

Preparatory Studies

Communication Needs Assessment In Maharashtra



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Communication Needs Assessment in Maharashtra

Study conducted by SERD, Blackstone Market Facts
with technical assistance from
Family Health International

**Funded by
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United States Agency For International Development

Five Decades of U.S.-India Cooperation

FOREWORD

Since 1951 The United States Agency for International Development (USAID) has been a significant partner to India's development success. Improving living conditions for India's population has called for some of the largest public health programs undertaken anywhere in the world. Today, USAID is at the forefront of India's interventions to control the emergence of diseases like HIV/AIDS. USAID initiated the AIDS Prevention and Control (APAC) project in Tamil Nadu in 1995 to expand and improve the prevention and control of HIV/AIDS and sexually transmitted diseases. In 1999, USAID expanded its HIV/AIDS initiatives into the state of Maharashtra, which accounts for more than 50 percent of all reported HIV and AIDS cases in India. As a result, AVERT, a seven-year HIV-AIDS Prevention and Control Project for Maharashtra, was initiated on December 1, 2001.

AVERT has been established through a tripartite agreement between Government of India (NACO), Government of Maharashtra and USAID to implement project activities along with Maharashtra State AIDS Control Society (MSACS), Mumbai District AIDS Control Society (MDACS), other national/ international agencies, Non Government Organizations (NGOs), Community Based Organizations (CBOs) and other institutions in the development sector. The project aims to provide a comprehensive and holistic program including targeted interventions for high-risk groups.

The goal of AVERT is to reduce the impact of HIV/AIDS on the social, economic and human development in Maharashtra. The main objective of the project is to increase use of effective and sustainable responses to reduce

the transmission and mitigate the impact of STI/HIV/AIDS and related infectious diseases in Maharashtra. AVERT will work in Mumbai and throughout many Districts in Maharashtra. The project will focus on a variety of high risk groups including: transport workers/truckers, slum based young people, organized/un-organized business/industrial sectors, intravenous drug users as well as youth and the general population.

In order to provide inputs to the initial planning being undertaken for the AVERT project, five preparatory research studies were carried out during 1999-2001. These studies were conducted in selected areas of Maharashtra and include major commercial sex access points; risk behaviors of the key target groups; the quality of STI/HIV health care facilities; condom supply; and communication needs of the people. The studies were conducted by national research agencies with technical assistance by FHI and funding from USAID. MSACS and MDACS provided all their help and support in implementing the studies. Many distinguished technical experts, as members of Technical Working Groups, provided their useful inputs and guidance to the research agencies for ensuring high quality outputs. On behalf of USAID, I thank all who made great contributions during implementation of these preparatory studies.



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INTRODUCTION

The first AIDS case in Maharashtra was detected in Mumbai in May 1986. Today, the State records the highest incidence of HIV in India, accounting for over 50 percent of all HIV/AIDS cases in the country. According to National AIDS Control Organization (NACO), as far as the AIDS epidemic is concerned the State is categorized as Concentrated – Stage I, with HIV prevalence rate in antenatal clinics exceeding one percent (2.4%). Recent evidences reveal that HIV infection is rapidly spreading from high-risk groups to low risk population groups. In 1999, HIV seroprevalence among STI patients in Maharashtra was 19 percent. In Mumbai, prevalence of HIV among STI patients had risen in 1999 to 56 percent from one percent in 1987.

Given the complexity of multi-dimensional issues surrounding HIV, such as awareness, behavioral change, gender empowerment, greater involvement of people living with HIV/AIDS and elimination of stigma and discrimination, it is immensely important for all of us in the fight against the epidemic to mainstream a right-based development approach. HIV/AIDS needs to be tackled not only as a public health problem but also as one of the most important development issues in Maharashtra.

During the last decade Maharashtra State AIDS Control Society (MSACS) and Mumbai District AIDS Control Society (MDACS) implemented a number of activities as part of National AIDS Control Program under the leadership of National AIDS Control Organization (NACO) for the prevention of HIV/STI. Activities include awareness generation, behavior change communication, condom promotion, and management of sexually transmitted diseases (STIs) including the training of health care providers.

However, it was felt that much more efforts need to be made for confronting the emerging generalized epidemic in the State. As a result, Government of India (NACO), Government of Maharashtra and United States Agency for International Development (USAID) initiated AVERT, a HIV/AIDS project in Maharashtra, to implement project activities along with MSACS, MDACS, other national/international agencies, non-governmental organizations, community based organizations and other institutions in the development sector. The basic objective of AVERT is to ensure increased use of effective and sustainable response to reduce the transmission and mitigate the impact of STI/HIV/AIDS and related infectious diseases in Maharashtra.

In order to provide inputs to the strategic planning being undertaken for the AVERT project, five preparatory research studies were carried out during 1999-2001. These studies were funded by USAID through Family Health International (FHI), and conducted by premier national research agencies, with technical assistance from FHI. These studies included the following:

1. Mapping of Commercial Sex Access Points and Relevant Service Outlets in Maharashtra, conducted by the Social and Environmental Research Division (SERD), Blackstone Market Facts.
2. Behavioral Surveillance Survey in Maharashtra, conducted by ORG Center for Social Research (ORG CSR), a division of ORG-MARG.
3. The Maharashtra Condom Market: Product Quality and Supply Study, conducted by TNS MODE.
4. Health Care Provider Survey in Maharashtra, conducted by Indian Market Research Bureau (IMRB).
5. Communication Needs Assessment in Maharashtra, conducted by Social and Environmental Research Division, Blackstone Market Facts.

