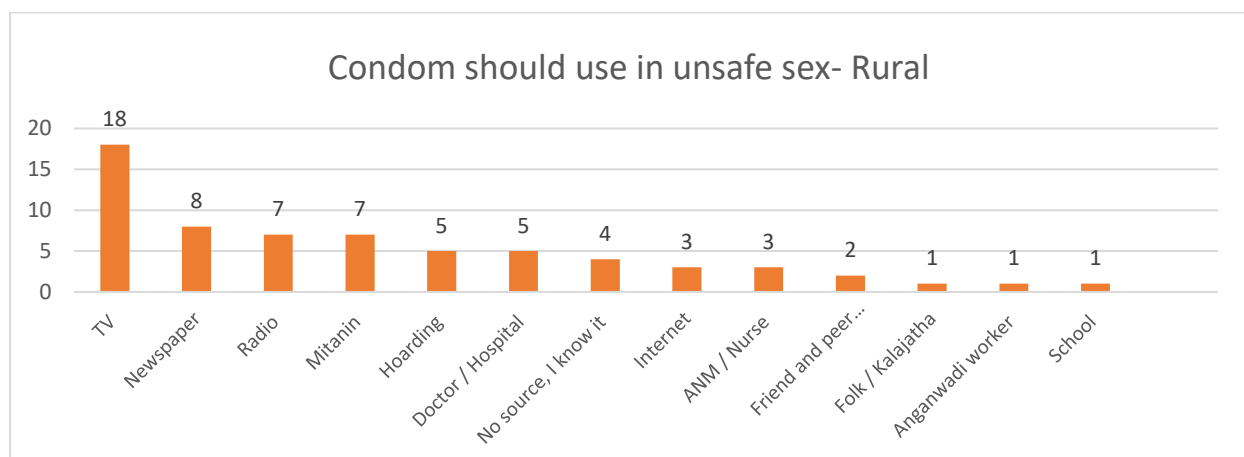
Graph 6: Source of Information in rural population – unsafe/unprotected sex (%)



2.2.a Use of condoms to prevent HIV

Information of use of condom in unsafe sex in a rural area mainly provided by the TV (18%). Other means radio and newspaper are the second most source of the information provider. Mitanin share in this information sharing is 7%. The role of schools in awareness generation is very low.

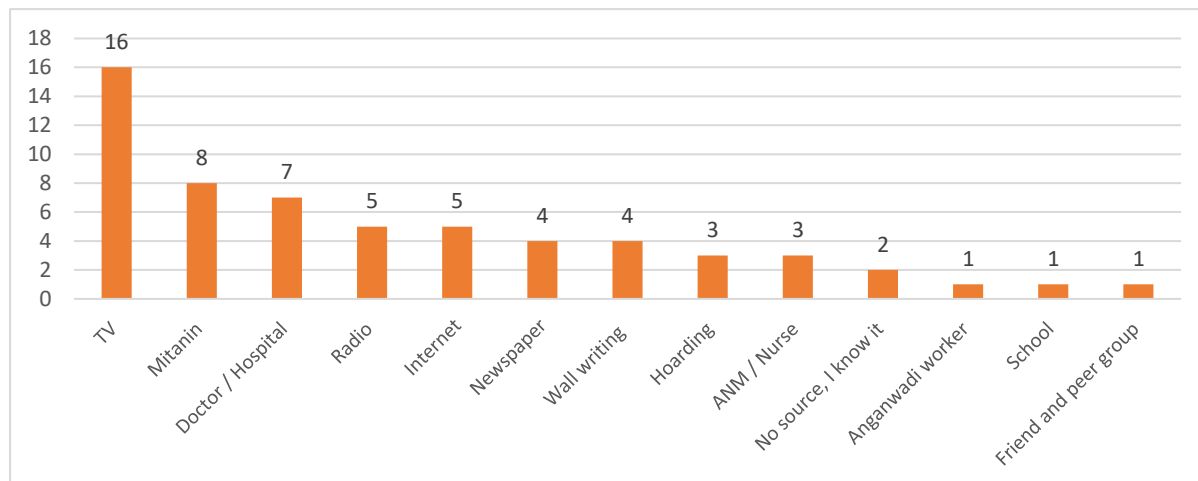
Graph 7: Source of Information in rural areas –Condom should be used (%)



2.3.a Faithful partners can reduce the risk of HIV-AIDS

TV is as usual is the main source of information in spreading the knowledge of the faithful sexual relationship between the partners for protection from HIV. Mitanin particularly is the next most prominent source 8%. All traditional IEC methods are moderate shared in information sharing.

Graph 8: Source of information in rural for faithful partners reduce risk of HIV (%)

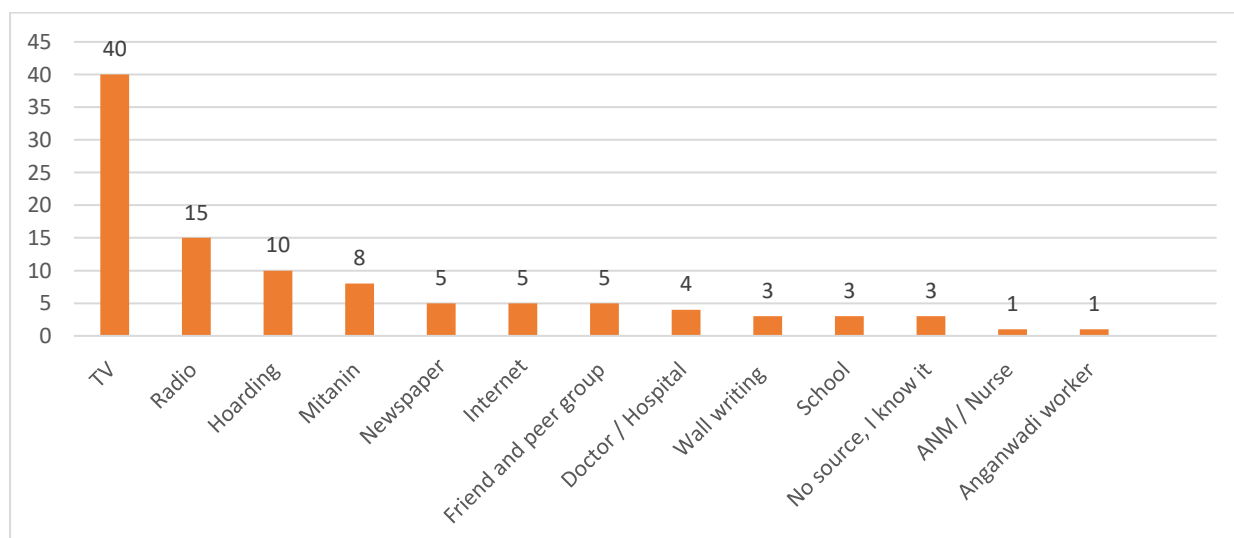


b. Information source for the urban population

2.1.b Unprotected sex.

In urban area, the electronic medium is the main source for providing the information. In urban TV (40%), radio (15%) and hoarding (10%) in the race of information source.

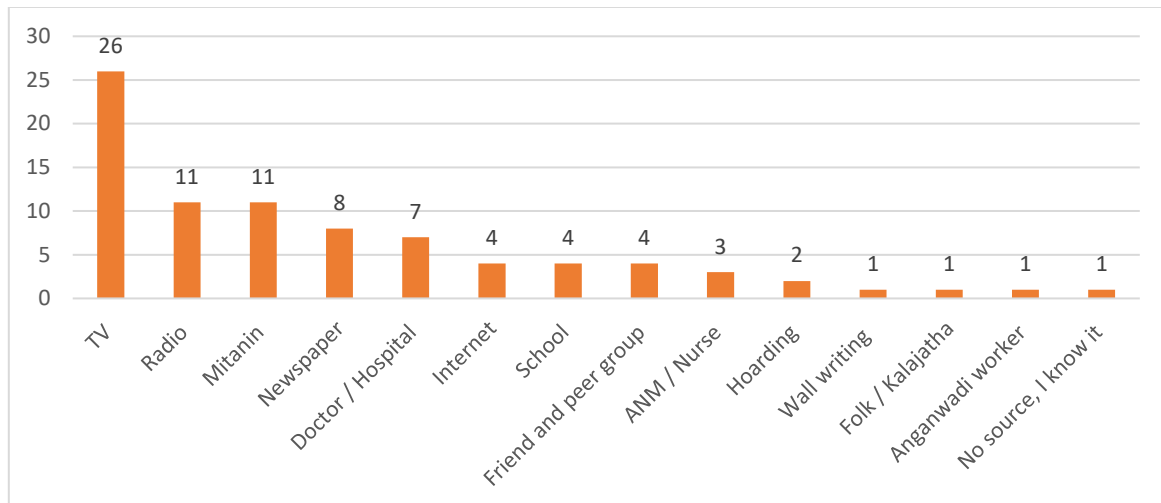
Graph 9: Source of information for unprotected sex (%)



2.2.b Use of condoms in unsafe sex

The role of AWW is very minimal in the HIV-AIDS information transmission in an urban area. Wall painting, hoardings, folk are the least effective medium of information transmission. One to one contact information transmission is not much in practice.

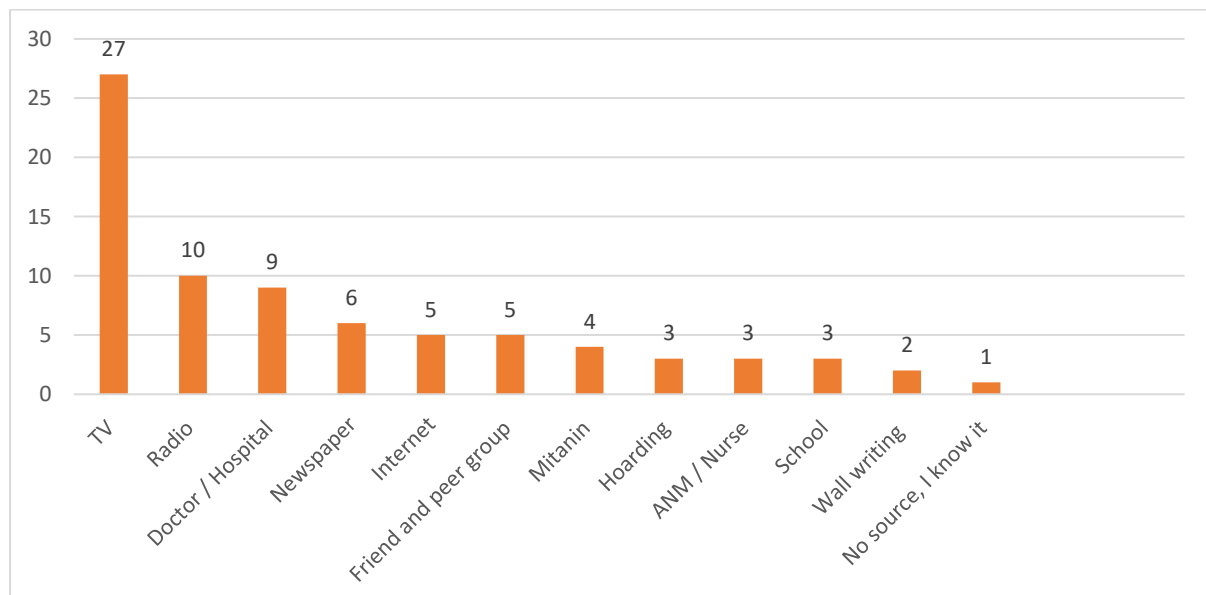
Graph 10: Source of information for use of condoms in unprotected sex (%)



2.3.b Faithful partners can reduce the risk of HIV-AIDS.

Propagating the faithful relationship amounts to the urban people mostly done by the TV and Radio. Doctors/hospitals are also one of the main sources of this essential information.

Graph 11: Source of information for Faithful partners can reduce the risk of HIV-AIDS (%)



3. Knowledge of HIV/AIDS transmission

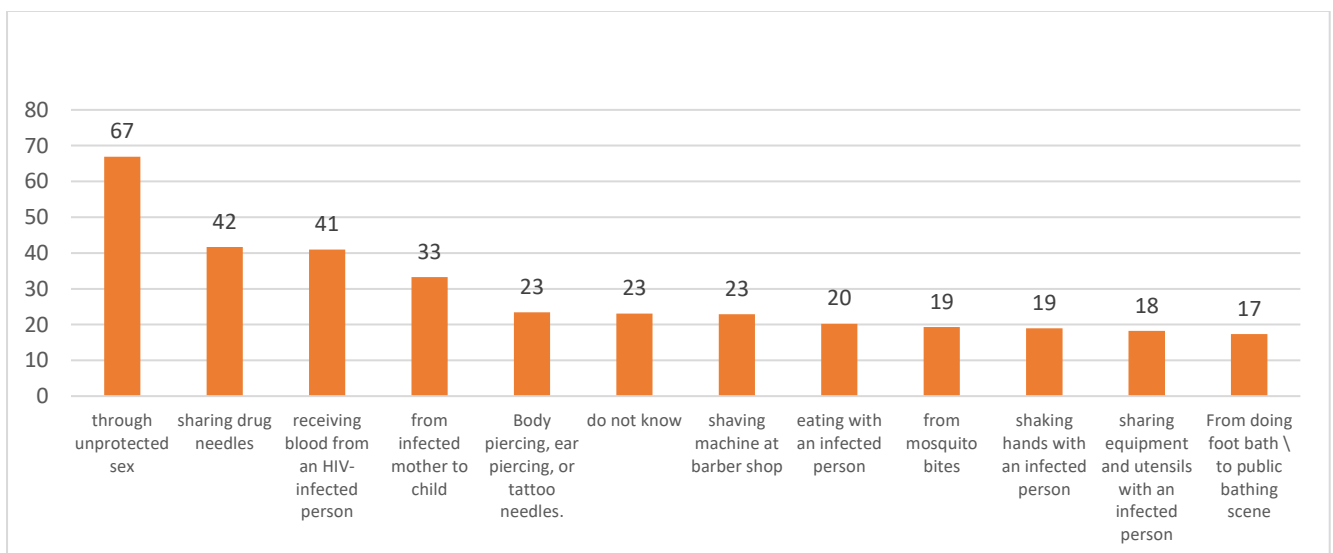
Knowledge of HIV/AIDS transmission is very important to control the transmission. Those who will have knowledge of HIV/AIDS transmission will be in great advantage of use preventive measure. When people were asked about the mode of transmission and source of information following information was given by the respondents.

Knowledge of HIV/AIDS transmission

Knowledge of HIV/AIDS transmission has wide range of understanding in the people. When it was asked about the how the HIV/AIDS transmit, 67% people said that HIV/AIDS transmit through unsafe/ unprotected sex. 42% people told that the sharing of infected needle amongst the intravenous drugs. 41% people said that it transmits by receiving infected blood and 33% people said that it transmits through infected mother to child. Around 23% people also said that the HIV/AIDS infection can spread through barber shop by using same equipment's too many people and through body piercing and tattooing. 23% people have no information about how the HIV/AIDS transmit.

As some people have clear knowledge about the transmission HIV/AIDS, some people have mis concepts too. Like around 19-20% people said that eating with an infected person may spread the HIV/AIDS infection, similarly, mosquito bite, shaking hand with an infected person, and sharing equipment's, using public bath, and utensils may cause HIV/AIDS infection.

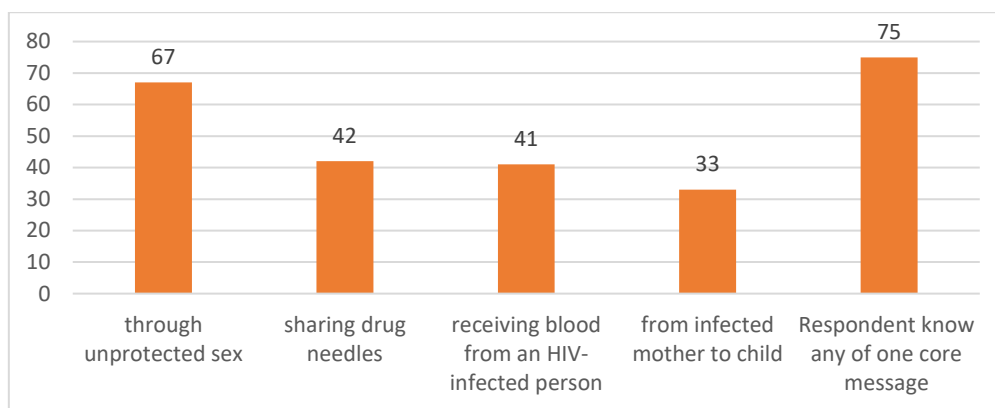
Graph 12: Knowledge of HIV/AIDS transmission (%)



Essential information regarding mode of transmission of HIV-AIDS.

As far as essential information is concern, there are 4 main messages everyone should know about HIV-AIDS transmission. 67% people said that HIV-AIDS transmitted through unsafe/unprotected sex, 42% expressed that sharing infected needle between drug users may transmit the infection. Although this type of infection is not very common in the Chhattisgarh, but it is good sign that people know it. 41% know that the HIV infected may pass infection to blood receiver, 33% know that infected mother may transmit HIV-AIDS to her new-born baby. People who know any of 4 essential message were 75%.

Graph No 13: Essential information regarding more of transmission of HIV-AIDS

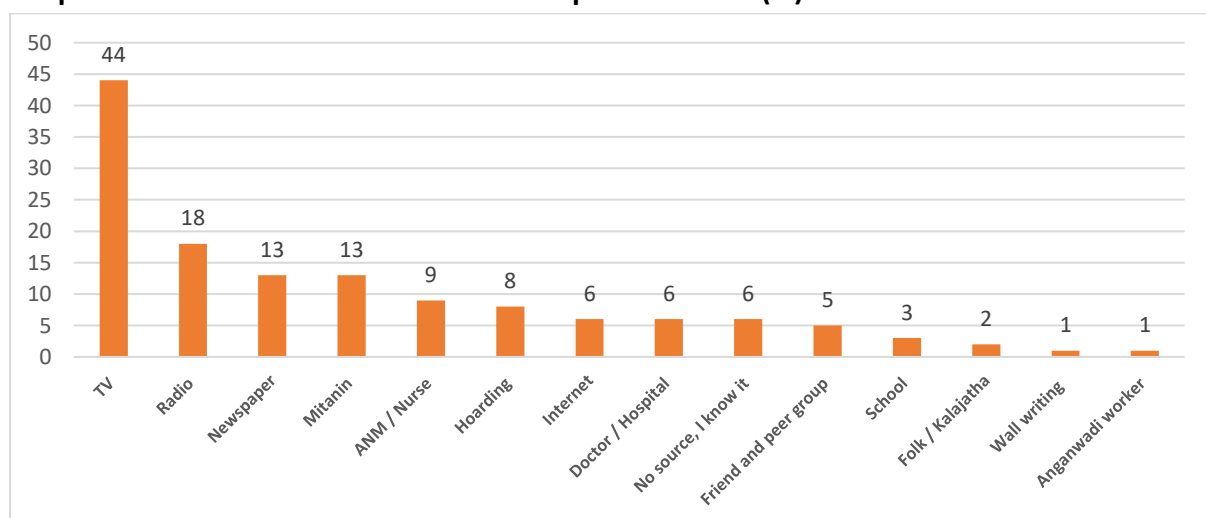


4. Source of information for mode of HIV-AIDS transmission

4.1 Unsafe/ unprotected sex.

TV is major information provider for mode of transmission of the HIV-AIDS. 44% respondents express that they received information about the unsafe sex through TV. The next two source of information for the unsafe sex and HIV infection is Radio (18%) and newspaper (13%). Role of Anganwadi worker is very limited.

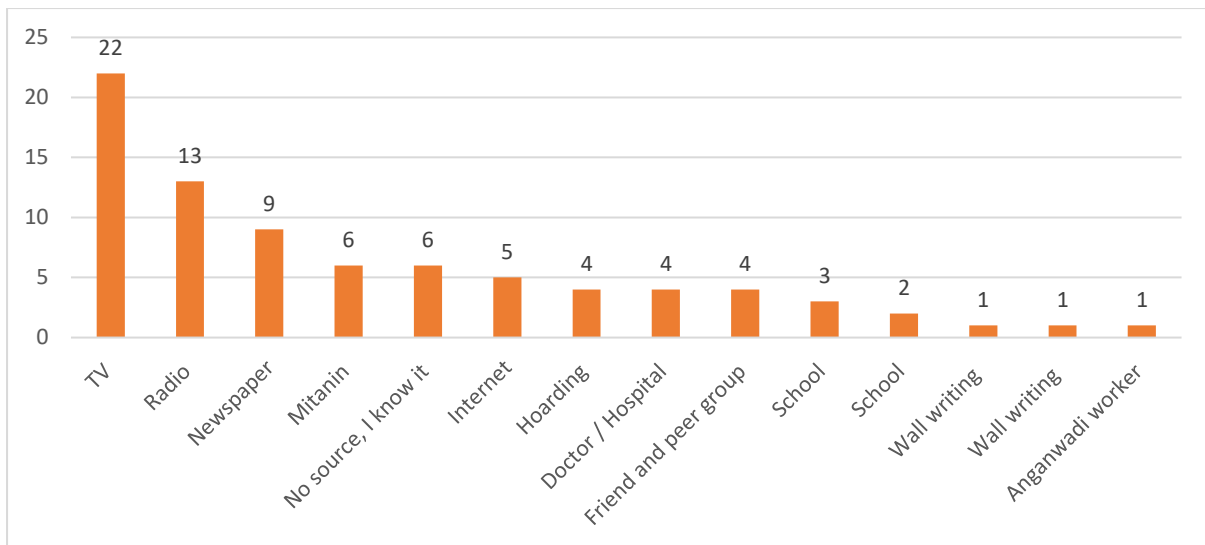
Graph No 14: Source of information for unprotected sex (%)



4.2 Sharing of infected needle amongst drug users.

Top three information source for knowledge of sharing infected intravenous drug needle in drug users are TV (22%), Radio (13%) and newspaper (9%). Internet continue to be moderate source of information. One to one contact information source, in overall information source for this topic, Mitanin has average coverage. Wall painting, folk are the least information provider. The mode of one-to-one mode if information is low in this topic.

