

**Whither messaging?
20 years after HIV entered India - a reality check**

By Bharathi Ghanashyam

"If a certain kind of mosquito bites you at 5 a.m. in the morning, you get AIDS." - Shivamma (38), a pourakarmika¹.

"You get AIDS if you eat with, or touch someone who has it." - Ranganatha (19), auto rickshaw driver.

"AIDS is spread by 'second hand women'." - Mukesh, (25), laundryman.

Shivamma, Ranganatha and Mukesh are just three of the many people I met while seeking to assess levels of awareness on HIV/AIDS in the general public. I chose as my subjects, people (from both urban and rural Karnataka) who belonged to lower economic groups, and were either illiterate, or semi-literate.

My objective was to find out how deeply awareness generation efforts by various national and international agencies had penetrated among this section of society. My questions were very basic, and realizing very early on that awareness on HIV was non-existent I limited myself to asking about AIDS.

I did expect lower levels of awareness among them as low literacy among these groups severely limits their ability to access reliable information. But what I also additionally encountered was a morass of confusion, misconceptions, and a strong imagery that associated AIDS with 'bad women', mosquitoes and barber's blades.

In Karnataka, which has the third largest incidence of HIV+ve² people in the country, huge amounts of money are spent every year on Information, Education and Communication (IEC) activities. In the last four years, Karnataka State AIDS Prevention Society (KSAPS) alone has spent Rs.647 lacs³ on IEC. Other national and international agencies have also been working simultaneously to spread awareness on HIV/AIDS and collectively spent indeterminate amounts towards this.

As Mr G B Meti, Dy Director (IEC), KSAPS says, "We have evidence to show that the infection is not restricted to specific groups (like sex workers and truckers) anymore and our effort has been to spread awareness on HIV/AIDS among the general population."

Have the efforts worked? Does the general population, particularly the very poor, the illiterate and the marginalized possess accurate information on HIV/AIDS and its various dimensions? Attempts to do a reality check on this in urban as well as rural areas produced interesting, but largely worrying

¹ Corporation sweeper

² A recent sentinel survey indicates that prevalence rate of HIV in the general population is 1.52 per cent. The total population of Karnataka is 52.9 million. By this calculation Karnataka is estimated to have 5 lakh people who are HIV+ve. Source - KSAPS

³ Source - KSAPS

results. While there was a modicum of awareness on AIDS among the semi-literate, awareness was almost non-existent among the illiterate.

Most of the men I questioned had heard about AIDS, but there were many women who were completely unaware that such a condition existed. Awareness on HIV was completely absent. Safe sex was an alien concept even though many of the men I questioned admitted to having more than one partner; awareness about condoms as a means of preventing HIV was woefully inadequate. Some responses I got:

Renukamba (30), wife of the watchman of a construction site, and mother of three children below the age of ten looked at me blankly when I asked her if she had heard of AIDS and said, "I don't know what you are talking about."

"AIDS gets into the blood when we get bitten by dotted mosquitoes," Katamaiya a *pourakarmika* stated firmly.

Lakshmi (25), a housemaid said, "I know about AIDS. It is a bad and dreadful disease. But if I speak about it without asking my husband, he will say I am characterless and must be doing bad things." I did not get any more information out of her.

Ganesh (22) firmly believed that only women could spread AIDS. I asked him, "What about if you got it from a woman and gave it to another?" He had no replies. He also believed he could get it by sitting on bedclothes that an infected person had used.

Muniyamma is of indeterminate age, and earns a living selling flowers. She had heard of AIDS but not HIV, and angrily refused to talk about it saying, "I don't want to discuss AIDS. My sister's son died of it. He was a bad boy. I am not interested in knowing anymore about that dreadful disease."

Chandra (35), knew about AIDS, had lost a brother recently to it, and said, "The only ways you can get AIDS is by associating with 'footpath women', through barber shops and mosquitoes." He was quite unabashed revealing that his brother visited these women everyday and contracted AIDS from them.

I visited the Primary Health Centre in Ashoka Nagar, in Khanapur taluk, barely 40 kms from Belgaum to talk to rural groups, both men and women.

They were largely unaware and even the few who had heard about it only knew that AIDS was a killer disease, and associated with bad character. Kalavva also struck a note of apathy as she said, "So many of us are already dying of TB, malaria, and other illnesses. What difference will it make to anyone if we die of AIDS?"

