Title of the Project:

"Field Impact Study of NACO Campaign"

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STUDY REPORT

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Directorate of Advertising and Visual Publicity, New Delhi

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CONTENTS

Executive Summary

India is home to more than a billion people and a country of striking contrasts. Despite crippling poverty of about a quarter of its population, there has been a general improvement in the quality of life over that last four decades. However, India accounts for more than 13 per cent of global HIV infections. In absolute numbers (5.21 million), India continues to stand next to South Africa. The HIV infection is spreading rapidly and unevenly. Just six states accounting for 80 percent of the estimated cases: Andhra Pradesh, Karnataka, Maharashtra, Manipur, Nagaland and Tamil Nadu. In these states, the HIV prevalence rate among women attending antenatal clinics (ANC) exceeds 1 per cent – an indication that the epidemic has spread from high-risk groups to the general population (women availing facilities at ANC are considered as surrogate for general population). To counter the challenge posed by HIV/AIDS, National AIDS Control Organisation (NACO) is implementing the National AIDS Control Programme (NACP) through respective State AIDS Control Societies (SACS). Close surveillance and awareness generation are considered to be cornerstone of NACO's strategy.

As of July 2005, 92% of all nationally reported AIDS cases have been found in 10 of the 38 States and Union Territories. Although HIV/AIDS is still largely concentrated in at-risk populations, including sex workers, injecting drug users, truck drivers and men who have sex with men, the surveillance data suggest that the epidemic is moving beyond these groups in some regions and into the general population, from urban to rural districts and increasingly towards women and young people. It is now estimated that that 22% of HIV cases in India were housewives with a single partner. The increasing HIV prevalence among even the low-risk women is leading to the increase in mother to child transmission of HIV, and infections among children.

Parent to child transmission is by far the most significant route of transmission of HIV infection in children below the age of 15 years. Out of all the HIV positive infants, 30 percent get infected during their mother's pregnancy. About half of the HIV positive infants get infected when she undergoes labour and delivery. The remaining 20% of infected infant acquire HIV virus while being breastfed by their mother. Fortunately,

Parent-to-Child Transmission (PPTCT) can be prevented with a combination of low-cost, short-term preventive drug treatment, safe delivery practices, counselling and support, and safe infant-feeding methods. The PPTCT programme, which is under implementation as a part of NACP, focuses on prevention of HIV transmission from the HIV positive mother to the child, prevention of unintended pregnancies and also education of all mothers to remain HIV free. Currently, NACO is providing full-fledged PPTCT services in 282 units across the country of which 234 are located in high prevalence states. These are primarily located in the Obstetrics/Gynecology department(s) at the medical colleges in all states and in addition to that in the district hospitals of high prevalence states. A counsellor, mostly female and one laboratory technician are provided at each PPTCT.

To enhance the awareness about Parent-to-Child-transmission, about PPTCT and its activities and to trigger behaviour change among targeted segments, DAVP designed, developed and executed an advertisement campaign through newspapers and electronic (radio and Television) media. DAVP conducted this campaign on behalf of NACO in three states viz. Maharashtra, Tamilnadu and Manipur. Mass media campaign around the theme of PPTCT was implemented in March-April 2006 and consisted of five video clips repeatedly shown on Television,, two audio clips repeatedly aired on radio and two print advertisements repeatedly released in newspapers. A total of 15 TV channels, 75 Radio Stations and 160 newspapers were used to transmit the messages related to PPTCT.

A field-based study was carried out during the month of February-April 2006 to assess the impact of the mass-media campaign on PPTCT and to draw lessons for the future. A team of 24 researchers gathered primary data from 2522 respondents in the field. Three states, six districts, 12 blocks, 6 municipalities/NAC and 48 villages were covered during the sample survey. Through a systematic, purposive sampling, 1001 respondents from Maharashtra and 1004 from Tamilnadu and 517 from Manipur were chosen. Care was taken to ensure that different categories of population were represented in proportion to their population in the respective State. With deliberate intention, large number of pregnant women and new mothers (target audience) were included in the sample. Data Analysis Plan was kept simple so that it can be easily comprehended as it followed the narrative method in-addition to presentation of relative and absolute figures in simple tables under different relevant categories/heads.

The field-survey was carried out to capture the media consumption habits of the target audience, their awareness levels about HIV/AIDS in general and PPTCT in particular, their attitudes and behaviours related to utilisation of PPTCT services was also captured during the survey. A structured questionnaire was designed and developed under the guidance and approval of NACO. The structured questionnaire was administered in the field to record respondent data. The recall and recognition method was used while seeking responses about the advertisements from the respondents. Under this method, a limited exposure to the advertisements was given to the respondents followed by subsequent enquiry. Their answers were recorded in the questionnaire and the data so obtained was organised into forming multi-level cross tabulations. Conclusions were drawn from the tables.

In addition to the questionnaire based field survey, data about the extent of use of PPTCT centre's services was obtained directly from the centres. The PPTCT centres chosen for this exercise were based on convenience and accessibility of data. The purpose was to verify effectiveness of the campaign n improving off take of services through the months when campaign was on and afterwards.

The analysis of the survey data reveals that Television is the most effective media for generating generic awareness, whereas, radio leads to awareness of specifics. Newspapers are sought by only a small proportion of the population but have high credibility among the patrons (readers), can be used to disseminate complex information especially to opinion leaders. Certain advertisements were found to enjoy a very high recall and were credited by respondents to be more effective in behaviour change. It will be worthwhile to examine the reasons for respondents' preference for certain advertisements over others. It will help in the design of better advertisements in future.

The Government media like Doordarshan and All India Radio (Vividh Bharati) are unmatched in their reach across all the states. It is seen by maximum number of people and therefore, it will be worthwhile to back it as a medium. Following this, Sun TV in Tamilnadu and Star Vijay in Maharashtra are effective, whereas Gemini does not find favour to a great degree. ETV Marathi and Zee Marathi can at best supplement the effect that an advertisement in Doordarshan can create. As far as our target audience is concerned these can not replace Doordarshan for some years to come. The same applies to NETV in Manipur. In Radio, unlike All India Radio, the FM channels had very marginal presence.

The survey further found that Television is the most effective medium to communicate social messages. The study finding indicates that on all the parameters, it is those respondents who have been exposed to Television/Television advertisements whose awareness, knowledge (about AIDS and about PPTCT of HIV) and even desirable behaviours like visiting PPTCT centre, getting blood test done for HIV/AIDS, discussing HIV/AIDS freely, advising others about PPTCT is much better than those who are exposed to Radio and to Newspaper.

The survey findings further reveals that in Television, it is the 'Couple' and 'Couple 2' advertisements that score over the others. The 'Grandmother' and the 'Doctor' advertisements have not had a wide impact. Even though many people do not recall it, the 'Grandmother' ad has a deep impact on those who do. This ad has been credited by a large proportion for their behaviour change. On the radio, we find that the Ad 1 (Doctor) had a better impact than Ad 2 (couple) on all parameters and across all states barring a rare exception. In the newspaper, both the ads were equally effective as far as changing behaviour is concerned. That means the degree of effectiveness was the same but the 'Couple' ad was recalled by more number of people so one can say that in terms of its numbers that ad had a greater impact.

The analysis of the data about actual use of facilities at PPTCT centres, clearly indicates that there has been an upswing in almost all performance parameters during and after the present campaign. Hopefully, this represents the beginning of a long term trend. In case, it will become possible to save a large number of our babies from being infected with deadly HIV virus, the campaign would have then served its complete purpose.

Tamilnadu has the best performance among the states chosen for the study. Tamilnadu, where considerable work has already been done on communication of HIV/AIDS emerged as a State where the present campaign was recalled and credited with success the most. The responses indicated high degree of awareness, high extent of use and high credit being given to media in Tamilnadu. This may be due to the good work already done in the state enabling better leverage from the campaign. However, Manipur unexpectedly responded positively to the campaign and in terms of the change observed, it remained the highest. Results in Maharashtra were

encouraging barring a few worries. The off take of services of PPTCT has improved significantly as a result of the present campaign.

Chapter 1

AIDS in India

1.1 Locale

India is home to more than a billion people. Characterised by a rapid rate of economic growth, it is aspiring and striving to become a major economic and geo-political power node of the world. However, to this day it remains a country of striking contrasts. The islands of prosperity spawned by the IT and service industry are surrounded by large masses of poverty. More than a quarter of her population lives below officially defined poverty line. This gives India the dubious distinction of having the highest concentration of poverty anywhere in the world. Not all is gloomy though. There are many positive developments too.

There has been a general improvement in the quality of life over that last four decades. Some of the important indicators that have shown improvement are those of Average life expectancy at birth (up from 50 years to 63.9), the infant mortality rate (down by half to about 67 per 1,000 live births), and the crude birth rate (down to about 25 per thousand population). The population growth rates have fallen and literacy rates have risen rapidly (the overall literacy rate increased from 52 percent to 65.38 percent). The adverse female to male ratio of 933 females for every 1,000 males and high maternal mortality rate suggests that a lot needs to be done in the country towards giving a fair chance to its women.

1.2 The HIV/AIDS scenario

India accounts for more than 13 per cent of global HIV infections. At the end of 2005, an estimated 5.21 million Indians are infected with HIV, of whom 39% were female. In absolute numbers, India continues to stand next to South Africa which has 5.30 million HIV infections and is most affected by the epidemic. However, population of HIV infected persons as a proportion of total population is 0.91% among adult population as compared to 21.5 % in South Africa. Although adult HIV prevalence is still relatively low, infection is spreading rapidly—the number of HIV-infected people has increased tenfold in the past decade.

The HIV infection is unevenly distributed across India, with just six states accounting for 80 percent of the estimated cases: Andhra Pradesh, Karnataka, Maharashtra,

Manipur, Nagaland and Tamil Nadu. In these states, the HIV prevalence rate among women attending antenatal clinics (ANC) exceeds 1 per cent – an indication that the epidemic has spread from high-risk groups, such as sex workers and injecting drug users, to the general population (women availing facilities at ANC are considered as surrogate for general population).

1.3 Government of India Action on HIV/AIDS

The experience of other countries has shown that aggressive prevention efforts can dramatically slow the spread of HIV. In India, National AIDS Control Organisation (NACO) is implementing the National AIDS Control Programme (NACP) through respective State AIDS Control Societies (SACS). The elements of the programme focus on:

1. Ensuring safe blood transfusion
2. Scaling up programmes for individuals and communities at high risk
3. Scaling up Prevention of Parent-to-Child Transmission (PPTCT), care, support and treatment.

The HIV affliction levels among High Risk Groups are being closely monitored all over the country. The proportion of population infected has crossed one per cent in six states. These states are termed as high prevalence states and account for 75 per cent of the country's estimated HIV cases. The majority of increase in numbers of HIV positive cases is being noticed in states of Karnataka, Rajasthan, West Bengal, Tamil Nadu, Gujarat, Bihar, Madhya Pradesh and Rajasthan. Although, the recent data has revealed that HIV prevalence has stabilised in Tamil Nadu, Andhra Pradesh, Karnataka, and Maharashtra, it is increasing in at-risk populations in other states. Therefore, overall there is no significant increase in HIV infections in the country. India continues to be in the category of low prevalence countries with overall prevalence of less than 1 percent.

Chapter 2

NACO's Role and Control Measures at State Level

2.1 HIV/AIDS Control through the Years

The first few cases of HIV/AIDS in the country were reported in 1986. Government of India recognised the threat posed by this dreaded disease and initiated a slew of important measures to counter the threat. Pilot screening of high risk population was started. Ministry of Health & Family Welfare constituted a high powered National AIDS Committee in Year 1986. A National AIDS Control Programme (NACP) was launched in 1987 with the programme activities covering surveillance, screening blood and blood products and health education.

In the initial years the programme focussed on generation of public awareness through more communication programmes, introduction of blood screening for transfusion purpose and conducting surveillance activities in the epicentres of the epidemic.

In 1989, a medium term plan for HIV/AIDS Control was developed. Activities were focused on the reinforcement of programme management capacities as well as targeted IEC and Surveillance activities. Actual preventive activities like implementation of education and awareness programme, blood safety measures, control of hospital infection, condom promotion to prevent HIV/AIDS, strengthening of clinical services for both STD and HIV/AIDS gained momentum in 1992.

In 1992, the National AIDS Control Organization (NACO) was established. NACO carries out India's National AIDS Programme, which includes the formulation of policy, prevention and control programmes. The same year that NACO was established, the Government launched a Strategic Plan for HIV/AIDS prevention under the National AIDS Control Project. The National AIDS Control Project established the administrative and technical basis for programme management and also set up State AIDS bodies in 25 states and 7 UTs. The second phase of the National AIDS Control Programme (NACP-II) has been established through the National AIDS Control Organization (NACO), the Ministry of Health and Family Welfare, and State AIDS Control Societies in every state. The National AIDS Control Organization, Ministry of Health & Family Welfare updates the HIV estimates for the country every year since 1998 for monitoring the trends and pattern of HIV/AIDS epidemic in the country.

In 2004, India introduced free antiretroviral treatment in government hospitals, initially in the six high-prevalence states. An annual HIV Sentinel surveillance survey has been institutionalized over the years, in order to monitor trends of HIV infection in specific high-risk groups as well as low risk groups. For purposes of HIV sentinel surveillance, high-risk segments of the population include people attending STD clinics, MSM clinics and drug de-addiction centres. Low risk segments include mothers attending antenatal clinics (ANC), and in fact this category is taken as proxy for the general population.

A tabulated presentation of the improving coverage and outreach of the HIV sentinel sites each year is:

Table 2.1
Number of Sentinel Survey sites under NACP

Year	2000	2001	2002	2003	2004
No. of sites	232	320	384	455	670

2.2 Future Challenges

As of July 2005, 92% of all nationally reported AIDS cases have been found in 10 of the 38 States and Union Territories. Although HIV/AIDS is still largely concentrated in at-risk populations, including sex workers, injecting drug users, truck drivers and men who have sex with men, the surveillance data suggest that the epidemic is moving beyond these groups in some regions and into the general population. It is also moving from urban to rural districts. The epidemic continues to shift towards women and young people. It has been estimated that around two in five adults living with HIV in India are women, and in 2004 it was estimated that 22% of HIV cases in India were housewives with a single partner. The increasing HIV prevalence among women can consequently be seen in the increase of mother to child transmission of HIV, and infections among children. Based on HIV prevalence among various risk groups during each round of sentinel surveys, the States and Union Territories in the country are categorised as high, moderate or low.

Table 2.2

Degree of prevalence of AIDS among different states of India

High Prevalence	**Moderate Prevalence**	**Highly Prevalence**	**Vulnerable Prevalence**
Tamilnadu	Gujarat	Assam	Arunachal Pradesh
Andhra Pradesh	Goa	Bihar	Haryana
Maharashtra	Pondicherry	Himachal Pradesh	Jammu & Kashmir
Karnataka		Kerala	Meghalaya
Nagaland		Madhya Pradesh	Mizoram
Manipur		Punjab	Sikkim
		Rajasthan	Tripura
		Uttar Pradesh	Andaman & Nicobar Islands
		West Bengal	Chandigarh
		Chattisgarh	Dadra & Nagar Haveli
		Jharkhand	Daman & Diu
		Orissa	Lakshadweep
		Uttaranchal	

The definitions of the degrees of prevalence of HIV/AIDS are tabulated in Appendix I The present study focuses on study of one component i.e. Prevention of Parent-to-Child Transmission (PPTCT) in three high prevalence states viz. Maharashtra, Tamilnadu and Manipur.

Chapter 3

Prevention of Parent To Child Transmission (PPTCT) of HIV

Epidemiological analysis of reported AIDS cases reveals that the predominant mode of transmission of infection in the AIDS patients is through heterosexual contact (85.7%), followed by Injecting drug use (2.2%), blood transfusion and blood product infusion (2.6%), parental transmission as 2.7% and others as 6.8%.

Parent to child transmission is by far the most significant route of transmission of HIV infection in children below the age of 15 years. HIV can be transmitted

(i) during pregnancy especially in the last trimester,
(ii) during child birth, or
(iii) breastfeeding

Out of all the HIV positive infants, 30 percent get infected during their mother's pregnancy. About half of the HIV positive infants get infected when she undergoes labour and delivery. The remaining 20% of infected infant acquire HIV virus while being breastfed by their mother. Fortunately, Parent-to-Child Transmission (PPTCT) can be prevented with a combination of low-cost, short-term preventive drug treatment, safe delivery practices, counselling and support, and safe infant-feeding methods.

The efficiency of transmission from an infected mother to infant ranges from 15% to 25% in developed countries and from 25% to 45% in developing countries. This difference is largely attributed to infant feeding practices especially breastfeeding, universality of its practice and long duration of breastfeeding in developing countries than in the industrialized world.

The PPTCT programme, which is under implementation as a part of NACP, focuses on prevention of HIV transmission from the HIV positive mother to the child, prevention of unintended pregnancies and also education of all mothers to remain HIV free. As part of PPTCT, two types of care are provided, viz. Antenatal and Obstetrical. When pregnant women visit municipal hospitals or clinics (or any other facility designated as PPTCT centre) for check-up, they are counselled and asked for their consent for an HIV test. The husband of the pregnant woman is counselled too. The family is persuaded to opt for institutional delivery. If they (the pregnant women) test positive (during HIV test), they are informed about the drug *Nevirapine* that is administered in the form of a single tablet during labour and a small dose of

Nevirapine syrup is given to the new born within 72 hours of her birth. Drug would prove effective if it is used within seven-month of pregnancy. The drugs are a combination of different types of medicines which raises the immunity level of the patient thereby restricting the infection of the virus to foetus. Globally it has been established that *Nevarapine* dosage brings down the transmission of HIV from mother to children from 30 per cent to about 8-10 per cent and has met similar success in India as well.

