PPTCT - reach & recall study

PPTCT - Campaign by NACO

Reach & Recall Study
2014

India's voice against AIDS
National AIDS Control Organisation
Ministry of Health & Family Welfare,
Government of India
www.naco.gov.in

PPTCT Campaign by NACO

Reach & Recall Study

Reach and Recall Study of PPTCT Campaign by NACO

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Contents

List of Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ARSH	Adolescent Reproductive & Sexual Health
ART	Antiretroviral Therapy
ARV	Antiretroviral
BPL	Below poverty line
FHI 360	Family Health International 360
GOI	Government of India
HH	Household
HIV	Human Immunodeficiency Virus
ICTC	Integrated Counselling and Testing Centre
IHBP	Improving Healthy Behavior Program
MOHFW	Ministry of Health and Family Welfare
MTCT	Mother-to-Child Transmission of HIV
NACO	National AIDS Control Organization
NRHM	National Rural health mission
OBC	Other backward classes
PAN	Presence Across Nation
PLHIV	Person Living with HIV
PPS	Probability proportionate to Size
PPTCT	Prevention of Parents To Child Transmission of HIV
PSU	Primary Sampling Unit
SC	Scheduled Caste
SD	Standard Deviation
SCR	Socio Cultural Region
ST	Scheduled Tribe
SRI	Social and Rural Research Institute
STI	Sexually Transmitted Infections
TV	Television
UNAIDS	Joint United Nations Programme on HIV and AIDS
USAID	United States Agency for International Development

Executive Summary

Mother-to-child transmission of the human immunodeficiency virus (HIV) is the primary route of transmission for HIV among children. Transmission occurs during pregnancy, delivery, and the breast-feeding period. Globally, in 2011, around 330,000 children under the age of 15 became infected with HIV and an estimated 230,000 died from AIDS (UNAIDS, 2012).

India has the third highest number of estimated people living with HIV in the world. In 2011, the estimated number of people living with HIV/AIDS in India was 20.89 lakh, with an estimated adult (15-49 age group) HIV prevalence of 0.27% (National AIDS Control Organization, 2013). Of these, women constituted 39% of all people living with HIV (PLHIV) while children less than 15 years of age constituted 7% of all the infections (NACO-PPTCT, 2013).

In 2001,the National AIDS Control Programme (NACP) in India launched a program for the Prevention of Parent to Child Transmission (PPTCT) of HIV, which provides all pregnant women enrolled for antenatal care (ANC) with access to HIV testing services. The programme includes counselling and testing for pregnant women, detection of HIV-positive pregnant women, and the prophylactic administration of Nevirapine to HIV-positive pregnant women and their infants, in order to prevent transmission.

Media campaign intervention by National AIDS Control Organization (NACO) for PPTCT

This study aims to assess the reach and recall of a national-level PPTCT campaign implemented by the National AIDS Control Organization (NACO) in five study states, including Chhattisgarh, Gujarat, Jharkhand, Nagaland, and Tamil Nadu.The campaign included four advertisements that were aired across India through television, radio, and digital cinemas. The four ads aired under the campaign were:

- Kick ad –television/cinema
- Kick ad –radio
- Mother anddaughter ad –television/cinema
- Mother anddaughter ad –radio

The primary objectives of the study are-

- To measure the reach and recall of the campaign messages, message comprehension, and when relevant, reactions to other aspects of the campaign, including liking and empathy with the campaign characters.
- To measure differences in knowledge, attitudes, and beliefs related to PPTCT among respondents exposed and non-exposed to the campaign.
- To explore the respondents' intention to act upon the campaign's messages.

Study Overview

The present study "Reach and Recall of PPTCT Campaign" was conducted by the Improving Healthy Behaviour Program (IHBP), implemented by FHI 360, in collaboration with NACO. The study covered a total of 16 districts in the five states of Chhattisgarh, Gujarat, Jharkhand, Nagaland, and Tamil Nadu. A total of 96 rural primary sampling units(PSUs) and 54 urban PSUs were selected for the study. Villages and urban wards (as identified by the 2011 India Census) in the study states were considered as PSUs in rural and urban areas, respectively. The study was executed by the Social and Rural Research Institute (SRI-IMRB) between August and October of 2014.

Target Population

The target population was selected based on a householdlisting exercise conductedin the PSUs, which aimed to locate eligible respondents for the study. All males and females between 18-49 years of age, who were married and not sterilized (i.e., not using any permanent family planning method),were included as a part of the sampling frame. After the listing exercise, 22 eligible households were selected randomly for the interview using systematic random sampling. This was followed by selection of one eligible respondent from each of the selected households. In case a household had more than one eligible respondent, one respondent was selected randomly.

Data Collection

During data collection, 3179 respondents were interviewed, including 1599 male and 1580 female respondents, in the selected sites (i.e., 96 villages and 54 urban wards). A structured questionnaire was administered via face-to-face for both male and female respondents. All enumerators and supervisors were extensively trained in data collection by the respective SRI-IMRB state co-ordinators in the presence of research teams from SRI-IMRBand technical specialists from theIHBP team.

Measurement

This study assessed the reach and recall offour ads that were part of thePPTCT campaign. Reach was measured in two ways: 1) spontaneous mention of any of the PPTCT campaign ads, and 2) aided recall by showing the storyboard for TV ads,and playing the audio for the radio ads for both 'Kick' and 'Mother & Daughter'. If the respondent had seen or heard any of the four ads, as indicated by either spontaneous or aided recall, it was counted as "reach"or "exposed" for that particular ad. Respondents who did not report having seen or heard any of the PPTCT ads, as indicated by either spontaneous or aided recall, were classified as "non-exposed". Recall was understood by asking the key messages and taglines of the ads.

Other indicators included in the study were socio-economic and demographic characteristics, pregnancy and child care practices, motivation and intention to act following exposure to the campaign, knowledge of HIV/AIDS and PPTCT, practices related to HIV testing and counselling, and attitudes toward HIV/AIDS.

The study hypothesized that those who were exposed to the mass media campaign would have higher knowledge and higher motivation to act upon the campaign messages as compared to those who were not exposed to the campaign.

Key Findings

Respondent Characteristics

Most of the respondents (70%) attained education until school level only (primary, middle, secondary or senior secondary). Less than one-tenth (8%) were found to be college/university graduate or higher in terms of qualification. Almost all male respondents reported being employed in some paid occupation in the past year. In contrast, less than half of female respondents (43%) reported being employed.

Among all the respondents, shop owner, petty trader, cultivator, agricultural labourer and unskilled worker were the top occupations.The respondents had the highest exposure to mobile & TV across all the study states. Almost 8 out of 10 (78%) respondents owned mobile phones while around 7 out of 10 (71%) watched TV at least once a week. Just over one-tenth (11%) of respondents listened to the radio regularly, as defined as at least once in a week.

General HIVAwareness and Knowledge

More than three-fourths (77%) of respondents reported that they had heard of HIV or AIDS, with Tamil Nadu reporting the highest awareness level at 98 percent, and Nagaland reporting the lowest level of HIV awareness at 58 percent. HIV awareness increased with higher levels of education. Overall, males reported higher awareness of HIV than females, and urban respondents reported higher awareness than their rural counterparts. Some misconceptions on transmission of HIV were evident. For example, 13 percent of respondents gave “sharing meal” and “mosquito bites” as one of the modes of transmission of HIV. However, 99 percent of respondents had heard about the concept of HIV transmission from mother to child.

Reach and Recall of the PPTCT Campaign

Overall, about one-third of respondents (35%) were classified as exposed to the PPTCT campaign. The exposure level was highest in Gujarat state where almost three-fourths (74%) of respondents were found to be exposed to the PPTCT campaign. The states of Jharkhand, Chhattisgarh, and Tamil Nadu reported exposure levels of 42 percent, 37 percent, and 18 percent, respectively. Exposure to the campaign was lowest in Nagaland at only 8 percent.

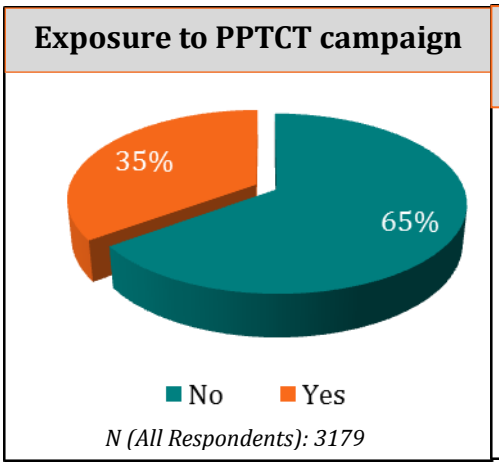


Figure 0-2 Exposure to PPTCT campaign

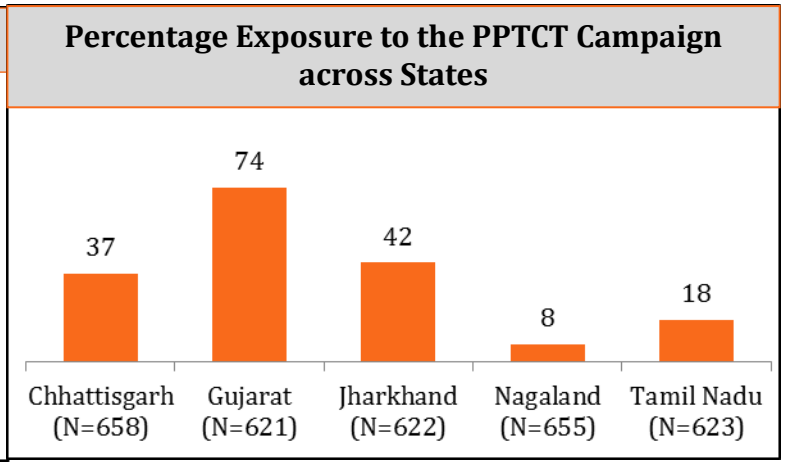


Figure 0-1 Exposure to PPTCT campaign across study states

Reach of the TV/Cinema ads for both 'Kick' and 'Mother &Daughter' was found to be higher than reach for their radio counterparts. Twenty-four percent of respondents said that they had seen the 'Mother &Daughter' TV/Cinema ad and 22 percent reported watching the 'Kick' TV/Cinema ad. On the other hand, only 9 percent of respondents were exposed to the 'Mother & Daughter' radio ad and just 7 percent of respondents were exposed to the 'Kick' radio ad.

Most of the respondents who were exposed to the campaign were able to recall at least one key message of the ad, suggesting high comprehension level of the ads. The top key message recalled most often was "Mother should undergo HIV tests to enable timely detection, if infected".

Likeability of the PPTCT Campaign

The PPTCT campaign was found to be highly likeable. Respondents exposed to thecampaign reported high likeability of all four ads. The proportion of respondents who reported liking the ads was more than 80 percent for all the four ads. The main aspect that was liked about the ads was the "message of the ad".

Knowledge related to HIV/AIDS & PPTCT

The awareness level on both PPTCT & ICTC (Integrated Counselling and Testing Centre) was higher among respondents exposed to the campaign *vis-a-vis*those non-exposed. Although 99 percent of all respondents were aware of mother-to-child HIV transmission, almost half (47%) did not know the stage of transmission of HIV infection from mother to child (during pregnancy, labour and breast-feeding).Respondents who were exposed to the PPTCT campaign placed higher importance on getting tested for HIV as compared to theirnon-exposed counterparts. Almost half of the respondents (49%) who were exposed to the campaign mentioned that it was important for them/their spouses to get tested compared to only 20 percentof non-exposed respondents.

Attitude towards HIV/AIDS

Respondents exposed to the campaign ads showed a higher level of desired attitudes towards HIV testing/counsellingand pregnancy care as compared to those who were not exposed. Overall, "social norms" were identified as a major deterrent to getting tested for HIV. Sixty-seven percent of allrespondents said that they were afraid of getting the test done due to fear about the lack of confidentiality. Furthermore, over 60 percent reported fear about society forming negativeopinions about them if they were to go for HIV testing and the counselling.

Motivation from the PPTCT campaign

The campaign was largely successful in instilling motivation to take action for preventing HIV transmission to their child, with eighty percent of respondents who were exposed to the campaign reporting some level of motivation. The motivation level was highest in Jharkhand state with more than 9 out of 10 respondents (94%) of exposed respondents who were motivated on some level to take action. The top intended action post motivation was to know more about HIV, ways of transmission and steps to prevent.

Intention to Act

Respondents exposed to the PPTCT campaign reported more desirable practices such as HIV testing and counselling,as compared to non-exposed respondents.

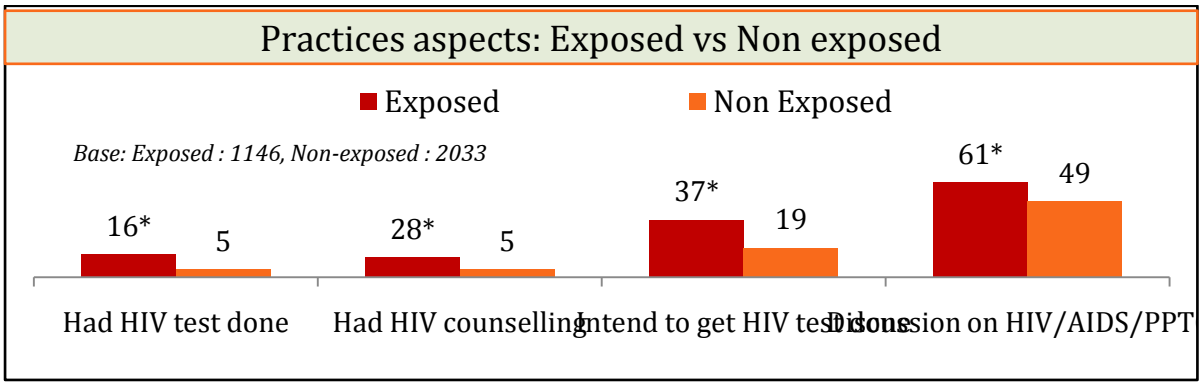


Figure 0-3 Practices aspects: Exposed vs Non-Exposed

*- significant at 95% CI, p<0.05, two-proportion Z-test

Moreover, 37 percent of exposed respondents expressed their intention to go for HIV testing in the future as compared to only 10 percent of those non-exposed. Overall, 47 percent of all respondents did not discuss issues related to HIV/AIDS/PPTCT with others. 61 percent of exposed respondents discussed issues related to HIV/AIDS/PPTCT as compared to 49 percent of those non-exposed.

Conclusion

Overall, the findings from this study demonstrate that those exposed to the PPTCT campaign implemented by the National AIDS Control Organization had higher knowledge, more positive attitudes towards HIV/AIDS, and higher intention to have an HIV test in the future, as compared to those who were not exposed to the campaign.

However, when looked at the overall level, the study findings were mixed and revealed both strong and weak areas in relation to HIV/AIDS and mother-to-child transmission. For example, there was high basic awareness of HIV/AIDS as well as of the concept of mother-to-child transmission of HIV. However, awareness waslow on specific technical aspects such as when mother-to-child transmission of HIV takes place, and on the difference between HIV and AIDS. Similarly, high likeability of the ads and high motivation level to know more about HIV was reported but there was also low prevalence of discussion over HIV with spouse, friends or doctor. It is recommended that there is need to generate more awareness on the technical aspects of the subject of HIV & AIDS. Since the reach is highly dependent upon the media exposure level, future campaigns should also uptake more popular media channels than radio like newspaper and mobile. There is need to spread the message- "Openly discuss HIV with your spouse, friends & doctor" in the society to mitigate social discomfort among the people.

Chapter 1 : Introduction and Background

HIV in India

India's first case of HIV was reported in the year 1986. Globally, it currently stands in third place in terms of the estimated number of people living with HIV. The estimated number of people living with HIV/AIDS in India in 2012 was 20.89 lakh, and the estimated adult (ages 15-49) HIV prevalence rate in 2011 was 0.27 percent. India has demonstrated an overall reduction of 57 percent in the annual number of new HIV infections among the adult population from 2.74 lakh in 2000 to 1.16 lakh in 2011, reflecting the impact of various interventions and scaled-up prevention strategies under the National AIDS Control Programme (NACP) (National AIDS Control Organization, 2013).

The first phase of the National AIDS Control Programme (NACP-I) was launched by the Government of India in 1992 to combat HIV/AIDS in the initial stages. However, with the evolving trends of the HIV/AIDS epidemic, the focus of subsequent phases of the programme (NACP-II in 1999 and NACP-III in 2007) has shifted from raising HIV/AIDS awareness to behaviour change, from a national response to a more decentralised response, and to increasing involvement of NGOs and networks of People Living with HIV (PLHIV) (National AIDS Control Organization, 2013).

Major accomplishments of the NACP phases are summarised below:

NACP I (1992-1998):

- It was essential to generate public awareness about HIV and AIDS, which was one of the steps undertaken in NACP I by reaching out to various groups using different media approaches.
- Providing safe blood was one of the targets of the programme. Thus, the National Blood Transfusion Policy was prepared and guidelines issued to cover all aspects of blood donation, testing, and storage.
- Under NACP I, funds were provided to modernize existing blood banks, and to set up zonal blood testing centres and component separation units.
- NACP I also sought to promote the use of condoms, improve their quality, and increase availability.
- Attempts were made to set up treatment facilities and the model of continued care for PLHIV. 'Targeted interventions' were also introduced under NACP I to educate and promote condoms to highrisk groups.

NACP II (1999-2006):

- NACP II focused on targeted interventions, which were meant to change the behavior among high risk groups.Over 1,000 targeted interventions were implemented.
- Counseling and testing centres were set up under NACP II to enable those at risk to know their status and get further information.

- Providing safe blood was one of the targets of NACP II and under this; the number of licensed blood banks increased to 1,230, including 82 blood component separation centres. Also, apart from HIV testing, blood banks were supposed to test all donated blood for Hepatitis C.
- By the end of the NACP II programme, the levels of HIV transmission through blood was reduced to less than 2 percent from 8 percent in the late 1980s.

NACP III (2007-2012):

- The main goal of NACP III was to reverse the epidemic in India. The main objectives under this were targeted interventions, link worker scheme, management of STIs/RTIs, condom promotion, blood safety, care and treatment for ICTC and PPTCT, and generating awareness.
- The main objective of the blood safety goal under NACP III was to reduce the transfusion associated with HIV transmission to 0.5 percent. Ensuring availability of safe blood was one of the main objectives.
- There has been a decline by 56 percent in new infections reported from 2.70 lakh new infections in 2001 to 1.27 lakh new infections in 2010.

NACP IV (launched in 2014):

The main goals of NACP IV are –

- Intensifying and consolidating prevention services with a primary focus on high risk groups and vulnerable populations, and secondary focus on the general population.
- Increasing Information, Education and Communication (IEC) services with a focus on behavior change.
- Expanding access to and promoting comprehensive Care, Support and Treatment services.
- Building capacities at National, State, District, and Facility levels.
- Strengthening Strategic Information Management Systems.

Background

Mother-to-Child Transmission of HIV

Mother-to-child transmission of HIV is the primary route of transmission for HIV among children. The transmission occurs during pregnancy, delivery, and the breast-feeding period. Globally, in 2011, around 330,000 children under the age of 15 became infected with HIV and an estimated 230,000 died from AIDS (UNAIDS, 2012).

Out of an estimated 27 million pregnancies a year in India, only about 52.7 percent attend health services for skilled care during delivery. Of those who availed themselves to antenatal care services, 8.83 million of them received HIV counselling and testing (March 2013), out of which 12,551 pregnant women were detected to be HIV-positive. It is estimated that without any intervention, the risk of transmission of HIV from an infected mother to her child is between 20 to 45 percent (NACO-PPTCT, 2013).

However, mother-to-child transmission can be averted, and in high-income countries mother-to-child transmission has been almost completely eliminated as a result of effective voluntary testing and counselling services, access to antiretroviral therapy, safe delivery practices, and the widespread availability and safe use of breast-milk substitutes. Globally, since 1995, more than 350,000 children have avoided HIV infection due to these interventions (World Health Organisation, 2012).

