

EVALUATION

2007



IS THIS JUSTICE?

**Multi-Media Campaign
to Reduce Stigma
Against Women
Living with HIV/AIDS**

**A REPORT FOR
BREAKTHROUGH**

**break
through**
building human rights culture
www.breakthrough.tv

**BY PRASTUT
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Abbreviations

AIDS: Acquired Immunodeficiency Syndrome

CSW: Commercial sex worker

HIV: Human Immunodeficiency Virus

MLHA: Men living with HIV/AIDS

NACO: National AIDS Control Organisation

NCAER: National Council for Applied Economic Research

NRS: National Readership Survey

PLHA: Persons living with HIV/AIDS

SEC: Socio-Economic Class

STI: Sexually Transmitted Infections

TAM: Television Audience Measurement

UNDP: United Nations Development Programme

UT: Union Territory

WLHA: Women living with HIV/AIDS

Socio-Economic Classifications							
Occupation	ILLITERATE	SCHOOL UPTO 4YRS/ LITERATE BUT NO FORMAL EDUCATION	SCHOOL 5-9 YEARS	SS/ HSC	SOME COLLEGE BUT NOT GRADUATE	GRADUATE/P OST GRADUATE GEN.	GRADUATE /POST GRADUATE PROF.
Unskilled worker	E2	E2	E1	D	D	D	D
Skilled worker	E2	E1	D	C	C	B2	B2
Small trader	E2	D	D	C	C	B2	B2
Shop owner	D	D	C	B2	B1	A2	A2
Businessmen /industrialist with no employees	D	C	B2	B1	A2	A2	A1
Businessmen/industrialist with 1-9 employees	C	B2	B2	B1	A2	A1	A1
Businessmen/industrialist with 10+ employees	B1	B1	A2	A2	A1	A1	A1
Self employed professional	D	D	D	B2	B1	A2	A1
Clerical/salesman	D	D	D	C	B2	B1	B1
Supervisory level	D	D	C	C	B2	B1	A2
Officer/executive junior	C	C	C	B2	B1	A2	A2
Officers/executive senior	B1	B1	B1	B1	A2	A1	A1

Executive Summary

Breakthrough

Breakthrough is an international human rights organisation using innovative, high impact education, media, and popular culture to transform attitudes and advance equality, justice, and dignity. The goal is to cultivate a more open and democratic society invested in sustaining core human rights values.

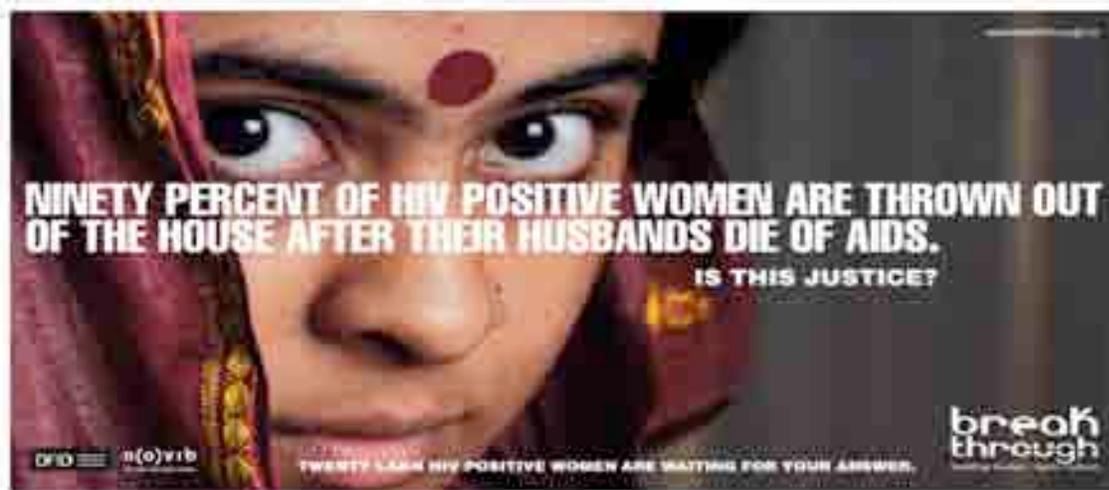
Breakthrough works through offices in India and the United States, the world's two largest democracies, on several issues including women's rights, sexuality and HIV/AIDS, racial justice, and immigrant rights.

Is This Justice? Campaign

In February 2007, Breakthrough launched India's first multimedia campaign to bring attention to the stigma and violence faced by women living with HIV/AIDS (WLHA). The campaign was created pro bono by Ogilvy & Mather and disseminated in English, Hindi, Kannada and Marathi.

Is This Justice? highlighted how discrimination combined with gender-based violence can lead to human rights violations. The campaign demonstrated how an HIV-positive status, compounded by a husband's death, often leads to a loss of rights and consequent eviction of women from marital and natal homes.

The hard-hitting campaign won the 2007 Radio & TV Advertising Practitioner's Association of India (RAPA) Award 2007 for Best Film with a Social Message and a Bronze at the 41st Abby Awards in the Public Service, Appeals and Charity category.



Why the Campaign

Breakthrough seeks to advance women's potential to become full participants in society by reducing the barriers of stigma, violence, and discrimination they face. Currently, women form 31% of the estimated 2.47 million people living with HIV/AIDS¹. More than 85% of women have contracted the infection from their husband or primary partner². The violence and unequal treatment that women experience in interpersonal relationships increases their vulnerability to HIV/AIDS. Because women often cannot negotiate safer sex, they are more vulnerable to contracting the virus from their husbands.

Gender thus plays a key role in the nexus between HIV-related stigma, shame, and blame experienced by WLHA in India. In most instances, women are expected to nurse their HIV-positive husbands through their illness. It is not uncommon for the husband's family to demand the wife's family pay for his treatment. WLHA often face limited access to care and treatment, denial of their rights to confidentiality, homelessness, job loss and no access to their children. 90% of WLHA are thrown out of their homes after their husbands die of AIDS³.

Is This Justice? built upon Breakthrough's 2005 campaign, *What Kind of Man Are You?* that drew attention to the intersection of domestic violence and the increasing HIV infection rates among married women. *What Kind of Man Are You?* called on men to take responsibility for protecting women from HIV and promoted condom use among married couples. The campaign was released in seven Indian languages and reached more than 50 million people across India. The campaign won the silver and bronze medals at the Advertising Agencies Association of India (AAAI) Awards for Public Service and Political Advertising.

Campaign Reach

Is This Justice? was a 360-degree campaign that ran from February to April 2007 and included television, print, radio, internet and mobile messaging. The campaign focused on the states of Uttar Pradesh, Karnataka and Maharashtra, which have a combined population of 315 million. According to Television Audience Measurement (TAM) and the National Readership Survey (NRS)⁴, the campaign reached over 34 million people through television, 29 million through print and 18 million through radio.

Breakthrough organized three press conferences in the cities of Mumbai, Bangalore and Udupi where representatives from the state networks of positive women spoke eloquently about their challenges and their extraordinary courage in surmounting them.

Media Partners

Twenty-seven national and regional television channels including Doordarshan - the National Channel, Star Network, Sony TV, Etv and NDTV.

Thirteen regional radio channels of All India Radio Network and Radio Mirchi.

Six mainline newspapers including Dainik Jagaran, Lokmat, Prajavani, Udayvani, Vijay Karnataka, Vijay Times.

¹ National AIDS Control Organisation (NACO), 2007

² NACO, UNDP, NCAER *Report on Gender & HIV/AIDS*, 2006

³ NACO, 2006

⁴ TAM measures the number of people who have watched a programme. NRS measures ownership, listenership and readership pertaining to TV, radio and print. It's a common industry currency of estimates that is used widely.