Table 3.1
The prevalence rates of HIV among women attending antenatal clinics

State/Union Territory	HIV prevalence (%)
A & N Islands	0.58
Andhra Pradesh	2.00
Arunachal Pradesh	0.43
Assam	0.00
Bihar	0.00
Chandigarh	0.00
Chattisgarh	0.25
D & N Haveli	0.30
Daman & Diu	0.13
Delhi	0.25
Goa	0.00
Gujarat	0.25
Haryana	0.13
Himachal Pradesh	0.13
Jammu & Kashmir	0.00
Jharkhand	0.13
Karnataka	1.25
Kerala	0.25
Lakshdweep	0.00
Madhya Pardesh	0.25
Maharashtra	1.25
Manipur	1.25
Meghalaya	0.00
Mizoram	0.88
Nagaland	1.63
Orissa	0.25
Pondicherry	0.25
Punjab	0.13
Rajasthan	0.13
Sikkim	0.30
Tamil Nadu	0.50
Tripura	0.00
Uttar Pradesh	0.00
Uttaranchal	0.00
West Bengal	0.84

Source: NACO

3.1 NACP strategies *(Source: Various publications of NACO)*

Parent-to-child transmission (PPTCT) of HIV is responsible for 2.72 percent of the total HIV positive cases in India. More than 27 million women, including over 92,000 HIV infected women, give birth in India every year. The number of HIV-positive women is increasing, and with it, the number of babies with HIV infection.

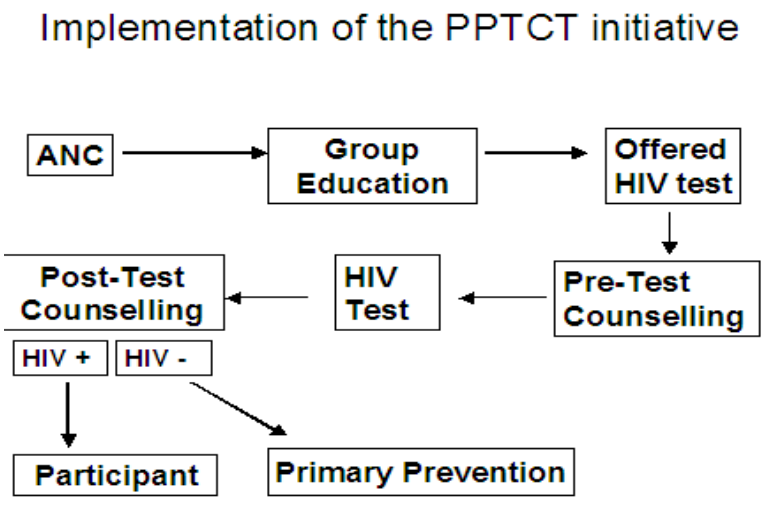
3.1.1 Vision of PPTCT Programme

To ensure that all women in India may remain free of HIV infection, and have access to the services & support needed to protect their children from becoming infected with HIV.

3.1.2 The PPTCT Strategy

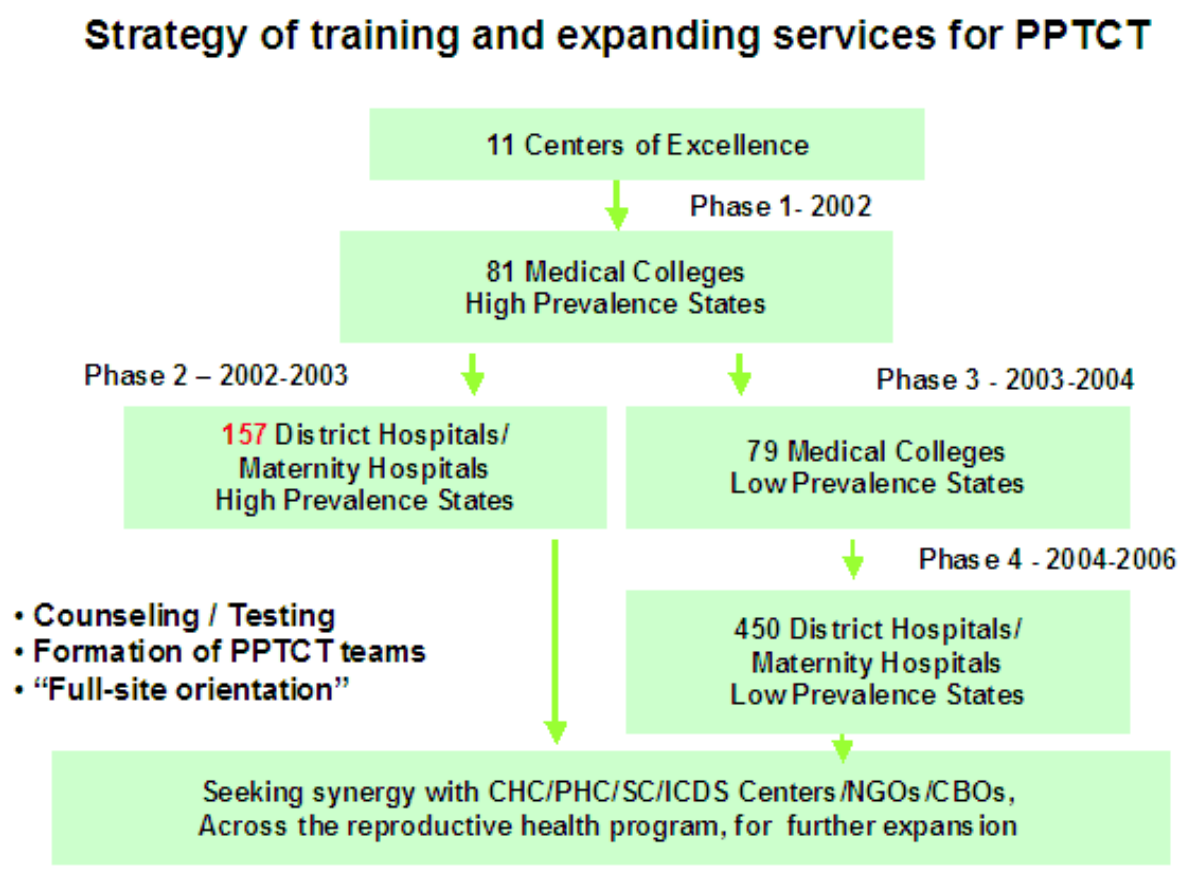
Strategy 1	Strategy 2	Strategy 3	Strategy 4
Prevention of HIV in young people and women of child-bearing age	Prevention of unintended pregnancies in HIV women.	Prevention of transmission from an HIV +ve woman to her infant	Care and Support for mother and her family

Chart 1: Implementation of PPTCT Initiative



Source: NACO

Chart 2: Training and Expansion strategy of NACO



Source: NACO

3.2 PPTCT: Capacity building and Achievements

The intensive PPTCT campaign mainly targets the six high prevalence states -- Andhra Pradesh, Karnataka, Maharashtra, Manipur, Nagaland and Tamil Nadu. The Nevirapine drug prescribed under PPTCT is provided free of cost at 2,169 government health care facilities across the country which have been recognised as Integrated Counselling and Testing Centres. In the high prevalence states, 1,330 integrated counselling and testing centres have been started in the government health care facilities with highest number of 481 centres started in Andhra Pradesh. Tamilnadu has 271 centres followed by 260 in Karnataka and 209 in Maharashtra.

Currently, NACO is providing full-fledged PPTCT services in 282 units across the country of which 234 are located in high prevalence states. These are primarily located in the Obstetrics/Gynecology department(s) at the medical colleges in all states and in addition to that in the district hospitals of high prevalence states. A counsellor, mostly female and one laboratory technician are provided at each PPTCT.

Staff of PPTCT sites (PPTCT team- Ob/Gyn, Microbiologist, Pediatrician, Staff nurse, and one health educator) are trained for five days. Counsellors of PPTCT are trained for a ten-day period. Sensitization training of other staff in the facility where the PPTCT site is located is also conducted.The scale up of PPTCT services, has enabled training of 790 doctors and paramedical workers from 158 public and private medical colleges. Additionally, 785 health workers from 157 district hospitals have formed PPTCT teams.

Table 3.2: PPTCT Achievements at All India level

Select PPTCT achievements, (January 2003 – June 2004)		
Indicator	Total	%
New Antenatal Clinic Registration	1012144	
Women Counselled in Antenatal Clinics	824867	81.4%
Women tested in Antenatal Clinics	804051	97.4%
Antenatal women who came to pick their test results	514287	63.9%
No. of women detected +ve in Antenatal clinics	9650	1.2%
Antenatal HIV +ve women who came to pick up their results	5949	61.6%
Women counselled who arrived in labour room without ANC	105361	47%
Women tested who arrived in Labour room without ANC	91460	86.8%
Women detected +ve who came directly in labour	1740	1.9%
Partners of HIV + women who came for counselling	4923	51%
Total live births to HIV +ve women	5643	
Total mother – baby pairs who received *Nevirapine*	4771	84.5% (Denominator as total live births to HIV +ve women) 41% (Denominator as HIV +ve women in ANC & Labour room)
HIV +ve mothers who chose to breastfeed their babies	2500	57.9%

Chapter 4

Mass Media Communication Campaign of PPTCT

4.1 Role of Communication

General lack of education, lack of quality resources, difficulty in obtaining medications, and widespread misinformation about this deadly virus is aiding the spread of the deadly HIV/AIDS virus into new areas and among new segments. Advocacy and awareness campaigns are lynchpin of the strategy for combating it. The HIV/ AIDS Awareness Campaign of the NACO provides knowledge to target groups but also addresses attitudes, beliefs and behaviour change.

The IEC (information, education & communication) strategy of NACO (National AIDS Control Organisation) is being operationalised at two levels – at the national level and at the state level. The IEC activities have been decentralized in view of the need to respond to local priorities and to facilitate communication in local languages. The thrust of IEC activities includes Behaviour Change Communication in addition to the Information-Awareness generation and communication. The design and delivery of IEC activities considers the evidence contained in the BSS (Behaviour Surveillance Survey), sentinel surveys, mapping exercise and CNA (Communication Needs Assessments).

The media of mass communication are acknowledged as catalysts of change and development. Multimedia campaigns are implemented by using electronic media, print materials, outdoor publicity, folk-media and inter personal communication for public awareness and motivating behavioural changes. In a country where discussing sexual health is still considered a taboo, extensive use of television and radio is being made to promote changes in behaviour and attitudes towards HIV/AIDS.

4.2 The Current Mass Media Campaign

Previous studies on assessing people's awareness about Parent-to-child transmission of HIV/AIDS indicate prevailing low levels. In addition, people are also not aware of the mechanisms that have been put in place as part of PPTCT. To enhance the awareness PPTCT and its activities and to trigger behaviour change among targeted segments, DAVP designed, developed and executed an advertisement campaign through newspapers and electronic (radio and television) media. DAVP conducted this campaign on behalf of NACO in three states viz. Maharashtra, Tamilnadu and

Manipur. Mass media campaign around the theme of PPTCT was implemented in March-April 2006 and consisted of following elements:

I. **Television**

A campaign comprising five video clips was conceptualised, designed and developed by NACO/DAVP and was telecast on major television channels having significant viewer-ship seen in three chosen states. The details of TV advertisements are as follows:

(i) Doctor (duration formats- 60 sec., 30 sec. and 20 sec.)

(ii) Couple I (60 sec. and 30 sec.)

(iii) *Poti ki Ankheon* (grandma) (60 sec.)

(iv) Good News (35 sec.)

(v) Couple 2 (35 sec. and 20 sec.)

Table 4.1
Television Channels Used

No.		Channel No.	Channel Name	Amount (Rs.) allocated for airtime
1	Government Channels	1-6	Doordarshan (through regional kendras of Hyderabad, Chennai, Bangalore, Mumbai, Kohima, Imphal	5,01,54,000
2	Private Channels	7	Sun TV	78,30,000
		8	Gemini TV	97,200
		9	Star Vijay	8,10,000
		10	Udaya TV (Kannada)	75,60,000
		11	ETV Kannada	43,20,000
		12	ETV Telugu	78,30,000
		13	ETC Marathi	37,80,000
		14	Zee Marathi	21,60,000
		15	North East Television	5,40,000
Total (for Private Channels)				**4,45,50,000**
Grand Total (for all the 15 television Channels)				**9,47,04,000**

Amount does not include service tax payable (10.2%) and discount receivable (15%)

II. **Radio**

Two audio spots were conceptualised, designed and developed by NACO/DAVP and were broadcast on All India Radio's national and various regional stations, *Vividh Bharati* and 8 Stations of Private FM Channels of the three target states. The FM Channels chosen were Radio City (Mumbai and Bangalore), Radio Mirchi (Mumbai and Chennai), Suryan FM and Red FM. The details of radio advertisements are as follows:

(i) Doctor (duration formats- 60 sec., 30 sec. and 20 sec.)

(ii) Couple I (60 sec. and 30 sec.)

Table 4.2
Radio Stations/FM Channels Used

No.		Channel No.	Channel Name	Amount (Rs.) allocated for airtime
1	Government Channels	1-67	Prasar Bharati (through National News, Vividh Bharati, Capital/Local Radio Stations -58 stations, Regional News-6 stations, National Channel	3,30,19,056
2	Private Channels	68	Suryan FM-Chennai	3,90,000
		69	Suryan FM-Coimbatore	2,85,000
		70	Suryan FM-Tirunelveli	1,72,500
		71	Radio Mirchi-Chennai	7,80,000
		72	Radio City-Bangalore	6,60,000
		73	Radio City-Mumbai	6,45,000
		74	Red FM- Mumbai	3,60,000
		75	Radio Mirchi- Mumbai	9,00,000
Total (for Private Channels)				**41,92,500**
Grand Total (for all the 75 Radio stations/FM Channels)				**3,72,11,556**

Amount does not include service tax payable (10.2%) and discount receivable (15%)

III. **Newspaper**

Two print advertisements were conceptualised, designed and developed by NACO/DAVP and were published in 160 newspapers all over India. The details of newspaper advertisements are as follows:

(i) Good News (showing a Couple)

(ii) Good News (with two girls)

In line with the current set of priorities of NACO, this communication campaign is aimed at awareness generation as well as behaviour change among the (pregnant) women and their family members.

Chapter 5

The Design of the Current Study

The mass media campaign designed around the theme of PPTCT has been executed over the period of February-April 2006 in television, radio and newspaper. DAVP/NACO are interested in assessing the impact of the communication campaign with regard to the reach of the programme, message recall, awareness generation and behaviour change among target audience as a result of the campaign.

Dr. Girija B. Nanda, Director, CMSD (Centre for Market Research and Social Development) was asked to undertake an impact assessment of the communication campaign. Contract for undertaking the study titled 'Field Impact Study of NACO Campaign on PPTCT' was awarded to M/s Centre for Market Research & Social Development Pvt. Ltd. vide DAVP's letter AE(SM)Imp.Std/I-2005-2006 dtd 18th April 2006.

Since then, CMSD has conducted desk research as well as primary research in three states, viz. Maharashtra, Tamilnadu and Manipur. The impact of the campaign in the study area has been captured through a Questionnaire (which has a prior approval of NACO vide DAVP's letter no. AE(SM)Imp.Std/I-2005-2006 dated 26th April 2006) designed by CMSD and administered among the target audience.

5.1 The Study Process

The study was carried out during the month of February-April 2006. A team of 24 researchers and 6 Supervisors was assigned the task of gathering primary data from the field. The primary data collection was done for a systematically chosen stratified sample of 2522 respondents. The respondents were spread over six chosen districts of three states.

5.1.1 Objectives

i. To study the impact of the campaign. More specifically, to assess the reach of the programme, message recall, awareness and behaviour change caused by the campaign related to PPTCT in the high prevalence states of Tamilnadu, Maharashtra and Manipur.

ii. To give a feedback for further campaign based on the information obtained as part of the study.

5.1.2 Universe

The target audience for the campaign is from both, the urban as well as the rural areas. The subjects of the study (target audience) are women in general and pregnant women in particular. Awareness of the campaign through different media, the impact of the same on the target audience and the reaction of target audience has been covered. The specific parameters covered in the study include:

- → Reach of the programme
- → Message recall
- → Impact of the programme.
- → Preference to the programmes
- → Preference towards media vehicles
- → Preference towards media vehicle option
- → Behaviour change of the respondent towards using PPTCT facilities

5.1.3 Methodology

Quantitative Research has been used to generate measurable information about the impact of the campaign.

5.1.4 Research techniques

Data collection has been done through a primary survey by employing a structured questionnaire designed and finalized in consultation with NACO and DAVP.

5.1.5 Domain of the Study, Sampling Procedure & Design

The sample states and other sample unit selection criteria as well as sample respondent selection criteria are given below:

a. Selection of State

As per the ToR, the names of the states (the high prevalence states) where the study had to be conducted had already been decided and declared by DAVP/NACO. These were as follows:

1. Tamilnadu
2. Maharashtra and
3. Manipur.

b. Sampling frame & Design

A multi stage stratified sampling design was adopted involving selection of districts, blocks, Gram Panchayats, followed by selection of villages to interview target respondents. The 2001 census list of Gram Panchayat / villages was used. The following sampling procedure was adopted while designing the study plan.

c. Selection of Districts

In Maharashtra, Manipur and Tamilnadu, 2 districts were selected. All the geographical regions of the state were taken into consideration while selecting the districts. Thus a total of 6 districts were selected from the three pre-identified states. Both urban as well as rural areas proportionate to the population of the district were covered during the course of the study.

d. Selection of Urban Area / Municipality/NAC

In each district, 8 urban areas were selected from Manarashtra and Tamilnadu where as in Manipur, four urban areas covered from each district. Thus a total of 40 urban areas/ municipality / NAC were selected from the three states during the course of the study.

e. Selection of Blocks

The selection of blocks was done taking into consideration the geographical spread, socio-economic characteristics of the blocks (categories like Tribal, Economically relatively rich and backward blocks). Thus, a total of 12 blocks were identified for the purpose of the study.

f. Selection of Villages

Villages in Block areas and wards in *Nagarpalikas* are the Primary Sampling Units for the proposed study. A total of 6 villages were identified systematically from each Block. Thus, a total of 72 villages were selected during the course of the study.

