

# ASSESSMENT OF EFFECTIVENESS OF IEC MATERIALS AT INTEGRATED COUNSELING AND TESTING CENTRES

*Submitted to:*

**UNICEF, Delhi**



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## EXECUTIVE SUMMARY

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### BACKGROUND

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India has a population of around 2.5 million people living with HIV/AIDS, aged between 15 and 49<sup>1</sup>. Most HIV infections in India occur through heterosexual transmission. Over the years the HIV/AIDS epidemic has moved from urban to rural India and from high risk to general population<sup>2</sup>. Women due to their biological, socio – economic and cultural reasons are more vulnerable to HIV and therefore it is expected that the prevalence among women will continue to increase if underlying factor to their vulnerability is not properly addressed.

In order to halt and reverse the HIV epidemic in India, counseling and testing services were started in India in 1997. Prevention of Parent to Child Transmission of HIV/AIDS (PPTCT) programme was started in the year 2002. Under NACP-III, Voluntary Counseling and Testing Centres (VCTC) and facilities providing Prevention of Parent to Child Transmission of HIV/AIDS (PPTCT) services are remodelled as a hub or 'Integrated Counseling and Testing Centre' (ICTC) to provide services to all clients under one roof.

Under NACP III ICTCs have been envisaged as centres where information on HIV/AIDS and utilisation of ICTC services could be disseminated through various types and mediums of communication. At these centres information is shared through television, posters, sharing of booklets, and use of flip books by the counsellors etc.

### NEED FOR THE STUDY

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Towards generating awareness among clients NACO has been providing a number of Information Education and Communication (IEC) materials to the ICTCs through State AIDS Control Societies throughout the country. UNICEF proposes to undertake a survey to assess the effectiveness of these IEC materials which includes the following:

1. Posters: 4 kinds of posters in English and Hindi. Out of these, one on PPTCT and the rest on testing for general population. Following are the type of posters
  - Pregnant Woman Poster
  - Working Woman Poster
  - Auto Rickshaw Driver Poster
  - Motor Bike Man Poster
2. Flip books (new): Meant for counselors of these centers in English, Hindi, Tamil, Telegu, Kannada, Marathi, Punjabi, Oriya, Assamese, Gujarati, Malayalam and Bengali.
3. Booklet (small & big): "tell me the truth about HIV & AIDS."

This assessment would be helpful in understanding the impact of these materials on knowledge, attitudes and behaviors of the target groups. Further, it would also provide insights into the issues related to supply chain management in terms of reach and utilization of IEC materials. This information can be used in identifying and resolving gaps, for development of more such material for the same or wider use.

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<sup>1</sup> National Family Health Survey – 3 (2005-06), International Institute of Population Sciences, Mumbai

<sup>2</sup> National AIDS Control Organization- 2009. [http://www.nacoonline.org/National\\_AIDS\\_Control\\_Program/](http://www.nacoonline.org/National_AIDS_Control_Program/).  
New Delhi: NACO.

The IEC material has been designed by UNICEF .These have been sent to all the 4586 ICTC currently functional across 33 states, through SACS.

In the above context, UNICEF awarded the study to ORG Centre for Social Research (a division of ACNielsen ORG MARG Pvt. Ltd.) for conducting the survey for assessment of effectiveness of IEC material at ICTCs.

## SCOPE AND OBJECTIVE OF THE STUDY

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The *broad objective* of the proposed survey was;

*“To assess the effectiveness of the IEC materials at the Integrated Counseling and Testing Centers (ICTCs)”*

The effectiveness of these materials would be assessed in terms of the *availability, relevance, usage, understanding and recall of the messages, appropriateness, appeal, impact, gaps etc.*

As indicated in the RFP, *scope of the study* has been presented here;

1. Are the materials sent to ICTC relevant for the target audiences and purpose for which they were intended?
  - Are the materials being used?
  - Do the user/ target audience consider them relevant for themselves?
2. Are there other materials displayed/ being used other than the 4 posters, flip book and booklet under study? What are they?
3. Are the materials sent to the ICTCs effective in communicating the intended messages?
  - Does the target audience understand and recall the messages sought to be communicated through the materials?
  - Do the target audience / user like/dislike the materials? What do they like/dislike?
  - Are the visuals and written matter in the materials appropriate and appealing to the target audience?
  - What are the target audience/ user’s suggestions to make the materials more effective?
4. What is the impact of the materials sent to the ICTC?
  - Is the target audience better informed on the issues relating to testing/PPTCT?
  - Do they /have they motivated them to test?
  - How many have actually tested?
5. Is the supply chain management system in place efficient?
  - Did the materials reach the ICTCs?
  - Did they reach in a reasonable time?
  - Is there storage space available to store them?
  - Who is in charge of keeping them? Putting them up? Ensuring they are used?
6. What are the material gaps?
  - On what issues and for which target audience is IEC materials required?

7. Are there any suggestions on content/ appearance?

Though the IEC material (flip book, booklet, 4 posters) has been sent to all 33 states, as desired by UNICEF the present study has been carried out in 3 states (Andhra Pradesh, Gujarat & Uttar Pradesh)

## RESEARCH METHODOLOGY AND SAMPLING DESIGN

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The present study was carried out by using both quantitative and qualitative research techniques. This involved observation of ICTC, photo documentation of ICTC, semi- structured interviews with service providers, exit interviews with clients and documenting few case studies of clients.

The three states covered under the present study were; Andhra Pradesh (with high prevalence of HIV/AIDS), Gujarat (with medium prevalence of HIV/AIDS) and Uttar Pradesh (with low prevalence of HIV/AIDS)

Sampling design and sample size for are described subsequently.

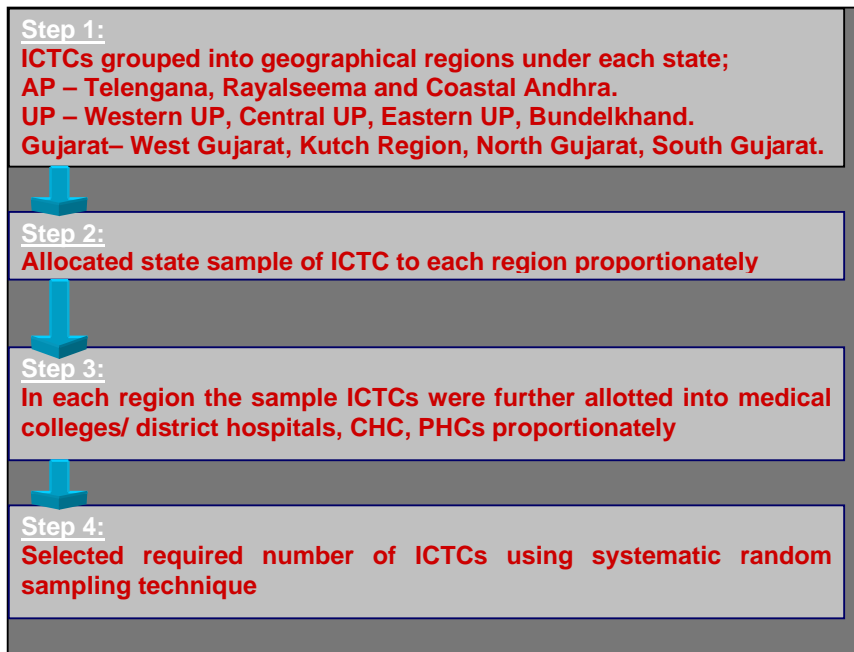
### a) ICTCs

It was proposed to cover 70 ICTCs in all across the three states (20 each in UP and Gujarat & 30 in AP). In discussion with UNICEF it was decided to have a buffer sample as well in each state in order to be able to achieve the required samples. Out of a total list of 748 ICTCs in AP, 211 ICTCs in Gujarat, and 122 ICTCs in UP the following number of ICTCs with buffer in each state were selected;

- 38 ICTCs in Andhra Pradesh which has a high prevalence of HIV/ AIDS  
*30+3 buffer CHC (1 per region) + 5 buffer PHC (of 50% buffer)*
- 24 ICTCs in Gujarat which has a medium prevalence of HIV/AIDS and  
*20+4 buffer CHC (1 buffer CHC per region)*
- 22 ICTCs in Uttar Pradesh which has low prevalence of HIV/ AIDS  
*20+2 buffer CHC (1 buffer CHC per region wherever CHC available)*

### *Sampling strategy for selection of ICTCs*

The list of all the ICTCs in the three selected states was provided by UNICEF. Using this list provided by UNICEF following steps were involved in sampling of ICTCs;



First of all the list of ICTCs in UP, Gujarat and AP were grouped separately. In all the universe of ICTCs in UP was 122, in Gujarat was 211, and in AP was 748. Following this the total sample of 70 ICTCs was proportionately allocated to each of the three states and then to regions within the state. UP and Gujarat were thus allocated a sample of 20 ICTCs in each state. AP was allocated a sample of 30 ICTC, as the universe of ICTCs in AP was higher than that of UP and Gujarat. This sample was further proportionately allocated to each region in the state. In UP the sample of 20 ICTCs was allocated to 4 regions – western UP, central UP, Eastern UP and Bundelkhand. In Gujarat the sample of 20 ICTCs was allocated to 4 regions - West Gujarat, Kutch Region, North Gujarat, South Gujarat, and in AP the sample 30 ICTC was allocated to 3 regions -Telengana, Rayalseema and Coastal Andhra. In each region the sample of ICTC was further allocated to medical colleges/ district hospitals, CHC, PHCs proportionately. The required number of ICTCs was then selected using systematic random sampling procedure.

Buffer of ICTC was sampled in each state. A buffer of 50% ICTCs was taken in states / regions where the ICTC were located in PHCs. A buffer of 1 ICTC was taken in each region wherever the ICTC was in CHCs. The ICTCs were selected by systematic random sampling procedure.

#### **b) Exit interview with clients at facility level/ ICTCs**

Exit interviews with the clients/ beneficiaries were conducted at the sampled ICTCs. At each ICTC, a sample of 30 clients/beneficiaries was interviewed. Out of 30 clients/beneficiaries 10 were pregnant women (this did not include lactating mothers) and 20 were other clients/beneficiaries, like lactating mothers, men, transgender, etc. etc.). Efforts were made to interview both males and females in the other category of beneficiaries. Exit interviews were carried out with only those clients who had ever been counseled or tested at the ICTC centre.

Thus in all across three states following sample of clients was proposed to be covered:

- Andhra Pradesh = 900 clients (30 ICTCs\* 30 clients)
- Gujarat which = 600 clients (20 ICTCs\* 30 clients)
- Uttar Pradesh = 600 clients (20 ICTCs\* 30 clients)

At few ICTCs, where the client load was high on ANC days, every third patient was interviewed on exit from the ICTC. However, at most of the ICTC the client load was low; therefore all the patients getting out of the centre were interviewed.

#### **c) Interview with service providers**

At each ICTC, a sample of three service providers was proposed to be interviewed. This comprised of;

- One Medical Officer/ PPTCT/ICTC in charge,
- One counsellor and
- One labour ward nurse

Thus in all across three states following sample of service provider was proposed to be covered:

- Andhra Pradesh = 90 service providers (30 ICTCs\* 3 clients)
- Gujarat which = 60 service providers (20 ICTCs\* 3 clients)
- Uttar Pradesh = 60 service providers (20 ICTCs\* 3 clients)

#### **d) Observation of ICTCs and photo documentation**

Observation and photo documentation was carried out at each of the sampled ICTCs. This comprised of observing the following number of ICTC in each state;

- Andhra Pradesh = 30 ICTCs
- Gujarat which = 20 ICTCs
- Uttar Pradesh = 20 ICTCs

#### **e) Case studies**

As proposed 5 case studies of the clients were documented for each state. These cases were identified from the client exit interviews and discussion with the providers. Thus a total of 15 cases were documented in the three states. Different case studies, like that of pregnant women, men, general women, transgender, those happy with services, those not happy with services etc. etc.

## Summary of Sample Coverage

The tables given below present the proposed sample and sample achieved.

### *Sample Proposed*

States	No. of ICTC	No. of clients		No. of service providers	No. of photo documentation	No. of case studies
		Pregnant women	Others			
Andhra Pradesh	30	300	600	90	30	5
Gujarat	20	200	400	60	20	5
Uttar Pradesh	20	200	400	60	20	5
<b>Total</b>	<b>70</b>	<b>700</b>	<b>1400</b>	<b>210</b>	<b>71</b>	<b>15</b>
		<b>2100</b>				

### *Sample Achieved*

States	No. of ICTC	No. of clients		No. of service providers	No. of photo documentation	No. of case studies
		Pregnant women	Others			
Andhra Pradesh	30	561	340	90	30	5
Gujarat	21	195	398	56	21	5
Uttar Pradesh	21	247	356	64	21	5
<b>Total</b>	<b>72</b>	<b>1003</b>	<b>1094</b>	<b>210</b>	<b>72</b>	<b>15</b>
		<b>2097</b>				

Sample across all the categories has been more or less achieved. However, it may be noted that in AP a higher sample of pregnant women has been achieved than proposed, as the field teams had to make revisits on ANC days to achieve the sample.

## STUDY FINDINGS

Profile of the study populations and brief finding of the study have been presented here.

### PROFILE OF ICTC, SERVICE PROVIDERS AND CLIENTS

#### PROFILE - ICTC

- Most of the ICTCs (31%) were functioning in CHCs, followed by district hospitals (24%) and medical colleges/ general hospitals (16%)
- Within the various health facilities these were mostly located in obstetric/ gynaecology / maternity homes (71%).

- These ICTCs were mostly established during 2002 – 2005, during NACP II, when PPTCTs were set up, or during 2006, during NACP III when the ICTCs were set up.

#### PROFILE – SERVICE PROVIDERS

- Service providers interviewed comprised of counselors, nurse and MOs
- Counselors interviewed comprised of 38.1% and the other service providers (MOs and nurses) interviewed comprised of 61.9 %.
- Most of these service providers had less than 3 years of experience in their current job.
- Half of the counselors were males and the other half were females.
- Most of the service providers interviewed (counselors – 60%, others service providers – 43.8%) were post graduates.
- 12 days NACO counselor training was received by 78.8% counselors and 10% other service providers

#### PROFILE – CLIENT

- Almost equal percentage of pregnant women (47.8%) and other clients (52.2%) were interviewed.
- Other clients included lactating mother, STI patients, TB patients, patients with skin problems, abdominal pain etc.
- It was interesting to note that males also visited ICTCs.
- Age breakup reflected that most of the clients were in the age group of 20-29 years. Also teenagers visited the centre (5%).
- With respect to educational qualification, most of the clients were (48.4%) were higher secondary / middle pass. Also more than one third (29.1%) were illiterates.
- Other than the interviews, 5 case studies of clients were recorded in each state

#### *Supply Chain Management*

- Three fourths of the service providers felt that IEC material supplied was adequate. Much higher percentage of counselors in Gujarat felt that the IEC material was adequate compared to AP and UP. This is in line with the finding that supply of IEC material in Gujarat was much better than in AP and UP.

#### *Use of IEC material by service providers*

- As observed most of the posters were displayed. However, there were some posters in storage as well. Also some flipbooks and booklets were in store. These were usually observed to be in good condition.
- As reported by most of the service providers posters were mostly displayed on the ICTC walls (80.3%), across all the three states.
- Half of the service providers explained the posters to the clients, more so in AP (77.6%) than Gujarat (46.9%) and UP (21.05%).
- Though a very high percentage of service providers in UP (94.6%) mentioned that the posters were displayed on the walls, our observations have not supported the same. Hardly any posters were displayed. Also these displayed were in English, making it difficult for the clients to comprehend the same. At many places these were not displayed at the right position.
- Posters were also displayed in the village /city outside the ICTC and further distributed to NGOs to some extent.

- Reasons stated for non – usage / display of posters were essentially due of poor condition of the posters.
- Counselors used both old and the new flip book, though much higher percentage of counselors used new flip book (90%) than old flip book (58.6%).
- Usage of new flip book was very high in all three states, however lower in UP ( 85.7%) compared to AP (91.3%) and Gujarat (90%).
- The counselors who did not use the old flip book was essentially because they felt that the new flip was better than the old flip book.
- Supply of IEC material in UP was an issue of concern. Also usage of the same needs to be addressed in UP, as it was lower compared to Gujarat and AP.

#### *Exposure and perception of clients towards IEC material*

- In AP and Gujarat half or less than half of the clients were exposed to various IEC materials under assessment ( 4 posters, new flip book, booklet)
- Exposure to new flip book (40.5%) was highest, followed by booklet on HIV/AIDS (32.2%). Exposure to all four posters was comparatively very low.
- A comparative analysis of clients across various states indicated that in Uttar Pradesh exposure to all IEC material was negligible. However, in case of new flip book and booklet some clients had seen these.
- Clients in Gujarat had a higher exposure to posters, whereas clients in AP had higher exposure to new flip book and the booklet.
- In AP and Gujarat clients were exposed to other IEC materials like posters, films etc.
- As observed display of posters under assessment and other poster was much higher in AP than in Gujarat.
- In UP hardly any posters were observed. Therefore lack of exposure to IEC material under assessment in UP is a matter of concern.
- Further comparative analysis of exposure of pregnant women and other clients has indicated that exposure of pregnant women to all IEC material was slightly better than that of the other clients.
- All four types of posters were seen by half of the clients inside the counseling room. Also half of the clients had seen the posters at any places in village/city, besides the hospital/PPTCT/ICTC building. In case of booklet most of the clients reported that counselors had shown them (54%), followed by that they had seen it inside the counseling room (49.6%)
- The pregnant woman poster had six different messages. Half or less than half of the clients could spontaneously recall any of the 6 messages. Most of the clients (54.9%) could recall that 'Pregnant woman should undergo HIV testing at ICTC /PPTCT centre /Government Hospital', followed by 'HIV testing is carried out free of cost at the ICTC /PPTCT centre/Government hospital' (42%). Very low percentage of clients (16.1%) could recall that 'with early detection of HIV & timely medication a pregnant mother can protect her baby from HIV infection'.
- The working women poster, auto rickshaw and motor bike poster had six messages, which were exactly same. In all the 3 posters less than half of the clients could spontaneously recall any of the 6 messages. Most of the clients (37.8% - 48.4%) could recall that 'visit ICTC /PPTCT centre /Government Hospital for getting tested for HIV/AIDS', followed by 'HIV testing is carried out free of cost at the ICTC /PPTCT centre/Government hospital' (32.7%-47%).

- The new flip book broadly had 11 messages categories and each category had several messages. Spontaneous recall of messages was low for all the messages (45%-10.7%). However, spontaneous recall of messages like 'there is no cure for HIV infection but treatment is available' was higher compared to other messages.
- The Booklet on HIV/AIDS broadly had 7 message categories and each category had several messages. Spontaneous recall of messages was low (37.4% - 11.2%) for all the messages. However, spontaneous recall of messages like 'get tested for HIV through a blood test' , 'HIV test is easy ' was higher compared to other messages.
- Very high percentage of clients ( > 90%) felt that the messages on all the four posters, flip book and booklet were appropriate, appealing, clear and relevant

### *Suggestions for improving effectiveness of IEC materials*

- Suggestions for increasing effectiveness of IEC material – should be in local language, length of flip book to be reduced, booklet should have pictures of males, posters should have less urban look.
- More than three fourths of the clients reported to have learnt something new from the IEC materials.
- Actions taken – discussed with friends/spouse/relatives, consulted doc.
- Actions taken on seeing new flipbook – 50% went for HIV testing.

### *Knowledge and attitude of client towards HIV/AIDS*

- High percentage of clients (more than three fourths of the clients) had an understanding of issues concerning HIV/AIDS, HIV/AIDS, transmission of HIV/AIDS, prevention/ protection of HIV/AIDS, treatment of HIV, as more than three fourths aware of these.
- Understanding on issues related to STI, opportunistic infections and infant feeding was lowest, as only half the clients were aware of these issues (nearly half of the clients).
- It is important to note that less than half of the clients agreed that –“all HIV positive persons do not require ART” , “ART is a life long medication”, “it is important that HIV positive pregnant mothers to go to the hospital as soon as labour starts”. Indicating thereby that awareness on these issues was low.

### *Learnings from IEC materials and actions taken*

- More than three fourths of the clients mentioned that they had learnt anything new from the IEC materials.
- Learning was very high from the new flip book (93.3%), as it was an interactive mode of communication. Also learning from the booklet was higher (86.1%) than from the posters.
- On having seen the IEC materials most of the clients took the following action - discussed the issue of HIV with spouse/friends/relatives and consulted the doctor.