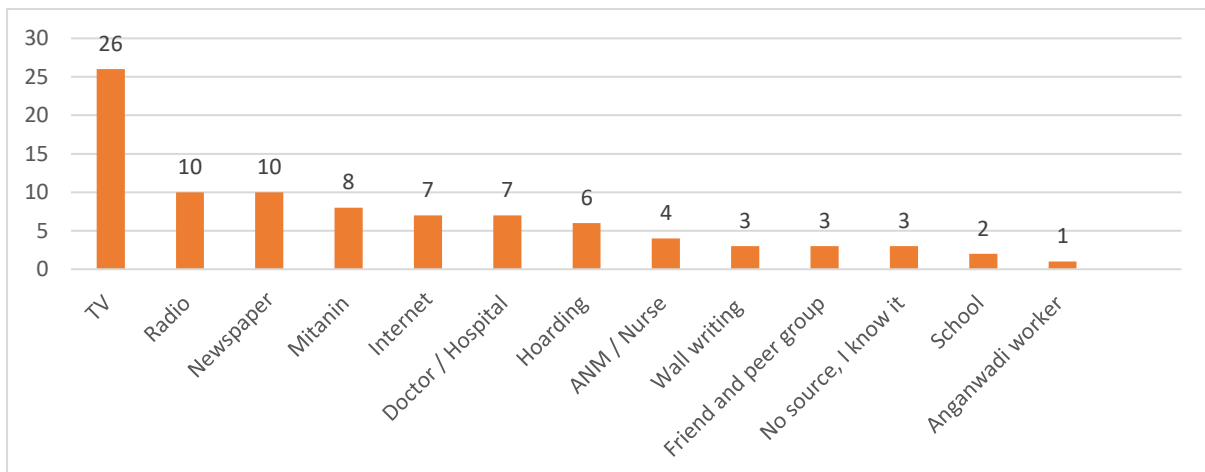
Graph No 15: Source of information for sharing of infected needle amongs drug users (%)



4.3 Infection through infected blood

26% people information source for knowledge of a person may getting HIV-AIDS infection through receiving infected blood is TV. Other top source of information source for this information is Radio and newspaper 10% each. The audio- visual information source is dominant in the essential source of information. The direct contact information sources in this information are moderate.

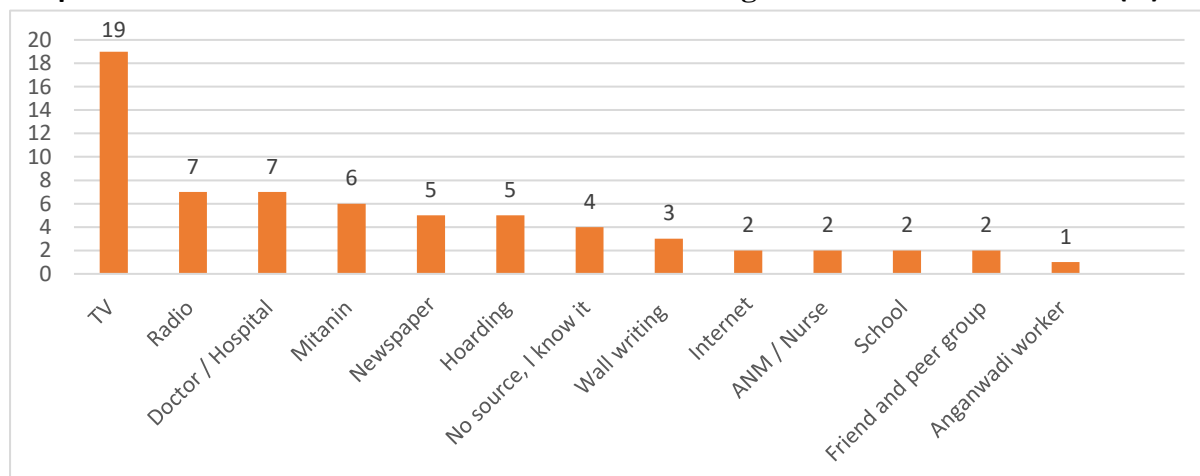
Graph No 16: Source of information for infection through infected blood (%)



4.4 Source of information for Infected mother to child

The top information source for the information of infected to mother child transmission is TV (19%). Amongst the information source, the radio, newspaper, and the other sources has good reach to the people. The source of direct contact Mitanin and doctors have moderate reach.

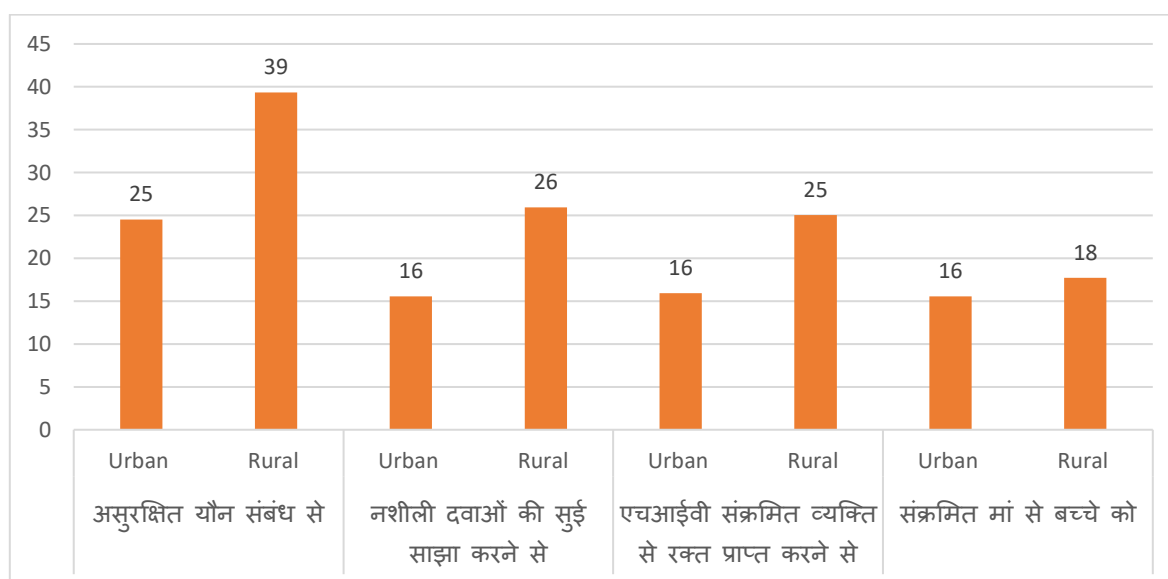
Graph No 17: Source of information for infection through infected mother to child (%)



Information source for urban and rural

In urban and rural divide, 25% urban and 39% rural respondents had knowledge that unsafe sex / unprotected sex may cause HIV-AIDS infection. 16% urban and 26% rural respondents have knowledge of sharing infected syringe between intravenous drug user may cause HIV-AIDS. Although this kind of infection is not very common in the state 16% urban and 25% rural respondents were aware the HIV transmission by infected blood. HIV transmission from mother to child is known to 16% rural and 18% urban population.

Graph No 18: Source of information in urban versus rural (%)

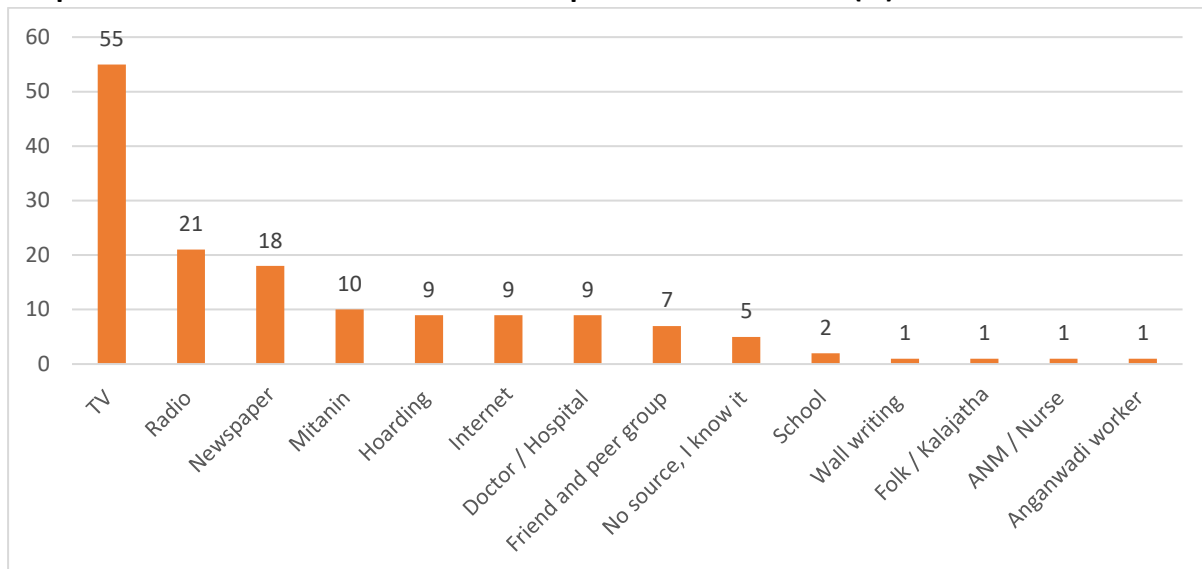


a. Source of information urban

4.1.a Unprotected sex

55% urban people got knowledge by TV that unprotected sex may transmit HIV infection. Radio, newspaper, and the next two major source of information. Mitanin is source of information of 10% people amongst the urban population.

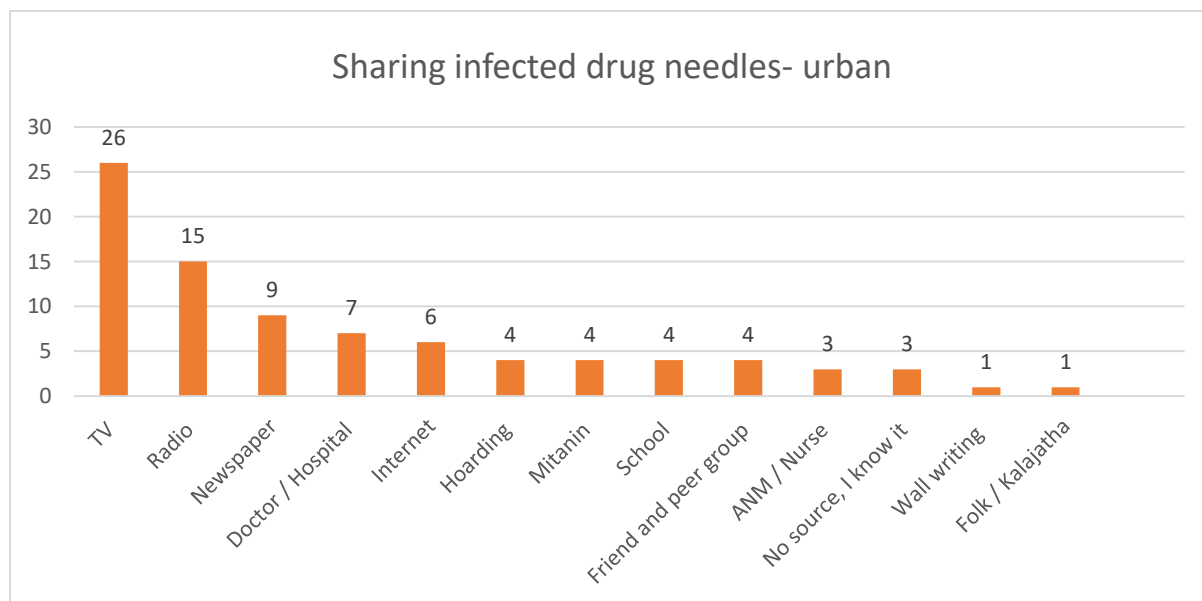
Graph No 19: Source of information for unprotected sex urban (%)



4.2.a Sharing infected needle between drug users

As usual TV is major source of information in urban people with 26% followed by radio and newspaper 15% and 9% respectively. Internet and hoardings are source of information for 6% and 4% urban people.

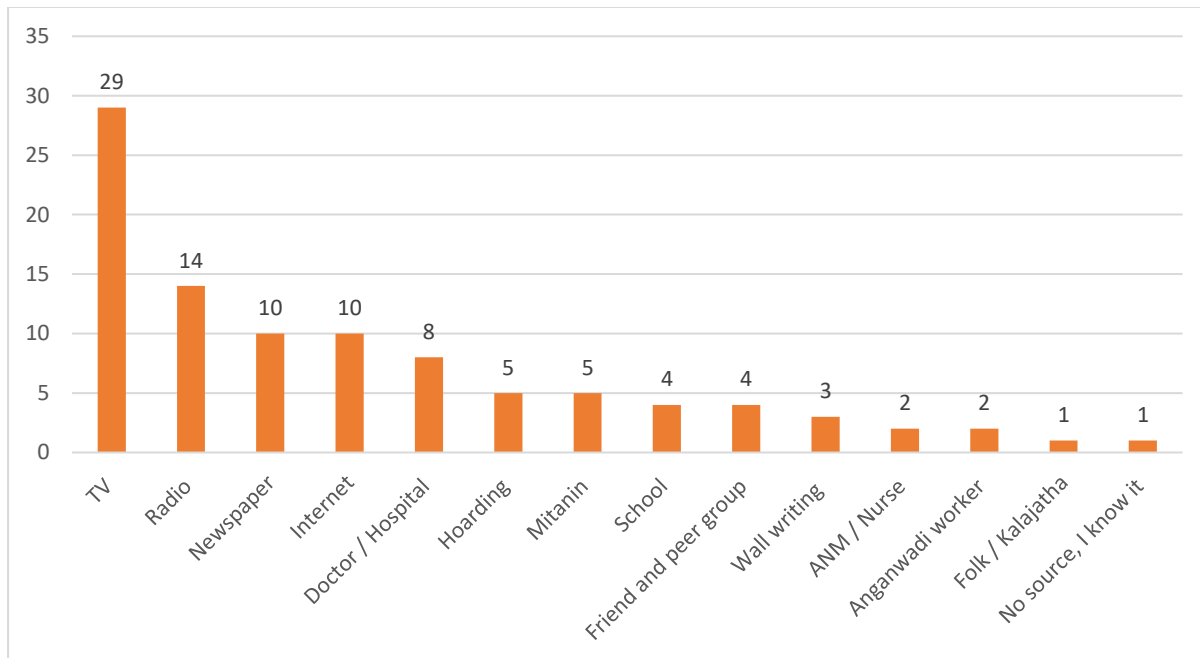
Graph No 20: Source of information for Sharing infected needle between drug users- urban(%)



4.3.a HIV transmission through infected blood.

Top 4 information source for transmission of HIV through infected blood are TV (29%), Radio (14%), newspaper and internet (10%). Other information source are doctor/ hospital (8%), Mitanin (5%), school, and friend and family are (4%).

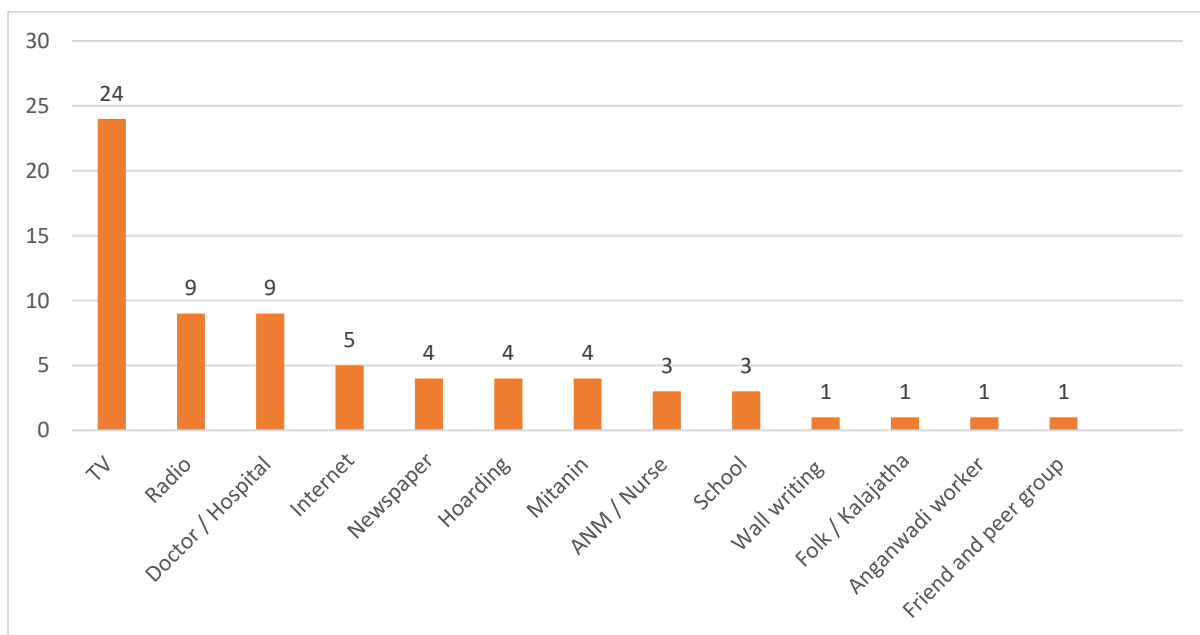
Graph No 21: Source of information for HIV transmission through infected blood - urban(%)



4.4.a Mother to child transmission

Source of Information for knowledge of mother to child transmission of HIV was TV in 24% cases followed by Radio. Hoardings and newspaper accounted for 4% cases each.

Graph No 22: Source of information for Mother to child transmission – urban (%)

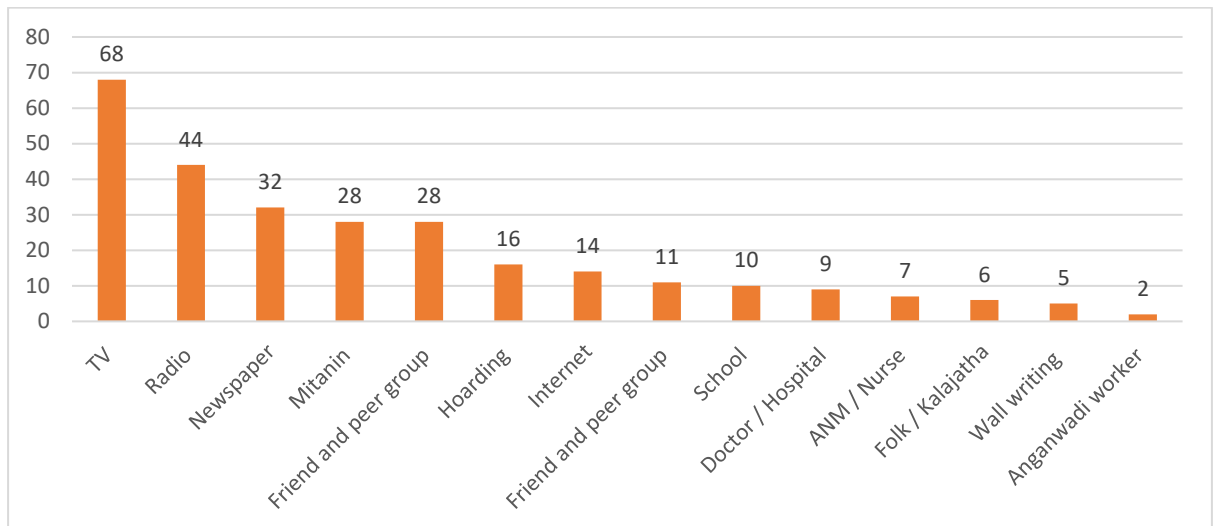


b. Information source for Rural

4.1.b Unprotected sex

39% rural respondents had information that unsafe sex may cause HIV infection. 68% rural respondent got this information from TV, 44% by radio, and 32% by newspaper. Mitanin is source of information for 28%. About 28% people knew this mode of transmission, but they did not have any source for it.

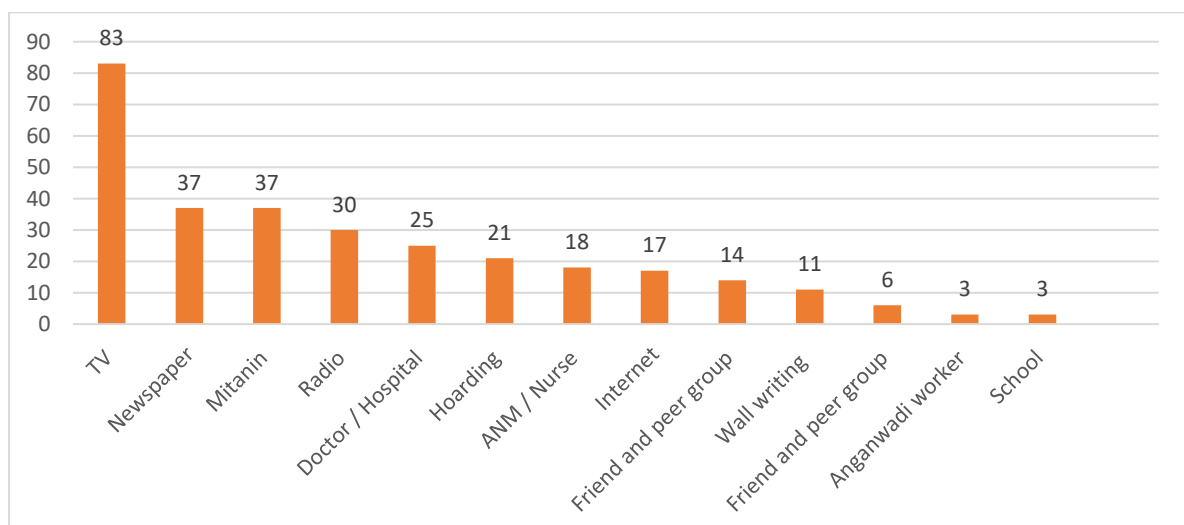
Graph No 23: Source of information for unprotected sex – rural (%)



4.2.b Sharing infected needle between drug users.

Person to person source of information is considerable good in this information in rural area. Mitanin, doctor/ hospital, and ANM/ nurse are some information sources in rural part. Most of the people got this infection by TV (83%) following Mitanin and radio (37%). School in rural area had very less contribution imparting the HIV-AIDS related information.

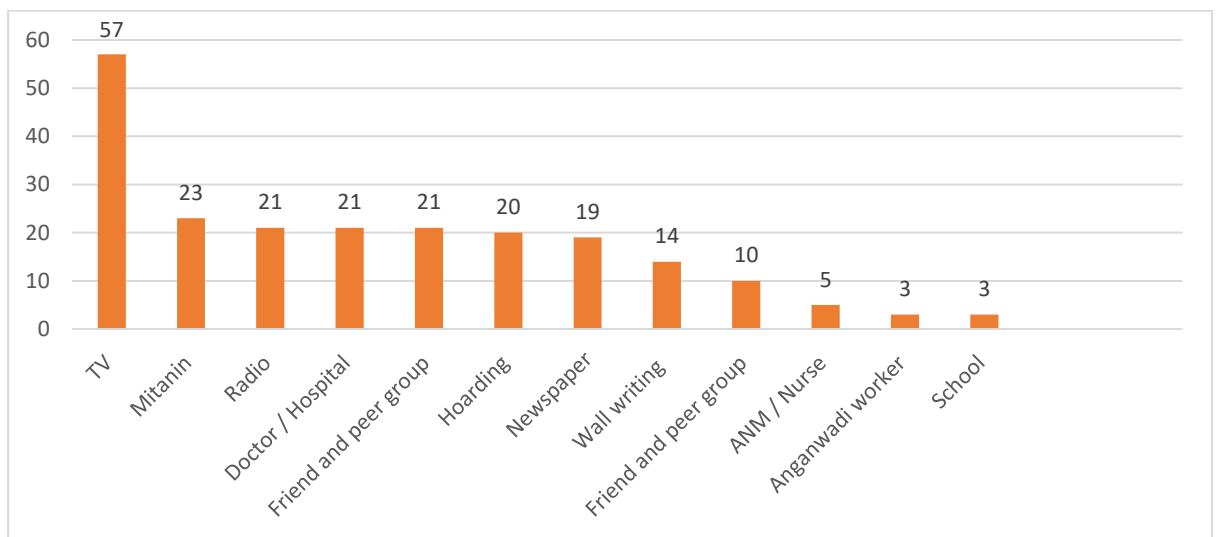
Graph No 24: Source of information Sharing infected needle between drug users – rural (%)



4.3.b HIV transmission through infected blood.