National PPTCT Programme

In India, the National AIDS Control Programme (NACP) launched the programme for Prevention of Parent-to-Child Transmission (PPTCT) of HIV in the year 2001-02,which provided access to HIV testing services for all pregnant women enrolledin antenatal care. It started with giving a single dose of Nevirapine prophylaxis to HIV-positive pregnant women during labour and to their newborns immediately after birth. The PPTCT interventions used globallyhave now transitioned from the use of a single dose of Nevirapine to multi-drug antiretro virals (ARVs) to efficiently bring down the rate of transmission of HIV from mother-to-child to less than 5 percent.

Currently there are more than 15,000 ICTCs in the country that offer PPTCT services to pregnant women. PPTCT involves counselling and testing of pregnant women, detection of HIV-positive pregnant women, and the administration of prophylactic Nevirapine to HIV-positive pregnant women and their infants. This prevents the mother-to-child transmission of HIV. There has been remarkable improvement in the uptake of pregnant women under this programme in the past five years, especially in the six high HIV prevalence states. UntilDecember 2012, a total of 73.25 lakh general clients and 57.1 lakh pregnant women and babies were provided Nevirapine prophylaxis under the PPTCT programme.

In line with WHO standards for a comprehensive strategy, the National PPTCT programme recognises the four elements integral to preventing HIV transmission among women and children.

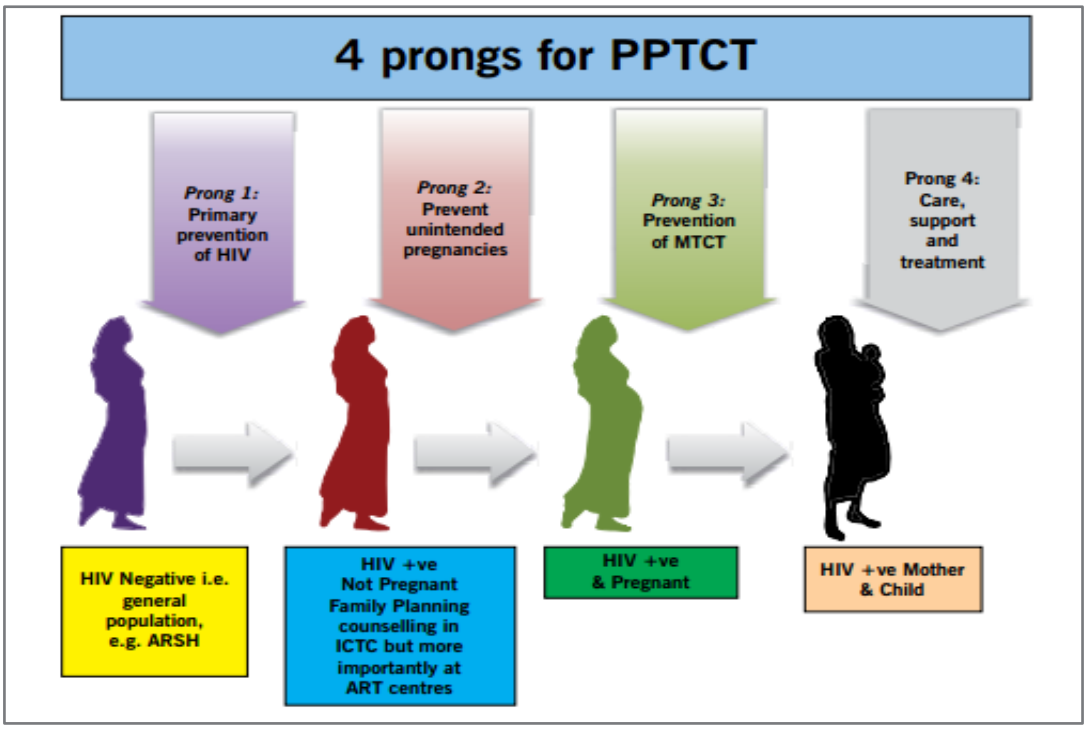


Figure 1-1 Four prongs for PPTCT (Source: PPTCT Guidelines- NACO 2013)

- Prong 1: Primary prevention of HIV, especially among women of childbearing age.
- Prong 2: Preventing unintended pregnancies among women living with HIV.
- Prong 3:Prevent HIV transmission from pregnant women infected with HIV to their children.
- Prong 4:Among women of childbearing age, provide care, support and treatment to women living with HIV and their children.

The National PPTCT programme has adopted a public health approach to provide these services to pregnant women and their children and seeks to ensure equitable access to high-quality PPTCT services at the grass-roots level. The goals of the programme are:

- Primary prevention of HIV, especially among women of childbearing age.
- Integrating PPTCT interventions with general health services such as Ante-natal care, Natal and Post-Natal services, Sexual Reproductive Health and Family Planning, EID, Paediatric ART (Antiretroviral Therapy), Adolescent Reproductive and Sexual Health (ARSH), TB, and STI/RTI services.
- Strengthening post-natal care of the HIV-infected mother and her exposed infant.
- Providing the essential package of PPTCT services, which includes offering routine HIV counselling and testing services.

Media Interventions

The National AIDS Control Organization (NACO) in India, as a part of their rigorous and extensive national-level efforts to promote PPTCT, has been conducting various communication programs across the country. Mass media is one of the major tools for

carrying out these efforts. Television and radio commercials, supplemented by the use of cinema halls, have been the medium through which PPTCT messages were transmitted to relevant target groups.

Mass media works through direct as well as indirect paths,directly by appealing to cognitive or emotional sides, and indirectly through word of mouth when social networks discuss these issues. It can also directly and indirectly produce positive changes or prevent negative changes in health-related behaviours across large populations. The great promise of mass media campaigns lies in their ability to disseminate well-defined, behaviourally-focused messages to large audiences repeatedly, over time, in an incidental manner (Wakefield & Loken, 2010).

Previous studies conducted in the area of maternal and reproductive health haveshown a positive relationship between exposure to a mass media campaign and behaviour change. The present study also hypothesized that those who were exposed to the mass media campaign would have higher knowledge and higher motivation to act upon the campaign messages as compared to those who were not exposed to the campaign.

Improving Healthy Behaviours Program

The USAID-funded Improving Healthy Behaviors Program (IHBP) in India implemented by FHI360 is providing technical assistance to develop sustainable national, state, and district institutional capacity to design, deliver, and evaluate strategic evidence-based health communication programs that will:

- Increase knowledge and attitudes of individuals, families, communities, and health providers about health; and
- Promote an environment where communities and key influencers support positive health behaviors and reduce barriers for vulnerable populations (e.g., women, PLHIV, or helping patients with tuberculosis to demand and access health services).

In order to increase the uptake and utilization of PPTCT services among expecting parents, a campaign was launched by NACO via TV, Radio and Digital Cinemas in 2013-14 across India. The National AIDS Control Organization requested that IHBP conduct a reach and recall study of the mass media PPTCT campaigns that were implemented.

Rationale of the Study

It is essential to understand the effectiveness of any intervention and also evaluate its impact on the target audience. The results would then help programmers to understand the strengths and weaknesses of the campaign, and revise the campaign strategy accordingly, followed by further testing and scale up. The findings from this study can also be used as a benchmark for setting targets for future campaigns.

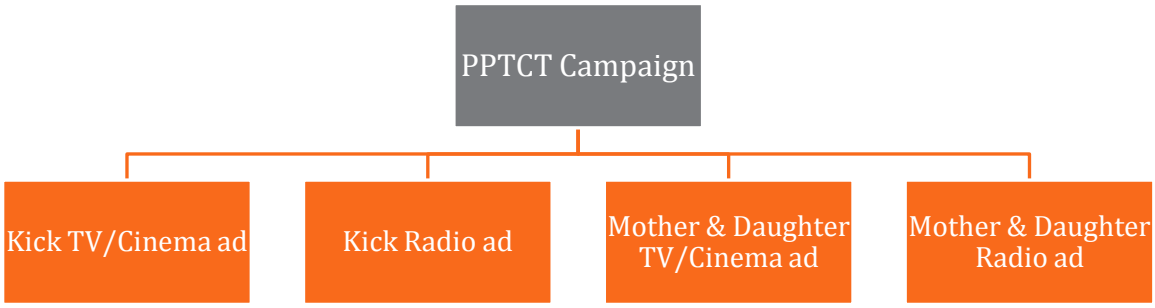
The Government of India is committed to working towards achievement of the global target of "Elimination of new HIV infections among children" by 2015. The National Strategic Plan

for PPTCT and the Technical Guidelines for PPTCT was also updated to incorporate Global recommendations (National AIDS Control Organization, 2013). Research shows that mass media campaigns can directly and indirectly produce changes in health-related behaviours across large populations (Wakefield & Loken, 2010).

The media ads as part of NACO's PPTCT campaign were aired in 2013-14 for the duration of about one month. It is imperative to understand how many people were reached by the PPTCT ads, the comprehension level of the key messages, likeability, and motivation to act post-exposure to the campaign.

Advertisements under the PPTCT Campaign

This study aims to assess the reach and recall of the four adsunder the PPTCT campaign run by NACO in the five study states. The campaign was aired through Television, Radio and Digital Cinemas across India.The same audio-visuals were aired for both Television and Cinema.In this study, two television ads and two radio ads (described below) were evaluated for their reach and recall among target respondents.



Kick TV ad

Figure 1-2 Kick TV ad

This ad shows a pregnant woman who is kicked by the baby inside her womb whenever the baby feels that she is making the right decision. The bay kicks while she is making a choice between the colours of cloth at a shop or even while deciding between oranges and apples at

a fruit stall. In the next scene, the woman is shown with her husband at an ICTC centre when the baby again kicks, indicating that she has made the right decision about coming to the ICTC centre and having the HIV test. Then a doctor sitting at the ICTC centreadvises the couple that a woman should have the HIV test at the earliest duringpregnancy. In the final scene, the woman's husband says "Do what is right for your child," which is the tagline of this ad.

Kick Radio ad

The ad starts with music in which it is indicated that a child is about to be born and it is a dream come true for a woman to be a mother. The ad also says that as soon as a woman finds out that she is pregnant, she should go to the nearby ICTC centre and have an HIV test. Timely testing and medication is important for protecting the child from any kind of danger. The tagline of the ad is "Get a small test done so that there is no risk to the child".

Mother and Daughter TV ad

Figure 1-3 Mother & daughter TV ad

This TV ad starts with a woman holding the hands of her child while protecting her from all sorts of evils. It says "At every stage of your life, you protect your child from all kinds of dangers so why not start such protection from the time you become pregnant with one small HIV test". The tagline of the ad is "Take a step towards life".

Mother and Daughter Radio ad

The radio ad starts with a mother telling a rickshaw puller to take care of her child while riding on the way to school. It says that when we take care of the safety of our child so much then why not start this carefrom the time of pregnancy itself by getting an HIV test. Then in case the mother is HIV-positive, the child can be protected through timely advice and medication. The tagline of the ad is "Begin your motherhood with HIV test".

	Ad	Tagline
TV/ Cinema	Kick	*Kare wahi jo bacche ke liye ho sahi* Do what is right for your child
	Mother & Daughter	*Ek kadam zindagi ki aur* Take a step towards life
Radio	Kick	*Kariye ek chhoti si jaanch taaki apke sapne pe na aaye aanch* Get a small test done so that there is no risk to the child
	Mother & Daughter	*Toh aap bhi kijiye mamta ki shuruaat, HIV test ke saath* Begin your motherhood with HIV test

Chapter 2 : Study Objectives, Sample and Methodology

Study Objectives

The primary objectives of this study were:

- To measure the reach and recall of the campaign messages, message comprehension, and when relevant, reactions to other aspects of the campaign, including liking and empathy with the campaign characters.
- To measure differences in knowledge, attitudes, and beliefs related to PPTCT among respondents exposed and non-exposed to the campaign.
- To explore the respondents' intention to act upon the campaign's messages.

Study Sites

As per the Census of India, the country is divided into six zones (Northern, Southern, Eastern, Western, Central, and North-East). There are a total of nine states in the Northern region, two in the Central region, six in the Eastern region, seven in the North Eastern region, four in the Western region, and seven in the Southern region.

For the purpose of this study, the Northern and Central regions have been grouped together as one geographic zone due to their close proximity and similar cultures. As the PPTCT campaign was intended to be across India, representation from all the geographic zones was maintained.

The study followed a cross-sectional research design and was conducted in five states, selected through random sampling. In India, districts are categorized by Socio-Cultural Regions (SCR) within the state. These SCRs have higher socio-cultural homogeneity and thus provide broader and more diversified sample selection within a state. In each of the states, a minimum of three districts aligning with the socio-cultural regions of the state were randomly selected.

The details of the selected states and districts are provided in Table 2.1

Table 2-1 States & districts covered under PPTCT reach & recall study

State	Number of Districts	Name of Districts
Jharkhand	3	Khunti, Ranchi, Sahibganj
Tamil Nadu	3	Karur, Salem, Thoothukudi
Nagaland	3	Dimapur, Kiphire, Tuensang
Gujarat	4	Ahmadabad, Banaskantha, Kachchh, Patan
Chhattisgarh	3	Bastar, Raipur, Surguja

Study Inclusion Criteria and Target Population

The study targeted both males and females to assess the reach and recall of the PPTCT campaign, using the following inclusion criteria:

- Males and females between 18-49 years of age
- Currently married
- Not sterilized (i.e., not using any permanent family planning method)

The study excluded randomly selected households in which either of the following two conditions was met: a) couples where either the wife or the husband suffered from physical or cognitive disabilities that would prevent their participation in the study, or b) the potential respondent did not consent to participate in the study.

Sampling Design

The sample size required to assess the reach and recall was computed based on the expected reach and access of all mediums (TV, radio, and digital cinemas) as 50 percent. As the information regarding reach of all mediums together was not available, the assumption of 50 percent was intended to yield the maximum sample size.

Based on the above considerations, the sample size (n) required to assess change was computed using the following formula and key parameters:

$$n = deff \times \left\{ \frac{z^2 \times p(1-p)}{m^2} \right\} + c$$

Where, in this instance:
n = required sample size
z = confidence level at 95% (standard value of 1.96)
p = estimated reach of campaign in the project area (50% for all mediums)
m = margin of error at 5% (standard value of 0.05)
deff = design effect (considered at 1.5 for multistage sampling)
c = contingency / non-response rate (considered as 10%). Non-response would also compensate when respondents did not give consent to participate in the study.

The statistical significance of the findings at this category level was kept at a 5 percent margin of error. The study was designed to provide estimates at the state level.Using the above assumptions, the required sample size per state was calculated to be 634. This was rounded off to 660 for operational and logistical considerations. The sample of 660 per state was distributed equally across males and females between the ages of 18 to 49 years.

Sampling Methodology

A multi-stage approach was adopted to reach the desired target respondents. The study approach is summarizedbelow:

Step-1:

Selection of States: Out of the five zones for the study, one state was selected using stratified random sampling from each zone. In each zone (strata) the states were first arranged in ascending order of population and a serial number was assigned for each state. Further, one state from each zone was selected using random number tables.

Step-2:

Selection of districts: In India, districts are categorized by Socio Cultural Regions (SCR) within the state. In each of the selected states, districts were randomly selected from each of the SCRs with a minimum cap of three districts in each state.

Step-3:

Selection of PSUs: The sample was spread across 30 PSUs in each state distributed across urban and rural PSUs in proportion to the urban and rural populations of the state. These PSUs were considered wards in urban areas and villages in rural areas. They were selected using a probability proportionate to size (PPS) sampling methodology from the India Census 2011 sampling frames. From these 30 selected PSUs, 15 PSUs were selected for the female surveys and 15 for male surveys. For this selection, PSUs were arranged in ascending order of population and the required number of male and female PSUs were further selected using systematic random sampling.

Step-4:

Sampling of households and respondent selection: Detailed sampling frames were generated through mapping and listing, and from each PSU, 22 households were selected through this process.

For the Household listing exercise, trained investigators went to the house in selected clusters of selected PSUs and collected the basic household listing information. For PSUs having less than 50 households, adjoining PSUs were grouped together and then the process of segmentation was followed. At the time of the household listing exercise, certain details to ascertain eligibility were recorded. This information was used to prepare the sampling frame from which the eligible men and women were selected and approached for the interviews.In case a household had more than one eligible respondent, only one respondent was selected from the household using the random number tables.

Sample Size and Distribution

A total of 150 PSUs were selected from across the five study states for this study. A total of 3,179 interviews were conducted in the states of Jharkhand, Tamil Nadu, Nagaland, Gujarat,and Chhattisgarh in the months of August through Octoberin 2014.The state-wise sample distribution is shown below:

Table 2-2 Sample Size Distribution for the Study States

Particulars	States										Total	
	Jharkhand		Tamil Nadu		Nagaland		Gujarat		Chhattisgarh			
	P	A	P	A	P	A	P	A	P	A	P	A
No. of Districts	3	3	3	3	3	3	4	4	3	3	**16**	**16**
No. of PSUs	30	30	30	30	30	30	30	30	30	30	**150**	**150**
No. of Rural PSUs	22	22	16	16	20	20	16	16	22	22	**96**	**96**
No. of Urban PSUs	8	8	14	14	10	10	14	14	8	8	**54**	**54**
Gender												
Male	330	310	330	328	330	327	330	306	330	328	**1650**	**1599**
Female	330	312	330	295	330	328	330	315	330	330	**1650**	**1580**
Total	660	622	660	623	660	655	660	621	660	658	**3300**	**3179**
Location												
Rural	484	454	352	331	440	435	352	333	484	484	**2112**	**2037**
Urban	176	168	308	292	220	220	308	288	176	174	**1188**	**1142**
Total	660	622	660	623	660	655	660	621	660	658	**3300**	**3179**

***'P':** Planned sample, **'A':** Achieved Sample*

Data Collection and Outcome Measures

All study operations such as pre-testing the questionnaire, field training (including research ethics), data collection, data entry, data analysis, and report writing were managed by the research agency (SRI-IMRB) with oversight provided by IHBP. Prior to data collection, all enumerators and supervisors were trained extensively by IMRB respective state co-ordinators in the presence of research teams from SRI-IMRB and also technical specialists from the IHBP team. All of the respondents in the study were given information about the study objectives and study design. Informed consent was also obtained from each participant if s/he agreed to participate in the study.

Survey Instrument

Considering the key objectives as described above, a structured questionnaire with special provision to record open-ended responses wherever required was used. The questionnaire was translated into the regional languages (Tamil, Nagamese, Hindi, and Gujarati) and a bilingual version with English followed by the regional languages was used for data collection.

For some of the knowledge indicators, responses were captured in two ways, either spontaneous or aided.Responses which were given spontaneously were recorded as "Spontaneous" and responses which were given following a prompt were recorded as "Aided". Combining the two types of responses, "Spont+Aided" refers to the responses which were captured either as a spontaneous response or as an aided response.

Outcome Measures

The primary objective of this study was to measure the reach and recall of the PPTCT campaign. Key indicators that were were measured included reach, key messages recalled, likeability, and motivation and intention to act post-exposure to the campaign. Among other indicators measured were socio-economic and demographic characteristics, pregnancy and child care practices, knowledge of HIV/AIDS and PPTCT, practices related HIV testing, and attitudes toward HIV/AIDS.

Reach was measured in two ways, either via spontaneous mention of any of the ads from the PPTCT campaign, and/or viaan aided manner by showing the storyboard for TV ads and playing the audio of the radio ads for both 'Kick' and 'Mother & Daughter'. If the respondent had seen or heard any of the four ads either via spontaneous or an aided manner, it was counted as "reach" for that particular ad. Such respondents were classified as "Exposed" and the respondents who did not report watching or hearing any of the PPTCT ads were classified as "Non-Exposed".Recall was understood by asking the key messages and taglines of the ads.