- It needs to be noted that very small percentage of clients - suggested friends/relatives who were pregnant to go for HIV test during pregnancy, suggested friends/relatives who were pregnant to visit ICTC/PPTCT/Government hospital for counselling.
- Half of the clients (50.9%) went in for HIV testing on having seen the flipbook or counseled.
- Case studies have reflected that counselors have played very important role in motivating clients to avail ICTC services.
- Higher proportion of pregnant women availed ICTC services than the other male and female clients. Very high percentage of clients ever availed pre- test counseling services (pregnant clients -97.9%, other females-96.8% and other males-97.2%) More than three fourths of the client (pregnant clients -80.7%, other females – 78.3% and other males- 78.7%) went in for HIV testing.
- High percentage of clients were highly satisfied (pre–test counseling -77.5%: HIV testing–78.7%: post–test counseling – 83.4%; ante- natal care – 75.5%) or satisfied (pre – test counseling -22.1%: HIV testing – 20.9%: post – test counseling – 15.9%; ante- natal care – 22.3%), with the various types of services rendered at the ICTCs.
- In fact ICTC are perceived as centres for *“saving lives of destitute HIV positives”*
- With respect to suggestions for improvement of ICTC services, half of the clients who had availed services had no suggestions to make. Some (16.1%) mentioned that *“there should be more publicity on Nevarapine and motivation to mothers and community for institutional delivery”*.
- Clients had good experience with health services providers at ICTCs. Majority of the clients opined that the counselors (95%), laboratory technicians (77%) and ICTC in-charge/MO (60%) were very cooperative/cooperative.

## CONCLUSIONS AND RECOMMENDATIONS

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- Supply, utilization and exposure to IEC material in AP & Gujarat were good.
- Supply and use of IEC material in UP should be improved. Also there is need for monitoring of the same.
- Exposure to IEC material in AP and Gujarat was higher due to good supply and utilization of IEC material by the service providers. Also observations have reflected that posters were displayed in these states, whereas in UP hardly any posters were observed.
- IEC material should be in local language and reflect cultural sensitivity, so that the clients can identify themselves with the material. For instance the use of 'bindi' in the pregnant women and working women posters.
- Length of the flipbook should be reduced. This is recommended since the recall of messages from the flip book was lower than that of the other IEC materials, as it had too many messages.
- Posters should have rural look/ or could have two sets of posters – those with rural and urban look.
- IEC materials need to emphasize on the need for pregnant women to go in for HIV test, as only 17 % had suggested friends/relatives who were pregnant to seek counseling for HIV on seeing the “pregnant women poster”.
- Medical Officers and outreach workers need to improve their relationship with clients, A very high percentage of clients felt that the counselors were very cooperative (95%), whereas in case of MOs and outreach workers much lower percentage felt the same (60% and 47% respectively). Also one can see that in case of counselors a very small percentage (3%)

did not want to opine on cooperativeness, whereas in case of the other health factionaries (MO -34%, lab tec- 28%, out reach workers - 31%) much higher percentage did not want to opine on cooperativeness. 15% of the clients felt that the out reach workers were not cooperative.

- Only half of the clients (51.5%) were aware that *"to prevent the child from getting HIV from the HIV positive mother the doctor can give medicine called Nevirapine to the mother and baby"*. Therefore there is a need to emphasize on this aspect through IEC.
- Though half of the clients (56.7%) felt that *"HIV positive / lactating mothers should exclusively breast feed the new born for first six months to reduce the risk of getting HIV"*, the other half did not feel the need for the same. Therefore IEC material needs to emphasize the need for exclusive breast feeding to the new born for the first six months to reduce risk of HIV,
- Though 67.5% believe that *"HIV can not be transmitted through toilets, swimming pools, sharing, eating or drinking utensils, insect bites/ mosquito bite"*, around one fourth ( 22.5%) still believed that HIV can be transmitted through these mediums. Therefore is a need to address such issues in IEC materials to reduce stigma.

## 1.1. BACKGROUND

India has a population of around 2.5 million people living with HIV/AIDS (PLHA) aged between 15 and 49<sup>3</sup>. Most HIV infections in India occur through heterosexual transmission. Over the years the HIV/AIDS epidemic has moved from urban to rural India and from high risk to general population<sup>4</sup>. It is expected that women have a two fold higher incidence than men (2005), due to female sex work, as well as a higher incidence among women is likely to be maintained till 2015, and larger number of low – risk women (mainly wives of men who visit sex workers sometimes or often) will be infected<sup>5</sup>. Their heightened vulnerability has both biological and socio-economic reasons. Early marriage, violence and sexual abuse against women are the major socio-economic reasons of their vulnerability to HIV infection. Their biological construct makes them more susceptible to HIV infection in any given heterosexual encounter. Estimates worked out in 2004 indicate that globally women account for almost 50 percent of the 38.6 million adults (aged 15–59 years) living with HIV, compared to 41 percent in 1997 and 35 percent in 1985<sup>6</sup>. Among women the peak age of HIV prevalence tends to be around the age of 25, which is 10 to 15 years lower than the peak age for the men<sup>7</sup>. In 2004, it was estimated that 22 percent of HIV cases in India comprised housewives with a single partner<sup>8</sup>. It is a pertinent step for national AIDS control program to focus on women in India when there is a staggering one million women PLHAs<sup>2</sup>

In order to halt and reverse the HIV epidemic in India, counseling and testing services were started in India in 1997. Prevention of Parent to Child Transmission of HIV/AIDS (PPTCT) programme was started in the year 2002. The PPTCT programme aims to prevent the perinatal transmission of HIV from an HIV infected pregnant mother to her newborn baby. Under NACP-III, Voluntary Counseling and Testing Centres (VCTC) and facilities providing Prevention of Parent to Child Transmission of HIV/AIDS (PPTCT) services are remodelled as a hub or 'Integrated Counseling and Testing Centre' (ICTC) to provide services to all clients under one roof. An ICTC is a place where a person is counselled and tested for HIV, of his own free will or as advised by a medical provider.

Currently, there are in total 4586 Integrated Counseling and Testing Centres (ICTC) in the country, most of these are in government hospitals, which offer PPTCT services to pregnant women. Of these ICTCs, 502 are located in Obstetrics and Gynaecology Departments and in Maternity Homes where the client load predominantly comprises of pregnant women.

<sup>3</sup> National Family Health Survey – 3 (2005-06), International Institute of Population Sciences, Mumbai

<sup>4</sup> National AIDS Control Organization. 2009. [http://www.nacoonline.org/National\\_AIDS\\_Control\\_Program/](http://www.nacoonline.org/National_AIDS_Control_Program/). New Delhi: NACO.

<sup>5</sup> Gray RH, Wawer MJ, Brookmeyer R, Sewankambo NK, Serwadda D, Wabwire – manager F . et.al. *Probability of HIV –I Transmission oper coital act in monogamous, heterosexual, HIV-I discordant couples in Rakai, Uganda lancet 2001; 357 : 1149 -53*

<sup>6</sup> UNAIDS/UNFPA/UNIFEM. 2004. "Women and HIV/AIDS: Confronting the crisis. A joint report by UNAIDS/UNFPA/UNIFEM." Geneva/New York: UNAIDS/UNFPA/UNIFEM

<sup>7</sup> UNAIDS and WHO. 2001. AIDS Epidemic Update. (UNAIDS/0174E-WHO/CDS/CSR/NCS/2001-2002). Geneva. UNAIDS/WHO.

<sup>8</sup> Hefferman G 2004, Housewives account for one-fifth of India's HIV cases, experts says, India Post and NCM, April 16.

During NACP III, the total number of ICTCs will be further increased to 4955.<sup>9</sup> Keeping in view the recommendations made by the expert committee on PPTCT, NACP III has plans of scaling up PPTCT services through public – private partnership. The scaling up plan for PPTCT services for five years (2006 – 2011) is given below <sup>10</sup>.

Target Year/client category	Year 1	Year 2	Year 3	Year 4	Year 5
Number of pregnant women to be covered	2,025,000	3,782,000	4,900,000	6,500,000	7,500,600
Number of HIV positive women to be covered	20,000	36,700	55,000	71,000	756,000

For prevention of HIV/AIDS, services for management of STIs are given greater impetus under the National AIDS Control Programme III (NACP- III). The Strategy and Implementation Plan (2006-2011) makes a strong reference for expanding the access to package of STI management services both in general population groups and for high-risk groups.

The main functions of an ICTC include, conducting HIV diagnostic tests, providing basic information on the modes of HIV transmission, and promoting behavioural change to reduce vulnerability and linking people with other HIV prevention, care and treatment services.<sup>11</sup> It has been envisaged that ICTCs will provide entry points for both men and women requiring different services. For instance, pregnant women will be referred to PPTCT centres, those with STI symptoms or STD clinics and those with TB symptoms to RNTCP centres.

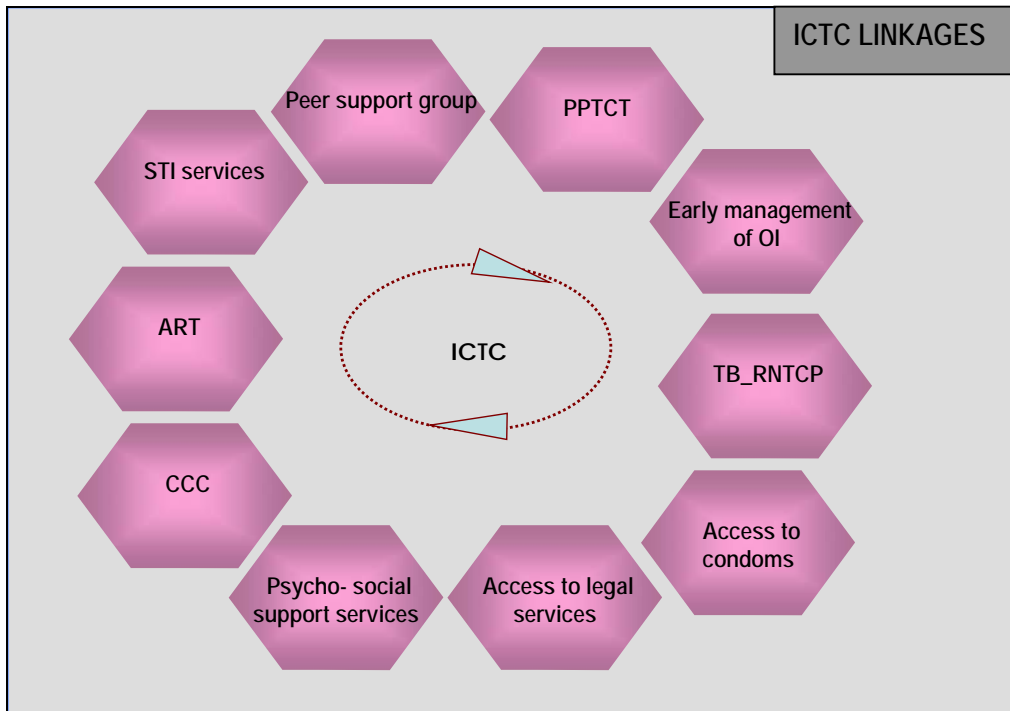
The counselors at these centres will ensure access to the following services through linkages;

- IEC/BSS
- Condom promotion
- STI treatment linkages
- Prophylaxis and early management of OI
- DOTS for TB , and
- ART services

<sup>9</sup> NACP III ( 2006- 2011), National AIDS Control Organization, Ministry of Health and Family Welfare, Government of India.

<sup>10</sup> Strategy and Implementation Plan , National AIDS Control Programme Phase III ( 2006-2011), Ministry of Health and Family welfare, GOI; November 30, 2006: pg 98-103

<sup>11</sup> NACO: Services for Prevention, Prevention of Parent to Child Transmission (PPTCT) Programme, [www.nacoonline.org](http://www.nacoonline.org)



Ideally, a health facility should have one integrated counseling and testing centre for all groups of people. However, an ICTC is located in facilities that serve specific categories such as pregnant women. Accordingly, an ICTC is located in the Obstetrics and Gynaecology Department of a medical college or a district hospital or in a maternity home where the majority of clients who access counseling and testing services are pregnant women. The justification for such a centre is the need for providing medical care to prevent HIV transmission from infected pregnant women to their infants. Similarly an ICTC is located in a TB microscopy centre or in a TB sanatorium, where the majority of clients are TB patients. As TB is the most common co-infection in people with HIV, availability of HIV counseling and testing can help patients to diagnose their status for accessing early treatment.

The challenge before NACO is to make all HIV infected people in the country aware of their status so that they adopt a healthy lifestyle; access life-saving care and treatment and help prevent further transmission of HIV. Thus, counseling and testing services are important components of prevention and control of HIV/AIDS in the country.

When availing counseling and testing services, people can access accurate information about HIV prevention and care and undergo HIV test in a supportive and confidential environment. People who are found HIV negative are supported with information and counseling to reduce risks and remain HIV negative. People who are found HIV positive are provided psycho-social support and linked to treatment and care.

Under NACP III ICTCs have been envisaged as centres where information on HIV/AIDS and utilisation of ICTC services could be disseminated through various types and mediums of communication. At these centres information is shared through television, posters, sharing of booklets, and use of flip books by the counselors etc.

## **1.2. NEED FOR THE STUDY**

---

Towards generating awareness among clients NACO has been providing a number of Information Education and Communication (IEC) materials to the ICTCs through State AIDS Control Societies throughout the country. UNICEF proposes to undertake a survey to assess the effectiveness of these IEC materials which includes the following:

4. Posters: 4 kinds of posters in English and Hindi. Out of these, one on PPTCT and the rest on testing for general population. Following are the type of posters
  - Pregnant Woman Poster
  - Working Woman Poster
  - Auto Rickshaw Driver Poster
  - Motor Bike Man Poster
5. Flip books (new): Meant for counselors of these centers in English, Hindi, Tamil, Telegu, Kannada, Marathi, Punjabi, Oriya, Assamese, Gujarati, Malayalam and Bengali.
6. Booklet (small & big): "tell me the truth about HIV & AIDS."

The IEC material assessed is presented here;

Picture 1: Pregnant Woman Poster (PW)

Picture 2: Auto Rickshaw Driver Poster (AR)

Picture 3: Motor Bike Man Poster (MB)

Picture 4: Working Woman Poster (WW)

Picture 5: New Flip Book

Picture 6: Booklet



This assessment would be helpful in understanding the impact of these materials on knowledge, attitudes and behaviors of the target groups. Further, it would also provide insights into the issues related to supply chain management in terms of reach and utilization of IEC materials. This information can be used in identifying and resolving gaps, for development of more such material for the same or wider use.

Some of the messages conveyed through these posters, flip book and booklet have been regarding;

Understanding of HIV/AIDS  
Transmission of HIV  
Prevention/ protection of HIV/AIDS  
Understanding of STI  
Signs and symptoms of STI  
Opportunistic infections  
Advantages & outcome of HIV testing  
Informed testing choice / partner testing

Diagnosis of HIV  
Treatment of HIV  
Positive living  
Precautions for people living with HIV/AIDS  
Infant feeding  
People who are vulnerable to HIV  
Efforts made to reverse the HIV epidemic  
Services rendered by ICTC/PPTCT

The IEC material has been designed by UNICEF .These have been sent to all the 4586 ICTC currently functional across 33 states, through SACS.

In the above context, UNICEF awarded the study to ORG Centre for Social Research (a division of ACNielsen ORG MARG Pvt. Ltd.) for conducting the survey for assessment of effectiveness of IEC material at ICTCs.

### 1.3 SCOPE AND OBJECTIVE OF THE STUDY

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The *broad objective* of the proposed survey was;

*“To assess the effectiveness of the IEC materials at the Integrated Counseling and Testing Centers (ICTCs)”*

The effectiveness of these materials would be assessed in terms of the *availability, relevance, usage, understanding and recall of the messages, appropriateness, appeal, impact, gaps etc.*

As indicated in the RFP, *scope of the study* has been presented here;

1. Are the materials sent to ICTC relevant for the target audiences and purpose for which they were intended?
  - Are the materials being used?
  - Do the user/ target audience consider them relevant for themselves?
2. Are there other materials displayed/ being used other than the 4 poster, flip book and booklet under study? What are they?
3. Are the materials sent to the ICTCs effective in communicating the intended messages?
  - Does the target audience understand and recall the messages sought to be communicated through the materials?
  - Do the target audience / user like/dislike the materials? What do they like/dislike?
  - Are the visuals and written matter in the materials appropriate and appealing to the target audience?

- What are the target audience/ user's suggestions to make the materials more effective?
4. What is the impact of the materials sent to the ICTC?
    - Is the target audience better informed on the issues relating to testing/PPTCT?
    - Do they /have they motivated them to test?
    - How many have actually tested?
  7. Is the supply chain management system in place efficient?
    - Did the materials reach the ICTCs?
    - Did they reach in a reasonable time?
    - Is there storage space available to store them?
    - Who is in charge of keeping them? Putting them up? Ensuring they are used?
  8. What are the material gaps?
    - On what issues and for which target audience is IEC materials required?
  7. Are there any suggestions on content/ appearance?

Though the IEC material (flip book, booklet, 4 posters) has been sent to all 33 states, as desired by UNICEF the present study has been carried out in 3 states (Andhra Pradesh, Gujarat & Uttar Pradesh)

#### 1.4. RESEARCH METHODOLOGY AND SAMPLING DESIGN

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The present study was carried out by using both quantitative and qualitative research techniques. This involved observation of ICTC, photo documentation of ICTC, semi- structured interviews with service providers, exit interviews with clients and documenting few case studies of clients.

##### 1.4.1. Geographical coverage

The three states covered under the present study were; Andhra Pradesh (with high prevalence of HIV/ AIDS), Gujarat (with medium prevalence of HIV/ AIDS) and Uttar Pradesh (with low prevalence of HIV/ AIDS)

##### 1.4.2. Sampling design and sample size

###### a) ICTCs

As mentioned in the RFP it was proposed to cover 70 ICTCs in all across the three states ( 20 each in UP and Gujarat & 30 in AP). In discussion with UNICEF it was decided to have a buffer sample as well in each state in order to be able to achieve the required samples. Separate lists of ICTCs in AP, Gujarat and UP were provided by UNICEF. Out of a total list of 748 ICTCs in AP, 211 ICTCs in Gujarat, and 122 ICTCs in UP the following number of ICTCs with buffer in each state were selected;

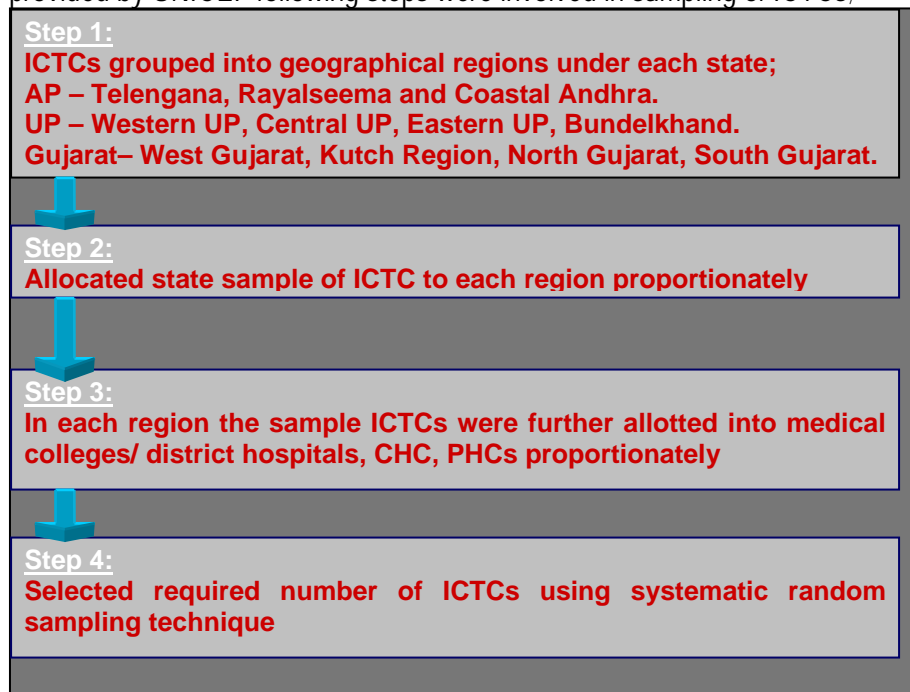
- 38 ICTCs in Andhra Pradesh which has a high prevalence of HIV/ AIDS  
*30+3 buffer CHC (1 per region) + 5 buffer PHC (of 50% buffer)*

- 24 ICTCs in Gujarat which has a medium prevalence of HIV/AIDS and *20+4 buffer CHC (1 buffer CHC per region)*
- 22 ICTCs in Uttar Pradesh which has low prevalence of HIV/ AIDS *20+2 buffer CHC (1 buffer CHC per region wherever CHC available)*

These ICTCs were located at Medical Colleges, Maternity Hospitals, District Hospitals, CHCs and PHCs

### *Sampling strategy for selection of ICTCs*

The list of all the ICTCs in the three selected states was provided by UNICEF. Using this list provided by UNICEF following steps were involved in sampling of ICTCs;



First of all the list of ICTCs in UP, Gujarat and AP were grouped separately. In all the universe of ICTCs in UP was 122, in Gujarat was 211 , and in AP was 748. Following this the total sample of 70 ICTCs was proportionately allocated to each of the three states and then to regions within the state. UP and Gujarat were thus allocated a sample of 20 ICTCs in each state. AP was allocated a sample of 30 ICTC, as the universe of ICTCs in AP was higher than that of UP and Gujarat. This sample was further proportionately allocated to each region in the state. In UP the sample of 20 ICTCs was allocated to 4 regions – western UP, central UP, Eastern UP and Bundelkhand. In Gujarat the sample of 20 ICTCs was allocated to 4 regions - West Gujarat, Kutch Region, North Gujarat, South Gujarat, and in AP the sample 30 ICTC was allocated to 3 regions -Telengana, Rayalseema and Coastal Andhra. In each region the sample of ICTC was further allocated to medical colleges/ district hospitals, CHC, PHCs proportionately. The required number of ICTCs was then selected using systematic random sampling procedure.