All these studies provide useful insights into the existing scenario in the State in relation to major commercial sex access points, risk behaviors of the key target groups, the quality of STI/HIV health care facilities, condom supply and communication needs of the people. More importantly, it provides information at the beginning of the AVERT project. It will be very important

to repeat these studies at periodic intervals to assess the change in various key project indicators over time.

It is expected that these study reports will also be very useful for all agencies and individuals involved in the fight against STI/HIV/AIDS elsewhere in the country.

A handwritten signature in black ink, appearing to read 'S. R. Salunke', with a stylized flourish at the end.

Dr. S.R. Salunke
Project Director,
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ABBREVIATIONS

HIV	Human Immune-deficiency Virus
AIDS	Acquired Immuno Deficiency Virus
STI	Sexually Transmitted Infections
PLHA	People Living with HIV/AIDS
CNA	Communication Needs Assessment
IEC	Information Education Communication
WHO	World Health Organization
NACO	National AIDS Control Organization
MSACS	Maharashtra State AIDS Control Society
MDACS	Mumbai District AIDS Control Society
MSM	Men who have Sex with Men
PLWHIV	Persons Living With HIV
USAID	United States Agency for International Development
FHI	Family Health International

Background

It is recognized worldwide that education and communication are the only “vaccine” for HIV/AIDS/STIs – the only real hope for prevention. Yet most communications for HIV/AIDS/STI fall far short of their desired effect. One reason for this failure is the fact that much communication for HIV/AIDS/STI is *ad hoc* and top down, using standard messages to give information based on assumptions about what the audience needs to hear. A much deeper understanding of the audience is needed to design communication strategies, concepts and messages that can cause behavior change in the audience to prevent HIV/AIDS and STIs.

In recognition of this need, and in response to the call by the National AIDS Control Organization (NACO), the Maharashtra State AIDS Control Society (MSACS) and Mumbai District AIDS Control Society (MDACS) decided to conduct a comprehensive Communication Needs Assessment (CNA) in Maharashtra. MSACS and MDACS asked the help of United States Agency for International Development (USAID) and Family Health International (FHI) in organizing and funding the CNA. FHI invited Blackstone Market Facts to conduct comprehensive research to arrive at an in-depth understanding of each audience segment for HIV/AIDS prevention and control. The study was conducted between April 2000 and April 2001.

The CNA covered urban and rural areas in the five regions, namely Mumbai, western Maharashtra, Vidharbha, Konkan and Marathwada. The five urban districts were Mumbai, Pune, Aurangabad, Ratnagiri and Nagpur. The four rural districts were Sangli, Gadchiroli, Ratnagiri and Latur.

Methodology

This study used a comprehensive audience-centered qualitative research methodology. The study dealt with the communication environment on multiple levels. The researchers paid attention to the community members, listening to their experiences and ideas not only about past communications

regarding HIV/AIDS, but also about why they did or did not change, and what it would take to change their thinking and behavior. A number of non-statistical interview techniques, including individual interviews and focus group discussions were used and adapted for data collection.

The audience segments for CNA included sex workers, truck drivers, street children, migrants, men who have sex with men (MSM), *hijras* (transgender and eunuchs), youth – both sexes (college, slum and rural), PLHAs (persons living with HIV/AIDS) and general population (men and women). Identification and prioritization of audience segments for each district was done in consultation with local non-government organizations (NGOs) and through review of secondary data, based on their risk behavior, media environment, past communication, and institutional environment.

Key findings

This study led to insights and understanding about audience' perceptions about AIDS, reported risk behavior, perception of risk to self, factors that hinder or facilitate change, media habits, reach and preferences for media, social network, gatekeepers and influencers, for all the 12 segments. The needs assessment also led to key findings on developing and disseminating messages for the community. The key findings of the assessment have been presented in two broad categories: communication process related findings and audience specific findings.

Communication process related findings

- The penetration of communication channels and messages into the target audience was poor – the communication messages were targeted towards a few groups whose risk behavior was well known, this left out other segments such as MSMs and *hijras* (eunuchs) who were equally at risk for HIV infection.
- Centralized distribution mechanism for dissemination of communication material had limited reach for many agencies.

- Communication efforts were *ad hoc* and sporadic, the activities were neither inter-linked nor were they carried out in a systematic phased manner, hence message recall was low.
- Communication was often carried out implicitly along with targeted intervention activities and hence was not accorded the importance which was essential in HIV/AIDS prevention.
- Lack of emphasis on pre-testing of materials: there was no standardized protocol for development and pre-testing of communication material that could be followed uniformly.
- Importance of communication messages for gatekeepers and influencers were overlooked.

Audience specific findings

Truckers

- Truck drivers were moving from brothel based sex workers to other women and believed that private, good looking and healthy women were safe and they would not transmit HIV.
- Truck drivers viewed risk of HIV infection as a natural hazard associated with their profession.
- Truck drivers' lives being full of many difficulties, including fear of accident, also influenced their perception of life and death.