Forty-two outdoor hoardings (billboards)

- Uttar Pradesh – Kanpur, Lucknow, Dehradun, and Saharanpur
- Maharashtra – Aurangabad,
- Karnataka – Udupi

Campaign Evaluation

Breakthrough commissioned an independent research and evaluation agency, Prastut Consulting, to help identify the primary human rights concerns of WLHA before the campaign in order to help effectively tailor the campaign, and then measure its impact. Prastut worked in three cities—Kanpur in the northern state of Uttar Pradesh, Udupi in the southern state of Karnataka, and Aurangabad in the western state of Maharashtra—to assess the forms in which WLHA experience discrimination and stigma at the individual, family, and community levels. These cities have roughly equivalent characteristics in terms of industrialisation, migration, and other economic and demographic factors.

The three stages of research and analysis included formative research and needs, baseline research (pre-campaign), and endline research (post-campaign). The baseline research assessed the interplay between gender, HIV status and women’s rights, to ascertain the magnitude of their vulnerability and identify stigma indicators. The endline research, conducted after the campaign, sought to assess the reach and impact of the Breakthrough campaign and measure changes in knowledge and attitudes towards WLHA against the baseline stigma indicators.

Both quantitative and qualitative tools were used for conducting research. In the baseline and endline research, structured questionnaires and focus group discussions were held with the general community and people living with HIV/AIDS respectively. The endline research included 1,125 people across Kanpur, Udupi and Aurangabad.

Research Findings

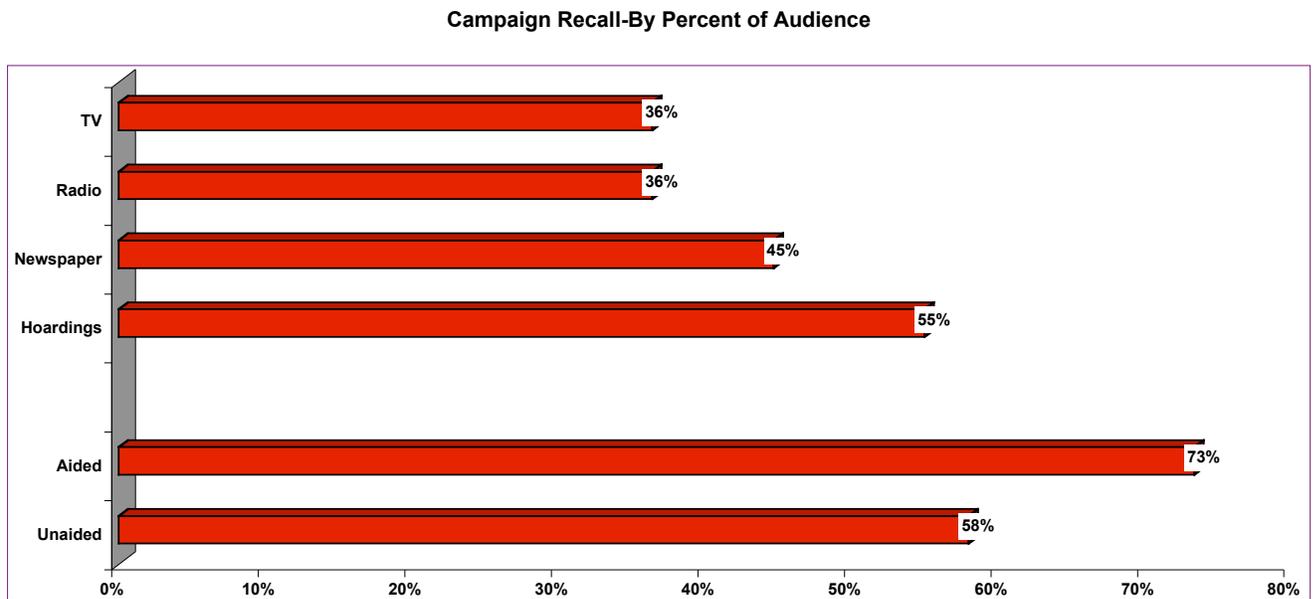
Recall of campaign in the sample population:

“The face of that girl in this hoarding made me stop. I read the hoarding. It conveys information on the disease, and how a woman goes through a difficult time,” Socio-economic class (SEC) C⁵, female, Kanpur

“The man’s frustration is always taken out on the woman...so instead of taking the anger on the son, the daughter is shown for this purpose in the ad.” SEC C, female, Aurangabad

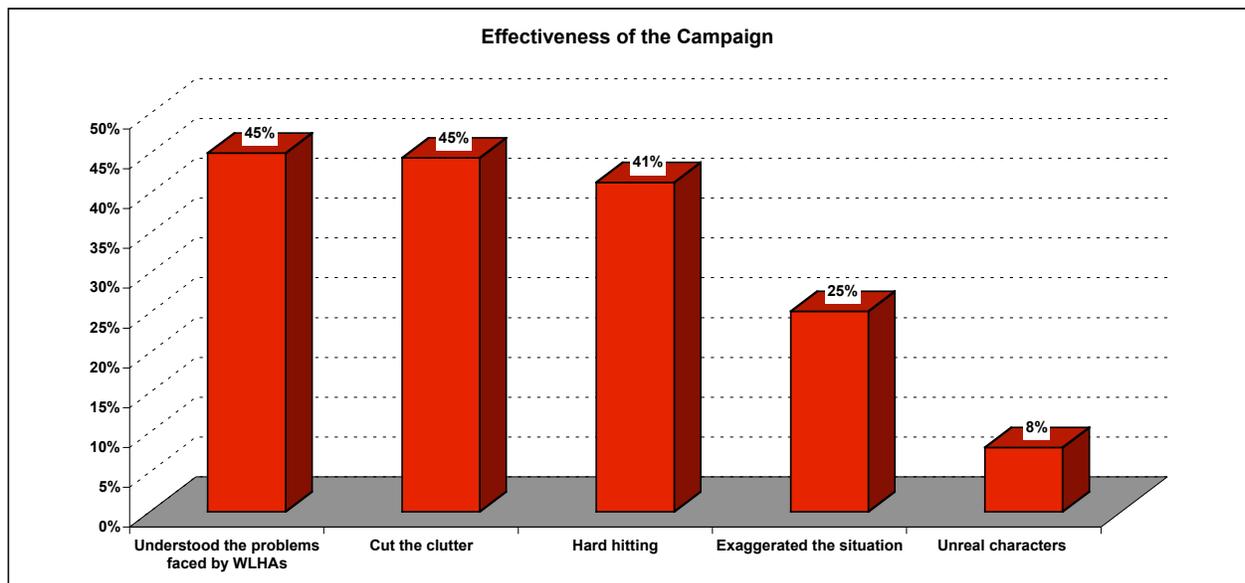
⁵ SEC stands for socio-economic class. See “Abbreviations” on page iii for SEC classification chart.

The following chart shows recall of the campaign in the sample population according to the different mediums employed:



Note: Recall of hoardings is particularly high as the survey sites overlapped with sites of outdoor display.