Sample Universe

SL No.	**Particulars**	**Sample Size**
1	States	3
2	Districts	6
Urban		
3	Municipality / NAC	40
Rural		
4	Blocks	12
5	Villages	72

g. Selection of key respondents

After reaching the village/ urban locality, the study team conducted a social mapping and identified the target respondents for the purpose of the study. The list of rural target respondents was generated from the villages visited during the course of the field visit. This served as the sampling frame for selecting households. Face-to Face interviews were undertaken at the door-step of the sample respondents. A total of 14

interviews were conducted from one village. Thus, a total of 2522 respondents were interviewed from both rural as well as urban areas.

5.1.6 Details of the Sample Universe covered

As per the terms of the study, three states are covered during the course of the study. A detailed break-up of districts, blocks, municipalities and villages are given in the below table:

I. Tamilnadu

State	District	Block	Villages
Tamilnadu	Kanchipuram	Uthiramerur Block	1. Raja Thimmiyapuram 2. Nayakampet 3. Mettukuppam 4. Ekanampetti 5. Karukkupet 6. Paver pettai
Tamilnadu	Kanchipuram	Kanchipuram Block	1. Kidri petai 2. Nathai pettai 3. Pudu pettai 4. Muthaiyal Pettai 5. Putheri 6. Pallur
Tamilnadu	Shivaganga	Karaikodi	1. Samiyer Pettai 2. Baaiyur 3. Poona pullam 4. Kutukudi erupu 5. Kela kullam **6.** Muthu pettai
Tamilnadu	Shivaganga	Shivaganga Block	1. Manakuddi 2. Kelaveni 3. Pakinipet 4. Nainakolom 5. Surakullam **6.** Arasima Pallai

State	District	Municipality
Tamilnadu	Kanchipuram	1. Kanchipuram 2. Tambram 3. Alandur 4. Madurandakam 5. Little Kanchipuram 6. Uthramerur 7. Iyyankulam 8. Walajabath
Tamilnadu	Shivaganga	1. Shivaganga 2. Karaikodi 3. Thirupattur 4. Manamadurai 5. Puthu vayal 6. Nattarason Kottai 7. Ilayangudi 8. Singamanari

II. Manipur

State	District	Block	Villages
Manipur	Imphal East	Sawombung Block	1. Yaingongpoki2. 2. Lamlai 3. Challol 4. Sekta 5. Khomidok 6. KhulariLamlong Bazaar
Manipur	Imphal East	Keirao	1. Kharigao 2. Thambal Khong 3. Naharup 4. Bamonkampu 5. Kongba Bazaar 6. Kshitri Begum

Manipur	Churachandrapur*	Sailcot	1. Moulvaiphei 2. Sailcot 3. Muntha 4. Khefuibung 5. Taithape 6. Valpacot
Manipur	Churachandrapur	Tuibuong	1. Saidan 2. Khouoi 3. Bethel 4. Suonggel 5. Salbung 6. Molnom

State	**District**	**Municipality**
Manipur	Imphal East	1. Singjamai 2. Keisampet 3. Keisamthong 4. Sagolband
Manipur	Churachandpur	1. Salomveng 2. Mualveng 3. Simveng 4. Bungmual

* As per the sample design that we submitted the study was supposed to cover Tamenglong in the state of Manipur. In the first week of May, there was a fight between Naga and Army, in which five general people were killed. For that incident, road to Tamenglong was blocked for indefinite period. After waiting till 19th, we covered Churachandpur instead of Tamenglong. The reason for selection of the district is because Churachandpur is a district with HIV prevalence > 1% as per HIV/AIDS Epidemiological Surveillances Estimation Report for the year 2005, conducted by NACO, Ministry of Health & Family Welfare, Government of India. Thus this district is more HIV/AIDs vulnerable than many other districts in the state.

III. Maharashtra

State	District	Block	Villages
Maharashtra	Pune	Khed	1. Rakhsewadi 2. Chandoli 3. Thitewadi 4. Takakarwadi 5. Tarewadi 6. Bhambarwadi
Maharashtra	Pune	Maval	1. Pawna Nagar 2. Alse 3. Rawatwadi 4. Karunj 5. Kardhe 6. Bedse
Maharashtra	Chandrapur	Ballarpur	1. Bamni 2. Navi daheli 3. Kothari 4. Aamdi 5. Kinhi 6. Yogpur
Maharashtra	Chandrapur	Bhadrawati	1. Shegaon 2. Tanda 3. Belgaon 4. Austi 5. Chicholi 6. Chandankheda

State	District	Municipality
Maharashtra	Pune	1. Mangalwarpeth 2. SamratAshok Nagar 3. Bhawanipeth 4. Kesbapeth 5. Tilak Road 6. Laxminagar 7. Sadashivpeth 8. Sharkarnagar

Maharashtra	Chandrapur	1. Balajiward 2. Vitthalmandir ward 3. Dadmahal 4. Pthanpura 5. Balveerward 6. Ambedkar nagar 7. Samaskal dargah 8. Vikasnagar

Chapter 6

Findings of the Study – Profiling the respondents

6.1 Scheme

Each of the findings of the primary research has been divided into two broad sections:

(i) Overall (for the three states combined)

(ii) For individual states

6.2 Sample design

The sample for our study consists of 2522 respondents spread over six districts of three states viz. Maharashtra, Tamilnadu and Manipur. The numerical break-up of the sample chosen is as follows:

Table 6.1
Sample Size for the Survey

S. No.	State	Number of Respondents
1	Maharashtra	1001
2	Tamilnadu	1004
3	Manipur	517
	Total	**2522**

Table 6.2
Sample Size for the Survey (District wise)

S. No.	Districts	State	Number of Samples
1	Pune	Maharashtra	501
2	Chandrapur		500
3	Kanchipuram	Tamilnadu	500
4	Siivaganga		504
5	Imphal East	Manipur	258
6	Churachandpur		259
	Total		**2522**

Table 6.3
Name of the Blocks chosen

Name of Block-Maharashtra	Name of Block-Tamilnadu	Name of Block-Manipur
Khed	Uttiramerur	Sawombung
Maval	Kanchipuram	Keirao Bitra
Ballarpur	Karaikudi	Saikot (Churachandpur TD block)
Bhadravati	Sivaganga	Tuibuang (Churachandpur TD block)

6.3 Profile of the respondents

It is evident from the following table that the sampling method followed is purposive and due care has been taken to ensure that women, especially pregnant women find significant representation in our chosen sample. In each of the states, the sample comprised more than 90 percent women with Tamilnadu topping at 97%. Overall, more than 93% of the sample consisted of women.

Table 6.4
Gender Break-up of the sample

All figures in percentage

Serial No.	Gender	Maharashtra	Tamilnadu	Manipur	Total
1	Male	8.8	3.0	8.2	6.4
2	Female	91.2	97.0	91.8	93.6
Total		**100.0**	**100.0**	**100.0**	**100.0**

A look at the age groups of the respondents indicates that 71.3% of the respondents are in the age group 15-29 years. This being the age of maximum reproductive activity naturally should qualify for its inclusion.

Table 6.5
Age Category of respondents

Serial No.	Option	Maharashtra	Tamilnadu	Manipur	Total
1	Up to 14 Years	0.0	0.0	0.0	0.0
2	15 –29 Years	83.4	85.4	45.6	76.6
3	30-49 Years	16.3	14.6	53.8	23.2
4	50 Years and Above	0.3	0.0	0.6	0.2
Total		**100.0**	**100.0**	**100.0**	**100.0**

The respondents in the sample have the following gender and age-wise break-up:

Table 6.6
Gender Classification with age group

Age Group	Male	Female	Total (as a percent of grand total)
Up to 14 years	0.0	0.0	0.0
15-29 years	2.9	97.1	76.6
30-49 years	17.2	82.8	23.2
50 years and above	50.0	50.0	0.2
Total	**6.4**	**93.6**	**100.0**

Table 6.7
State-wise Gender Classification with age group

Age	Maharashtra		Tamilnadu		Manipur	
	Male	Female	Male	Female	Male	Female
Up to 14 years	0.0	0.0	0.0	0.0	0.0	0.0
15-29 years	30.7	88.5	43.3	87.2	37.5	48.6
30-49 years 580	65.9	11.5	56.7	12.8	62.5	50.8
50 years and above 5	3.4	0.0	0.0	0.0	0.0	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0

The profile of respondents of this survey is in line with the objectives of the study. Most of the respondents targeted are pregnant women or new mothers. The combined number of respondents who belong to these two categories comprise four out of every five respondents. In Maharashtra and Tamilnadu, more than nine out of every 10 respondents from the sample consist of these two categories of respondents.

Table 6.8
Type of Respondent

S. No.	Type of respondent	Maharashtra	Tamilnadu	Manipur	Total
1	Pregnant Woman	31.3	60.6	40.2	44.0
2	Woman with a child <1yr	58.0	33.7	13.2	35.0
3	An eligible couple	3.5	5.6	6.4	5.2
4	Woman attendant to pregnant woman	0.5	0.1	26.7	9.1
5	Person living with Pregnant woman	2.1	0.0	7.9	3.4
6	Others	4.6	0.0	5.6	3.3
Total		**100.0**	**100.0**	**100.0**	**100.0**

Approximately three-fourths of the respondents are Hindus but other religious groups are also adequately represented. In Manipur, where Christians are in significant numbers, the respondent selection reflects the ground situation with more than 37% respondents belonging to Christian faith. The representation of Muslims is also addressed adequately with respect to the ground reality in all three states.

Table 6.9
State wise Religious Group

Serial No.	Religious group	Maharashtra	Tamilnadu	Manipur	Overall
1	Hindu	80.2	85.5	38.6	74.0
2	Muslim	9.9	7.9	8.2	8.8
3	Christian	1.0	6.2	37.4	10.4
4	Others including Neo Buddhists	8.9	0.4	15.8	6.8
	Total	**100.0**	**100.0**	**100.0**	**100.0**

The caste-wise selection of the respondents is also reflective of their respective numerical strengths in the states where the survey was conducted. In Manipur, it is Scheduled Tribes who are in majority in the sample selected whereas in Tamilnadu, it is the OBCs whereas in Maharashtra, it is the non-SC, Non-ST, non OBCs who dominate our sample.

Table 6.10
State wise representation of various Castes in the sample

Serial No.	Caste group	Maharashtra	Tamilnadu	Manipur	Total
1	SC	9.9	17.3	2.4	11.4
2	ST	8.8	0.8	34.0	10.6
3	OBC	34.3	62.4	16.8	42.0
4	Others	47.0	19.5	46.8	36.0
Total		**100.0**	**100.0**	**100.0**	**100.0**

Level of education received is an important determinant of one's response to any communication. In order to make our sample representative of the target audience of the communication campaign, care must be taken to ensure that the different education levels are included in the composition of the sample. Those having studied up to Middle or secondary school comprise the majority (58%) of the sample in our overall sample. Even when states are considered individually, these two categories put together make up half the respondents. This figure when taken together with the gender and age wise break-up shown earlier, indicates that a large proportion of our respondents are pregnant women or new mothers who are young (15-29 years) and educated at least up to middle school.

Table 6.11
State wise Educational break up of the respondents

Serial No.	Education level	Maharashtra	Tamilnadu	Manipur	Total
1	Illiterate	11.5	0.5	6.6	6.1
2	Below Primary	9.5	3.1	4.4	5.9
3	Primary	18.8	8.4	11.4	13.2
4	Middle	25.5	43.3	37.2	35.0
5	Secondary	24.2	19.6	28.0	23.1
6	Higher Secondary	8.6	13.3	9.0	10.6
7	Graduate	1.6	8.9	1.6	4.5
8	Post Graduate	0.2	0.5	1.0	0.5
9	Technical/Diploma Holder	0.1	2.4	0.6	1.1
	Total	100.0	100.0	100.0	100.0

In line with the data presented earlier, the table presented below also shows that almost all the respondents are married and cohabitating with their respective spouses.

Table 6.12
State wise Marital Status

Serial No.	Marital Status	Maharashtra	Tamilnadu	Manipur	Total
1	Never Married	1.2	0.4	8.2	2.3
2	Married	97.6	99.1	88.6	96.4
3	Separated	0.4	0.2	1.4	0.5
4	Widow/widower	0.8	0.3	1.8	0.8
Total		**100.0**	**100.0**	**100.0**	**100.0**

The occupation profile of the respondents indicates the inclusion of housewives as a significant proportion in the sample. This table validates our purposive sample design where we had intended to include a significant proportion of pregnant women and new mothers as part of the sample. Pregnancy and recent birth of a child restricts the women from going out and pursuing any occupation. Hence, we observe the dominance of housewives in our sample in each of the states.

Table 6.13
State wise occupational status of respondents

Option	Maharashtra	Tamilnadu	Manipur
Farmer	1.7	1.3	3.3
Agricultural Labour/Unskilled Labour	2.2	10.4	1.4
Industry or Factory Workers	1.4	1.8	1.5
Hotel Staff	0.3	0.4	0.6
Business Person	1.6	1.1	1.9
Service	2.4	5.4	10.8
House Wife	88.9	79.6	69.6
Student	0.1	0.0	5.2
Unemployed	0.2	0.0	3.5
Others	1.2	0.0	2.2
Total	100.0	100.0	100.0

In terms of the number of children which the respondents have, we find that it is the pregnant women or women having up to two children who predominate. As the intent was to target respondents with no children but in reproductive age, pregnant women and new parents, the sample reflects this strategy (as shown in the table below):

Table 6.14
State wise number of children born to respondents

Number of children born to the respondents	Maharashtra	Tamilnadu	Manipur	Total
1 Child	35.1	36.7	36.9	36.1
2 Children	36.8	9.7	24.0	23.4
3 Children	12.4	1.0	5.4	6.4
4 Children	1.7	0.0	3.9	1.5
5 Children	0.2	0.1	1.4	0.4
6 Children	0.1	0.0	0.8	0.2
7 Children	0.0	0.0	1.4	0.3
No Children (but includes pregnant women)	13.7	52.5	26.2	31.7
Total	**100.0**	**100.0**	**100.0**	**100.0**

ANC or Antenatal Check-up is the lynchpin of AIDS surveillance among the general population. The proportion of pregnant women who test as HIV positive during ANC check-up at the centres being monitored is considered as a surrogate for HIV/AIDS prevalence among general (low-risk) population. However, this measure for prevalence of HIV/AIDS infection as a representative of HIV/AIDS in general population is critically dependent on what proportions of the total population of pregnant women actually avail the institutionalised ANC facility. The eligible are those who are either pregnant or are mothers already. Our data as presented in the table below shows that in Tamilnadu, almost all the women underwent formal ANC check-up during their pregnancy. In Maharashtra, nine out of every ten women respondents mentioned having undergone ANC check-up while in Manipur, close to four-fifths of women mentioned that they had got ANC check-up done on themselves.

Table 6.15
Status of antenatal care facility availed by respondents
(from among those eligible)

Status of Antenatal care facility availed	Maharashtra	Tamilnadu	Manipur	Overall
Underwent ANC check-up	91.2	99.4	78.0	91.8
No ANC taken	8.8	0.6	22.0	8.2
Total	100.0	100.0	100.0	100.0

The media habits of the respondents' show that a number of people see multiple channels especially Doordarshan-StarTV-Zee TV combination is patronized by a significant proportion of people. However, Sun TV and Star Vijay rule in Tamilnadu. In Maharashtra, more than a quarter of the respondents (26%) do not watch while Doordarshan and NE TV are seen by a majority of TV viewing respondents in Manipur. When considered over the entire survey area in three states, television is watched by more than four-fifths of our respondents. Doordarshan is the most watched TV channels across all regions.

Table 6.16
TV viewing habits

Serial No.	TV Channel Watched	Maharashtra	Tamilnadu	Manipur	Total
1	Doordarshan	66.5	74.3	68.6	70.0
2	Star TV	25.0	27.2	21.2	25.1
3	Sun TV	0.0	87.9	0.0	35.2
4	E TV	5.8	1.1	1.4	3.0
5	Zee TV	48.9	8.8	14.6	26.0
6	NE TV	0.0	0.0	43.6	8.7
7	Others	28.3	65.2	26.4	42.7
8	Not Seeing any TV	26.5	11.2	24.2	19.9
	Total	**100.0**	**100.0**	**100.0**	**100.0**

Note: *1. Total will not add up to 100 percent because those respondents who watch multiple channels are counted against all the channels they watch.*

2. Others category includes Gemini TV, JJ TV, etc. in Tamilnadu, Figures against Zee TV in Maharashtra include those for Zee-Marathi too. Figures

against ETV in Maharashtra include those for ETV-Marathi. Figures against Star TV in Tamilnadu include those for Star Vijay too. Figures for others include those for Sony, Set Max, NDTV, AajTak, Hungama, SAB TV, etc.

Radio enjoys much greater acceptability among our respondents. The mapping of radio listening habits shows that more than 90 percent of our respondents listen to Radio. The Radio Stations under the All India Radio umbrella (including Vividh Bharati) are preferred highly by the respondents. Almost all those who listen to radio patronise one or the other station/channel of All India Radio.

Table 6.17
Radio listening habits

Sl. No.	Radio Station	Maharashtra	Tamilnadu	Manipur
1	All India Radio (including Vividh Bharati)	97.2	94.5	96.8
2	Suryan FM-1	0.0	8.7	0.0
3	Radio Mirchi	4.7	3.2	0.0
4	Red FM	0.2	0.0	0.0
5	Radio City	0.2	0.0	0.0
6	Others	2.5	5.8	0.6
7	Not listening to any radio	2.8	5.5	3.2

When respondents were asked about the newspapers they read, the responses indicated that the newspaper reading was not very popular. We found that newspaper were popular only in the urban areas. The responses were as follows

Table 6.18
Newspaper reading habits

Serial No.	Option	Maharashtra	Tamilnadu	Manipur	Total
1	Any newspaper read regularly	14.5	28.2	4.8	18.0
2	Not reading any newspaper regularly	85.5	71.8	95.2	82.0
Total		**100.0**	**100.0**	**100.0**	**100.0**

Awareness of HIV/AIDS

The thrust of HIV/AIDS prevention is on dissemination of adequate and appropriate information. This is much evident in the sustained campaign theme of *'Jankari hi bachav hai'* (Knowledge is the prevention) being conducted by NACO. Therefore, adequate and accurate awareness of HIV/AIDS among the target audience is the starting point of any AIDS control initiative.