Buffer of ICTC was sampled in each state. A buffer of 50% ICTCs was taken in states / regions where the ICTC were located in PHCs. A buffer of 1 ICTC was taken in each region wherever the ICTC was in CHCs. The ICTCs were selected by systematic random sampling procedure.

Following is the final list of selected ICTCs in each of the three states. The selected ICTCs are presented here. The ICTCs which are in shaded rows are the buffer ICTCs.

**Sample of ICTCs covered in Andhra Pradesh**

[Total ICTCs = 38: 30+3 buffer CHC (1 per region) + 5 buffer PHC (of 50% buffer)]

Geographical Region	District	Type of Reporting Unit	Type of Health Facility	Name of the Reporting Unit
Rayalseema	Kadapa	ICTC	PHC	PHC
	Kadapa	ICTC	PHC	PHC
	Kadapa	ICTC	PHC	PHC
	Anantapur	ICTC	CHC	CHC
	Chittoor	ICTC	CHC	CHC
	Chittoor	ICTC (HIV/TB)	CHC	CHC
	Kadapa	ICTC (HIV/TB)	CHC	CHC
	Kadapa	ICTC	Hospital	DH
Telengana	Karimnagar	ICTC	PHC	PHC
	Nizamabad	ICTC	PHC	PHC
	Khammam	ICTC	PHC	PHC
	Khammam	ICTC	PHC	PHC
	Mahabubnagar	ICTC (HIV/TB)	CHC	CHC
	Karimnagar	ICTC	CHC	CHC
	Medak	ICTC	CHC	CHC
	Nizamabad	ICTC	CHC	AH
	Adilabad	ICTC	CHC	UPHC
	Warangal	ICTC	CHC	CHC
	Rangareddi	ICTC	CHC	PVT-MC
	Hyderabad	ICTC	Hospital	GH
	Medak	ICTC	Hospital	DH
Warangal	ICTC	Hospital	MGM	
Coastal Andhra	East Godavari	ICTC	PHC	PHC
	West Godavari	ICTC	PHC	PHC

Geographical Region	District	Type of Reporting Unit	Type of Health Facility	Name of the Reporting Unit
	West Godavari	ICTC	PHC	PHC
	Krishna	ICTC	PHC	PHC
	Krishna	ICTC	PHC	PHC
	Guntur	ICTC	PHC	PHC
	Guntur	ICTC	PHC	PHC
	Prakasam	ICTC	PHC	PHC
	East Godavari	ICTC	CHC	CHC
	West Godavari	ICTC	CHC	AH
	Krishna	ICTC	CHC	CHC
	Guntur	ICTC	CHC	CHC
	Prakasam	ICTC	CHC	CHC
	Nellore	ICTC	CHC	CHC
	Visakhapatnam	ICTC (HIV/TB)	CHC	CHC
	Krishna	ICTC	Hospital	DH
	Visakhapatnam	ICTC	Hospital	DH

Sample of ICTCs covered in Gujarat

[Total ICTCs = 24: 20+4 buffer CHC (1 buffer CHC per region)]

Geographical Region	District	Type of Reporting Unit	Type of Health Facility	Name of the Reporting Unit
Region 1	Rajkot	ICTC (ANC)	CHC	Community Health Centre
	Surendranagar	ICTC	CHC	Community Health Centre
	Bhavnagar	ICTC	CHC	Municipal Medical Unit
	Junagadh	ICTC	CHC	Community Health Centre
	Rajkot	ICTC (ANC)	Hospital	P.K. General Hospital
	Surendranagar	ICTC (ANC)	Hospital	C.U.Shah Medical College
	Surendranagar	ICTC	Hospital	KasturibenNeemchand Sarvajanic Hospital
	Amreli	ICTC (ANC)	Hospital	General Hospital
Region 2	Kutchh	ICTC	CHC	Community Health Centre
	Sabarkantha	ICTC	CHC	Community Health Centre
	Patan	ICTC (ANC)	CHC	Community Health Centre

Geographical Region	District	Type of Reporting Unit	Type of Health Facility	Name of the Reporting Unit
	Banaskantha	ICTC	Hospital	Gandhi-Lincon Hospital
	Sabarkantha	ICTC	Hospital	Taluka Hospita
Region 3	Gandhinagar	ICTC	CHC	Community Health Centre
	Ahmedabad	ICTC	CHC	Community Health Centre
	Ahmedabad	ICTC	Hospital	General Hospital
	Kheda	ICTC	Hospital	KMG Genaral Hospital
Region 4	Dahod	ICTC	CHC	Community Health Centre
	Navsari	ICTC	CHC	Community Health Centre
	Surat	ICTC (ANC)	CHC	Community Health Centre
	Vadodara	ICTC	CHC	Community Health Centre
	Bharuch	ICTC (ANC)	Hospital	General Hospital
	Navsari	ICTC (ANC)	Hospital	General Hospital
	Surat	ICTC	Hospital	SMIMER Hospital

**Sample of ICTCs covered in Uttar Pradesh**

[Total ICTCs= 22: 20+2 buffer CHC (1 buffer CHC per region wherever CHC available)]

Geographical Region	District	Type of Reporting Unit	Type of Health Facility	Name of the Reporting Unit
Western UP	Bareilly	ICTC	CHC	C.H.C. Baheri
	Baghpat	ICTC	CHC	Community Health Center
	Meerut	ICTC	Hospital	L.L.R.M. MEDICAL COLLEGE
	Muzaffarnagar	ICTC	Hospital	District Hospital
	Aligarh	ICTC	Hospital	J.L.N. Medical College
	Etah	ICTC	Hospital	District Hospital
	Shahjahanpur	ICTC (ANC)	Hospital	DISTRCT FEMALE HOSPITAL, SHAHJAHANPUR
	Gautam Buddha Nagar	ICTC	Hospital	National Institute of Biologicals
Central UP	Rae Bareilly	ICTC	CHC	C.H.C BACHHARAWAN
	Barabanki	ICTC	CHC	C.H.C. HAIDERGARH
	Sitapur	ICTC	Hospital	District Hospital
	Kanpur Nagar	ICTC (ANC)	Hospital	DISTRICT FEMALE HOSPITAL
	Lucknow	ICTC	Hospital	DR.S.P.M (CIVIL)HOSPITAL
Eastern UP	Pratapgarh	ICTC	CHC	C.H.C. LALGANJ

Geographical Region	District	Type of Reporting Unit	Type of Health Facility	Name of the Reporting Unit
	Sant Kabir Nagar	ICTC	CHC	C.H.C Khalilabad
	Gonda	ICTC	Hospital	District Hospital
	Azamgarh	ICTC	Hospital	District Hospital
	Gorakhpur	ICTC (ANC)	Hospital	District Female Hospital
	Ghazipur	ICTC	Hospital	District Hospital
	Sonbhadra	ICTC	Hospital	District Hospital
	Sant Ravidas Nagar	ICTC	Hospital	District Hospital
Bundel-khand	Jhansi	ICTC (ANC)	Hospital	M.L.B Medical College

#### b) Exit interview with clients at facility level/ ICTCs

Exit interviews with the clients/ beneficiaries were conducted at the sampled ICTCs. At each ICTC, a sample of 30 clients/beneficiaries was interviewed. Out of 30 clients/beneficiaries 10 were pregnant women (this did not include lactating mothers) and 20 were other clients/beneficiaries, like lactating mothers, men, transgender, etc. etc.). Efforts were made to interview both males and females in the other category of beneficiaries. Exit interviews were carried out with only those clients who had ever been counselled or tested at the ICTC centre.

Thus in all across three states following sample of clients was proposed to be covered:

- Andhra Pradesh = 900 clients (30 ICTCs\* 30 clients)
- Gujarat which = 600 clients (20 ICTCs\* 30 clients)
- Uttar Pradesh = 600 clients (20 ICTCs\* 30 clients)

For selection of clients/ beneficiaries who are visiting the centre, investigators first contacted the service providers of the ICTC to elicit a rough idea about the client load on during the week. This included both ANC days and non ANC days. Accordingly a field plan was made to visit the ICTC on ANC and non – ANC days. Though it was envisaged that the required number of clients per ICTC would be covered in around 2 days, but what actually happened in the field was quite different as the load of clients per day in all the three study states was quite different. There were days when no clients visited the ICTC. Generally the client load was 3-4 per day. Therefore the field teams had to spend 4- 5 days at most of the ICTCs to be able to achieve the sample.

*In UP* out of the 22 ICTCs selected only 4 ICTCs had ANC clinics/ days. ICTCs with ANC clinics/ days had a client load of around 40 clients per day. However, ICTCs which did not have ANC days (18), client load was very low, as it ranged from 0 – 4 clients per day. *In AP*, out of the 39 ICTCs selected, ICTC in maternity hospitals had high client load (50 – 120). However, in ICTCs with no

ANC days the client load per day was very low (0-5). *In Gujarat*, out of the 24 ICTCs selected, the client load was generally between 1- 5. However, in ICTC with ANC (8 ICTCs) the client load ranged from 10 -12 per day.

At few ICTCs, where the client load was high on ANC days, every third patient was interviewed on exit from the ICTC. However, at most of the ICTC the client load was low, therefore all the patients getting out of the centre were interviewed.

### **c) Interview with service providers**

At each ICTC, a sample of three service providers was proposed to be interviewed. This comprised of;

- One Medical Officer/ PPTCT in charge,
- One counsellor and
- One labour ward nurse; and

Thus in all across three states following sample of service provider was proposed to be covered:

- Andhra Pradesh = 90 service providers (30 ICTCs\* 3 clients)
- Gujarat which = 60 service providers (20 ICTCs\* 3 clients)
- Uttar Pradesh = 60 service providers (20 ICTCs\* 3 clients)

### **d) Observation of ICTCs and photo documentation**

Observation and photo documentation was carried out at each of the sampled ICTCs. This comprised of observing the following number of ICTC in each state;

- Andhra Pradesh = 30 ICTCs
- Gujarat which = 20 ICTCs
- Uttar Pradesh = 20 ICTCs

In all observation and photo documentation of 70 ICTCs was carried out. Photo documentation focussed on the use of IEC material, counseling and testing places in the ICTC. Photographs were clicked for various areas of the centre like – waiting space, OPD, places where posters are visible, while counseling, counseling room, testing room, storage place of IEC material etc.

### **e) Case studies**

As proposed 5 case studies of the clients were documented for each state. These cases were identified from the client exit interviews and discussion with the providers. Thus a total of 15 cases were documented in the three states. Different case studies, like that of pregnant women, men, general women, transgender, those happy with services, those not happy with services etc. etc.

**Summary of Sample Coverage**

The tables given below present the proposed sample and sample achieved.

***Sample Proposed***

States	No. of ICTC	No. of clients		No. of service providers	No. of photo documentation	No. of case studies
		Pregnant women	Others			
Andhra Pradesh	30	300	600	90	30	5
Gujarat	20	200	400	60	20	5
Uttar Pradesh	20	200	400	60	20	5
<b>Total</b>	<b>70</b>	<b>700</b>	<b>1400</b>	<b>210</b>	<b>71</b>	<b>15</b>
		<b>2100</b>				

***Sample Achieved***

States	No. of ICTC	No. of clients		No. of service providers	No. of photo documentation	No. of case studies
		Pregnant women	Others			
Andhra Pradesh	30	561	340	90	30	5
Gujarat	21	195	398	56	21	5
Uttar Pradesh	21	247	356	64	21	5
<b>Total</b>	<b>72</b>	<b>1003</b>	<b>1094</b>	<b>210</b>	<b>72</b>	<b>15</b>
		<b>2097</b>				

Sample across all the categories has been more or less achieved. However, it may be noted that in AP a higher sample of pregnant women has been achieved than proposed, as the field teams had to make revisits on ANC days to achieve the sample.

## 1.5. PROJECT MANAGEMENT

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The project was lead by a project coordinator with support from state coordinators. The core research team members of ORGCSR undertook the responsibility of planning the study. This included designing questionnaires, pre – testing and finalisation of questionnaires, training field staff, organising field work and field teams, analysis and report writing.

Prior to planning the study , preliminary visits to ICTCs were made by the research professionals, to gain insights into the functioning of ICTCs, client load, IEC materials used , role played by counsellors etc. This was followed by developing a sampling strategy and questionnaires. Sampling strategy and questionnaires were finalised in discussion with UNICEF. Prior to finalising the questionnaires these were pre – tested.

Central Training of Trainers (TOT) was carried out in Delhi. Training was provided by the Project coordinator to the state coordinators. This was followed by state level trainings in Lucknow for UP, in Baroda for Gujarat and in Hyderabad for AP. State level training was carried out by the State coordinators.

In each state the field work was coordinated by state coordinators under the guidance of the project coordinator. Field teams were lead by field executives in respective states, who had a team of supervisors and investigators. Field executives were responsible for the quality of field work, therefore accompanied the field teams. The field supervisors carried out spot and back checks to ensure completeness and accuracy of the completed questionnaires. The interviews with clients and providers were carried out by the investigators. Supervisors did the spot checks and back check, along with photo documentation and observations. Research professionals undertook case studies. The field teams comprised of male as well female investigators to interview male and female clients. Local field teams were raised to ensure easy blending and understanding of the local culture and dialect.

Field work was followed by scrutiny, data entry and data cleaning. The completed interview schedules were first scrutinized manually in the field by the field supervisors, and further by the coding and scrutinizing team. For quantitative data, tables were generated using SPSS 17 package and the programme was developed in CS Pro. Case studies were documented by the research professionals.

This was followed by report writing.

## 1.6. REPORT PRESENTATION

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The structure of the report comprises the following six chapters:

- Introduction
- Facility observations and respondent profile
- Supply chain management of IEC material
- Exposure and perception regarding IEC material
- Impact of messages on knowledge and attitude towards HIV/AIDS
- Impact of messages and ICTC services availed

**CHAPTER - 2: PROFILE OF RESPONDENTS, OBSERVATIONS AND CASE STUDIES**

This chapter presents the demographic profile of the clients and services providers' interviewed. Also type of ICTCs approached and observed, and nature of client case studies carried out have been presented here.

**2.1. FACILITY OBSERVATION**

In all 72 ICTCs across the three states (AP Gujarat & UP) were selected for the present study. Profile of these ICTCs has been presented in figures 2.1, 2.2, 2.3. Most of the ICTCs (31%) were functioning in CHCs, followed by district hospitals (24%) and medical colleges/ general hospitals (16%)

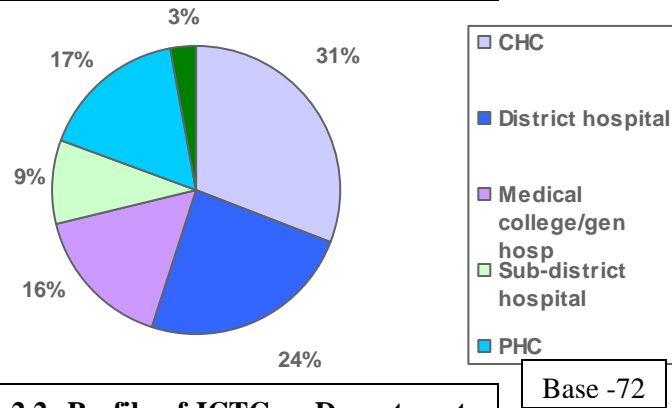
Within the various health facilities as expected these were mostly located in obstetric/ gynaecology / maternity homes (71%). More than one fourth was also in general OPD, with no designated place. These ICTCs were mostly established during 2002 – 2005, during NACP II, when PPTCTs were set up, or during 2006, during NACP III when the ICTCs were set up.

Most of the ICTCs (79.2%) had a separate counseling centre and a separate testing centre (68.1%).

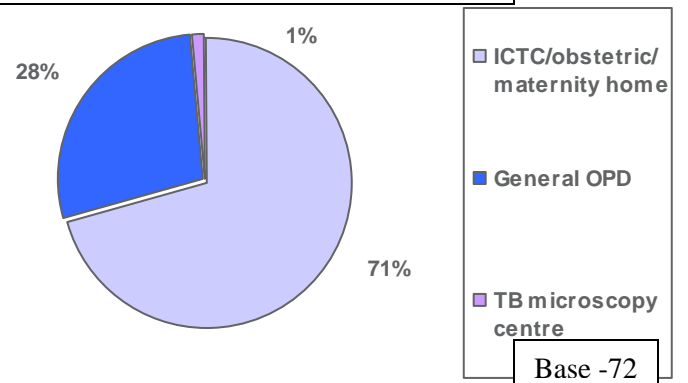
Most of the ICTCs (59.7 %) were functional for 6- 8 hours in a day, for six days a week (table 2.1 & 2.2). Observations have indicated that the number of Clients visiting the ICTCs was high on ANC days than on non – ANC days. The number of Clients visiting ICTCs per day was as low as 3- 4 to on non – ANC days to as high as 80 ANC days

Observations were also supported by photo documentation. Areas within the ICTC, where posters were pasted, stored , counseling area etc. were photo documented.