Sex workers

- Sex workers felt they had heard and knew enough about AIDS and also indicated a high level of risk perception to self.
- Non-brothel based sex workers perceived AIDS to be a recent phenomenon as they had only recently witnessed women dying of AIDS.
- Sex workers felt that choosing healthy clients, using condoms '*most of the time*' and following other practices such as washing their genitals with Dettol could protect them from AIDS.

- Family and securing the future of their children gave hope to most sex workers. This could be effectively used for prevention messages.

Migrant workers

- Migrant workers had poor access to credible sources of information and had vague and inexact notions about AIDS.
- Migrant workers had poor perception of risk to self, they did not associate having relationships with other women or men as risky.
- AIDS was neither a concern nor a priority for most migrants and, therefore, they did not feel the need to seek or gain information on AIDS.

Street children

- Street children viewed AIDS as a serious issue concerning only adults.
- Street children had several myths about why they were vulnerable to AIDS, such as, they ate left over food, stayed in unclean surroundings and smoked *bidis* (cigarettes).

Youth

- College youth had a sense of invulnerability (nothing bad can happen to me) and urge to experiment which increased their risk to HIV infection.
- Both college and rural youth acknowledged risk behavior among their peers but felt too inhibited to discuss issues related to sex and sexuality.
- Male youth said they did not want to use condoms because they believed condoms reduced sexual enjoyment (sex is for fun, and condoms ruin the fun). They did not believe they would have control over themselves when a sexual opportunity arose and saw no need to use a condom. They planned to have sex only with partners in whom they had “confidence”.

Men who have sex with men

- MSM had several myths associated with their sexual practices, anal sex was not considered as sex but was viewed as fun; some did not see or understand it as sex at all. Sex with a circumcised male was also considered to be safe.
- MSM also believed that choosing good looking and healthy men from “good families” could protect them from AIDS.
- Condoms provided by the government were not preferred as they were powdery and sticky and reduced the pleasure of oral sex.
- MSM have been poorly served through general communication campaigns for HIV prevention.

Hijras

- During the assessment *hijras* said they sold sex to support themselves and were aware about the risk of HIV infection.
- *Hijras* said condoms were not used with their permanent partners, and that alcohol was frequently consumed, which increased their risk of unsafe behavior. *Hijras* said that extra money could be earned through sex without condoms. This money could help satisfy their desire to feminize (through expensive sex change or breast implants). This placed them at greater risk of HIV infection.
- There were very few support groups that worked with this target group to network and provide information on HIV/AIDS

Persons living with HIV/AIDS

- Persons living with HIV received little information from popular mass media but instead recalled bits of information that they had collected during their interaction with counselors, doctors, or others.
- Many PLHAs shared experiences of stigmatization and discrimination at work, in the family, and society at large.
- Persons living with HIV expressed the need for more positive, hopeful, “lighthearted and sensitive” communication, stressing life expectancy and urging self-care.

General population – men

- Men in the general population mentioned clients of sex workers as vulnerable to AIDS, but did not perceive themselves to be at risk for HIV infection.
- Indifference and inhibition to talk about AIDS were significant barriers for sharing and receiving information on AIDS.

General population – women

- Housewives were aware that women whose husbands visit sex workers were at risk for HIV infection but indicated unrealistically low perception of risk to self.
- Poor risk perception, low level of interest in HIV/AIDS information, and embarrassment were identified as barriers that will affect reception of information.

Recommendations

- The AIDS Control Societies in Maharashtra should move beyond IEC towards a comprehensive communication campaign.
- Targeted HIV/AIDS materials should be developed for each of the different audiences based on this assessment and pre-tested with this specific target audience.

Media channels and format related

- Communication efforts should expand their available channels from 'few to many' (NGOs to target groups) to 'many to many'; which is possible only by addressing the communication needs of gatekeepers and influencers.
- Friends/peers, gatekeepers, media personalities and HCPs are important influencers. The communication should target these influencers as well so that a community-wide discourse on HIV/AIDS/STI can be facilitated.

Message and concept related

- Messages should facilitate the efforts to address stigma and discrimination.
- Messages should be consistent and have a common thread rather than being paradoxical.

BACKGROUND

HIV/AIDS and STIs have now reached epidemic proportions in many places in India, including parts of Maharashtra state. It is recognized worldwide that education and communication are the only “vaccine” for HIV/AIDS/STIs – the only real hope for prevention. Yet most communications for HIV/AIDS/STI fall far short of their desired effect. One reason for this failure is the fact that much communication for HIV/AIDS/STI is *ad hoc* and top down, using standard messages to give information based on assumptions about what the audience needs to hear. These messages are seldom based on audience research or an understanding of what the audience already knows, believes or wants to know. They rarely reflect any understanding of what would motivate the audience to action. A much deeper understanding of the audience is needed to design communication strategies, concepts and messages that can cause audience members to change their behavior to prevent HIV/AIDS and STIs.

In recognition of this need, and in response to the call by the National AIDS Control Organization (NACO), the Maharashtra State AIDS Control Society (MSACS) and Mumbai District AIDS Control Society (MDACS) decided to conduct a comprehensive Communication Needs Assessment (CNA) for HIV/AIDS/STIs for the state of Maharashtra.