When the respondents were asked, whether they were aware of HIV/AIDS, at least nine out of 10 respondents responded positively in each of the states. Overall 94 percent of the respondents said that they were aware about HIV/AIDS. Tamilnadu, with its long history of sustained HIV/AIDS control initiatives and an intensive information campaigns naturally scored the highest with more than 98 percent of the respondent replying in the affirmative when asked this question.

Table 6.19
Awareness of HIV/AIDS

Serial No.	Awareness status	Maharashtra	Tamilnadu	Manipur	Total
1	Aware	89.5	98.2	91.6	94.0
2	Not aware	10.5	1.8	8.4	6.0
Total		100.0	100.0	100.0	100.0

The data about the awareness status, when broken up at the level of a district shows that barring Maharashtra, where the difference is noticeable between the two respective districts of the state, the difference in awareness between the pairs of district in each of the states is very small. The awareness level in Chandrapur district in Maharashtra is the lowest at 79.2 percent. It offers a challenge to the campaign planners.

Table 6.20
District wise awareness of HIV/AIDS

Serial No.	Name of District	Awareness status		Total
		Aware	Not aware	
1	Pune (Maha)	89.8	10.2	100.0
2	Chandrapur (Maha)	79.2	20.8	100.0
3	Kanchipuram (TN)	97.6	2.4	100.0
4	Sivaganga (TN)	98.8	1.2	100.0
5	Imphal East (MNP)	95.5	4.5	100.0
6	Churachandpur(MNP)	87.9	12.1	100.0
Total		**94.0**	**6.0**	**100.0**

Note: Anyone recognising HIV/AIDS as a incurable disease is defined as being aware.

After having checked the awareness status about HIV/AIDS among the respondents, we decided to know the source of awareness/knowledge/information among those who are aware. We found that in the overall analysis, television appeared to be the most important source of information with nearly half of those who are aware, specifying televisions as a source of information regarding AIDS. One-in ten of those aware stated that it was Doctors or/and hospitals which had made them aware about HIV/AIDS. Almost the same proportion attributed their awareness to relatives. Friends and newspapers have a limited impact with only about 8-9 percent of respondents citing these as their respective source of information. Radio as a primary source of information was significant in Manipur and not so in other states. On the other hand, Doctors and hospitals are significant in Tamilnadu and Maharashtra but not in Manipur.

Table 6.21
Source of Awareness of HIV/AIDS

Serial No.	Source	Maharashtra	Tamilnadu	Manipur	Total
1	TV	61.0	65.2	55.6	61.6
2	Radio	3.2	3.1	23.0	7.1
3	News Paper	2.0	0.0	4.4	1.7
4	Internet	0.0	0.0	0.0	0.0
5	Relatives	13.2	6.1	9.8	9.7
6	Friends	2.8	13.2	7.8	8.0
7	Bill Board/ Hoarding	2.0	8.1	2.2	4.9
8	NGO	3.5	0.0	4.0	2.2
9	Doctor/ Hospital	10.4	16.4	2.4	11.9
10	Others	1.9	0.8	4.4	2.1
	Total	**100.0**	**100.0**	**100.0**	
	Total number of persons who are aware	895	982	473	2350

HIV/AIDS is a deadly infection. Therefore, its transmission is of paramount significance. The awareness about various ways in which HIV/AIDS can be transmission is the key to its control. NACO's communication efforts have been directed towards generating such awareness. More than four-fifths of those who were aware of HIV/AIDS said that they were aware about the ways in which transmission of HIV/AIDS happened. In keeping with the earlier trend, it is Tamilnadu where awareness was the highest, almost close to 93 percent.

Table 6.22
Awareness about mode of transmission of HIV/AIDS virus

Serial No.	Awareness Level	Maharashtra	Tamilnadu	Manipur	Total
1	Aware	76.5	92.7	82.4	84.2
2	Unaware	23.5	7.3	17.6	15.8
Total		100.0	100.0	100.0	100.0

Those who stated that they were aware of the HIV/AIDS transmission were asked a specific follow-up question on various modes of virus' transmission. The results indicate that the awareness about the modes of transmission is high across states. It is

especially true about the modes of transmission through sexual intercourse and also about using syringe used by infested person. As for mother to child transmission, we find a discouraging picture in Manipur, where only about a quarter of relevant respondents knew about this route of transmission. When the data obtained is analysed over the sample districts, not much variation is noticed, Pune, a more urban, and more socio-economically developed, has higher awareness levels among its respondents as compared to Chandrapur in Maharashtra. Imphal East is better than Churachandpur in Manipur but in Tamilnadu, there is very little inter-regional difference. It suggests the success of the campaign to have reached all parts of Tamilnadu.

Table 6.23
Awareness about mode of transmission of HIV/AIDS virus

Serial No.	Mode of transmission	Maharashtra	Tamilnadu	Manipur
1	Sexual intercourse with infected person	98.5	93.7	99.2
2	Using syringe needle used by infected person	99.0	87.3	97.5
3	From mother to child during pregnancy, during child birth and during breast feeding	74.7	88.6	54.2
4	By taking blood without testing the same	75.9	88.6	91.3
5	Any other reason	0.1	0.3	3.3
6	Don't Know/ Can't Say	0.1	0.6	0.8
Total (No.)		**685**	**910**	**390**

Relationship between what people are aware of and their respective source of information may be of some interest to determine the effectiveness of each of the media in disseminating kinds of information. The following table shows how effective television has been in disseminating information about the modes of transmission of HIV/AIDS virus. Television viewers follow the pattern of the original respondents.

Table 6.24
Awareness of mode of transmission of HIV/AIDS among TV viewers

Mode of transmission	Maharashtra	Tamilnadu	Manipur
Sexual intercourse with infected person	99.5	93.0	100.0
Using syringe needle used by infected person	98.0	86.5	96.4
From mother to child during pregnancy, during child birth and during breast feeding	75.0	88.7	60.1
By taking blood without testing the same	74.6	89.4	92.5
Any other reason	0.1	0.3	3.5
Don't Know/ Can't Say	0.1	0.5	0.4

The data on those who listen radio is in line with those who watch television. This suggests the propensity to receive and comprehend information may be media neutral.

Table 6.25
Awareness of mode of transmission of HIV/AIDS among Radio listeners

Mode of transmission	Maharashtra	Tamilnadu	Manipur
Sexual intercourse with infected person	94.0	94.4	100.0
Using syringe needle used by infected person	91.2	83.5	98.6
From mother to child during pregnancy, during child birth and during breast feeding	76.4	88.8	54.4
By taking blood without testing the same	71.8	78.6	80.4
Any other reason	0.0	0.0	0.0
DK/CS	0.0	0.0	0.0

The newspaper reading and newspaper as a source of information about HIV/AIDS is not so significant. It is evident from the earlier tables. However, as far as the awareness about different 'modes of transmission' is concerned, the newspaper readers follow the same patter i.e. sexual intercourse and syringe messages are more effective than others.

Table 6.26
Awareness of mode of transmission of HIV/AIDS among Newspaper readers

Mode of transmission	Maharashtra	Tamilnadu	Manipur
Sexual intercourse with infected person	90.2	92.6	100.0
Using syringe needle used by infected person	90.4	82.4	90.2
From mother to child during pregnancy, during child birth and during breast feeding	88.8	70.8	58.8
By taking blood without testing the same	70.6	72.4	60.4
Any other reason	0.0	0.0	0.0
Don't Know/ Can't Say (DK/CS)	0.0	0.0	0.0

Parent to Child Transmission

The respondents who were aware of HIV/AIDS transmission were further asked specific questions regarding what they knew of Parent-to-child transmission (PTC). Such respondents in Maharashtra and Tamilnadu exhibited a high degree of awareness while. On the whole, nearly seven out of every 10 respondents stated that they were aware about the fact that the HIV/AIDS virus can be transmitted from mother's womb to the child. In keeping with the other indicators, it was Tamilnadu, where the degree of awareness was the highest.

Table 6.27
Awareness on transmission of HIV/AIDS from mother to child in the womb

Serial No.	Awareness level	Maharashtra	Tamilnadu	Manipur	Total
1	Aware	86.6	84.9	94.1	86.7
2	Unaware	13.4	15.1	5.6	13.3
Total		100.0	100.0	100.0	100.0
Total (No.)		512	806	211	1529

The awareness, when checked over the various districts shows that there are significant inter-district variations within a state. This hints at differential impact of the communication campaign in various parts of each of the states.

Table 6.28
Awareness on transmission of HIV/AIDS from mother to child in the womb

Awareness level	Districts						Total
	Chandrapur	Pune	Kanchipuram	Sivaganga	Imphal East	Churachandpur	
Aware	80.5	93.0	80.6	89.2	98.1	90.2	86.7
Unaware	19.5	7.0	19.4	10.8	1.9	9.8	13.3
	100.0	100.0	100.0	100.0	100.0	100.0	100.0

In order to see the impact of different media on the awareness level as regards parent-to-child transmission in the mother's womb, data has been arranged by taking media source and State as the variables. Television emerges as the most often stated criteria by the respondents who mentioned awareness of the PTC in the womb. This was followed by friends and relatives. Doctors/hospitals and newspapers are not so significant in imparting awareness to the individuals. The results are tabulated as follows:

Table 6.29
Information source for awareness about transmission of HIV/AIDS virus from mother to child in the womb

Media source	Maharashtra	Tamilnadu	Manipur
TV	89.2	95.4	77.0
Radio	35.6	43.4	51.4
News Paper	4.5	2.5	11.0
Internet	0.0	0.0	0.0
Relatives	69.1	71.8	66.2
Friends	52.3	76.4	67.2
Bill Board/ Hoardings	12.1	12.3	10.5
NGO	18.2	65.1	61.8
Doctor/ Hospital	27.6	28.3	24.1
Others	1.0	1.9	1.1

District wise break-up of the media source of information regarding PTC shows that in the relatively urban districts, it is the formal mass media which is predominant (Pune, Kanchipuram and Churachandpur) whereas it is the informal source which is

important in relatively less urbanized districts (Chandrapur, Sivaganga and Imphal East). The following table depicts this fact:

Table 6.30
Information source for awareness about transmission of HIV/AIDS virus from mother to child in the womb (District-wise)

Media source	Districts					
	Chandrapur	Pune	Kanchipuram	Sivaganga	Imphal East	Churachandpur
TV	82.1	96.3	97.2	93.6	70.8	83.2
Radio	45.4	25.8	33.2	53.6	43.6	59.2
News Paper	3.0	6.0	3.1	1.9	6.8	15.2
Internet	0.0	0.0	0.0	0.0	0.0	0.0
Relatives	76.0	62.2	77.6	66.0	68.8	63.6
Friends	62.5	42.1	79.6	73.2	75.0	59.4
Bill Board/ Hoardings	17.0	7.2	10.6	14.0	11.6	9.4
NGO	21.4	15.0	68.3	61.9	66.0	57.6
Doctor/ Hospital	17.3	37.9	30.5	26.1	26.3	21.9
Others	1.0	1.0	2.1	1.7	0.9	1.3

The respondents who said that they were aware of the ways in which HIV/AIDS gets transmitted were asked about whether they knew about chances of HIV/AIDS transmission during childbirth. Their responses are as follows:

Table 6.31
Awareness about transmission of HIV/AIDS virus from mother to child during childbirth

Serial No.	Awareness level	Maharashtra	Tamilnadu	Manipur	Total
1	Aware	73.0	85.2	91.8	82.2
2	Unaware	27.0	14.8	9.2	17.8
Total		100.00	100.0	100.00	100.00
Total (No.)		512	806	211	1529

Different media may have different impact on the awareness level as regards parent-to-child transmission through various methods, in the case of PTC during childbirth, data has been arranged by taking media source and State as the variables. Television emerges as the most often stated criteria by the respondents who mentioned awareness of the PTC during childbirth. This was followed by friends and relatives. Doctors/hospitals and newspapers are not so significant in imparting awareness. The results are tabulated as follows:

Table 6.32
Information source for awareness about transmission of HIV/AIDS virus from mother to child during childbirth

Media source	Maharashtra	Tamilnadu	Manipur
TV	81.8	92.2	71.0
Radio	31.1	36.4	44.4
News Paper	4.2	2.4	14.0
Internet	0.0	5.0	2.0
Relatives	64.3	68.6	61.2
Friends	48.1	71.1	63.5
Bill Board/ Hoardings	12.0	11.8	10.5
NGO	17.5	60.5	54.8
Doctor/ Hospital	20.6	21.3	20.1
Others	1.0	1.9	1.1

District wise break-up of the media source of information regarding PTC transmission during childbirth shows that in the relatively urban districts, it is the formal mass media which is predominant (Pune, Kanchipuram and Churachandpur) whereas it is the informal source which is important in relatively less urbanized districts (Chandrapur, Sivaganga and Imphal East).

The respondents who said that they were aware of the ways in which HIV/AIDS gets transmitted were asked about whether they knew about chances of HIV/AIDS transmission through breastfeeding. Their responses are as follows:

Table 6.33
Awareness about transmission of HIV/AIDS virus from mother to child through breastfeeding

Serial No.	Awareness level	Maharashtra	Tamilnadu	Manipur	Total
1	Aware	78.3	90.0	69.2	77.6
2	Unaware	21.7	10.0	30.3	23.3
Total		100.00	100.0	100.00	100.00

The respondents who said that they were aware of ways in which HIV/AIDS gets transmitted were asked whether they knew about possibility of preventing PTC transmission to children. This aspect of PTC transmission was not so well known in Manipur, where about half the people were aware about it. However, Tamilnadu, where more than four-fifths of the people knew about it and Maharashtra, where nearly 80 percent people knew about it, threw up better results. Their responses are as follows:

Table 6.34
Awareness on possibility of prevention of PTC transmission of HIV/AIDS virus

Serial No.	Awareness level	Maharashtra	Tamilnadu	Manipur	Total
1	Aware	79.1	88.7	53.9	80.7
2	Unaware	26.9	11.3	46.1	19.3
Total		**100.0**	**100.0**	**100.0**	**100.0**

Our experience suggests that for maximum impact, the choice of media must match the nature of the messages.

Different media may have different impact on the awareness level as regards preventability of PTC, data has been arranged by taking media source and State as the variables. Television emerges as the most often stated criteria by the respondents who mentioned awareness of preventability of PTC.

This was followed by friends and relatives. Doctors/hospitals and newspapers are not so significant in imparting awareness. The results are tabulated as follows

Table 6.35

Information source for awareness about preventability of HIV/AIDS virus from mother to child

Media source	Maharashtra	Tamilnadu	Manipur
TV	82.6	90.1	72.3
Radio	29.5	38.2	42.2
News Paper	3.4	2.4	3.2
Internet	0.0	0.0	0.0
Relatives	66.2	74.4	62.5
Friends	50.7	72.3	62.6
Bill Board/ Hoardings	10.6	11.6	10.4
NGO	18.8	58.2	59.6
Doctor/ Hospital	21.8	22.4	22.2
Others	1.0	1.7	1.1

Those respondents who replied in the affirmative to the awareness related question about preventability of HIV/AIDS virus were then asked about the different methods that could prevent PTC transmission of HIV/AIDS.

The results showed that the awareness of different methods was distributed in a seemingly random manner. 'Taking antiretroviral drugs' was known to nearly six out of 10 of the relevant respondents.' Consult a doctor during pregnancy and have a HIV test' was known to nearly four-fifths of the respondents.

About half of the respondents were aware of 'Avoid unwanted pregnancy' aspect. Out of the three states, it was Manipur which appeared to have the least awareness about this aspect while respondents in Tamilnadu had the best state, however it was surprising that only a quarter of the relevant respondents mentioned 'Avoid unwanted pregnancy' as a method to prevent PTC transmission.

Table 6.36
Awareness of methods of preventing PTC transmission of HIV/AIDS among those who are aware of its preventability

Methods to prevent PTC transmission of HIV/AIDS	Maharashtra	Tamilnadu	Manipur	Overall
Avoid unwanted pregnancy	62.3	74.5	60.3	65.8
Consult a doctor during pregnancy and have a HIV test	78.8	95.9	59.6	80.6
Taking antiretroviral drugs	65.2	87.4	68.2	73.2
Give necessary medicine to the child	35.5	66.8	23.8	47.0
Opt for cesarean for child birth	5.2	7.6	3.1	6.2
Opt for replacement feeding	1.2	2.5	0.2	1.3
Other	0.0	4.2	4.4	0.1

Awareness about Government Programmes for HIV/AIDS Surveillance

The respondents who are aware of the Parent-to-child transmission of HIV/AIDS virus were asked whether they were aware of the steps taken by the government for surveillance of HIV/AIDS. Their responses are summarized as follows:

Table 6.37
Awareness about government's steps for surveillance of HIV/AIDS virus

Serial No.	Awareness level	Maharashtra	Tamilnadu	Manipur	Total
1	Aware	72.3	88.9	68.2	80.2
2	Unaware	27.7	11.1	31.8	19.8
Total (%)		100.0	100.0	100.0	100.0
Total who are aware of PTC (No.)		443	684	199	1326

Government has used different media for creating maximum impact. The measures taken by the Government for HIV/AIDS surveillance have been sought to be publicized through formal and informal communication channels. Data has been arranged by taking media source and State as the variables. Television emerges as the most often stated criteria by those who mentioned awareness of steps taken by Government. This was followed by friends and relatives. Doctors/hospitals and newspapers are not significant. The results are tabulated below:

Table 6.38
Information source for awareness about government steps towards surveillance of HIV/AIDS virus

Sl. No.	Media source	Maharashtra	Tamilnadu	Manipur
1	TV	81.2	95.4	60.7
2	Radio	79.8	78.3	50.8
3	News Paper	4.4	8.4	9.2
4	Internet	0.0	0.0	0.0
5	Relatives	76.6	84.8	93.2
6	Friends	75.9	82.7	92.4
7	BillBoard/ Hoardings	7.4	10.1	9.3
8	NGO	28.8	78.2	69.6
9	Doctor/ Hospital	32.8	42.4	12.2
10	Others	0.0	0.0	0.0
Total who are aware of Govt initiatives(No.)		320	608	136

Those respondents who replied in the affirmative to the awareness related question about Government's steps towards monitoring and surveillance of HIV/AIDS virus were then asked about the different specific steps that Government was taking for monitoring/surveillance of HIV/AIDS. The results showed that in this aspect, the awareness was limited to just about general knowledge. Specific awareness about each of the steps was limited. A lot of work needs to be done in this area to increase specific awareness about the steps being taken by the Government. That will contribute towards better utilization of the Government facilities. 'Training of Doctors' was known to nearly nine out of every ten relevant respondents and 'NGO guideline have been developed for the involvement of NGOs' was known to nearly a

third of the relevant respondents. All other steps were known much less. Tamilnadu was the best state and Manipur the last, in terms of specific awareness.