Mitanin is good source of information for the rural people regarding the knowledge of HIV-AIDS infected blood causing infection, may be because of she deals with various health issue in her area that give her leverage to provide different information accurately and repeatedly. Kalajatha (folk) has very low penetration to provide information of HIV/AIDS in rural area. It may be because of the frequency of Kalajatha in rural and its quality to deliver and important message clearly and loudly. Its entertainment kind of nature it has been diluting its purpose in the rural.

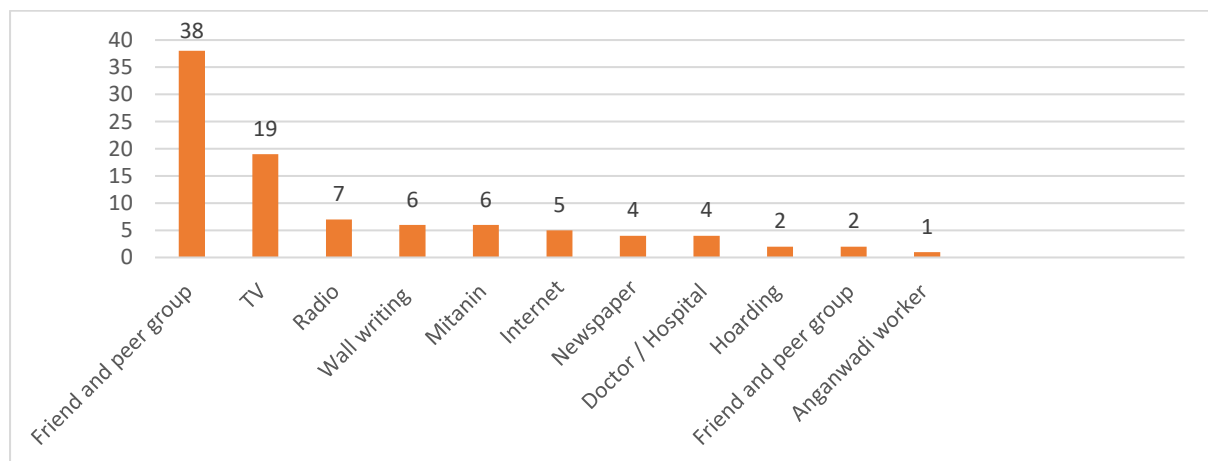
Graph No 25: Source of information HIV transmission through infected blood – rural (%)



4.4.b Transmission from infected mother to child

38% respondents from rural area knew that the HIV infected mother can transmit infection to her new born child, but they do not have any source of information. 19% people from rural area got the information about the mother to child transmission from TV. Other than unsourced information and TV, other information source has minimal share in information transmission.

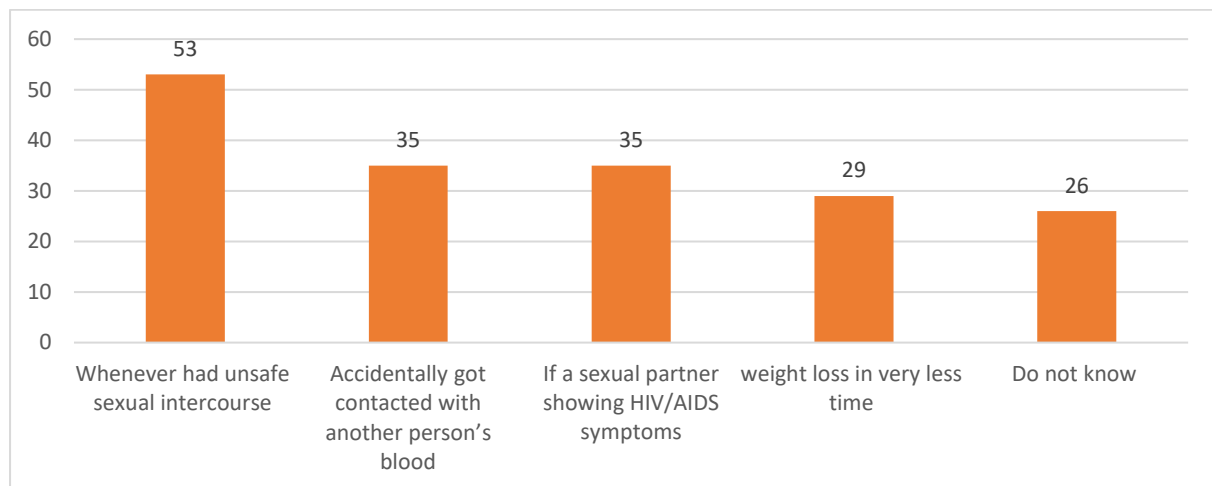
Graph No 26: Source of information Transmission from infected mother to child – rural (%)



5. Testing of HIV- AIDS

Knowledge of when to go for HIV testing is very important for the early detection of infection and starting ART. As such it is very difficult for someone to decide when one should think of getting HIV test done because the manifestation of symptoms after getting infection can take years but there are some common understandings by which doubtful person can go for HIV testing.

Graph No 27: Knowledge of when to go for HIV testing (%)



When asked about when one should go for HIV testing by any person, responder gave varying responses as given above. 53% respondents expressed that whenever someone had unsafe sex, shall go for HIV testing. 35% said that when someone come in contact with other person's blood should go for HIV testing. 32% respondent said that whenever someone show symptoms of sexually transmitted disease, must go for HIV testing. 26 % respondents could not answer the question.

Essential information for testing of HIV

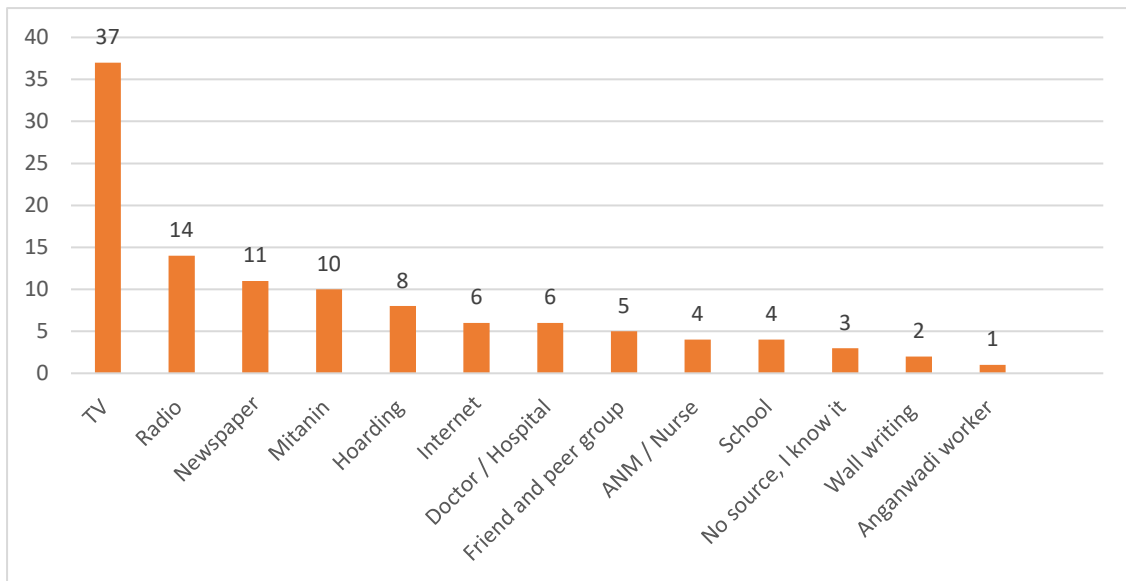
The three essential information for when to for HIV testing is whenever someone had unsafe sex, contact with blood of infected persons blood, symptoms of sexually transmitted disease. These three messages gave the clean idea of how many people know exactly the reason to go for the HIV testing. 41% respondents any have knowledge of any one of the essential information of that 53% people said that whenever someone had unsafe sex, he/she should for HIV testing, 35% people said that if someone came with contact of HIV infected person or the sexual partner showing symptoms of sexually transmitted disease shall go for HIV testing.

6. Source of information for essential information.

6.1 Whenever had unsafe sex.

Top three information sources for testing for HIV after unsafe sex is TV(37%), radio (14%), newspaper (11%). All are audio visual medium of IEC. Mitanin is source for 10% people. 6% people got information from internet.

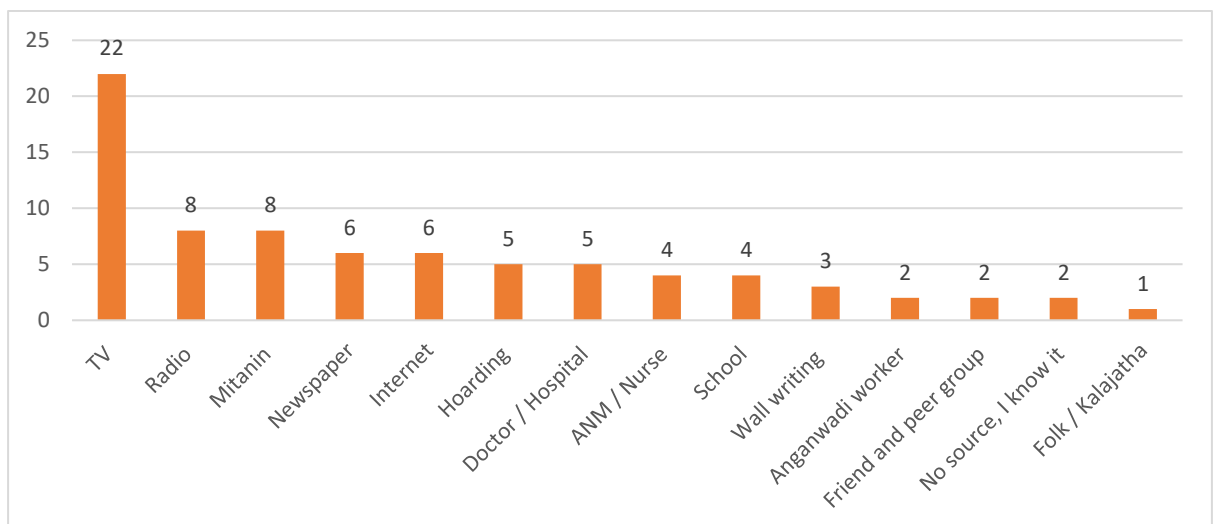
Graph No 28: Source of information for whenever had unsafe sex (%)



6.2 Contact with other person's blood.

One to one contact information transfer in this question has substantial share. Mitanin (8%), doctors/ hospital (5%), ANM/Nurse, and school are (4%). The audio – visual information source has high to moderate share in passing the information.

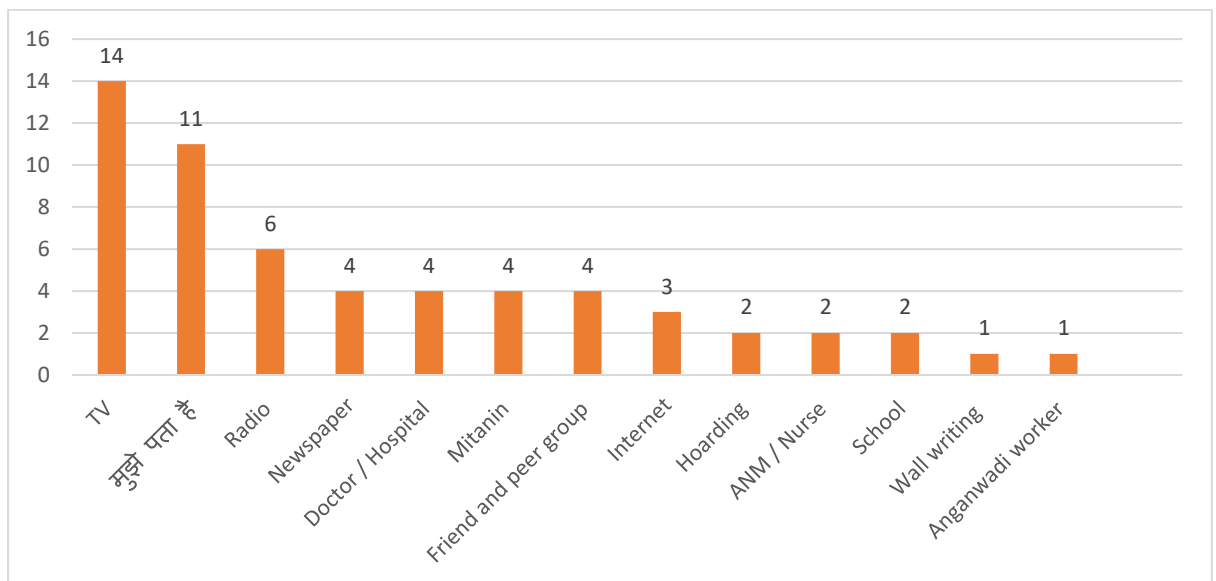
Graph No 29: Source of information for Contact with other person's blood(%)



6.3 Source of information for when sexually transmitted disease symptoms appear in partner

TV was the main source of information in 14% cases. 11% respondents know that whenever the symptoms to sexually transmitted disease appear one should go for HIV testing but they do not have any particular information source.

Graph No 30: Source of information for when sexually transmitted disease symptoms appear in partner (%)



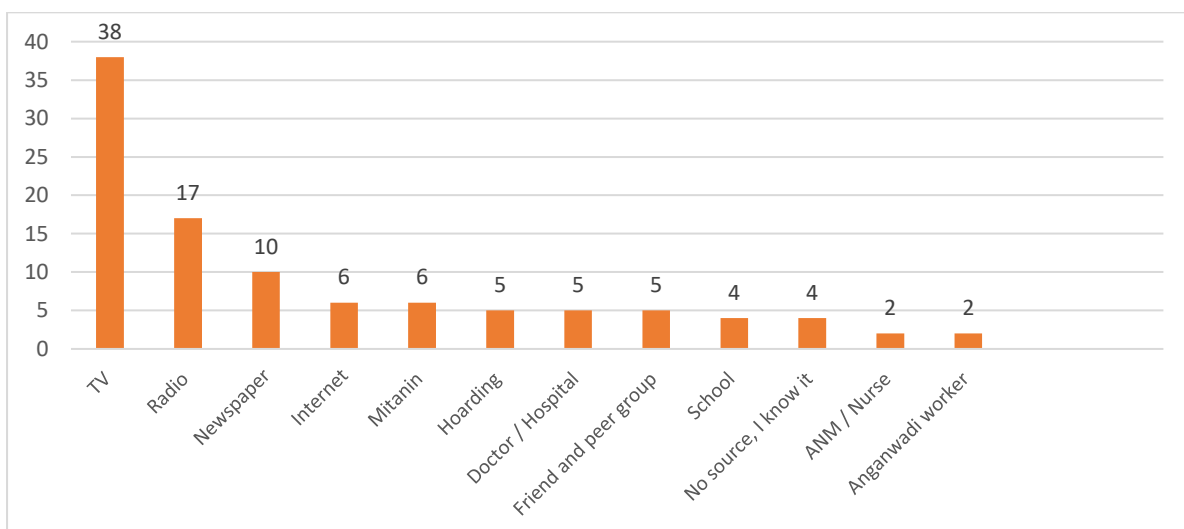
Urban rural differences in essential information for HIV testing

a. Source of information in urban areas

6.1.a Whenever had unsafe sex

TV is the major source for the information in 38% people from urban. All top 4 information source are the electronic information source.

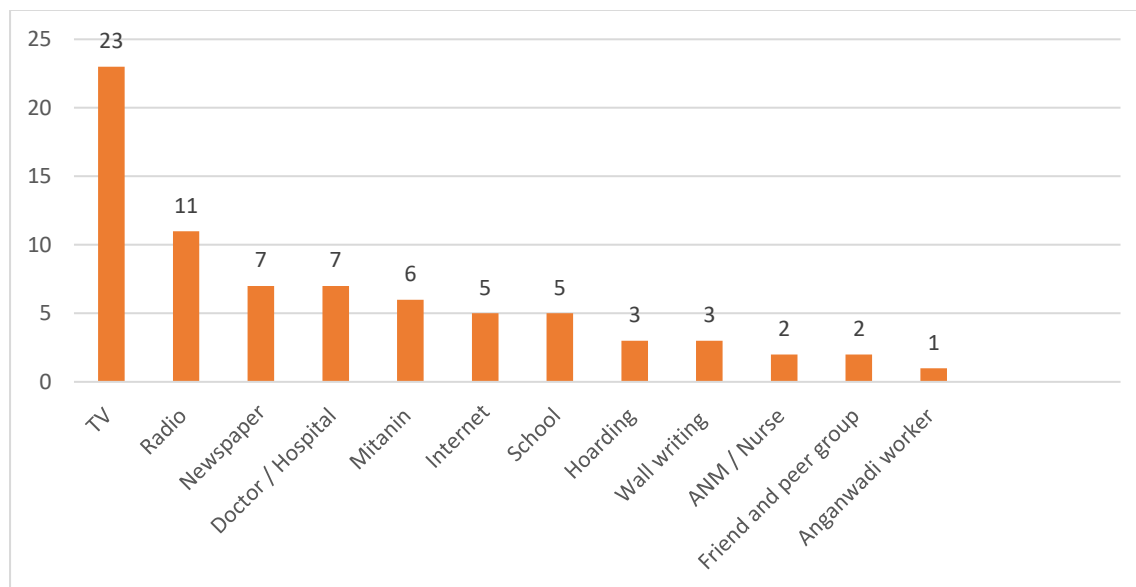
Graph No 31: Source of information for Whenever had unsafe sex- urban (%)



6.2.a Contact with blood of infected person

In urban population, 23% people got this information from TV, 11% from Radio and 7% from newspaper. Mitanin is source for 6% population for this message. Traditional IEC methods are about source of 3% people.

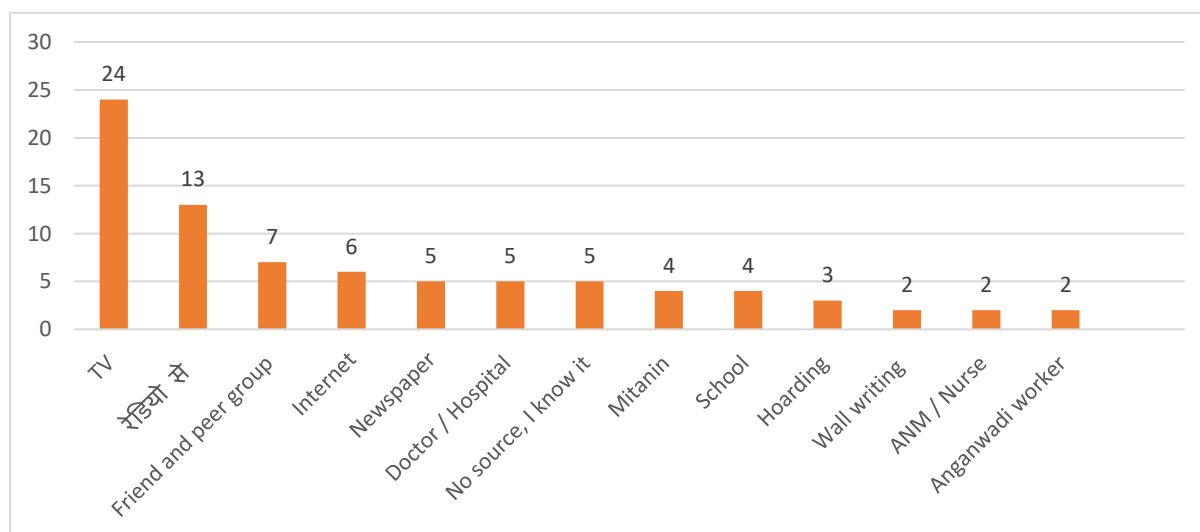
Graph No 32: Source of information for Contact with blood of infected person - urban (%)



6.3.a Appearance of symptoms of sexually transmitted disease

Source of information for when someone started showing symptoms of sexually transmitted disease shall go for HIV testing is 24 % by the TV, 13% by radio, 6 % by internet and 5% are by newspaper. All are medium of audio visual mode of information. 5% people have the information, but they have no information source. Mitanin coverage in urban area is moderate.

Graph No 33: Source of information Appearance of symptoms of sexually transmitted disease - urban (%)

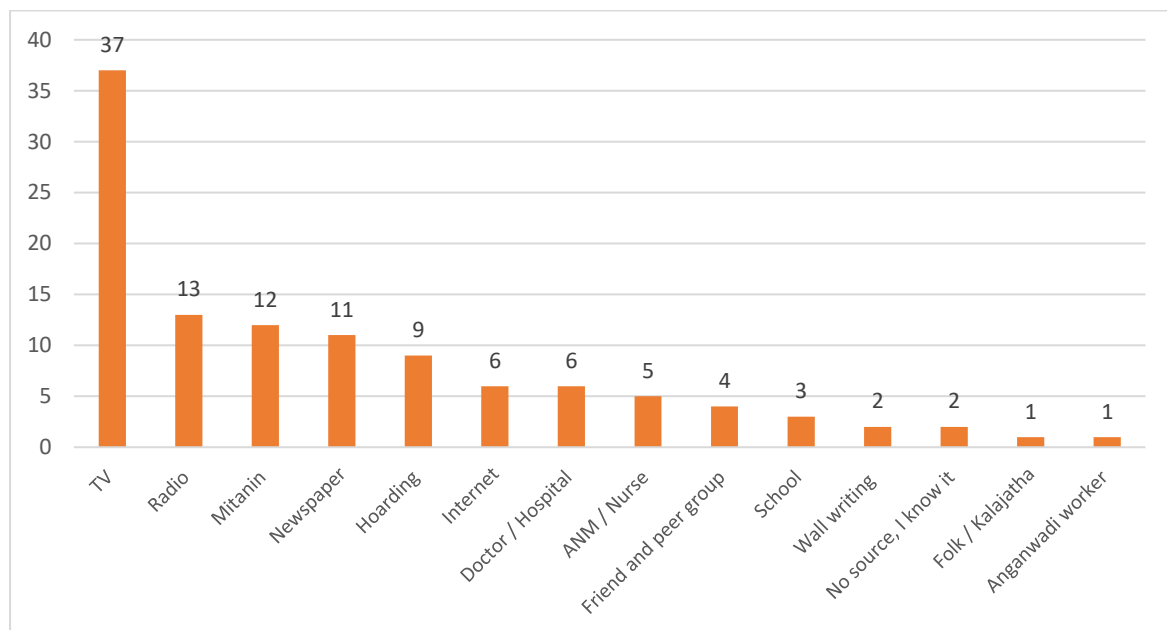


b. Source of information for rural

6.1.b Whenever had unsafe sex

The distinct thing in rural information source is that Mitanin play very crucial role. Here 12% people had information from the Mitanin, 37% by TV, and 13% by Radio. One to one source of information for this essential message is moderate coverage.