This Communication Needs Assessment adopted a holistic and contextual approach. This called for understanding the risk environment of the audiences and learning about the complex social and cultural worlds in which they live, their behavioral norms and gender expectations. Understanding factors such as denial, fatalism and a sense of powerlessness which increase the vulnerability of an individual, group, or community to HIV infection were also required. This study used a comprehensive audience-centered qualitative research methodology to uncover the above and other risk factors, understand why individuals do or do not change, and what it would take to change their thinking and behavior. It was comprehensive because it dealt with the communication environment on multiple levels – through discussions with officials, a review of literature and media, close collaboration with NGOs

working in the community, and key informants. It was audience-centered because it was grounded in close contact with members of the 12 target communities themselves.

The information gathered in an “insider” study such as this is rich and dense. This study yields not only understanding about the risk environment and the audience’s communication needs, but also ideas about effective channels, concepts and messages coming from audience members themselves.

Objectives of the CNA

The key objective of the CNA was to help MSACS and MDACS to design a communication strategy for preventing and controlling HIV/AIDS/STI in Maharashtra. The specific objectives of this Communication Needs Assessment were:

- To identify and prioritize the audience for HIV/AIDS/STI prevention communication.
- To gain an ‘insider’ understanding of the various target audiences with regard to HIV/AIDS/STI.
- To assess the current knowledge, attitudes, values and perceptions, preferences, practice, and beliefs of the audience regarding HIV/AIDS/STI.
- To understand psychological factors that motivate audiences to safer behavior.
- To identify the existing HIV/AIDS/STI related communication materials, media, and interventions and gauge their acceptance to the audience.
- To identify communication approaches and means of communication most effective for various audiences.
- To identify the requirement for new materials for IEC programs for various audiences.

- To identify existing human resources/ institutions for providing IEC to MSACS and MDACS.
- To provide insightful and creative recommendations for development of communication messages.

Geographical coverage

The CNA covered five urban and four rural districts in the five regions of Mumbai, western Maharashtra, Vidharbha, Konkan and Marathwada, as seen in Table 1.

Table 1

Geographical Coverage			
Regions	Districts		Urban
	Rural		
Western Maharashtra	Sangli		Pune
Marathwada	Latur		Aurangabad
Vidharbha	Gadchiroli		Nagpur
Konkan	Ratnagiri		Ratnagiri
Mumbai	—		Mumbai

A rapid ethnographic approach was used for the CNA study. The objectives of the CNA demanded a thorough understanding of context and a holistic perspective. The communication needs of sub populations were, thus, explored against the backdrop of existing social, cultural, economic, institutional policy, and media and development aspects.

The research methods used for data collection were:

1. *Secondary data scanning*: review of relevant reports and review of communication materials.
2. *Consultation with NGOs*: workshops and individual interaction.
3. *Primary data collection*: observation, key informant discussions, focus group discussions, mini-groups, triads, in-depth interviews and case studies.

These multiple methods and techniques were used either in a sequence or simultaneously for collecting the information. The data collection process included iteration, triangulation and consultation. Iteration was useful to discover insights and incorporate them into research questions for further probing; triangulation for cross checking of the information; and consultation for incorporating NGOs' and experts' inputs.

The consultative process with NGOs was a particularly useful part of the research methodology, for several reasons. First, NGOs understand their communities and were able to share that understanding with the research team, allowing them to advance more quickly. Second, NGOs often had very good insights into the reality of communicating in the field and were able to shed light on the problems and limitations of previous HIV/AIDS/STI prevention communication efforts. Finally, the NGOs provided access to the community by identifying key informants and community consultants who could introduce researchers to community members and help them establish the trust and good-will essential to participatory research. Thus, they provided the team with formal assistance – practical and political – to conduct the study.

Qualitative research methods were used because these were most suitable for arriving at the in-depth understanding of the audience necessary for concept and message design. These methods included key informant interviews, focus group discussions, mini-groups, triads and case studies. Mini-groups and triads were adaptations of the focus group methodology, using smaller group sizes when appropriate to respond to respondents' preferences. These methodological innovations made research participants comfortable and assured the best possible data. Case studies looked at successful examples of behavior change within each target group, to give insight into the most effective communication channels, concepts and messages for each group.

Audience segments covered

The audience segments for CNA included sex workers, truck drivers, street children, migrants, MSM (men who have sex with men), *hijras* (a traditional transgender group sometimes referred to as eunuchs), youth – both male and female (college, slum and rural), PLHA (person living with HIV/AIDS) and general population (male and female). Identification and prioritization of audience segments for each district were done in consultation with local NGOs and review of secondary data, based on their risk behavior, media environment, past communication and institutional environment.

The research took a comprehensive look at members of each audience segment, attempting to understand them broadly – social profile, their perceptions of HIV/AIDS and other diseases, their perceptions of who could get infected with HIV, their own risk perception. The study also took into account their level of awareness and information about HIV/AIDS/STI, their reported risk behavior and safe behavior, their perceptions and expectations of PLHA, the barriers and the potential motivators for behavior change. Finally, the communication channels they used and preferred, the messages they recalled, and their recommendations about communication for HIV/AIDS/STI including specific messages, media, and categories of people who could communicate effectively.