The storyboard used for the TV ads were shown above in Figures 2 and 3. Since radio ads were not aired in all regional languages, language edits were played at the time of interview as indicated below.

Table 2-3 Language edits used in study states for radio ads

State	Mother & daughter	Kick
Chhattisgarh	Hindi	Hindi
Gujarat	Hindi	Gujarati
Jharkhand	Hindi	Hindi
Nagaland	Hindi	Hindi
Tamil Nadu	Tamil	Tamil

For each of the ads that the respondent reported to have seen or heard, the respondent was further asked to recall the key message and tagline of the ad.

Respondents' HIV testing/counselling practices and intention to have an HIV test in the future were also captured through the survey instrument.In addition, media habits pertaining to TV, radio, newspaper, magazines, mobile, internet, and cinema were also captured. Respondents' attitudes were measured through a series of attitudinal statements on a five point Likert Scale (1= completely agree, 2=agree, 3=neither agree/nor disagree, 4=disagree, 5=completely disagree).

Pre-testing of Questionnaire

Prior to undertaking the main fieldwork, the translated versions of the questionnaire were pre-tested in real field settings. The pre-test was used to gather information on the following:

- Flow of the questions
- Ease in understanding the questions by the respondents
- Ease in administering the questionnaire
- Comprehensiveness in terms of information coverage
- Testing of the language used

The pre-test was conducted at a different location from the main survey. After the pre-test, the findings from the various locations were collated and revisions were made to the questionnaire.

Training of Investigators

A one-day centralized training for all the IMRB state co-ordinators was conducted in Delhi in the presence of technical specialists from IHBP.

The following topics were covered during the centralized training:

- **Overview on HIV/AIDS**: Trainees were briefed about HIV/AIDS and ways of transmission. This was followed by a discussion on misconceptions related toHIV.
- **Overview on PPTCT**: Trainees were briefed about the PPTCT programme, its objective, and the steps undertaken in this programme.
- Briefing on **objectives** of the study: Following the introduction, there was a session on the rationale for the study and understanding the key objectives.

- Briefing on **sampling methodology**: The session dicussed target groups, sampled districts, and sample size.
- Briefing on **mapping and listing** methodology:
    - **Maps**- The first task for the team was to procure the urban ward maps from the Directorate of Census Operations (DCO) offices in the respective states. For rural PSUs (i.e., villages), the briefing included the complete process of preparing maps ofthe entire PSUs through conversations with key informants and via a transect walk. A step-by-step process was explained to them to ensure that a standard methodology was followed. The focus was to ensure that no area was left out during mapping and also that the correct number of households was mentioned in each of the natural habitations.
    - **Segmentation**- The trainers were briefed that after ascertainingthe number of households present in each of the natural habitations, the PSUs would need to be segmented into a specific number depending on the total number of households. Each segment would be called a 'hamlet'. Post-segmentation, a specified number of hamlets were to be selected based on the random number tables.
    - **Listing of Households**- Following the process of discussion on segments selection, the trainers were briefed about the listing process to be followed, ensuring that no household that was part of the segmentbe left out. The importance of preparing accurate maps along with mentioning the structures and structure numbers was explained.
- **Team Structure and Roles**: The team requirement for both the listing and main phase of the study were explained to the trainers, along with the roles and tasks assigned for each of the teams.
- **Informed Consent**: The informed consent process was explained to the trainers, including the consent form stating the purpose of the study, eligibility criteria, process of respondent selection, and confidentiality of responses, and possible risks and benefits. They were briefed on the importance of the form and process of administration.
- **Briefing on the questionnaires**: A complete briefing was done for each section of the household listing as well as main questionnaire with discussion and clarification of any doubts.

After the centralised training in Delhi, a separate training for the listing phase and main phase was conducted in each of the states for the field investigators and supervisors. The household listing training was over three days, which included one day of field practice. The training for the main questionnaire was conducted over four days in each of the respective states, which also included a day of field practice. Researchers from SRI-IMRB and experts from IHBP were present for the state-level briefings as well.

In each field team, for every four investigators there was one supervisor whose primary role was to supervise the performance of the investigators, and to ensure adherence to the research protocol.

Interview Procedure and Ethical Considerations

All interviews were one-on-one and conducted at the respondents' homes. Informed consent was obtained from the participant before the interviewer started the interview. Privacy and confidentiality of the discussion was maintained and all possible measures were taken in order to ensure that no other family members were present during the interview so as to avoid anybody's influence (bias) on the respondents' responses. All interviews were conducted in the vernacular language and the information was coded simultaneously on the questionnaire itself. Same sex interviewers were used for the main interviews such that interviews with women were done by female investigators, and so forth.

Data Management

Various checks were in place to ensure the uniformity and accuracy of data management.

Data Scrutiny and Coding

Before data entry, each and every questionnaire was scrutinized. All coders and supervisors who were involved in scrutiny and coding received training from the system analyst. Open-ended questions were coded. All questionnaires were checked to ensure there was no identifying information for respondents recorded on the questionnaire.

Data Entry

The data structure was developed by the agency and reviewed by IHBP researchers prior to the start of data entry. The data entry operation was carried out using data entry and editing software- Quantum. Program-based logical checks were used to clean the data and the inconsistencies were resolved on the basis of the responses recorded in the questionnaires.

Data Analysis

Owing to the multi-stage sampling design of the study, there were unequal probabilities of selection of the respondents. Sampling weights were needed to correct for this imperfection in the respondents selection and make the data representative of the population. The output from the analysis has been made representative by assigning sampling weight-age to each stage of multistage stratified sampling as per the probability of selection of a sampling unit within that stage. The percentages in tables and graphs which appear as the part of analysis in this report have been calculated after applying the necessary weights to the raw data. The weights in the data were estimated separately for rural and urban PSUs and were then applied in the data.

Estimation of weights

Based on the multi-stage stratified sampling approach adopted in the present study, the steps in the calculation of weights at the PSU level are outlined as under.

Estimation Formula: Normalized weights (for each PSU):

$$\hat{Y}_j = \mathbf{X\hat{}}_J * \left(\sum \mathbf{r}_j / \sum \left(\mathbf{X\hat{}}_J * \mathbf{r}_j\right)\right)$$

Steps for the calculation of multiplier based on various stages of sampling are as under :

1. Calculation of HH Multiplier:
   $X_1 = 1/ (h_j / H_j)$
2. Calculation of Segment level Multiplier:
   $X_2 = 1/(s_j / S_j)$
3. Calculation of PSU Multiplier:
   $X_3 = (1/(PP_j / DR_K))/ PD_K$ *(DU_K in place for urban PSUs)*
4. Calculation of District level Multiplier:
   $X_4 = 1/(d_S / D_S)$
5. Calculation of Respondent Level Multiplier:
   $X_5 = 1/(r_j / R_j)$
6. Aggregate multiplier (for each PSU):
   $X\hat{}_J = X_1 * X_2 * X_3 * X_4 * X_5$

where:

h_j: Number of households with a complete interview in the PSU
H_j : Number of eligible households found in the PSU
s_j: Number of segments selected for listing
S_j: Number of segments made in the PSU
PP_j: PSU Population
DR_K : District Population-Rural
DU_K : District Population-Urban
PD_K : Number of PSUs Selected in the district
d_S : Number of districts selected from each SCR
D_S : Number of Districts in the zone in which the district comes
r_j : Number of eligible respondents with a complete interview in the PSU
R_j : Number of eligible respondents in the PSU


जल्द से जल्द करवायें
एच.आई.वी. की जाँच
ताकि बच्चे पर ना आये आँच
हर सरकारी अस्पताल के आई.सी.टी.सी. में
गर्भवती महिलाओं के लिए एच.आई.वी. की सलाह और जाँच
की सुविधा उपलब्ध है। यह सुविधा बिलकुल मुफ़्त एवं गोपनीय है।
NACO
India's voice against AIDS
Department of AIDS Control
Ministry of Health & Family Welfare,
Government of India
www.naco.gov.in

Chapter 3 : Characteristics of Survey Respondents

This chapter covers the profile of respondents surveyed for the reach and recall study. It provides details with reference to both male and female respondents, as well as across rural and urban areas. The indicators discussed in this chapter relate to the socio-cultural aspects of the respondents in the study states. The chapter also describes respondents' exposure to different media in the study states. Understanding the background characteristics of the respondents surveyed will be useful in the context of understanding the main study findings.

Demographic Profile of Respondents

The basic demographic identifiers for characterizing the study respondents pertain to their age group, gender, marital status, and family composition. A snapshot of the key demographic characteristics of the respondents interviewed is shown in Table 3.1 below.

Table 3-1 Demographic profile

Characteristics	All	Chhattisgarh	Gujarat	Jharkhand	Nagaland	Tamil Nadu
N: All Respondents	*3179*	*658*	*621*	*622*	*655*	*623*
Age Group (*figures in %*)						
18-29 years	24	31	25	32	13	17
30-39 years	48	44	50	39	58	48
40-49 years	29	25	25	29	29	35
Gender (*figures in %*)						
Male	50	50	49	50	50	53
Female	50	50	51	50	50	47
Family Composition (*figures in %*)						
Nuclear	63	58	19	74	86	79
Extended	10	24	10	0	7	8
Joint	27	18	71	26	7	14
Marital Status (*figures in number*)						
Average number of years married	11.5	11.8	11.0	12.8	10.3	11.4

One of the inclusion criteria for selection of respondents was that marital status be "currently married'. The mean number of years of marriage reported was 11 years (Standard Deviation-SD: 7.4) among the surveyed respondents. The majority of the respondents (63%) lived in a nuclear family with exception of Gujarat whereby more than 70 percent of respondents reported living in a joint family. Overall, almost half of all respondents (48%) belonged to the mid-age bracket of 30-39 years. The mean age of respondents was 34.5 years (SD: 7.2) at the

aggregate level with almost similar mean ages across the five study states.The average age was 34 years and 35 years for male and female respondents, respectively.Ninety-eight percent of respondents were living with their spouse. On average, respondents had 3 children each.

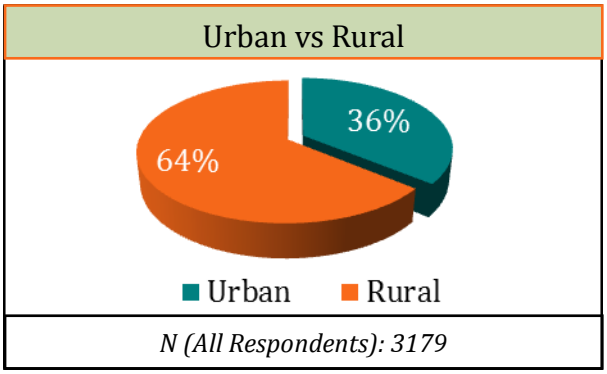


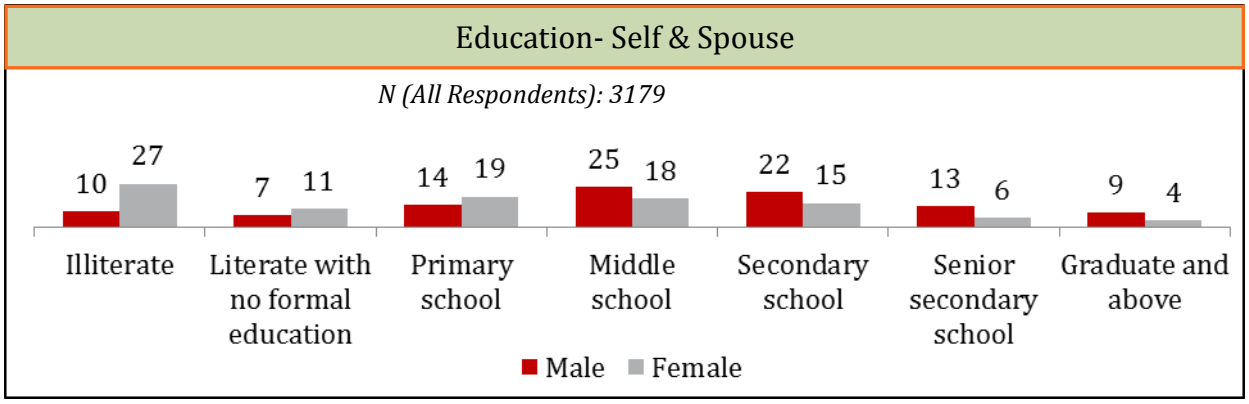
Figure 3-1 Urban-Rural distribution

As per the sampling design, around two-thirds (64%) of the interviews took place in rural areas with the rest in urban areas. Within rural and urban areas, the sample had representation from different Socio Economic Classes (SEC) (SEC grids used in the survey have been provided in the Annex to this report).

Educational Profile of Respondents

A large and persistent association between education and health has been well documented in many countries. In an earlier study, the education 'gradient' was found for both health behaviours and health status, though the former did not fully explain the latter (Cutler & Muney, 2006).In another study by the same authors, it was reported that there was direct relationship between education and health such thatbetter educated individuals had more positive health outcomes. The association remained substantial and significant even after controlling for factors such as job characteristics, income, and family background (Cutler & Muney, 2007).

Figure 3-2 Education level of self and spouse



The analysis shows that most of the respondents attained education until school level (primary,middle, secondary or senior secondary). Less than one-tenth (8%) were found to be a college/university graduate or higher in terms of education. Fourteen percent of respondents were illiterate. As expected, the illiteracy rates were higher for rural (18%) as compared to urban (8%) areas. It is important to note the considerable difference in reported education level across gender. Among female respondents, 27 percent reported to be illiterate whereas the comparable figure among male respondents was 10 percent. This is a critical observation

considering that even though PPTCT ads were targetedat both husbands and wives, there wasa stronger emphasis on women to act upon the message of the ad.

Table 3-2 Education level of the respondents

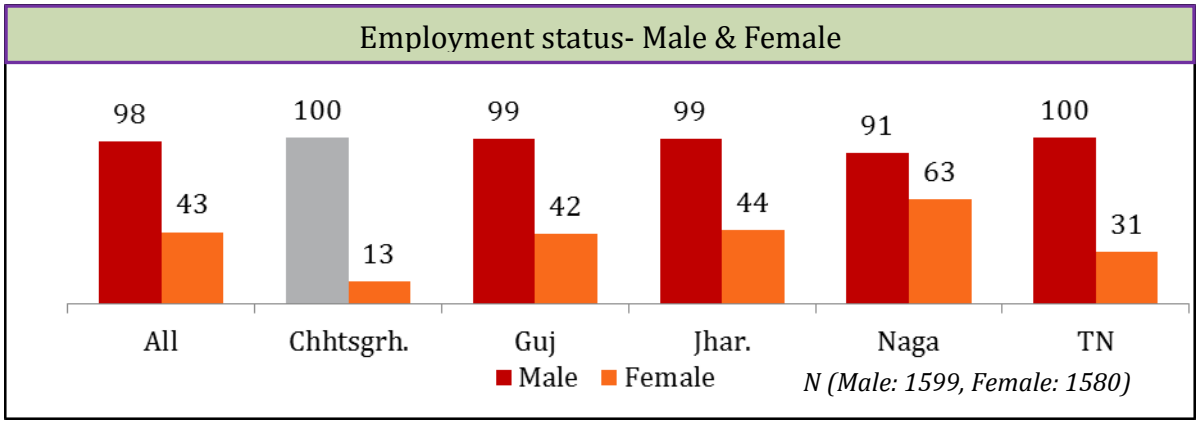
	All	Chtisgrh.	Guj	Jhar.	Naga	TN
N : All respondents	*3179*	*658*	*621*	*622*	*655*	*623*
Illiterate	15	13	14	33	5	8
Literate with no formal education	8	4	3	11	20	1
Primary school (up to Class V)	16	13	16	9	23	17
Middle school (up to Class VIII)	23	23	25	19	26	22
Secondary school (up to Class X)	20	22	19	12	20	26
Senior secondary school (up to Class XII)	11	17	10	10	5	13
Graduate and above	8	9	13	6	1	12

Among the study states, Jharkhand had the highest percentage (33%) of respondents who were illiterate, whereas the lowest percentage was reported in Nagaland (5%) followed by Tamil Nadu (8%). However, Nagaland also had 20 percent of respondents who were literate but had no formal education and only1 percent who had completed graduation.

Occupational Profile of Respondents

In an earlier study that was focused on understanding the relationship between occupation and health-related quality of life among pregnant women, it was found that occupation was important not only because it influenced economic status, but it also influenced the health-related quality of life of pregnant women (Głab & Bryła, 2011).

Figure 3-3 Employement status



As per the survey findings, almost all male respondents were employed in some paid occupation in the past one year. In contrast, less than half of the women (43%)surveyed reported being similarly employed. In Chhattisgarh, only 13 percent of women had worked for money in the past one yearfrom the time of the survey. Nagaland reported the highest proportion of employed women at 63 percent.

Table 3-3 Occupation profile

Occupation Profile	All	Urban		Rural	
		Male	Female	Male	Female
N (Worked for money)	*482*	*110*	*41*	*208*	*123*
Shop owner	24	33	48	21	15
Petty trader	18	19	21	21	12
Cultivator	17	0	1	15	39
Agricultural labourer	14	10	3	11	27
Unskilled worker	11	16	2	16	0
Skilled worker	9	16	3	8	5
Clerical / Salesman	2	3	8	2	0
Self Employed Professional	1	2	14	0	0
Supervisory Level	1	1	0	3	0
Businessman/Industrialist	1	1	0	2	0
Teacher/Lecturer	1	2	0	1	1

A mix of occupation typologywas reported in the cross-distribution of urban-rural and male-female. The top occupation profile was‘shop owner’ in urban areas with 33 percent of urbanmales and 48 percent of urbanfemales who reported owning a shop. This was followed by petty trader, which accounted for about one-fifth of urban males (19%) and urban females (21%). In rural areas, especially among women, there was a high dependency on agriculture-based work. Almost 6 out of 10 rural females were reported to be engaged in agricultural work, with 39 percent working as a cultivator and 27 percent working as in agricultural labour. At an aggregate level, shop owner, petty trader, cultivator, agricultural labourer, and unskilled worker were the top occupations among all respondents.

It is important to note that a low percentage of all respondents were employed in some skilled work or in a more progressive occupation profile such as a supervisor, teacher, or businessman, etc.

Exposure to Media

The role of media in promoting healthy behaviours in society is well documented. The media is an important ally in any public health situation. It serves the role of being a source of correct information as well as an advocate for correct health behaviors (Influenza, 2009). However, the prerequisite of any media channel to be effective is the reach of that channel in society.