Sambhaji (35) owns a petty shop in Khanapur near the highway. I asked him if he stocked condoms. He looked innocently at me and revealed that he sold three or four condoms a month to lorry drivers who used them to repair leaky diesel pipes.

Laxman Chougule, a lorry driver who was sitting with him endorsed the statement and said he had no other use for a condom.

I met young sexually active slum dwellers in Belgaum City who freely admitted to the fact that they had sex outside their marriage. They giggled self-consciously when asked about safe sex. "We use 'helmets' (the colloquial term for condoms) sometimes when we go to other women, but not with our wives."

And yet, when I visited a sex workers home in Khasbagh area of Belgaum, Lakshmi, the lady in charge, had complete knowledge about the need for, and the use of condoms. Fear of the men who stood outside her door poised to tackle trouble even before it started, prevented me from asking her if she was able to enforce the use of condoms on her clients.

The wives of men who admitted to having multi-partners naively asked, "We are faithful, what if our husbands are not? Will we get AIDS?"

Is it too late?

It is 20 years - two decades after the first case of HIV in India was detected in Chennai. Twenty years in which we have had the time to tackle the problem, but have actually allowed the infection to touch more than 5.2 million people, with figures climbing everyday. Twenty years, the majority of which have gone in believing that only sex workers, truck drivers, and homosexuals can be infected. Twenty years in which we have subjected the HIV infected to stigma and discriminative treatment. Above all twenty years spent largely in denial that our culture and values would protect us from HIV.

Let's look at what we have finally woken up to. We have at last been forced to face the fact that HIV does not discriminate between sex, class, or caste. It can and has actually become a reality for you, our neighbour and me.

India is beginning to stand up and be counted as an economic power in its own right. The unchecked spread of HIV/AIDS (which has the potential to render individuals in the productive age group unable to work) could be the one factor in the coming years, which will prevent that from happening. It takes little imagination to imagine the impact that a sick and dying work force can have on the economy and productivity of the nation.

"It is estimated that more than 25,000 people will require treatment with ART⁴ in the coming years in Karnataka⁵. At a conservative estimate of Rs 8, 000 per person per year, it will put an enormous burden on the exchequer, as the government is committed to providing free ART for those who need it. This will be a long-term commitment, as ART, once begun cannot be discontinued," says Mr Meti.

⁴ Anti Retro Viral Therapy – medication given to HIV+ve people when the CD4 count in their blood falls below 200

⁵ Source: KSAPS, Bangalore

What can we do?

"The crux of our fight against the spread of HIV lies in how effectively we can promote prevention, the only tool we have against HIV. We have to get correct information out on time, and to everybody, not just the literate. We cannot ignore the fact that the construction worker, the carpenter, the *pourakarmika*, the plumber, electrician and truck driver are just as vital to our economy as white-collared workers. Their health needs therefore are just as important," says Mr P R Dasgupta, IAS (Retd), first Project Director (1992 -95), NACO, New Delhi.

A task that seems easier on paper than it is on the ground. As Mr Meti observes, "There are severe constraints while mainstreaming communication on HIV/AIDS. Taking messages right down to the grassroots level and changing behaviour patterns that have been established over the years require intensive efforts at the community level. Unless there is convergence and integration between KSAPS and other departments like health, women and child welfare, education, police, gram panchayats and village level organizations, awareness cannot percolate effectively into the general population. We are however working in this direction."

The challenge is huge, and reaching out to the grassroots level effectively is never easy. Dr Prashanth N S, Coordinator, Health, Karuna Trust⁶ says, "It is probably time to go back to the drawing board and devise creative and innovative measures to achieve large-scale awareness, in both urban and rural areas. It might be time now to think of placing one health worker in each Primary Health Centre dedicated to spreading awareness on HIV/AIDS in rural areas." "In Karnataka for instance there are 1683 PHCs. If we were to look at sheer economics it makes more sense to place health workers trained to impart awareness on HIV/AIDS in each centre to work on prevention on a war footing. This would work out infinitely more cost effective than providing care and support to people who could have avoided the problem in the first place."