Table 6.39
Awareness of specific steps taken by Government for monitoring and surveillance of HIV/AIDS among those who are aware of the methods

Sl. No	Government Steps	Maharashtra	Tamilnadu	Manipur	For all states
1	Sentinel Sites have been established to monitor the trends of HIV infection	5.1	8.5	5.8	6.2
2	Launched a National AIDS control Programme in 1987	7.4	11.2	7.2	8.1
3	National AIDS Committee/Board/ Organisation have been created and are in operation	3.4	8.3	6.6	5.2
4	AIDS cell have been created in each State/UT	16.4	23.2	14.1	19.0
5	Training of Doctors	74.2	93.6	68.9	88.4
6	NGO guideline have been developed for the involvement of NGOs	29.1	35.3	30.2	31.5
7	Steps have been taken to strengthen the existing STD control Programme	11.2	15.8	5.6	12.6
8	School AIDS Education Programme has been started	9.1	17.2	10.4	11.7

Communication through television has had the highest recall as far as generic message is concerned.

In an attempt to identify the actual users of AIDS/PPTCT centres and for obtaining their responses for comparison with non-users, a direct question was asked about whether the respondent had been to any government agency/hospital that had an AIDS/PPTCT centre? This was done to check the awareness of existence of AIDS/PPTCT centres in the government agency/hospitals. Overall, two out of every three respondents has been to a hospital/agency with an AIDS/PPTCT centre.

Table 6.40
Respondents having ever gone to Government agency/hospitals having an AIDS/PPTCT centre

Serial No.	Have gone to AIDS/PPTCT centre	Maharashtra	Tamilnadu	Manipur	Total
1	Yes	70.4	82.7	64.6	76.7
2	No	29.6	17.3	35.4	23.3
Total		100.0	100.0	100.0	100.0
		320	608	136	1064

On being asked whether they thought that people did go to AIDS/PPTCT centres, respondents responses were more affirmative. Some of those who had themselves never been to an AIDS/PPTCT centre stated that people did go to such centres.

The television has emerged as the most popular medium among the respondents. The messages beamed through television are expected to be reinforced if the facilities are used by the respondents. The findings given in the table below suggest that it is indeed the case. Those respondents who have used the facility and who are also TV viewers show a heightened understanding of the activities being carried out at HIV/AIDS centre.

The highest level of awareness is for 'People get to know how to prevent transmission of HIV/AIDS' for which eight out of 10 respondents exhibited their awareness. This is followed by 'People get necessary medicines' which was articulated by more than six out of 10 of the respondents.

Table 6.41
Those who have used the services of AIDS/PPTC centre and view television: Respondents' knowledge about specific activities of AIDS/PPTCT centres

Activities that are carried out at AIDS/PPTCT centres	Percentage
People get awareness of HIV/AIDS	55.2
People get to know how to prevent transmission of HIV/AIDS	79.5
People get necessary medicines	55.9
People get consolation and peace of mind	15.7
Others	0.5

Findings related to awareness of existence of Prevention of Parent to Child Transmission-

Further specificity is sought to be achieved by asking direct questions about PPTCT centres. It starts with asking a straight question about the existence of PPTCT centre. The following table details the response. Only about two-thirds of the respondents who said that they had heard about Government steps say that they had heard of PPTC centres. Manipur threw up better awareness in its respondents than the other two states.

Table 6.42
Respondents' awareness of existence of PPTCT centres

Serial No.	Heard about PPTC centre	Maharashtra	Tamilnadu	Manipur	Total
1	Heard	74.8	88.0	73.3	82.1
2	Not heard	25.2	12.0	26.7	17.9
Total		100.0	100.0	100.0	100.0
Number of those who are aware of Govt initiatives		320	608	136	1064

Different media may have differential impact based on the characteristics of messages. The awareness level as regards existence of PPTC centres. Television emerges as the most often stated criteria by the respondents who mentioned awareness of existence of PPTC centres. This was followed by friends and relatives. Newspapers are not so significant in imparting awareness. The results are tabulated as follows:

Table 6.43
Information source for awareness about existence of PPTCT centres

Serial No.	Information source	Maharashtra	Tamilnadu	Manipur
1	TV	80.8	91.4	70.4
2	Radio	10.4	18.3	20.5
3	News Paper	3.4	6.4	8.2
4	Internet	0.0	0.0	0.0
5	Relatives	66.6	64.8	73.2
6	Friends	55.9	62.7	72.4
7	Bill Board/ Hoardings	1.4	0.1	1.3
8	NGO	38.8	48.2	29.6
9	Doctor/ Hospital	33.4	39.4	18.2
10	Others	0.0	0.0	0.0

The respondents who stated that they had heard about PPTCT centre were further asked whether they were aware of their respective nearest centre. This awareness was very high at close to 97 percent. All across, the awareness was high.

Table 6.44
Respondents' awareness of most proximate PPTCT centres

Serial No.	Awareness of nearest PPTCT centre	Maharashtra	Tamilnadu	Manipur	Total
1	Aware	95.7	99.7	93.7	96.9
2	Not aware	4.3	0.3	6.3	3.1
Total		100.0	100.0	100.0	100.0

Those respondents who could state the location of their nearest PPTCT centre were divided with respect to their preferences of sources of information. Television viewers seem to be most informed and knowledgeable in terms of proportions. Newspaper readers less so. The following data emerged.

Table 6.45
Information source preference of respondents' who are aware about the most proximate PPTCT centre

Serial No.	Information choice	Maharashtra	Tamilnadu	Manipur
1	TV	85.3	92.3	67.7
2	Radio	26.7	27.1	52.9
3	News Paper	13.5	18.6	19.6
4	Internet	0.0	0.0	0.0
5	Relatives	72.4	75.8	84.2
6	Friends	71.3	76.0	74.0
7	Bill Board/ Hoardings	14.3	22.4	10.1
8	NGO	23.2	24.5	26.5
9	Doctor/ Hospital	75.4	86.0	74.0
10	Others	22.1	17.1	22.9

Further investigation into the awareness status was ascertained through the question which sought the answer about whether or not the respondents who had heard about the PPTCT centre had also seen the PPTCT centre. The responses suggest that in a significantly large number of cases this is indeed so. In all the states at least 8 in ten of the respondents who had heard about PPTCT centres had also seen one. The data is shown as follows:

Table 6.46
Respondents' having seen any PPTCT centres

Serial No.	PPTCT centre	Maharashtra	Tamilnadu	Manipur	Total
1	Seen	80.2	91.7	79.3	90.2
2	Not seen	19.8	8.3	20.7	9.8
Total		**100.0**	**100.0**	**100.0**	**100.0**

From among those people who said that they had heard about the PPTCT centre, a check was done on the specificity of their knowledge by indicating to them the exact facilities at PPTCT centres. The highest level of awareness is for the activity 'People get to know how to prevent transmission of HIV/AIDS' which was recalled by almost three-fourths of the respondents. This is closely followed by 'People get awareness of HIV/AIDS' which was articulated by more than half of the respondents. The findings are summarized in the table given next.

Table 6.47
Respondents' knowledge about specific facilities at PPTCT centres

Activities at PPTCT centre	Percentage
People get awareness of HIV/AIDS	74.0
People get to know how to prevent transmission of HIV/AIDS	74.6
People get necessary medicines	38.6
People get consolation and peace of mind	40.3
Others	0.9

The satisfaction of those who had availed of the services was sought to be measured by asking a direct question about whether they were satisfied with their use of services at PPTCT. The responses which have been summarized and tabulated below suggest that almost all respondents who have used PPTCT are satisfied with their use.

Table 6.48
Respondents' satisfaction status after visit to PPTCT centre

Serial No.	Option	Maharashtra	Tamilnadu	Manipur	Total
1	Satisfied	96.1	97.4	95.3	96.3
2	Dissatisfied	2.7	1.9	1.7	1.8
3	Don't Know/Can't Say	1.2	0.7	2.6	1.6
Total		**100.0**	**100.0**	**100.0**	**100.0**

Chapter 7

Findings of the Study – Impact of the Multi-media campaign

7.1 Effectiveness of Television Advertisement

The recall test of the TV campaign was done while respondents were made to sit in groups. The groups were shown the video clips of all the five Television Advertisements and they were then asked whether they remembered having seen the advertisements. Even if one advertisement was recalled by the respondent we treated it as having 'recall' or the 'respondent having remembered' otherwise we classified it as not having recalled. Data related to the responses are recorded in the following table. In Manipur, the recall of the Television Ads is the lowest while in Maharashtra, two out of every three respondents recalled at least one of the television ads. Overall two-thirds of the respondents remembered having seen at least one advertisement.

Table 7.1
The recall of television advertisements about PPTCT

Recall of Television Ads	Maharashtra	Tamilnadu	Manipur	Total
Yes	67.9	70.1	56.2	66.6
No	32.1	29.9	43.8	33.4
Total	**100.0**	**100.0**	**100.0**	**100.0**
	735	**888**	**379**	**2002**

Five television ads were designed for PPTCT campaign. The respondents were asked to mark the exact ad that they could recall. This question was asked to those who could recall. The ad marked as 'Couple 1' enjoys the highest recall. The ad with the 'Grandma' theme was least recalled. The results were as follows:

Table 7.2
The recall of exact television advertisements about PPTCT

TV Ad	Percentage of respondents who said that they remember having seen the ad
Couple 1	58.3
Good News	17.7
Doctor	9.6
Couple2	25.3
Grandma	4.0

The liking generated by each ad was sought to be mapped by asking the respondents who recall the ad to mention the ads that they liked the most. The results show that the ads that are recalled the most are the ones that are liked the most. The Couple 1 ad was indicated as the favourite by highest number of respondents followed by the one produced around the theme of 'Couple 2'. Third one was the 'Good News' one.

Table 7.3
The liking towards television advertisements on PPTCT by all TV viewers (who could recall one at least one advertisement)

TV Advertisement	Percentage of respondents who said that they liked a particular ad
Couple 1	50.4
Good News	15.7
Doctor	9.4
Couple2	20.5
Grandma	4.0
Total	**100.0**

Radio has a tremendous reach, especially in areas which are rural or semi-urban. The recall test of the radio advertisements was done by playing the radio commercial on a tape recorder while respondents were made to sit in groups. The groups were exposed to the audio clips of the two radio advertisements and they were then asked whether they remembered having heard the advertisements. Even if one advertisement was recalled by the respondent we treated it as having 'recall' or the 'respondent having remembered' otherwise we classified it as not having recalled. Data related to the responses are recorded in the following table. In Maharashtra, the recall of the Radio Advertisements is very low while in Manipur, more than half of the respondents recalled at least one of the radio advertisements. Overall more than a third of the respondents remembered having heard at least one advertisement.

Table 7.4
The recall of radio advertisements on PPTCT

Recall of Radio Ads	Maharashtra	Tamilnadu	Manipur	Total
Yes	25.0	38.1	50.4	35.3
No	75.0	61.9	49.6	64.7
Total	100.0	100.0	100.0	100.0
Number of people who listen to radio	972	945	484	2401

Two radio advertisements were designed for PPTCT campaign. The respondents who could recall at least one advertisement were asked to mark the exact advertisement that they could recall. This question was asked to those who could recall. The advertisement marked as 'Doctor' enjoys the highest recall. The advertisement labelled by us as 'Couple' has less recall. The results are as follows:

Table 7.5
The recall of exact radio advertisements on PPTCT (State wise) by those who listen to radio

Radio Advertisement	Maharashtra	Tamilnadu	Manipur
Doctor (Ad 1)	53.3	65.4	54.7
Couple (Ad 2)	51.1	38.6	47.2

The liking generated by each ad was measured by asking the respondents who recall the advertisement to mention the advertisements that they liked the most. The results show that the advertisements that are recalled the most are the ones that are liked the most. The 'Doctor' Advertisement' was indicated as the favourite by highest number of respondents followed by the 'Couple' advertisement.

The radio advertisement labelled as 'Doctor' by us has been noticed by the target segment. In Maharashtra, half of those who recalled having heard the advertisement stated that they were influenced by it. In Tamilnadu, this percentage is 94 and in Manipur, over 89. However, too much should not be read into these findings because, the change in KAPs cannot be verified reliably just on the basis of respondents' statement. It needs confirmation through actual observation.

Table 7.6
The change in awareness, attitude and perception after watching the radio advertisement 'Doctor' by those who remember hearing it

Sl. No.	Change in KAPs	Maharashtra	Tamilnadu	Manipur
1	Very Much	50.0	94.0	89.2
2	Up to some extent	46.5	4.5	8.6
3	Not at all	3.5	1.5	2.2
Total		**100.0**	**100.0**	**100.0**

'Couple' Advertisement was preferred less by the audience who recalled it. They were further asked to categorise their response about it. The results are as follows:

Table 7.7
The liking towards the radio advertisement about 'Couple advertisement' by those who remember hearing it

Likeability of the ad	Maharashtra	Tamilnadu	Manipur
Very Good	25.2	26.0	27.7
Good	24.6	32.6	36.1
Average	40.3	10.0	13.2
Not Good	8.5	22.3	20.8
DK/CS	1.4	9.1	2.2
Total	100.0	100.0	100.0

The radio advertisement labelled as 'Couple' by us has caused certain impact on the target segment. This impact is summarised as follows:

Table 7.8
The change in awareness, attitude and perception after hearing the 'Couple Advertisement' by those who remember hearing it

Option	Maharashtra	Tamilnadu	Manipur
Yes very Much	35.3	44.0	39.2
Yes Some what	36.5	34.3	38.6
No Not at all	28.2	21.7	22.2
Total	100.0	100.0	100.0

Findings related to Newspaper Campaign

Two newspaper advertisements were designed for PPTCT campaign. The respondents who stated that they read newspapers were shown the two newspaper ads. The respondents who could recall at least one ad were classified as recalling the campaign. Those who could not recall even one ad were classified as not recalling. The results are as follows:

Table 7.9
The recall of newspaper advertisements on PPTCT (State wise) by those who read newspapers

Newspaper Advertisement	Maharashtra	Tamilnadu	Manipur	Total
Can recall	10.6	16.4	19.4	14.2
Does not recall	89.4	83.3	80.6	85.8
Total	**100.0**	**100.0**	**100.0**	**100.0**

The respondents who could recall at least one advertisement were then asked to specify the ads that they could recall. The advertisement marked as 'Couple Advertisement' enjoys the highest recall. The advertisement labelled by us as 'Good News Advertisement' has less recall.

Table 7.10
The recall of newspaper ads on PPTCT (State wise) by those who read newspapers

Newspaper	Maharashtra	Tamilnadu	Manipur	Overall
Couple Advertisement (Ad Showing a couple)	78.2	82.5	83.6	80.5
Good News Advertisement (Ad Showing pregnant women and Good News slogan)	27.3	23.5	28.4	21.5

Findings related to Impact of the Mass Media Campaign on PPTCT

The actual impact of the campaign on the Knowledge, Attitude and Practices is attempted measurement in Section 12 of our questionnaire. The first question asked is about the awareness of the blood test for HIV/AIDS determination. Those who have been exposed to the TV ads are tracked at first. Awareness is more than 75 percent in all the states. In fact, it is close to 80 percent. The table below shows the findings.

Table 7.11
Awareness about blood test for HIV/AIDS determination among those who recall at least one TV advertisement

Awareness of blood test	Maharashtra	Tamilnadu	Manipur	Overall
Aware	80.4	84.6	78.2	81.9
Unaware	19.6	15.4	21.8	18.1
Total	100.0	100.0	100.0	100.0

Those who have been exposed to the Radio ads are tracked next. Awareness is more than 75 percent in all the states. In fact, it is close to 80 percent. The table below shows the findings.

Table 7.12
Awareness about blood test for HIV/AIDS determination among those who recall at least one Radio advertisement

Awareness of blood test	Maharashtra	Tamilnadu	Manipur	Total
Aware	75.0	81.6	88.2	77.9
Unaware	25.0	18.4	11.8	22.1
Total	100.0	100.0	100.0	100.0

Those who have been exposed to the newspaper ads are tracked next. Awareness is more than 80 percent in all the states. In fact, it is close to cent percent i. The table below shows the findings.