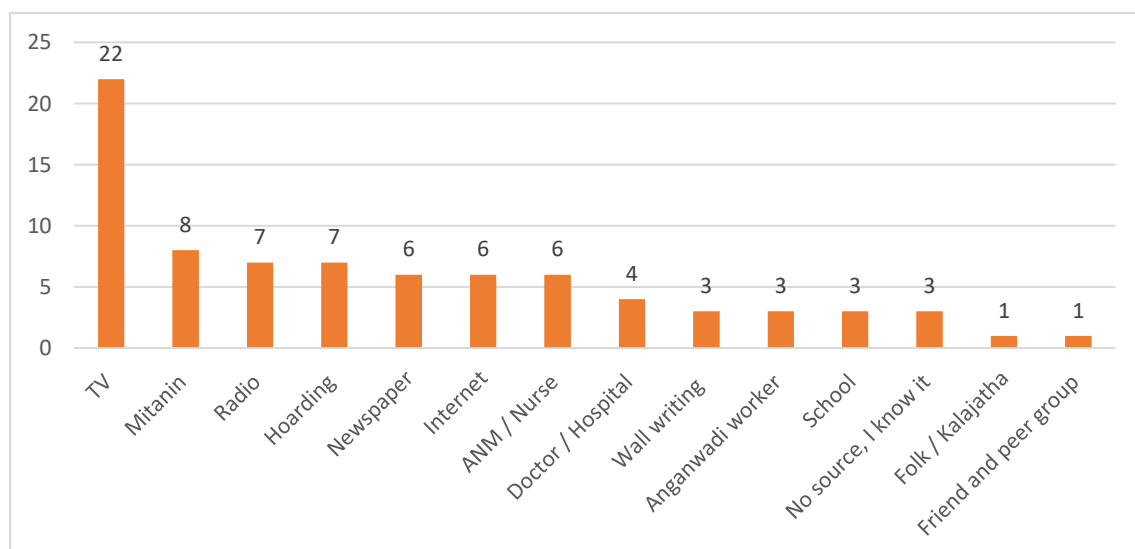
Graph No 34: Source of information Whenever had unsafe sex - rural (%)



6.2.b. Contact with infected person's blood

Except TV (22%), other source of information has not good coverage to the rural people when this essential message is concern. Only 5 to 6% people got this information other that TV.

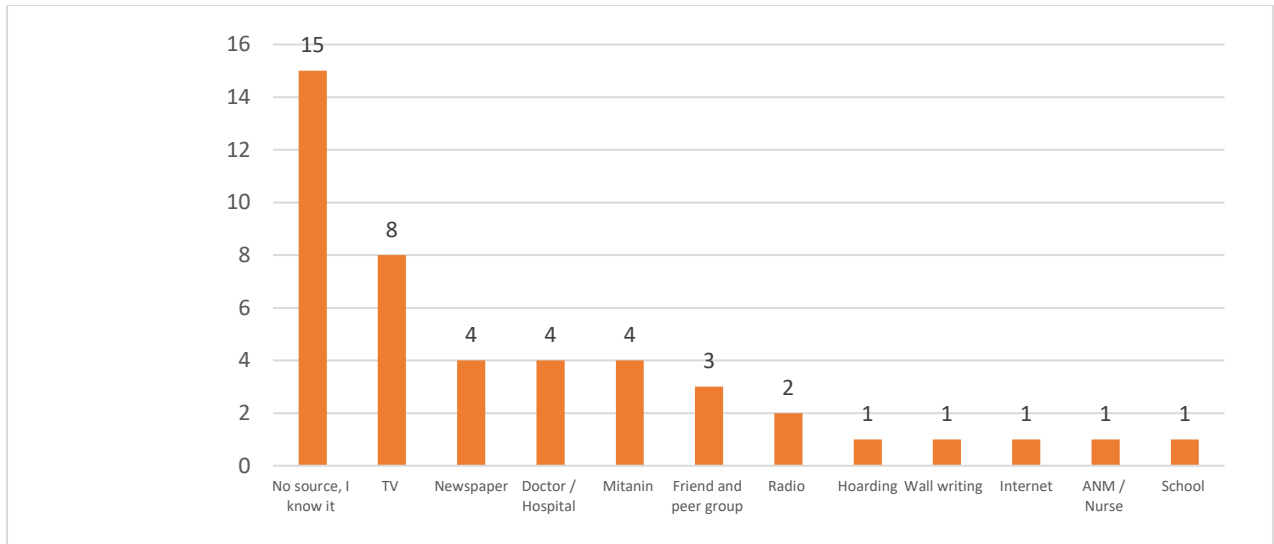
Graph No 35: Source of information Contact with infected person's blood - rural (%)



6.3.b Appearance of symptoms of sexually transmitted disease

TV is main source of information when this message is concern. Other source of information has not have big contribution in passing this information.

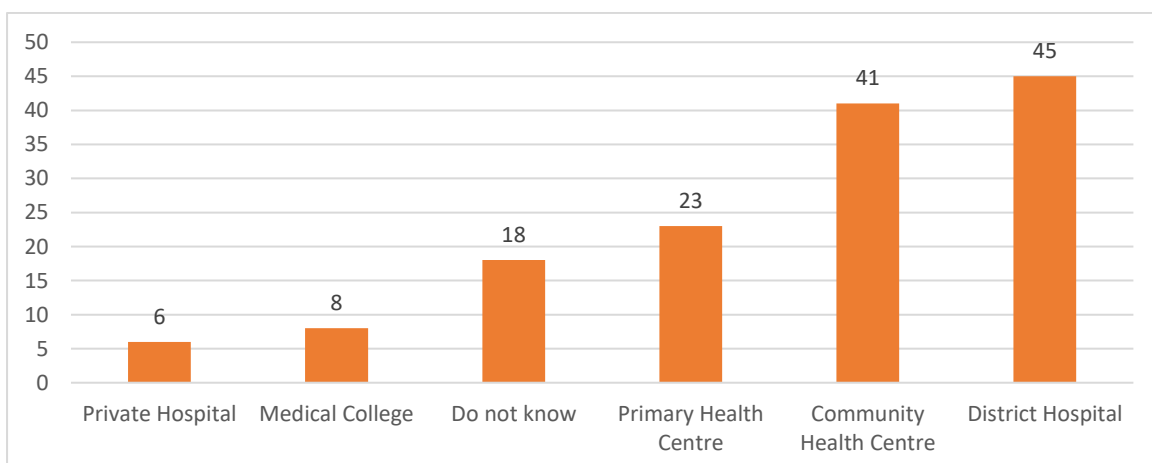
Graph No 36: Source of information Appearance of symptoms of sexually transmitted disease - rural (%)



7. Knowledge about nearest testing centre for HIV

After knowing, when to go for HIV testing it very important to have knowledge of which is nearest health facility where one can go for HIV testing. Therefore, it is very essential to have knowledge of which nearest health facility provides such test.

Graph No37: Knowledge about nearest testing centre (%)



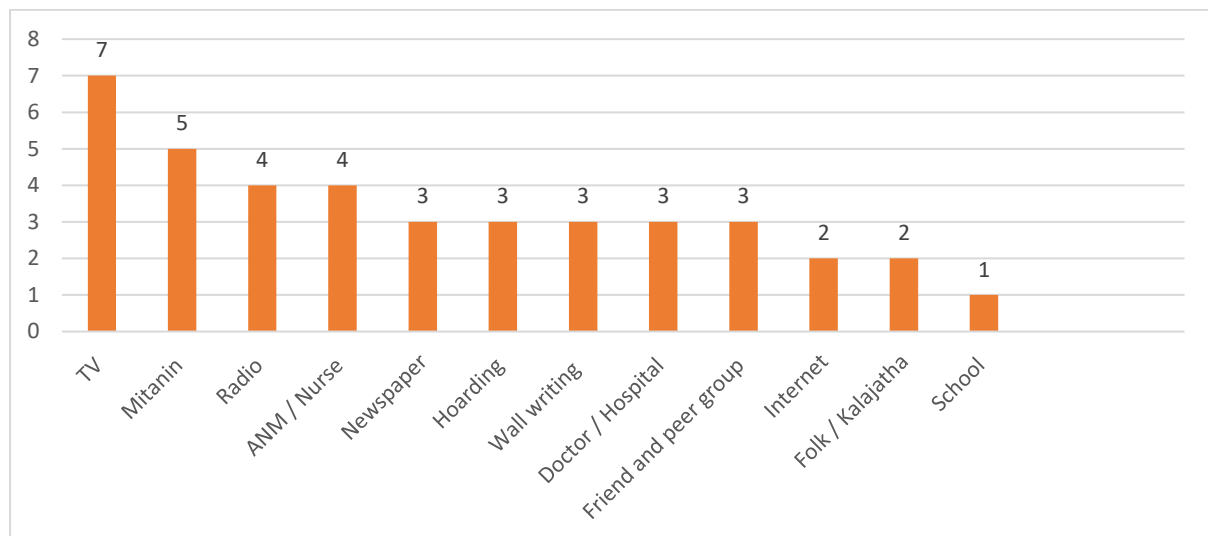
When asked about which is the nearest health facility to you to go for HIV testing, 45% respondents said that it is district hospital, 41% said that it is Community health centre, 23% people said primary health centre. 18% people do not have any information about the nearest testing centre. 8% people said that the nearest testing centre for HIV is the medical college and 6% people told that private hospital is nearest testing centre. Most of the people know more about the government health facilities.

8. Information source for nearest HIV test facility.

8.1 Information source for Medical College

Very few people know that the medical college is the nearest HIV testing centre, it may be because of availability of Medical College in then surveyed district. 7% expressed that this information they got from the TV. Other source of information about had covered about 3-4 % population. Mitanin and ANM are good source of information as far as medical college is concern.

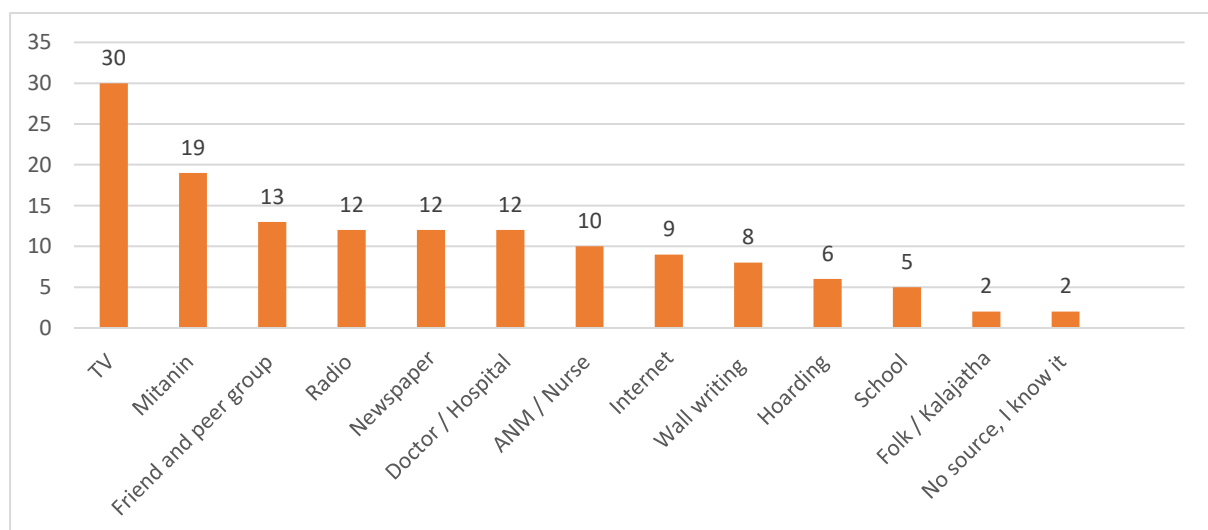
Graph No38: Source of information for medical college as nearest testing centre (%)



8.2 Information source for district hospital

41% people said that district hospital is the nearest testing centre for them. Of that source of information for 30% was from TV. The one to one contact information for district hospital is Mitanin 19%, friend and family 13% doctor/ hospital is 12%. Traditional source of information were at lowest level.

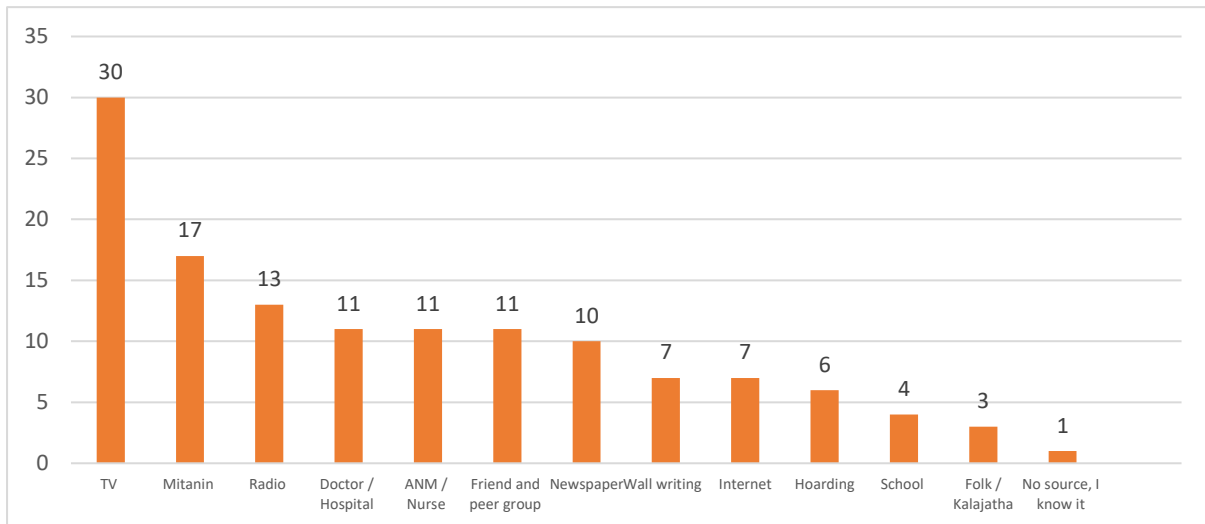
Graph No 39: Source of information for district hospital as nearest testing centre (%)



8.3 Information source for community health centre.

Out of 23% people know about the Community health centre is the nearest health facility they can go for HIV testing, 30 % people know it form TV. 13% from radio and other 11% from doctors/ hospitals, ANM/nurse, friend, and family.

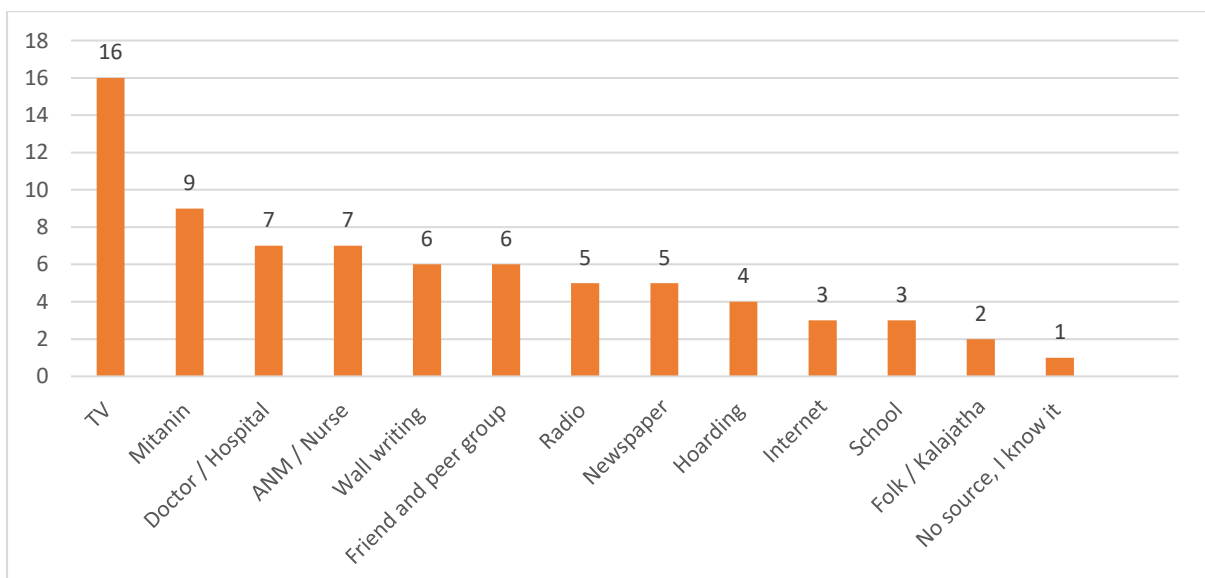
Graph No 40: Source of information for community health centre as nearest testing centre (%)



8.4 Information source for primary health centre

The one to one contact information are main source of information for respondents saying PHC as the nearest testing centre. The main one to one source is Mitanin, doctors/hospital, ANM/Nurse, and friend/ family. TV is the major source with 16%.

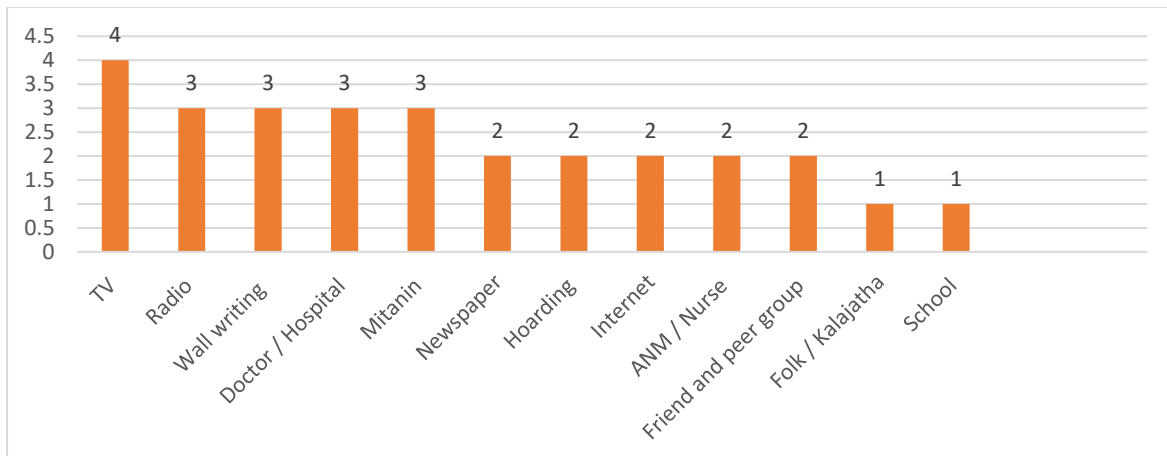
Graph No 41: Source of information for primary health centre as nearest testing centre (%)



8.5 Information source for private hospitals centre

Very few percentage people know that private hospitals are the nearest HIV testing centre. The one to one information source for private hospital is very small. Not many people know that the private hospital is also nearest source of information.

Graph No 42: Source of information for private hospitals as nearest testing centre (%)



Urban rural

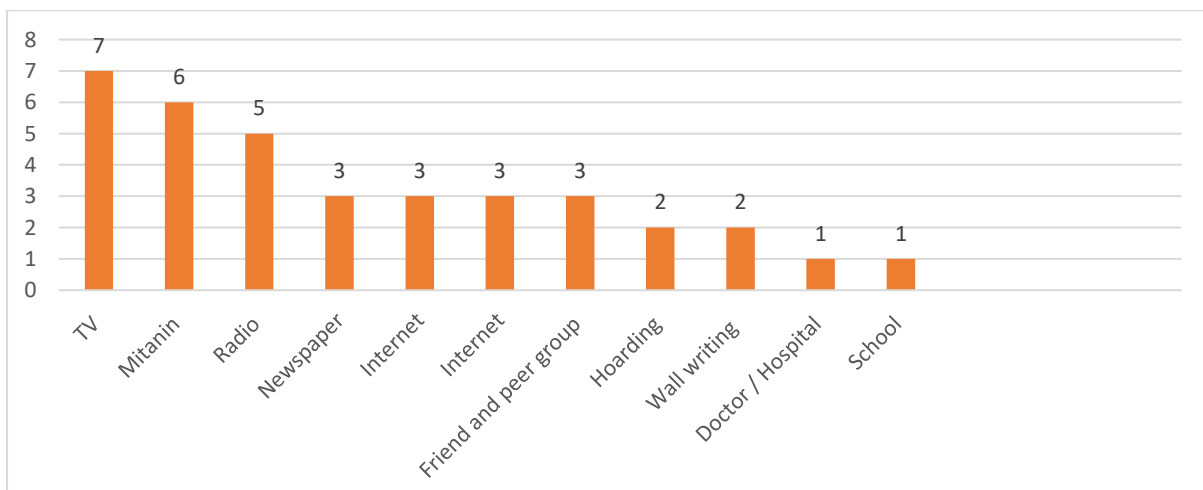
The urban rural differences for source of information of HIV testing centre is presented below.

a. Urban area

8.1.a Source of information for medical college

Urban respondent who got the information of Medical college is the nearest health facility for HIV testing, 7% of them got information from TV, radio is 5% internet and newspaper are 3%. Mitanin contribute to spread the information is 6%. Other source of information have small contribution to spread the information regarding medical college is the testing centre too.

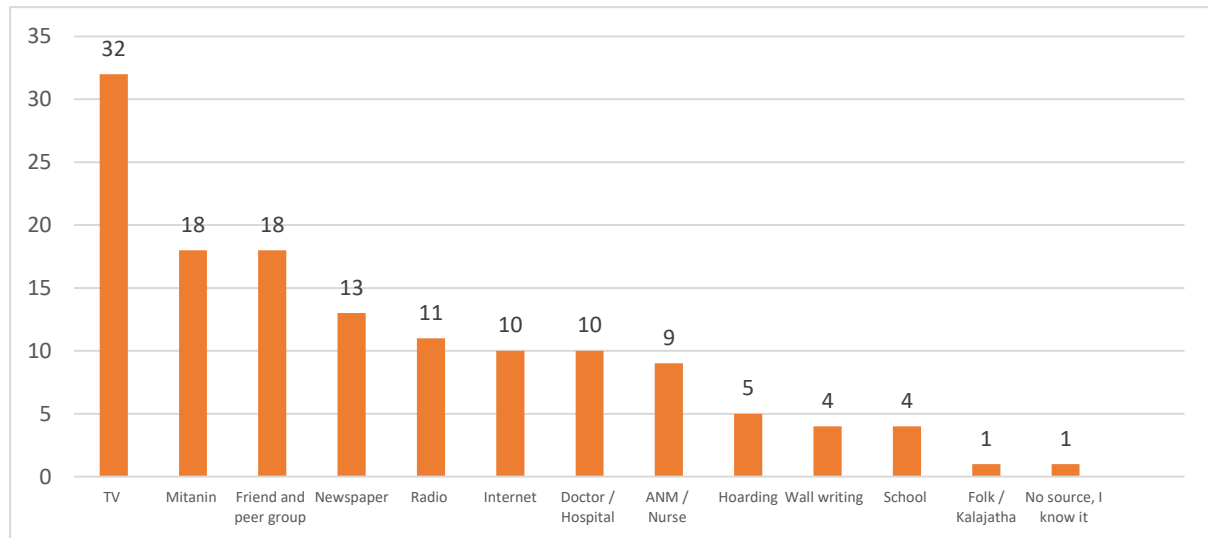
Graph No 43: Source of information for Medical college - urban (%)



8.2.a Source of information for district hospital

Maximum people in urban expressed that their nearest health facility for HIV testing is district hospital. Of the total, 32% people got this information form TV. One to one information source like Mitanin, family and friend share information to 18% people. Radio and internet are source of information for 11% and 10% respectively.