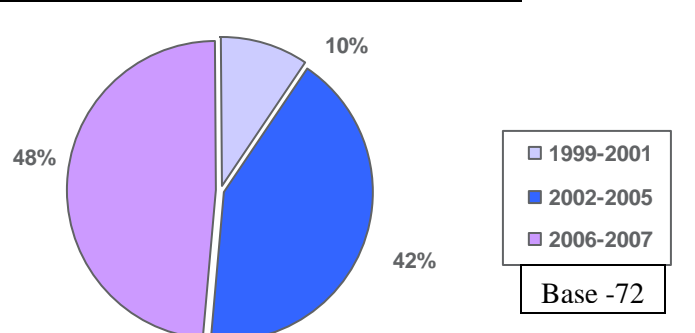
**Figure 2.1: Profile of ICTCs – Type of health facility**



**Figure 2.2: Profile of ICTCs – Departments of location**



**Figure 2.3: Profile of ICTCs – Year of establishment**



**Table 2.1.: Number of working hours per day of ICTCs**

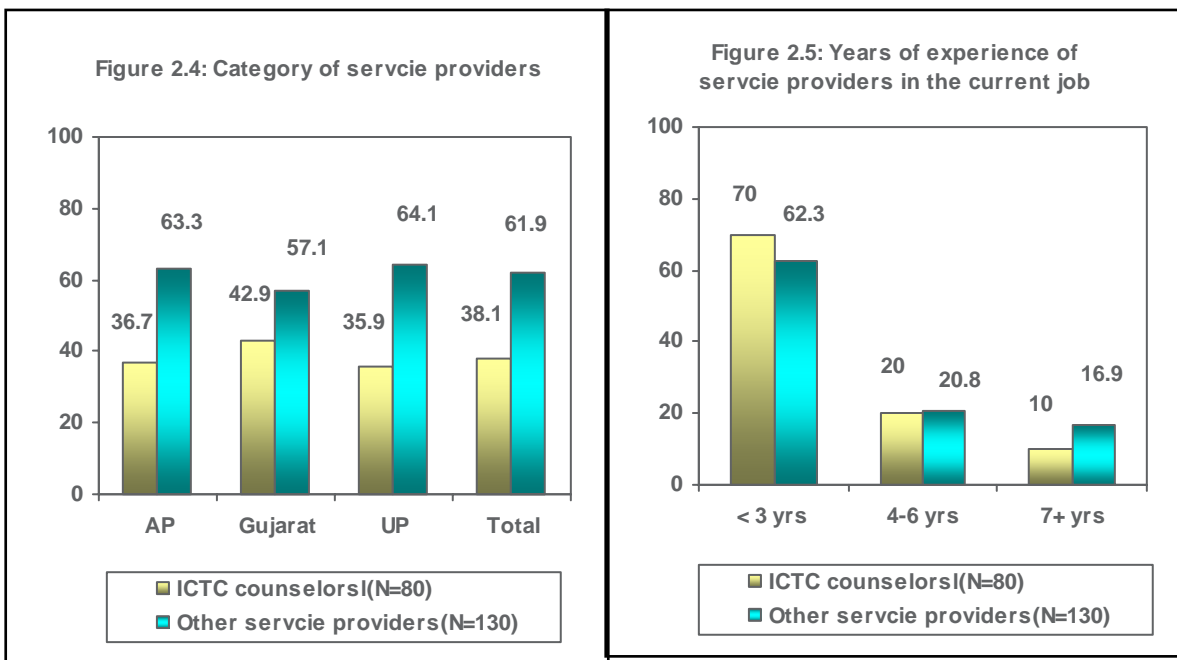
No. of working hours per day	N	%
< 5 hrs	4	5.6
5 hours	1	1.4
6 hours	16	22.2
7 hours	13	18.1
8 hours	14	19.4
More than 8 hours	24	33.3
<b>Total</b>	<b>72</b>	<b>100</b>

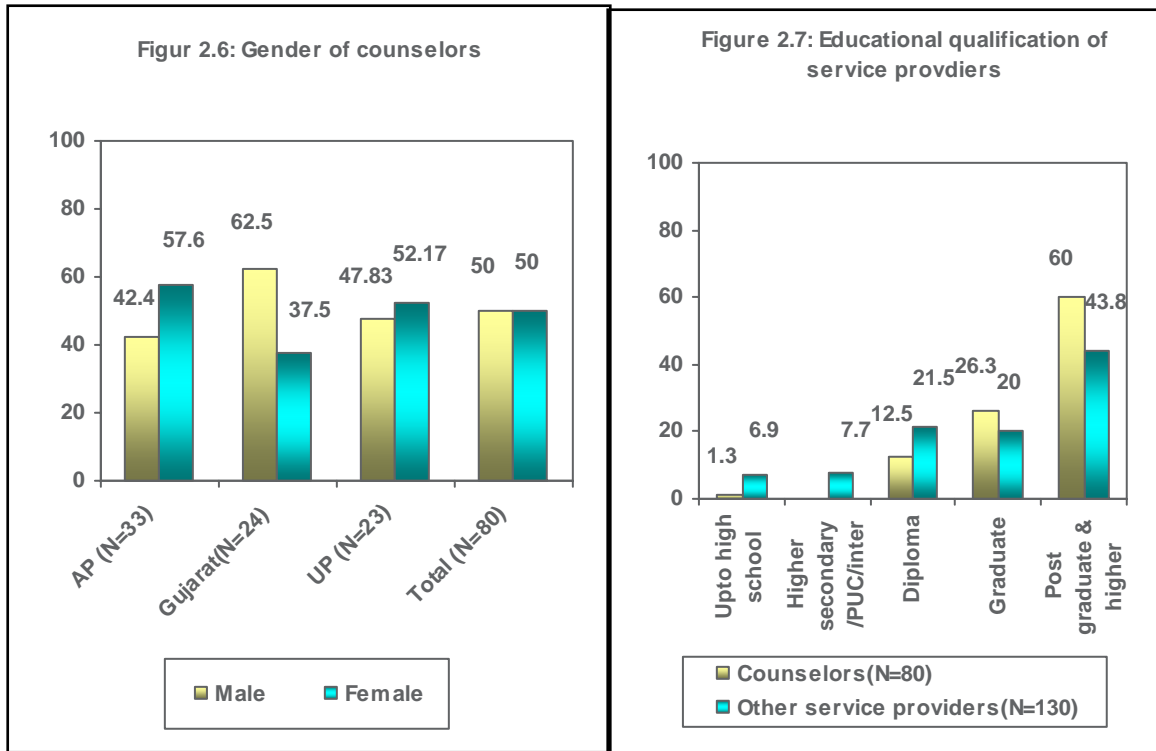
**Table 2.2.: Number of working days of ICTCs**

No. of working days in a week	N	%
< 5 days in a week	5	6.9
5 days in a week	2	2.8
6 days in a week	65	90.3
<b>Total</b>	<b>72</b>	<b>100</b>

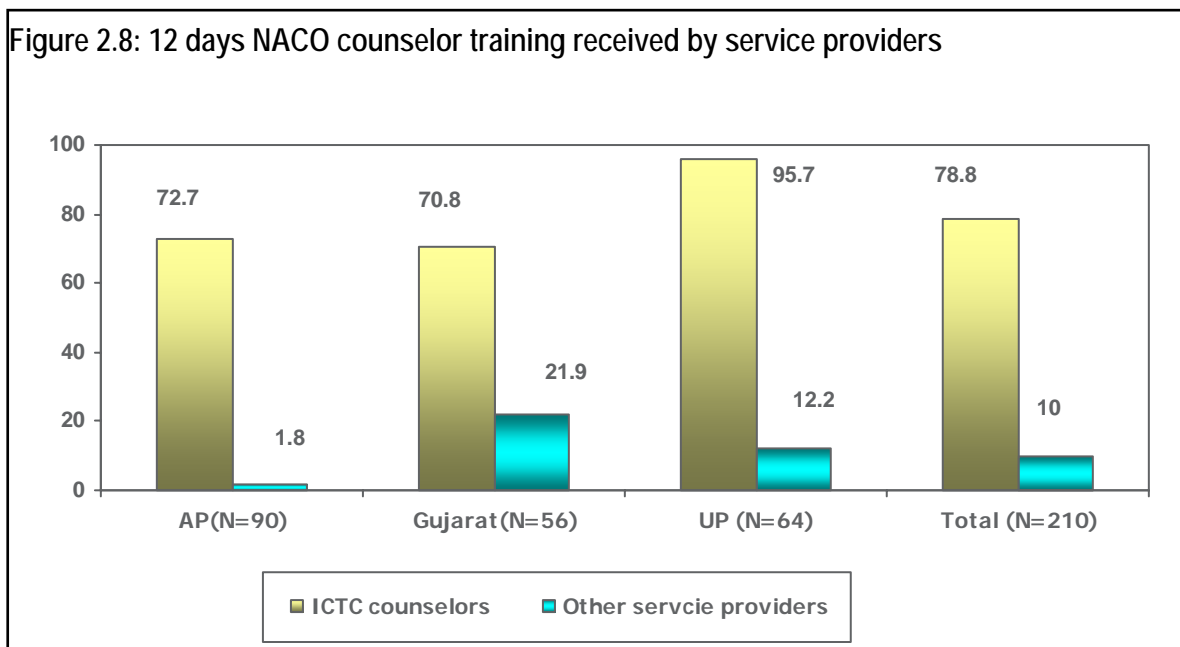
## 2.2. PROFILE OF SERVICE PROVIDERS

Service providers interviewed during this study comprised of counselors, nurse and MOs. Profile has been separately presented for counselors and other service providers (MOs & nurse), as we have seen counselors play a major role in generating awareness and counseling the clients compared to the other service providers. Also MOs often played the role of a counselor. Counselors interviewed comprised of 38.1% and the other service providers (MOs and nurses) interviewed comprised of 61.9% (figure 2.4). Most of these service providers had less than 3 years of experience in their current job (figure 2.5). Figure 2.6 reflects that half of the counselors were males and the other half were females. In Gujarat higher percentage of male counselors were interviewed than female counselors. With respect to education, most of the service providers interviewed (counselors – 60%, others service providers – 43.8%) were post graduates. Service providers with qualification less than a diploma were mostly the nurses (figure 2.7).





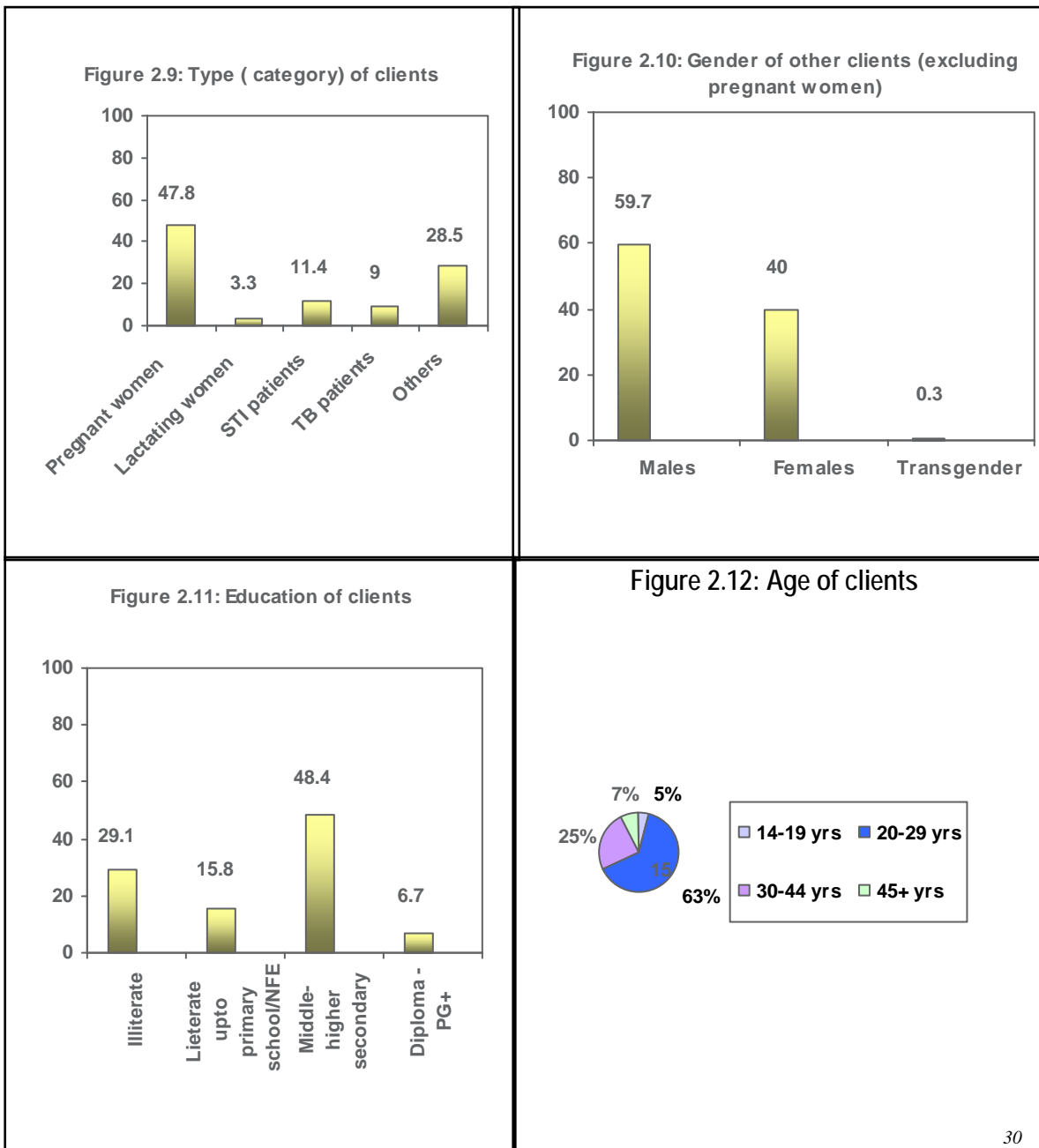
In order to be able to render counseling services at the ICTCs the counselors had been provided 12 days training by NACO. On interviewing the service providers it was seen that counselors as well as the other service providers like MOs had been provided training as reflected in figure 2.8. Nevertheless, as expected a much higher percentage of counselors (78.8%) had been provided training than the others service providers (10%). In UP a very high percentage of counselors had been provided training compared to the others states. Around 70 percent of the counselors felt the need for additional training, in order to be able to have further knowledge on HIV /AIDS and STI and also to be able to understand clients psyche.



Some of the service providers had also received training other than the 12 days NACO counsellor training, on issues related to HIV,STI,ANC care, breast feeding, TB etc.

### 2. 3. PROFILE OF CLIENTS

Clients were interviewed at the exit of the ICTC centre, once they had availed counseling or testing services. Though we had envisaged to interview lower percentage of pregnant women than the other clients, in the field we were actually able to cover almost equal percentage of pregnant women (47.8%) and other clients (52.2%) (figure 2.9). This was essentially because we had envisaged covering the sample of clients in a particular ICTC in 2 days; however in field we were not able to cover the sample in two days. We therefore planned to revisit the ICTC on ANC days, to make up for the short fall. Due to this we were eventually able to cover a higher sample of pregnant women , in AP than Gujarat and UP. Other clients included lactating mother, STI patients, TB patients, patients with skin problems, abdominal pain etc.



The gender of other clients was further analysed. (figure 2.10). It was interesting to note that males also visited ICTCs. However, data could not be collected to know whether men interviewed were spouses of ANC women or not. Age breakup reflected that most of the clients were in the age group of 20-29 years. Also teenagers visited the centre (5%). Thus reflecting that ICTC were catering not only to the pregnant but as envisaged under the programme was also providing integrated services to males and teenagers (figure 2.12). With respect to educational qualification, most of the clients were (48.4%) were higher secondary / middle pass. Also more than one third ( 29.1%) were illiterates.

Other than the interviews, 5 case studies of clients were recorded in each state. These were identified based on the interviews with clients. Case studies were recorded on consent of the client, at a place where they felt comfortable. Thus, case studies for the following type of clients were recorded.;

- Men
- Women
- Clients with TB,STI,HIV+
- CSWs
- Illiterate & literate
- Pregnant women
- Clients < 30 and >30 years of age.

### CHAPTER - 3: SUPPLY CHAIN MANAGEMENT OF IEC MATERIAL

Under the programme all IEC material has been supplied to all the three study states (AP, Gujarat & UP). It therefore becomes imperative to gain insights into the extent to which IEC material has been further distributed to the ICTCs. Clients' exposure to IEC material and thereby impact of the same to a larger extent is determined by the supply and usage of IEC material by the service providers. The service providers interviewed under this study were the counselors, medical officers and nurse. However, during the course of the study it was observed that usually counselors are in – charge of maintaining records for receipt, storage and usage of the IEC material. Therefore issues concerning flipbook and booklet have been analysed based on counselors opinion, whereas issues concerning posters have been based on opinions of all of the service providers. As mentioned in chapter 1, in all 210 service providers were interviewed. This comprised of 80 counselors and 130 other service providers.

#### 3.1. PROCESSES INVOLVED IN ACQUISITION AND STORAGE OF IEC MATERAIL

All the IEC material (posters, flip book & booklet) as reported by most of the counselors is usually received from SACS. Some also said that they got it from other agencies, like -the district health office/ district tuberculosis office/district leprosy office (table – 3.1)

Type of IEC material	Source of receipt of IEC material				
	SACS		Other agencies		Total N (base)
	N	%	N	%	N
Pregnant Woman Poster	38	86.36	6	13.6	44
Working Woman Poster	38	86.36	6	13.6	44
Auto Rickshaw Driver Poster	33	84.62	6	15.4	39
Motor Bike Man Poster	24	80	6	20	30
Flip books - old	53	91.38	5	8.6	58
Flip books - new	46	92	4	8	50
Booklet- big	49	92.45	4	7.5	53
Booklet- small	55	93.22	4	6.8	59

Though most of the service providers (70%) mentioned that they did not face any problem with respect to supply of IEC materials, more than one fourth (30%) did face problems. Some of the problems reported were: did not receive it in time (65.1%), received inadequate numbers (44.4%), were of poor quality (14.3%), have to get it collected (33.3%), too many procedures to be adhered to (17.5%), do not get it in desired language (17.5%).

Once the material was received storage of the same was usually the responsibility of the counselor (77.1%), and also to some extent the MO (15.7%) (table - 3.2) Observations have indicated that on receipt of the IEC material no records were maintained of the same. Even if records were maintained in some ICTCs, there was no regular or systematic effort towards the same. Storage space was usually available as reported by 76.3% service providers. Our observations have also reflected that though at most of the ICTC (44 out of 72 ICTC) storage space was available, quite a few ICTC did not have any designated storage space (28 out of 72 ICTCs). At such ICTCs the material kept lying on the desk. However, this was not an issue of concern among the service providers.

Staff in-charge	N	% service providers
ICTC In-charge/MO	33	15.7
ICTC Counselors	162	77.1
Laboratory technician	6	2.9
Staff Nurse	4	1.9
Pharmacist	5	2.4
<b>Total</b>	<b>210</b>	<b>100</b>

### 3.2. SUPPLY, ADEQUACY AND CONDITION OF IEC MATERAIL

Opinion regarding supply and adequacy of IEC had been taken from the service providers, comprising of counselors, nurse and MO. However, here this information is based on counselors' opinion. Details have been given for all the IEC material under assessment (all four posters, booklet and the new flip book). As it was observed that some of the service providers were also using the old flipbook, attempts have therefore been made to reflect issues concerning the same as well.

**FIGURE – 3.1: SUPPLY & ADEQUACY OF IEC MATERIAL IN LAST THREE YEARS (2006-2008) – COUNSELORS PERSPECTIVE**

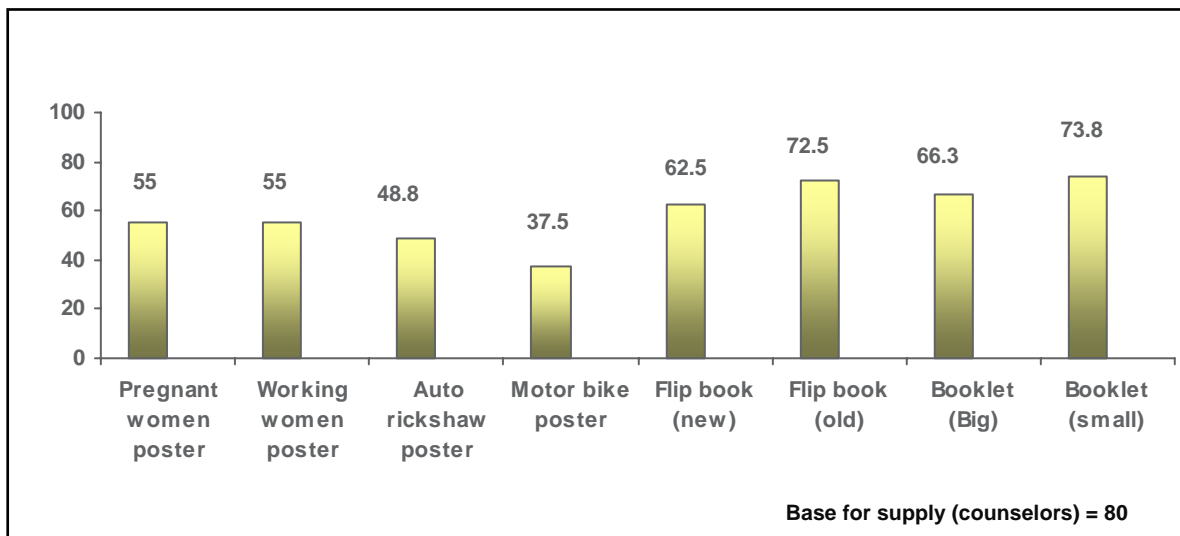
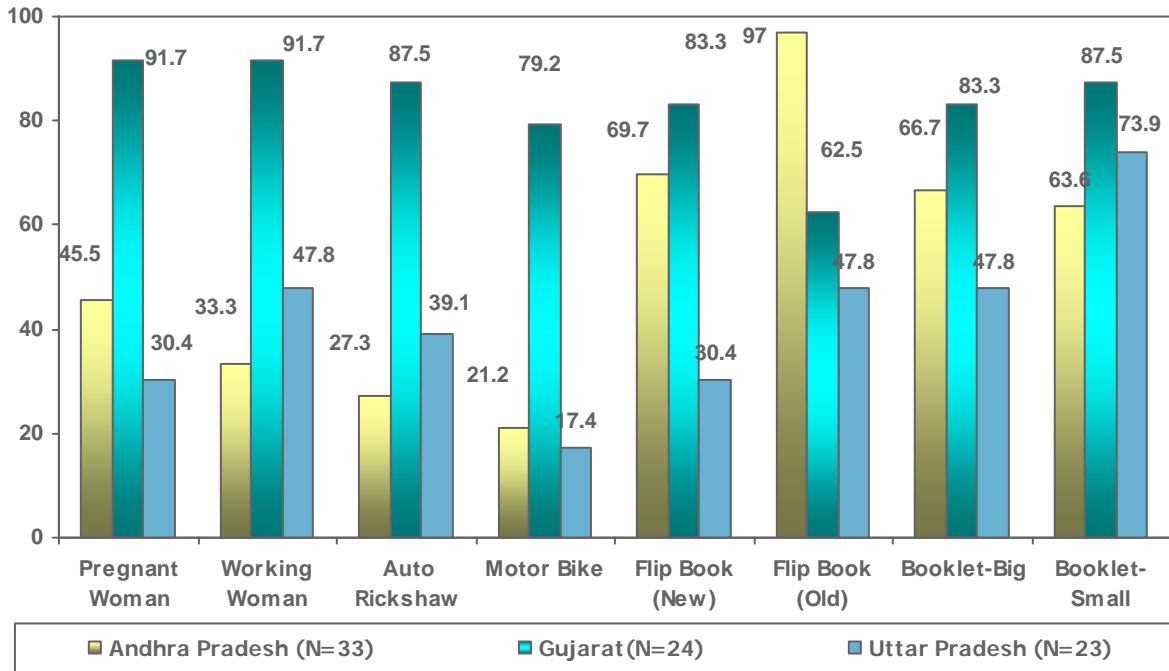
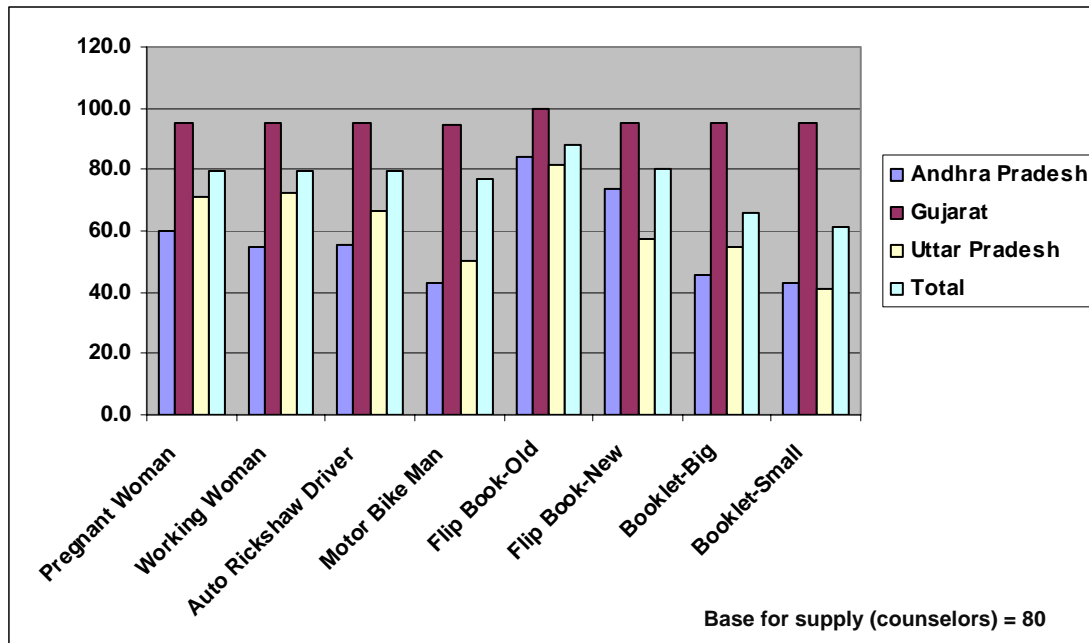