Important findings

Truckers

Truckers were bombarded with information on HIV/AIDS from media, NGOs and friends. However, they remained at risk for several reasons. First, the perceived risk of many truckers was very low. Truckers blamed sex workers for the spread of HIV infection and many did not see their own risk, their role in sexual networking or themselves as part of a chain of transmission. Second, going to sex workers was seen as a normal part of a trucker's life, related to job stress and the need to relieve it. Third, many truckers were fatalistic. They thought they could die from an accident suddenly at any time; hence, an eventual death from AIDS was less threatening. Fourth, truckers believed they could recognize and avoid an infected person. For this reason, to protect themselves, truckers increasingly chose as partners such "private women" or sex workers who were young, healthy looking and not thin.

Finally, the extremely negative perception of PLHAs held by truck drivers in this study must also be considered as a risk factor for HIV/AIDS. If truckers believed a person diagnosed with HIV would be shunned and abandoned

by society, they would not want to find out their HIV status. If they were HIV positive, they hid and denied it, and thus continued to put others at risk of infection. This stigmatization and discrimination must be addressed by communication programs as a first priority, at the general population level, the village level and the level of the individual trucking company, if truck drivers and their families were to be protected from HIV/AIDS.

The challenge in communicating with truckers was to understand their perspective, enhance their low perceived risk, combat their fatalism and challenge their behavioral norms. Stigma and discrimination against PLHAs in the community needed to be addressed and replaced, with compassion and tolerance. A potential motivator to behavior change could be to focus on truckers' families back home and their desire to provide for them and protect them.

Female sex workers

Female sex workers understood that they were at high risk of HIV. Sex workers also understood that condoms could protect them from HIV/AIDS/STIs, and many sex workers used condoms sometimes and hoped for the best. However, inconsistent use of condoms was still a problem among sex workers. Clients' preference not to use condoms and the economic pressure sex workers faced were the primary reasons for their inconsistent condom use.

Some sex workers had alternative practices they hoped would be effective in preventing disease. For example, some washed their vaginas with soap and water or Dettol, believing that Dettol washes away all germs as shown in TV commercials.¹ Others took refuge in the belief that they could pick "clean and healthy" clients just by looking at them or the hope that using condoms sometimes would protect them. Some sex workers became fatalistic, believing that their lives were going nowhere and that HIV/AIDS was inevitable. These sex workers turned away from AIDS messages and some even dismissed them as "rubbish." The risk of these women cannot be addressed without addressing their feelings of hopelessness and worthlessness.

¹ A harmful behavior, in fact, since the harsh chemicals can only erode the lining of the vagina, making it more susceptible to infection.

This assessment showed that for many sex workers, their children were their main link to normalcy and the best hope for motivating them to action. Most sex workers contacted in this study had children and focused their energy and hopes for the future on them.

Sex workers were often media poor. Many were illiterate, and most could not watch television because of their working hours or lack of access. They also had very limited social circles. However many enjoyed dramatic media and music. The success of a single film, *Nidaan* (solution), in changing some sex workers' attitudes and even the behavior of some was an indication of how effective dramatic media can be. This story dramatized the pain caused to the family, particularly the mother, of an HIV positive young woman.

Finally, interpersonal communication was the preferred medium for many sex workers, because this gave them the chance to ask questions and seek clarifications. They were interested in interpersonal communication on HIV/AIDS/STI from any source, including outside experts or trained peer communicators. The fact that many sex workers gathered to celebrate the festival of *Yellama*² (a female deity venerated in rural areas of Maharashtra and Karnataka) in Mumbai offered an opportunity for networking and communication among sex workers. Sex worker movements elsewhere in India showed that unity and consensus among sex workers motivated them to insist on condom use, and improved their lives in other ways. Promoting and supporting such movements should be included as part of a comprehensive communication strategy for sex workers.

Migrants

The male migrant laborers contacted during this assessment were amongst the poorest served groups in terms of communication about HIV/AIDS/STIs. Many endured long years of loneliness and social isolation in order to support families at a distance – isolation that promoted risk behaviors for HIV/AIDS. Migrants were media poor in general, a number of them were illiterate, and their social networks were often very limited, leaving them with hardly any sources of information about HIV/AIDS/STIs. As a result, their recall of

² Traditionally girls in villages are dedicated to Yellamma at a young age. These girls grow up to be devadasis stay at the temples and perform certain rituals. These devadasis remain unmarried and are expected to have sex with priests and men of the dominant caste. Currently, the traditional role of devadasis has lost its significance. Many devadasis now take to sex work in the villages and cities.

specific messages was scanty. No migrant contacted during the study mentioned contact with any NGO.

Poor media reach and limited exchange of information due to atomistic existence as an individual or as a small group combined with the belief that HIV infection or AIDS would not happen to them sustained their low risk perception. Many were judgmental and moralistic, believing AIDS to be God's punishment, an attitude that prevented open discussion of risk behaviors and free flow of information. Many migrants appeared to believe they had little power to change their risk of HIV/AIDS – a reflection of their general sense of powerlessness.

Migrants of both sexes needed immediate and special attention to protect them from HIV/AIDS. They needed basic information, the active involvement of NGOs and communication targeted specifically to them, in their own language(s) and linked to their cultures of origin. Migrants showed interest in folk and traditional media, especially those reflecting their traditional cultures. Interestingly, some migrants identified medical staff or other expert outsiders as appropriate communicators.