Table 7.13
Awareness about blood test for HIV/AIDS determination among those who recall at least one Newspaper advertisement

Awareness of blood test	Maharashtra	Tamilnadu	Manipur	Total
Aware	82.1	89.8	76.7	84.6
Unaware	17.9	10.2	23.3	15.4
Total	100.0	100.0	100.0	100.0

With the aim to see the willingness of our respondent towards getting a blood test done on them, we asked them the question about their willingness. More than six in 10 respondents are willing to get blood test done. In Manipur, those exposed to TV ads are the most willing to get blood test done with figure more than 70 percent. The responses of those who recall at least one TV advertisement are tabulated below:

Table 7.14
Willingness to undergo blood test for HIV/AIDS determination among those who recall at least one TV advertisement

Willingness to undergo blood test	Maharashtra	Tamilnadu	Manipur	Overall
Willing	63.3	64.0	70.6	63.8
Unwilling	36.7	36.0	29.4	36.2
Total	100.0	100.0	100.0	100.0

With the aim to see the willingness of our respondent towards getting a blood test done on them, we asked them the question about their willingness. A majority of respondents in each state are willing to get blood test done. In Manipur, those exposed to radio ads are the most willing to get blood test done with figure more than 60 percent. The responses of those who recall at least one radio advertisement are tabulated below:

Table 7.15
Willingness to undergo blood test for HIV/AIDS determination among those who recall at least one radio advertisement

Willingness to undergo blood test	Maharashtra	Tamilnadu	Manipur	Overall
Willing	52.8	54.2	61.4	53.5
Unwilling	47.2	45.8	38.6	46.5
Total	100.0	100.0	100.0	100.0

Newspapers are likely to have a differential impact on the individuals. With the aim to see the willingness of our respondents who had seen at least one of the two newspaper ads, we asked them the question about their willingness. Every four in 10 newspaper reading respondents in each state are willing to get blood test done. In Tamilnadu, those exposed to newspaper ads are the most willing to get blood test done with figure more than 45 percent.

The responses of those who recall at least one newspaper advertisement are tabulated below:

Table 7.16
Willingness to undergo blood test for HIV/AIDS determination among those who recall at least one newspaper advertisement

Willingness to undergo blood test	Maharashtra	Tamilnadu	Manipur	Overall
Willing	32.5	47.5	33.2	39.0
Unwilling	67.5	52.5	66.8	61.0
Total	100.0	100.0	100.0	100.0

Enabling free discussion of HIV/AIDS is an important ingredient of AIDS control strategy. To check whether the respondents of our survey have discussed HIV/AIDS at least once with anyone, we asked those who remember seeing at least one ad about this aspect. More than three-fourths of the respondents have done so. In Maharashtra, those exposed to TV ads are the most amenable to having discussed HIV/AIDS with the figure close to 90 percent. The responses of those who recall at least one TV advertisement are tabulated below:

Table 7.17
Having discussed HIV/AIDS among those who recall at least one TV advertisement

Discussed HIV/AIDS	Maharashtra	Tamilnadu	Manipur	Overall
Yes	88.9	75.1	74.0	81.4
No	11.1	24.9	26.0	18.6
Total	100.0	100.0	100.0	100.0

In order to measure the impact of specific TV advertisements on the behaviour of the respondents, we tried to tabulate the degree of willingness among respondents who recalled each of the ads. We found that in terms of intensity, it was Couple2 ad that had the maximum impact. Grandma Ad, though seen by few, was effective in converting people to more desirable behaviour.

We asked those who remember hearing at least one radio ad about their having discussed HIV/AIDS with at least one person. More than three-fourths of the respondents have done so. In Tamilnadu, those exposed to radio ads are the most amenable to having discussed HIV/AIDS with the figure close to 80 percent.

The responses of those who recall at least one TV advertisement are tabulated below:

Table 7.18
Having discussed HIV/AIDS among those who recall at least one radio advertisement

Discussed HIV/AIDS	Maharashtra	Tamilnadu	Manipur	Total
Yes	73.0	81.6	75.1	77.2
No	27.0	18.4	24.9	21.8
Total	100.0	100.0	100.0	100.0

With the aim to see what was the propensity to discuss among those respondents who remember seeing at least one of the two newspaper ads, we asked them the question about this aspect. Nearly three-quarters of the number of such respondents had discussed HIV/AIDS with at least one person. In Tamilnadu, those exposed to newspaper ads are the ones with the maximum tendency to discuss this matter. The responses of those who recall at least one newspaper advertisement are tabulated next:

Table 7.19
Having discussed HIV/AIDS among those who recall at least one newspaper advertisement

Discussed HIV/AIDS	Maharashtra	Tamilnadu	Manipur	Overall
Yes	75.3	77.5	70.3	76.6
No	4.7	22.5	29.7	23.4
Total	100.0	100.0	100.0	100.0

Testing pregnant women for HIV/AIDS is a critical component of preventing PPTCT of HIV/AIDS virus. To ascertain the extent to which our respondents believe it, we asked those who remember seeing at least one advertisement about this aspect. More than two-thirds of the respondents have done so. In Tamilnadu, those exposed to TV advertisements are the most amenable to feel that pregnant women should be tested with the figure more than 70 percent. The responses of those who recall at least one TV advertisement are tabulated below:

Table 7.20
Feel that pregnant women must be tested for HIV/AIDS among those who recall at least one TV advertisement

Pregnant women should be tested	Maharashtra	Tamilnadu	Manipur	Total
Yes	64.5	71.2	62.1	67.2
No	35.5	28.8	37.9	32.8
Total	100.0	100.0	100.0	100.0

To ascertain what percentage of our respondents believe that testing of pregnant women for AIDS must be carried out, we asked those who remember hearing at least one ad in the radio about this aspect. Close to two-thirds of the number of respondents believe it to be so. In Tamilnadu, those exposed to radio ads are the most amenable to feeling that way with the figure close to 75 percent. The responses of those who recall at least one radio advertisement are tabulated below:

Table 7.21
Feel that pregnant women must be tested for HIV/AIDS among those who recall at least one Radio advertisement

Pregnant women should be tested	Maharashtra	Tamilnadu	Manipur	Overall
Yes	56.8	73.2	60.7	65.1
No	43.2	26.8	39.3	34.9
Total	100.0	100.0	100.0	100.0

With the aim to see what impact the advertising has created as regards actual visit to PPTCT centre, we asked them whether they had visited PPTCT centre lately i.e. after seeing the TV advertisement. More than half of respondents have visited PPTCT centre. In Tamilnadu, those exposed to TV ads have been the most prolific visitors to PPTCT centres with figure more than 90 percent. The responses of those who recall at least one TV advertisement are tabulated below:

Table 7.22
Visit to PPTCT centre (after seeing TV advertisement) from among those who recall at least one TV advertisement

Visited PPTCT centre after seeing TV Ad	Maharashtra	Tamilnadu	Manipur	Overall
Yes	71.8	98.5	70.1	80.6
No	28.2	1.5	29.9	19.4
Total	100.0	100.0	100.0	100.0

To ascertain what percentage of our respondents have visited PPTCT centre after being exposed to Radio Ads, we asked those who remember hearing at least one ad in the radio about this aspect. The responses were uneven. The responses of those who recall at least one radio advertisement are tabulated below:

Table 7.23
Visit to PPTCT centre (after hearing radio advertisement) from among those who recall at least one Radio advertisement

Visited PPTCT centre after hearing radio Ad	Maharashtra	Tamilnadu	Manipur	Overall
Yes	70.0	89.4	77.2	77.3
No	30.0	10.6	22.8	22.7
Total	100.0	100.0	100.0	100.0

Not only is the improved awareness important but also important is improved knowledge especially about the PPTCT of HIV/AIDS. We asked the respondents whether their knowledge about PPTCT of HIV/ AIDS had increased subsequent to the TV campaign. A majority of respondents felt that it was so **'to a great extent'** and more than a third felt that it was there **'to some extent'**. Maximum change in knowledge was observed in Manipur. Though two-thirds of respondents in Tamilnadu labelled their increase in knowledge as 'to a great extent'. In Manipur, 90 percent of those who remember at least one TV ad noticed an enhanced knowledge. The responses of those who recall at least one TV advertisement are tabulated below:

Table 7.24
Noticed enhanced knowledge about PPTCT of HIV/AIDS from among those who recall at least one TV advertisement

Noticed enhanced knowledge about PPTCT of HIV/AIDS	Maharashtra	Tamilnadu	Manipur	Overall
Yes to a great extent	37.6	63.2	55.4	51.4
Yes to some extent	49.5	23.1	34.3	36.1
No	12.9	12.7	10.3	12.5
Total	100.0	100.0	100.0	100.0

Specific communication related to PPTCT of HIV/AIDS may have specific consequences. The specific TV advertisements have had differential influence on the knowledge of respondents related to PPTCT. We found that in terms of proportion of people influenced, it was 'Couple' advertisement that had the maximum impact followed by 'Couple 2' advertisement. The table is given next:

Table 7.25

Noticed enhanced knowledge of PPTCT of HIV/AIDS from among those who recall specific TV advertisement

Noticed enhanced knowledge about PPTCT of HIV/AIDS	**Couple**	**Good News**	**Doctor**	**Couple2**	**Grandma**
Yes to great extent	61.9	44.8	42.6	59.2	64.3
Yes some extent	29.1	38.4	26.5	29.6	21.4
No	9.0	16.8	30.9	11.2	14.3
Total	100.0	100.0	100.0	100.0	100.0

Chapter 8

Findings: Campaign's impact on use of Services of PPTCT Centres

The data yielded during the sample survey depends largely on the responses articulated by the respondents. The actual data of service utilisation at PPTCT centres in the period January-May 2006 can improve the reliability of the findings of the survey. The actual behaviour change in terms of greater use of PPTCT centre's services has been captured as part of the field research. The judgemental nature of sampling method characterises the PPTCT centres chosen for data collection in this regard. In the following pages, we detail the state wise findings of a few key indicators of PPTCT performance:

8.1 Maharashtra

Maharashtra is a high prevalence State. Whether we use any one or combination of the criteria of magnitude, diversity, risk and vulnerability, Maharashtra figures significantly high among the States affected by the AIDS epidemic. Every second HIV/AIDS infected person is from Maharashtra. According to NACO (2001) prevalence of 1.75% or close to twice the national average is in Maharashtra. In ANC, the prevalence rate of 2-4% is an indicator that the epidemic has reached a generalized state. The Ante Natal Care (ANC) prevalence (which is taken as a surrogate for prevalence among general population) in Maharashtra has exceeded 1% in all recent years, and surveys of female sex workers (FSW) have found rates of infection above 20%. Very high rates are also found among injecting drug users and men who have sex with men (MSM). Maharashtra's unique characteristic is its high in-migration. The latest data on HIV/AIDS Surveillance in India reveals that Maharashtra is a group 1 state in terms of prevalence. Previous surveys have found very high awareness about AIDS, both in rural as well as urban areas. Though other routes of transmission have been found to be known to people, but the people have been found to be less aware of the Parent to Child Transmission route

Prevention of Parent to Child Transmission (PPTCT) programme was started in September 2002. In March 2000, AZT feasibility programme was conducted on at B.J.M.C. Pune and General Hospital, Sangli. In September 2002, this programme was extended to all Government and Private Medical Colleges and subsequently to all

district hospitals. Presently PPTCT programme has been going on in 55 centres including two Centres of Excellence.

All pregnant women attending Antenatal clinics undergo group counselling and education before they go for pregnancy check-up. After counselling, those who are willing for HIV testing, blood sample is collected and HIV testing procedure starts. The pregnant women who are positive in all three test kits, post-test counselling is done. During labour one Nevirapin tablets is administered orally to these sero-positive women. The new born baby is also administered single dose Nevirapin syrup.

Training programme for PPTCT 5 member teams has been completed. Already all Medical Colleges and Civil / Woman Hospitals are implementing this programme. In all, there are 55 PPTCT centers in Maharashtra (30 Medical Colleges and 25 Civil / Women Hospitals). Counsellors and Lab Technicians of all centers have been trained. Resident Doctors (51) of all Medical colleges have been trained for providing counselling service in emergency hours. Blood Bank technicians have been instructed to do HIV testing for antenatal patients. Maharashtra State Aids Control Society (MSACS) has supplied three types of Rapid test kits for all centres. Nevirapin tables and syrups are available in all centres. Task Force Committee has been constituted comprising of members from UNICEF, MSACS, Principal Investigators and Team Leaders. Its meeting is organized quarterly.

Table 8.1.1
Prevention of Parent To Child Transmission in Maharashtra
(Sep 2002 to May 2005)

Indicator No..	Indicator Name	Sep to Dec 2002	Jan to Dec 2003	Jan to Dec 2004	Jan to May 2005	Total
1	Total No. of new ANC Registration & Women came directly for delivery	25656	172581	240698	97185	536120
2	Total No. of women counselled (Both registered and emergency)	16810	111262	188469	76275	392816
3	No. of women accepted HIV Test(Both registered and emergency)	10143	79807	153108	61891	304949
4	No. of women found HIV positive	205	1098	1718	669	3690
5	No. of women receiving post-test counselling	4027	49052	103525	38896	195500
6	No. of spouse/partner of HIV +ve women counselled	298	574	849	330	2051
7	No. of spouses/partners of HIV +ve women accepted HIV test	67	370	777	287	1501
8	No. of spouses/partners detected HIV +ve	43	298	622	256	1219
9	Total no. of mother-baby pairs received NVP	205	489	842	235	1771

Source: MSACS

8.1.1 Performance of PPTCT Centres of Maharashtra prior to-during and after-Campaign period

We have gathered first hand information from certain select PPTCT centres (chosen base on convenience of obtaining data) in Pune. The data clearly indicates the positive impact that the campaign and associated extension work has had on off take of

services. All the performance indicators suggest a positive upswing in the last few months but most notably in the period beginning March 2006.

Table 8.1.2
Name of the PPTCT centre – Rural Hospital, Khed (Rajgurunager)
District – Pune, Maharashtra

S. No.	Indicator	Total No.				
		Jan	Feb	Mar	Apr	May
1	New Antenatal Clinic Registration (number of women)	36	41	41	21	41
2	Women Counselled in Antenatal Clinics	21	28	48	59	64
3	Women tested in Antenatal Clinics	7	26	48	57	63
4	Antenatal women who came to pick their test results	7	25	40	45	55
5	No. of women detected +ve in Antenatal clinics	0	0	0	0	0
6	Antenatal HIV +ve women who came to pick up their results	0	0	0	0	0
7	Women counselled who arrived in labour room without ANC	8	5	10	5	5
8	Women tested who arrived in Labour room without ANC	8	5	8	4	5
9	Women detected +ve who came directly in labour	0	0	0	0	0
10	Partners of HIV + women who came for counselling	0	0	0	0	0
11	Total live births to HIV +ve women	0	0	0	0	0
12	Total mother – baby pairs who received Nevirapine	0	0	0	0	0
13	Toxicity with Nevirapine	0	0	0	0	0
14	HIV +ve mothers who chose to breastfeed their babies	0	0	0	0	0

Table 8.1.3
Name of the PPTCT centre – AFMC
District – Pune, Maharashtra

S. No.	Indicator	Total No.				
		Jan	Feb	Mar	Apr	May
1	New Antenatal Clinic Registration (number of women)	261	212	278	321	244
2	Women Counselled in Antenatal Clinics	261	212	278	321	244
3	Women tested in Antenatal Clinics	261	212	278	321	244
4	Antenatal women who came to pick their test results	210	192	256	256	268
5	No. of women detected +ve in Antenatal clinics	0	2	0	0	1
6	Antenatal HIV +ve women who came to pick up their results	0	2	0	0	0
7	Women counselled who arrived in labour room without ANC	-	-	-	-	-
8	Women tested who arrived in Labour room without ANC	-	-	-	-	-
9	Women detected +ve who came directly in labour	-	-	-	-	-
10	Partners of HIV + women who came for counselling	0	2	0	1	0
11	Total live births to HIV +ve women	0	0	0	0	0
12	Total mother – baby pairs who received Nevirapine	0	0	0	0	0
13	Toxicity with Nevirapine	0	0	0	0	0
14	HIV +ve mothers who chose to breastfeed their babies	0	0	0	0	0

Note: There was no labour room in this hospital during the period Jan-May 2006

Table 8.1.4
Name of the PPTCT centre – Chest Hospital, Aundh
District – Pune, Maharashtra

S. No.	Indicator	Total No.				
		Jan	Feb	Mar	Apr	May
1	New Antenatal Clinic Registration (number of women)	109	134	134	86	106
2	Women Counselled in Antenatal Clinics	80	121	108	86	106
3	Women tested in Antenatal Clinics	75	120	74	50	76
4	Antenatal women who came to pick their test results	16	112	51	40	99
5	No. of women detected +ve in Antenatal clinics	0	1	2	0	2
6	Antenatal HIV +ve women who came to pick up their results	0	0	0	0	2
7	Women counselled who arrived in labour room without ANC	-	-	-	-	-
8	Women tested who arrived in Labour room without ANC	-	-	-	-	-
9	Women detected +ve who came directly in labour	-	-	-	-	-
10	Partners of HIV + women who came for counseling	0	0	0	0	1
11	Total live births to HIV +ve women	0	0	0	0	0
12	Total mother – baby pairs who received Nevirapine	0	0	0	0	0
13	Toxicity with Nevirapine	0	0	0	0	0
14	HIV +ve mothers who chose to breastfeed their babies	0	0	0	0	0

-- There was no labour room in this hospital during the period Jan-May 2006

8.2 Tamilnadu

It was in Chennai, the state capital, where the first HIV/AIDS case was reported in India. Since then, the state has waged a sustained war against the dreaded disease.

When surveillance systems in the southern Indian state of Tamilnadu, home to some 62 million people, showed that HIV infection rates among pregnant women were rising - tripling to 1.25% between 1995 and 1997 - the State Government acted decisively. It set up an AIDS society, which worked closely with non-governmental organizations and other partners to develop an active AIDS prevention campaign. This included hiring a leading international advertising agency to promote condom use for risky sex in a humorous way, without offending the many people who do not engage in risky behaviour. The campaign also attacked the ignorance and stigma associated with HIV infection.

The ANC prevalence in Tamilnadu was 0.88% in 2002 and 0.5% in 2005, though several districts still have rates above 1%. Prevalence among injecting drug users was 18% in 2005. Tamilnadu had reported 52,036 AIDS cases to NACO by July 2005, which is by far the highest number of any state. Tamilnadu falls in the group I states where the HIV infection has crossed 1% or more in antenatal cases.