The community considered the campaign realistic, hard hitting and thought provoking. The following chart represents how effective the community found the campaign:



Here is the summary of messages the audience recalled without prompting:

- 28% There are WLHA in society
- 26% There are 2 million WLHA
- 33% Women have an unequal status
- 31% Women suffer and are blamed for men's shortcomings
- 33 % Women face violence due to the above
- 36% WLHA are thrown out of their homes

"In all the ads the man is at fault but nobody says anything to the man ... instead women are exploited. Women do not have an equal status in society and this is very deep-rooted in our country, specially in North India ... There is a saying also "Dhor, Ganwar, Shudra, Pashu aur Nari, yeh sab tadan ke adhikari" (Idiots, Illiterates, Untouchables, Animals and Women ... they deserve to be beaten)." SEC B, male, Kanpur

"We know of some women who have been thrown out of their houses. Some of them were not allowed to enter specific parts of the house...these women had acquired this infection through their husbands...it is not their fault...they ask us what was their mistake" SEC B, female, Aurangabad

Campaign Impact

The endline study found that *Is This Justice?* led to a significant increase in knowledge about the human rights violations faced by WLHA. The research also demonstrated a significant shift in attitudes towards these women.

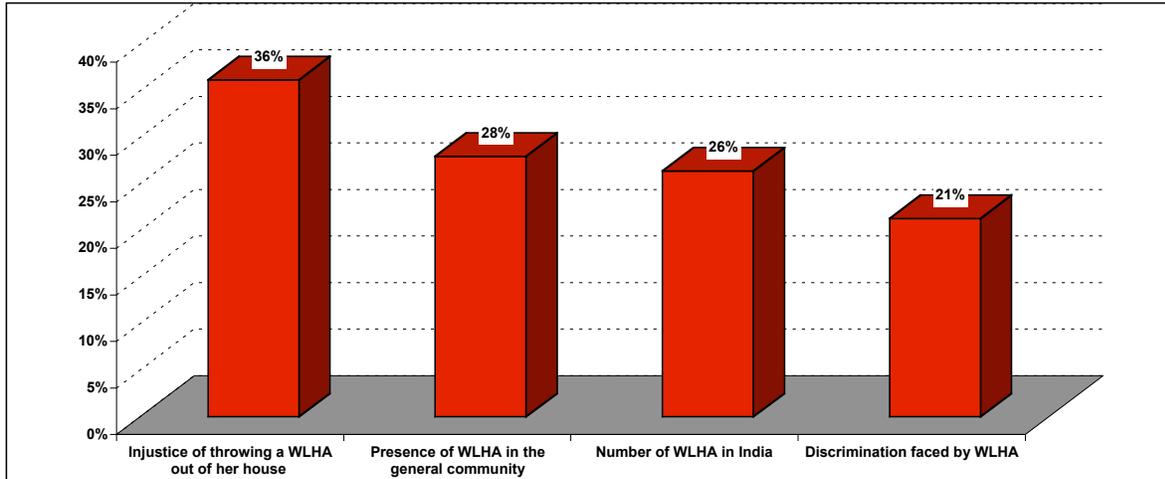
Is This Justice? succeeded in sensitizing the community about the unequal status of women and how it is linked to the violence they experience. They agreed women usually get blamed for other people's mistakes and have to suffer the consequences in silence because of the fear of violence. This fear of violence is also connected to women's inability to negotiate safer sex. The aim was to enable the audience to comprehend how this vulnerability spirals in the case of WLHA.

The *Is This Justice?* campaign sensitized the community about the presence of WLHA among the general population, and their vulnerability because of domestic violence and inability to negotiate safer sex. As a result, the community recommended family support and the right to shelter as ways to reduce the stigma and discrimination that WLHA face.

"This campaign tells us that women have not been given the right to residence. After their husbands' deaths, nobody takes care of the wives and children. In fact the rest of the family ostracizes them." SEC B, female, Udupi

"They should give her all the rights that are hers. They should stop blaming her for bringing the infection to her husband by stating that she is immoral...people should not associate this infection with sexual route of transmission only." SEC B, female, Aurangabad

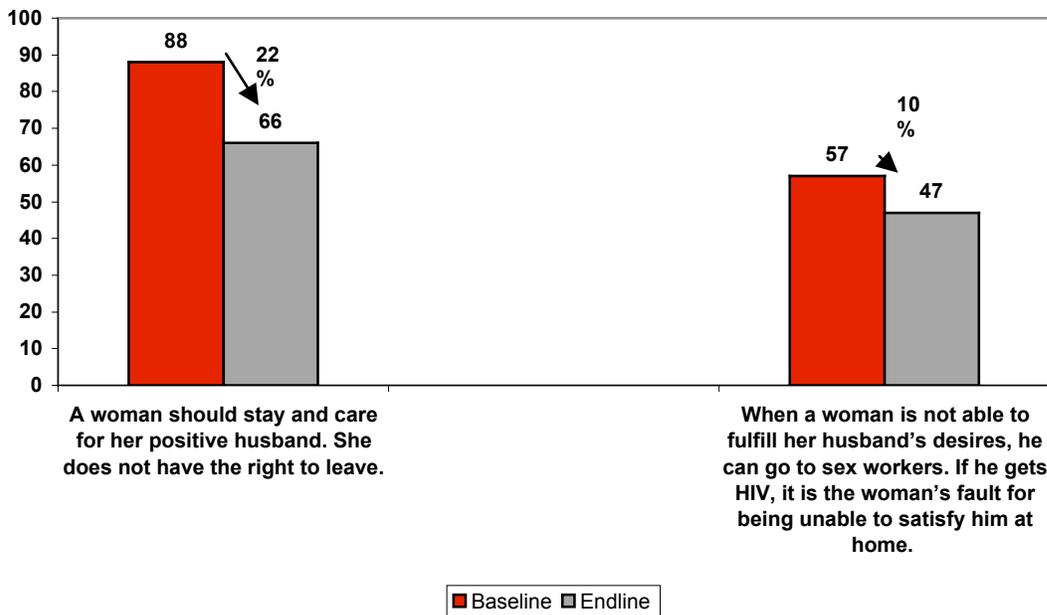
Acknowledging Discrimination Against WLHA



The research also demonstrated a significant shift in the attitudes towards blaming the woman for the infection and the need for her to take care of her spouse through his illness. There is a statistically significant positive changes in two key indicators:

- There is 22% decrease in the number of people who feel it is necessary for a woman to stay with her HIV-positive husband. She should have the choice to leave him. In the Indian context this decrease is significant, as it is usually considered the duty of the wife to stand by her husband under all circumstances.
- There is 10% decrease in the number of people who blame a woman for not satisfying her husband sexually.