Street children

Some street children were under the partial care of NGOs. Children exposed to NGOs had better understanding of the facts of HIV/AIDS/STIs, reported safer behavior and sometimes even functioned as prevention communicators for their peers. Those living solely on the street, however, proved much more vulnerable and subscribed to many myths.

Older children or adults exploited many street children sexually. Nevertheless, street children tended to regard an eventual death from AIDS as something in the very distant future. Many street children saw HIV/AIDS as a boring, adult issue that did not concern them. This present moment orientation is a natural part of children's development and is not easy to change. While campaigns could be mounted to help street children understand HIV/AIDS, these campaigns needed to be interesting, exciting

or playful, attracting their attention and involving the children actively in some way. If the children participated in the development of campaigns, they were more likely to seem attractive to them. Demonstrating their creativity and lively imaginations, street children contacted during the CNA came up with a long list of ideas for communicating HIV/AIDS information. Street children agreed that posters and brochures were a waste of time; they even said they liked to destroy them, just for fun. However, street children were enthusiastic about dramatic and participatory media, including television programs and commercials, films and advertisements for cinema halls, street plays, picnics and *melas* (fairs). Children wanted media with few words, and lots of music, color and humor.

College youth

It was not surprising that this study showed a great interest in sex among male college youth. Many of these young men said having multiple partners was normal and that sex before marriage was desirable in the modern age.

The young men contacted in this assessment demonstrated a reasonably good awareness and knowledge of the facts of HIV/AIDS/STIs. Nevertheless, some displayed attitudes that were likely to put them at risk as soon as they began to be sexually active. They said they did not want to use condoms because they believed they were not enjoyable (sex is for fun, and condoms ruin the fun). They did not believe they would be able to control themselves when a sexual opportunity arose, or because they planned to have sex only with partners they had “confidence” in. They also had the feeling that they were invulnerable, a risk factor common among the young worldwide. It was difficult for these optimistic young men to imagine their present pleasures could have any negative consequences.

There were certainly risks for this target group, especially through contact with sex workers. (Note, for example, that *hijra* sex workers listed students living at hostels among their frequent partners.) The dilemma for prevention communication with this target audience was that it was impossible to know exactly who was at risk. As a result, campaigns for this group needed to be

targeted to the whole group, addressing the shared attitudes that put them at risk. For example, college boys needed campaigns to address their attitudes of invulnerability and their overconfidence – unlike an STI or a minor motorcycle accident, HIV can ruin a life permanently.

Fortunately, college boys in hostels enjoyed rich media opportunities. The internet, books, television, targeted films or videos, pamphlets, posters – all were possible channels to reach them. Most important, perhaps, would be peer communication, because young people were found to refer primarily to each other for their attitudes, and even for their information.

Slum youth

Slum youth aged between 18-28 years lived very different lives from the college boys in hostels. These young men were working, for the most part, already living the lives of adults in their families and communities including taking an active role in local politics. However, their risk of HIV/AIDS/STIs was similar in many ways to that of college boys. As with any general population category, it was impossible to say exactly who among the slum youth was at risk, but it was certain HIV would have an eventual impact on this group.

Like the college boys, the slum youth were aware of HIV/AIDS, although their information was less accurate. Also like the college boys, slum youth did not take their personal risk of HIV and STIs seriously. Although all had been exposed to AIDS messages, many felt these messages did not directly pertain to them. They shared the optimism and sense of invulnerability of youth in general. In addition, their attitude toward condom use was casual at best – some said they believed condoms were not effective against disease. Others said condoms were a good idea, but were for sex workers only, and they would not use them with any other partners as their use may lead people to think they have HIV/AIDS. This misconception deserved immediate attention with communication campaigns that link condoms to images of health.

The attitude of many slum boys toward PLHAs was harshly judgmental and discriminatory. These attitudes prevented open discussion of the issues of HIV/AIDS/STI prevention. Other slum youth, however, expressed compassion and tolerance toward PLHAs. These two voices could make an interesting dramatic presentation targeted toward the slum community, and one that was likely to be useful in years to come, when most slum communities would have real PLHAs. Slum youth enjoyed television, and favored media with a dramatic, interactive element, including street theater and folk music at festivals. Print media had limited utility, since many members of the slum communities were illiterate or did not read well. Slum youth's natural networks and political groups could also be a useful focus for messages that would attract their attention and seem personally relevant.

Rural youth

Rural youth were not a united group. The youth contacted in this assessment were divided by caste as well as by socioeconomic, employment and educational differences, and each subgroup had its own situation. As a result, rural youth was not one but several target groups.

Although rural youth had heard about HIV/AIDS, they perceived AIDS as an urban phenomenon. However, rural youth had opportunities for risk behavior not found in the cities. The open space of the countryside offered possibilities for early sexual contact among young people, possibilities not shared by city dwellers. In addition, a number of rural youth migrated to cities for their work, where they lived outside of their normal social controls and shared the risks of other migrants. Further, rural youth said good quality condoms were too expensive for them, and that condoms were sometimes difficult to access at the appropriate moment.