FIGURE – 3.2. : SUPPLY OF IEC MATERIAL IN THREE STATES IN LAST THREE YEARS (2006-2008) – COUNSELORS PERSPECTIVE



As reflected in figure 3.1. supply of posters as compared to flipbook (new and old) and the booklet was lower than that of the four posters, as reported by counselors. Further analysis of supply in three states ( figure 3.2) as reported by the counselors reflects that the supply of all the IEC material has been very good in Gujarat, as three fourths or more than three fourths of the counselors mentioned that all the IEC material including old flip book was supplied. In AP less than half of the counselors mentioned that they received the four posters, and three fourths or more mentioned that they had received flipbook (old and new) and booklet. In UP the supply was much lower compared to AP and Gujarat. Supply of IEC materail is therefore an issue of concern in UP. When enquired on whether the IEC materail supplied was adequate ( figure 3.3), much higher percentage of counselors in Gujarat felt that the IEC materail was adequate compared to AP and UP. Also as one can see from the earlier section that the supply of all IEC materail to Gujarat has been better than the other two states.

FIGURE – 3.3. : ADEQUACY OF IEC MATERIAL IN THREE STATES IN LAST THREE YEARS (2006-2008) – COUNSELORS PERSPECTIVE

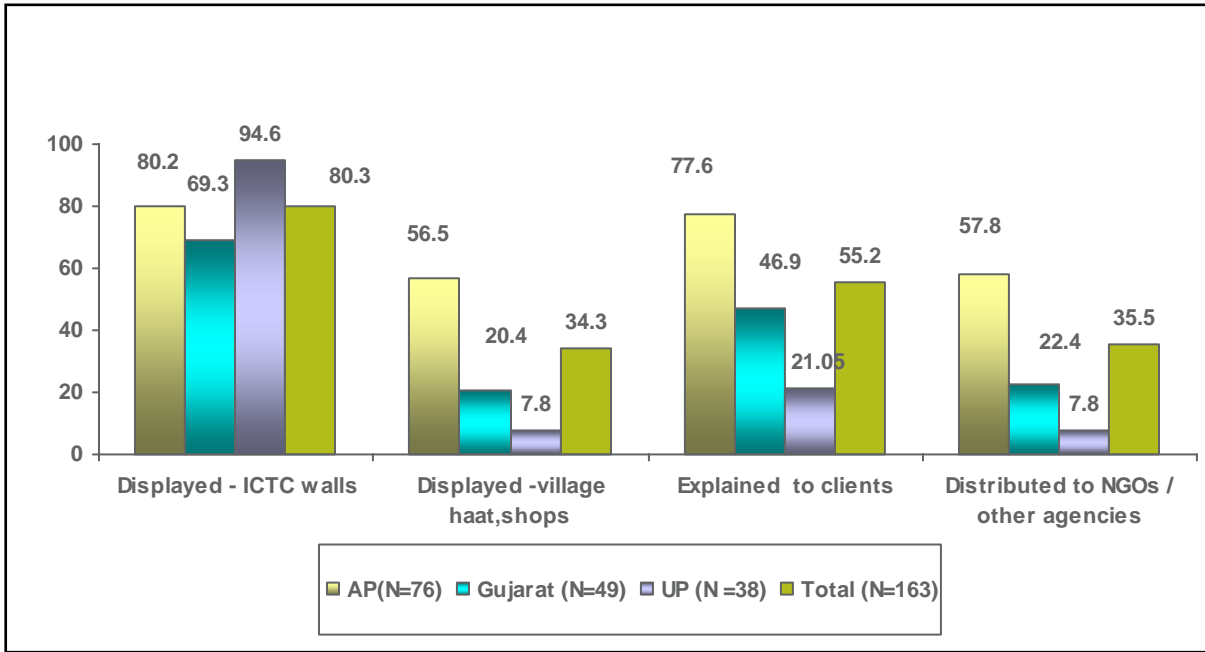


As observed most of the posters were displayed. However, there were some posters in store. Also some flipbooks and booklets were in store. These were usually observed to be in good condition.

### 3.3. USAGE OF IEC MATERIAL

Usage of IEC material has been further analyzed based on service providers who mentioned that various IEC materials were supplied. Opinion of posters is based on all service providers as posters are expected to be used by all service providers, whereas opinions with respect to flip book and booklet have been based on counselors only, as these are mostly used by them. As reported by most of the service providers posters were mostly displayed on the ICTC walls (80.3%), across all the three states (figure 3.4). Though a very high percentage of service providers in UP (94.6%) mentioned that the posters were displayed on the walls, our observations have not supported the same. Hardly any posters were displayed. Also these displayed were in English, making it difficult for the clients to comprehend the same. At many places these were not displayed at the right position. For instance, in the counseling room the poster should be on the wall that the clients face. However, these were displayed on the back side. The figure below (figure 2.4) also reflects that more than half of the service providers explained the posters to the clients, more so in AP (77.6%) than in Gujarat (46.9%) and UP (21.05%). These were also displayed in the village /city outside the ICTC and further distributed to NGOs to some extent. Reasons stated for non – usage / display of posters were essentially due of poor condition of the posters.

FIGURE –3.4: USAGE OF POSTERS BY SERVICE PROVIDERS WHO RECEIVED POSTERS



Figures 3.5 and 3.6 reflects that the counselors used both old and the new flip book, though much higher percentage of counselors used new flip book ( 90%) than old flip book ( 58.6%). Usage of new flip book was very high in all three states, however lower in UP ( 85.7%) compared to AP (91.3%) and Gujarat (90%).

FIGURE – 3.5: USAGE OF NEW FLIP BOOK BY COUNSELORS WHO RECEIVED NEW FLIP BOOK

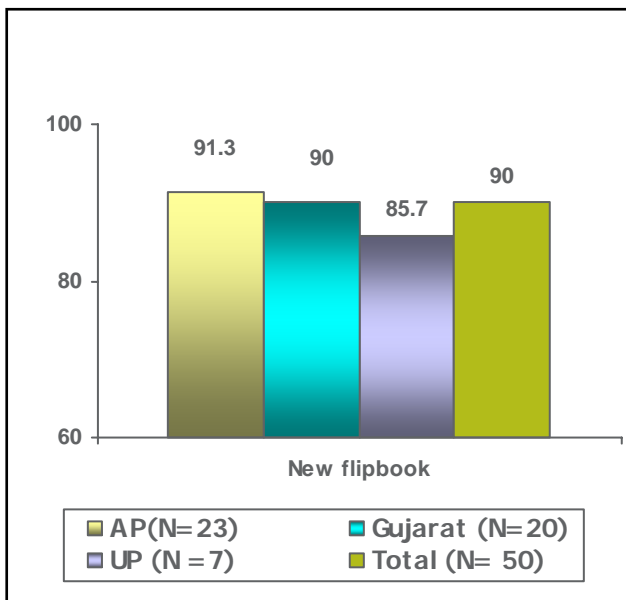
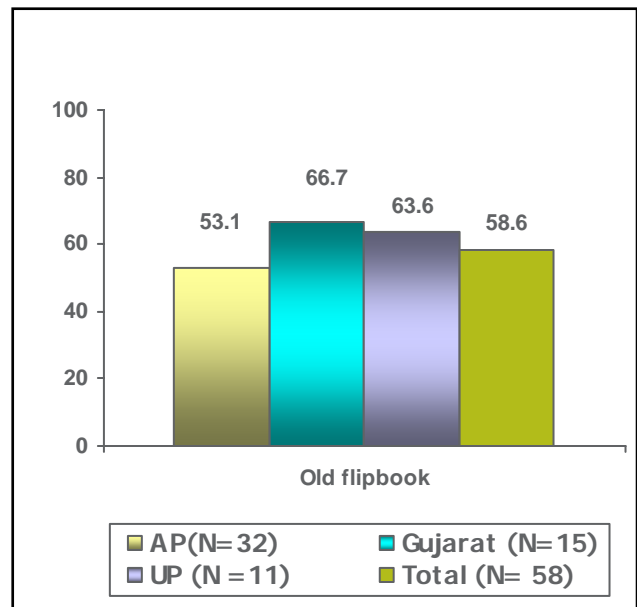


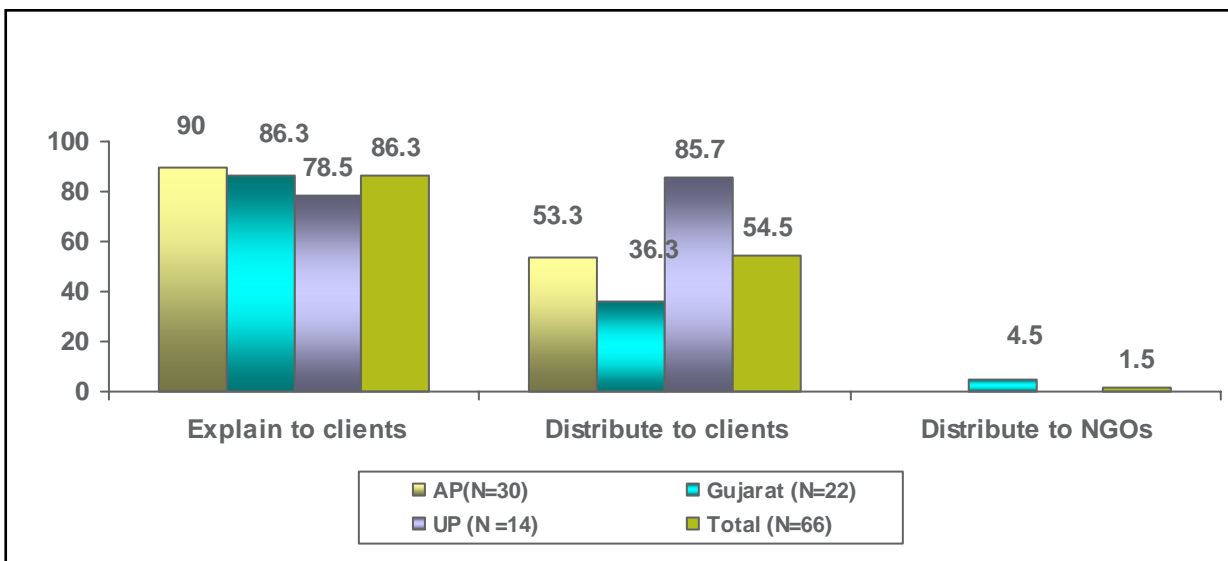
FIGURE – 3.6: USAGE OF OLD FLIP BOOK BY WHO RECEIVED OLD FLIP BOOK



The counselors who did not use the old flip book was essentially because they felt that the new flip book was better than the old flip book. While further discussing with them some of the reasons stated for liking the new flip book than the old flip book were - the new flip book had bigger font size than the old one, the new flip book was smaller in size compared to the old flip book which made it easier to handle, the new flip book had wider issues covered on HIV/AIDS and STD than the old flip book which made it more comprehensive.

Usage of booklet was high amongst counselors, as these were usually explained to the clients ( 86.3%). These were also distributed to the clients ( 54.5%), more so in UP than other states. Observations indicated that booklets used were big and small in size, with same contents ( figure 3.7).

FIGURE –3.7: USAGE OF BOOKLET BY COUNSELORS WHO RECEIVED BOOKLET



It can be concluded that supply of IEC materail in UP was an issue of concern. Also usage of the same needs to be addressed in UP, as it was lower compared to Gujarat and AP.

## CHAPTER 4: EXPOSURE AND PERCEPTION OF CLIENTS REGARDING IEC MATERIAL

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This chapter presents findings on exposure of clients to various IEC materials under assessment like the posters, new flip book and booklet. Other than this it also reflects exposure to other IEC materials. Also exposure of service providers has been analyzed. In order to analyze the recall and understanding of the messages, the clients who had ever seen the IEC materials were further probed specifically on various aspects like appropriateness, appeal, relevance, clarity of these messages etc. Their suggestions to each of the IEC materials towards increasing effectiveness have also been presented.

### 4.1. CLIENTS' EXPOSURE TO IEC MATERIAL

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#### 4.1.1 Clients' exposure to IEC material

Figure 4.1 presents the exposure of clients in UP, AP and Gujarat to different IEC materials under assessment, including pregnant woman poster, working woman poster, auto rickshaw driver poster, motor bike man poster, new flip book and booklet on HIV/AIDS.

This figure shows that half or less than half of the clients were exposed to various IEC materials. Exposure to new flip book (40.5%) was highest, followed by booklet on HIV/AIDS (32.2%). Exposure to all four posters was comparatively very low. A comparative analysis of clients across various states indicated that in Uttar Pradesh exposure to all IEC material was negligible. However, in case of new flip book and booklet some clients had seen these. Clients in Gujarat had a higher exposure to posters, whereas clients in AP had higher exposure to new flip book and the booklet.

Even case studies of clients in UP have reflected that the clients had not seen any of the four posters under assessment in this study. Nevertheless, they had seen other posters and audio – visuals IEC programmes.

While conducting case studies one of clients mentioned;

*"I liked the short movie 'Ji Haan ..... Aap Ji Sakte Hain' which was shown to me, my father and my mother during the counseling session taken by the counselor. I found the movie as a great moral booster".*

**Profile of client** – Male, 32 years of age, HIV positive. Also both his parents were HIV positive. He and his father had got infected with HIV through high risk behaviour.

In support of the above, one of the counselors also mentioned - *"I show this film to everyone while counseling"*

In AP and Gujarat clients were exposed to other IEC materials like posters, films etc. We also observed display of other posters, which were photo - documented, and are presented below;

Photo documentation of posters at ICTCs in Gujarat

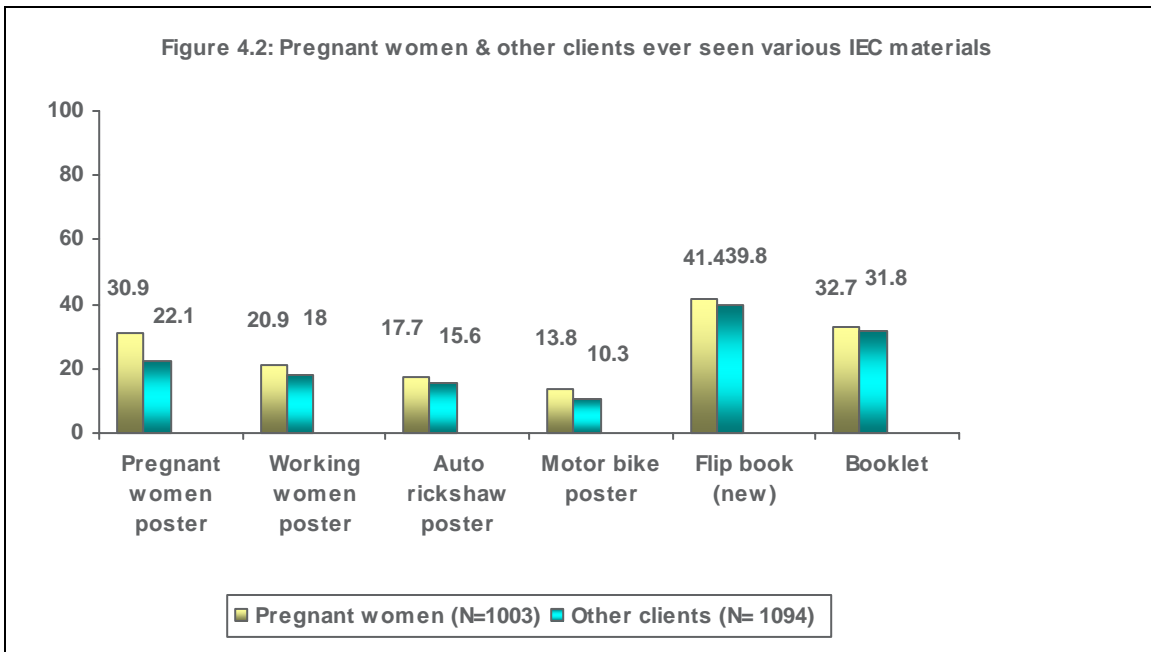


Photo documentation posters at ICTCs in AP



Display of posters under assessment and other poster was much higher in AP than in Gujarat. In UP hardly any posters were observed. Therefore lack of exposure to IEC material under assessment in UP is a matter of concern.

Also exposure of service providers was higher for flipbook and booklet compared to the posters. Exposure of clients and service providers is also in line with the supply of IEC materials, as indicated in chapter 3. Low supply of posters has lead to low exposure to these compared to flip book and booklet.



Further comparative analysis of exposure of pregnant women and other clients has indicated that exposure of pregnant women to all IEC material was slightly better than that of the other clients (figure 4.2.)

#### 4.1.2 Place of exposure to IEC material

All the clients who had seen the 4 types of poster and booklets were probed for the places where they had seen these. Study findings revealed that for all four types of posters were seen by half of the clients inside the counseling room. Also half of the clients had seen the posters at any places in village/city, besides the hospital/PPTCT/ICTC building. In case of booklet most of the clients reported that counselors had shown them (54%), followed by that they had seen it inside the counseling room (49.6%) (Table 4.1)

Table 4.1: Proportion of clients had seen various IEC materials at different places										
	Pregnant woman poster		Working woman poster		Auto rickshaw driver poster		Motor Bike man poster		Booklet	
	N	%	N	%	N	%	N	%	N	%
Any places in village/city, besides the hospital/PPTCT/ICTC building	284	51.4	167	41	174	49.9	122	48.6	206	30.5
Outside the counseling room	124	22.5	111	27.3	68	19.5	68	27.1	137	20.3

Inside the counseling room	269	48.7	203	49.9	185	53	112	44.6	335	49.6
Outside the testing room	80	14.5	68	16.7	51	14.6	47	18.7	102	15.1
Inside the testing room	134	24.3	96	23.6	101	28.9	66	26.3	160	23.7
At my neighbors house									45	6.7
On the front wall of the PPTCT/ICTC /Hospital	84	15.2	79	19.4	77	22.1	40	15.9		
On the back wall of the PPTCT/ICTC /Hospital	44	8	20	4.9	33	9.5	26	10.4		
The counselor showed	163	29.5	115	28.3	106	30.4	49	19.5	365	54
Others	16	2.9	4	1	2	0.6	2	0.8	8	1.2
DK/CS	19	3.5	4	0.9	4	1.1	11	4.4	10	1.5
<b>Total</b>	<b>552</b>		<b>407</b>		<b>349</b>		<b>251</b>		<b>676</b>	

Indicating thereby that posters were displayed at the ICTC and other places in Gujarat and AP. However, in UP there was no exposure.