Shift in Attitudes

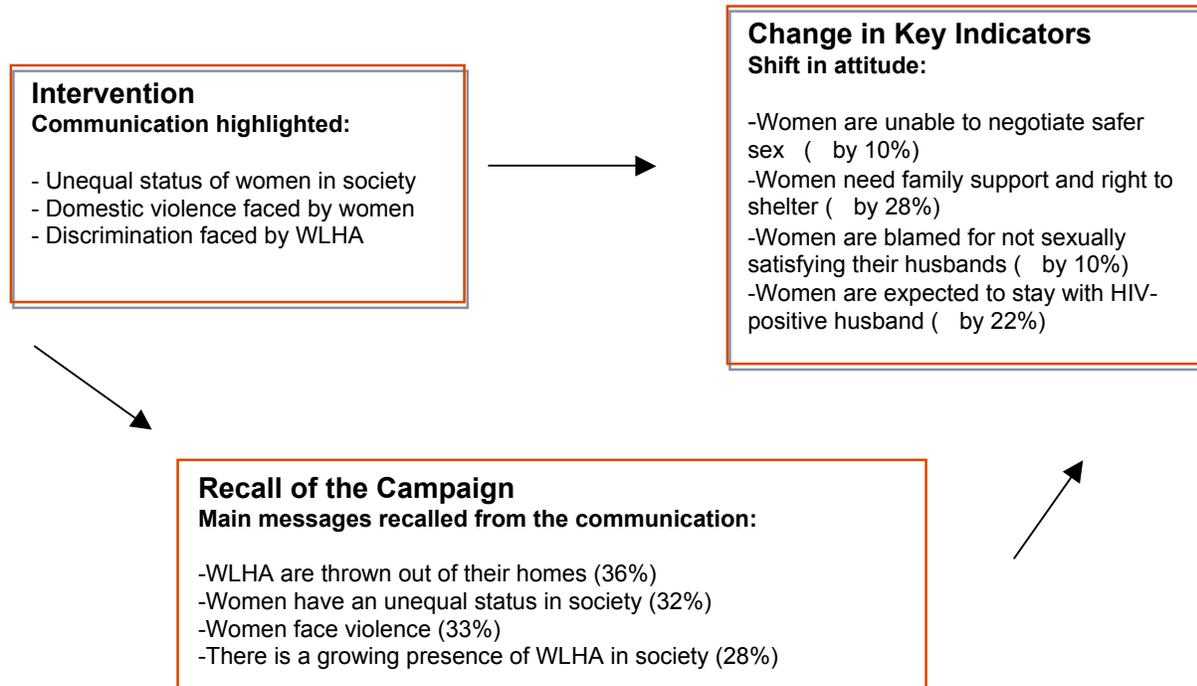


Respondents also acknowledged the following important realities faced by women:

Women cannot negotiate safer sex (4% increase from baseline to endline)

Women are subject to domestic violence (8% increase)

Women are treated unjustly after their husbands' deaths (8% increase)



The flow chart highlights the critical indicators for the baseline and endline, which showed significant change in knowledge and attitude. The figures mentioned are percentages but statistically significant at the 95% confidence interval.

Is This Justice? was the first media campaign to address stigma and discrimination against WLHA in India. The campaign successfully increased awareness about the violence faced by WLHA and also brought about a change in attitude towards discrimination against women, their ability to negotiate safer sex and other issues within marriage, and the need for family support.

Breakthrough will continue building its human rights education efforts to remove barriers to women's full participation in society. We hope that *Is This Justice?* will constitute an important step towards greater care and support for WLHA within the family.

CHAPTER ONE- INTRODUCTION

1.0 Rationale for the Study

According to United Nations Development Programme (UNDP) estimates in 2006, 40% of HIV-positive people in India are women. The UNDP also found that approximately 80% of women who were infected with HIV in 2005 contracted the disease from their husbands⁶.

The baseline research study developed some basic hypotheses in a bid to understand the dynamics of gender in HIV-related stigma and discrimination. The hypothesis that emerged from the central theme is that HIV-positive women are more likely to be stigmatized in India because of existing gender inequality. This research helped in formulating the campaign.

Unequal treatment and increased vulnerability due to domestic violence make women victims of HIV/AIDS. They are more likely to contract the virus from their husbands as they cannot negotiate safer sex. Then they suffer the consequent blame, shame and loss of rights. Gender thus plays a key role in the nexus between HIV-related stigma, moral judgment, shame, and blame for an HIV-positive woman in India. Her HIV-positive status further increases her vulnerability and loss of rights in terms of shelter, property and family.

1.1 Key Focus of Research

In a society where women are second-class citizens in every aspect of life, it comes as no big surprise that HIV is perceived as “male” suffering; wives/partners who also become HIV-positive in due course are unknown entities. It is assumed that HIV happens to sex workers, and those who visit sex workers. An HIV-positive man’s infected wife is considered equivalent to a sex worker.

The focus of the research was to see if the media campaign had been able to sensitize the community towards the existence of WLHA, and the stigma and discrimination they face. It also examined whether or not the community comprehends the interplay of violence against women and HIV that leads to an HIV-positive state, and the consequent violation of women’s rights. If not, then what are the gaps in people’s awareness and knowledge that need to be addressed to sensitize them to women in this position?

In the context of the larger issue of women’s rights violations, the study also identified indicators that if addressed can help HIV-positive women live with dignity.

1.2 The Research Process and Objectives

The research was planned as a three-stage process. The *Is This Justice?* campaign was conducted after the first two stages.

- *Formative research and needs state analysis.*
- *Baseline research.*
- *Endline research.*

⁶ Publication: “Gender Impact of HIV and AIDS in India” Year 2006 by NCAER, NACO and UNDP. These figures were applicable both at the time of the campaign and study.

1.2.1 Formative Research and Needs State Analysis

In stage one, the formative research and needs state analysis, the stigma felt by Indian women as a result of HIV/AIDS in different socio-cultural contexts within the country was identified, along with indicators to measure the stigma. Qualitative in-depth interviews with community members, women in the general community, MLHA, WLHA and their families were undertaken. The objectives of this stage were:

- *Understand the awareness, attitude and centres of the community towards HIV/AIDS, and towards PLHA and WLHA.*
- *Investigate the role of gender in the causes and consequences of becoming HIV-positive, and the consequent stigma.*
- *Examine the forms in which women experience HIV/AIDS-related discrimination and stigma, and how it is manifested at individual, family, and community levels towards WLHA.*
- *Identify the stigma and discrimination faced by MLHA and WLHA in the community, and evaluate whether differences exist between attitude and behaviour towards MLHA/WLHA.*
- *Identify relevant stigma, and map stigma indicators.*

1.2.2 Baseline Research

In stage two, the baseline research was conducted before the launch of the campaign. Quantitative and qualitative research, comprising focus group discussions with the community were carried out. This stage tackled the intersection between gender, HIV status and women's rights, to ascertain the magnitude of their vulnerability. It segregated the indicators on which to focus, to reduce this increased vulnerability. The objectives of this stage were:

- *Evaluate the extent to which rights of women are being compromised.*
- *List these rights in order of precedence, according to the degree of compromise.*
- *Assess the extent of fear in the community towards HIV/AIDS and PLHA.*
- *Assess the extent to which stigma indicators of shame, blame and enacted stigma exist, and whether they increase in the case of WLHA.*
- *Examine the rights of women, which are further compromised with an HIV-positive status.*
- *Identify the rights of HIV-positive women that the communication should address, and that should improve after the communication intervention, over a sustained period of time.*
- *Develop a measurable index for stigma related to the rights addressed through the communication.*

1.2.3 Endline Research

In stage three, the endline research was carried out after the campaign. It measured the extent and impact of Breakthrough's media intervention. The change in the stigma indicators that the intervention addressed were measured objectively, and reasons were collected through focus group discussions. The research looked at:

- *Recall of the media intervention, aided and unaided.*

- *Recall of the messages in the campaign, and identifying the most effective medium of communication.*
- *Evaluation of the media intervention on parameters of likeability and reality.*
- *Measurable change in the stigma indicators that could be attributed to the media intervention.*

1.2.4 Time Frame of the Research

The research and analysis of results spanned 15 months from April 2006 to June 2007.

Formative research - April 2006 to June 2006

Baseline research - September 2006 to November 2006

Is This Justice? campaign - February 2007 to April 2007

Endline research - March 2007 to May 2007

1.2.5 Research Locations and Target Respondent Selection

Breakthrough's media intervention was carried out in the three states of Maharashtra, Karnataka, and Uttar Pradesh. Within each of these states, districts were chosen based on the following criteria: industrialisation, migrant population, non-commercial sex worker areas and antenatal clinic (ANC) prevalence rates of HIV. The following cities were selected for the research: Aurangabad in Maharashtra, Udipi in Karnataka and Kanpur in Uttar Pradesh.