Despite the opportunities for sex, rural society in Maharashtra (like rural societies worldwide) was conservative, and open discussion of the risk behaviors for HIV and STIs, especially with an outsider, was not generally accepted. The sheer numbers of rural youth, their geographical spread and absence of intervention efforts made this group difficult to reach for HIV/AIDS/STI prevention communication.

On the positive side, primary health centers, and the system of community health volunteers were seen by rural youth as possible channels for communication of facts on HIV/AIDS/STIs. Dramatic forms, however, were more useful in changing attitudes, for example in enhancing perceived risk or combating discrimination against PLHA. The *Ganesh (a Hindu God)* festival, the one truly unifying moment in Maharashtra's rural life, offered possibilities for reaching rural youth in larger numbers, through the traditional theater performed, especially *jakhadi*. Other folk art forms, such as *naman* (a form of prayer and songs) could also be adapted, in the opinion of rural youth. Short dramas, or *nataks*, were viewed primarily as sources of entertainment, and for that reason could be effective in attitude changing messages.

PLHA

The PLHA were from many different categories: housewives, widows, married and single men, migrants and couples. These PLHA described first hand the stigmatization and discrimination reported in other studies³. On the other hand, a few PLHA could boast of supportive and caring families. Some had even experienced support from the community, although these cases were relatively few. These few cases were particularly deserving of further study, since understanding the reasons for the acceptance and support within the family and community could be the key to creating more supportive environments for PLHA in the future.

PLHA asked for more positive, hopeful, "lighthearted and sensitive" communication, stressing life expectancy and urging self-care. Some felt NGOs were ideal for this purpose. Mass media such as television was favored by PLHA, who came up with a long list of specific suggestions for programs.

Some PLHA suggested that PLHA be involved in prevention communication, and a few said they would like to do something personally to help the cause of other PLHA or people at risk. This communication opportunity should not

3 Shalini Bharat, *HIV/AIDS Related Discrimination, Stigmatization and Denial, 1999, Unit for Family Studies, Tata Institute of Social Sciences, Mumbai, India*

be missed, since evidence worldwide shows that PLHA can be powerful prevention communicators. Most PLHA felt protective about others and did not wish to infect them, in spite of popular myths to the contrary.

MSM

MSM were a diverse and often hard-to-reach group. MSM included youth experimenting with sex who found male partners more available than women and cheaper than sex workers; bisexual men who married and fathered children while continuing to have sex with men; and a tight-knit, core group of men who identified themselves as MSM. This core group shared a strong subculture, including special vocabulary that allowed them to communicate with each other. However, many other MSM hid their behavior from others, even from their families, realizing that society strongly disapproves of it. Due to this, we can assume that MSM are more numerous than most people realize.

MSM were highly at risk for HIV/AIDS for a variety of reasons. Although most had multiple partners, many believed that anal sex was not a dangerous behavior, since they had heard no mention of it in previous communication campaigns or materials about HIV/AIDS. As a result, they did not see a need to use condoms at all. Others believed oral sex was not risky as long as they did not swallow the semen⁴. Still others used condoms erratically, believing they could identify “safe partners.”

The MSM in this study were avid consumers of media and had much to say about it. They enjoyed portrayals of active, muscular men and appreciated films showing gay or lesbian life, because they felt these increased people’s understanding of their situation. MSM reported that NGOs who work directly with them do a good job in communicating through posters, pamphlets, media and interpersonal events targeted at them, as well as in condom distribution and instruction in condom use.

MSM continued to need targeted communication. The importance of condoms for anal sex had to be included in all HIV/AIDS prevention

⁴ An erroneous belief, since the risk of contracting the virus is through the mucous membranes of the mouth, not through the stomach.

communications, not only for identified MSM but, as soon as possible, in communication with the general population, since so many MSM hide their preference and would not see materials targeted at MSM. These communication problems may be improved when MSM do not feel the need to hide. In general, greater acceptance and acknowledgement of homosexuality by society (including the medical community) may be the key element in effective communication with MSM.

Hijras

Hijras are a traditional group of transgenders who sustain themselves through begging, singing and dancing. However, *Hijras* are also known to sell sex, as there is a demand from men who seek anal and oral sex. Their clients included men of all kinds, both identified MSM and men simply looking for a new thrill with a partner who seemed to be at once both a man and a woman.

Hijras in this study said condoms were not used with their permanent partners and that alcohol was frequently consumed, increasing their risk of unsafe behavior. *Hijras* said that extra money can be earned through sex without condoms. This money could help satisfy their desire to feminize (through expensive sex change or breast implants). This placed them at greater risk of HIV infection.

This assessment showed that *hijras'* unique life style presented both special needs and great opportunities for communication regarding HIV/AIDS/STI. *Hijras* had many ideas about how more effective HIV/AIDS/STI prevention communication could be done among them, to meet their needs. Above all, this research with *hijras* underscored the paramount importance of knowing the audience. Effective communication programs for *hijras* needed to be developed in close partnership with the *hijra* community itself.

General population – men

The respondents in this category came from middle and lower socio-economic classes in society. This category included STI patients and clients of sex workers as well; it was useful to discuss the issues with this sub-

category of men as they were specially at risk for HIV/AIDS and had insights about why previous communications failed to protect them.