HIV Sentinel Surveillance Survey 2004 was conducted in Tamilnadu between August 2004 and October 2004 covering 85 sentinel sites spread throughout the State. The Sentinel Surveillance Survey and Behavioural Surveillance Survey undertaken during the year 2004 indicate that the efforts of the Government are beginning to yield desired results. Tamilnadu State AIDS Control Society (TANSACS) has succeeded in creating awareness about HIV/AIDS among various sections of the Society.

Tamilnadu has established 65 PPTCT Centres in all the 14 Govt., 6 Private Medical Colleges, 29 Dist. Headquarters Hospitals, 9 Corporation Health Posts and 7 Private Hospitals at the cost of Rs.9 crores.. The PPTCT Programme had conducted Sensitization Trainings for more than 30,000 medical and para-medical costing Rs.1 crore supported by UNICEF all over the State and also the other low prevalence States to avoid practice of stigma and discrimination towards positive mothers.

The ANC clinics were given lot of aesthetics structural changes to the tune of Rs.40 lakhs to house chambers for group education pre and post test counselling rooms and laboratory. Trained Counsellors were posted in all the Centres to counsel the couples

for HIV/AIDS and also other health related problems with the help of a TV and DVD in all the 65 Centres. The problems faced by the positive mothers are removed by the availability of counsellor inside the Labour Ward, a separate order in this regard, was issued by TANSACS and the Government to all the hospitals. This provision of counsellor support in the Labour Ward not only motivates the doctors but also prevents humiliation towards the positive mothers. Tamilnadu has introduced nutrition supplements to all positive mothers (800 Nos.) and their children in the past one and half years. Postnatal clinics (56 Nos.) well baby clinics (26 Nos.) were strengthened for better follow up of mother baby pair till one and half years in the hospitals.

The positive mothers were made as members of PPTCT Committee, Hospital Development Committee, Executive Committee, Task Force Committee and also made as trainers in many of the training programmes TANSACS is planning to expand the programme to another 150 centres up to the level of Primary Health Care and Services and also establishing very good linkages and referral system.

The total number of attendees in the PPTCT Centres has gone up from 2,23,508 in 2003-04 to 2,63,808 in 2004-05. The programme has benefited nearly 7 lakh mothers to get the first hand information on primary prevention of HIV through counselling so far out whom nearly 6 lakh mothers underwent testing, 2700 mothers were identified to be HIV positive, 1500 mothers had institutional delivery and their babies were protected with prophylactic ARV drugs called Navirapine. Nearly 140 babies who crossed 18 months were checked out of which only 11 were found positive and rest of them were protected from HIV.

The PPTCT and Voluntary Counselling and Testing (VCTCs) Centres have been integrated to improve their functionality and cost effectiveness. This will be the first step in opening the gateway for the general public for effective primary prevention. At present there are 65 PPTCT and 45 VCCTC centres, which are being integrated. It is proposed to open new Integrated Counselling and Testing Centres in 68 Taluk level hospitals located in high prevalence areas. The list of PPTCT Centres and Voluntary Counselling and Testing Centres (VCTCs) in Tamilnadu are included in Appendix.

The data gathered during the field research of the present study suggests that the mass media campaign has improved the performance of the programme.

Table 8.2.1

Name of the PPTCT centre – Kancheepuram Dist Govt Hospital
District – Kancheepuram, Tamilnadu

S No.	Indicator	Total No.				
		Jan	Feb	Mar	Apr	May
1	New Antenatal Clinic Registration (number of women)	548	548	715	599	648
2	Women Counselled in Antenatal Clinics	548	548	715	599	648
3	Women tested in Antenatal Clinics	548	548	715	599	648
4	Antenatal women who came to pick their test results	548	548	715	599	648
5	No. of women detected +ve in Antenatal clinics	1	0	0	1	0
6	Antenatal HIV +ve women who came to pick up their results	1	0	0	1	0
7	Women counselled who arrived in labour room without ANC	26	20	35	14	32
8	Women tested who arrived in Labour room without ANC	26	20	35	14	32
9	Women detected +ve who came directly in labour	0	0	0	0	0
10	Partners of HIV + women who came for counselling	0	0	0	0	0
11	Total live births to HIV +ve women	0	0	0	0	0
12	Total mother – baby pairs who received Nevirapine	0	0	0	0	0
13	Toxicity with Nevirapine	0	0	0	0	0
14	HIV +ve mothers who chose to breastfeed their babies	0	0	0	0	0

Table 8.2.2

Name of the PPTCT centre – Wallajabat Public Health Centre
District – Kancheepuram, Tamilnadu

S. No.	Indicator	Total No.				
		Jan	Feb	Mar	Apr	May
1	New Antenatal Clinic Registration (number of women)	-	-	46	91	83
2	Women Counselled in Antenatal Clinics	-	-	46	91	83
3	Women tested in Antenatal Clinics	-	-	38	72	83
4	Antenatal women who came to pick their test results	-	-	38	72	83
5	No. of women detected +ve in Antenatal clinics	-	-	0	2	1
6	Antenatal HIV +ve women who came to pick up their results	-	-	0	2	1
7	Women counselled who arrived in labour room without ANC	-	-	1	0	3
8	Women tested who arrived in Labour room without ANC	-	-	1	0	3
9	Women detected +ve who came directly in labour	-	-	0	0	0
10	Partners of HIV + women who came for counselling	-	-	0	0	0
11	Total live births to HIV +ve women	-	-	0	0	0
12	Total mother – baby pairs who received Nevirapine	-	-	0	0	0
13	Toxicity with Nevirapine	-	-	0	0	0
14	HIV +ve mothers who chose to breastfeed their babies	-	-	0	0	0

Note: PPTCT centre in this hospital has been in operation from March 2006

Table 8.2.3

Name of the PPTCT centre – Thirupukuli Public Health Centre
District – Kancheepuram, Tamilnadu

S. No.	Indicator	Total No.				
		Jan	Feb	Mar	Apr	May
1	New Antenatal Clinic Registration (number of women)	-	-	37	40	30
2	Women Counselled in Antenatal Clinics	-	-	37	40	30
3	Women tested in Antenatal Clinics	-	-	37	40	30
4	Antenatal women who came to pick their test results	-	-	37	40	30
5	No. of women detected +ve in Antenatal clinics	-	-	0	0	0
6	Antenatal HIV +ve women who came to pick up their results	-	-	0	0	0
7	Women counselled who arrived in labour room without ANC	-	-	0	3	2
8	Women tested who arrived in Labour room without ANC	-	-	0	3	2
9	Women detected +ve who came directly in labour	-	-	0	0	0
10	Partners of HIV + women who came for counselling	-	-	0	0	0
11	Total live births to HIV +ve women	-	-	0	0	0
12	Total mother – baby pairs who received Nevirapine	-	-	0	0	0
13	Toxicity with Nevirapine	-	-	0	0	0
14	HIV +ve mothers who chose to breastfeed their babies	-	-	0	0	0

Note: PPTCT centre in this hospital has been in operation from March 2006

Table 8.2.4

Name of the PPTCT centre – Elichur Public Health Centre
District – Kancheepuram, Tamilnadu

S No.	Indicator	Total No.				
		Jan	Feb	Mar	Apr	May
1	New Antenatal Clinic Registration (number of women)	-	-	85	76	68
2	Women Counselled in Antenatal Clinics	-	-	40	46	30
3	Women tested in Antenatal Clinics	-	-	40	30	20
4	Antenatal women who came to pick their test results	-	-	40	30	20
5	No. of women detected +ve in Antenatal clinics	-	-	0	0	0
6	Antenatal HIV +ve women who came to pick up their results	-	-	0	0	0
7	Women counseled who arrived in labour room without ANC	-	-	40	46	30
8	Women tested who arrived in Labour room without ANC	-	-	40	46	30
9	Women detected +ve who came directly in labour	-	-	0	0	0
10	Partners of HIV + women who came for counseling	-	-	0	0	0
11	Total live births to HIV +ve women	-	-	0	0	0
12	Total mother – baby pairs who received Nevirapine	-	-	0	0	0
13	Toxicity with Nevirapine	-	-	0	0	0
14	HIV +ve mothers who chose to breastfeed their babies	-	-	0	0	0

Note: PPTCT centre in this hospital has been in operation from March 2006

8.3 Manipur

Manipur is a small state of some 2.2 million people in the northeast of India. The nearness of Manipur to Myanmar (Burma), and therefore to the Golden Triangle drug trail, has made it a major transit route for drug smuggling, with drugs easily available. Manipur has the largest number of HIV infected people and AIDS cases in the country after Maharashtra and Tamilnadu. Also, it has the highest number of HIV infected people per thousand. HIV prevalence among injecting drug users is above 20%, and the virus is no longer confined to this group, but has spread further to the female sexual partners of drug users and their children. The ANC prevalence in Manipur has exceeded 1% in all recent years.

Normally 70 percent of the women in Manipur delivered their children at homes instead of coming to the hospital. In every 100 pregnant women, 1.3 percent of them are HIV positive in the state. This shows that out of every 100 pregnant women, at least one of them is HIV positive. As per the population of Manipur, 60 to 70 thousand of women need to be tested for HIV in a year. But only 10 to 11 thousands of them undergo the process.

PPTCT service is available in 18 different places including the district hospitals of Manipur. The places where PPTCT facilities are provided at the district hospital level are Kakching, Yairipok, Moirang, Noney, Nungba, Tadubi. Kangpokpi, Jiri and Moreh, However, the number of people who come to avail the PPTCT facilities at these places is still very low. Although spread of HIV/AIDS among the Injection Drug Users (IDUs) has come down, the spread of the deadly virus through sexual contact between man and woman, between man and man, commercial sex workers, etc has been on the rise at an alarming rate.

PPTCT seeks to ensure that all the pregnant women who are HIV positive should make it a point to deliver their child at the hospital. Newly born child could be saved from falling prey to the deadly virus if 200 milligrams of Nevirapine dose is given to the would-be-mothers as soon as they start having labour pain and another 2 milligrams of Nevaripine dose per kg of its weight to newly born child within 72 hours of giving birth. The success rate of saving newly born children from the deadly virus with the use of Nevirapine is 50 percent. Rate of using Nevirapine by the would-be-mothers at States like Maharashtra, Tamil Nadu, Andhra Pradesh and Kerala has reached 80-85 percent and 41 percent at the neighbouring State Nagaland while it is only 35 percent in Manipur. At present there are 18 PPTCT centres, five at medical

colleges and 13 peripheral hospitals. The performance of few selected PPTCT centres as well as the impact of the mass-media campaign can be seen in the tables as follows:

Table 8.3.1
Name of the PPTCT centre – Jawaharlal Nehru Hospital
District – Imphal East, Manipur

S. No.	Indicator	Total No.				
		Jan	Feb	Mar	Apr	May
1	New Antenatal Clinic Registration (number of women)	113	166	151	198	128
2	Women Counselled in Antenatal Clinics	108	162	141	188	128
3	Women tested in Antenatal Clinics	106	155	139	184	128
4	Antenatal women who came to pick their test results	58	99	65	112	72
5	No. of women detected +ve in Antenatal clinics	6	9	6	8	3
6	Antenatal HIV +ve women who came to pick up their results	2	4	2	8	3
7	Women counselled who arrived in labour room without ANC	16	21	17	30	29
8	Women tested who arrived in Labour room without ANC	16	21	17	30	29
9	Women detected +ve who came directly in labour	1	0	0	1	0
10	Partners of HIV + women who came for counselling	0	4	3	2	0
11	Total live births to HIV +ve women	0	1	2	2	3
12	Total mother – baby pairs who received Nevirapine	0	1	2	2	3
13	Toxicity with Nevirapine	0	0	0	0	0
14	HIV +ve mothers who chose to breastfeed their babies	0	0	0	0	0

Table 8.3.2
Name of the PPTCT centre – Churachandpur Hospital
District – Churachandpur, Manipur

S No.	Indicator	Total No.				
		Jan	Feb	Mar	Apr	May
1	New Antenatal Clinic Registration (number of women)	187	210	249	264	176
2	Women Counselled in Antenatal Clinics	184	210	245	259	176
3	Women tested in Antenatal Clinics	184	204	245	259	174
4	Antenatal women who came to pick their test results	150	150	170	259	130
5	No. of women detected +ve in Antenatal clinics	2	1	2	200	4
6	Antenatal HIV +ve women who came to pick up their results	2	1	2	0	4
7	Women counselled who arrived in labour room without ANC	6	8	8	9	5
8	Women tested who arrived in Labour room without ANC	5	4	8	9	5
9	Women detected +ve who came directly in labour	0	0	0	9	0
10	Partners of HIV + women who came for counselling	2	1	2	0	4
11	Total live births to HIV +ve women	0	0	0	0	1
12	Total mother – baby pairs who received Nevirapine	0	0	0	0	1
13	Toxicity with Nevirapine	0	0	0	0	0
14	HIV +ve mothers who chose to breastfeed their babies	0	0	0	0	0

Table 8.3.3

Name of the PPTCT centre – Regional Institute of Medical Science
District – Imphal West, Manipur

S No.	Indicator	Total No.				
		Jan	Feb	Mar	Apr	May
1	New Antenatal Clinic Registration (number of women)	760	1030	1043	903	1138
2	Women Counselled in Antenatal Clinics	550	724	1040	883	909
3	Women tested in Antenatal Clinics	535	707	1030	854	857
4	Antenatal women who came to pick their test results	390	586	602	514	679
5	No. of women detected +ve in Antenatal clinics	4	8	10	6	10
6	Antenatal HIV +ve women who came to pick up their results	1	3	3	3	4
7	Women counselled who arrived in labour room without ANC	1	28	29	81	86
8	Women tested who arrived in Labour room without ANC	1	28	29	81	86
9	Women detected +ve who came directly in labour	0	0	0	0	0
10	Partners of HIV + women who came for counselling	0	0	1	3	4
11	Total live births to HIV +ve women	1	4	1	3	4
12	Total mother – baby pairs who received Nevirapine	1	4	1	3	4
13	Toxicity with Nevirapine	0	0	0	0	0
14	HIV +ve mothers who chose to breastfeed their babies	0	0	0	0	0

Table 8.3.4

Name of the PPTCT centre – Thoubal Hospital
District – Thoubal, Manipur

S No.	Indicator	Total No.				
		Jan	Feb	Mar	Apr	May
1	New Antenatal Clinic Registration (number of women)	100	138	171	199	142
2	Women Counseled in Antenatal Clinics	78	138	171	199	142
3	Women tested in Antenatal Clinics	78	138	171	199	142
4	Antenatal women who came to pick their test results	78	138	169	199	100
5	No. of women detected +ve in Antenatal clinics	0	3	3	4	1
6	Antenatal HIV +ve women who came to pick up their results	0	3	3	4	1
7	Women counseled who arrived in labour room without ANC	0	0	0	0	0
8	Women tested who arrived in Labour room without ANC	0	0	0	0	0
9	Women detected +ve who came directly in labour	0	0	0	0	0
10	Partners of HIV + women who came for counseling	0	0	0	1	0
11	Total live births to HIV +ve women	0	0	0	0	0
12	Total mother – baby pairs who received Nevirapine	0	0	0	0	0
13	Toxicity with Nevirapine	0	0	0	0	0
14	HIV +ve mothers who chose to breastfeed their babies	0	0	0	0	0

Chapter 9

Conclusions and Recommendations

The presents study has yielded a wealth of very rich data as findings. We have attempted to classify and organize this data in the previous chapters (chapter 6,7 & 8) so that insights can be obtained, inferences can be drawn and conclusions can be reached. These would be useful for assessing the impact of the present media campaign and to develop effective campaign strategies in future. The media campaign, which used Television, Radio and Newspaper for communicating messages, was aimed at increasing the awareness, improving the knowledge and inculcating changed desirable behaviour among the target audience. The basic communication was woven around the theme of 'Prevention of Parent-to-child transmission (PPTCT)' of HIV/AIDS and therefore the conclusions that are included in this chapter will cover only the impact in that domain.

9.1 Challenges in analysis of the data and drawing of conclusions

The following points need to be considered while studying the contents of this chapter.

1. The campaign, though intense, was of short duration. Moreover, the field research was carried out immediately after the campaign was concluded. The effects of such campaigns take some time to become apparent. Therefore, the data obtained as part of field survey may actually be an understatement of possible actual impact of the campaign over a period of time. Perhaps with the passage of time and with continuous, consistent communication through the multimodal route, the KAP about PPTCT will register further improvement.

2. In case of KAPs study like the present one, where baseline data is not available, the dependence on the data supplied by the respondent is very high and this may to a small extent reduce the validity of the data. Though, the survey was so designed that validation was inbuilt into the instrument, while drawing inferences one needs to adjust the data by factoring in the tendency of the respondent to conform to the response that she thinks is expected of her rather than what is actually the case.

3. As we have deliberately kept the data analysis simple, it may be difficult to isolate the source of the change in KAP of the respondents. For example, it cannot be said with very high degree of certainty whether Advertisement B in media A caused a change. Many times, the change in KAPs of the respondent may have been caused due to a number of factors.

4. The local factors as well as community's role in changing KAPs is significant in many cases. The scope of the present study does not cover it and therefore, its role has not been studied. It is recognised that a part of the impact being attributed to the message in mass media may have been caused by non-media social influences.

5. The sample chosen by us was purposive and had a very high proportion of pregnant women and new mothers. In the social milieu that they exist in (reflected in the choice of our districts as also villages), it may not have been possible for them to have acted in a particular manner (desirable) even though they may have had experienced an improved awareness and knowledge about PPTCT. The sheer physical difficulty of performing some desirable activity without the support of male members of the family would have made them avoid acting in the desirable manner. The findings and conclusions have to factor in this reality.

9.2 Conclusions And Action Points For The Future

A. Media related conclusions

1. Television is the most effective medium to communicate social messages. In the absence of the baseline data and data pertaining to intended effect, it is difficult to comment on its efficiency. However, our study indicates that on all the parameters, it is those respondents who have been exposed to television/television advertisements whose awareness, knowledge (about AIDS and about PPTCT of HIV) and even desirable behaviours like visiting PPTCT centre, getting blood test done for HIV/AIDS, discussing HIV/AIDS freely, advising others about PPTCT is much better than those who are exposed to Radio and to Newspaper.