1.3 The Formative Research and Needs State Analysis

Two types of research tools were used at this stage:

- Transect walks
- Qualitative in-depth interviews

1.3.1 Sample Size

Community interviews were undertaken across the socio-economic classes (SECs) in all three locations. One hundred and fifty-one respondents were met from the community among the three states. Interviews with 30 WLHA, 28 family members, six MLHA and nine women from the general population were carried out. In addition, meetings were held with workers and staff at the HIV-positive networks.

1.3.2 Salient Results of the Formative Research

1. Awareness of HIV/AIDS in Community

Most people have high awareness of HIV/AIDS due to the media blitz, but there are differences in awareness levels, based on the socio-economic classes.

2. Source of Awareness

In Kanpur, greater awareness among the higher SECs is due to television. In Udupi, the community has gained awareness through programs in schools. In Aurangabad, TV, newspaper ads and hoardings (billboards) have increased awareness levels.

3. Fears About the Infection

In Aurangabad, casual physical contact with HIV-positive persons is feared the most. In Kanpur, people subscribe to myths associated with HIV/AIDS, for example, the belief that it spreads through sneezing and food. Udupi demonstrated the highest levels of awareness; the community is not fearful of PLHA, and is willing to accept them as part of their households, although PLHA continued to be isolated within the home.

4. Shame and Blame Towards PLHA

The community in Aurangabad felt that infected people are responsible, and have committed some misdeeds, or indulged in shameful acts. In Kanpur, the community had a fatalistic attitude, perceiving the virus to be the result of bad deeds. In Udupi there were no negative emotions of blame towards infected people.

5. Blaming the Woman as a Cause

Many people believe that women sex workers are responsible for the spread of infection to men. It is acceptable that men visit sex workers. People believe that the existence of sex workers and the increase in their numbers is really responsible for the spread of the disease. Using the same analogy, even when husbands infect their wives, the community has a tendency to suspect the woman, and equates them with sex workers.

The community however highlighted cases where wives had abandoned or divorced their husbands, and how the men were left alone to cope with the disease. They glorified men who abstained from having sex with their wives, after knowing that they were infected. These men were understanding and kindhearted and were making a sacrifice. They believe that women do not have the right to leave their husbands.

6. Enacted Stigma

Communities at all three research locations are aware of cases where HIV/AIDS-infected persons had been separated from their families, and even their spouses. The lower-middle SECs are aware of cases of separation and abandonment.

PLHA often isolate themselves from the family and community fearing abuse and ridicule. Women have been denied access to their children, blamed for their husbands' condition, and barred from seeking shelter with their in-laws or parents after their husbands' deaths. On the other hand, it has been observed that economically independent WLHA find acceptance among their family members, especially when they contribute to the family income.

7. The Family

The family is an important social institution in India. Family comes face-to-face with the disease only when it is disclosed to them. Fear is all-pervasive among family members. From the family's point of view, an HIV-positive person in the family is a matter of shame. They fear losing social status and incurring social ostracism. This leads to further isolation of WLHA.

8. Favouring MLHA

There is less fear and stigma around the son of the family. It is only women who find themselves without any support in the matrimonial and natal families. Sons are not blamed for contracting the disease as long as they are earning. Even when they are not earning, the family takes care of them. When there are no parents, elder brothers may support the MLHA even when he is earning. Friends do not desert them. They have some form of support in most cases.

9. The WLHA

Women suffer various forms of domestic violence due to dowry, childlessness and other factors. The HIV condition compounds the already existing domestic violence. Even if husbands infect their wives, women are blamed. It is generally accepted that men visit sex workers. One woman in Aurangabad said clearly that she does not get angry when her husband visits sex workers.

It is only when women or their husbands test positive for HIV that they find out about the infection. On finding out their HIV-positive status, the tendency is to hide it from their families and neighbours. In most cases women find themselves without shelter after their husbands' deaths. The biggest issues WLHA face are denial of their right to live, denial of any rights in parents' and in-laws' houses (after being widowed), and character assassination.

They face social ostracism at the community level, and discrimination by the immediate family. This leads to WLHA isolating themselves more and more and trying to cut themselves off from social events, and other activities.

1.3.3 Indicators Identified at the End of Formative Research

A set of indicators of shame, blame and enacted stigma were enumerated at the community, family and WLHA levels, at the end of the formative research phase. These can be referred to in Annexure I (Community Level Indicators, Family Level Indicators, and WLHA Level Indicators).

1.4 Baseline Research

The qualitative phase compellingly brought out the increased vulnerability of an HIV-positive woman due to HIV/AIDS, and the consequent loss of rights in her matrimonial and natal homes, as well as the self-stigma that consumed her. Important research questions emerged from the qualitative research regarding:

- *The critical role played by the family in addressing the stigma around WLHA.*
- *The blame put on women when their spouses become infected.*
- *The stigma on HIV-positive women for being "loose characters."*
- *The community's lack of awareness of WLHA or how they became infected.*

1.4.1 Research Methodology

Both qualitative research and quantitative survey tools were used in the baseline research.

A comprehensive research study was designed based on structured interviews with both stakeholder groups - the community and the PLHA. PLHA interviews were conducted at the HIV-positive network centres in the three locations.

A structured questionnaire encompassing the above information areas was formulated including:

- Demographic profile
- Media habits
- Rights and status of women
- Knowledge and prevention of HIV/AIDS
- Fear indicators
- Stigma and discrimination faced by PLHA and WLHA and attitude of the community towards stigma and discrimination

1.4.2 Sampling Plan for Quantitative Research

The community sample comprised equal numbers of male and female respondents in the 21-45 age group. Middle and lower socio-economic categories (SEC B,C,D) were included in the research in order to derive any differences or similarities between the classes with respect to their stigmatizing behaviour towards WLHA. There were 1,125 respondents in all.

Samples from PLHA were taken with the assistance of the HIV-positive network centres in the three locations. Altogether a sample of 61 PLHA consisting of 31 MLHA and 30 WLHA was selected.

1.4.3 Qualitative Research

Six focus group discussions (FGD) were conducted in each of the three study areas (a total of 18 FGDs) to have qualitative input on the research questions. Discussions were conducted separately among males and females from SEC B, C, and D.

Demographic and Media Exposure Profile of Sample in Baseline

- *The socio-economic profile of the sample community sample was low - nearly 75% belonged to the Rs. 3000-7000 income group, employed as skilled labourers or supervisors in industries, salesmen, shop owners, or in agriculture-based activities. The top five assets and durables owned in the community sample were TV (92%); air-cooler/fan (86%); kitchenware (such as a mixer) (47%); cycle/rickshaw (46%) and radio/tape recorder (44%).*
- *PLHA households had a comparatively lower economic profile - 99.95% of the households fell in the Rs. 3000-7000 income groups. Ownership of assets and durables was also lower when compared to the sample community.*
- *The greatest amount of media exposure to the sample community was from newspaper and television. 70% read newspapers regularly while 90% watched television regularly. Lower SECs reported lower newspaper penetration but TV penetration was high and consistent across all the SECs in all three locations.*

1.4.4 Salient Results of the Baseline Research – Awareness and Perception of HIV/AIDS

- *35% of the community had a misconception that HIV is equivalent to AIDS, while 20% were unaware of the difference. Awareness was high regarding routes of transmission and the most common response given was “unprotected sex” (61%). Misconceptions about transmission through kissing, mosquito bites, sharing food, sharing clothes, sweat, saliva and sneezing existed at a particularly high level in Kanpur.*