Table 3-4 Exposure to media

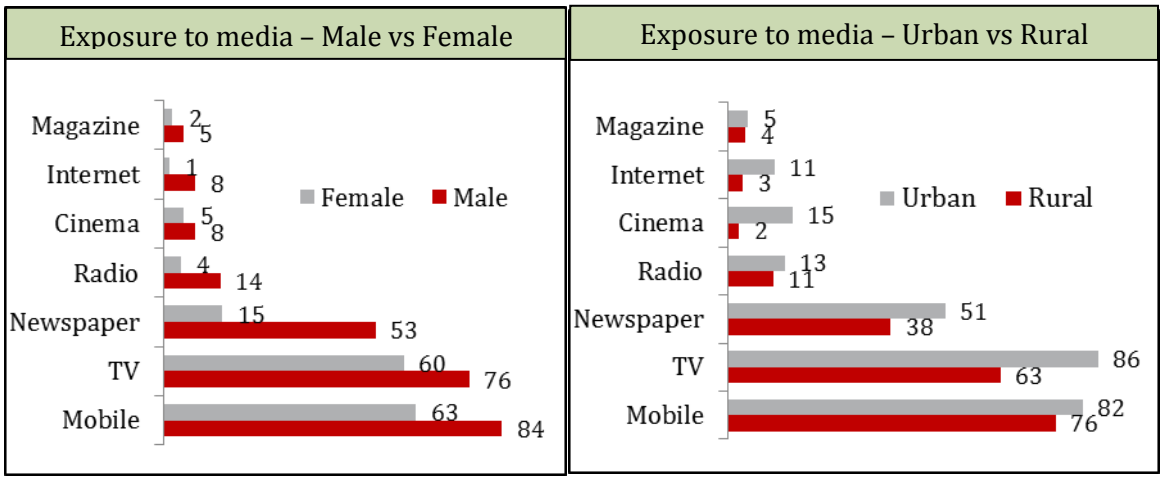
Exposure to media	All	Chtisgrh.	Guj	Jhar.	Naga	TN
N	*3179*	*658*	*621*	*622*	*655*	*623*
Use mobile	78	64	74	78	83	93
Watch TV	72	82	87	43	51	96
Read newspaper	42	55	35	39	12	73
Listen to radio	11	10	7	25	3	13
Go to cinema	17	23	36	3	2	23
Use internet	7	5	15	2	4	12
Read magazine	4	6	1	1	0	13

In terms of different kinds of media exposure, the findings showed that respondents had the highest exposure to a mobile phoneand TV across all the study states. Around 8 out of 10 (78%) respondents possesseda mobile phone while around 7 out of 10 (71%) watched TV at least once a week. Television viewership was highest in Tamil Nadu state (96%) and lowest in Jharkhand (42%).Nagaland also reported relatively lower TV viewership (51%), whereasChhattisgarh and Gujarat states had high TV viewershipat 82 percent and 87 percent, respectively.

As mentioned earlier, PPTCT ads were aired on TV, radio, and in cinemas. While the exposure to TV was high, the exposure levels for radio and cinema weremuch lower. Only around one-tenth (11%) of respondents listened to the radio regularly(i.e., at least once in a week). Radio listenership was highest in Jharkhand (25%) and lowest in Nagaland (2%).Regarding exposure to cinema, less than one-fifth (17%) of respondents reported going to the cinema at least once in a month. The figures were highest for Gujarat (35%) and lowest for Nagaland (2%).

After TV and mobile phones, newspaper was the third most popular media sourcewith 42 percent of respondents reading the newspaper regularly (i.e., at least once in a week). In Tamil Nadu, 72 percent of respondents read the newspaper regularly while only 12 percent of respondents reported reading the newspaper regularly in Nagaland. Broadly speaking, Tamil Nadu had the highest exposure to all types of media among the study states.

Figure 3-4 Exposure to media- Male vs FemaleFigure 3-5 Exposure to media- Urban vs Rural



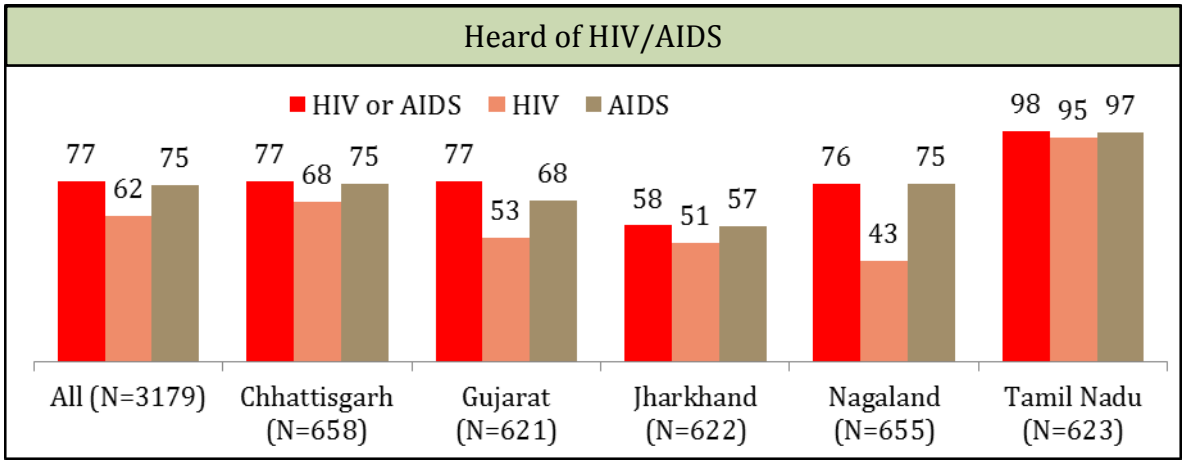
The pattern of popularity of different media sources did not vary by gender or by location. The top two media sources remained TV and mobile, followed by newspaper. However, the exposure level for all media types wasbroadly higher for males as compared to females, and higher for urban areas as compared to rural areas.

Chapter 4 :General HIV/AIDS Knowledgeand Awareness

This chapter presents the respondents'basic awareness level of HIV/AIDS. While the detailed analysis on HIV/AIDS-related knowledge will be discussed in Chapter 7, this chapter is limited to general awareness around transmission and prevention of HIV infection.

Heard of HIV/AIDS

Figure 4-1 Heard of HIV/AIDS



At the aggregate level, more than three-fourths (77%) of respondents reported that they had heard of HIV or AIDS. The highest awareness level of 98 percent was reported in Tamil Nadu state while Nagaland reported the lowest level of awareness at 58 percent. In the other three states, the awareness was around the aggregate average. Interestingly, **a smaller proportion of respondents across the study states said that they had heard of 'HIV' as compared to 'AIDS'**.

Table 4-1 Heard of HIV/AIDS

	Total			Urban			Rural		
	T	M	F	T	M	F	T	M	F
N: All	*3179*	*1599*	*1580*	*1142*	*575*	*567*	*2037*	*1024*	*1013*
Heard of HIV	62	68	44	68	75	51	58	65	41
Heard of AIDS	75	81	57	87	92	75	68	75	48
Heard of HIV or AIDS	77	83	61	90	94	80	70	77	51

Awareness was highest among urbanmales at 94 percent and lowest among rural females with only half of them (51%) reporting that they had heard of HIV or AIDS. Additionally, it was also observed that the awareness level increased as the education level increased. Overall, males reported higher awareness than females and urban respondents reported higher awareness than rural respondents.Awareness of HIV as compared to AIDS was lower across urban-rural and male-female distributions as well.

HIV Transmission & Prevention Ways

Table 4-2 HIV transmission ways

N: All aware of HIV/AIDS (2444)	Spont. + Aided	Spont.	Aided
HIV positive mother to unborn child	99	7	92
Engaging in sex without condoms	85	43	42
Unsafe sex with unknown person	83	24	60
Unsafe sex with person having multiple partners	82	38	44
Transfusion of un-tested blood	76	27	50
Sharing needles	76	25	50
HIV positive mother to newly born child through breastfeeding	34	4	31
Sharing a meal with someone who is infected	13	2	11
Through mosquito bites	13	2	11

The respondents who were aware of HIV/AIDS were asked about the different ways of HIV transmission. The responses were captured in both a spontaneous and aided (or prompted) manner. Interestingly, the top response thatalmost all the respondents (99%)gave was the transmission from "HIV positive mother to the unborn child," which was essentially the main subject of this study. Clearly, **knowledge of the concept of transmission of HIV from mother to child existed among study participants**. This was followed by three responses that were related to unsafe sex practices, including "engaging in sex without condoms", "unsafe sex with unknown person," and "unsafe sex with person having multiple partners".

In approximately one-tenth of cases, misconceptions were also reported regarding transmission routes: 13 percent of respondents believed "sharing meal" and "mosquito bites" were modes of HIV transmission. After understanding lower awareness on "HIV" than "AIDS", this was yet another indication of **lack of correct technical knowledge** on the subject of this study.

Table 4-3 HIV prevention ways

N: All aware of HIV/AIDS (2444)	Spont. + Aided	Spont.	Aided
Use of condoms	85	44	41
Limit sex to one partner/being faithful	80	21	59
Avoid sex with persons who have many partners	74	12	62
Limit numbers of sexual partners	73	11	61
Avoid sex with sex workers	68	19	48
Use only new/ sterilized needles	64	10	54
Abstaining from sex	54	21	33
Avoid blood transfusions	54	16	38
Avoid sharing razor/ blades	52	5	46
Avoid sex with homosexuals	42	3	39
Use blood only from relatives	35	2	33
Avoid Intravenous (IV) drip	33	2	31
Avoid sex with persons who inject drugs	33	3	31
Avoid injections	31	3	28
Avoid mosquito bites	16	2	14
Avoid kissing	15	2	13

Knowledge of transmission routes of HIV appeared to be converging on knowledge ofways of HIV prevention. For example, the top ways of HIV prevention that were reported also

related to "safe sex practices" such as "using condom", "limiting sex to one partner", etc. Similar figures were also reported for misconceptions like avoiding "mosquito bites" and "kissing" as (incorrect) ways of HIV prevention.

Chapter 4 Summary

- The respondents surveyed were mainly middle-aged, and living with a spouse and children in a nuclear family.
- The majority of respondents had education until school level. Most of them were employed in some occupation, with skilled/unskilled workers and agriculture being the top occupations.
- Respondents had high exposure to mobile phone and TV but less exposure to radio, cinema, internet, and magazine. Nagaland and Jharkhand had relatively less exposure to TV compared to the other states.
- Basic HIV/AIDS awareness was high across the states except in Jharkhand. Tamil Nadu reported the highest awareness level with almost all respondents reporting that they were aware of HIV/AIDS.
- There were differences observed on the awareness levels of "HIV" versus "AIDS".
- Almost all respondents who were aware of HIV/AIDS reported high awareness of the concept of HIV transmission from mother to child.


करें वही जो
बच्चे के लिए
है सही
हर सरकारी अस्पताल के आई.सी.टी.सी. में
गर्भवती महिलाओं के लिए एच.आई.वी. की सलाह और जाँच
की सुविधा उपलब्ध है। यह सुविधा बिलकुल मुफ़्त एवं गोपनीय है।
NACO
India's voice against AIDS
Department of AIDS Control
Ministry of Health & Family Welfare,
Government of India
www.naco.gov.in

Chapter 5 : Reach and Recall of the PPTCT Campaign

Reach of the PPTCT Campaign

As discussed earlier, four ads were aired under the PPTCT campaign- 'Kick' and 'Mother & Daughter', each having both TV/Cinema and Radio versions.

Figure 5-1 Overall Exposure to PPTCT campaign

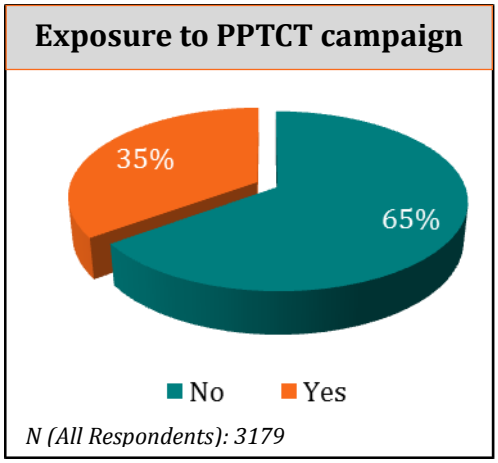
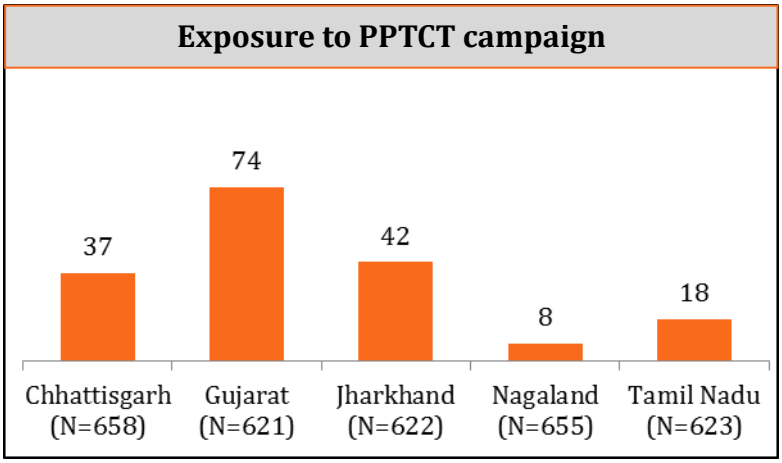


Figure 5-2 State wise Exposure to PPTCT



A respondent was classified as "exposed" if s/he reported having seen or heard any of the four ads under the PPTCT campaign, either spontaneously or in aided manner. Overall, around **one-third of respondents (35%) were found to be exposed to the PPTCT campaign**. The exposure level was highest in the state of Gujarat where approximately three-fourths (74%) of respondents were exposed to the campaign. The states of Jharkhand, Chhattisgarh, and Tamil Nadu reported exposure levels of 42 percent, 37 percent, and 18 percent, respectively. The exposure was lowest in Nagaland at only 8 percent, which is not entirely surprising since Nagaland also reported the lowest TV viewership as well as the lowest radio listenership among all the study states. On the other hand, Gujarat reported the highest level of TV viewership. Moreover, the regional language edit for Nagaland in Nagamese was not aired under the campaign so the Hindi language ad was used during the time of field work foraided recall in Nagaland. However, in the case of Tamil Nadu, in spite of relatively higher media access and use of Tamil language ads, the exposure to the PPTCT campaign was still relatively low.

Table 5-1 Exposure to PPTCT campaign: Overall

	Total			Urban			Rural		
	T	M	F	T	M	F	T	M	F
N: All	*3179*	*1599*	*1580*	*1142*	*575*	*567*	*2037*	*1024*	*1013*
Exposed to PPTCT campaign	35	36	35	45	44	47	30	31	29

The campaign exposure level was found to be higher in urban areas (45%) than rural areas (30%). Additionally, as a part of the analysis, the exposure level was measured among respondents who reported regular access to TV, radio, and cinema. It was found that among respondents who watched TV at least once in a week, 45 percent were exposed to the PPTCT campaign. The exposure level among regular radio listeners (at least once in a week) was 65 percent, and among respondents who go to cinema (at least once in a month) was 57 percent.

Table 5-2 Exposure to PPTCT campaign: By background

Exposed to PPTCT campaign		*Base*	Exposure level
All	All	*3179*	35
Family composition	Nuclear	*2013*	25
	Extended	*317*	38
	Joint	*849*	59
Religion	Hindu	*2167*	42
	Muslim	*246*	35
	Christian	*614*	11
	Sikh	*5*	37
	Sarna	*114*	52
	No Religion	*33*	13
Social category	Other Backward Caste	*1714*	40
	Scheduled Caste	*372*	41
	Scheduled Tribe	*796*	19
	General Caste	*246*	50
	Don't Know/Can't Say	*51*	29
Current age	18-28 years	*750*	45
	29-39 years	*1521*	35
	40-49 years	*908*	29
Education level	Illiterate	*460*	19
	Literate with no formal education	*245*	16
	Primary school (up to Class V)	*497*	26
	Middle school (up to Class VIII)	*737*	40
	Secondary school (up to Class X)	*630*	39
	Senior secondary school (up to Class XII)	*358*	45
	Graduate and above	*250*	68

The campaign exposure level was found to be higher in joint families (59%) as compared to extended or nuclear families. Earlier, we had also observed that Gujarat had the highest proportion of the respondents living within joint family as well as the highest exposure to the campaign. A possible explanation could be "word of mouth" spread within a joint family. The respondents belonging to the younger age bracket (18-28 years) had higher exposure level than those in the higher age brackets. Moreover, the exposure level appeared to increase with increasing levels of education.

Reach of Individual PPTCT Campaign Ads

As we understood above, the overall reach of the campaign was 35 percent. This was measured by considering exposure to any of the four ads under the PPTCT campaign. However, it is important to also examine the reach of each of the individual ads as shown in the below table.

Table 5-3 Reach of PPTCT individual ads

	All	Chhtsgrh.	Guj	Jhar.	Naga.	TN
Mother & Daughter TV/cinema ad	24	24	62	21	5	9
Kick TV/cinema ad	22	24	53	16	6	12
Mother& Daughter Radio	9	11	7	24	1	6
Kick Radio	7	8	5	17	1	4

Reach of the TV/Cinema ads for both 'Kick' and 'Mother & daughter' was found to be higher than their radio counterparts. Twenty-four percent of respondents said that they had seen the 'Mother & daughter' TV/Cinema ad, and 22 percent confirmed watching the 'Kick' TV/Cinema ad. Only 9 percent of respondents reported that they had heard the 'Mother & Daughter' radio ad, and exposure to the 'Kick' radio was the lowest atjust 7 percent.

These findings should be understood in context as it was previously indicated that radio listenership was consistently low as compared to TV viewership across all the states. Another interesting observation is that exposure to radio ads in Jharkhand was highest among the study states, and Jharkhand also reported the highest radio listenership among these states. It can be said that the campaign **exposure level is highly correlated with media habits**. To delve further into this association, a multivariate analysis using binary logistic regression to develop model of reach was carried out and is discussed in the later part of this chapter.

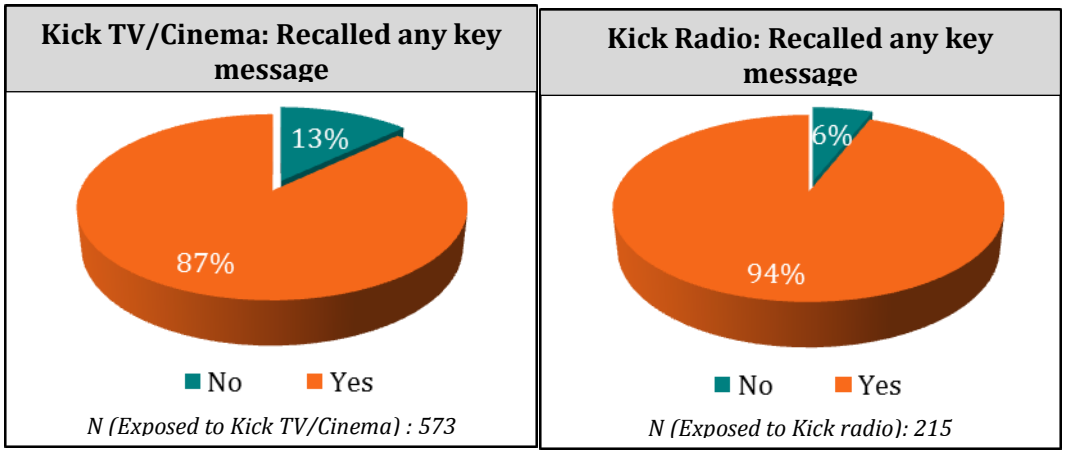
Recall of the PPTCT Campaign Ads

Understanding the recall level is one of the crucial variables when evaluating the effectiveness of any campaign. In this study, recall was assessed by recall of the key message from the ad and the ad's tagline.

Recall: Kick (TV/Cinema and Radio)

Those who were reported watching 'Kick' TV/Cinema ad, indicated that they had seen it foran average of 6.1 times. The corresponding mean for hearing the radio ad was 6.5 times.

Figure 5-1 Any Key Message Recalled for Kick TV/Cinema Figure 5-2 Any Key Message Recalled for Kick Radio



Most of the respondents who were exposed to the Kick ads (both TV/Cinema and Radio) were able to recall at least one key message from the ad, suggesting high comprehension of these ads.

Table 5-4 Key messages recalled: Kick ads

	TV/Cine.	Radio
N– All exposed to Kick ad	*570*	*205*
If you are pregnant you should get tested for HIV at the earliest	67	65
To protect the child from HIV timely detection and medicines are very important	36	34
HIV transmission from mother to the child can be prevented/curbed through medicines	23	29
Mother should undergo HIV tests to enable timely detection, if infected	19	28
HIV test can be done in Government hospital's ICTC centers for free	12	26

The top key message recalled was "If you are pregnant you should get tested for HIV at the earliest", which was mentioned by two-thirds (66%) of the respondents who were exposed to the ads. This was followed by recall of the key message "To protect the child from HIV timely detection and medicines are very important".