## 4.2 CLIENTS' RECALL OF MESSAGES

The messages in the pregnant women poster are slightly different than those in the working women poster, auto rickshaw driver poster and motor bike man poster. Therefore the recall of messages for the pregnant women poster have been presented separately in one table, and message for the other three posters have clubbed in on table. Also recall of messages of the new flip book and booklet has been presented here. Both spontaneous and prompted recall was recorded.

### 4.2.1 Pregnant woman poster

The pregnant woman poster had six different messages. Half or less than half of the clients could spontaneously recall any of the 6 messages. Most of the clients (54.9%) could recall that 'Pregnant woman should undergo HIV testing at ICTC /PPTCT centre /Government Hospital', followed by 'HIV testing is carried out free of cost at the ICTC /PPTCT centre/Government hospital' (42%). Very low percentage of clients (16.1%) could recall that 'with early detection of HIV & timely medication a pregnant mother can protect her baby from HIV infection'. Spontaneously recall of various messages by clients in Gujarat was higher than that of AP.

Messages as in the poster	N	%
Pregnant woman should undergo HIV testing at ICTC /PPTCT centre /Government Hospital	303	54.9
HIV testing is carried out free of cost at the ICTC /PPTCT centre /Government Hospital	232	42
HIV testing is kept confidential at the ICTC /PPTCT centre /Government Hospital	154	27.9
With early detection of HIV & timely medication a pregnant mother can protect her baby from HIV infection	89	16.1
Consult the doctor during pregnancy	163	29.5
Have delivery at the hospital	164	29.7
<b>Total N</b>	<b>552</b>	

#### 4.2.2 Working woman poster, Auto rickshaw driver poster and Motor bike man poster

Each of the 3 posters had six different messages. In all the 3 posters less than half of the clients could spontaneously recall any of the 6 messages. Most of the clients (37.8% - 48.4%) could recall that 'visit ICTC /PPTCT centre /Government Hospital for getting tested for HIV/AIDS', followed by 'HIV testing is carried out free of cost at the ICTC /PPTCT centre/Government hospital' (32.7%-47%). Spontaneous recall of most of the messages of all three posters by clients in Gujarat was higher than that in Andhra Pradesh.

**Table 4.3: Spontaneous recall of messages of Working Women Poster, Auto Rickshaw Driver poster and Motor Bike Man poster , by clients**

Messages as in the posters	Working Woman poster		Auto Rickshaw Driver poster		Motor Bike Man poster	
	N	%	N	%	N	%
Visit ICTC /PPTCT centre /Government Hospital for getting tested for HIV/AIDS	174	42.8	169	48.4	95	37.8
HIV testing is carried out free of cost at the ICTC /PPTCT centre /Government Hospital	177	43.5	164	47	82	32.7
HIV testing is kept confidential at the ICTC /PPTCT centre /Government Hospital	142	34.9	115	33	66	26.3
Knowing your HIV status is important	110	27	81	23.2	46	18.3
With early detection even a HIV +ve person can lead a normal life	49	12	64	18.3	29	11.6
HIV+ve persons can lead a normal life by adopting healthy lifestyle	45	11.1	72	20.6	35	13.9
<b>Total N</b>	<b>407</b>		<b>349</b>		<b>251</b>	

#### 4.2.3 New flip book

The new flip book broadly had 11 messages categories and each category had several messages (table 4.4). Spontaneous recall of messages was low for all the messages. However, spontaneous recall of messages like 'there is no cure for HIV infection but treatment is available' was higher compared to other messages.

A higher percentage of clients could recall the messages like;

- There is no cure for HIV infection but treatment is available
- A person with HIV/AIDS can live longer and more healthy with proper care and treatment
- HIV may be transmitted through infected blood by blood transfusion
- HIV can be transmitted by having sex with an infected person

- HIV infection can be detected through a blood test
- Both partners should be aware of their HIV status
- HIV testing is important if you are planning to start a family/have children
- HIV positive persons should seek immediate treatment even for small ailments

**Table 4.4: Spontaneous recall of messages of New Flipbook, by clients**

Messages as in new flip book		
Understanding of HIV/AIDS	N	%
There is no cure for HIV infection but treatment is available	390	45.9
A person with HIV/AIDS can live longer and more healthy with proper care and treatment	253	29.8
HIV/AIDS attacks the body's immune system	217	25.5
A person with HIV/AIDS fights the battle for 5-7 years after which the immune system is weakened and the body is exposed to number of illnesses	104	12.2
A person with HIV/AIDS can have a number of infections at the same time	201	23.6
"Transmission of HIV/AIDS"		
HIV may be transmitted during unprotected vaginal or anal sex	280	32.9
HIV may be transmitted through infected blood by blood transfusion	349	41.1
HIV may be transmitted through reusing unsterilized needles or sharing contaminated needles when receiving injections	274	32.2
HIV transmission may occur most often in injecting drug users	216	25.4
HIV infections can pass on from an infected mother to her unborn child	231	27.2
HIV may occur during male to female unprotected sexual intercourse	232	27.3
HIV may occur during male to male unprotected sexual intercourse	231	27.2
HIV can be transmitted through tattoo making by unsterilized needle	144	16.9
HIV can be transmitted by having sex with an infected person	231	27.2
A baby can be born with HIV if the mother is HIV positive	167	19.6
HIV can be transmitted from mother to child while the baby develops in the mother's uterus	141	16.6
HIV can be transmitted from mother to child at the time of birth	191	22.5
HIV can be transmitted from mother to child through breast milk	158	18.6
It is important for all pregnant women to be under the care of a doctor	151	17.8
HIV can not be transmitted through toilets, swimming pools, sharing, eating or drinking utensils, insect bites/ mosquito bite	134	15.8
HIV is not be transmitted through tears, saliva, etc	128	15.1
Prevention/protection of HIV/AIDS		
We can secure ourselves and our partners from getting HIV by abstaining from sex outside of marriage and be faithful to your spouse and partner	192	22.6
We can secure ourselves and our partners from getting HIV by using condom correctly and consistently	178	20.9
Ensure that the manufacturing date of the condom is not be more than 3 years	121	14.2
While opening the condom packet do not use sharp objects that may cut the condom	132	15.5
It is important to use one condom during each sexual activity and never reuse condoms	171	20.1
Ensure that condoms are removed at the right time	125	14.7
Always use disposable sterilized needles and syringes	109	12.8
When necessary take blood only from a licensed blood bank	148	17.4
If the mother is HIV positive she must have an institutional delivery to safeguard the health of her child	176	20.7

Table 4.4: Spontaneous recall of messages of New Flipbook, by clients		
<b>Understanding of STI</b>		
STI is passed from one person to another person	223	26.2
Most STIs are curable	176	20.7
People who have STI are more prone to get HIV	127	14.9
Protection from STI also protects from HIV and other infections	114	13.4
Use of condoms can prevent the transmission of STI and HIV	156	18.4
<b>Signs &amp; symptoms of STIs</b>		
Pain in lower abdomen/lower back	148	17.4
Ulcers on penis/ vagina	143	16.8
Discharge from penis/vagina	155	18.2
Swellings/lesions/inflammation in/around genitals	248	29.2
<b>Opportunistic infections</b>		
Presence of opportunistic infections can indicate HIV infections	161	18.9
Common opportunistic infections are TB, diarrhea, fungal infections etc	169	19.9
The symptoms of opportunistic infections include cough of 3 weeks or more duration	111	13.1
The symptoms of opportunistic infections include white patches in mouth	127	14.9
The symptoms of opportunistic infections include frequent loose motion	153	18
The symptoms of opportunistic infections include boil/rashes on the body surface	122	14.4
The symptoms of opportunistic infections include fever for more than 4 weeks	119	14
HIV infected people have higher chances of acquiring opportunistic infections	115	13.5
More OIs are treatable and preventable	116	13.6
If you have any of the opportunistic infections it may be good to undergo HIV test	132	15.5
<b>Advantages and outcome of HIV testing</b>		
HIV infection can be detected through a blood test	270	31.8
Early detection of HIV helps maintain health for a longer period of time	167	19.6
Knowing your HIV status can help you to protect your family from getting HIV infection	159	18.7
Sometimes the blood test gives positive results	195	22.9
Sometimes blood test gives negative results	148	17.4
There may be a need to repeat blood tests	141	16.6
HIV/tests are free of cost at the ICTC/PPTCT/Government hospitals	173	20.4
It is important to know ones HIV status	203	23.9
It is important to know ones HIV status if one is planning children	137	16.1
HIV positive people can get help and support from positive peoples network	119	14
HIV positive test results mean that the antibodies to HIV were found in the blood	105	12.4
HIV negative test results mean that no HIV antibodies were found in the blood	96	11.3
Sometimes the HIV test results are unclear , in such a situation it is important to consult the doctor	118	13.9
Blood test can confirm HIV only around 90 days after the exposure has happened	99	11.6
<b>Informed testing choice/Partner testing</b>		
HIV testing is completely voluntary	277	32.6
Blood test report is kept confidential	296	34.8
Blood test results are not given to anyone else other than the concerned person	170	20
The result of the blood test can not be told over the telephone	146	17.2
Both partners should be aware of their HIV status	193	22.7
HIV testing is important if you are planning to start a family/have children	134	15.8
If a person is HIV positive it does not mean that he/she has AIDS	134	15.8
<b>Treatment of HIV</b>		

<b>Table 4.4: Spontaneous recall of messages of New Flipbook, by clients</b>		
Proper care and medication can help HIV positive persons to live a healthy life for many years	147	17.3
HIV virus may stay in your blood but if you take proper care you can live a normal life	121	14.2
ART is a treatment not a cure	116	13.6
All HIV positive persons do not require ART	85	10
BY adopting basic caution a HIV positive person can lead a normal life	99	11.6
It is important to treat opportunistic infections	144	16.9
ART is available in many Government hospitals free of cost	153	18
ART is a life long medication	117	13.8
ART is a treatment available for HIV persons at a particular stage of the infection	91	10.7
Not everyone who is HIV positive needs to be on ART	102	12
HIV positive persons should seek immediate treatment even for small ailments	158	18.6
It is possible to reduce the chances of transmission of HIV from HIV positive mothers to her child and save the baby from HIV infection	138	16.2
To prevent the child from getting HIV from the HIV positive mother the doctor can give medicine called Nevirapine to the mother and baby	137	16.1
Nevirapine is given to HIV positive mothers at the time of labour and immediately after birth the child will be given the same medicine	127	14.9
It is important that HIV positive pregnant mothers go to the hospital as soon as labour starts	153	18
Treatment can improve state of mind	134	15.8
Treatment can improve health	132	15.5
People living with HIV /AIDS can get support from NGOs/other networks	102	12
Delivery of babies born to HIV mother should happen at the hospital	218	25.6
Regular follow-up of the HIV positive mother and child at the hospital is necessary	140	16.5
It is important to test the child born to the HIV positive mother	187	22
<b>Positive living/precaution for people living with HIV</b>		
With some precautions/ extra care people living with HIV/AIDS can live a normal life	171	20.1
HIV positive persons should eat healthy food, exercise regularly, keep happy and healthy frame of mind to strengthen immunity	201	23.6
HIV positive persons should quit smoking , drinking, drugs to stay healthy	169	19.9
HIV positive persons should have enough sleep and rest , take time to relax , maintain hygiene and cleanliness	158	18.6
HIV positive persons and their families should take care of themselves	149	17.5
HIV positive persons should clean carefully any blood stains/body fluid spills	119	14
HIV positive persons should dispose wastes contaminated with blood fluids carefully	105	12.4
HIV positive persons should cover open cuts / sores	107	12.6
HIV positive persons should not share needles, tooth brush, razors / sharp objects	138	16.2
HIV positive persons should not donate blood	224	26.4
<b>Infant feeding</b>		
HIV positive / lactating mothers should exclusively breast feed the new born for first six months to reduce the risk of getting HIV	169	19.9
The child can be given exclusive supplementary feeding , but the milk bottles/cup and the water used needs to be clean	143	16.8
Avoid mixed feeding / combining breast feeding with bottle - feeding	112	13.2
<b>Total N</b>	<b>850</b>	

#### 4.2.4 Booklet on HIV/AIDS

The Booklet on HIV/AIDS broadly had 7 message categories and each category had several messages (table 4.5). Spontaneous recall of messages was low for all the messages. However, spontaneous recall of messages like 'get tested for HIV through a blood test', 'HIV test is easy' was higher compared to other messages. Spontaneous recall of messages under all the message categories by the clients in Gujarat was in higher than in Andhra Pradesh.

High percentage of clients could recall the messages like;

- It effects the body immune system and reduces the strength to fight against diseases
- Get tested for HIV through a blood test
- HIV test is easy
- HIV test results are kept confidential
- HIV spreads through unprotected sex
- HIV tests are simple blood tests and the results are kept completely confidential
- Timely medical care and treatment is important
- Anyone can get HIV infection
- HIV can happen across regions, to all economic and social classes

Table 4.5: Spontaneous recall of messages of booklet, by clients		
What is HIV		
	N	%
It effects the body immune system and reduces the strength to fight against diseases	217	32.1
Get tested for HIV through a blood test	253	37.4
HIV test is easy	222	32.8
HIV test results are kept confidential	192	28.4
HIV test is safe	131	19.4
HIV test can be carried out at government facilities	106	15.7
What is AIDS		
It takes 8-10 years for HIV to progress to AIDS	100	14.8
A person starts falling ill frequently and feels week	154	22.8
A person gets infections that may range from minor illness like common cold to TB, diarrhea, fungal infection, etc.	103	15.2
Not all people who have TB, diarrhea, fungal infection, etc. have HIV	112	16.6
Do not be against people living with HIV and AIDS. Be against silence, discrimination and stigma	138	20.4
Transmission of HIV/AIDS		
HIV spreads through unprotected sex	218	32.2
Abstain from casual sex and be faithful to your partner	160	23.7
Use condoms during sex	182	26.9
Condoms are easily available at a government health facility, chemist shop, general store	136	20.1
Check expiry date of condoms	130	19.2
Use condoms correctly	144	21.3
Do not take the risk of getting infected for life for a few moments of unprotected pleasure	102	15.1
HIV spreads by receiving infected blood or blood products	109	16.1
Ensure blood is taken from licensed blood bank	102	15.1
Ensure your blood bag carries the sticker of mandatory testing for Transfusion transmitted	84	12.4

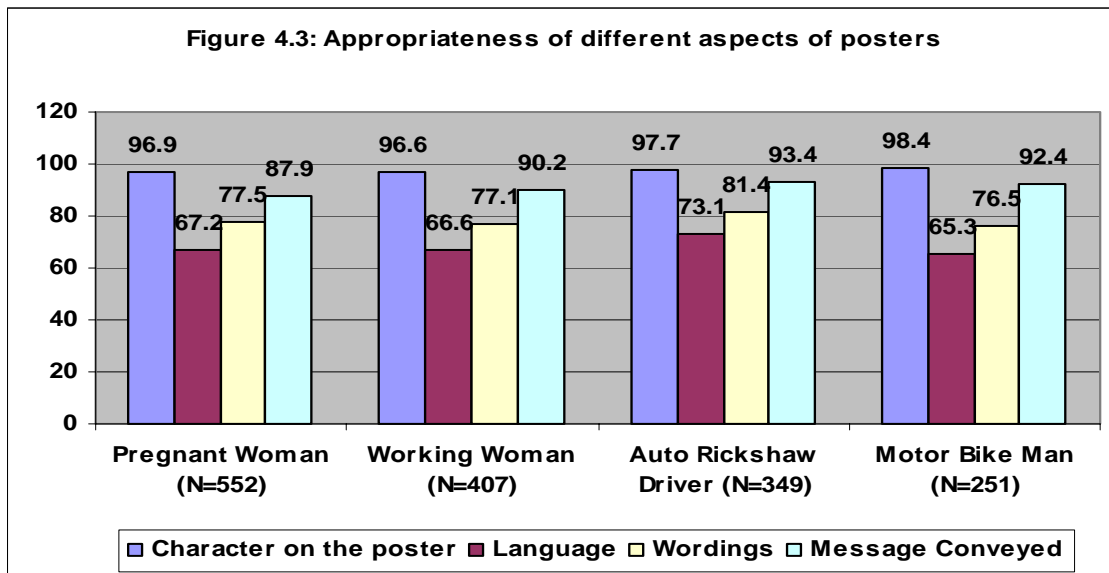
<b>Table 4.5: Spontaneous recall of messages of booklet, by clients</b>		
Infection, including HIV		
HIV spread through unsterilized needles/syringes	143	21.2
Always insist for disposable/sterilized needles/ syringes	109	16.1
Avoid injecting drugs and do not share needles and syringes	120	17.8
Ensure needles and syringes are destroyed after use.	110	16.3
HIV can be transmitted from a infected mother to her baby	161	23.8
Avoid infecting your baby by getting yourself tested for HIV during pregnancy	111	16.4
Take timely medication to prevent transmission of HIV from mother to child	126	18.6
Nevirapine administered to the mother during labour and to the baby immediately after birth , can save the baby from acquiring HIV	148	21.9
Nevirapine is available free of cost at medial colleges/district hospitals and community centers	143	21.2
HIV is not transmitted through shaking of hands, having a HIV positive friend, eat/drink/study/work with a HIV positive person	124	18.3
HIV is not transmitted by sharing clothes or a house with HIV positive person	135	20
HIV is not transmitted through a mosquito bite	144	21.3
<b>STI</b>		
Sexually transmitted infections and reproductive tract infections increase the likelihood of getting HIV	105	15.5
Women have 3-4 times higher risk of getting HIV and RTIs because of their biological makeup	88	13
Get STIs and RTIs treated promptly	115	17
Avail treatment from a registered medical practitioners and stay away from quacks	102	15.1
Condoms offer triple protection – from HIV, sexually transmitted infections and unwanted pregnancies.	118	17.5
<b>Diagnosis &amp; Treatment of HIV/AIDS</b>		
HIV blood testing is done free of cost at the public health facility/ government hospital/ district hospital/ CHC	209	30.9
HIV tests are simple blood tests and the results are kept completely confidential	193	28.6
HIV and AIDS can not be cured that is why prevention is so important	134	19.8
Timely medical care and treatment is important	163	24.1
Everyone should get themselves tested for HIV as timely ART and healthy life can help people with HIV and AIDS lead a normal life for many years.	80	11.8
Everyone who has HIV does not need to take ART	78	11.5
Use of alcohol an recreational drugs increases risky behavior making people indulge in unprotected or casual sex, greatly increasing the risk of being infected by HIV	83	12.3
Prevention is the only way of avoiding HIV	131	19.4
Health life style, good nutrition and positive mindset can delay the need to take ART	85	12.6
Once started on ART , it must be taken very strictly	97	14.3
ART has to be taken life long	104	15.4
If doses of ART are missed the treatment becomes less effective/ ineffective	85	12.6
Timely start of ART can help the person to lead a normal life for many years	115	17
<b>Who are more vulnerable to HIV</b>		
Anyone can get HIV infection	203	30
HIV can happen across regions, to all economic and social classes	135	20
Women, youth , migrants, truckers, CSW, clients of sex workers, IDU, MSM, have a higher chance of getting HIV	127	18.8
<b>General information about HIV/AIDS</b>		

Table 4.5: Spontaneous recall of messages of booklet, by clients		
For any specific queries or concerns call the helpline 1097 for correct information confidentially	74	10.9
The government is trying to focus on women, youth , migrants, truckers, CSW, IDU, MSM	99	14.6
Every individual can play a role in reducing HIV epidemic by educating people, reducing stigma and discrimination, promoting voluntary blood donation	92	13.6
Do not be against people living with HIV/AIDS	130	19.2
Be against silence, discrimination and stigma attached to people living with HIV/AIDS	99	14.6
Business / corporations can play a role in reducing HIV by educating workforce, setting STI clinics, providing easy access to condoms, promote HIV testing and counseling, protect rights of PLHAs, organize awareness generation events etc.	74	10.9
Elected representatives/community leaders can play a role in reducing HIV through awareness generation, expand access to condoms, STI treatment, testing, ART etc.	76	11.2
Overview of HIV /AIDS in India w.r.t. history, prevalence, populations most affected, number of people affected , ART treatment centers, web site address etc.	56	8.3
<b>Total</b>	<b>676</b>	

### 4.3 CLINETS' PERCEPTION OF APPROPRIATENESS OF IEC MATERIAL

#### 4.3.1 Posters

Clients perception on “appropriateness” of various aspects like the character in the posters, language used, wordings used, content of messages conveyed, in all the four posters has been presented in figure 4.3. According to a very high percentage of clients, the character presented in the posters was very appropriate. Also the wordings used and the messages conveyed were very appropriate. However, less than one fourth of the clients mentioned that the language was appropriate. Language has been an issue of concern, as even the service providers mentioned that often they did not get posters in the desired language. This is also seconded by our observation in UP, where posters displayed were in English and not Hindi, though very few posters were observed.



