

EFFECT OF COMMUNITY COMMUNICATION ON HIV PREVENTIVE BEHAVIOURS AMONG HIGH RISK GROUPS: A STUDY IN UTTAR PRADESH

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Abstract: India is facing a formidable challenge of HIV/ AIDS epidemic. India is still a low HIV-prevalence country. India has third largest HIV epidemic in the world. The HIV epidemic in India is driven by heterosexual sex, which account for 87 percent of new infection. However, the epidemic is concentrated in the vulnerable population viz. FSWs, MSMs, and IDUs. National AIDS Control Programme seeks to reduce HIV risk among these high risk populations. Effective peer education is vital for HIV prevention. Participatory development of communication strategies and materials builds community ownership and enables effective communication strategies that are responsive to differences in language, culture, issues and priorities. Community testimonials create an opportunity for dialogue between high risk groups and project staff as equals. In the past, strategic planning for HIV/AIDS communication focused on determining the knowledge, attitudes, and practices of individuals deemed at risk for infection. Communication framework seeks to understand and explain the role of socio-cultural influences and environmental influence on human behaviour for prevention of HIV infection. Against this backdrop, present paper purports to analyze the various communication strategies in bringing about behaviour change among the population at higher risk groups viz. FSWs, MSMs and IDUs in Lucknow and Kanpur districts of Uttar Pradesh. A cross-sectional sample survey has been conducted with the assistance of civil society organisations engaged in implementation of Targeted Intervention for Prevention of HIV Infection, supported by NACO to understand the level of awareness among the High Risk Groups with regard to HIV transmission and prevention vis-à-vis the communication strategies adopted with them.

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INTRODUCTION

India's National AIDS Control Programme being implemented by the National AIDS Control Organization under the Ministry of Health and Family Welfare, Government of India, is one of the most successful public health programmes in India. The programme has now evolved into a major public health prevention and treatment programme. It is being supported by the Government of India, the Global Fund and the World Bank and other multilateral and bilateral agencies. Four phases of the NACP have been implemented during the last two decades. The focus has been on improving coverage of comprehensive HIV prevention, care and treatment services nationwide. The NACP IV (2012–2017) was launched with the aim of consolidating gains made so far, accelerating the process of reversal and further strengthening the response to the epidemic in India.

It is estimated that more than 84 percent of HIV transmission in India is related to unprotected sexual intercourse or sharing of injecting equipments between an infected and an uninfected individual. Not everyone in the population has the same risk of acquiring or transmitting HIV. Much of the HIV transmission in India occurs within groups or networks of individuals who have higher levels of risk due to a higher number of sexual partners or the sharing of injection drug equipment. FSWs have many sexual partners currently. MSM/TGs are another important HRG who are highly vulnerable to HIV and are also a strategically important group for focussing HIV prevention programmes. It is important to know that not all MSM have many sexual partners, and are therefore not at a substantially increased risk for HIV compared to other HRGs. However, there are MSM sub populations which do have high rates of partner change as well as high number of concurrent sexual partners, and those that often engage in anal sex with multiple partners are at particularly high risk, since HIV is more transmissible through anal sex than by other sexual practices. Members of the transgender population who have many male partners are also at high risk, since many of them engage in anal sex. Because many men who have sex with high-risk MSM and transgender individuals also have other partners, both male and female, targeted intervention

for these HRGs are strategically critical to controlling the HIV epidemic. IDUs are a third HRG for which targeted interventions are of critical importance. HIV is highly transmissible through the sharing of needles and other injection equipment, so it can be spread very rapidly within networks of IDUs who share injecting equipment with each other. Once HIV prevalence is high in the IDU population, it can expand quickly into their sexual networks. Some IDUs are also sex workers, which can quickly link HIV transmission in the IDU networks to transmission in the larger high-risk sexual networks. It is important to recognize that, like sexual transmission of HIV, HIV is essentially preventable among IDUs and their sexual partners too. Interventions that are implemented early are most effective in halting the spread of the HIV epidemic among IDUs. HIV interventions targeting the majority of IDUs can stabilize and even reverse the escalating HIV epidemic among them.