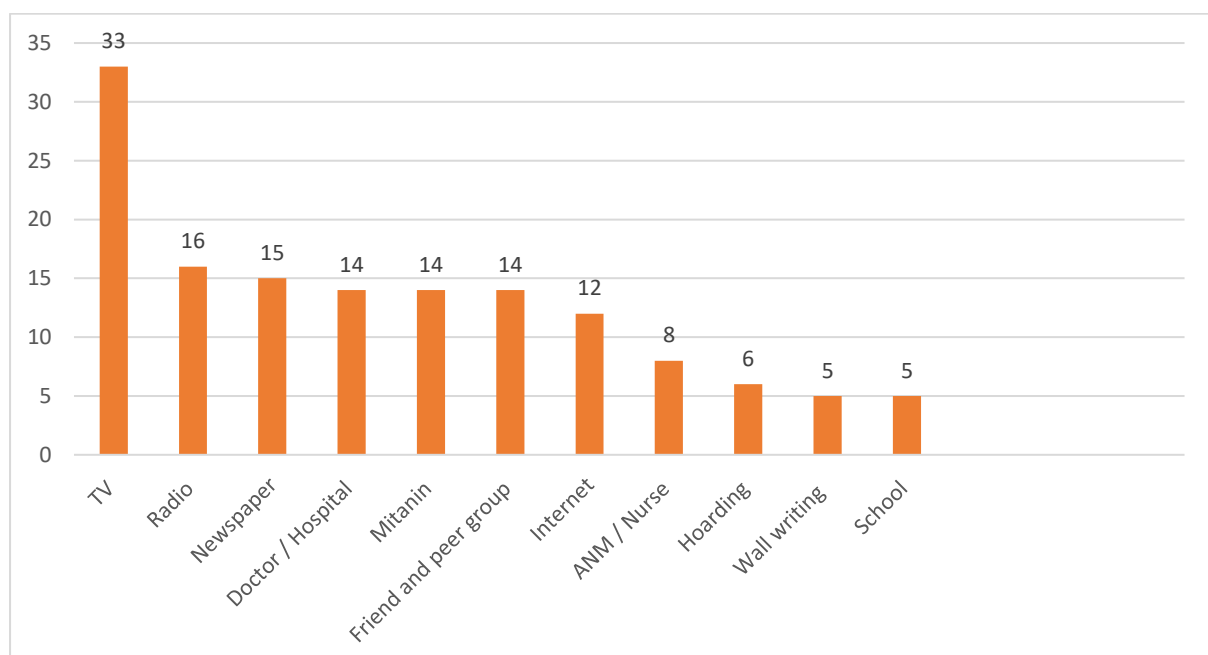
Graph No 44: Source of information for district hospital - urban (%)



8.3.a Source of information for CHC

Although CHC do not provide HIV testing facility, 33% respondents said TV is the biggest source of information. The next other source of radio is 16%, and newspaper 15%. The personal contact source of information like doctors/hospital, Mitanin, and family/ friend are 14%.

Graph No 45: Source of information for CHC - urban (%)



8.4.a Source of information for primary health centre

15% people got information from TV. Rest other source has provided minimum information to the people PHC has testing facility for the HIV

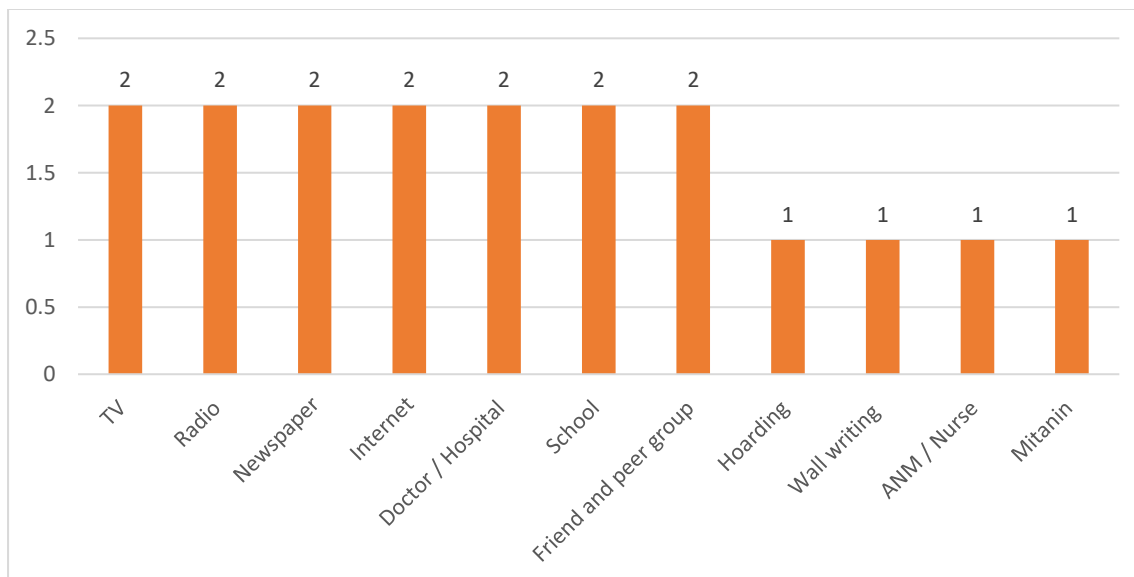
Graph No 46: Source of information for PHC - urban (%)



8.5.a Source of information for Private hospitals

Not much people know that the private hospitals are also the testing centre for HIV testing. Of those who knew it was through TV, radio.

Graph No 47: Source of information for Private hospitals - urban (%)

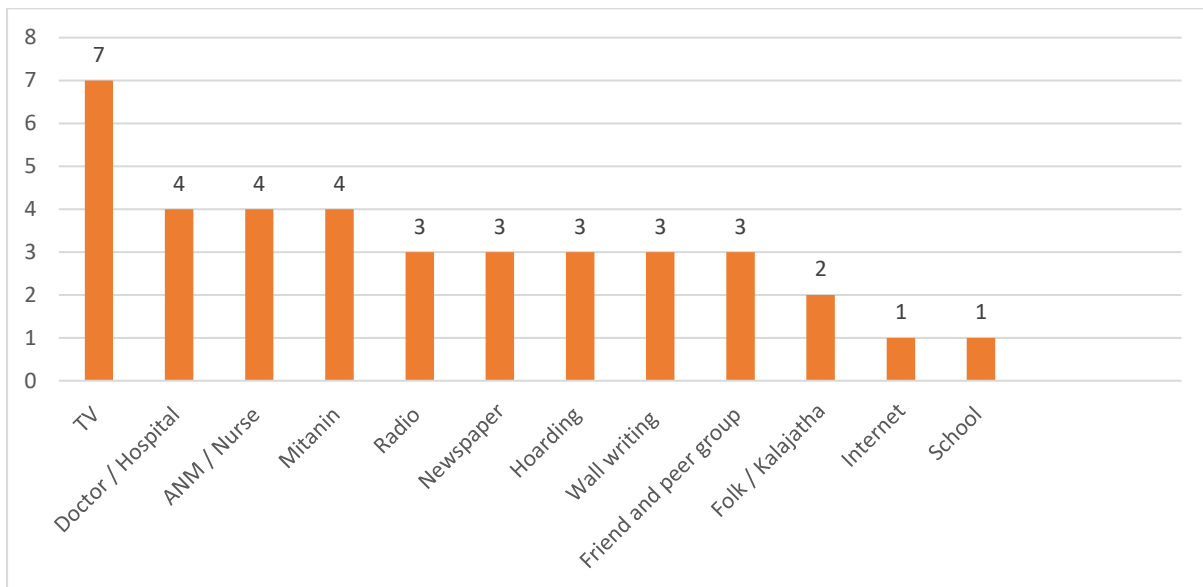


b. Rural area

8.1.b Source of information for medical college

Rural respondent who got the information of medical college is the nearest health facility for HIV testing, 7% of them got information from TV, doctor/ANM/Mitanin were 5%.

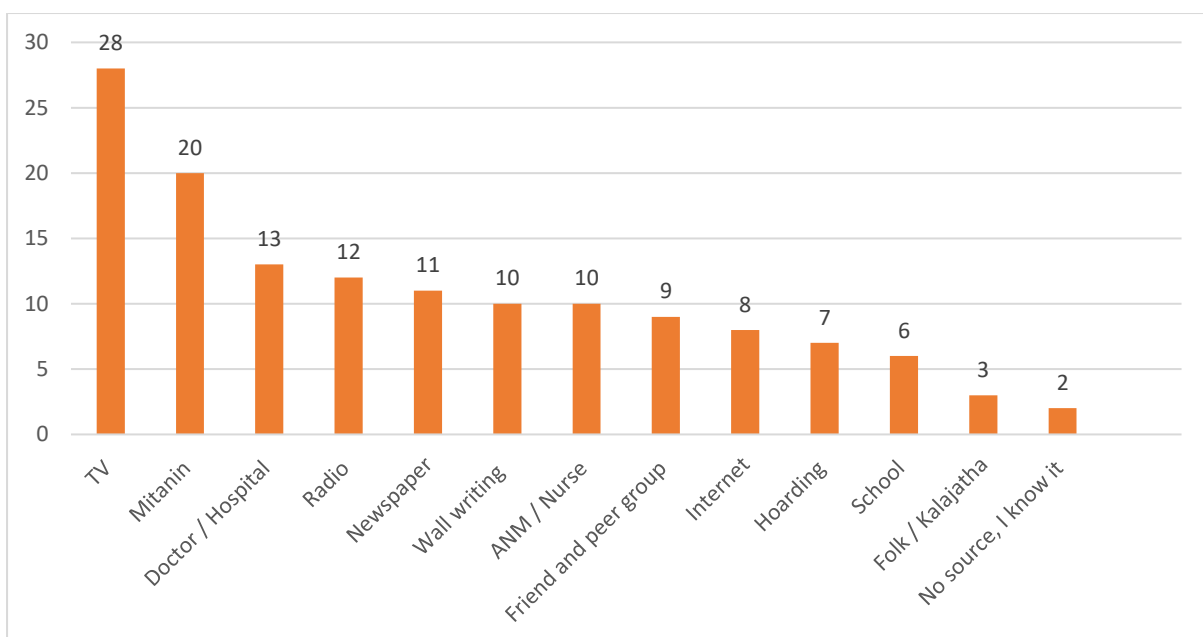
Graph No 48: Source of information for Medical College–rural (%)



8.2.b Source of information for district hospital

Rural respondent who got the information of district hospital is the nearest health facility for HIV testing, majority 28% of them got information from TV, significantly 20% were mitanin.

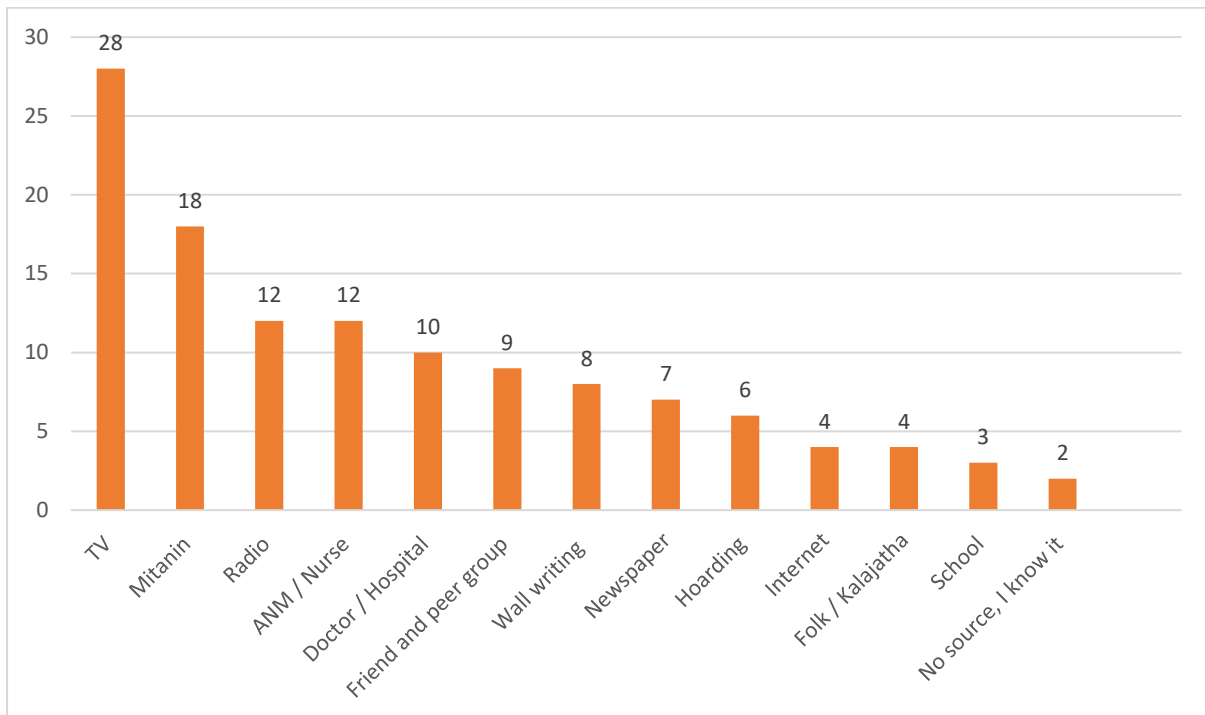
Graph No 49: Source of information for district hospital – rural (%)



8.3.b Source of information for community health centre

Rural respondent who got the information of community health centre is the nearest health facility for HIV testing, 28% of them got information from TV, 18% was from Mitanin.

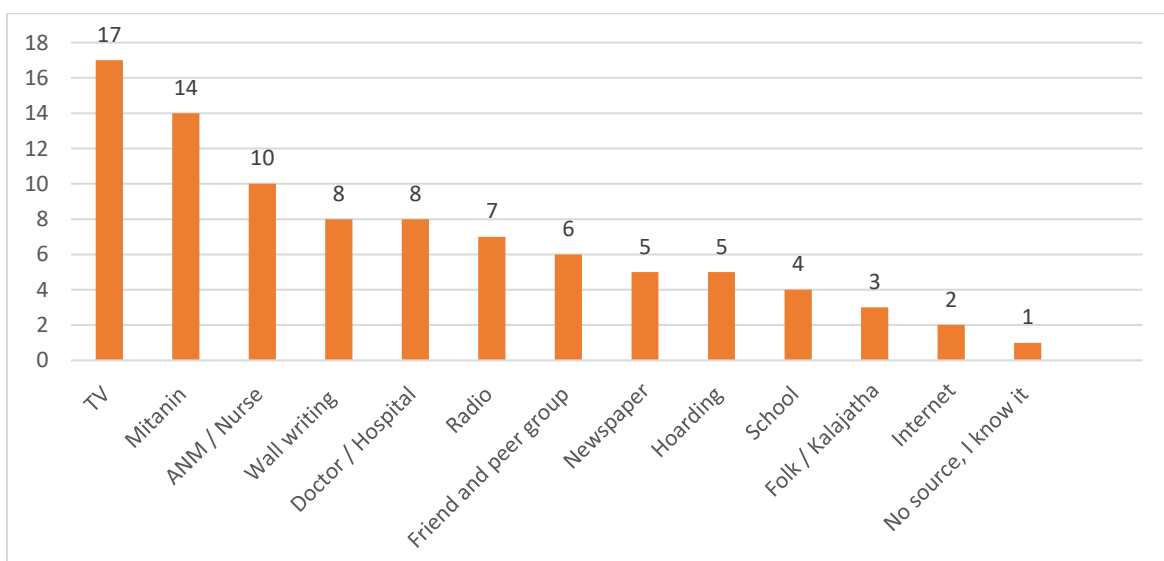
Graph No 50: Source of information for community health centre – rural (%)



8.4.b Source of information for primary health centre

Rural respondent who got the information of primary health centre is the nearest health facility for HIV testing, 28% of them got information from TV, 18% was from Mitanin.

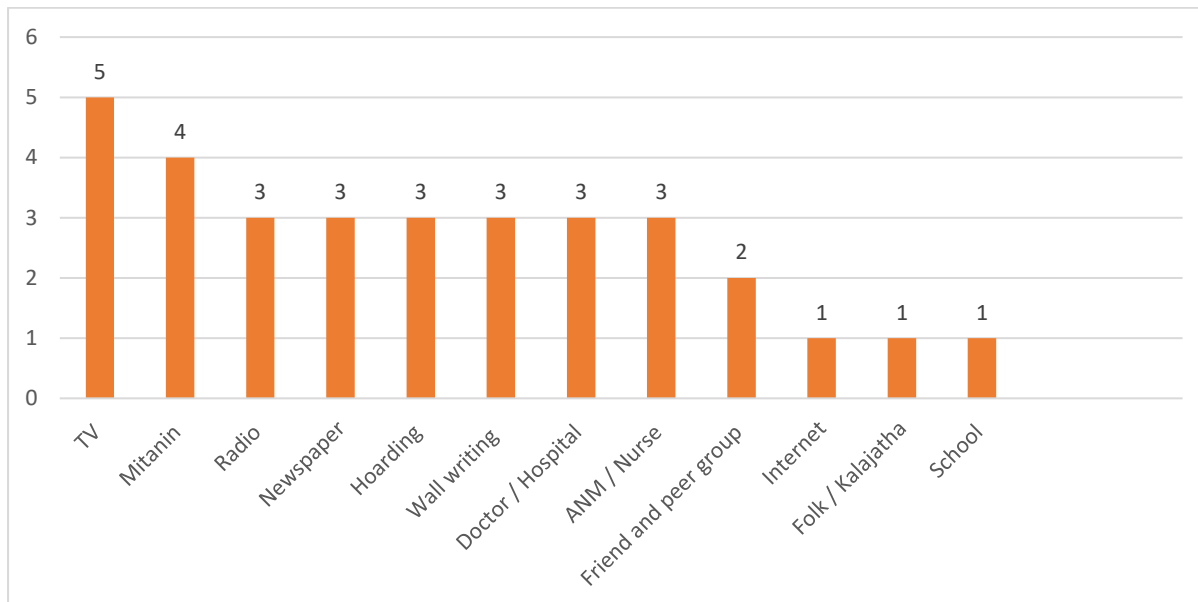
Graph No 51: Source of information for primary health centre – rural (%)



8.5.b Source of information for private hospital

Rural respondent who got the information of primary health centre is the nearest health facility for HIV testing, 5% of them got information from TV, 4% was from Mitamin.

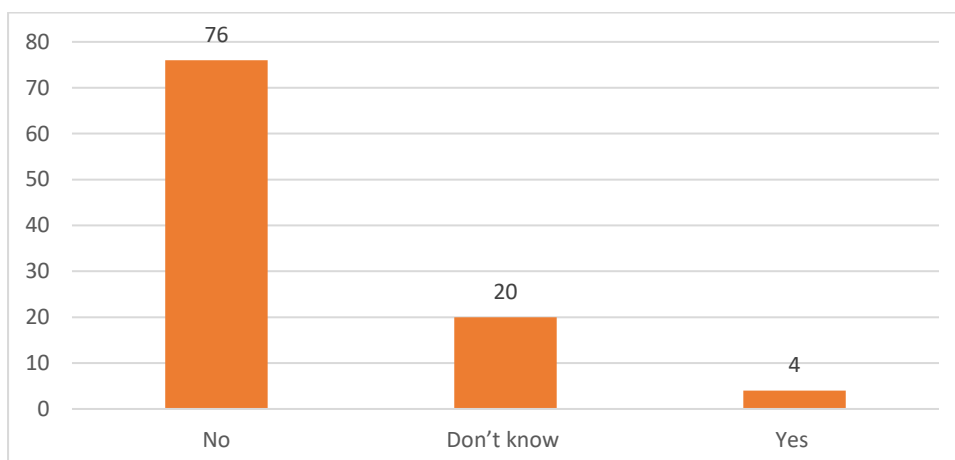
Graph No 52: Source of information for private hospital – rural (%)



9. Blood donation

The HIV infected blood was one of the major reasons for HIV transmission but after strict monitoring and implementation of safe blood policy the rate of transmission of HIV gone down. Today this is rare phenomenon as a source of HIV transmission. With time people are more aware about the blood transfusion and donation. When question was asked whether HIV infected person can do blood, following information was given by the respondents.

Graph No 53: Knowledge about HIV positive person donating blood (%)

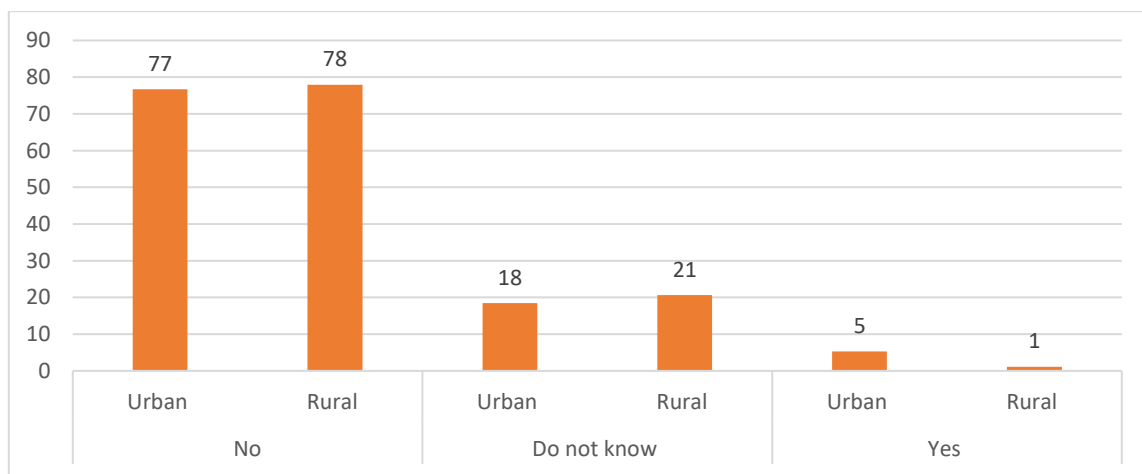


When asked about whether HIV-AIDS infected person can donate blood, 76% people responded No to it, only 4% people responded yes that is worrying, and 20% people don't know whether such person can donate blood or not.