Table 5-5 Tagline recall : Kick ads

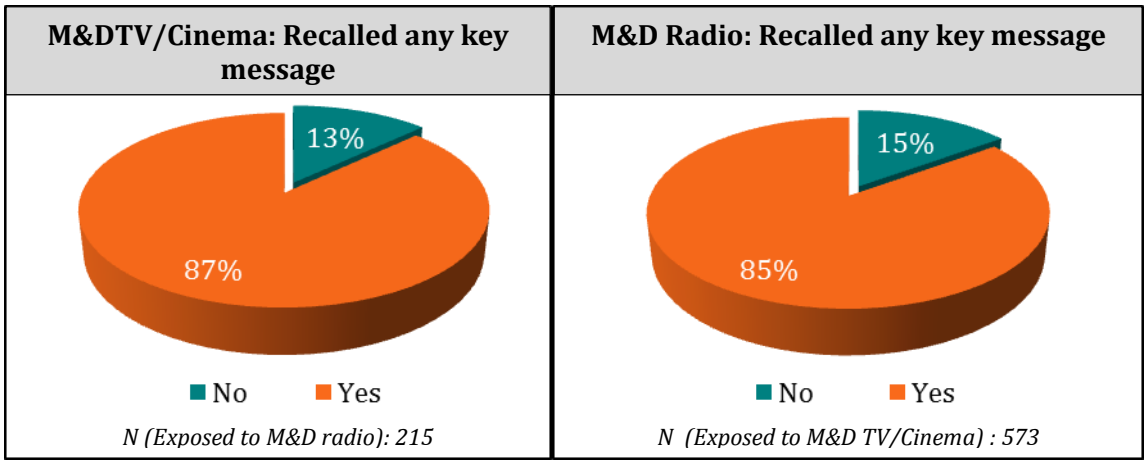
Ad	Tagline recall	All	Chhtsgrh.	Guj	Jhar.	Naga.	TN
	N: All respondents seen the ads						
Kick TV/Cinema	*Kare wahi jo bacche ke liye ho sahi*	11	33	0	10	15	0
Kick Radio	*Kariye ek chhoti si jaanch taaki apke sapne pe na aaye aanch*	22	10	0	38	65	0

The correct recall of the tagline was twice as high for the Kick radio ad (22%) as compared to the TV/Cinema ad (11%).

Recall: Mother & Daughter (TV/Cinema and Radio)

Those who were reported watching the 'Mother & Daughter' TV/Cinema ad indicated that they had seen it for an average of 5.3 times. The corresponding average for the radio ad was 5.9.

Figure 5-3 Recalled any key message:M&D TV/Cinema **Figure 5-4 Recalled any key message: M&D Radio**



Similar to recall for the 'Kick' ads, most of the respondents who were exposed to the 'Mother & Daughter' ads (both TV/Cinema and Radio) were also able to recall at least one key message from the ad, suggesting high comprehension of these ads as well. Thus, there appears to be overall **high comprehension of the ads under the PPTCT**campaign.

Table 5-6 Key messages recalled: Mother & Daughter ads

	TV/Cine.	Radio
N– All exposed to Mother & Daughter ad	*550*	*248*
Mother should undergo HIV tests to enable timely detection, if infected	59	67
HIV transmission from mother to the child can be prevented/curbed through medicines	35	26
It is responsibility of parents to undergo HIV test as a step towards protecting the child from all kinds of danger	27	26
The information during such tests will be kept confidential	21	11
HIV test can be done in Government hospital's ICTC centers for free	7	21

The top key message recalled was "Mother should undergo HIV tests to enable timely detection, if infected", which was mentioned by 59 percentand 67 percentof respondents exposed to the TV/Cinema ad and Radio ad, respectively. The next frequently recalled key message for both the ads was "HIV transmission from mother to the child can be prevented/curbed through medicines". However, for the radio ad, there was a tie with 26 percent also recalling the key message "It is the responsibility of parents to undergo HIV test as a step towards protecting the child from all kinds of danger".

Table 5-7 Tagline recall: Mother & Daughter ads

Ad	Tagline recall	All	Chhtsgrh.	Guj	Jhar.	Naga.	TN
	N: All respondents seen the ads						
M&D TV/Cinema	*Ek kadam zindagi ki aur*	7	14	1	11	21	2
M&D Radio	*Toh aap bhi kijiye mamta ki shuruaat, HIV test ke saath*	19	22	9	23	65	0

Again, the correct recall of the tagline was found to be higher for theradio ad (19%) than the TV/Cinema ad (7%).

Multivariate Analysis to Identify Predictors of Reach of PPTCT Campaign

A binary logistic regression was performed to ascertain the effects of location, gender, family compostion, education level and media habits on the likelihood that the respondents were exposed to PPTCT campaign. One of the thrust areas of the study was to identify the major predictor variables of campaign reach.To identify the relationship and to establish a model of prediction for reach of the campaign, binary logistic regression model was built based on certain demographic variables as predictors and taking the reach (exposure) as dependent variables. The predictor variables were mainly to be gauged from the demographic information that was captured in the study.The predictors considered were:

- Location (Urban/Rural)
- Gender (Male/Female)
- Family Composition (Nuclear/Joint/Extended)
- Education Level
- Media habits (Frequency of watching TV/listening radio/going cinema)

Table 5-8 Results from Logistic Regression Model for Reach of PPTCT Campaign

Predictors++	Sig	OR (Exp B)
Urban_Rural++		
Rural (ref)		
Urban	0.616	1.048
Gender++		
*Male***		
Female	0.000*	2.104
Family_comp++		
Nuclear(ref)		
Joint	0.000*	3.684
Extended	0.001*	1.615
Education++		
Illiterate(ref)		
Literate but no formal education	0.782	0.936
Literate- Middle level	0.002*	1.616
Literate- Sr. Secondary	0.002*	1.647
Graduate & above	0.000*	3.686
Watch_TV++		
Not at all(ref)		
Everyday	0.000*	5.324
Once a week	0.000*	8.988
Less than once a week	0.000*	3.711
Listen_Radio++		
Not at all(ref)		
Everyday	0.000*	6.675
Once a week	0.000*	7.82
Less than once a week	0.003*	2.572
Go_cinema++		
Do not go(ref)		
Go to cinema	0.009*	1.367

*++: Predictor Variables (ref): Reference Category *: Significant at 95% Confidence Interval, OR-Odds ratio*

Results show that **frequency of watching TV and listening to the radio were the strongest predictorsof campaign reach**. This is in congruence with the earlier descriptive findings in which it was observed that lower reach of radio ads could be attributed to the lower exposure to radio across the states.

Family composition and education level were also found to be strong predictors of campaign reach. Those living in a joint family were found to be 3.7 times (OR=3.684, at 95% CI) more likely to report being exposed to the campaign as compared to those living in a nuclear family.Those living in an extended family were 1.6 times (OR=1.615, at 95% CI) more likely to report being exposed compared to those in a nuclear family. This is also in congruence with the finding that Gujarat had highest proportion of respondents living within joint family and also had the highest exposure to the campaign. A possible explanation for this could be reach through "word of mouth" within in the family. Education also appears to be associated with reach such that those who were graduates or above were 3.7 times (OR=3.686, at 95% CI) more likely to be exposed to the campaign than those who were illiterate.

Gender of the respondent was also identified as a significant predictor of campaign reach. Females were twice (OR=2.104, at 95% CI)as likely to be exposed to the campaign compared to males.

Chapter 5 Summary

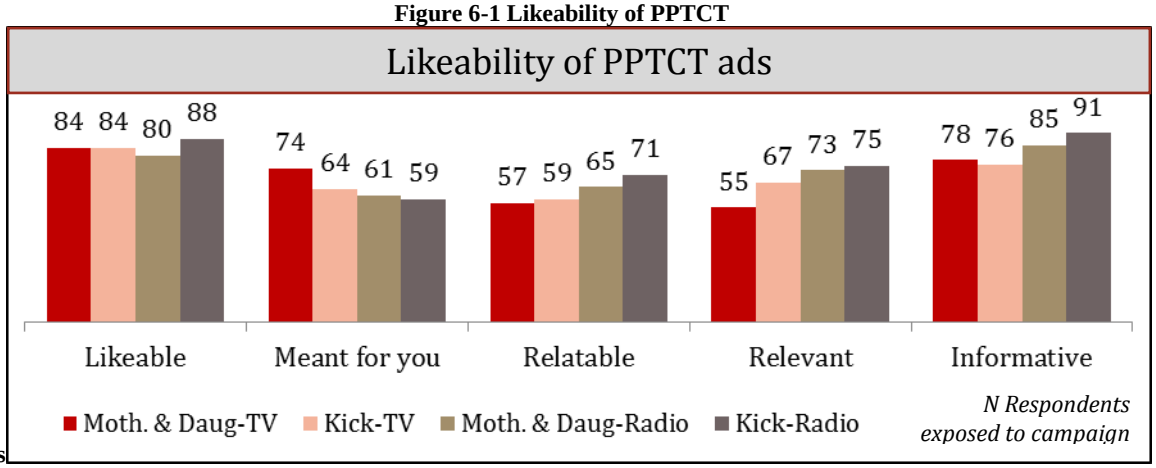
- Around one-third of respondents (35%) were exposed to the PPTCT campaign.

Chapter 6 :Likeability of the PPTCT Campaign

The likeability of any ad can make it more memorable. It plays a key role in persuasion, which can lead to more effective advertising. According to a study in 2005, 80 percent of the ad recognition was connected with its likeability (Hermie, Lanckriet, & Lansloot, 2005). The idea of "liking" an ad can be difficult to measure in tangible, quantifiable terms. In the current study, likeability was considered using the following five elements: Likeable, Meant for you, Relatable, Relevance, and Informative.

Likeability of PPTCT Ads

Figure 6-1 Likeability of PPTCT ads



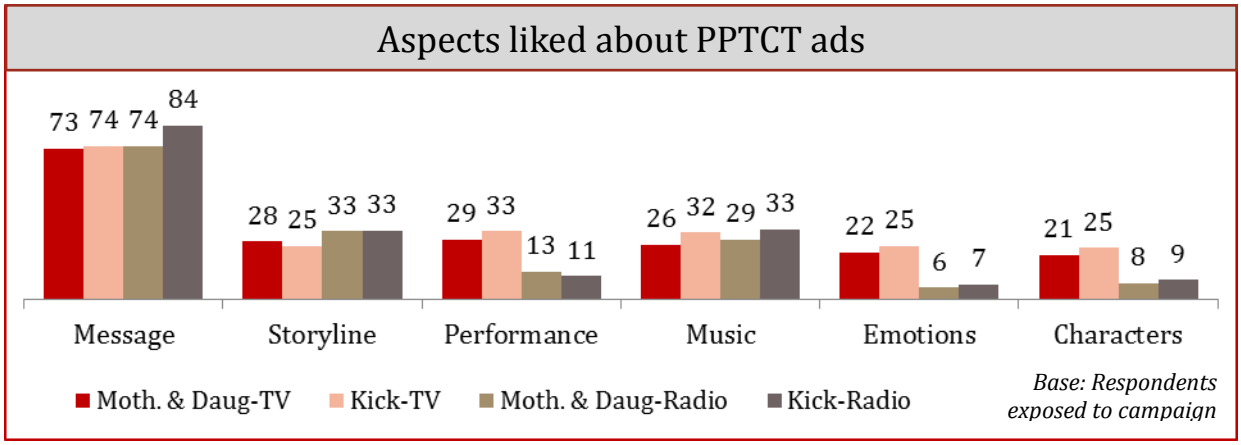
The PPTCT campaign was found to be **highly likeable**. As evident from the figure 6.1 above, all the four ads under the campaign were reported as highly likeable by the respondents exposed to these ads. A high proportion of the exposed respondents agreed that the points made in the ad were informative. However, the elements of relatability and relevance were relatively lower (especially in case of TV ads).

Table 6-1 Likeability of PPTCT campaign

	Total			Urban			Rural		
	T	M	F	T	M	F	T	M	F
Kick TV ad									
Liked	80	77	99	78	73	100	81	79	99
Neither liked nor disliked	9	10	1	13	16	0	5	6	1
Disliked	12	14	0	9	11	0	14	15	0
Mother & Daughter TV ad									
Liked	84	82	92	80	77	89	87	85	94
Neither liked nor disliked	11	13	5	12	14	9	11	13	3
Disliked	5	5	3	8	9	2	3	2	3
Kick Radio ad									
Liked	88	89	83	86	90	73	89	89	91
Neither liked nor disliked	4	4	8	5	3	11	4	4	5
Disliked	8	7	10	9	7	17	7	7	4
Mother & Daughter Radio ad									
Liked	84	86	79	83	88	70	84	84	85
Neither liked nor disliked	8	8	7	7	7	8	9	10	7
Disliked	8	6	14	10	6	22	7	6	8

Aspects Liked About PPTCT Ads

Figure 6-2 Aspects liked about PPTCT ads



For all four ads, the **main aspect that was liked about the PPTCT ads was the "message of the ad"**, which was considerably higher compared to any other aspect of the ad. This was also consistent with the earlier finding that there was ahigh level of comprehension of the PPTCT ads.

Other aspects of the ads that respondents liked were Storyline, Performance, Music, Emotions, and Characters. However, the figures for 'Performance', 'Emotions' and 'Characters' were comparatively lower for radio ads as compared to TV ads.

Chapter 7 :Knowledge Related to HIV/AIDS and PPTCT

The role of mass media campaigns in increasing the awareness of HIV has been well understood. Even in the past, mass media campaigns emerged early in the HIV epidemic as a tool to promote condom use and to increase knowledge of HIV prevention and transmission.

As previously discussed in Chapter 4, there was high basic awareness of HIV/AIDS among study respondents. This chapter discusses more technical knowledge of aspects related to HIV/AIDS and PPTCT. The chapter also examines the differencesin knowledge levels among those respondents exposed to the campaign versus those non-exposed.To understand to what extent the change in knowledge level can be attributed to campaign exposure, a multivariate analysis using binary logistic regressionhas been included at the end of the chapter.

Knowledgeabout PPTCT and ICTC

Overall, the awareness level of the PPTCT programme and ICTC centres was reported to be low. Around one-tenth of respondents (12%) had heard of the PPTCT programme and ICTC centre (8%). Comparatively, awareness was higher in Gujarat where 28 percent of respondents reported hearing about the PPTCT programme and 14 percent had heard of ICTC centres.

Figure 7-1 Heard of PPTCT & ICTC

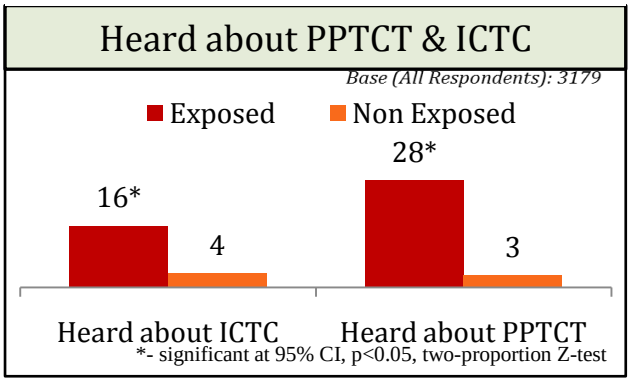


Table 7-1 Heard of ICTC/PPTCT : State level

	N	PPTCT	ICTC
All	*3179*	12	8
Chhattisgarh	*658*	13	12
Gujarat	*621*	28	14
Jharkhand	*622*	9	1
Nagaland	*655*	1	4
Tamil Nadu	*623*	9	9

However, **the awareness level of both the PPTCT programme and ICTC centres was higher among the respondents exposed to the campaign**compared to those non-exposed. Sixteen percent of exposed respondents had heard about ICTC centres as compared to 4 percent among those non-exposed. Similarly, 28 percent of exposed respondents had heard of the PPTCT programme compared to only 3 percent of non-exposed respondents. These differences were found to be statistically significant (at 95% CI, $p<0.05$, two-proportion Z-test).

Overall, the majority of respondents (82%) who had heard of ICTC correctly mentioned that ICTC was meant for HIV testing. However, only half of them mentioned that ICTC was meant for HIV counselling, suggesting there was less technical understanding of the subject.

Table 7-2 Awareness about ICTC/PPTCT

	Total			Urban			Rural		
	T	M	F	T	M	F	T	M	F
N: All	*3179*	*2317*	*862*	*1142*	*842*	*300*	*2037*	*1475*	*562*
Heard of ICTC	8	9	7	14	15	10	5	5	5
Heard of PPTCT	12	12	13	8	18	20	12	9	10
Meaning of ICTC									
N: Heard of ICTC	*256*	*199*	*57*	*157*	*128*	*29*	*98*	*71*	*28*
For HIV Tests	82	82	85	82	81	86	82	82	84
For HIV Counselling	44	51	20	54	60	28	26	33	10
Meaning of PPTCT									
N: Heard of PPTCT	*383*	*310*	*72*	*203*	*167*	*37*	*180*	*144*	*36*
Related to HIV transmission prevention	36	39	26	51	55	33	20	20	18
Related to HIV transmission prevention from parent	32	31	33	31	33	21	33	29	46
Related to HIV	24	22	34	15	11	37	35	36	31
No response	8	8	7	3	2	10	13	15	5
Total	100	100	100	100	100	100	100	100	100

Only about one-third of allrespondents (32%) who had heard about the PPTCT programme were able to indicate what the programme stood for, i.e., “Prevention of HIV transmission from parent to child”. The remainder of respondents had an idea that the programme was related to HIV and HIV prevention.Around 8 percent of respondents were not able to respond when asked about the meaning of PPTCT.

Table 7-3 Aware of testing/counselling centres

		All	Chhtsgrh.	Guj	Jhar	Naga	TN	Exposed	Non Exposed
N: Heard about HIV/AIDS		*2262*	*423*	*418*	*300*	*514*	*607*	*1009*	*1253*
Counseling centre	Any ICTC centres	6	7	17	3	1	3	12*	2*
	Any Govt. hospital	71	66	48	91	87	67	68*	73*
	Any Private Hospitals	25	11	33	37	35	17	29*	23*
	Don’t Know	19	16	33	1	11	27	17	20
Testing centre	Any ICTC centres	6	9	15	0	1	5	11*	3*
	Any Govt. hospital	73	71	58	89	85	66	73	73
	Any Private Hospitals	25	9	32	35	36	19	27	24
	Don’t Know	19	16	31	1	13	29	17*	21*

*- significant at 95% CI, p<0.05, two-proportion Z-test

About one-fifth (19%) of respondents who had heard of HIV or AIDS were not able to name a centre for HIV testing and counselling. Among those who could, “government hospital”was the top response for both testing and counselling centres.

Table 7-4 Knowledge of stage of transmission of HIV from mother to child

		All	Chhtsgrh.	Guj	Jhar	Naga	TN	Exposed	Non Exposed
N: Mentioned mother to child as transmission route of HIV		*2262*	*423*	*418*	*300*	*514*	*607*	*1009*	*1253*
Stage of transmission	During Pregnancy	50	45	32	71	29	71	56*	45*
	During labor	12	24	11	22	2	4	16*	9*
	During Breastfeeding	13	24	8	4	9	15	12	13
	Don't Know	45	43	65	20	69	27	40*	48*
*- significant at 95% CI, p<0.05, two-proportion Z-test									

We had seen in Chapter 4 that almost all the respondents mentioned "infected mother to child" as one of the ways of HIV transmission, either spontaneously or in an aided manner. However, in a separate analysis, it was interesting to note thatthere was a significant difference in spontaneous recall among exposed (12%) and non-exposed (4%) respondents in terms of mentioning "infected mother to child" as one way of HIV transmission (95% CI, p<0.05, two-proportion Z-test). This finding can be considered in conjunction with the finding that the top recalled message from the PPTCT ads was "Mother should undergo HIV tests to enable timely detection, if infected". Thus, it appears that the **campaign was able to effectively communicate its key message**.