Many men had good knowledge of the facts of transmission and prevention, including the risk of unprotected sex with sex workers and the importance of using condoms. In spite of this awareness, many men continued risk behaviors for a number of reasons. Some chose to be persuaded that HIV was not a real or serious disease, while others preferred to focus on the pleasures of the moment – another form of denial. Still others said they were “addicted” to sex with sex workers (and presumably to condom non-use) and could not change their behavior. Fatalism and low self-efficacy underlay these responses.

Some men believed, for example, that both STIs and HIV could be prevented by washing or urinating after sex, while others believed that HIV developed when STIs were untreated – thus treating STIs in itself prevented HIV, a distortion of the facts that could prove fatal. Targeting STI patients with standardized, fully accurate information could be done in a straight forward way, through health care providers and drug sellers.

STI patients could play a valuable role in design of future prevention campaigns for all men because they demonstrated the failure of prevention campaigns of the past. It would be wise for communicators to involve this group in design and pre-testing of campaigns for general population men in the future.

General population – women

Urban and rural married women were included in this assessment. Most were housewives, although some worked outside the home as well. While there were some differences between the two groups, both rural and urban women agreed that in theory anyone could get infected with HIV, but that they, personally, were not likely to be infected because they did not have any risk behaviors. In other words, no general population woman believed she would be infected with HIV. This unrealistically low perceived risk was contrary to women’s risk of infection, through sex with an unfaithful husband.

Many women had been exposed to mass media messages on HIV/AIDS/STIs, but their information remained incomplete and often inaccurate, probably reflecting their low level of interest in a subject they felt had no personal relevance.

Many housewives had a negative image of condoms. Most had never used them and said they did not intend to, because condoms were not necessary for sex with their husbands. Clearly a priority communication concept for these women was the real risk of HIV/AIDS and STIs for married women. No campaign can be effective if perceived risk remains so low. Improving the image of condoms would also protect many general population women.

Urban and rural women had been exposed to messages through a variety of media, but they tended to turn away from these messages. A number of women expressed interest in television serials as a way to learn more about the risk of HIV infection. Television serials would seem a wise choice for general population women. Their low perceived risk could be enhanced and greater empathy for PLHA could be developed through skillful use of attractive characters shown sensitively dealing with HIV/AIDS/STIs in a popular daytime serial.

The CNA research showed both the variety and the similarity of different groups at risk for HIV/AIDS/STIs in Maharashtra. While each group had its particular gaps in knowledge, its erroneous beliefs, risk attitudes and reported risk behaviors cut across all groups. These could, and should, be used as the basis for a unifying campaign theme for Maharashtra state. The most important of these was the widely shared belief that AIDS is a shameful disease that is God's just punishment for bad behavior. This theme was echoed by virtually every target group contacted in the CNA and appeared so prominently that it has been used as the title for the CNA (*Galath Kaam ka Galath Hee Hoga*). If you do incorrect things, incorrect thing will happen.

This belief was a barrier to prevention, since it caused people to deny their real risk out of fear, and to shy away from safe behaviors, such as using condoms, that might cause others to associate them with the disgrace of AIDS. It prevented people at high risk from getting tested and, if they tested positive, caused them to continue to put others at risk by hiding or denying their HIV status. It proved to be an even greater barrier to the development of humane care and support services for PLHAs. Along with the targeted communication interventions needed by different groups, a campaign to reduce fear and stigma and enhance life-affirming, compassionate attitudes towards those infected with HIV could unify Maharashtra's HIV/AIDS communication efforts over the next few years and could go far towards alleviating some of the worst social effects of the epidemic.

Based on the insights of the CNA study recommendations were evolved to help improve the communication planning process and control damage caused by rumors. These were:

- The AIDS control societies in Maharashtra should move beyond IEC towards a comprehensive communication campaign.
- AIDS control societies in Maharashtra should routinely monitor the mass media and be poised to respond immediately, using the same media channels, as well as others, to stop potentially damaging rumors.

- A method should be developed for integrating NGOs into HIV/AIDS communication planning, message development and dissemination efforts.
- Targeted HIV/AIDS materials should be developed for each of the different audiences based on this assessment and pre-tested with this specific target audience.

Media channels and format related

- Communication efforts should expand their available channels from ‘few to many’ (NGOs to target groups) to ‘many to many’; which is possible only by addressing the communication needs of gatekeepers and influencers.
- Friends/peers, gatekeepers, media personalities and Health Care Providers are important influencers. The communication should target these influencers as well so that a community-wide discourse on HIV/AIDS/STI can be facilitated.
- HIV/AIDS/STI prevention materials should be developed in all the main languages spoken by target group members for appropriate literacy levels.

Message and concept related

- Messages should facilitate normalizing of AIDS to combat stigma and discrimination.
- Messages should be consistent and have a common thread rather than being paradoxical.
- Messages need to challenge the basic false premises or beliefs, “*galath kaam ka galath hee hoga*” and others held by the target audiences.
- ‘Human touch’ in communicating messages is essential for target audiences to register, understand, and internalize the messages and change their behavior.

- Care should be taken while talking about the link between high-risk behavior and HIV infection and a particular group. Presently this discourse takes place casually in the public domain and high-risk behavior of a group is now grossly reduced to 'high-risk group for HIV/AIDS'.

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