Urban rural difference

75% people both from urban and rural know that the HIV infected person cannot donate blood. There are 18% people form urban and 21 % people from rural have no information about it. Rest 4 People who don not the answer are 18% in urban and 21% in rural. The worrying observation is that 5% people from urban have wrong information and 1% people from rural have no information about the it.

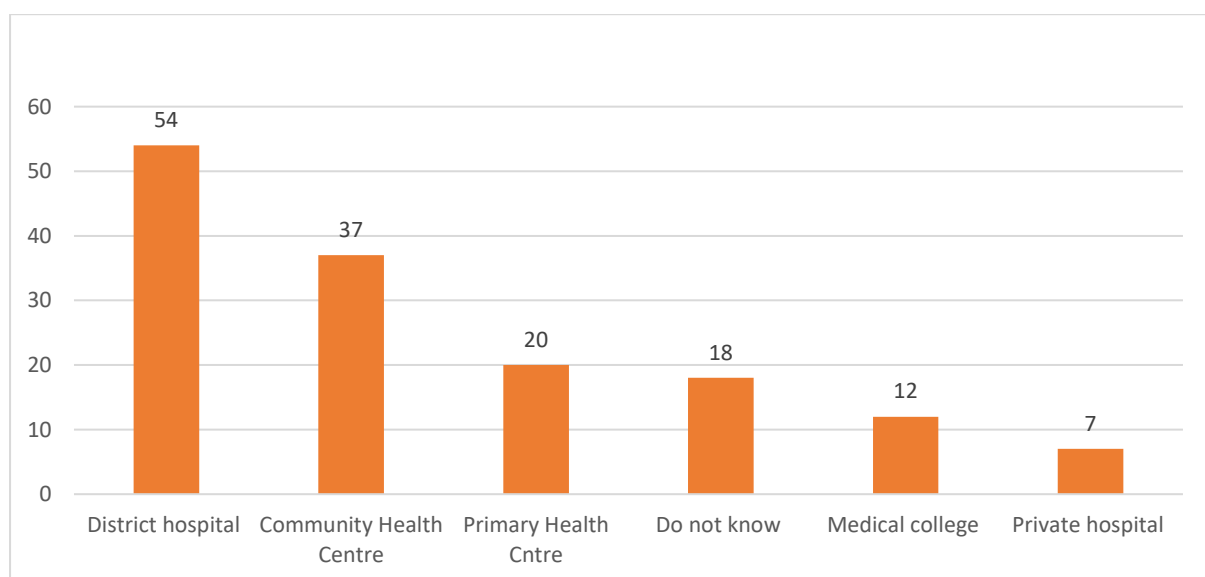
Graph No 54: Urban rural difference Knowledge about HIV positive donating blood (%)



10. Where should HIV positive person approach for help and treatment

It is very important for the people to know that which is the place when people can go for any help or treatment of HIV-AIDS.

Graph No 55: Place for seeking help and treatment by HIV positive (%)

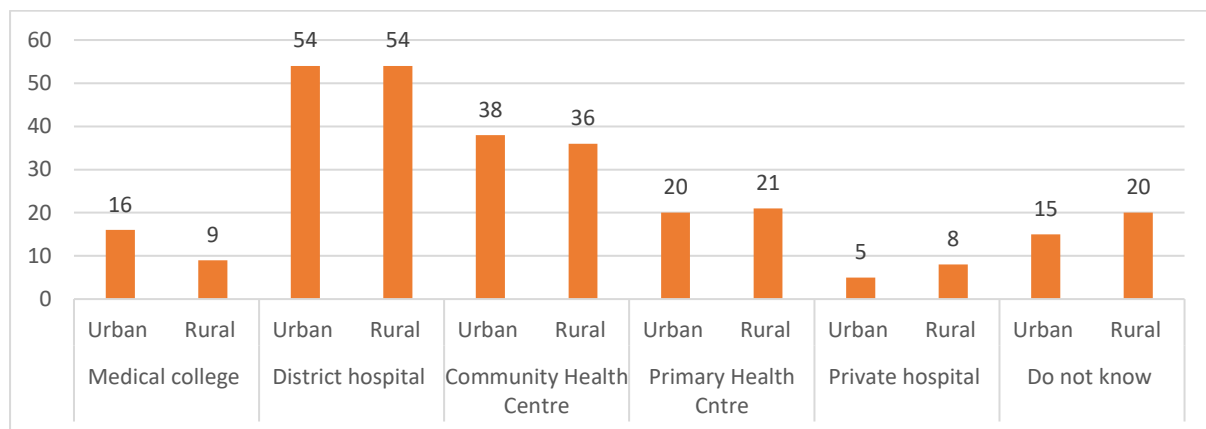


When question was asked to people about where you will go for any help and treatment for HIV-AIDS, 54% people prefer district hospital. The second most preferable health facility for help and treatment is the community health centre with 37%. 20% people suggested primary health centre and 12 % and 7% people suggest medical college and private hospital.

Urban – rural

16% urban and 9% rural people prefer to go to Medical College for help and treatment. It perhaps, only few medical colleges are available in the state and not everyone has reach to it. Almost equal number of people (55%) has opted from urban and rural for district hospital. and 37% for community health centre. 20% urban and rural people prefer the primary health centre and only 6 to 7% people for urban and rural prefer the private health facility. There are more people in rural (20%) then urban (15%) who do not know where to go for help and treatment for HIV-AIDS.

Graph No 56: Place for seeking help and treatment by HIV positive- urban vs rural (%)

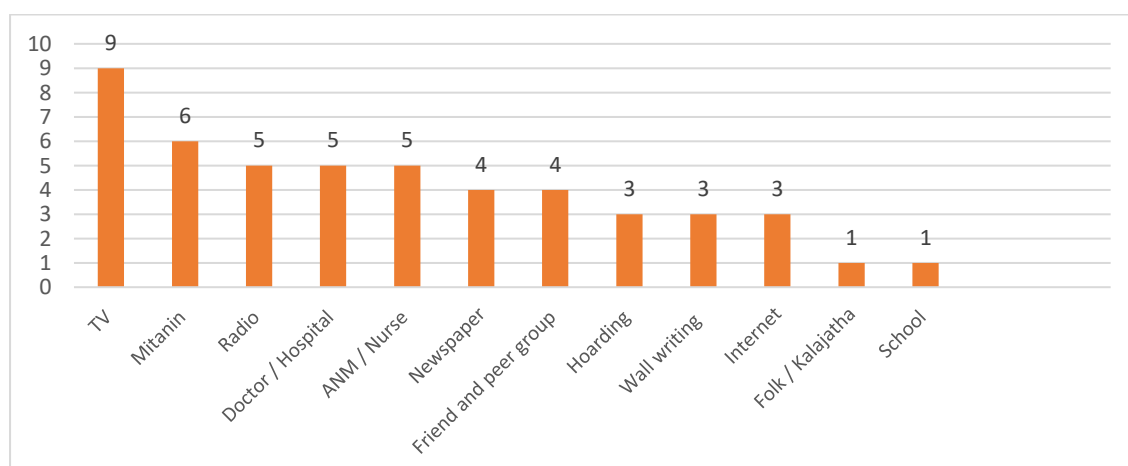


11. Source of information

11.1 Source of information for medical college

Respondent who got the information of medical college as the place for HIV positive to seek for help and treatment, 9% of them got information from TV, followed by 6% from Mitanin.

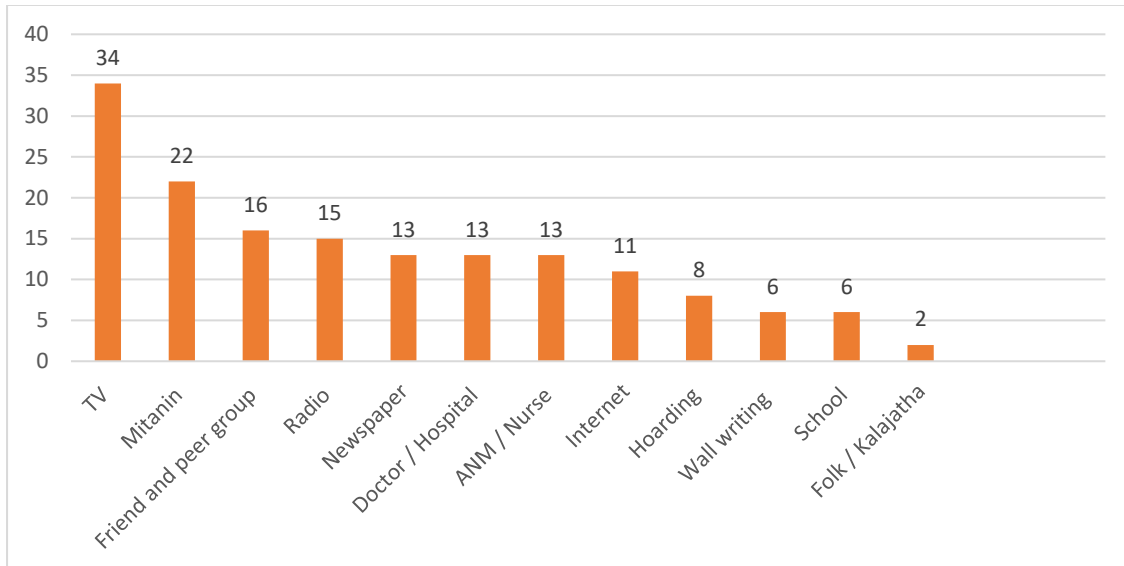
Graph No 57: Place for seeking help and treatment by HIV positive- medical college (%)



11.2 Source of information for district hospital

Respondent who got the information of district hospital as the place for HIV positive to seek for help and treatment, 34% of them got information from TV, followed by 22% from Mitanin.

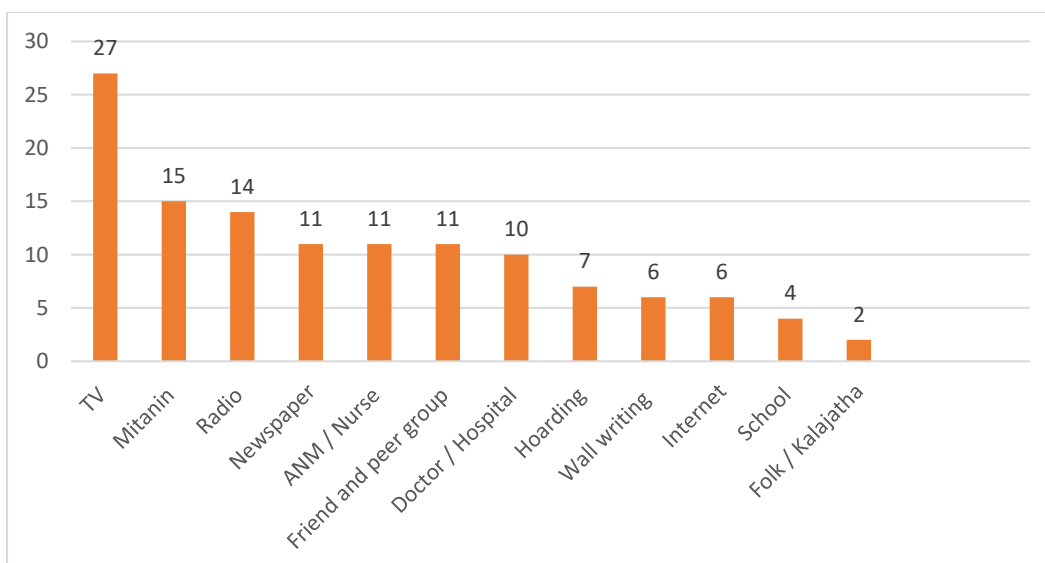
Graph No 58: Place for seeking help and treatment by HIV positive- district hospital (%)



11.3 Source of information for community health centre

Respondent who got the information of community health centres as the place for HIV positive to seek for help and treatment, 27% of them got information from TV, followed by 15% from Mitanin.

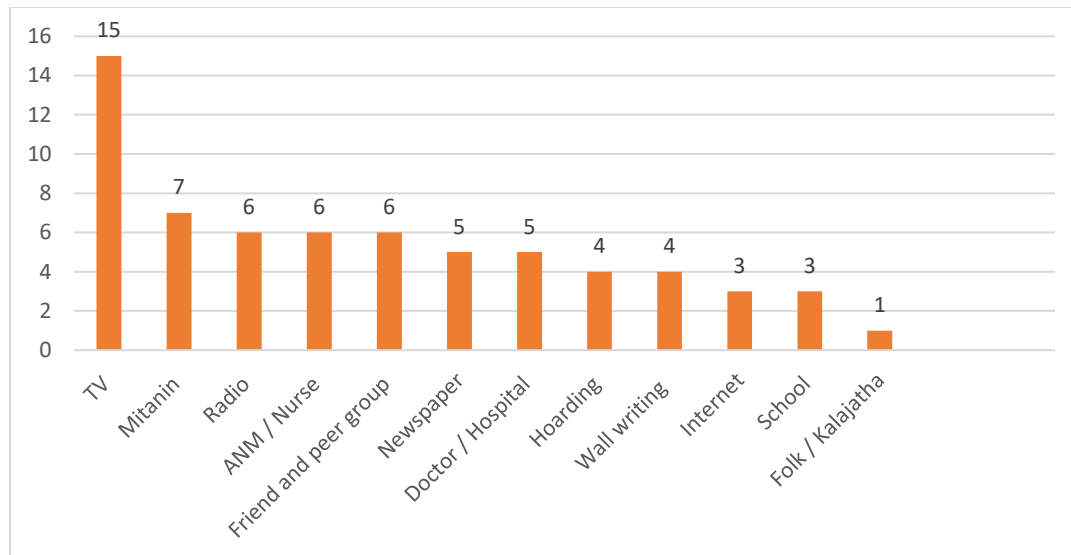
Graph No 59: Place for seeking help and treatment by HIV positive- CHC (%)



11.4 Source of information for primary health centre

Respondent who got the information of medical college as the place for HIV positive to seek for help and treatment, 15% of them got information from TV, followed by 7% from Mitanin.

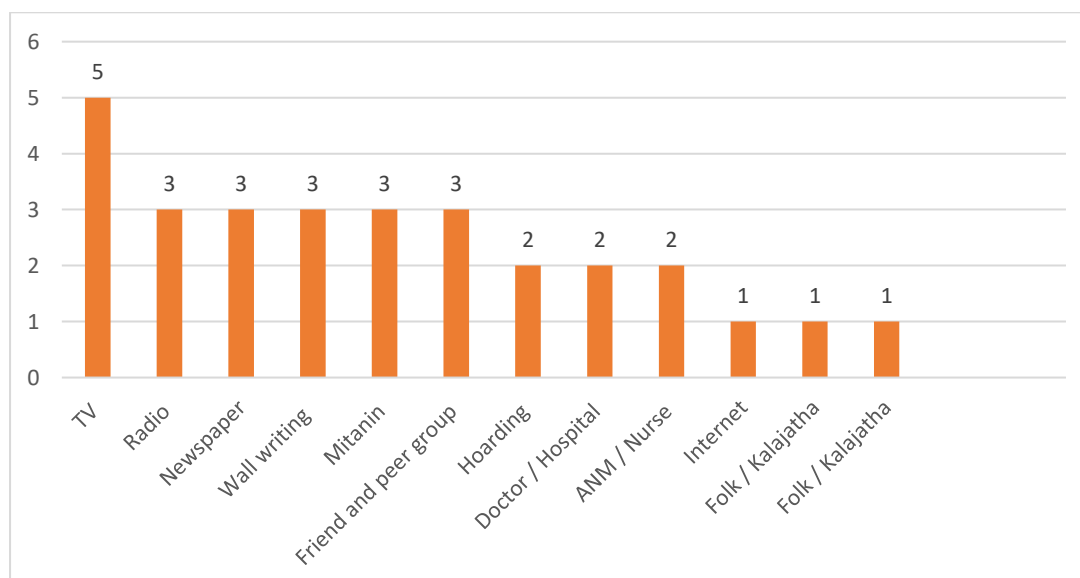
Graph No 60: Place for seeking help and treatment by HIV positive- PHC (%)



11.5 Source of information for private hospital

Respondent who got the information of medical college as the place for HIV positive to seek for help and treatment, 9% of them got information from TV, followed by 6% from Mitanin.

Graph No 61: Place for seeking help and treatment by HIV positive- private hospital (%)

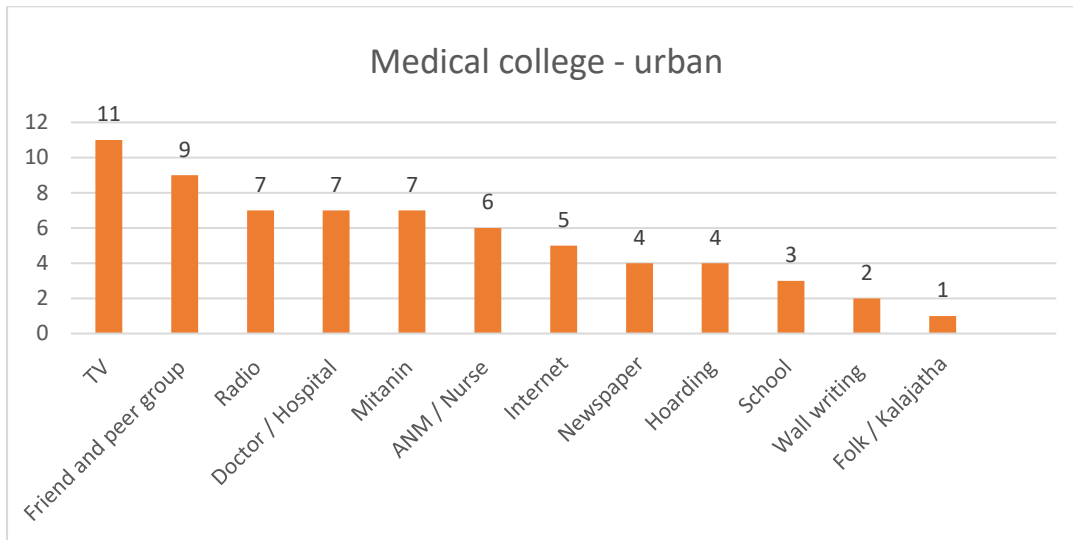


Urban – rural

a. Urban

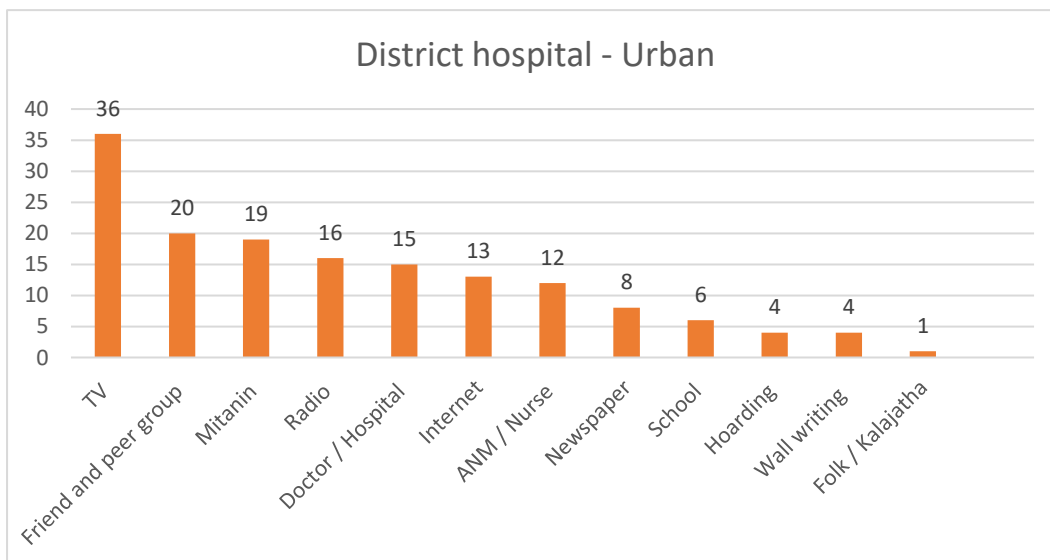
11.1.a Source of information for Place for seeking help and treatment by HIV positive in medical college in urban area is shown below-

Graph No 62: Place for seeking help and treatment urban –medical college(%)



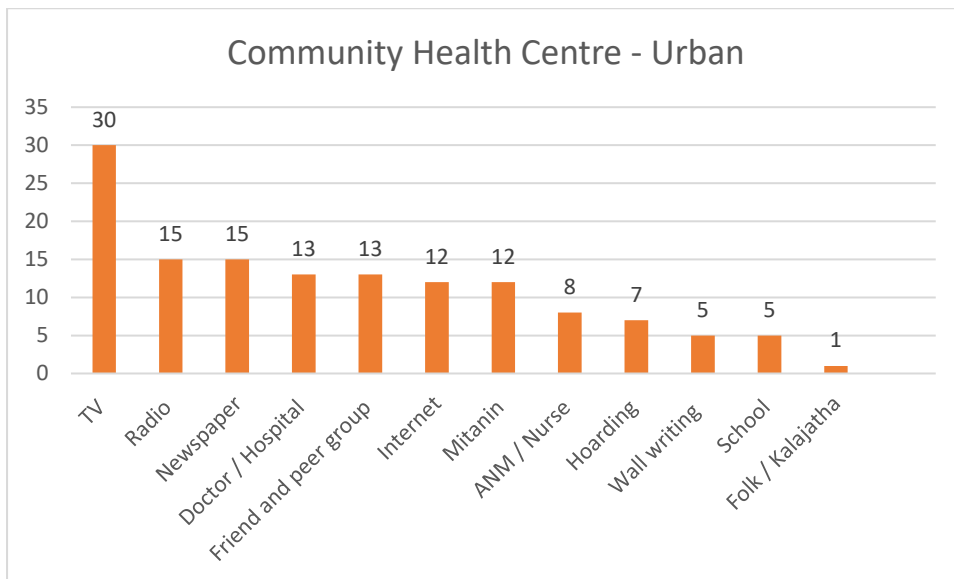
11.2.a Source of information for Place for seeking help and treatment by HIV positive in district hospital in urban area is shown below-

Graph No 63: Place for seeking help and treatment urban –district hospital (%)