HIV intervention in India focuses on prevention of new infections through changing their risk behaviours especially in case of High risk groups who are more susceptible and at higher risk of contracting HIV owing to their high risk behaviour. Initially the approaches and the communication strategies used by various Govt., non-governmental organizations and international development organization focussed on disseminating messages to the target audience and the approach was top down. There was no consideration for socioeconomic status, gender relations, cultural norms, and spirituality and environmental influences. Impact assessment of various communication strategies implemented over a period of time, enunciated that the approaches and strategies adopted did not had the desired effect as it did not appeal to the target audience as the material developed was not able to connect to them.

Although there have been significant advances in prevention and treatment since HIV was first discovered, the virus continues to spread unabated in many parts of the country. Strategies to prevent new infections must match both the complexity and the multifaceted nature of the epidemic. Social and behaviour change communication is one such strategy that to date has been underutilized, despite its proven effectiveness in many settings. In

this research the role of social and behaviour change communication in HIV prevention and its implementation will be analyzed. Common myths and misinformation about HIV/AIDS stand in the way of greater awareness, discussion, and acceptance of individual and societal behaviour change to reduce risk of infection. HIV-related stigma can also be a barrier to the uptake of HIV testing and can prevent those living with HIV from accessing resources for positive living and compassionate care. Inadequate counselling services can make it difficult for someone who is infected to understand their options and make an informed choice about appropriate treatment, reproductive health, and other issues. Fortunately, strategic health communication interventions can make a difference informing, equipping, and motivating people to make appropriate choices about HIV prevention and care.

HIV/AIDS communication efforts, like any HIV/AIDS strategy, must address the whole care continuum (i.e., prevention, care, support, and treatment) to be effective. A holistic approach goes well beyond prevention to include tools for the biological, psychological, and social care of people living with HIV, their families, and co In the given backdrop, it becomes imperative to understand the diverse communication strategies adopted by the experts in the field of communication and the professionals in the field of development in response to the grim situation caused by HIV epidemic in the country. Fortunately or unfortunately the virus is concentrated in the high risk network as of now and therefore it is worthwhile to focus on these groups and bring about changes in their behaviour. A lot of effort has gone into catering to this population in terms of changing their risky behaviour patterns. We cannot undermine the success of these efforts as HIV prevalence rate has significantly gone down in last few years but a lot still needs to be done as the varied interventions and communication strategies demonstrate varied responses. Effective communication for behaviour change has become the need of the hour and it is of foremost importance to study and analyze the communication strategies which have worked effectively with varied groups, belonging to different socioeconomic status and cultural background and to explore the grounds for its effectiveness. Effective communication strategies are

evidence based. Evidence provides information about what individual and social behaviours, knowledge, norms, and practices need to change. Effective strategic health communication programs are also based in theory. The theory employed need not be complex, but it does need to be appropriate. In other words, the theory should reflect the evidence and the environmental and socio cultural variables specific to the target population.

OBJECTIVES OF RESEARCH

- To analyze the options of effective behaviour change communication with High Risk Groups populations and recommend the most effective strategies to the implementers and policy makers;
- To review the Communication strategies of various HIV prevention programmes in India and to gauge its impact on the High Risk Groups; and
- To review and study Communication strategies of various HIV prevention programmes in other parts of the world including the success stories.

RESEARCH METHODOLOGY

The present paper is based on primary data collected through field survey in Uttar Pradesh, India. The field survey was conducted in Kanpur and Lucknow with the help of civil society organisations working on Targeted Intervention for the Prevention of HIV AIDS among HVGs, supported by U. P. Aids Control Society- NACO, New Delhi. The sample comprises of 482 HVGs (176 FSWs, 137 IDUs, and 169 MSMs) in the study. In view of the data collection, a set of interview schedules was developed for interaction with FSWs, IDUs and MSMs in the selected areas. The interactions / interviews of target population were ensured with the help of NGOs/ civil societies engaged in prevention of HIV AIDS among the high vulnerable population in the selected districts. The filled in interview schedules were thoroughly checked and processed through use of SPSS package. The policy measures are based on analysis of data and critical appreciation of pertinent literature.