However, when asked about when transmission of HIV infection occurs from mother to child, 45 percentof all respondents were not able to provide a response. Non-response was higher among the non-exposed respondents (48%) as compared to exposed respondents (40%). This further strengthened the argument that overall, there seems to be**less clarity on the technical aspects** of the subject (HIV/AIDS/PPTCT).

Important to Get an HIV Test Done

The respondents who mentioned "transmission of HIV infection from mother to child" as one mode of transmission were also asked whether they believed that it was important for them or their spouses to get tested for HIV test.

Table 7-5 Important to get an HIV test done

	Total			Urban			Rural		
	T	M	F	T	M	F	T	M	F
N: All	*2262*	*1237*	*1025*	*947*	*494*	*453*	*1315*	*743*	*572*

Should go for HIV test	32	31	36	29	26	40	35	35	32

	All	Chhtsgrh.	Guj	Jhar	Naga	TN	Exposed	Non Exposed
N Mentioned mother to child as transmission route of HIV	*2262*	*423*	*418*	*300*	*514*	*607*	*1009*	*1253*
Should go for HIV test	32	46	27	88	11	8	49*	20*

*- significant at 95% CI, p<0.05,two-proportion Z-test

Respondents who were **exposed to the PPTCT campaign attached higher importance to getting the HIV test done** as compared to those non-exposed. Almost half of the respondents (49%) who were exposed to the campaign mentioned that it was important for them/their spouses to get an HIV test done as compared to only 20 percent of non-exposed respondents, and this difference was statistically significant (95% CI, $p<0.05$, two-proportion Z-test).Among the study states, Jharkhand reported the highest corresponding figure with 88 percent of the overall respondents who mentioned thatit was important for them/their spouses to get an HIV test done.

66 percent respondents who were exposed to the Kick radio ad believed that it was important to get the HIV test done. The corresponding figures were 65 percent, 48 percent and 43 percent for respondents exposed to Mother & Daughter radio ad, Mother & Daughter TV/Cinema ad and Kick TV/Cinema ad respectively.

Multivariate Analysis to Examine Predictors for Importance of Having an HIV Test

We have understood that the respondenst exposed to PPTCT campaign placed higher importance to getting HIV test done as compared to those non-exposed. To further understand the likelihood that the exposed respondents understood the importance of HIV test when compared to those non-exposed while controlling for certain demographic variables, a multivariate analysis using binary logistic regressionwas carried out to understand the relationship between the dependent variable - "Whether important to get HIV test done for self/spouse" and the independent variables, includingexposure to campaign, location (urban/rural), gender, family composition, and education level.

Table 7-6 Results from Logistic Regression Model for Importance of Having an HIV test

Predictors	Sig	OR (Exp B)
Campaign Exposure		

Predictors	Sig	OR (Exp B)
Non exposed (ref)		
Exposed	.000*	4.042
Location		
Rural (ref)		
Urban	.000*	.598
Gender		
Male(ref)		
Female	.118	.838
Family composition		
Nuclear(ref)		
Joint	.906	.987
Extended	.001*	1.634
Education		
Illiterate(ref)		
Literate but no formal education	.000*	.300
Literate- Middle level	.000*	.462
Literate- Sr. Secondary	.010	.620
Graduate & above	.113	.701

*(ref) Reference Category *: Significant at 95% Confidence Interval, OR-Odds ratio*

The campaign exposure variable was identified as the strongest predictor of the outcome variable "Whether important to get HIV test done for self/spouse". Those who were **exposed to the PPTCT campaign were four times more likely to understand that "getting HIV test done is important"** as compared to the non-exposed respondents, assuming other variables (location, gender, family composition, and education) were kept unchanged.

The findings in this chapter established that the knowledge level among respondents exposed to the campaign was significantly higher for all knowledge indicators as compared to the knowledge level of non-exposed respondents. However, there remains a lack of clarity on some of the technical aspects of HIV/AIDS and PPTCT.

Chapter 7 Summary

- Higher knowledge level across the knowledge indicators among respondents with exposure to the PPTCT campaign as compared to those non-exposed.
- A higher percentage of exposed respondentrecognized the importance of having an HIV test as compared to non-exposed respondents. Jharkhand reported the highest corresponding percentage among all study states.
- A higher percentage of respondents exposed to radio ads understood the importance of having an HIV test as compared to respondents exposed to TV ads.
- The top response given for an HIV testing and counseling centre wasa Government centre.
- Although a high proportion of respondents knew about mother-to-child transmission of HIV, a considerable proportion did not know about when transmission took place. Overall, there was less clarity on some of the technical aspects of the subject.

Chapter 8 :Attitudes related to HIV/AIDS

A number of previous studies have demonstrated that exposure to HIV/AIDS mass media campaigns has been linked to attitudinal and behavioral changes. In one such study, mass media interventions were found to be very effective in increasing the knowledge of HIV transmission, improving self-efficacy in condom use, influencingcertain social norms, increasing the amount of interpersonal communication, increasing condom use, and boostingthe awareness of health providers (Bertrand & Anhang , 2006).

This chapter aims to understand the attitudes related to HIV/AIDS,including examining any attitudinal differences among those exposed and non-exposed. Respondents were asked about their agreement with a set of 25 different attitude statements with responses ranging from 1 to 5 with 1 being 'Completely disagree' and 5 being 'Completely agree'. The attitude statements were a mix of negative (undesirable) and positive (desirable) tones, with aspects such as self-efficacy, social norms, and perceived severity with respect to HIV/AIDS.

Factor Analysis on Set of Attitudinal Statements

Factor analysis was used to determine any underlying pattern in the way the respondents answered the various attitude statements. By systematically analysing the group of statements, factor analysis made it possible to identify subsets of statements that clustered together; thereby revealing underlying attitude towards HIV/AIDS and pregnancy.

Since the attitudinal statements were mix of positive (desirable attitude) and negative (undesirable) tone, the statements with a negative tone were reverse coded and after conducting a reliability analysis on all the attitudinal statements, a confirmatory factor analysis was conducted to establish common themes.

Keeping these identified factors (themes) as reference, attitudinal differences were understood between the exposed respondents and the respondents who were not exposed to the campaign.

All statements relating to attitudinal aspects were factor analyzed using maximum likelihood analysis with Varimax (orthogonal) rotation. The loadings on the factors were restricted to 0.4, i.e., all loading below 0.4 on any of the factors were categorized into a different factor. The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy is a statistic that indicates the proportion of variance in the variables that might be caused by underlying factors. High values (close to 1.0) generally indicate that a factor analysis may be useful with the data. The examination of Kaiser-Meyer-Olkin measure of sampling adequacy suggested that the sample was factorable (KMO=.850). The following factors were identified as shown in Table 8-1 below.

Table 8-1 Factor analysis on attitudinal statements

Factor	Statements	Loading	Label
Factor-1	*Regular check not important in second pregnancy*	.734	**Perceived Severity**
	Not good to visit doctors during the early months of pregnancy	.566	
	Elders can easily deliver babies at home without the risk	.563	
	Strong and healthy don't need HIV testing	.542	
Factor-2	*My spouse will not like to use condom*	.656	**Efficacy**
	No need for HIV test since my doctor has not suggested it	.586	
	Family members can best take care HIV positive woman	.560	
	Wives should not bother husbands by asking them about visit to doctor	.447	
Factor-3	*Fear of lack of confidentiality during HIV test/counseling*	.651	**Social norms**
	HIV and AIDS are one and the same	.599	
	If I go for HIV test or counseling, people will form a bad opinion about me	.514	
	Woman with faithful husband need not go for HIV tests during pregnancy	.475	
	Husbands would doubt their wives for undergoing HIV tests	.457	
	Hospitals and institutional delivery are for unhealthy woman only	.450	
Factor-4	*Both wife and husband should go for HIV testing*	.737	**Perceived benefits**
	Mother should also undergo HIV tests to prevent transmission to protect child.	.702	
	With timely medicines, HIV transmission can be curbed	.608	
	HIV positive mothers should not have babies	.539	
	Feel confident in discussing about HIV/AIDS with spouse	.475	
Factor-5	*Elders are aware of issues such as HIV/ AIDS and PPTCT*	.773	**Family awareness**
	Elders advice on issues related to HIV and AIDS	.746	
Factor-6	*Mother -in law/ mother will support if decide to undergo HIV test*	.749	**Family support**
	Would not get support at home to undergo a HIV test	.704	

Theset of statements loaded into six factors and were labelled as – perceived severity, efficacy, social norms, perceived benefits, family awareness and family support. Four statements loaded onto factor 1 which were related to seriouseness towards HIV and pregnancy care. This factor was labelled as "perceieved severity". Similarly other set of related statements were loaded into corresponding factors and labelled accordingly.

These six identified factorswere used in the regression analysis for understanding the difference in attitude between exposed respondents and non-exposed respondents. These factors were kept as dependent variables and indepenedent variables were- exposure to campaign, location, gender, family composition and education.

Table 8-2 Regression on factors formed

Explanatory Variables	Perceived Severity	Efficacy	Social norms	Perceived benefits	Family awareness	Family support
			The figures in the table represents beta value from regression analysis			
If_exposed++						
Non exposed(ref)						
Exposed	.102*	.400*	.107*	.085*	.160*	.313*
Urban_Rural++						
Rural(ref)						
Urban	.118*	-.204*	.019	-.053	-.047	-.112*
Gender++						
Female(ref)						
Male	-.155*	-.151*	-.126*	.176*	-.347*	-.276*
Family_comp++						
Nuclear(ref)						
Joint	-.131*	.079	.092*	-.433*	.007	-.036
Extended	-.080	-.182*	.093	-.453*	.056	-.098
Education++						
Illiterate(ref)						
Literate but no formal education	-.285*	-.143	-.024	.101	.209*	.171*
Literate- Middle level	-.153*	-.167*	-.162*	.124*	-.071	.092
Literate- Sr. Secondary	.082	-.126*	-.142*	.278*	-.103	.046
Graduate & above	.366*	-.122	-.079	.530*	-.035	.066

++: Explanatory variable *ref: Reference Category* **:P value significant at 95% CI*

The output from regression analysis showed that exposed respondents had higher (desirable) mean rating score as compared to the non-exposed respondents, assuming other explanatory variables (location, gender, family composition, and education) were kept unchanged. Controlling for other explanatory variables (location, gender, family composition, and education), those who were exposed to the campaign had a mean score of 0.40 higher on efficacy factor than those who were not exposed. Similarly higher (desirable) mean scores were reported for other five factors as well.

Thus, results revealed that **exposure to**the **PPTCT campaign was significantly associated with respondents' positive attitudes towards HIV testing**across the range of attitudinal factors.

Keeping these factors (themes) as reference, the variance in attitude towards HIV/AIDS across the study states has been depicted in the Table 8.3 below.

Table 8-3 Attitudinal statements

	Statements (Completely Agree+ Agree)	All	Chhttsgrh.	Guj	Jhar	Naga	TN
Perceived benefits	*Both wife and husband should go for HIV testing*	82	79	66	85	83	95
	Mother should also undergo HIV tests to prevent transmission to protect child	83	74	73	89	83	97
	With timely medicines, HIV transmission can be curbed and the infant can be cured	79	71	67	72	93	92
	HIV positive mothers should not have babies++	78	76	67	66	87	92
Family Awareness	*Feel confident in discussing about HIV/AIDS with spouse*	80	81	73	75	95	73
	Elders are aware of issues such as HIV/ AIDS and PPTCT	58	66	57	53	84	27
Family support	*Elders advice on issues related to HIV and AIDS*	59	73	58	53	85	25
	Mother -in law/ mother will support if decide to undergo HIV test	64	73	60	73	86	27
	Would not get support at home to undergo a HIV test++	67	63	66	36	87	79
Perceived Severity	*Regular check not important in second pregnancy++*	55	65	64	36	81	26
	Not good to visit doctors during the early months of pregnancy++	50	53	60	35	82	20
	Elders can easily deliver babies at home without the risk++	59	69	67	49	81	29
	Strong and healthy don't need HIV testing++	58	65	71	36	82	35
Efficacy	*My spouse will not like to use condom++*	69	72	69	47	89	68
	No need for HIV test since my doctor has not suggested it++	67	66	69	47	87	66
	Family members can best take care HIV positive woman++	68	70	65	47	81	76
	Wives should not bother husbands by asking them about visit to doctor++	69	64	66	47	84	82
Social Norms	*Not comfortable in going for HIV testing and counseling services due to fear of lack of confidentiality++*	67	66	67	51	80	67
	HIV and AIDS are one and the same++	76	72	75	72	84	76
	If I go for HIV test or counseling, people will form a bad opinion++	61	57	70	43	65	71
	Woman with faithful husband need not go for HIV tests++	61	72	51	38	82	59
	Husbands would doubt their wives for undergoing HIV tests++	67	64	69	45	80	75
	Hospitals and institutional delivery are for unhealthy woman only++	68	73	65	48	81	73

++ represents the negative statements

At the aggregate level, the majority of the respondents understoodthe benefits of HIV testing. Around 8 out of 10 respondents believed that both the husband and wife should go for HIV testing, and that HIV transmission can be curbed with timely medications. However, in terms of family awareness and family support, there was a lower level of agreement among respondents. Less than 6 out of 10 respondents said that elders in their family are aware of issues such as HIV/AIDS. Moreover, 67 percent of respondents mentioned that they would not get support at home to undergo an HIV test.

Social norms seemed to be a large deterrent to having an HIV test. Sixty-seven percent said that they were afraid of getting the test done due to fears about the lack of confidentiality. More than 6 out of 10 respondents were afraidthat society who would form a negative opinion about them if they went for HIV testing or counselling. Such norms were observed within the husband-wife relationship as well. Sixty-one percent of respondents believed that women with faithful husbandsdid not need to go for an HIV test, and 67 percent agreed that husbands would doubt their wives for undergoing HIV tests.The influence of such

social norms within the family was reflected in the perceived efficacy level as well. About 7 out of 10 respondents agreed that their spouse would not like to use condoms, and that wives should not bother husbands by asking them about to visit the doctor for HIV testing or counselling.

Again, the **lack of clarity on some technical aspects of HIV/AIDS**was reflected in attitudinal statements related to "perceived severity" where more than half of the respondents underestimated the severity ofHIV/AIDS. They also believed that regular check-upswere not important in a second pregnancy, and that it was not good to visit the doctor during the early months of pregnancy. About 6 out of 10 respondents (59%)agreed that elders could easily deliver babies at home without any risk. Fifty-eight percent also believed that strong and healthy people did not need to get an HIV test done. Furthermore, most respondents (76%) believed that HIV and AIDS were one and the same.

Across the states, respondents from Nagaland reported highernegative attitudes on almost every statement thus reflecting undesirable views towards HIV/AIDS.

Chapter 8 Summary

- Respondents exposed to the PPTCT campaign showed more positive attitudes towards HIV testing and counselling
- Overall, the respondents understood the benefits of HIV testing.
- Social norms within the society as well as within the family emerged as a major concern, which was consequently reflected in lower levels of self-efficacy as well.
- Nagaland reflected undesirable attitude towards HIV/AIDS

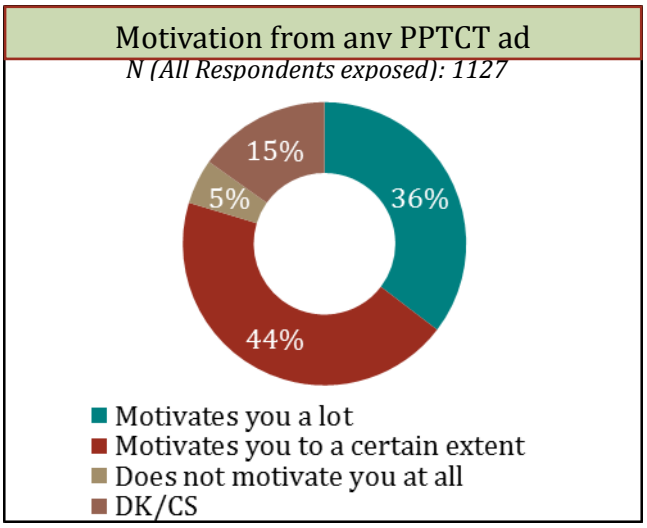

करें वही जो
बच्चे के लिए
है सही
हर सरकारी अस्पताल के आई.सी.टी.सी. में
गर्भवती महिलाओं के लिए एच.आई.वी. की सलाह और जाँच
की सुविधा उपलब्ध है। यह सुविधा बिलकुल मुफ़्त एवं गोपनीय है।

Chapter 9 : Motivation from the PPTCT Campaign

Motivation may be viewed as a driving force that influences behaviour. Onlyexposure to a mass media campaign is not sufficient to produce the desired behaviour change, butthe campaign must also be effective in instilling a sense of motivation. In a paststudy that aimed to understand the impact of mass media campaigns on intentions to use the female condom in Tanzania, it was determined that the mass media campaign was likely to increase an individual's motivation to use condoms as it encouraged the discussion of condom use with the partner (Agha, Agha, & Rossem, 2001).

In this chapter, we will understand the motivation level of respondents post-exposure to the PPTCT campaign and the intended action afterwards.

Figure 9-1 Motivation from any PPTCT ad



Motivation Level Post-Exposure to the PPTCT Campaign

At the aggregate level, 80 percent of respondents who were exposed to the campaign were motivated on some level to take action for preventing HIV transmission to their child. More than one-third (36%) were highly motivated and 44 percent were motivated to a certain extent. Five percent said that they were not motivated at all. Fifteen percent were not able to form any opinion and were not able to indicate their motivation level.

Table 9-1 Motivation post-exposure to campaign

	Chhattisgarh	Gujarat	Jharkhand	Nagaland	Tamil Nadu
N: Exposed to campaign	*245*	*458*	*262*	*50*	*112*
Motivates you a lot	16	24	66	24	57
Motivates you to a certain extent	48	58	28	25	28
Total (Some motivation)	64	82	94	49	84
Does not motivate you at all	3	7	1	22	5
Don't Know/Can't Say	33	11	4	28	11

	Total			Urban			Rural		
	T	M	F	T	M	F	T	M	F
N : Exposed to campaign	*1127*	*825*	*301*	*509*	*368*	*140*	*618*	*457*	*161*
Motivates you a lot	35	38	30	36	36	35	35	38	25
Motivates you to a certain extent	44	46	39	49	53	37	41	41	40
Total (Some motivation)	80	84	68	85	90	72	76	80	64
Does not motivate you at all	5	4	10	6	4	10	5	3	9
DK/CS	15	13	23	10	7	17	20	17	27

The motivation level was highest in Jharkhand state with more than 9 out of 10 respondents (94%) who were motivated on some level, including one-third (66%) of respondents who were highly motivated. In Tamil Nadu and Gujarat states, more than 8 out of 10 respondents agreed that they were motivated on some level to take action for preventing HIV transmission to their child. In contrast, Nagaland reported the lowest motivation level even among the small proportion of respondents who were exposed to the campaign. Twenty-two percent of exposed respondents in Nagaland had no motivation from the campaign, and 28 percent were not able to indicate their motivation level. As mentioned in the previous chapter, Nagaland had also shown higher levels of undesirable attitudes towards HIV/AIDS in comparison to other states.

When assessing the cross-distribution of urban-rural and male-female, the urban-male respondents reported the highest level of motivation with 90 percent of them agreeing that they were motivated on some level following the campaign. The corresponding motivation level was lowest for rural females at 64 percent.