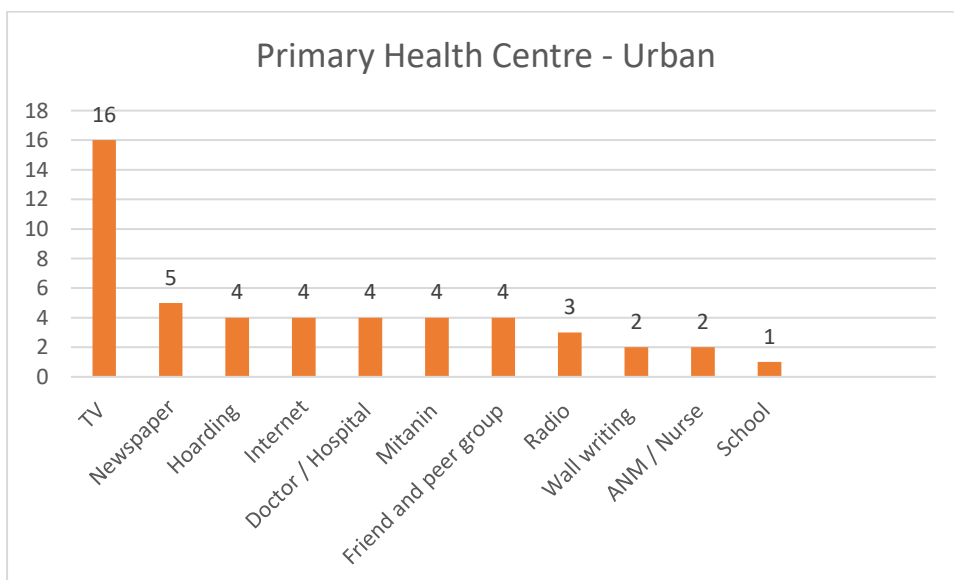
11.3.a Source of information for Place for seeking help and treatment by HIV positive in community health centre in urban area is shown below-

Graph No 64: Place for seeking help and treatment urban –CHC(%)



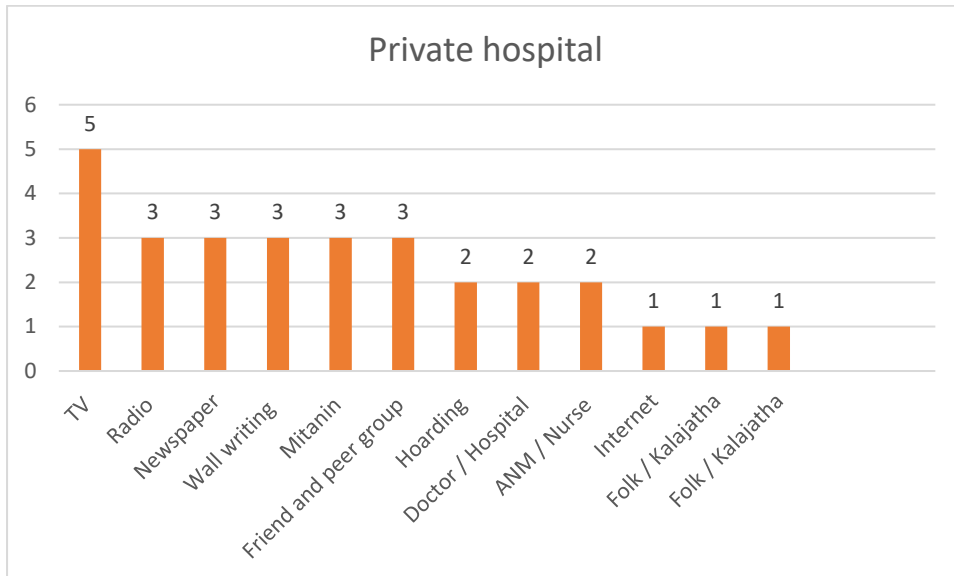
11.4.a Source of information for Place for seeking help and treatment by HIV positive in primary health centre in urban area is shown below-

Graph No 65: Place for seeking help and treatment urban –PHC(%)



11.5.a Source of information for Place for seeking help and treatment by HIV positive in private hospital in urban area is shown below-

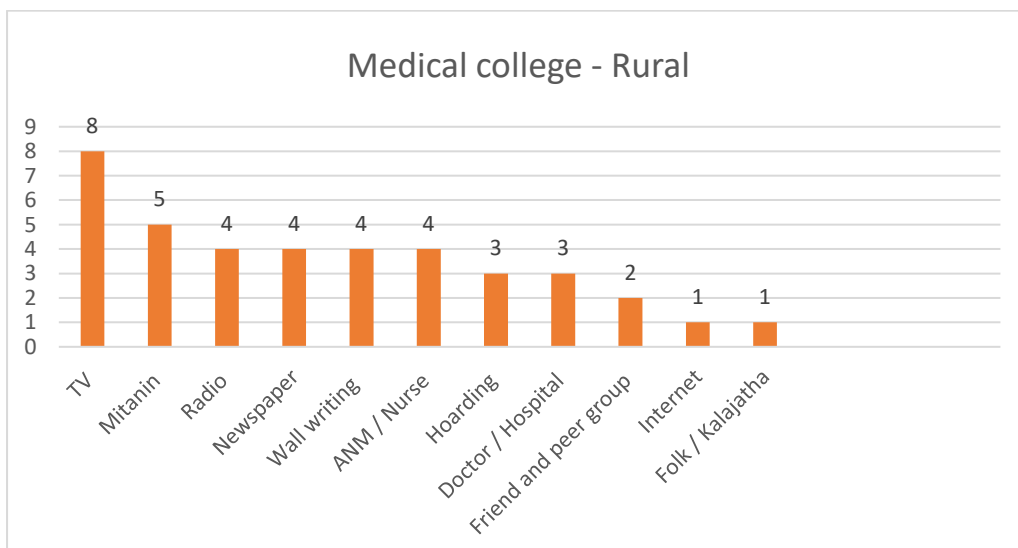
Graph No 66: Place for seeking help and treatment urban –private hospital (%)



b. Rural

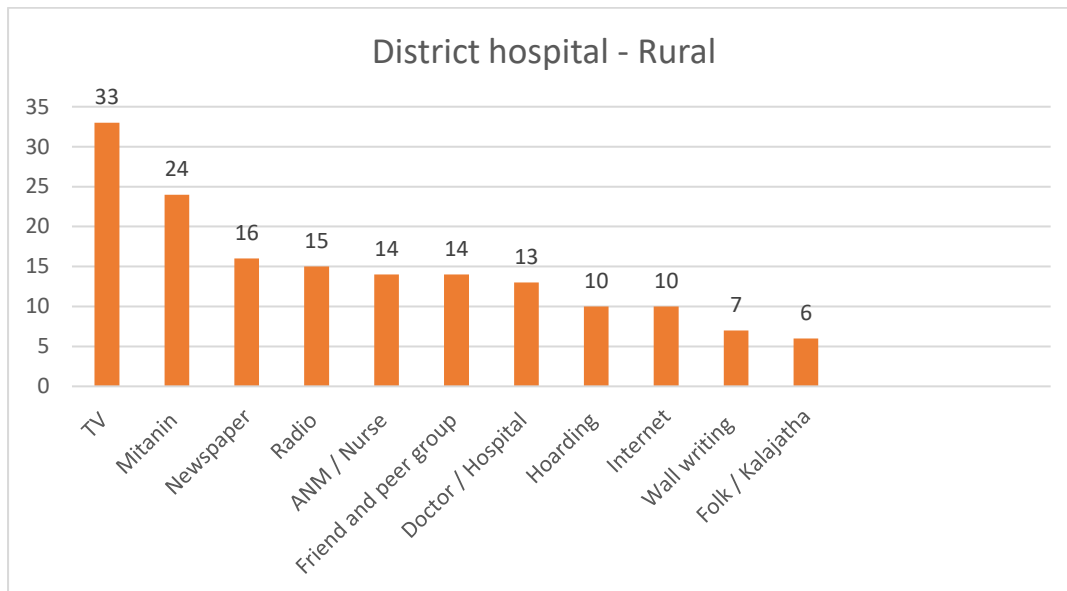
11.1.b Source of information for Place for seeking help and treatment by HIV positive in medical college in rural area is shown below-

Graph No 67: Place for seeking help and treatment rural –medical college (%)



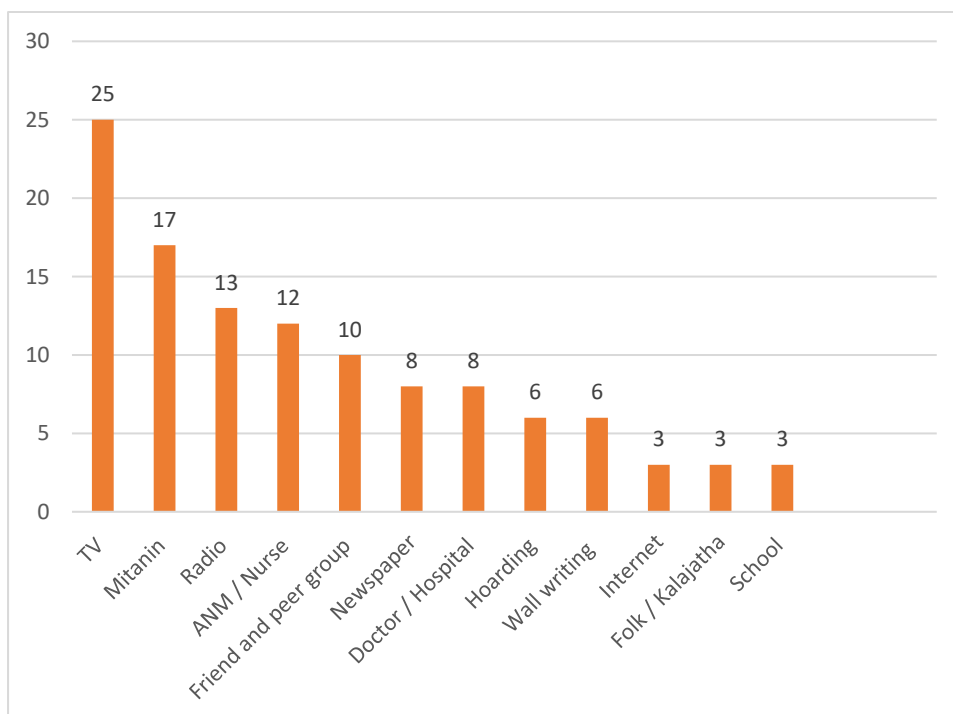
11.2.b Source of information for Place for seeking help and treatment by HIV positive in district hospital in rural area is shown below-

Graph No 68: Place for seeking help and treatment rural –district hospital(%)



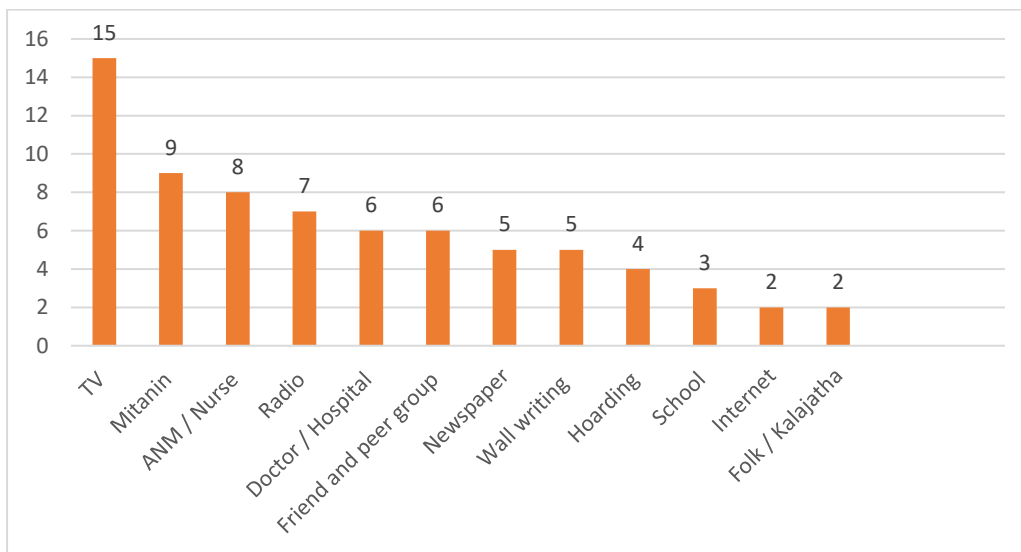
11.3.b Source of information for Place for seeking help and treatment by HIV positive in CHC in rural area is shown below-

Graph No 69: Place for seeking help and treatment rural –CHC (%)



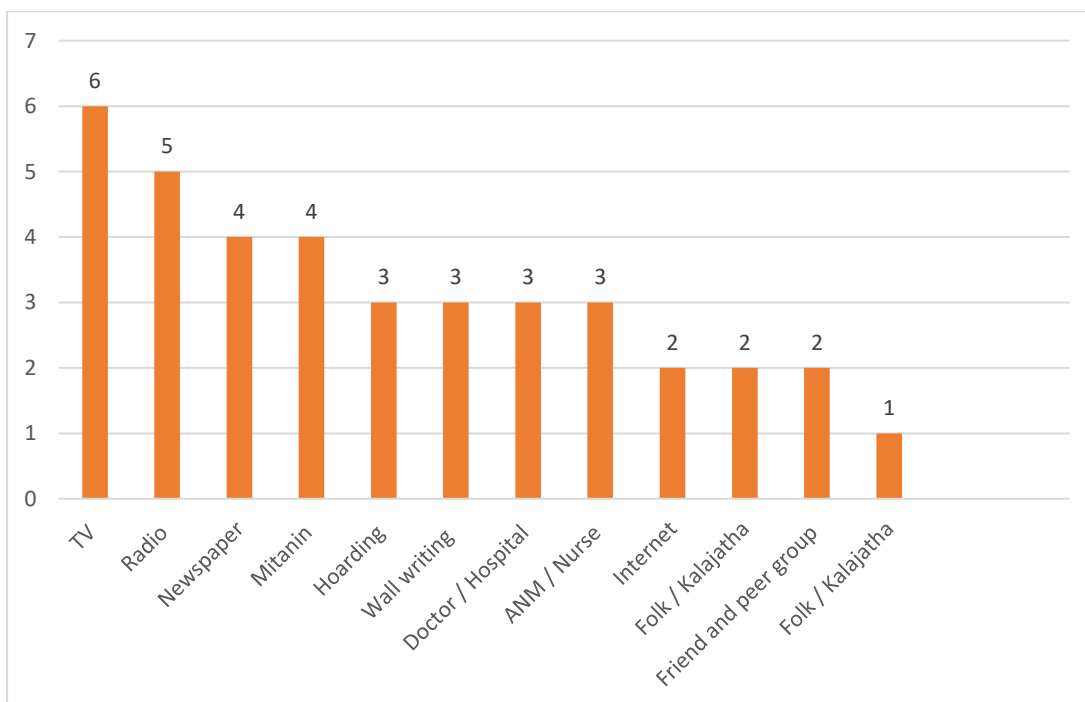
11.4.b Source of information for Place for seeking help and treatment by HIV positive in PHC in rural area is shown below-

Graph No 70: Place for seeking help and treatment rural –PHC(%)



11.5.b Source of information for Place for seeking help and treatment by HIV positive in private hospital in rural area is shown below-

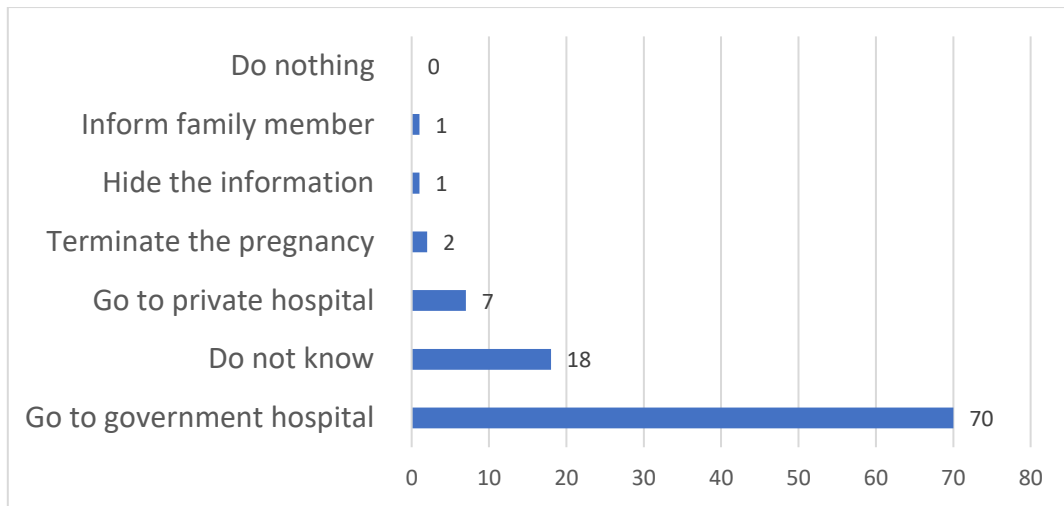
Graph No 71: Place for seeking help and treatment rural –private hospital(%)



12. If the wife of a positive person gets pregnant what should be done

To know the perspective of people about the HIV-AIDS infected person, question was asked to the people “What should do if wife of HIV infected is pregnant.

Graph No 71: Knowledge of a positive persons wife pregnant seeking care(%)



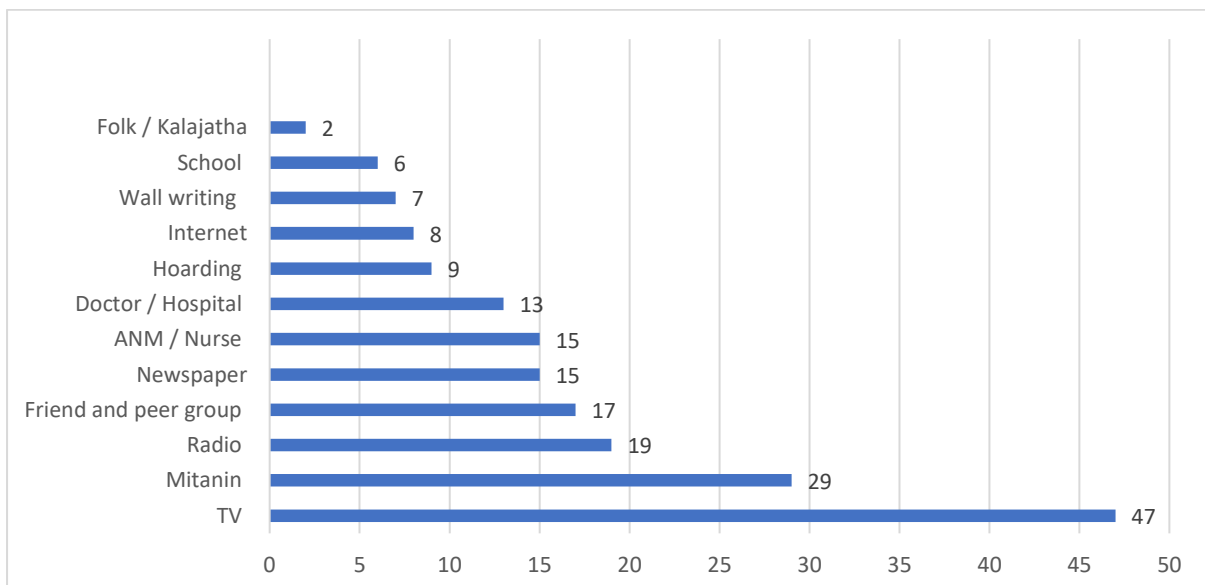
70% people suggested to go in government hospital for assistance and treatment. 7% people suggested to go to private hospital. 2% people suggested that the matter should be inform to the family member. Surprisingly, 2% people suggested that the pregnancy should be terminate. 20% people have no idea about what to do in such case.

13. Source of information

13.1 Government hospital

70% people who suggested to go for government hospital, of that 47% people got the information from the TV. 29% from Mitanin, 19% from radio, and 17% from friend and family. In this topic the one to one contact information and audio visual mode of information transmission and almost providing sharing equal share of population who got information.

Graph No 72: source of information positive persons wife pregnant going govt hospital(%)

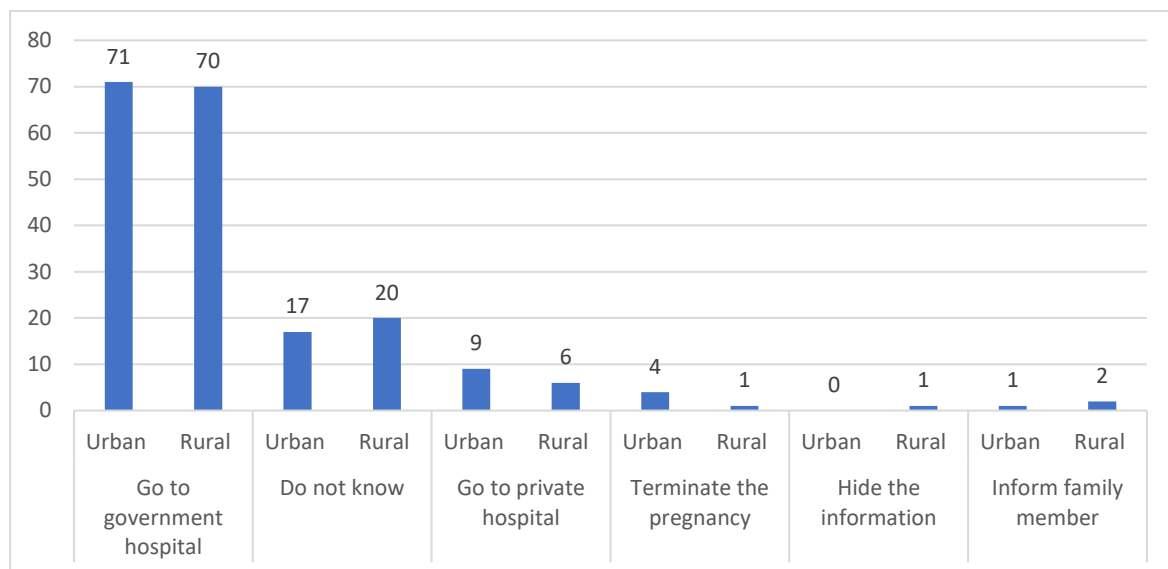


Although very few people suggested to go for private hospital, of that 6 % people got this information from hoardings followed by TV (5%). Mitnin did not suggested people for private hospital as far as treatment and help is concern.

Urban – rural

70% people from urban and rural suggested to go the government hospital if HIV infected persons wife is pregnant. 9% rural and 6% rural people suggested to go private hospital. There are 20% people in the rural and 17 % people in the urban who do not know what to do in such case.

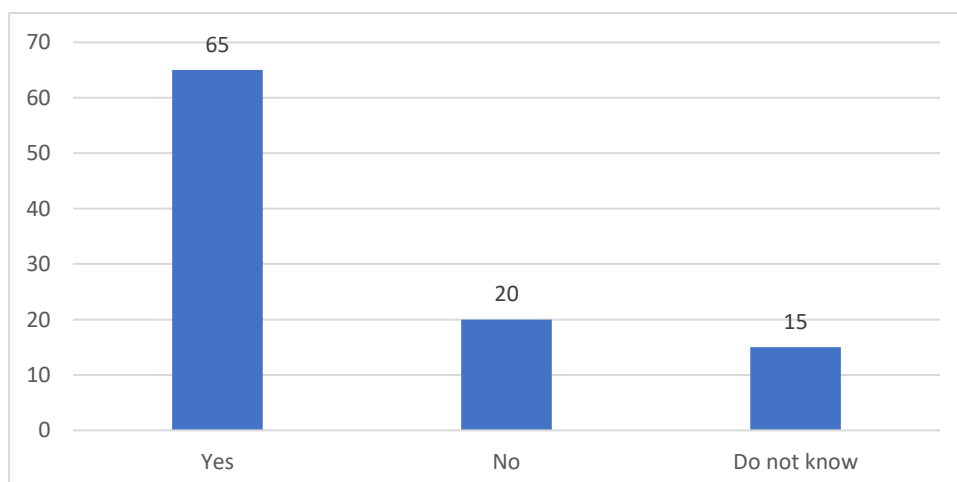
Graph No 73: Knowledge of a positive persons wife pregnant seeking care urban rural(%)



14. Can HIV positive continue working with normal people

Whether the HIV infected person shall continue working normally, 65 % people positively said that yes, they can continue working normally.