- *40% of the community did not accept that HIV is common. 67% of the community believed that an HIV-positive person could lead a normal life. Only 53% believed that treatment for prolonging the life of an HIV-positive person was available.*
- *25% of the community was unsure whether wives of HIV-positive men are vulnerable.*
- *Knowledge and awareness levels of the community varied significantly across location, but the difference was not significant across SECs*
- *Communities in Kanpur and Aurangabad and those among the lower the SEC's showed higher levels of fear than other locations to the tested fear indicators. The indicator that recorded the most fear was "Staying in the same house with a person having HIV/AIDS" (37% in Kanpur and 32% in Udupi responded they "Have Fear" or "Some Fear").*

1.4.5 Salient Behaviour Patterns That Substantiate Increased Vulnerability of WLHA

- *38% of the community accepted domestic violence and agreed that "slapping and beating a woman is a man's prerogative." The fear of domestic violence puts the wife of an HIV-positive husband at a higher risk, and makes her more vulnerable to acquiring the infection from her husband.*
- *46% of the community agreed that women are afraid to deny sex to their husbands. This is directly responsible for their increased vulnerability to the infection.*
- *75% of the community agreed that women are not blamed for their husbands' death. 85% believed that women are not denied property rights or thrown out of their in-laws' houses after their husbands' deaths. The actual experience of WLHA has, however, been drastically different.*
 - *80% of widows in the WLHA sample reported being denied their right to shelter and property.*
 - *38% of the WLHA were "Very Hurt" and another 38% "Somewhat Hurt" when they were made to feel a burden on the family after their husbands' deaths.*
 - *33% of the WLHA in the sample felt "Very Hurt" and another 25% were "Somewhat Hurt" when they were asked to leave their in-laws' houses after the deaths of their husbands.*
- *73% of the community believed that HIV-positive persons should not be blamed for their condition. However, 35% blamed the wives of infected men for being of bad character, and responsible for the men's condition, and another 57% believed that men get infected because their wives cannot satisfy them sexually. The experience of the WLHA validates the blame stigma:*
 - *58% of the WLHA felt "Very Hurt" when they were accused of being of bad character and responsible for their husbands' condition.*
 - *66% were "Very Hurt" when they were accused of not satisfying their husbands sexually.*
- *42% of the community believed that having an HIV-positive person in the family would be shameful. Of these, 57% considered having an HIV- positive daughter-in-law more*

shameful than having an HIV- positive son. However, 61% of the community agreed that if the positive daughter-in-law is an earning member, then the family could accept her. The experience of the WLHA further validates the stigma associated with shame:

- 50% of the WLHA felt “Very Hurt” because their family felt ashamed about them.
- *Blame is a more hurtful stigma than shame for WLHA.*
- *50% of the community considered being shunned by the family the foremost form of enacted stigma faced by an HIV-positive person. However, 88% were of the opinion that the wife of an HIV-positive person cannot shun him like the rest of the family. Increased vulnerability of the wife was acceptable to the community.*
 - In reality, 35% of the WLHA reported being “Very Hurt” when they were asked by their in-laws to look after their husbands.
 - 44% of the WLHA felt “Very Hurt” when family members stopped talking to them.
- *64% of the community agreed that a woman loses rights in her natal home after marriage. However, this percentage was lower among the PLHA sample (50%). Dependence on the natal home increases for women when their husbands are HIV positive, and more so when they get infected. Looking after the woman when she is suffering is considered the responsibility of the natal family.*

1.4.6 Findings from the Survey – the Reality Check

The community viewpoint about stigma and discrimination towards PLHA and WLHA was compared with the actual experiences of PLHA and WLHA, respectively. A cascading effect was observed, and the score of discrimination obtained for the community on a particular stigma increased when it came to the experience felt by a MLHA, and increased further for the experience of a WLHA.

Even within the community, it was observed that the community holds harsher views about HIV- positive women than men. Just by being women, they are already denied some rights, but being HIV-positive compounds this.

1.4.7 Identification of Critical Indicators

Stigma indicators rated by PLHA are considered most representative of the behavioural change that needs to occur. Out of 15 indicators for shame, blame and enacted stigma towards PLHA, 10 indicators were identified by factor analysis.

The ratings obtained were analysed using factor analysis to obtain four components. Indicators having a factor loading of more than 0.65 were considered to represent the component. The four components explained 80% of the stigma and discrimination felt by PLHA. They were:

Factor I	Family Ostracism	28% Weightage
Factor II	Social Ostracism	23% Weightage
Factor III	Isolated Existence	23% Weightage
Factor IV	Loss of Identity and Role	20% Weightage

1.4.8 Media Intervention Suggested

The research led to the decision to design and carry out a targeted media communication geared towards reducing stigma levels, which are most critical to WLHA. The indicators identified related to addressing women's vulnerability due to domestic violence, and their inability to negotiate safer sex, leading to an HIV-positive state, and consequent loss of rights, both in their in-laws' homes and their natal homes after their husbands' deaths.

Research also pointed to the need to sensitise the community to the status of WLHA, and their right to shelter. Indicators targeted for the campaign included:

1. Vulnerability of a Woman

- A husband does not like it if his wife does anything without asking his permission.
- A woman is afraid to deny her husband sex.
- Slapping and beating of women is a man's prerogative and it is nothing unusual.
- A woman has no right in her husband's home after his death. Her in-laws normally throw her out.

2. Becoming HIV-Positive

- A woman should stay with her HIV-positive husband and care for him; she should not abandon him.
- A woman is not able to refuse sex to her husband even if he is HIV-positive.

3. Loss of Rights

- An HIV-positive woman should die after her husband dies, as she is a burden on everybody.
- An HIV-positive woman has no right to the property of her husband or her parent's.
- An HIV-positive woman should be sent to an Ashram after her husband's death to spend the rest of her life, as there is no place for her in either her parent's or husband's house.

1.5 Endline Research

After the media intervention, which included print, hoardings, radio and TV, the endline research was conducted in the same locations as the baseline. This was to ascertain the exposure to the intervention, message recall, effectiveness of the different media used, likeability of the communication, and the impact on the critical indicators as described above.

1.5.1 Sample Plan for Quantitative Survey and Qualitative Focus Groups

The community sample comprised an equal number of male and female respondents in the 21-45 age group. Middle and lower socio-economic categories - SEC B, SEC C and SEC D - were included in the research. A total sample of 1,125 respondents was used.

PLHA samples were collected with the assistance of the HIV-positive network centres in the three locations. Altogether a sample of 55 PLHA consisting of 29 MLHA and 26 WLHA was selected.

Twelve FGDs were conducted with the community, four each in three field areas. The purpose of the qualitative research was to understand the empathy evoked by the media campaign, and the rights of HIV-positive women in the general community. The FGDs were conducted with SEC B and C males and females separately.

1.5.2 Findings of the Endline Research, Conclusions and Recommendations

The results of the endline research are enumerated in the following chapters, along with a comparative analysis with the baseline, the gap areas and suggestions for the way forward. The second chapter enumerates the media campaign, its creation and dissemination.

CHAPTER TWO- CAMPAIGN

2.0 *Is This Justice?* Campaign

Based on findings of the formative and baseline research, Breakthrough developed a 360-degree multimedia campaign, *Is This Justice?* The campaign aimed to bring attention to the stigma and violence faced by women living with HIV/AIDS. The campaign highlighted how discrimination combined with gender-based violence can lead to human rights violations. It demonstrated how an HIV-positive status, compounded by a husband's death, often leads to a loss of rights and consequent eviction of women from marital and natal homes.