2. Television's overall impact in Tamilnadu is the strongest and in Manipur, it is the weakest. Even though television scores over other media even in Manipur.

This may be due to a high level of prior exposure of women from Tamilnadu to HIV/AIDS related activities and high extent of current service utilisation by them. On the other hand respondents in Manipur had low level of prior exposure and low extent of service off take from State machinery engaged in HIV/AIDS prevention.

3. Radio does enjoy a high reach but our target audience does not seem to be acknowledging and responding to the messages transmitted through this medium to any significant degree. Therefore, the impact of radio is much less than that of television. As for newspaper advertisements, these are effective in increasing awareness but are not very effective in changing practices. Moreover, the proportion of target audience that reads newspaper is very small.

4. Tamilnadu, where considerable work has already been done on communication of HIV/AIDS emerged as a State where the present campaign was recalled and credited with success the most (as a proportion of the target audience). However, it is in Manipur that the effect of the present campaign in fostering change needs to be taken notice of. The low base of awareness and knowledge that Manipur had was a challenge. The campaign has been able to register itself in the minds of people. The impact in Maharshtra is less than that in Tamilnadu, this may be due to poor reach of mass-media in one of the chosen districts (Chandrapur).

5. In future, NACO must consider increasing the emphasis on increasing the proportion of television in the total communication pie, especially in the initial launch phase of the campaign. This should be followed by newspaper (for its effectiveness in reminding) and then the radio which should disseminate more specific information about details of the programme including schedules, addresses and facilities.

B. <u>TV/Radio Channel related conclusions</u>

1. Doordarshan's reach is unmatched. It is seen by maximum number of people and therefore, it will be worthwhile to back it as a medium.

2. Sun TV in Tamilnadu and Star Vijay in Maharashtra are effective, whereas Gemini does not find favour to a great degree. ETV Marathi and Zee

Marathi can at best supplement the effect that an advertisement in Doordarshan can create. As far as our target audience is concerned these can not replace Doordarshan for some years to come. The same applies to NETV in Manipur. It can reinforce the messages transmitted through Doordarshan.

3. What is true for Doordarshan is also true for All India Radio and Vividh Bharati. Anyone of our target audience, who listens to radio, definitely listens to All India Radio and Vividh Bharati. The recently launched FM Radio Channels are popular with a very small section of our target audience.

C. Message/Advertisement related conclusions

1. The nature of the impact of specific advertisements in different locations is so diverse that definite/categorical conclusions are difficult to reach. In addition, one needs to assess the impact across two dimensions- recall/recognition and attribution of action. Sometimes the advertisement that is not recalled by too many people is credited for specific behaviour by a large proportion of those who remember being exposed to it.

2. However, what one can say with certainty is that in television, it is the 'Couple' and 'Couple 2' advertisements that score over the others. The 'Grandmother' and the 'Doctor' advertisements have not had a wide impact. Even though many people do not recall it, the 'Grandmother' ad has a deep impact on those who do. This ad has been credited by a large proportion for their behaviour change.

3. On the radio, we find that the Ad 1 (Doctor) had a better impact than Ad 2 (couple) on all parameters and across all states barring a rare exception.

4. In the newspaper, both the ads were equally effective as far as changing behaviour is concerned. That means the degree (measured as proportion of respondents) of effectiveness was the same but the 'Couple' ad was recalled by more number of people so one can say that in terms of its numbers that ad had a greater impact.

D. State related conclusions based on data from PPTCT centres (Refer chapter 9)

1. Tamilnadu, being the state where AIDS prevention efforts have the longest history showed higher level of performance/usage across parameters. However, it is Manipur where maximum change is observed.

2. The analysis of the data about actual use of facilities at PPTCT centres, clearly indicates that there has been an upswing in almost all performance parameters during and after the present campaign. Hopefully, this represents the beginning of a long term trend. In case, it will become possible to save a large number of our babies from being infected with deadly HIV virus, the campaign would have then served its complete purpose.

APPENDICES

Appendix 1

Defining degrees of prevalence of HIV/AIDS

High prevalence States	Moderate prevalence States	Low prevalence States
45 districts in the high prevalence states of Maharashtra, Tamilnadu, Manipur, Andhra Pradesh, Karnataka and Nagaland have been identified as high prevalence districts, based on the consistently high prevalence levels of HIV detected by the three most recent rounds of HIV Sentinel Surveillance. These six states are cited as high prevalence because the HIV prevalence rates exceed 5 percent among high-risk groups and exceed 1 percent among antenatal women.	The states of Gujarat, Goa and Pondicherry which share geographical borders with the high prevalence states report HIV prevalence exceeding 5 percent among high-risk groups but less than 1 percent among antenatal women. Four districts in these states have been identified as high prevalence districts, based on the consistently high prevalence levels of HIV detected by the three most recent rounds of HIV Sentinel Surveillance.	Apart from the six high prevalence and three moderate prevalence states, the remaining states and union territories fall into the low prevalence category because the HIV prevalence rate is less than 5 percent in high risk groups, and less than 1 percent among antenatal women.

Source: NACO

Appendix 2

About DAVP**

The Directorate of Advertising & Visual Publicity (DAVP) is the nodal agency to undertake multi-media advertising and publicity for various Ministries and Departments of Government of India and nearly 160 Public sector Units. Some of the Autonomous Bodies also route their advertisements through DAVP. As a service agency, it endeavours to communicate at grass roots level on behalf of various Central Government Ministries.

The origin of DAVP can be traced to the times of World War-II. Immediately after the out-break of Second World War, the erstwhile government of India appointed a Chief Press Advisor. Besides other things, advertising was also the responsibility of the Chief Press Advisor. A post of Advertising Consultant was created in June 1941 under the Chief Press Advisor. This is where DAVP has its roots. On March 1, 1942, the Advertising Consultant Office became the Advertising Branch of the Department of Information & Broadcasting. Following the expansion in its scope, functions and activities, this Advertising unit was declared an Attached Office of the Ministry of Information & Broadcasting on October 1, 1955. The office also assumed the name of Directorate of Advertising & Visual Publicity (DAVP). DAVP was further declared as Head of a Department on April 4, 1959.

DAVP has been working as a catalyst of social change and economic growth over the years. It has been instrumental in creating awareness amongst masses on socio-economic themes, seeking their participation in developmental activities

To perform the functions of a multi-media advertising agency for the Central Government.

To act as service agency for Central Government ministries/departments to meet their publicity needs including production of media inputs as well as dissemination of messages/information.

- To help Central Government departments in formulating communication strategies/media plans and help implement them at the grass-root level by providing multi-media support.

DAVP has been providing its services to NACO for NACP in general and PPTCT component in particular.

** Source: website of DAVP *www.**davp**.nic.in*

Appendix 3

About CMSD

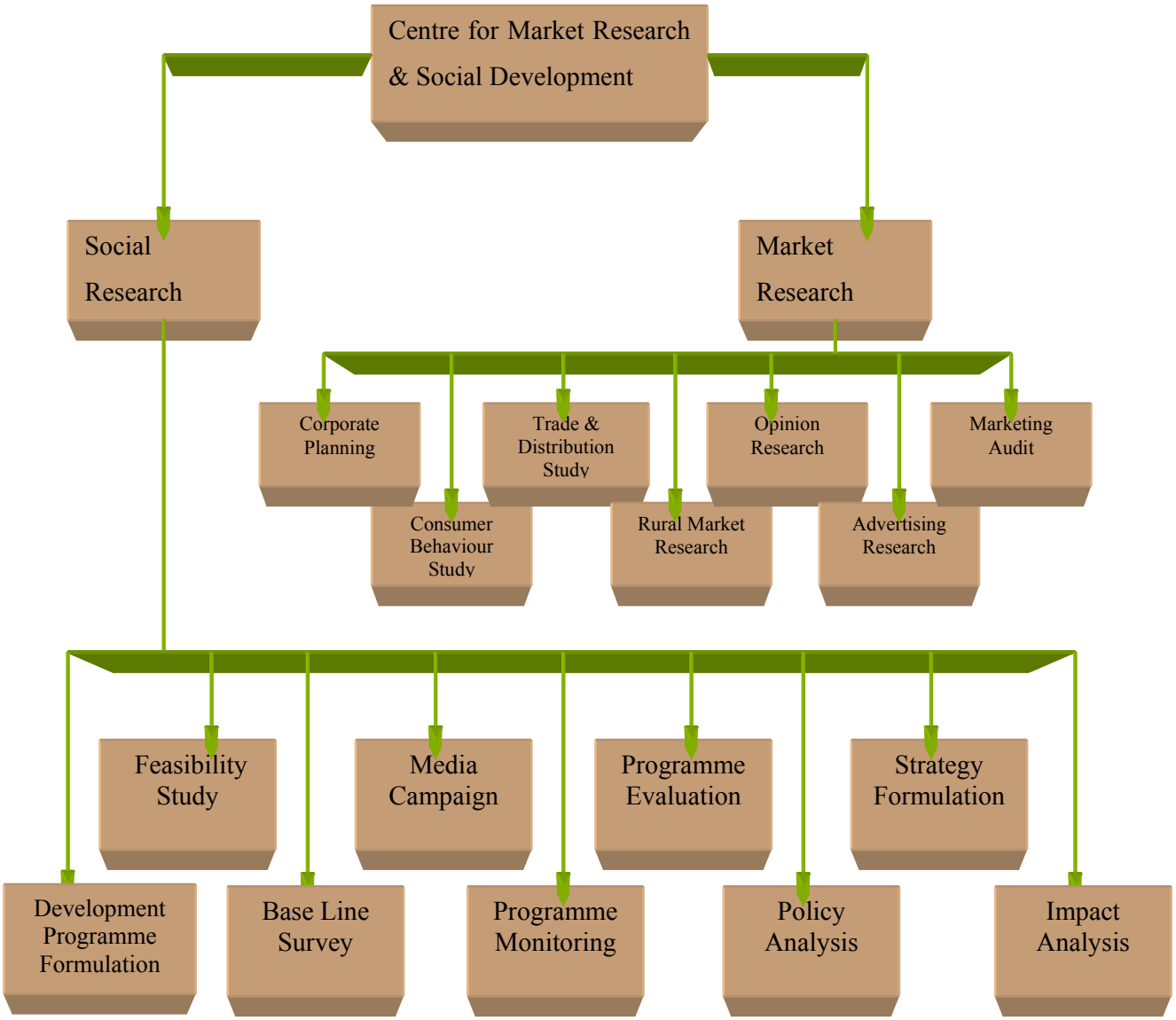
Centre for Market Research & Social Development Pvt. Ltd is a leading research and consulting organisation having presence in many parts of the country. The organisation is having a sound research pool and very much competent to conduct studies of similar nature. At present, the organisation is conducting a similar study for

District Rehabilitation, Centre, Ministry of Social Justice & Empowerment, Government of India in seven states of the country. The titled of the study awarded by the DRC is "Evaluation study on General Awareness on the Disabled- A Base line and End Line survey'.

The organisation

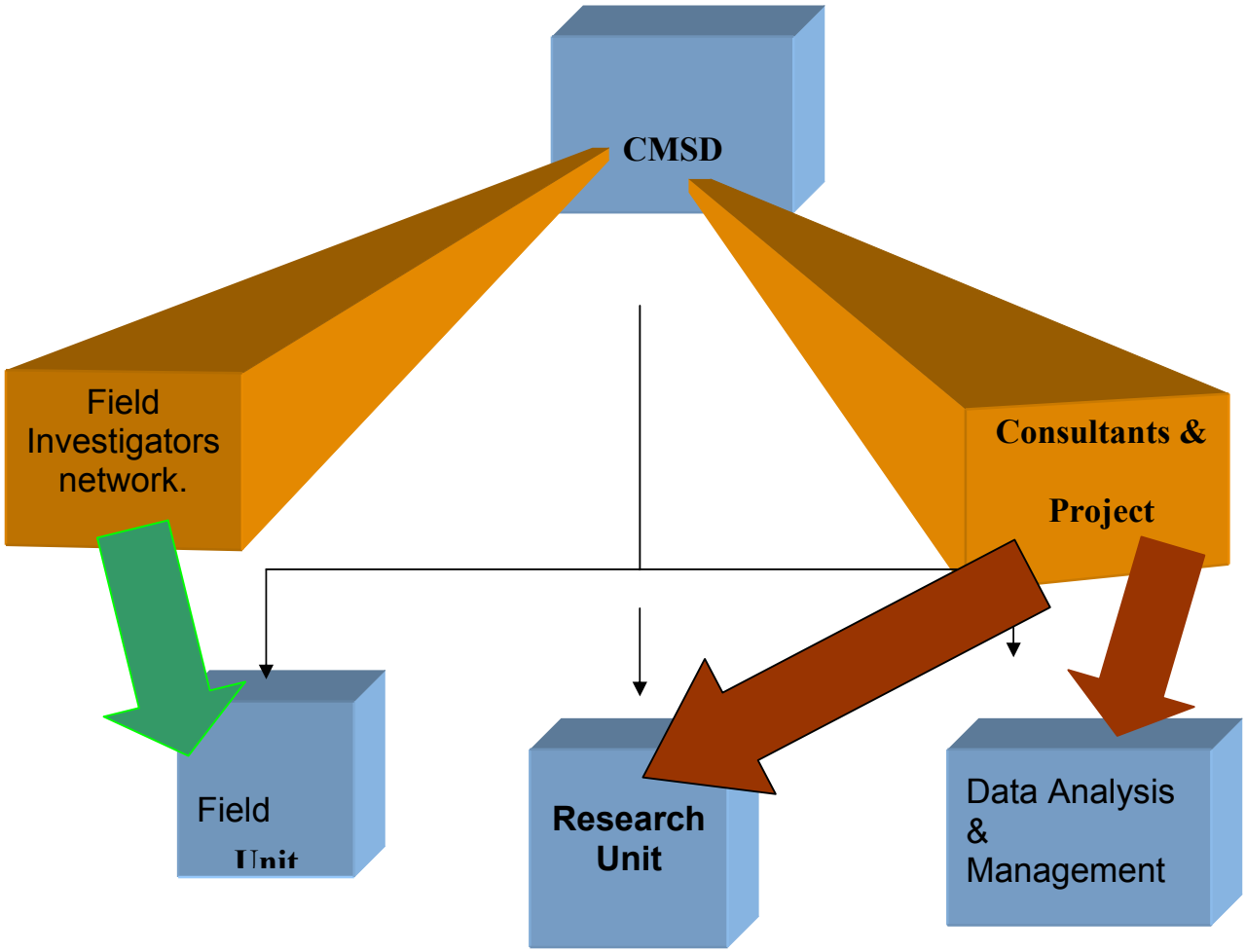
CENTRE FOR MARKET RESEARCH & SOCIAL DEVELOPMENT (CMSD) is an autonomous Research and Development Consultancy Organisation, registered under Companies Act of 1956. CMSD was set up by a team of experienced, eminent and young professionals with a capability to provide a wide range of research and consultancy services in wide areas including Community Development, Environment Management, Feasibility & Situation Analysis, Project and Programme Evaluations and Market Research.

Activity Chart



CMSD has three wings- **Research, Field Unit & Data Analysis and Management** working in close co-ordination with each other. **CMSD** besides having a panel of more than 150 field investigators has also a vast panel of consultants/ technical experts and collaborating organisations, which work with us on project basis. This arrangement gives **CMSD** the strength to undertake research in a large number of areas.

Operation Chart



CMSD Objectives

To gather and spread knowledge figures at the top of the priorities of CMSD. Providing quality service, authentic information and effective consultancy are the primary objectives of CMSD.

The complexities of the Developmental Process have given rise to the need for unbiased understanding of the social setting and authentic information before

intervention. The **motto of CMSD is to equip the policy makers and the implementers with the knowledge of the space specific socio-cultural dynamics for successful operation of Developmental Programmes**.

CMSD Field Network

The nation wide field-network of CMSD enables it to comfortably undertake surveys at national level.

CMSD has its Head office in New Delhi, regional offices and branch offices in all the zones /major cities of the country. At present the Regional Offices are located at Cuttack, Hyderabad, Bangalore, Kolkata, Patna and Bhopal and field offices in Lucknow, Ahmedabadm Gowhati, Chennai and Mumbai. Besides we have our own tie up with various other organisations in several parts of the country. We also have panels of field workers in some selected cities. Our field mechanism functions as per diagram below.

Chart showing the field network of CMSD

Services Offered

Different types of research services offered by the CMSD include a wide array of studies covering the social sectors, economic development programmes, public opinion surveys, rural and agricultural markets, rehabilitation & resettlement, environment & social impact assessment, communication and other technology oriented markets, many of the work being based on population based surveys.

Impact assessment studies, evaluation studies, pure research studies on topics of interest, **Baseline surveys, End line Surveys**, Documentation studies, opinion polls, field surveys are all forming part of our services offered.

Clients of CMSD

Various projects handled by CMSD professionals in the past include a variety of assignments. CMSD Professionals have earned reputation by successfully handling a number of developmental assignments. Some of the important projects that the organisation conducted in the year 2006-07 are given below.

- Consultancy services for **Monitoring of Integrated Disease Surveillance Project through Regional Coordinators**, Sponsored by Ministry of Health & Family Welfare for World Bank in 2006.

- Consultancy services for **Monitoring of Integrated Disease Surveillance Project through National Laboratory Coordinator**, Sponsored by Ministry of Health & Family Welfare for World Bank in 2006.

- **Impact Assessment** of Rural Sports Programme, commissioned by Planning Commission, Government of India.

- **Baseline and End line survey** on Disability Awareness Programmes telecasted in Television by Doordarshan, sponsored by District Rehabilitation Centre, Ministry of Social Justice & Empowerment, Government of India.

- **Evaluation** of Role of Women Functionaries in Panchayati Raj System (Orissa and Madhya Pradesh), sponsored by National Women Commission, Government of India

- **Baseline line survey** on socio-economic status of people living in Resettlement colonies of Delhi, sponsored by World Vision.