Graph No 74: Knowledge of HIV positive continue working with normal people(%)



Urban rural

In urban and rural setting, it was found that 73% urban people supported it while in rural it is 61%. The proportion of male female who said yes is almost equal in percentage. 20% people have no information about whether she should continue working normally or not. It this 44% are male and 56% are female. They are more in rural than the urban. People who said “no” are 15%. of that 64% are male and 25% and female. The rural population are not in favour of not allowing the HIV aids infected person to work normally. The 15% people have very strong stigma for HIV- AIDS patients. And it is more in rural area.

Table : Urban and rural difference of HIV positive continuing working normally

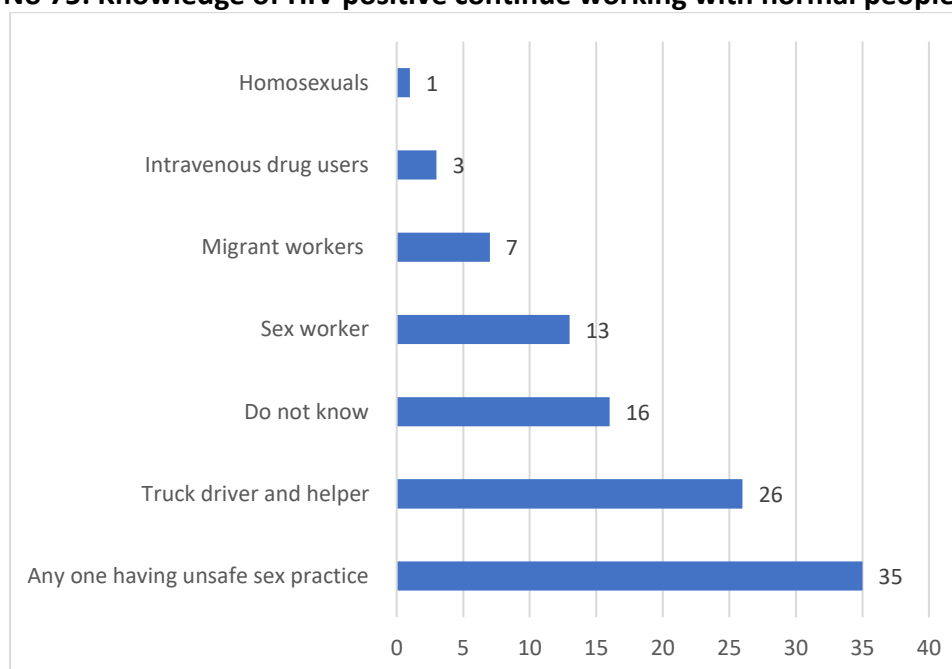
	Yes			No			Do not know		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	65	51	49	15	64	25	20	44	56
Urban	73	52	48	12	42	58	17	35	62
Rural	61	51	49	17	46	72	22	47	54

15. Who are most vulnerable for HIV

Perspective of people about is more vulnerable to HIV infection amongst the high-risk group.

35% People reported that irrespective of high risk group who ever will have unsafe sex practices will be at high risk. Amongst the high risk group people think that truck drivers are at high risk of getting HIV infection. 16% people could not make about that who amongst the high risk group are at more risk of getting HIV infection. 7% people think that migrated labour are at risk of getting infection. Few people think that drug users and homosexuals are at risk.

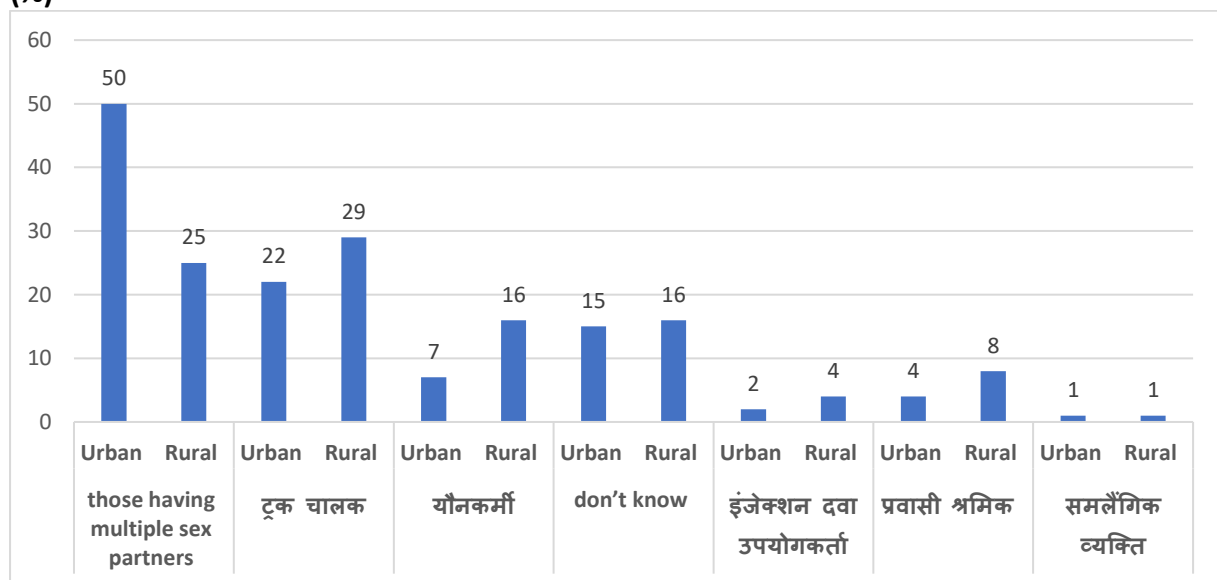
Graph No 75: Knowledge of HIV positive continue working with normal people (%)



Urban -rural

In urban rural divide, except for the indicator of person having unsafe sex is at more risk of getting HIV infection in all other high risk groups, rural people have strong opinion then the urban people. Most of the people from urban and rural have opinion that the truck driver and attendant is at high risk of getting HIV infection.

Graph No 76: Knowledge of HIV positive continue working with normal people urban rural (%)

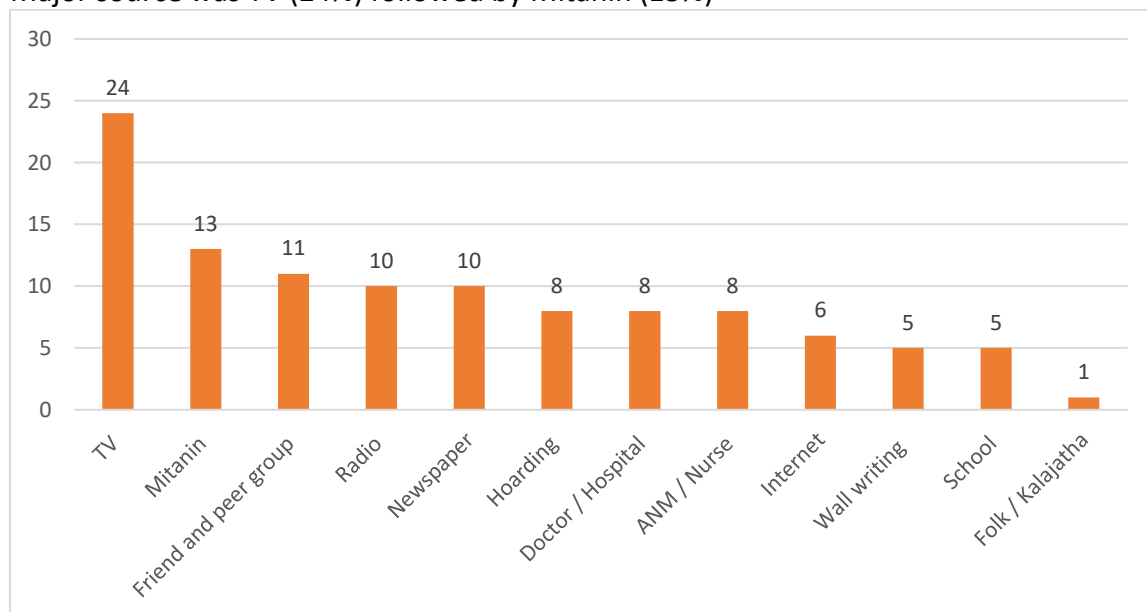


16. Source of information

16.1 Source of infection for knowledge on anyone having unsafe sex

Graph No 77: Source of information for knowledge on anyone having unsafe sex(%)

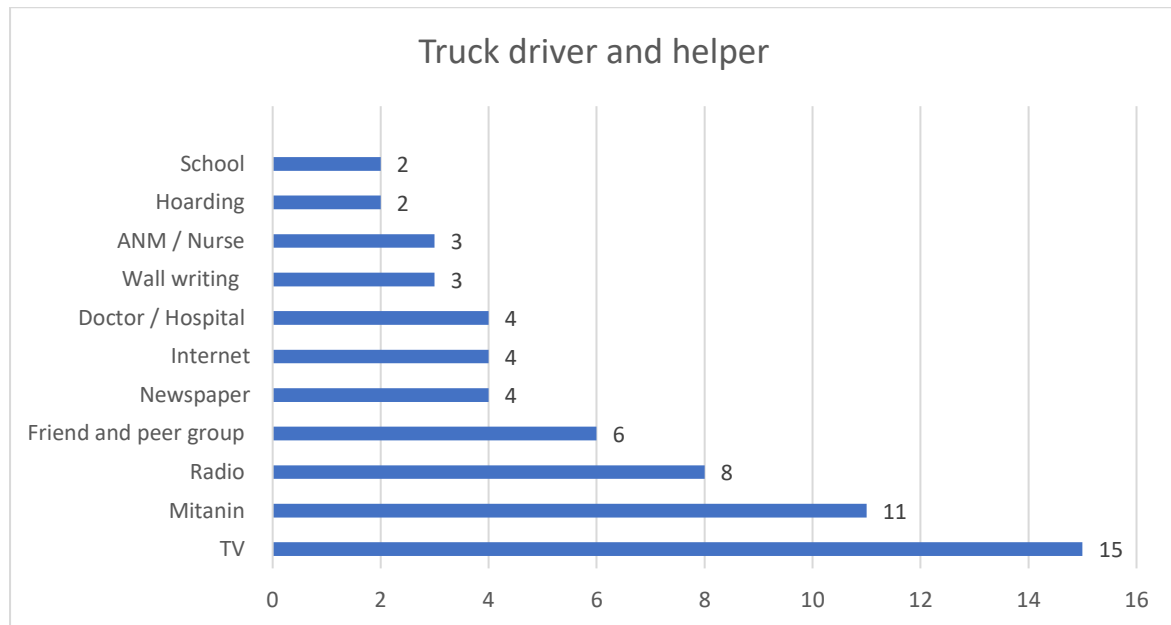
Major source was TV (24%) followed by Mitanin (13%)



16.2 Source of infection for knowledge on truck driver and helper

Graph No 78: Source of information for knowledge truck driver and helper(%)

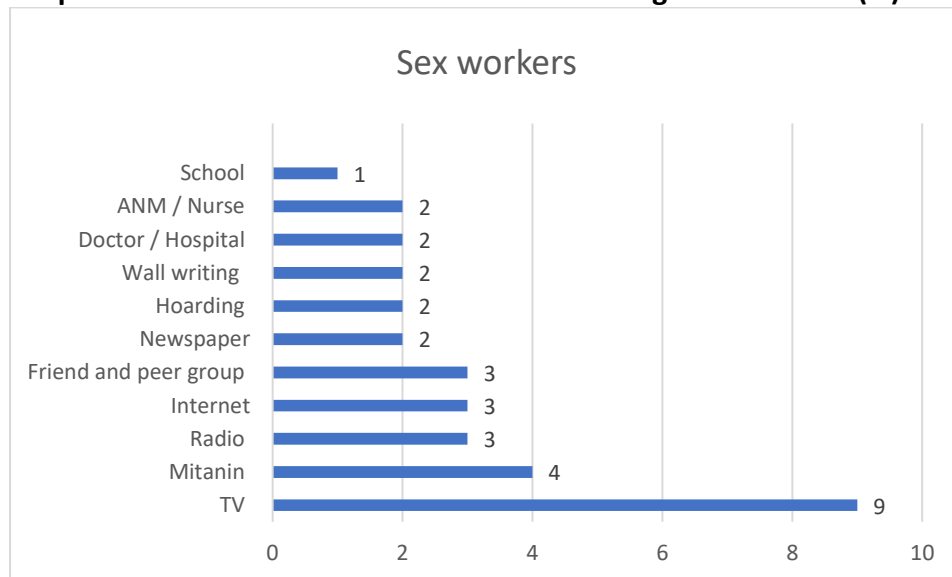
Major source was TV (15%) followed by Mitanin (11%)



16.3 Source of infection for knowledge on sex workers

Major source was TV (9%) followed by Mitanin (4%)

Graph No 79: Source of information for knowledge sex workers (%)



17. How effective is condom to prevent HIV/ AIDS?

Very effective	Do not know	Effectiveness depends up on its use	Not sure about its effectiveness	Not effective
56	33	8	2	1

56% people think that use of condom is very effective in preventing the HIV infection.33% people do not have information about the effectiveness of condom in prevention of HIV infection.8% people understand that the effectiveness of use of condom depend on the use of it.2% people still not sure about the effectivenessof condom in prevention of HIV infection. 1% people think that it is not effective.

Very effective		Do not know		Effectiveness depends up on its use		Not sure about its effectiveness		Not effective	
Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
55	57	28	35	13	5	2	1	2	1

In urban and rural divide, 55% urban and 57 rural people think that the use of condom in preventing HIV infection is very effective.28% people from urban and 35% rural people have no information.13% urban and 5% rural people think that its effectiveness depend on use of it. 2% urban and 1% rural not sure about the effectiveness of use of condom. 2% urban and 1% rural think that it is not useful.

18. Is there a treatment for HIV-AIDS

49% people expressed that HIV-AIDS has treatment. 28% people do not have any information about the treatment of HIV-AIDS. 23% said that the HIV-AIDS have no treatment.

Urban and rural

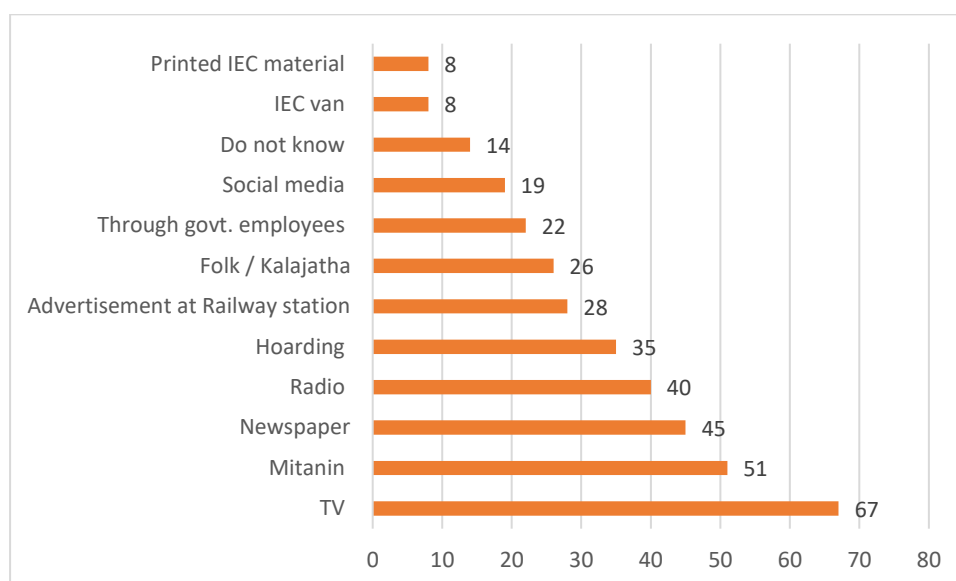
Yes		Do not know		No	
Urban	Rural	Urban	Rural	Urban	Rural
45	51	29	27	26	22

In urban and rural setting, 45% urban people and 51% rural people told thatHIV-AIDS has treatment.29% urban and 27 rural people do not know about the about treatment. 26% urban and 22% rural people said that there is no treatment of HIV-AIDS.

19. Activities by Government to increase awareness

When ask about what kind of activities government undertake to make awareness of HIV-AIDS, majority think that government mostly do the audio-visual activities. All five top information source people except Mitadin, are audio visual. 50% people think that government spread information of HIV-AIDS through Mitadin. It also indicates that people have more reach to audio visual aid than the traditional one. 14% people do not have any information about the government activities to spread the knowledge of HIV-AIDS.

Graph No 80: Knowledge about activities by Govt to increase awareness on HIV (%)



20. Do you know any one who is HIV/aids positive?

3% people knew someone from the community with HIV/AIDS and 1% from . 96% people do not know anyone from their community having HIV-AIDS. Those who know anyone from community having HIV-AIDS, such people are 65% from urban area.

21. Can a person get HIV by living in HIV positive home

When asked about whether HIV-AIDS can spread only by living with INFECTED PERSON, 64% people rejected it. While 11% people believe that living with such patient may transmit the infection to other. 26% people do not have any such information. In urban 14% people said that it can be spread, in rural it is 32 %.

22. Isolation of HIV positive person from community.

When asked about whether the HIV-AIDS infected people should be isolated from community, 71% people said no. 24% have no information about it and 6% people said that they should be isolated form community.Both in urban and rural 6% people said yes to insolation of HIV-AIDS infected people should be isolated.

23. Will you purchase from a shop of HIV positive person.

To understand the stigma level of HIV-AIDS, when asked about whether they will purchase good from HIV positive shopkeeper, 70% people said yes, we will purchase while 9% said no to it. 22% people have no idea about it. In urban 72% was willing to purchase good from such shop while in rural it is 68%.

24. Allowing child to play with HIV positive children

64% people were willing to send their children to play with HIV positive child. 23% are have no information and 11% people denied for it. In urban 64% people said yes and rural it is 67%.

25. Name of HIV positive to be kept hidden

When asked whether the name of HIV-AIDS positive patients should be made public, 91% people said no while 9% people said yes to it. In urban the people who said yes is 12% and in rural it is 8%.

26. Continuing relation with HIV positive friend

About 3% people said that they will break relation with HIV positive friend. The percentage was equal in both urban and rural.

27. Entry of HIV positive children in school

Around 67% people said that the HIV positive children should be allowed to go in common school. It is same for urban and rural people.

28. Sympathy for HIV positives

94% people have sympathy for HIV-AIDS positive people. In urban 99% people feel sympathy while in rural it is 91%. 9% rural people feel no sympathy for such people.

29. Helping an injured HIV positive

79% people said that they will help HIV positive person in accident. 15% people do not know and 6% people said no to it. In urban, 89% people said yes while in rural 76% people are willing to help.

30. Asking for new syringe

68% people ask new syringe in hospital. 13% people do not ask for new syringe and 18% people are not aware about it. In urban there are more people who ask for new syringe than the rural. 24% people for urban ask it occasionally in rural it is 14%. The reason for not asking the syringe is, nobody have inform the people to do so.

31. Asking new blade to barber and asking safe instrument for body piercing

71% people ask for safe equipment before shaving, body piercing or tattooing, 18% people do not have information of it, and 11% do not ask for safe equipment's. 14% in rural and 7% in urban do not ask for safe equipment.

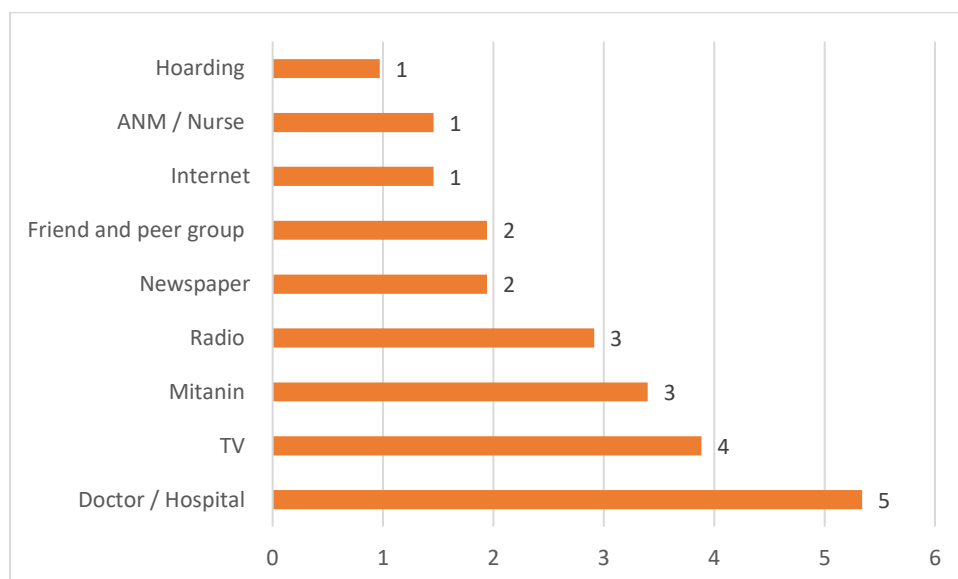
32. Awareness on toll free number 1097 for HIV-AIDS related help

Only 10% people are known about the tollfree number for HIV-AIDS related help. The percentage of not known people in urban and rural around 90 for both. The information source for the known people if

33. Source of information for 1097 toll free number

Source of information about 1097 was from doctor or hospital in 5% cases and 4% from TV.

Graph 81: Source of Information for 1097 toll free number (%)



Conclusions and Recommendations–

It can be concluded that mass media as a source of information has been the leading source in state of Chhattisgarh where most of the investments have also been done.

Use of Television and Radio should be continued as it is proven out a prominent source of information in the study. Newspaper has not proven very effective.

IEC through bus panels, hoardings have not been effective, hence its use should be discontinued.

Folk lore which is regarded as a useful medium in remote and media dark areas has not shown much effectiveness, it can be used in targeted groups that are known to be showing high risk behaviours for HIV.

Mobile IEC is not effective at all and should not be used.

Any impact of social media messaging was not seen in the study, if used more planned messaging is suggested targeting audience of urban and youth.

Poster as a way of information is not very effective since posters are placed in health centres now. The use of poster for awareness generation can be done in educational institutes. The design of posters may be more pictorial than written words.

More resources should be also directed towards inter personal medium which is seen very limited currently.

Wall writings may be used as its reach and use has been well used in other programmes well.