DISCUSSIONS AND RESULTS

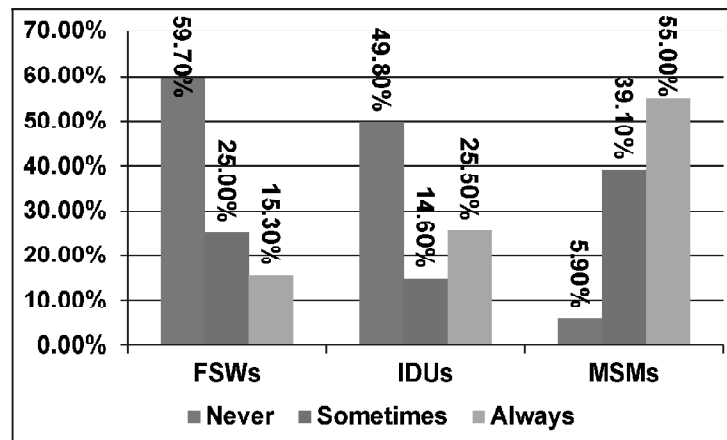
High vulnerable groups are not having safe sex. Less than 1/3rd respondents reported that they are always using condoms while having sex. It was found more pronouncing among MSMs (55 per cent) while it was recorded as low as 15.3 per cent among FSWs. About 60 per cent female sex workers revealed that they never use condoms while having sex, most probably their clients do not like it. More than 1/4th respondents further reported that sometimes they use condoms while having sex. It was found more pronouncing among MSMs (39.1 per cent) (Table 1).

Table 1
Use of Condoms by HVGs

Particulars	FSWs	IDUs	MSMs	Total
Never	105 59.7%	82 49.8%	10 5.9%	197 40.9%
Sometimes	44 25.0%	20 14.6%	66 39.1%	130 27.0%
Always	27 15.3%	35 25.5%	93 55.0%	155 32.2%
Total	176 100.0%	137 100.0%	169 100.0%	482 100.0%

Source: Field Survey.

Chart 1: Use of Condoms by HVGs



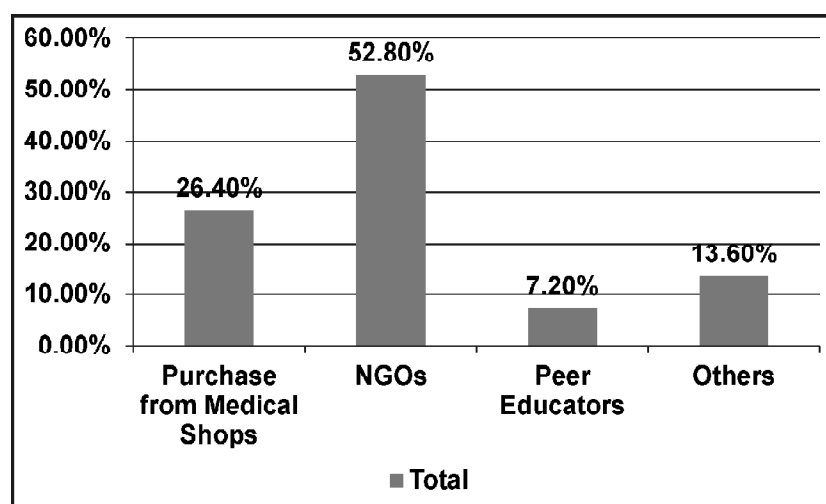
Source of condoms is shown in Table 2. More than half of the respondents reported that they are getting condoms from NGOs to whom they are associated. It was found more pronouncing among FSWs (60.6 per cent). More than 1/4th respondents revealed that they purchase condoms from medical shops. It was found more pronouncing among IDUs (29.1 per cent) followed by MSMs (28.0 per cent).

Table 2
Source of Condoms

<i>Particulars</i>	<i>FSWs</i>	<i>IDUs</i>	<i>MSMs</i>	<i>Total</i>
Purchase from Medical Shops	15 21.1%	16 29.1%	47 28.0%	78 26.4%
NGOs	43 50.6%	18 32.7%	95 56.5%	156 52.8%
Peer Educators	-	21 38.25%	-	21 7.2%
Others	13 18.3%	-	27 16.0%	40 13.6%
Total	71 100.0%	55 100.0%	169 100.0%	295 100.0%

Source: Field Survey.