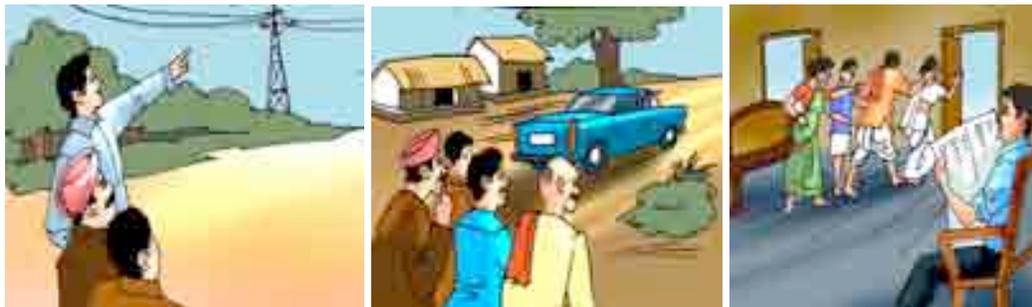
2.1 Creative Process

The hard-hitting yet sensitive campaign was created pro bono by advertising agency Ogilvy & Mather (O&M) in four languages - Hindi, English, Kannada and Marathi. It was directed by Piyush Pandey, National Creative Director and Emmanuel Upputuru, Senior Creative Director.

Based on the needs state analysis and baseline findings, two communication routes were evolved. These were then tested for acceptance within the community.

1. Pillar of Society Route

This route highlighted that development and progress has not meant an enhancement in the status of women. One of the test-animatics showed a man from a village, who did not stand up for his widowed sister-in-law, despite his improved status due to higher education and a well-paying job. He watched as she was thrown out of the shared household on the death of her HIV positive husband.



2. Unfair Route

This route highlighted the unfair treatment of women in society. Often they suffer the consequences for other's mistakes, just because they are women. This is an outcome of the unequal status of women in society and in the case of HIV-positive women it only gets exacerbated. One of the test-animatics showed a women being punished for her brother coming home late. This was then related to the unfair treatment of an HIV positive woman who is thrown out of her home after her husband dies of AIDS.



Two focused group discussions were held with both males and females from the SEC B and C category in the state of Uttar Pradesh.

The community preferred the “Unfair Route” on several grounds, namely

- Clarity of message.
- Impact of message.
- Ability to relate to the concept.

The group made the following relevant suggestions, which helped in the finalisation of the media campaign.

- Care should be taken so that the violence against women piece does not overshadow the story of the HIV-positive woman.
- Two to three instances of unfair treatment are enough to make the point. The sound of a slap works effectively as a tool.
- There should be clarity in connecting the story of the HIV-positive woman to violence that women face. The growing number of WLHA in the general population needs to be highlighted.
- The ad should end with a statement on women’s rights and the rights of HIV positive women to make the sure issue stays in the audiences’ mind.

2.2 The Campaign

The field-tested concept was then translated by O&M into advertisements for television, print, radio and outdoor hoardings.

2.2.1 Television Advertisement

Three television ads were produced exploring the “Unfair Route.” Three different relationships and situations were used to make the point. In any position, whether it be as a daughter, wife or daughter-in-law, women are treated unfairly. In one ad the daughter gets punished for her brother coming home late. In another a man slaps his wife after he backs his car into a row of scooters in a parking lot. In the third ad an older woman slaps her daughter-in-law when an auto rickshaw driver obviously leers at her. These situations were then connected with the unjust treatment of WLHA.

The ads asked the audience to “THINK” about the “INJUSTICE” faced by women in general and HIV-positive women in particular. The ads tried to draw attention to the violence women face in the domestic space, and its acceptance as “normal.”

TV Advertisement: He can't drive properly, but I'm the one who is being punished. Is this justice?



2.2.2 Print and Radio Advertisement

The same concept was adapted for print and radio. In these two platforms the woman protagonist apologizes and takes the blame for a mistake committed by a man.

- Please forgive me, you forgot Dad's medicine.
- Please forgive me, you crashed the car.
- Please forgive me, you came home drunk.

These ads used sarcasm to drive home the point of how gender is the basis of unequal treatment of women in society. This is often internalised and not questioned.



2.2.3 Hoardings (Billboards)

Because only a limited amount of text is effective on a hoarding, messaging was kept to a minimum. In case of the hoardings only the critical statistic was used:

90% of HIV positive women are thrown out of their houses after their husbands' die of AIDS. Is this justice?



2.3 Dissemination

Mindshare, a global media network, provided pro bono communication services for the campaign. Based on Television Audience Measurement (TAM) and National Readership Survey (NRS) Mindshare created a media plan that included dissemination and monitoring of the campaign.

TAM measures the number of people who could have watched a particular programme or ad. NRS tracks the ownership of television and radio, listenership and readership of the radio and newspaper respectively. These are common industry currencies, and are used widely.

After the campaign, the total number of people who watched, read, or listened to Breakthrough's campaign was assessed through TAM and NRS.

Breakthrough partnered with 27 TV channels, 13 radio stations, and six newspapers at the national and regional level, and also installed 42 hoardings in 27 locations in the key outreach states – Uttar Pradesh, Karnataka and Maharashtra.

	Television	
	Doordarshan	Uttar Pradesh/Karnataka/Maharashtra
	STAR TV	All India
	SONY TV	All India
	ETV	Hindi Belt/Karnataka/Maharashtra
	NDTV	All India
	Radio	
	All India Radio	Hindi Belt/Karnataka/Maharashtra
	Radio Mirchi	Mumbai
	Print	
	Dainik Jagran	Uttar Pradesh
	Lokmat (Aurangabad edition)	Maharashtra
	Prajavani, Udayvani,	
	Vijay Karnataka, Vijay Times	Karnataka
	Billboards	
	Laqshya, Media Private Limited, Mumbai	Uttar Pradesh - Kanpur, Lucknow, Dehradun, Saharanpur Maharashtra - Aurangabad Karnataka - Udipi

Television

All private satellite channels supported the campaign by airing the ads free of cost. Doordarshan, the national channel with the highest viewership in India, gave additional bonus time worth 60% of the paid time.

Radio

Private radio channel Radio Mirchi supported the campaign by airing the ads free of cost. All India Radio, the national network gave a 50% discount on commercial rates.

Newspaper/Print

The mainline newspapers across the three states gave a 50% discount on the commercial advertising rates.

2.4 Population Reached

The campaign was aired from February to April 2007. According to TAM and NRS, the campaign reached a total of 35 million people. It reached over 34 million people through television, 29 million through print and 18 million through radio.