Intended Action after Motivation

Table 9-2 Intended action after motivation

	Total			Urban			Rural		
	T	M	F	T	M	F	T	M	F
N : Exposed to campaign	*898*	*693*	*205*	*431*	*330*	*101*	*467*	*363*	*104*
To know more about HIV, ways of transmission and steps to prevent	74	76	66	77	82	59	71	70	72
Visit to a doctor/Health care provider for more details on HIV	30	32	23	29	30	24	31	34	22
Discuss about HIV with spouse	24	22	33	24	21	35	25	23	30
Discuss about HIV with friends/relatives/ neighbours	16	17	14	17	18	16	15	16	12
Discuss about HIV with elders in the family	15	17	6	21	25	8	8	10	3
Discuss about HIV with parents	8	8	5	9	9	9	7	8	2

Respondents who were motivated on some level were asked about the actions they intended to take for preventing HIV transmission to their child. The top response given was to know more about HIV, ways of transmission and steps to prevent it. This is critical in light of the earlier findings that suggested a lack of clarity on the technical aspects of the subject of HIV/AIDS. About three-fourths (74%) of respondents were motivated to know more about HIV and its ways of transmission and prevention. However, another crucial aspect to be considered is that **respondents did not seem to "discuss HIV" with others**.Less than one-third of respondents (30%) who were motivated actually intended to visit a doctor/health care provider to know more about HIV. The corresponding figures were even lower for discussion with spouse (24%), with friends/relatives/neighbours (16%), and with elders within the family (15%). Again, social norms, as discussed earlier,appeared to play a role here as well.

This chapter analysed the motivation level of the respondents post-exposure to the campaign. The campaign was successful enough in instilling some level of motivation among the individuals to take action for preventing HIV transmission to their child. However, respondents did not seem to discuss issues related to HIV with others.

Chapter 9 Summary

- 80 percent of respondents who were exposed to the campaign were motivated on some level to take action for preventing HIV transmission to their child.
- Among the study states, the motivation level was highest in Jharkhand and lowest in Nagaland.
- The top intended action after motivation was to knowmore about HIV, ways of transmission and steps to prevent.
  Low prevalence of discussion over the issues related to HIV with other

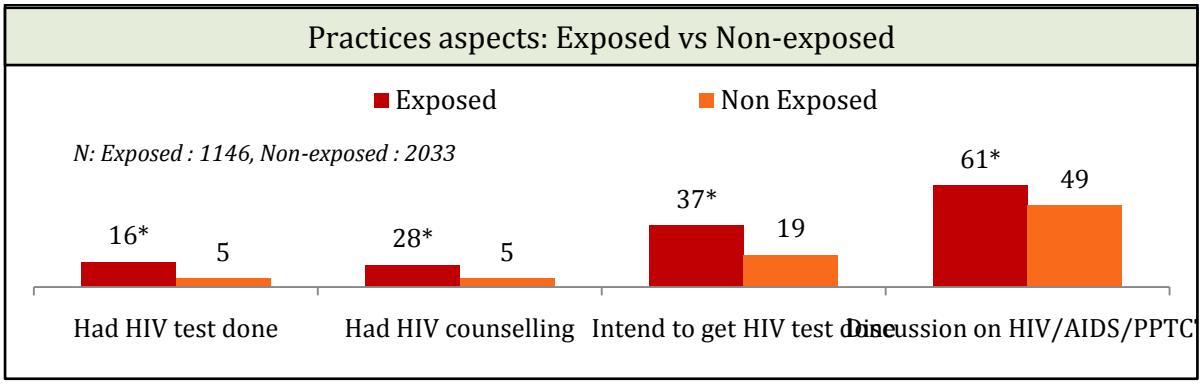

जल्द से जल्द करवायें
एच.आई.वी. की जाँच
ताकि बच्चे पर ना आये आँच
हर सरकारी अस्पताल के आई.सी.टी.सी. में
गर्भवती महिलाओं के लिए एच.आई.वी. की सलाह और जाँच
की सुविधा उपलब्ध है। यह सुविधा बिलकुल मुफ़्त एवं गोपनीय है।

Chapter 10 : Practices Related to HIV/AIDS and PPTCT

Prevous studies have established the importance of mass-media campaigns in reducing the global HIV/AIDS burden because of their reach and effectiveness. According to a recent meta-analysis on the effectiveness of mass media interventions for HIV prevention, media interventions were found to be effective enough in promoting condom use (LaCroix, Jessica , & Snyder, 2012).

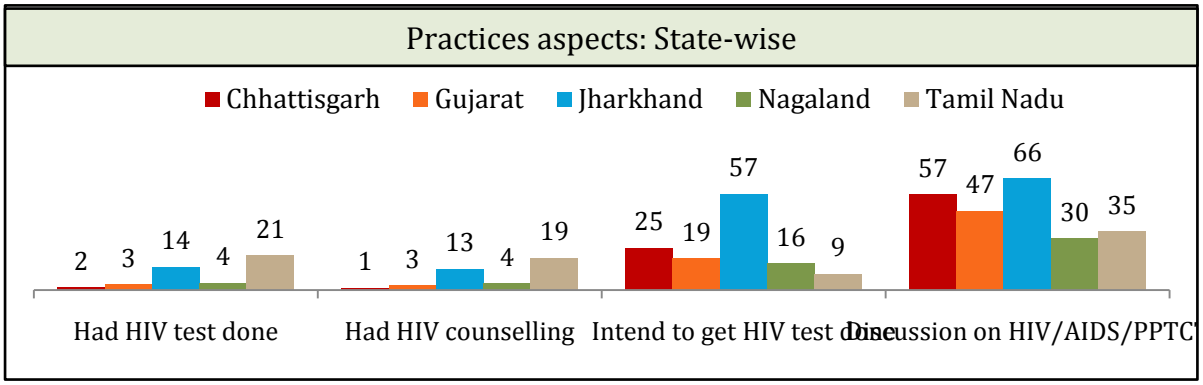
This chapter discusses practices related to various indicators for HIV/AIDS and PPTCT, including a comparative analysis between those exposed and non-exposed respondents. In addition, a multivariate analysisusing binary logistic regressionwas carried out to understand to what extent the most important desirable practice indicator, i.e., "Intend to get HIV test done" could be attributed to exposure to the PPTCT campaign.

Figure 10-1 Practices aspects: Exposed vs Non-exposed



*- significant at 95% CI, p<0.05, two-proportion Z-test

Figure 10-2 Practices aspects: State level



The differences in practices aspects were analysed among exposed and non-exposed groups, primarily across the following four indicators: Whether had HIV test done, Whether Had HIV counselling, Intend to get HIV test done, and Discuss HIV/AIDS/PPTCT with others. There were significant differencesbetween the two groups across all four indicators. These results

were statistically significant across all four indicators (at 95% CI, p<0.05, two-proportion Z-test).Sixteen percent of exposed respondents had the HIV test done as compared to only 5 percent of those non-exposed. Twenty-eight percent of exposed respondents confirmed that they ever had HIV counselling. More than 6 out of 10 exposed respondents said that they discussed issues related to HIV/AIDSwith others, while less than 5 out of 10 non-exposed respondents were reported to similarly discuss such issues.

Table 10-1 Practices aspects related to HIV/AIDS

	Total			Urban			Rural		
	T	M	F	T	M	F	T	M	F
Had ANC visit in current pregnancy									
N : currently pregnant	*269*	*203*	*66*	*116*	*91*	*24*	*154*	*111*	*42*
	78	77	81	86	85	87	73	71	78
Had HIV test done									
N: All	*3179*	*1599*	*1580*	*1142*	*575*	*567*	*2037*	*1024*	*1013*
	9	8	9	10	10	8	8	7	9
Had HIV counselling									
Ne: All	*3179*	*1599*	*1580*	*1142*	*575*	*567*	*2037*	*1024*	*1013*
	8	8	6	9	11	6	7	7	7
Intend to get HIV test done									
N: All	*3179*	*1599*	*1580*	*1142*	*575*	*567*	*2037*	*1024*	*1013*
	25	23	30	18	12	37	29	30	26
Discussion on HIV/AIDS/PPTCT									
N: All	*3179*	*1599*	*1580*	*1142*	*575*	*567*	*2037*	*1024*	*1013*
	53	54	51	62	64	55	48	48	48

It was encouraging to note the high prevalence of ANC visits during the pregnancy. Around 8 out of 10 of all respondents reported that they (or their spouses) had ANC visits during pregnancy.

Similar to the earlier findings related to social norms, 47 percent of respondents at the aggregate level did not discuss issues related to HIV/AIDS/PPTCT with others. Among the respondents who reported that they did discuss these issues, these discussions were largely friends (32%) and doctors (32%). **Only one percent reported that they discussed the issues related to HIV/AIDS/PPTCT with their spouse**.

A larger proportion of exposed respondents (37%) indicated that they intended to get an HIV test done in future as compared to non-exposed respondents (10%). However, at the aggregate level the corresponding figure was 25 percent.The main place that respondents intended to visit for an HIV test was a Government hospital (90%), followed by private lab (16%). Only 8 percent of respondents mentioned ICTC as the intended place of visit, suggesting low awareness of ICTC.Jharkhand had reported the highest corresponding figure among all the study states with 57 percent of respondents indicating an intention to get an HIV test done. Jharkhand also reported the highest proportion of respondents who reported discussion on HIV/AIDS/PPTCT with others.

Cross-sectional analysis across gender (male and female) and location (urban and rural) did not find much difference across the categories in terms of number of ANC visits during the

current pregnancy, or having HIV test and counselling done. However, differences were observed across categories in terms of the intention to get an HIV test done in the future.

Multivariate Analysis to Examine Predictors for Intending to get an HIV Test done

We have understood that the respondents exposed to PPTCT campaign had higher intention to getting HIV test done as compared to those non-exposed. To further understand the likelihood that the exposed respondents intended to get HIV test when compared to those non-exposed while controlling for certain demographic variables, a multivariate analysis using binary logistic regression was carried out to understand the relationship between the dependent variable - "Whether intendto get HIV test done for self/spouse" and the independent variables, including exposure to campaign, location (urban/rural), gender, family composition, and education level.

Table 10-2 Results from Logistic Regression Model for Intention to get HIV test done in future

Predictors++	Sig^	OR (Exp B)
If_exposed++		
Non exposed(ref)		
Exposed	.000*	3.059
Urban_Rural++		
Rural(ref)		
Urban	.000*	.470
Gender++		
Male(ref)		
Female	.000*	.641
Family_comp++		
Nuclear(ref)		
Joint	.297	.892
Extended	.098	.763
Education++		
Illiterate(ref)		
Literate but no formal education	.007*	1.735
Literate- Middle level	.672	1.062
Literate- Sr. Secondary	.115	1.263
Graduate & above	.143	1.364

*++: Predictor Variables ref: Reference Category *: Significant at 95%, Confidence Interval, OR-Odds ratio*

The strongest predictor of the outcome variable "Whether intend to get HIV test done for self/spouse" was exposure to the campaign. Those who were **exposed to the PPTCT campaign were three times more likely to indicate they would get an HIV test done in future** as compared to non-exposed respondents, assuming that other variables (location, gender, family composition and education) remained unchanged.

This chapter established that the desired practices among the respondents exposed to the campaign were significantly higher across all the indicators as compared to non-exposed

respondents. The campaign was effective in **encouraging respondents to get an HIV test done**. Nonetheless, at the overall level, low intention was observed to get the HIV test done and there was low prevalence of discussion on HIV/AIDS/PPTCT with others.

Chapter 10 Summary

- Higher desirable practices were reported across the indicators among respondents exposed to the PPTCT campaign.
- Overall, there was a high proportion of ANC visits in the current pregnancy.
- A higher proportion of exposed respondents had an HIV test and counseling.
- A higher proportion intended to get an HIV test done among exposed respondents. Jharkhand reported highest intention among all states.
- Most respondents intended to visit a Government hospital for an HIV test.
- A higher proportion of those exposed discussed HIV/PPTCT issues with others as compared to non-exposed respondents. Respondents mainly discussed HIV/PPTCT issues with friends and doctors.

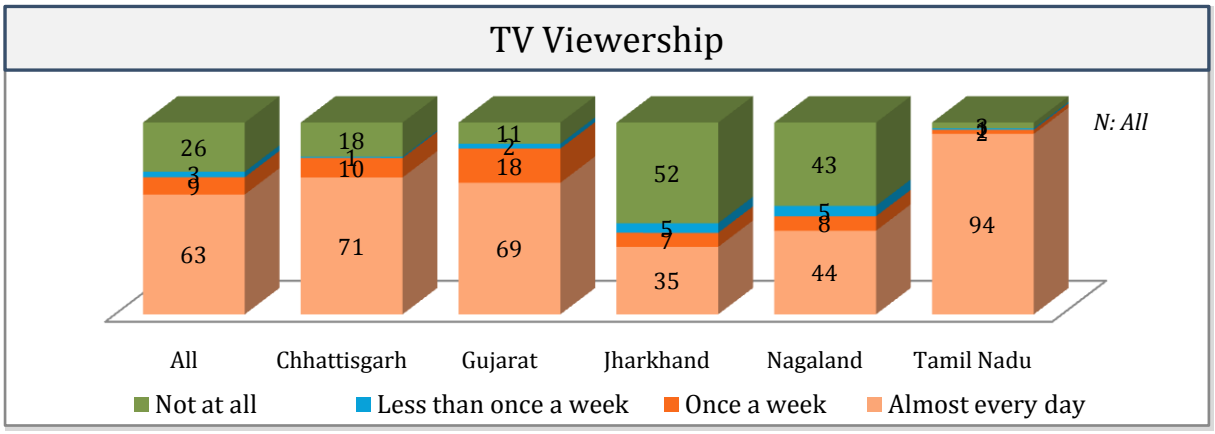
Chapter 11 : Media Habits

Earlier, in chapter 3 we understood the broad coverage of different media sources in the study states. TV and mobile came out to be most popular sources.Newspaper was the third most popular media source. Radio had reported very low listenership.In this chapter, we will understand the media habits in further details corresponding to each media source. This will help in strategizing future communication campaigns in the study states.

TV Viewership

Overall TV viewership was found to be high with more than 7 out of 10 (72%) respondents watching TV at least once a week. More than 6 out of 10 (63%) reported watching TV on a daily basis.

Figure 11-1 TV Viewership



Tamil Nadu had the highest proportion of respondents (96%) who watched TV regularly, i.e., at least once a week, and Jharkhand had the lowest corresponding proportion (43%). The viewership wasalso found to berelatively low in Nagaland at 51 percent.

Table 11-1 TV Viewership

	Total			Urban			Rural		
	T	M	F	T	M	F	T	M	F
N	*3179*	*1599*	*1580*	*1142*	*575*	*567*	*2037*	*1024*	*1013*
Watch TV	72	76	60	86	88	81	63	69	48

The TV viewership was higher for urban respondents (86%) as compared to rural respondents (63%). Overall, more males watched TV (76%) than females (60%) on a regular basis.In the location-gender cross-distribution, 88 percent of urban-males reported watching TV regularly compared to only 48 percent of rural-females.

As an additional analysis, it was found that among the respondents who watched TV regularly, 33 percent and 30 percent were exposed to Mother & Daughter TV/Cinema ad and Kick TV/Cinema ad, respectively.

To further understand the TV viewership habits, the respondents were also asked about the types/genres of programmes they watched on TV.

Table 11-2 Genres/Programmes watched on TV

	All	Chhattsgrh.	Gujarat	Jharkhand	Nagaland	Tamil Nadu
N – Watch TV	*2115*	*386*	*510*	*230*	*385*	*604*
News	75	57	77	67	78	92
Soaps/ Serials	66	47	82	73	77	60
Music	40	13	31	8	59	74
Comedy Shows	38	16	27	20	47	71
Sports	30	27	31	24	35	30
Film	26	38	5	16	20	42
Dance Shows	20	5	25	4	36	26

At the aggregate level, News and Serials were the top genres preferred. This was followed by Music and Comedy shows. Some variations were observed in the preferences across the study states. In Tamil Nadu, music and comedy shows were the preferred genres after news. The preference towards film was higher in Tamil Nadu as compared to other study states. In Gujarat, the most popular genre reported was soaps/serials (82%) followed by news (77%). Music was comparatively most popular in Nagaland (59%) as compared to the overall average of 40 percent.

Radio Listenership

The radio listenership was reported be very low with only 12 percent listening to radio regularly, i.e., at least once a week. Eight-five percent of respondents indicated that they did not listen to the radio at all.

Table 11-3 Radio listenership

	N	Almost everyday	Once a week	Less than once a week	Not at all
All	***3179***	**5**	**7**	**3**	**85**
Chhattisgarh	*658*	3	7	0	90
Gujarat	*621*	1	6	2	91
Jharkhand	*622*	10	15	9	66
Nagaland	*655*	2	0	0	97
Tamil Nadu	*623*	9	4	6	81

Jharkhand had the highest proportion of the respondents who listened to the radio. In contrast to the overall average of 12 percent, one-fourth respondents (25%) reported listening to the radio regularly in Jharkhand.As noted earlier in Chapter 5, Jharkhand also reported the highest exposure to both the radio ads under the PPTCT campaign across the study states.

Table 11-4 Radio listenership: Distribution gender-location

	Total			Urban			Rural		
	T	M	F	T	M	F	T	M	F
N	*3179*	*1599*	*1580*	*1142*	*575*	*567*	*2037*	*1024*	*1013*
Listen radio	11	14	4	13	16	6	10	13	4

Among the respondents listening to the radio regularly, 52 percent and 39 percent were exposed to the 'Mother & Daughter' radio ad and 'Kick' radio ad, respectively.

Table 11-5 Genres of radio programmes

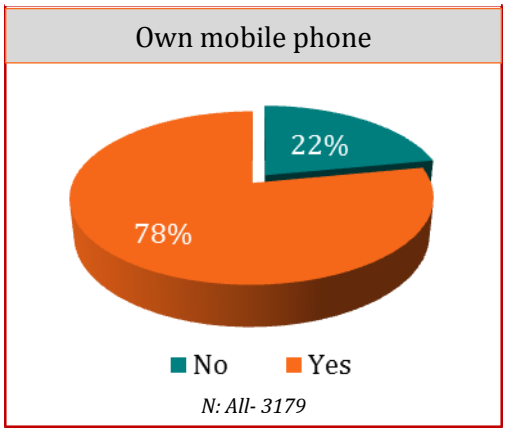
	All	Chhattsgrh.	Gujarat	Jharkhand	Nagaland	Tamil Nadu
N- Listen Radio	*268*	*43*	*26*	*101*	*16*	*82*
News	59	36	54	69	9	74
Music	59	34	67	49	76	90
Call-in	20	11	70	21	0	5
Story narration	13	2	0	18	0	25
Weather reports	12	12	8	5	0	29
Sports broadcast	8	5	21	8	0	5

The news and music were the top programmes listened to on the radio. About 6 out of 10 respondents (59%) listened to news and music on the radio.

Access to Mobile Phonesand Internet

Globally, India has the second-largest number of mobile phone users with over 900 million users. India also accounted for over 10 percent of the world's online population in 2011.

Figure 11-2 Mobile ownership



Looking into the benefits from the advent in the fieldof communication and technology in India, the Government of India is striving to integrate and enhance existing health related - IT enabled systems. A mobile-based information dissemination programme was also being formulatedto send health promotion messages for maternal and child health, nutrition for children, adolescent health and population stabilisation, tobacco control, information on non-communicable diseases, and healthy lifestyle and HIV/AIDS (India is the Second-Largest Mobile Phone user in World, 2012).

It was encouraging to note that about 8 out of 10 respondents (78%) owned a mobile phone. The mobile phone came out to be the top media source, higher than TV. When asked about the

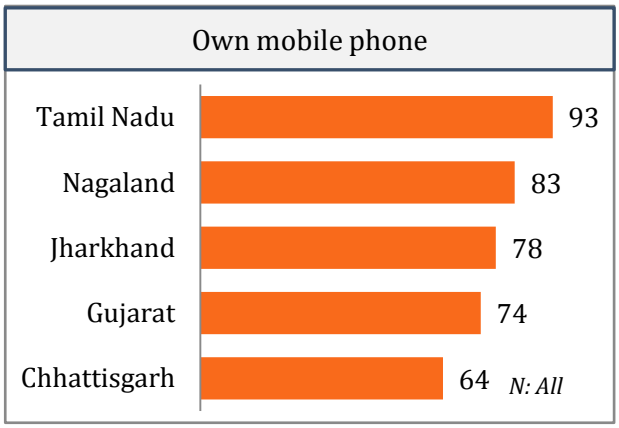


Figure 11-3 Mobile ownership: State level

type of mobile phones owned, 82 percent had regular mobile phones (no multimedia functions like internet, media player), 11 percent owned smartphones (with all multimedia functions, touch-screen, GPS, etc.) and 7 percent had internet-enabled multimedia phone (internet functionality but not all features like in a smartphone). All the respondents used mobile phones for talking purposes, 26 percent used them for messaging, 6 percent for internet use, and only 2 percent for listening to the radio.