Chart 2: Source of Condoms



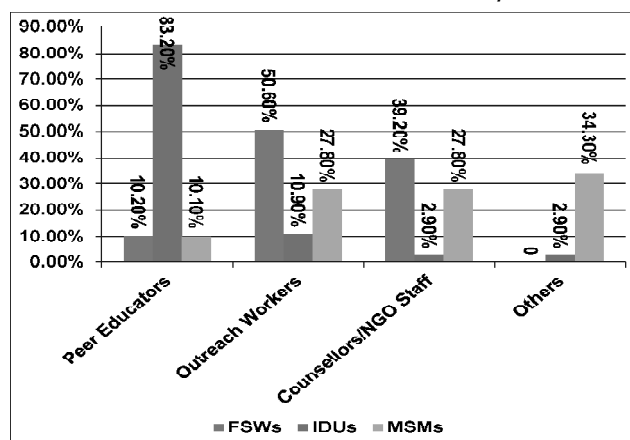
The respondents were asked about of the source of information on STI/HIV / AIDS. Less than 1/3rd respondents reported that they get information on STI/HIV/AIDS from peer educators. It was found more pronouncing among IDUs (83.2 per cent). Similarly, less than 1/3rd respondents further reported that they get information on STI/HIV/AIDS from outreach workers. It was found more pronouncing among FSWs (50.6 per cent). About 2/5th FSWs get information on STI/HIV/AIDS from counsellors / NGO staff while more than 1/4th MSMs revealed that they get such information from counsellors /NGO staff (Table 3).

Table 3
Source of Information on STI/HIV

Particulars	FSWs	IDUs	MSMs	Total
Peer Educators	18 10.2%	114 83.2%	17 10.1%	149 30.9%
Outreach Workers	89 50.6%	15 10.9%	47 27.8%	151 31.3%
Counsellors/ NGO Staff	69 39.2%	4 2.9%	47 27.8%	120 24.9%
Others	—	4 2.9%	58 34.3%	62 12.9
Total	176 100.0%	137 100.0%	169 100.0%	482 100.0%

Source: Field Survey.

Chart 3: Source of Information on STI/HIV



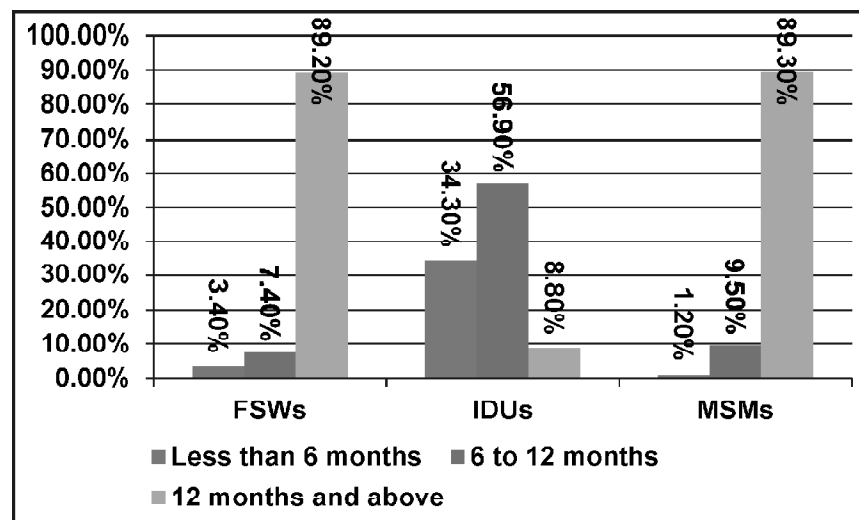
More than 2/3rd respondents revealed that they are associated with NGOs engaged in implementation of targeted intervention for the prevention of HIV/AIDS, for than 12 months. It was found more pronouncing among MSMs (89.3 per cent) followed by FSWs (89.2 per cent). About 57 per cent IDUs were found associated with NGOs for a period of 6-12 months (Table 4).