### 4.3.2 Flip Book

It was aimed to know clients' perception on appropriateness of different messages of the flipbook. Each and every message of the flip book was listed in the questionnaire. These messages in the flip book were categorized under - pre-testing counseling and post-testing counseling messages. Each of these sections had messages under 16 and 7 broad categories, respectively for pre – test and post – test counseling. Client response was recorded for each of these broad messages.

Overall for all the messages it can be seen that very percentage of clients felt that the pre – test messages were appropriate.( 84%-98 %) Messages under the following three broad categories were reported to be appropriate by highest percentage of clients (table 4.6).

- What is HIV/AIDS (98.1%)
- Transmission of HIV through unprotected sex (95.6%)
- Transmission of HIV through contaminated needles (92%)

About 83-87% respondents reported that different messages under post-test counseling were appropriate. Overall followings three message categories were reported as appropriate by highest percentage of the clients.

- Provision of positive test results – Positive living – Nutrition (88%)
- Provision of positive test results –Care and support (86.9%)
- Provision of positive test results – Infant feeding – positive pregnant / lactating women (86.1%)

Table 4.6: Clients ' perception of appropriateness of different aspects of Flipbook		
Aspects appropriate	N	%
<b>Pre testing counseling</b>		
What is HIV/AIDS	834	98.1
Transmission of HIV through unprotected sex	813	95.6
Transmission of HIV through contaminated needles	782	92
Transmission of HIV through contaminated blood	761	89.5
Transmission of HIV from infected mother to child	771	90.7
Basics of HIV/AIDS- transmission from infected mother to child	749	88.1
How HIV does not spread	726	85.4
Prevention strategies – condom demonstration - male	750	88.2
Prevention strategies - miscellaneous	716	84.2
Identification of HIV risk – Sexual Transmitted Infections (STI)	754	88.7
Identification of HIV risk – opportunistic infections	761	89.5
Pre test counseling -Coping mechanisms	744	87.5
Pre test counseling – Advantage of HIV testing	764	89.9
Pre test counseling – Outcomes of HIV testing	761	89.5
Pre test counseling – Informed testing choice	757	89.1
Pre test counseling – Partner testing	766	90.1
<b>Total N</b>	<b>850</b>	
<b>Post Testing counseling</b>		
Provision of negative test results	708	83.3
Provision of positive test results –Initial counseling	728	85.6

Provision of positive test results –ART	720	84.7
Provision of positive test results – Counseling positive pregnant women	731	86
Provision of positive test results – Positive living - Nutrition	748	88
Provision of positive test results –Care and support	739	86.9
Provision of positive test results – Infant feeding – positive pregnant / lactating women	732	86.1
<b>Total N</b>	<b>850</b>	

### 4.3.3 Booklet on HIV/AIDS

The study aimed to gain clients' perception on appropriateness of different messages of the booklet. Messages in the booklet were broadly classified into 12 broad categories. Clients having exposure to booklet were asked about appropriateness of these broad messages.

Very high percentage of client's felt that the messages under these broad categories were appropriate (78%-98 %). Following are the broad message categories for which highest percentage of clients felt that these are appropriate (table 4.7)

- What is HIV (98.2%)
- What is AIDS (96.2%)
- Transmission of HIV (94.1%)
- HIV testing (94.1%)

Table 4.7: Clients' perception of appropriateness of different aspects of Booklet		
Aspects appropriate	N	%
What is HIV	664	98.2
What is AIDS	650	96.2
Transmission of HIV	636	94.1
STIs	528	78.1
What is safe sex	628	92.9
HIV testing	636	94.1
Sex and HIV	586	86.7
Can HIV and AIDS be cured	576	85.2
Importance of ART	560	82.8
Who are more vulnerable to HIV infection	623	92.2
Role of general public/ corporate for controlling spread of HIV	622	92.0
Overview of HIV in India	624	92.3
<b>Total N</b>	<b>676</b>	

#### 4.4 CLIENTS PERCEPTION OF AESTHETIC APPEAL OF IEC MATERIAL

##### 4.4.1 Posters

From the table 4.8 it can be seen that a very high percentage of clients (90%) felt that the overall look and presentation of all the four posters was appealing.

Aspects appealing	Pregnant Woman	Working Woman	Auto Rickshaw Driver	Motor Bike Man
	%	%	%	%
Overall look of the poster	93.3	95.6	95.1	95.6
Colour scheme	92.2	94.1	95.1	96.4
Overall presentation of the poster	93.7	92.6	95.1	94.8
<b>Total N</b>	<b>552</b>	<b>407</b>	<b>349</b>	<b>251</b>

##### 4.4.2 Flip Book

For the flipbook as well a very high percentage of clients (73-95 %) reported that the messages under pre-testing counseling were appealing. For the followings three message categories highest percentage of clients mentioned these were appealing.

- What is HIV/AIDS (95.4%)
- Transmission of HIV through unprotected sex (90.2%)
- Transmission of HIV through contaminated needles (89.9%)

About 72-83% respondents reported that different messages under post-test counseling were appealing. For the followings three message categories highest percentage of clients mentioned that these were appealing.

- Provision of positive test results – Positive living - Nutrition (83.4%)
- Provision of positive test results –Care and support (81.2%)
- Provision of positive test results –Initial counseling (80.8%)

Aspects appealing	Total	
	N	%
<b>Pre-test counseling</b>		
What is HIV/AIDS	811	95.4
Transmission of HIV through unprotected sex	767	90.2
Transmission of HIV through contaminated needles	764	89.9
Transmission of HIV through contaminated blood	746	87.8
Transmission of HIV from infected mother to child	729	85.8
Basics of HIV/AIDS- transmission from infected mother to child	727	85.5
How HIV does not spread	704	82.8
Prevention strategies – condom demonstration - male	634	74.6

Table 4.9: Clients' perception of aesthetic appeal of Flipbook		
Prevention strategies - miscellaneous	645	75.9
Identification of HIV risk – Sexual Transmitted Infections (STI)	627	73.8
Identification of HIV risk – opportunistic infections	712	83.8
Pre test counseling -Coping mechanisms	621	73.1
Pre test counseling – Advantage of HIV testing	707	83.2
Pre test counseling – Outcomes of HIV testing	714	84.0
Pre test counseling – Informed testing choice	717	84.4
Pre test counseling – Partner testing	709	83.4
<b>Post-test counseling</b>		
Provision of negative test results	670	78.8
Provision of positive test results –Initial counseling	687	80.8
Provision of positive test results –ART	611	71.9
Provision of positive test results – Counseling positive pregnant women	684	80.5
Provision of positive test results – Positive living - Nutrition	709	83.4
Provision of positive test results –Care and support	690	81.2
Provision of positive test results – Infant feeding – positive pregnant / lactating women	685	80.6
<b>Total (N)</b>	<b>850</b>	

#### 4.4.3 Booklet on HIV/AIDS

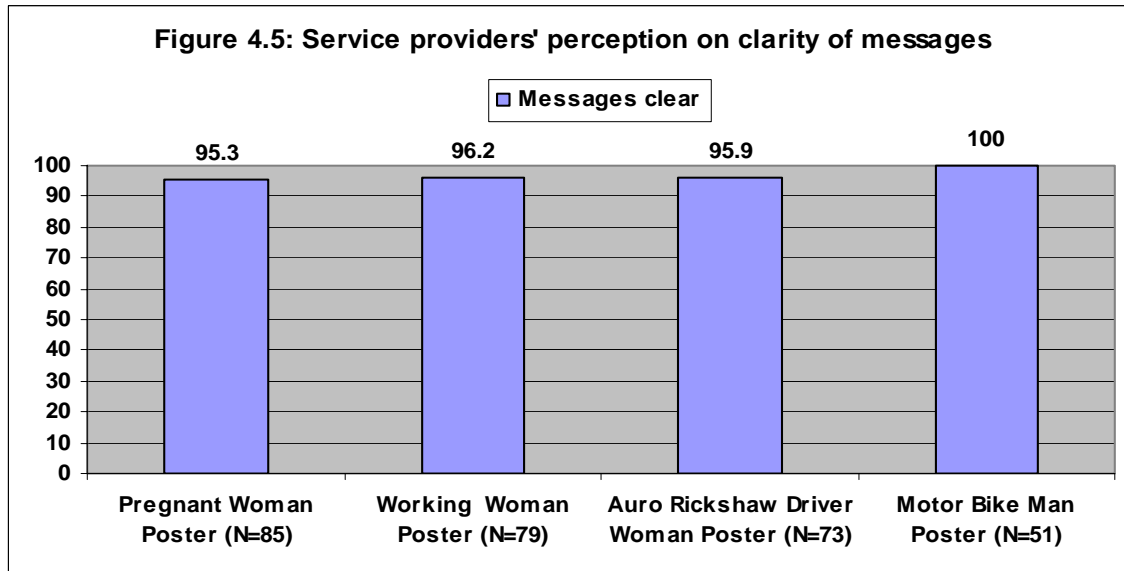
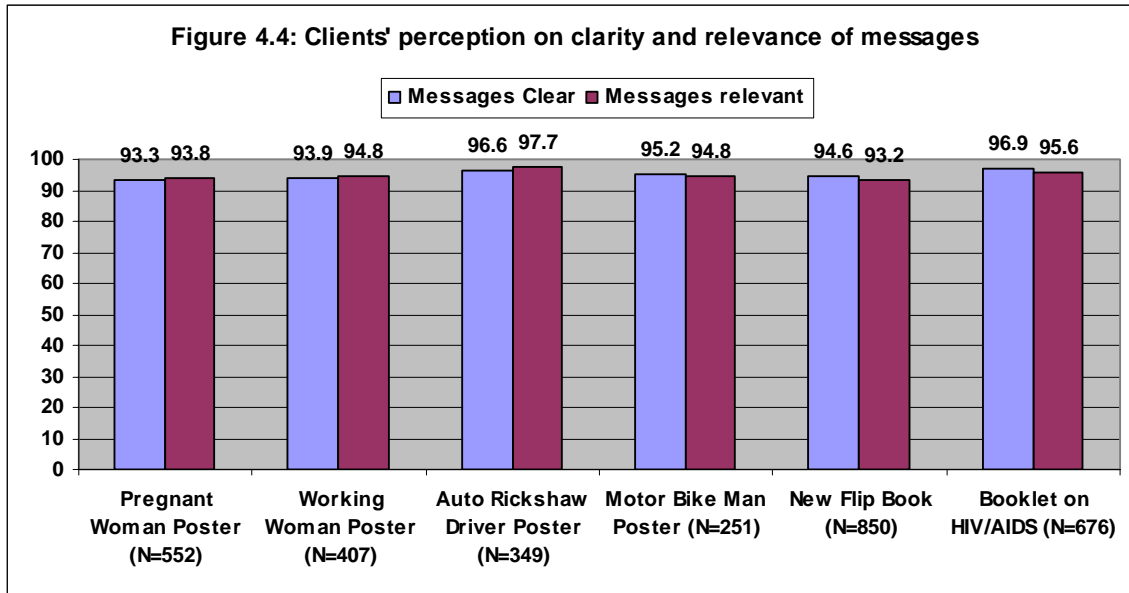
Clients' response on aesthetic appeal was also very high, as 71-97 % clients reported the messages categories in booklet were appealing. Followings are the message categories reported by majority of the clients as appealing.

- What is HIV (96.7%)
- What is AIDS (93.9%)
- HIV testing (90.4%)

Table 4.10: Clients' perception of aesthetic appeal of Booklet		
	N	%
What is HIV	654	96.7
What is AIDS	635	93.9
Transmission of HIV	603	89.2
STIs	444	65.7
What is safe sex	601	88.9
HIV testing	611	90.4
Sex and HIV	562	83.1
Can HIV and AIDS be cured	552	81.7
Importance of ART	479	70.9
Who are more vulnerable to HIV infection	589	87.1
Role of general public/ corporate for controlling spread of HIV	593	87.7
Overview of HIV in India	595	88.0
<b>Total N</b>	<b>676</b>	

4.5 CLIENTS PERCEPTION OF CLARITY AND RELEVANCE OF MESSAGES

Further the clients were probed on whether they felt the messages were clear and relevant. "Relevance " in this context meant whether the clients felt that the messages conveyed were explaining the issue to which the target audience could relate to or applicable for them. With respect to clarity and relevance of messages very high percentage of clients mentioned that the messages were clear and relevant (> 90%) in pregnant women poster, working women poster, auto rickshaw driver poster, motor bike man poster, new flip book, booklet. (figure 4. 4 & 4.) Also service providers were of the same opinion.



#### 4.6. SUGGESTIONS FOR INCREASING EFFECTIVENESS OF IEC MATERIAL

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Suggestions for increasing effectiveness of the IEC material under assessment were recorded from both the clients as well as the service providers.

**Suggestions on posters** – Clients gave the following suggestions;

- *“ use local language”*
- *“ posters should be attractive”*
- *“ posters are showing rich household women , should have bindi”*

Service providers were of the same opinion.

**Suggestions on new flip book-** Service providers gave the following suggestions;

- *“ should be in local language”*
- *“ is very elaborate , contents should be reduced”*

**Suggestions on booklet-** Clients gave the following suggestions;

- *“ should be in local language”*
- *“ should have more male picture”*

Clients further mentioned that *“it looks as if the booklet is only for the females, as there are hardly any male pictures”*.

Service providers were of the opinion that the size of the booklet should be bigger.

**CHAPTER 5: KNOWLEDGE AND ATTITUDE OF CLIENTS TOWARDS HIV/AIDS**

As the objective of any IEC material is to generate awareness amongst the targeted population, this chapter provides insights into clients' knowledge and attitude towards HIV/AIDS. Issues concerning knowledge and attitude were addressed to all clients irrespective of whether they had seen or not seen any of the IEC materials.

Knowledge and attitude of the clients on the following broad aspects was assessed;

- Understanding of HIV/AIDS
- Transmission of HIV/AIDS
- Prevention/protection of HIV/AIDS
- Understanding of STI
- Signs & symptoms of STI
- Opportunistic infections
- Advantages & outcome of HIV testing
- Informed testing choice/partner testing
- Treatment of HIV
- Positive living/precaution for people living with HIV
- Infant feeding practices

Under each of the above mentioned broad aspects several issues were listed. For each of these issues a "Yes", "No", DK/CS and "No Response" was recorded. The following table reflects the percentage of clients who agreed (said "yes") to these issues.

<b>Table 5.1 Percentage of clients who agreed with the issues related to HIV/AIDS</b>		
<b>Understanding of HIV/AIDS</b>	<b>N</b>	<b>%</b>
It effects the body immune system and reduces the strength to fight against diseases	1748	83.4
There is no cure for HIV infection but treatment is available	1700	81.1
<b>Transmission of HIV/AIDS</b>		
HIV may be transmitted during unprotected vaginal or anal sex	1792	85.5
HIV may be transmitted through infected blood by blood transfusion	1834	87.5
HIV may be transmitted through reusing unsterilized needles or sharing contaminated needles when receiving injections	1768	84.3
HIV transmission may occur most often in injecting drug users	1399	66.7
HIV infections can pass on from a infected mother to her unborn child	1694	80.8
HIV can not be transmitted through toilets, swimming pools, sharing, eating or drinking utensils, insect bites/ mosquito bite	1416	67.5
<b>Prevention/protection of HIV/AIDS</b>		
We can secure ourselves and our partners from getting HIV by abstaining from sex outside of marriage and be faithful to your spouse and partner	1741	83.0
We can secure ourselves and our partners from getting HIV by using condom	1618	77.2

<b>Table 5.1 Percentage of clients who agreed with the issues related to HIV/AIDS</b>		
correctly and consistently		
When necessary take blood only from a licensed blood bank	1664	79.4
If the mother is HIV positive she must have an institutional delivery to safeguard the health of her child	1637	78.1
<b>Understanding of STI</b>		
People who have STI are more prone to get HIV	1312	62.6
Protection from STI also protects from HIV and other infections	1249	59.6
<b>Signs &amp; symptoms of STI</b>		
Ulcers on penis/ vagina	976	46.5
Swellings/lesions/inflammation in / around genitals	1016	48.5
<b>Opportunistic infections</b>		
Presence of opportunistic infections like TB, diarrhoea, fungal infections etc can indicate HIV infections	1207	57.6
HIV infected people have higher chances of acquiring opportunistic infections	1269	60.5
More OIs are treatable and preventable	1289	61.5
If you have any of the opportunistic infections it may be good to undergo HIV test	1495	71.3
<b>Advantage &amp; outcome of HIV testing</b>		
HIV infection can be detected through a blood test	1855	88.5
Knowing your HIV status can help you to protect your family from getting HIV infection	1790	85.4
HIV tests are free of cost at the ICTC/PPTCT/Government hospitals	1836	87.6
HIV positive people can get help and support from positive peoples network	1309	62.4
<b>Informed testing choice/Partner testing</b>		
Blood test report is kept confidential	1655	78.9
HIV testing is important if you are planning to start a family/have children	1540	73.4
<b>Treatment of HIV</b>		
Proper care and medication can help HIV positive persons to live a healthy life for many years	1371	65.4
ART is a treatment not a cure	1064	50.7
All HIV positive persons do not require ART	927	44.2
It is important to treat opportunistic infections	1241	59.2
ART is available in many Government hospitals free of cost	1149	54.8
ART is a life long medication	954	45.5
To prevent the child from getting HIV from the HIV positive mother the doctor can give medicine called Nevirapine to the mother and baby	1079	51.5
It is important that HIV positive pregnant mothers go to the hospital as soon as labour starts	1688	80.5
Delivery of babies born to HIV mother should happen at the hospital	1816	86.6
It is important to test the child born to the HIV positive mother	1780	84.9
<b>Positive living/precaution for people living with HIV</b>		
HIV positive persons should eat healthy food, exercise regularly, keep happy and healthy frame of mind to strengthen immunity	1577	75.2
HIV positive persons should quit smoking , drinking, drugs to stay healthy	1487	70.9

Table 5.1 Percentage of clients who agreed with the issues related to HIV/AIDS		
HIV positive persons should have enough sleep and rest , take time to relax , maintain hygiene and cleanliness	1523	72.6
HIV positive persons should cover open cuts / sores	1450	69.1
HIV positive persons should not donate blood	1687	80.4
<b>Infant feeding</b>		
HIV positive / lactating mothers should exclusively breast feed the new born for first six months to reduce the risk of getting HIV	1188	56.7
The child can be given exclusive supplementary feeding , but the milk bottles/cup and the water used needs to be clean	1427	68.0
Avoid mixed feeding / combining breast feeding with bottle - feeding	1347	64.2
<b>Total N</b>	<b>2097</b>	<b>100</b>

Perusal of Table 5.1 indicates that;

- High percentage of clients had an understanding of issues concerning HIV/AIDS, HIV/AIDS, transmission of HIV/AIDS, prevention/ protection of HIV/AIDS, treatment of HIV, as more than three fourths aware of these.
- Understanding on issues related to STI, opportunistic infections and infant feeding was lowest, as only half the clients were aware of these issues.
- It is important to note that less than half of the clients agreed that –“all HIV positive persons do not require ART” , “ART is a life long medication”, “it is important that HIV positive pregnant mothers to go to the hospital as soon as labour starts”. Indicating thereby that awareness on these issues was low.
- Only half of the clients (51.5%) were aware that *“to prevent the child from getting HIV from the HIV positive mother the doctor can give medicine called Nevirapine to the mother and baby”*.
- More than half of the clients (56.7%) felt that *“HIV positive / lactating mothers should exclusively breast feed the new born for first six months to reduce the risk of getting HIV”*.
- Though 67.5% believe that *“HIV can not be transmitted through toilets, swimming pools, sharing, eating or drinking utensils, insect bites/ mosquito bite”*, around one fourth ( 22.5%) still believe that HIV can be transmitted through these mediums.

Knowledge and attitude towards HIV/AIDS issues was more or less similar among clients in all the three states.