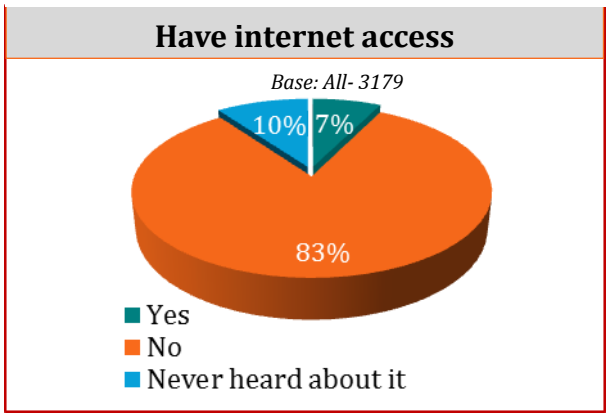
Tamil Nadu had the highest proportion (93%) of respondents owning a mobile phone while Chhattisgarh reported the lowest proportion (64%) among the study states. The corresponding figures were also high for Nagaland, Gujarat, and Jharkhand states.

Table 11-6 Mobile ownership- Urban vs Rural

	Total			Urban			Rural		
	T	M	F	T	M	F	T	M	F
N	*3179*	*1599*	*1580*	*1142*	*575*	*567*	*2037*	*1024*	*1013*
Own mobile	78	84	63	82	85	75	76	84	56

In the field of communication and technology, the internet is another communication tool that has witnessed strong penetration in India in recent years. India has the third largest population of Internet users globally, which is expected to grow 2.5 times to half a billion by 2018 (Nomura, 2014).

Table 11-7 Internet accessibility



This certainly supports the tremendous role the internet could play as a communication tool. However, in the current study, access to internet stood low at only 7 percentof respondents reporting internet access. More than half of them (51%) used the internet almost every day, 30 percent used it once a week, 12 percent used it less than a week, while 7 percent did not use the internet even when they had access.

Table 11-8 Have internet access

	Total			Urban			Rural		
	T	M	F	T	M	F	T	M	F
N	*3179*	*1599*	*1580*	*1142*	*575*	*567*	*2037*	*1024*	*1013*
Have internet access	7	9	2	13	17	3	4	5	2

	Chhattisgarh	Gujarat	Jharkhand	Nagaland	Tamil Nadu
N	*658*	*621*	*622*	*655*	*623*
Have internet access	5	15	2	4	12

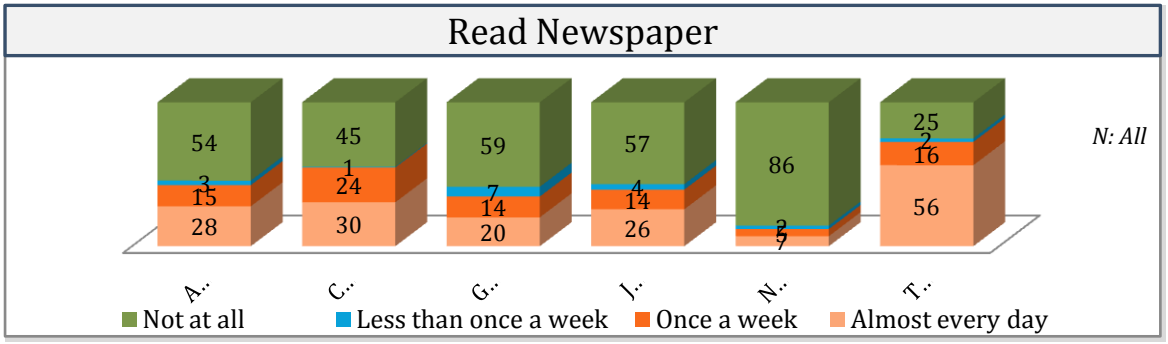
The top websites visited were- Google (92%), Facebook (74%) and Gmail (38%).

The internet access was found to be relatively higher in Gujarat (15%) and Tamil Nadu (12%), while the other survey states reported less than 5 percent of respondents with access to the internet. Within the gender-location cross-distribution, urban-males had the highest access at 17 percent and rural-females reported the lowest access at 2 percent.

Read Newspapers and Magazines

More than 4 out of 10 respondents (43%) were found to read the newspaper at least once a week with Tamil Nadu reporting the highest readership (72%) and Nagaland reporting the lowest (12%).

Figure 11-4 Newspaper readership



The most popular newspapers were found to be "Daily Thanti", "Navbharat", "Sandesh", "Prabhat Khabar" and "Nagaland post" in Tamil Nadu, Chhattisgarh, Gujarat, Jharkhand and Nagaland, respectively.

Figure 11-5 Newspaper readership - Urban vs Rural

	Total			Urban			Rural		
	T	M	F	T	M	F	T	M	F
N	*3179*	*1599*	*1580*	*1142*	*575*	*567*	*2037*	*1024*	*1013*
Read newspaper	42	53	15	51	59	27	38	49	8

Like other media sources, within the gender-location cross-distribution, urban-males reported the highest readership at 59 percent and rural-females reported the lowest t 8 percent.

Figure 11-6 Sections read in newspaper

	All	Chhattsgrh.	Gujarat	Jharkhand	Nagaland	Tamil Nadu
N : Read newspaper	*1038*	*178*	*204*	*156*	*143*	*357*
Headlines/Front-page	84	72	76	89	85	93
City news	56	41	43	67	47	69
Sports page	35	49	35	19	24	35
Lifestyle	25	10	15	7	16	53
International news	23	12	21	21	11	35
Economy/Business	21	15	22	26	18	23
Supplements	18	4	43	6	10	26

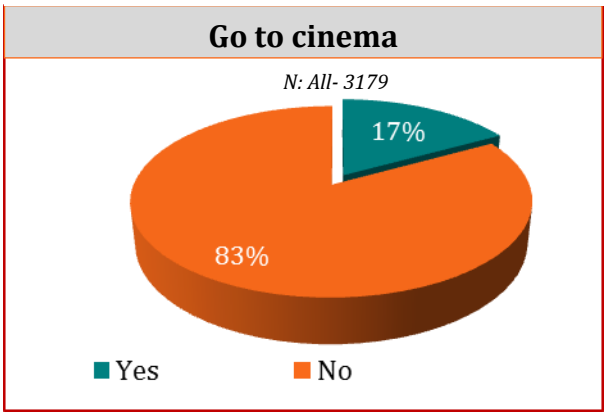
Headlines/Front-page, City news, and Sports were the top sections read in the newspaper across all the study states.

As compared to the newspaper, magazine readership was found to be very low across the study states, and 92 percent of respondents did not read magazines at all. Only 1 percent read it every day, 3 percent read it once in a week, and 4 percent read it less than once a week. As compared to other states, Tamil Nadu reported the highest readership of magazines where 21 percent of respondents were found to read magazines. "Kumdum" was the most popular magazine read in Tamil Nadu.

Go to Cinema

Figure 11-7 Go to cinema

Less than one-fifth (17%) of respondents reported going to the cinema. The figure was highest in Gujarat state where 36 percent of respondents reported going to the cinema. In Tamil Nadu as well as in Chhattisgarh, 23 percent of respondents reported going to the cinema. In Jharkhand and Nagaland, the corresponding figures were 2 percent and 3 percent, respectively.



Among the respondents going to the cinema, 52 percent and 42 percent were exposed to the Mother & Daughter TV ad and Kick TV ad, respectively.

Figure 11-8 Go to cinema: Urban vs Rural

	Total			Urban			Rural		
	T	M	F	T	M	F	T	M	F
N	*3179*	*1599*	*1580*	*1142*	*575*	*567*	*2037*	*1024*	*1013*
Go to cinema	17	21	8	31	36	18	10	12	3

Higher proportions of males (21%) were reported to go to the cinema as compared to females (10%). Additionally, it was also observed that more people living in an extended or joint family (30%) went to the cinema than those living in a nuclear family (10%).

Chapter 11 Summary

- High viewership reported for TV, but fewer viewers in Jharkhand and Chhattisgarh states. News and Serials were the most popular genres.
- Among the respondents watching TV regularly, 33 percent and 30 percent were exposed to the Mother & Daughter TV ad and Kick TV ad, respectively
- Radio listenership was low across the states. Music and News were the preferred genres.
- Among the respondents listening to the radio regularly, 52 percent and 39 percent were exposed to the Mother & Daughter radio ad and Kick radio ad, respectively
- Only 7 percent had access to the internet with highest access reported in Gujarat state. Almost 80 percent of respondents owned mobile phones.
- Around 40 percent read the newspaper more than once a week with Tamil Nadu reporting the highest level of readership and Nagaland reporting the lowest. Less than one-tenth (8%) of respondents read magazines.
- Less than one-fifth of respondents (17%) went to the cinema, with the highest level in Gujarat state (36%), and lowest levels in Nagaland (2%) and Jharkhand (3%). Among the respondents going to cinema, 52 percent and 42 percent were exposed to the Mother & Daughter TV ad and Kick TV ad, respectively.

Chapter 12 :Conclusion and Recommendation

In this report, we have discussedvarious aspects related to HIV/AIDS and PPTCT. The report started with understanding the characteristics of the respondents included in the surveysuch as demographic details, family dynamics, and media exposure. Television was found to be the most popular media source while low exposure was reported to both radio and cinema.

Next we analysed basic awareness on the subject of HIV and AIDS and established that there was a high level of basic awareness, although there were some misconceptions over technical aspects related to transmission and HIV prevention, and the difference between HIV and AIDS. High awareness was also observed on the concept of spread of HIV from mother to child.

This was followed by understanding the reach and recall of the PPTCT campaign, message comprehension, and likeability. Around one-third of respondents were found to be exposed to the campaign. TV ads had higher reach than the radio ads, which was understandable considering the low radio listenership. The analysis also determined that the largest predictor of campaign reach was frequency of watching TV and listening to radio. The campaign was highly liked, especially its message, and message comprehension was found to be high.

In the next section, we discussed knowledge related to HIV/AIDS/PPTCT while drawing differences between exposed and non-exposed groups. Overall, there was low awareness of the PPTCT programme/ICTC and the underlying technical aspects. However, higher knowledge levels were reported across the knowledge indicators for those respondents with exposure to PPTCT campaign, as compared to the non-exposed respondents. Even though a high proportion was aware about mother-to-child HIV transmission, a considerable proportion did not know when HIV infection from mother to child took place. This chapter also revealed a lack of clarity on some of the specific technical aspects of HIV/AIDS.

In the chapter on attitudes, exposed respondents demonstrated a higher level of desired attitudes towards HIV testing and counselling in comparison to non-exposed respondents. Overall, the respondents understood the benefits of HIV testing but there were several deterrents observed which would restrict them to go for an HIV test. Social norms within the society and within the family emerged as a major concern, which consequently was also reflected in lower level of self-efficacy as well.

The campaign was successful enough in instilling some level of motivation among the individuals to take action for preventing HIV transmission to their child. However, they did not report discussing issues related to HIV with others.

Desired practices among the respondents exposed to the campaign were significantly higher across all the practice indicators as compared to the non-exposed respondents. The campaign was effective in encouraging respondents to have an HIV test.

Overall, the findings from this study demonstrated that those who with exposure to the PPTCT campaign delivered by the National AIDS Control Organization had improved knowledge, desired attitudes towards the subject of HIV/AIDS, and higher intention to get an HIV test done, as compared to those who were not exposed to the campaign.

Thebelow box summarises the findings:

- Basic awareness on HIV/AIDS and concept of Mother to Child transmission exist
- Reach of the Campaign was around one-third.
- Higher exposure to TV ads than Radio ads. Frequency of watching/listening TV/radio, literacy, gender, family composition were significant predictors of recall
- Campaign ads found to be highly likeable, especially the "message"
- Higher knowledge level among the people exposed to PPTCT campaign. Overall, lesser clarity on technical aspects of HIV/AIDS
- More positive attitude towards HIV testing among people exposed to PPTCT campaign. Overall, social norms came out to be a big deterrent towards HIV testing
- High motivation level post exposure to campaign, especially to know more about HIV. However, people don't talk much with others over HIV
- Higher desirable practices among the respondents with exposure to PPTCT campaign.

The broad state level summary on major indicators is as below:

Table 12-1 State wise summary

Indicator	Chhattisgarh	Gujarat	Jharkhand	Nagaland	Tamil Nadu
Media Exposure	TV-82%, Mobile-64% & Newspaper-55%	TV-87%, Mobile-74%	Mobile-78%, TV-43% & Newspaper-39%	Mobile-83%, TV-51%	TV-96%, Mobile-93%, Newspaper- 72%
Basic HIV/AIDS awareness	High- 77%	High- 77%	Low- 58%	High- 76%	Very High- 98%
Reach of PPTCT campaign	Around national average- 37%	Very High-74%	Moderate-42%	Very Low-8%	Low- 18%
Likeability	High	High	High	High	High
Knowledge aspects on HIV/ICTC/PPTCT	HIV- Low ICTC-Low PPTCT- Low	HIV- Low ICTC-Low PPTCT-Low	HIV- High ICTC-Low PPTCT- Low	HIV- Low ICTC-Low PPTCT-Low	HIV- Low ICTC-Low PPTCT- Low
Motivation Level post campaign exposure	Moderate (64%- Some motivation)	High (82%-Some Motivation)	High (94%-Some Motivation)	Low (49%-Some Motivation)	High (84%- Some Motivation)
Intention to get HIV test done	Aroundnational average (25%)	Low (19%)	High (57%)	Low (16%)	Very Low (9%)

The key recommendations have been derived after analysing the strengths and weaknesses of the study findings, which are summarised below.

Strengths	Weaknesses
Basic awareness of HIV/AIDS as well as the concept of mother-to-child transmission of HIV	Low awareness of technical aspects such as stages when mother-to-child transmission of HIV takes place, the difference between HIV & AIDS
High TV viewership, higher exposure to TV ads	Overall reach is 35 percent. Low Radio listenership, lower reach of Radio ads
High prevalence of ANC visits during pregnancy	Overall low awareness of concept of ICTC / PPTCT
High likeability of the ads. Motivation to know more about HIV, ways of transmission and steps to prevent	Low prevalence of discussion over HIV with spouse, friends or doctor. "Social norms"- a major deterrent.

- There is a need to generate more awareness on the technical aspects of the subject of HIV and AIDS. Higher awareness would also address the various misconceptions related to HIV/AIDS such as transmission occurs through mosquito bites. This would also dilute the related stigma in the long run.

- Since the reach is highly dependent upon the media exposure level, future campaigns should also include more popular media channels than radio like the newspaper and

mobile phones. In the age of communication and technology, mobiles, which are also popular in rural areas, can play crucial role.

- Although pregnant women attend ANC visits, overall awareness of the ICTC and PPTCT programme remains low. The convergence of the National AIDS Control Programme and National Rural Health Mission (NRHM) was strategized in 2010 by the Government of India, and made it mandatory to include universal HIV screening as an integral component of the ANC check-up. The "all under one roof" approach should certainly ensure stronger integration of ANC, PPTCT, and ICTC.

Instead of high motivation from the campaign, low prevalence was observed in terms of discussion on the issues related to HIV/AIDS with others. There was fear of social norms within the society and the family. There is a need to spread the message "Openly discuss HIVwith your spouse, friends & doctor".

Annexure

SEC Grid-Rural

NOTE: INTERVIEWER TO CODE IN FOLLOWING WAY:-

FIRST: CONFIRM OCCUPATION OF CHIEF WAGE EARNER*. IF RETIRED, CONFIRM HIS/HER OCCUPATION BEFORE RETIREMENT

SECOND: CONFIRM LEVEL OF OCCUPATION THIRD: CONFIRM EDUCATIONAL QUALIFICATION

FOURTH: CONFIRM TYPE OF HOUSE

***** Chief Wage Earner **(CWE)** as theperson who contributes the most to the totalhousehold income**.**

Occupation		Educational Qualification		*Type of House*		
				PUCCA HOUSE	**SEMI PUCCA HOUSE**	**KUTCHA HOUSE**
				1	**2**	**3**
Occu.: Level 1 (busi / ind / off / exec / sup / 5+ acre / clerk / self emp / shop own) :. 1	**1**	College / Graduates / PG / Prof./	**1**	R1 (1)	R1 (2)	R2 (6)
		SSC / HHC /	**2**	R1 (3)	R2 (7)	R3 (17)
		Literate	**3**	R1 (4)	R2 (8)	R3 (18)
		Semi Literate	**4**	R2 (9)	R3 (19)	R4 (28)
		Illiterate	**5**	R2 (10)	R3 (20)	R4 (29)
Occu: Level 2 (skilled work / petty trader / 2- 5 acre) :. 2	**2**	College / Graduates / PG / Prof.	**1**	R1 (5)	R2 (11)	R3 (21)
		SSC / HHC	**2**	R2 (12)	R2 (13)	R3 (22)
		Literate	**3**	R2 (14)	R3 (23)	R4 (30)
		Semi Literate	**4**	R3 (24)	R4 (31)	R4 (32)
		Illiterate	**5**	R3 (25)	R4 (33)	R5 (40)
Occu : Level 3 (unskilled work / artisan / craft / culti- non owner / agri lab / herd / fish / 0-2 acre) :. 3	**3**	College / Graduates / PG / Prof.	**1**	R2 (15)	R3 (26)	R4 (34)
		SSC / HHC	**2**	R2 (16)	R4 (35)	R4 (36)
		Literate	**3**	R3 (27)	R4 (37)	R5 (41)
		Semi Literate	**4**	R4 (38)	R5 (42)	R5 (43)
		Illiterate	**5**	R4 (39)	R5 (44)	R5 (45)

SEC Grid-Urban

INSTRUCTION:
FIRST CONFIRM THE OCCUPATION OF CHIEF WAGE EARNER* AND THEN THE EDUCATION
*Chief Wage Earner **(CWE)** as theperson who contributes the most to the totalhousehold income**.**

EDUCATION		ILLIT-ERATE	SCHOOL UP-TO 4YR	SCHOOL 5-9 YR 5-9	SSC/ HSC	SSC/ HSC BUT NOT GRA-DUATE	GRAD-ATE/POST GRAD-UATE GENERAL	GRADUATE / POST GRADUATE PROFESSIONAL
OCCUPATION		1	2	3	4	5	6	7
UNSKILLED WORKER	1	E2	E2	E1	D	D	D	D
SKILLED WORKER	2	E2	E1	D	C	C	B2	B2
PETTY TRADERS	3	E2	D	D	C	C	B2	B2
SHOP OWNERS	4	D	D	C	B2	B1	A2	A2
BUSINESS/INDUSTR-IALIST WITH NO. OF EMPLOYEES								
NONE	5	D	C	B2	B1	A2	A2	A1
1 – 9	6	C	B2	B2	B1	A2	A1	A1
10 +	7	B1	B1	A2	A2	A1	A1	A1
SELF EMPLOYED/ PROFESSIONAL	8	D	D	D	B2	B1	A2	A1
CLERICAL/ SALESMAN	9	D	D	D	C	B2	B1	B1
SUPERVISORY LEVEL	10	D	D	C	C	B2	A2	A2
OFFICERS/EXECU-TIVES JUNIOR	11	C	C	C	B2	B1	A2	A2
OFFICERS/EXECU TIVES MIDDLE/SR	12	B1	B1	B1	B1	A2	A1	A1

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