Table 4
Period of Association With NGOs

<i>Period</i>	<i>FSWs</i>	<i>IDUs</i>	<i>MSMs</i>	<i>Total</i>
Less than 6 months	6 3.4%	47 34.3%	2 1.2%	55 11.4%
6 to 12 months	13 7.4%	78 56.9%	16 9.5%	197 22.2%
12 months and above	157 89.2%	12 8.8%	151 89.3%	320 66.4%
Total	176 100.0%	137 100.0%	169 100.0%	482 100.0%

Source: Field Survey.

Chart 4: Period of Association With NGOs



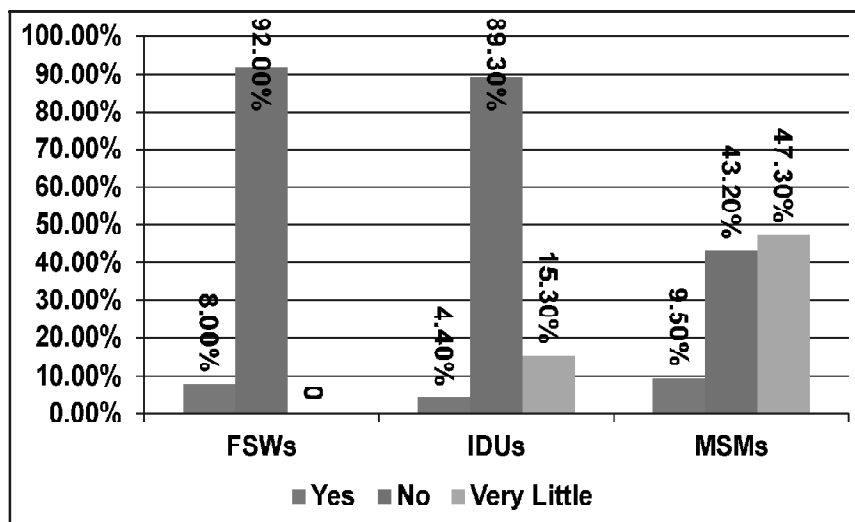
Majority of the respondents reported that they had no information and knowledge on HIV – AIDS prior to association with NGOs. It was found more pronouncing among FSWs (92 per cent) followed by IDUs (80.3 per cent). About 47 per cent MSMs reported that they had little knowledge about HIV - AIDS prior to association with NGOs (Table 5).

Table 5
HIV Related Information Prior to Association with NGOs

Particulars	FSWs	IDUs	MSMs	Total
Yes	14 8.0%	6 4.4%	16 9.5%	36 7.7%
No	162 92.0%	110 89.3%	73 43.2%	345 71.6%
Very Little	—	21 15.3%	80 47.3%	101 20.9%
Total	176 100.0%	137 100.0%	169 100.0%	482 100.0%

Source: Field Survey.

Chart 5: HIV Related Information Prior to Association with NGOs



CONCLUSION

HIV – AIDS has been found concentrated among high vulnerable groups such as female commercial sex workers, intravenous drug users and men having sex with men as well as truck drivers. The study of high vulnerable groups revealed that participatory communication has positive impact on behaviour change. Targeted intervention project for prevention of HIV – AIDS by NGOs and civil society organizations, supported by NACO – U.P. AIDS Control Society has been based on behaviour change communication which is participatory in nature and target oriented. The project intervention has increased the knowledge and understanding on HIV – AIDS, STI and preventive measures such as use of condoms and STI care. The outreach services of NGOs have enabled high vulnerable groups to adopt safe practices of sex behaviour and preventive measures for HIV – AIDS. Thus, it is imperative to increase the outreach services for the prevention of HIV infection among high vulnerable groups. Behaviour change communication among high vulnerable groups should be participatory in nature and target oriented. NGOs and civil society organizations also need constant support and financial aid for implementing target intervention projects. Every nation needs information about its HIV epidemic in order to combat its spread. Information about trends in HIV prevalence can help a country monitor its epidemic and effectiveness of prevention and control measures. The monitoring of trends in HIV prevalence is conducted through surveillance activities. Surveillance for HIV in India began in 1985; even before the first case of HIV infection was reported in India. The sentinel surveillance system was strengthened in 1998 and since then systematic nationwide annual sentinel surveillance has been conducted. There has been significant increase in the expansion of surveillance sites in India.

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