Mr. Dasgupta however sounds a note of caution. "Awareness generation among rural and urban illiterate and semi-literate groups has to be an interpersonal exercise, and messaging has to be group specific. Undoubtedly PHCs are a good route to reach the community, at least in rural areas. Dedicated peer educators who enjoy rapport with the community can play a vital role in these efforts," he says. "But in the light of the negative perceptions associated with government health infrastructure we need to exercise caution and attempt to initially spread awareness only through PHCs that stand out for their good performance. We also need to provide basic amenities to health workers in order to sustain motivation to work among them."

⁶ Karuna Trust is a Bangalore-based NGO that runs 25 PHCs across Karnataka in a Public-Private Partnership with the Karnataka Government

And finally

It is evident we have a long way to go before we are able to demystify HIV/AIDS, but efforts have to be intensified and without further delay. The messaging for the future should also focus strongly on the fact that anybody can be vulnerable to HIV, and as capable as spreading it, as the 'second-hand woman', or the 'footpath woman'. There is also an acute need to dispel fears about mosquitoes and barber's blades.

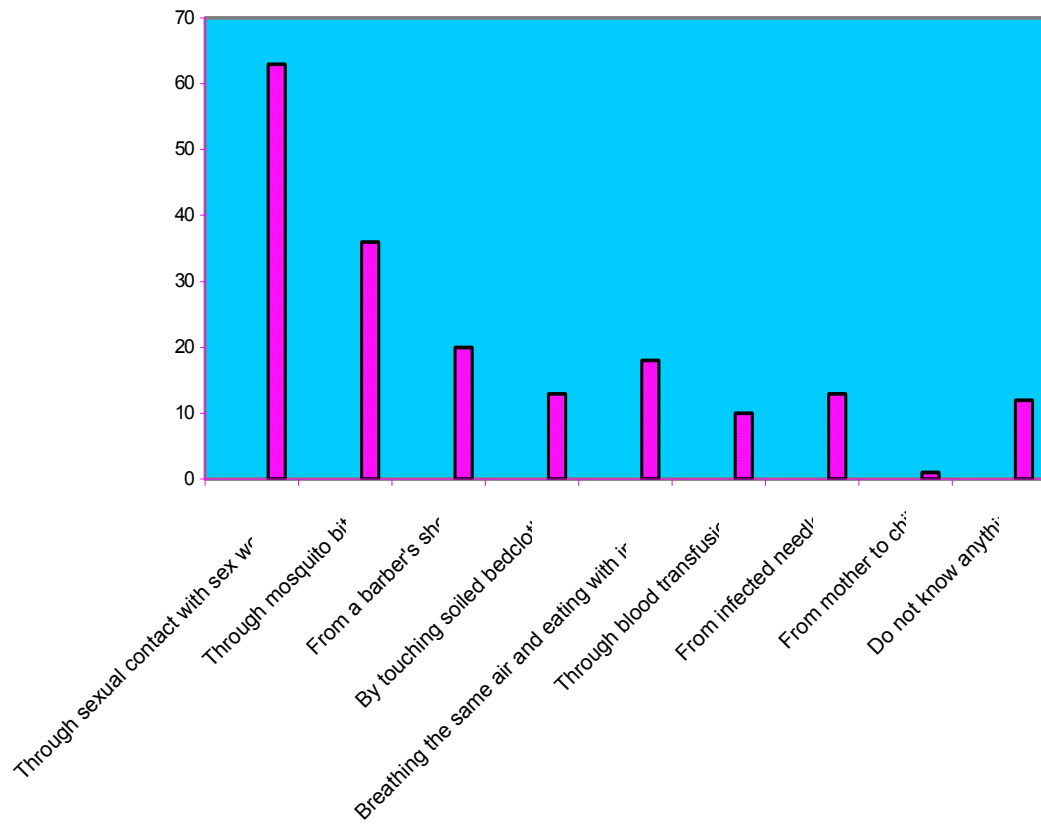
Eventually there are some non-negotiable factors that can stem the spread of HIV/AIDS. Among these are complete and accurate information among the general population, responsible behaviour on the part of men, and empowered women who can, and must enforce the use of condoms on men.

Let's keep the promise...

Let us remember that we owe Kalavva and others like her an answer. We need to tell them that we do care if the very poor die of TB, malaria, dengue, or AIDS.

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How do we get AIDS? People's responses



**Where do we get information from?
Information sources**