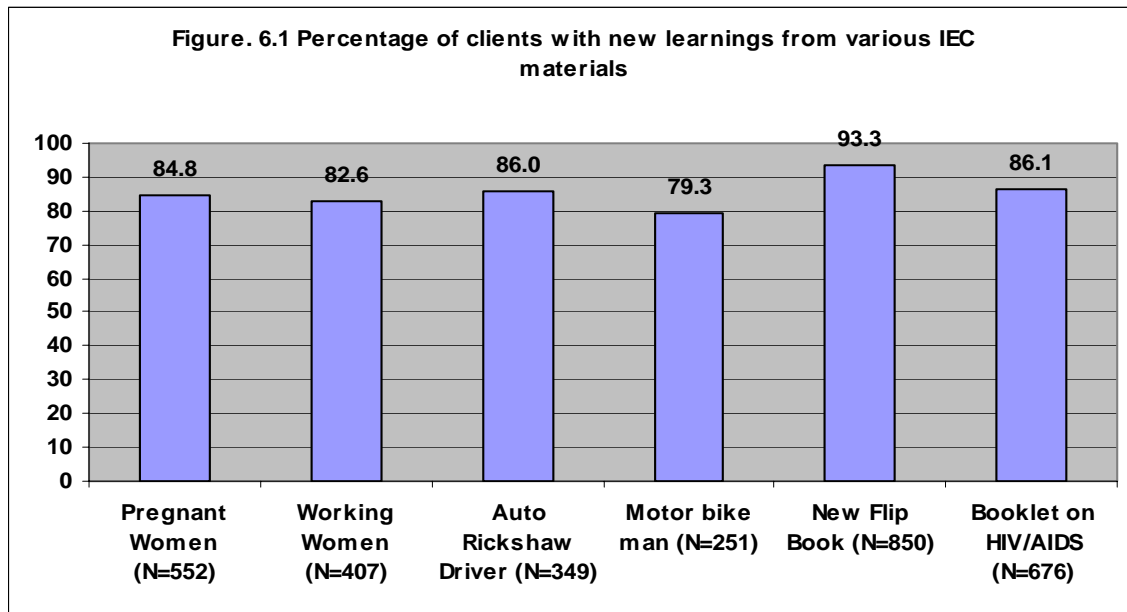
CHAPTER 6: ACTION TAKEN ON EXPOSURE TO IEC MATERIAL

Impact of any IEC material can be determined by the extent to which the targeted populations have learnt anything new from these materials and the actions taken.

In view of this for each of the IEC materials (all 4 posters, new flip book and booklet) under assessment, the clients who were exposed to IEC materials were asked a series of questions, like – did you learn anything new? What did you learn? Did you taken any action when you saw the IEC material?

6.1 NEW LEARNINGS

Figure 6.1 presents the percentage of clients who mentioned that they had learnt any thing new from each of the IEC materials. More than three fourths mentioned that they had learnt anything new from the IEC materials. Learning was very high from the new flip book (93.3%), as it was an interactive mode of communication. Also learning from the booklet was higher (86.1%) than from the posters.



Type of learnings from pregnant women poster has been presented in table 6.1. Learnings from the working women poster, auto rickshaw driver poster, and motor bike man poster have been presented in one table 6.2, as the messages conveyed in these three posters were same. Also new learning from flip book and booklet has been presented together in table no. 6.3, as the messages here are similar.

### Type of new learning from 'pregnant woman poster'

On having seen the pregnant women poster half of the clients mentioned the following three major learnings; (Table 6.1)

- Pregnant women should get tested for HIV (59.6%)
- Pregnant women could be at risk of HIV infection (53.2%)
- Government hospitals/ICTC/PPTCT provide free of cost HIV testing facilities (49.6%)

Table 6.1 Clients' reporting on new learnings from pregnant woman poster		
New learnings	Total	
	N	%
Pregnant women could be at risk of HIV infection	249	53.2
Pregnant women should get tested for HIV	279	59.6
Pregnant women should be counseled/given information about HIV	172	36.8
HIV testing is kept confidential at the ICTC/PPTC/Government hospital	197	42.1
Government hospitals/ICTC/PPTCT provide free of cost HIV testing facilities	232	49.6
A HIV +ve pregnant woman can protect her baby with early detection of HIV	138	29.5
A HIV +ve pregnant woman can protect her baby by providing medication to her baby	128	27.4
A HIV +ve pregnant woman can protect her baby by taking medication	81	17.3
A HIV +ve pregnant woman should consult the doctor during pregnancy	88	18.8
A HIV +ve pregnant woman should have delivery at the hospital	123	26.3
Others	4	0.9
<b>Total N</b>	<b>468</b>	

### Type of new learning from 'Working Woman poster', 'Auto Rickshaw Driver poster' and 'Motor Bike Man poster'

More than half of the clients reported the following major learnings from 'Working Woman poster', 'Auto Rickshaw Driver poster' and 'Motor Bike Man poster' ( table 6.2)

- HIV tests are conducted at the ICTC/PPTC/Government hospital (WW-63.4%, AR-55.7%, MB-55.3%)
- HIV testing is kept confidential at the ICTC/PPTC/Government hospital (WW-52.4, AR-60%)
- Government hospitals/ICTC/PPTCT provide free of cost HIV testing facilities (AR-59.3%, MB-51.8%)
- Everyone should know ones HIV status (WW-56%, MB-56.3%)

Table 6.2 Clients' reporting on new learnings from 'Working Woman poster', 'Auto Rickshaw Driver poster' and 'Motor Bike Man poster'						
New Learnings	Working Woman		Auto Rickshaw Driver		Motor Bike Man	
	Total		Total		Total	
	N	%	N	%	N	%
HIV tests are conducted at the ICTC/PPTC/Government hospital	213	63.4	167	55.7	110	55.3
HIV testing is kept confidential at the ICTC/PPTC/Government hospital	176	52.4	180	60.0	78	39.2
Government hospitals/ICTC/PPTCT provide free of cost HIV testing facilities	137	40.8	178	59.3	103	51.8
Everyone should know ones HIV status	188	56.0	151	50.3	112	56.3
With early detection even a HIV +ve person can lead a normal life	97	28.9	100	33.3	60	30.2
HIV +ve persons can lead a normal life by adopting healthy lifestyle	97	28.9	71	23.7	58	29.1
HIV +ve persons can lead a normal life by taking ART	110	32.7	80	26.7	54	27.1
There is treatment available for HIV	83	24.7	34	11.3	36	18.1
Others	1	0.3	1	0.3	2	1.0
<b>Total N</b>	<b>336</b>		<b>300</b>		<b>199</b>	

#### Type of new learning from "New Flip Book" and "Booklet"

More than half of the clients reported the following three major learnings from 'New Flipbook' and 'Booklet' (Table 6.3). Different aspects related to transmission were the major learnings among the clients from both these IEC materials.

- Learnt about transmission of HIV (New Flip Book- 69.5%, Booklet- 71.1%)
- HIV is not transmitted by shaking hands (New Flip Book- 54.5%, Booklet- 62.2%)
- Sexually transmitted diseases can indicate HIV (New Flip Book- 58.3%, Booklet- 58.6%)

Table 6.3 Clients' reporting on new learnings from "New Flip Book" and "Booklet"				
New learnings	New Flip Book		Booklet	
	N	%	N	%
Learnt about transmission of HIV	551	69.5	414	71.1
HIV is not transmitted by shaking hands	432	54.5	362	62.2
Sexually transmitted diseases can indicate HIV	462	58.3	341	58.6
Transmission of HIV can be avoided by using condoms	402	50.7	153	26.3
A woman with HIV or AIDS can transmit it to her newborn child	271	34.2	185	31.8
HIV testing is kept confidential at the ICTC/PPTCT/Government hospital	342	43.1	198	34.0
Government hospitals/ICTC/PPTCT provide free of cost HIV testing facilities	212	26.7	204	35.1
There is treatment available for HIV	367	46.3	213	36.6
With early detection even a HIV +ve person can lead a normal life	121	15.3	113	19.4
HIV+ve persons can lead a normal life by adopting healthy lifestyle	171	21.6	87	14.9
HIV+ve persons can lead a normal life by taking ART	167	21.1	77	13.2

It is important to know ones HIV status	155	19.5	57	9.8
Others (specify)	1	0.1	1	0.2
<b>Total</b>	<b>793</b>		<b>582</b>	

## 6.2. IMMEDIATE ACTION TAKEN

The perusal of the table 6.4 reflects that on having seen the IEC materials most of the clients took the following action;

- Discussed the issue of HIV with spouse/friends/relatives
- Consulted the doctor

Also nearly half of the clients went in for HIV testing (46.2%), more on seeing the flipbook than any other IEC material.

It needs to be noted that very small percentage took the following action;

- Suggested friends/relatives who were pregnant to go for HIV test during pregnancy
- Suggested friends/relatives who were pregnant to visit ICTC/PPTCT/Government hospital for counseling

Half of the clients (50.9%) went in for HIV testing on having seen the flipbook or counseled. This could only be because the flip book is a very interactive tool, but also because any pregnant women visiting the counselor and undergoing a counseling session is most likely to consult the doctor or undergo a test. Whereas the other material like posters or booklet could be viewed by clients other pregnant women, thus has a reduced likelihood of taking such an action.

Actions taken	Pregnant Woman Poster		Working Woman Poster		Auto Rickshaw Driver		Motor Bike Man		Flipbook		Booklet	
	N	%	N	%	N	%	N	%	N	%	N	%
Discussed the issue of HIV with spouse/friends/relatives	317	57.4	234	57.5	174	49.9	140	55.8	530	62.4	368	54.4
Discussed the issue with friends/relatives who were pregnant HIV	199	36.1										
Consulted the doctor	193	35	229	56.3	194	55.6	156	62.2	552	64.9	407	60.2
Suggested friends/relatives to consult the doctor	142	25.7	144	35.4	100	28.7	88	35.1	351	41.3	199	29.4
Suggested friends/relatives who were pregnant to seek counseling for HIV	97	17.6	143	35.1	83	23.8	90	35.9	106	12.5	181	26.8
Sought counseling for HIV during pregnancy	188	34.1										
Visited ICTC/PPTCT/Government hospital for counseling	211	38.2	116	28.5	126	36.1	41	16.3	273	32.1	251	37.1

Suggested friends/relatives who were pregnant to visit ICTC/PPTCT/ Government hospital for counseling	58	10.5	82	20.1	97	27.8	48	19.1	218	25.6	188	27.8
Went for HIV test during pregnancy	115	20.8	151	37.1	146	41.8	99	39.4	433	50.9	312	46.2
Suggested friends/relatives who were pregnant to go for HIV test during pregnancy	57	10.3	49	12.0	63.0	18.1	30.0	12.0	174	20.5	71	10.5
Sought clarification on the messages from the counselor/ doctor/out reach workers	50	9.1	33	8.1	36	10.3	26	10.4	129	15.2	97	14.3
Other	12	2.2	7	1.7	9	2.6	7	2.8	15	1.8	15	2.2
<b>Total</b>	<b>552</b>		<b>407</b>		<b>349</b>		<b>251</b>		<b>850</b>		<b>676</b>	

Case studies have reflected that counselors have played very important role in motivating clients to avail ICTC services. Some of the verbatim quotes of clients to support this;

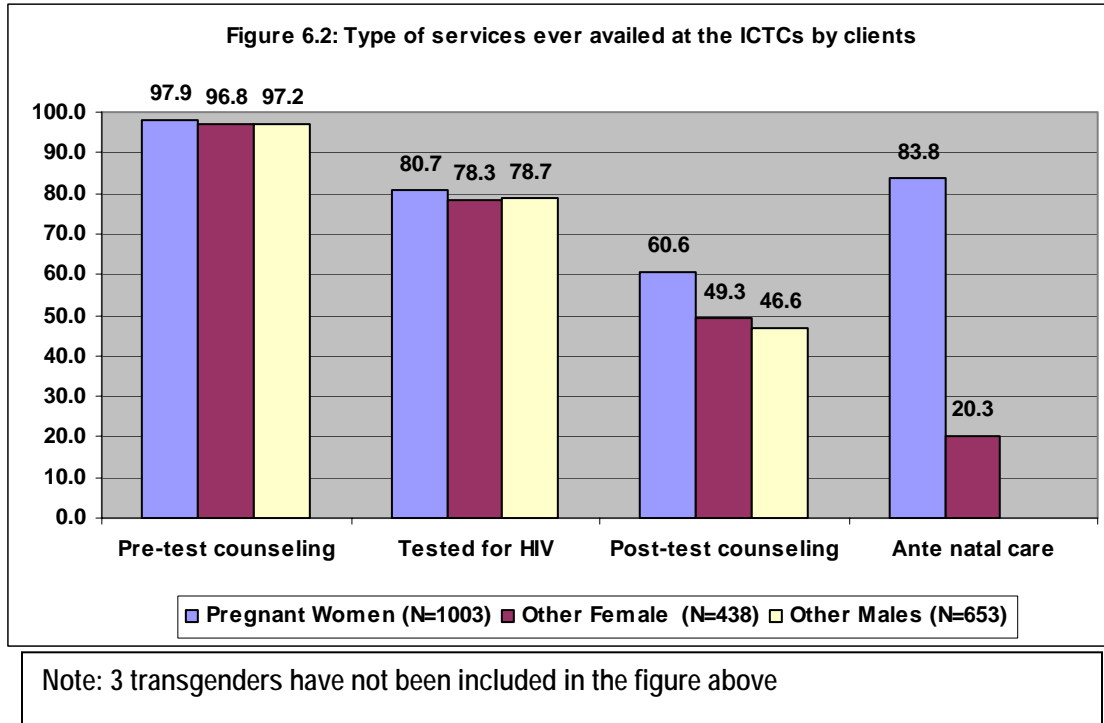
*“Dineshbhai (counselor) came into our life like an angle and took us out of the problem. We were planning for abortion but he told us regarding the availability of Neverapine treatment for the pregnant mother, he said by taking this the chance of having HIV free baby increase and we are hoping our baby will be free from it. – HIV positive couple*

*“The counselor explained us in detail about HIV. She didn't leave any issue / topic untouched and unexplained. This made both of us (husband and wife) mentally prepared for the test and its results” – HIV positive couple.*

*“Bhartiben (counselor) has played an important role in my life and supported me during such a phase of life when I was not able to decide what to do. I can't imagine what my life could have been if she was not there – HIV positive client ( women)*

### 6.3 ICTC SERVICES AVAILED

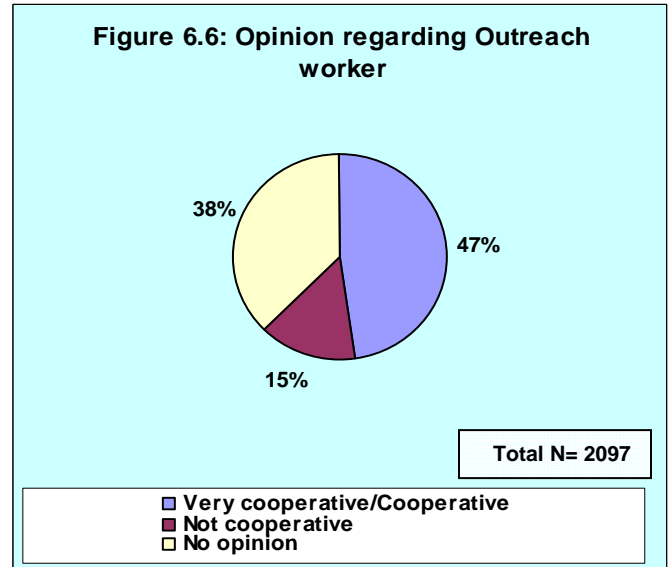
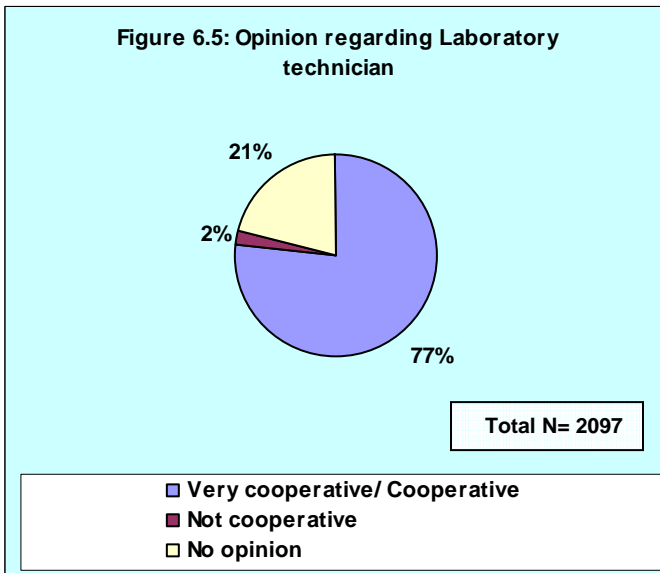
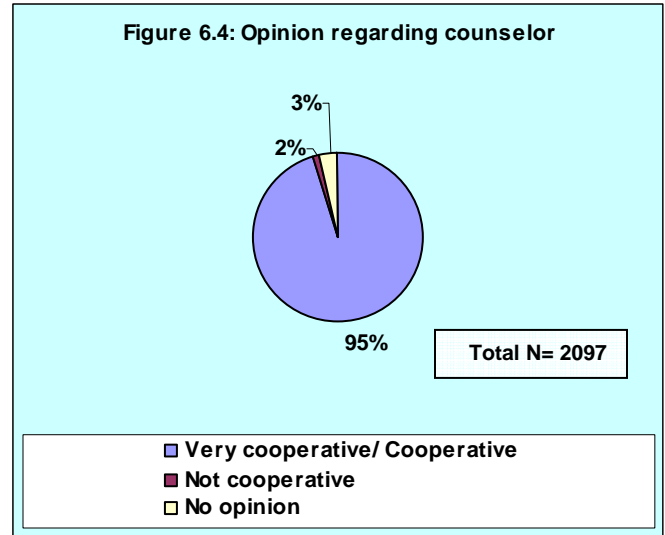
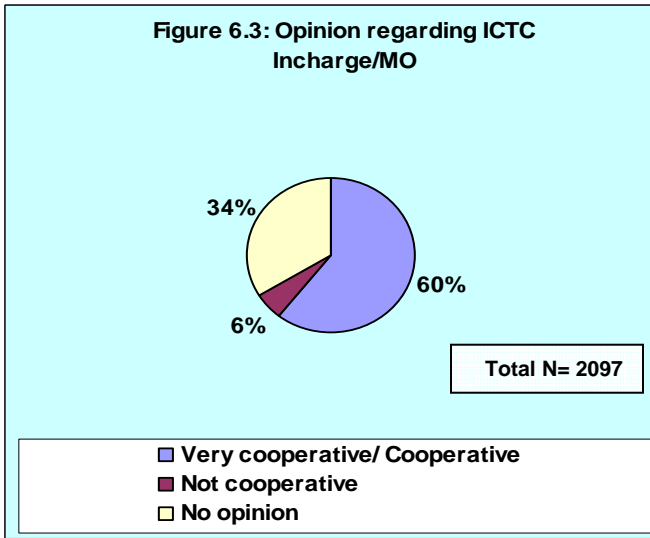
At the ICTC various services like pre-test counseling, HIV test, post-test counseling and antenatal care are provided free of cost. All the clients interviewed at the ICTCs were asked about type of services ever availed by them at the ICTC and the extent of satisfaction towards these services. Figure 6.2 shows the type of services availed by pregnant women and other clients. In all higher proportion of pregnant women availed the service than the other male and female clients. Very high percentage of clients ever availed pre- test counseling services (pregnant clients -97.9%, other females-96.8% and other males-97.2%) More than three fourths of the client (pregnant clients -80.7%, other females – 78.3% and other males- 78.7%) went in for HIV testing.



High percentage of clients were highly satisfied (pre-test counseling -77.5%: HIV testing-78.7%: post-test counseling – 83.4%; ante- natal care – 75.5%) or satisfied (pre – test counseling -22.1%: HIV testing – 20.9%: post – test counseling – 15.9%; ante- natal care – 22.3%), with the various types of services rendered at the ICTCs. Infact ICTC are perceived as centres for “*saving lives of destitute HIV positives*”

With respect to suggestions for improvement of ICTC services, half of the clients who had availed services had no suggestions to make. Some (16.1%) mentioned that “*there should be more publicity on Nevarapine and motivation to mothers and community for institutional delivery*”.

6.4 OPINION REGARDING SERVICE PROVIDERS



The study tried to assess the perceptions of clients regarding the extent of cooperation rendered by the service providers. Figures 6.3 to 6.6 reflect that the clients had good experience with health services providers at ICTCs. Majority of the clients opined that the counselors (95%), laboratory technicians (77%) and ICTC in-charge/MO (60%) were very cooperative/cooperative. Also a little less than half of the clients opined that the outreach workers were very cooperative/cooperative. A much higher percentage of clients felt that the counselors were very cooperative (95%), whereas in case of MOs and outreach workers much lower percentage felt the same (60% and 47% respectively). Also one can see that in case of counselors a very small percentage (3%) did not want to opine on cooperativeness, whereas in case of the other health factionaries (MO -34%, lab tec- 28%, out reach workers - 31%) much higher percentage did not want to opine on cooperativeness. 15% of the clients felt that the out reach workers were not cooperative.