2.4.1 Population Reached- Based on TAM/NRS Figures

Television

- Total number of times the ads played is 2500
- Total population reached is 34 million

Time- 1st Feb-14th April

Target: [MF* 15+ SEC ABCDE**]

	All India	Karnataka	Maharashtra	Uttar Pradesh
Universe	128,538,000	8,960,000	22,987,000	14,024,000
GRP***	73.17	98.52	69.35	106.47
Avg. Freq.	2.75	3.22	2.49	2.76
Reach	34,209,000	2,740,000	6,408,000	5,411,000
1 +****	27	31	28	39
2 +	14	18	14	24
3 +	9	10	9	14
4 +	6	7	6	10
5 +	4	6	4	7

Source: TAM

*MF: Male and Female

**SEC ABCDE: Socio Economic Classification

***GRP (Gross rating points in percentages); It's a summation of the number of people who have seen the advertisement (%)

****1+: Exposed to the ad more than once

Print

- Total number of inserts is 33
- Total population reached is 29 million

Variable	Udupi/Karnataka	Kanpur/Uttar Pradesh	Aurangabad/Maharashtra
Net reach %	26.7	13.3	48.7
Net reach**	11,763,300	17,206,400	392,300
Avg. OTS*	3.7	2	4.2
Net 3+ %	17.6	5.1	38.1
Net 3+ '000	7,734,600	6,595,000	306,800

Source: NRS

*Avg OTS (Average opportunity to see the ad): Number of times an average person is exposed to the campaign in the given time period

**Net Reach: The total number of individuals reached. It eliminates duplication.

Radio

- Total number of spots played is 4880
- Total Population reached is 18 million (after accounting for duplication)

States	Stations	Population Reached by Relay Station
UP	Kanpur	49,40,000
	Najeebabad	1,21,40,000
	Lucknow	9,05,50,000
Maharashtra	Aurangabad	21,10,000
	Parbani	1,14,47,000
	Jalna/ Bid	13,70,000
	Osmanabad	11,00,000
	Nanded	19,60,000
Karnataka	Mangalore	9,60,000
	Dharwad	2,97,76,000

Source: NRS, AIR

CHAPTER THREE- DEMOGRAPHIC AND MEDIA PROFILE

For the purpose of research, three towns were selected; one each from the three states of intervention, on the basis of pre-determined criteria such as industrialisation, migrant population, non-commercial sex worker areas, and antenatal clinic prevalence rates. The selected towns were Kanpur in Uttar Pradesh, Udupi in Karnataka and Aurangabad in Maharashtra.

The study covered 1,125 respondents randomly selected, 350 each from study locations. The findings of the study may serve as a pointer for other similar locations in the three study states.

3.0 Criteria for Choosing the Three Districts in Study States

3.0.1 Prevalence of HIV in the Study States

Based on the NACO surveillance data, six states in the country have been categorised as high prevalence states, accounting for about 70% of the total infected population.

High Prevalence States: Andhra Pradesh, Karnataka, Nagaland, Manipur, Maharashtra and Tamil Nadu. The HIV prevalence rates among women attending antenatal clinics in these states is 1 percent and above.

Moderate Prevalence States: Gujarat, Pondicherry and Goa.

High Vulnerability States (all other states and union territories): They are categorised as vulnerable because of levels of migration, illiteracy, and weak health infrastructures. These states have large populations, and therefore lack the infrastructure to detect the epidemic early and to respond effectively. Unless they receive extra support they could see a full-blown epidemic with no early warning signs.

Both Karnataka and Maharashtra are high prevalence states whereas Uttar Pradesh is a low prevalence, high vulnerability state.

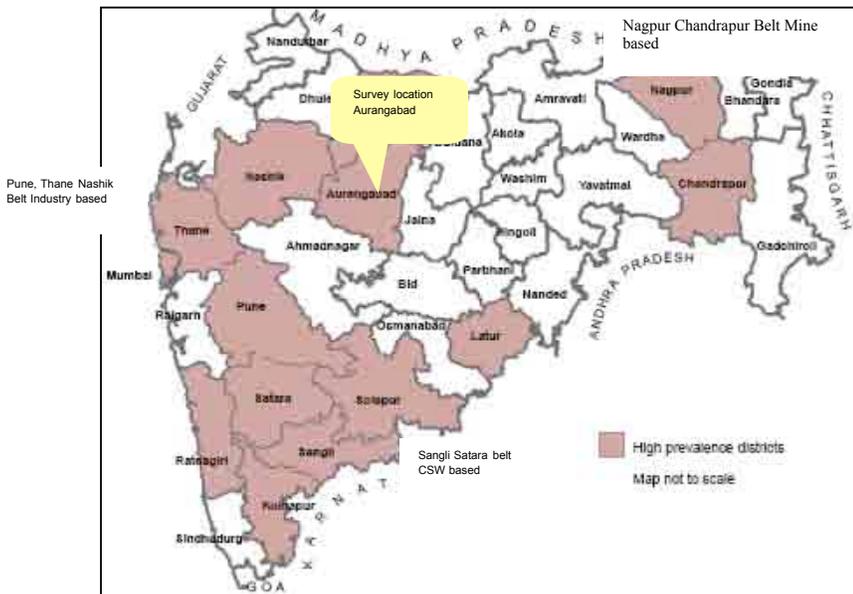
3.0.2 Selection of Towns in the Study States

Within each of the three states, districts were chosen based on the following criteria: industrial, migrant, non-commercial Sex Worker belt and antenatal clinic prevalence rate.

State	Location	Characteristic
Maharashtra	Aurangabad	Industrial, migrant, non-commercial sex worker areas
Uttar Pradesh	Kanpur	Industrial and migrant
Karnataka	Udupi	High incidence amongst low risk group, medium antenatal clinic rates



3.0.3 Selection of Aurangabad in Maharashtra

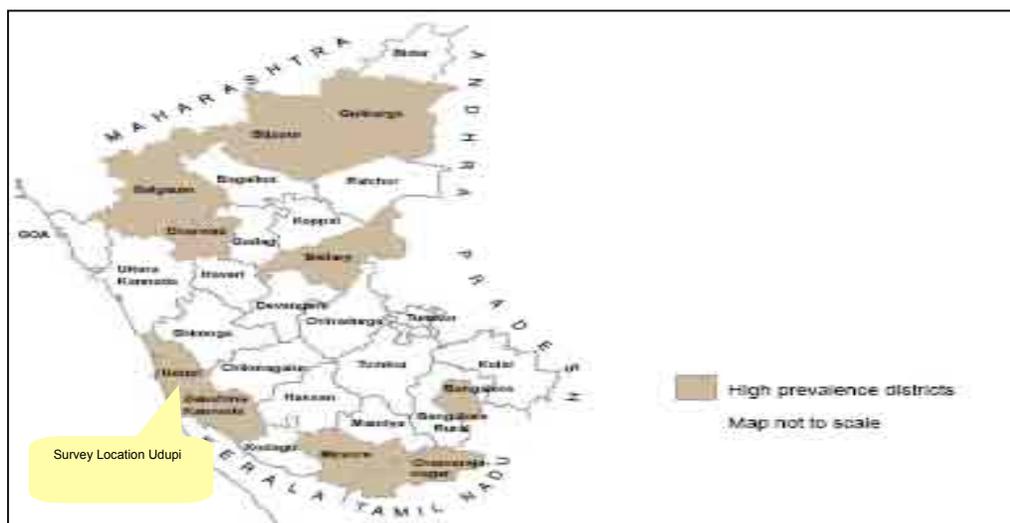


Maharashtra is the second most populous state in India, and a prime commercial and industrial centre. It has a high HIV prevalence, both historically and currently. As the hub of commercial and industrial activities, Maharashtra has a sizeable migrant population, which is predominantly male. A high concentration of people has turned the state into an overcrowded and polluted place with several million homeless people. It also has

significant problems like illicit drugs and a large sex industry. The epidemic began among groups with high-risk behaviour, such as sex workers and their clients. But it has now spread to the general population.

The focus of the research was women in the general population. Areas where CSW activity is high - the Sangli-Satara belt and the Mumbai-Thane belt - were therefore not considered. The other area of high incidence is the Nagpur-Chandrapur belt, which is largely the mining belt. Again, since the objective was to represent the situation nationally, an industrial region with a migrant population and not a very high incidence of CSW activity was considered more suitable. The Aurangabad belt towards the north of Maharashtra was a good choice given the above-mentioned criteria. It has small and large industries and a large industrial area with a migrant population. Aurangabad also has an active tourism industry, good media penetration and average literacy rates.

3.0.4 Selection of Udupi in Karnataka



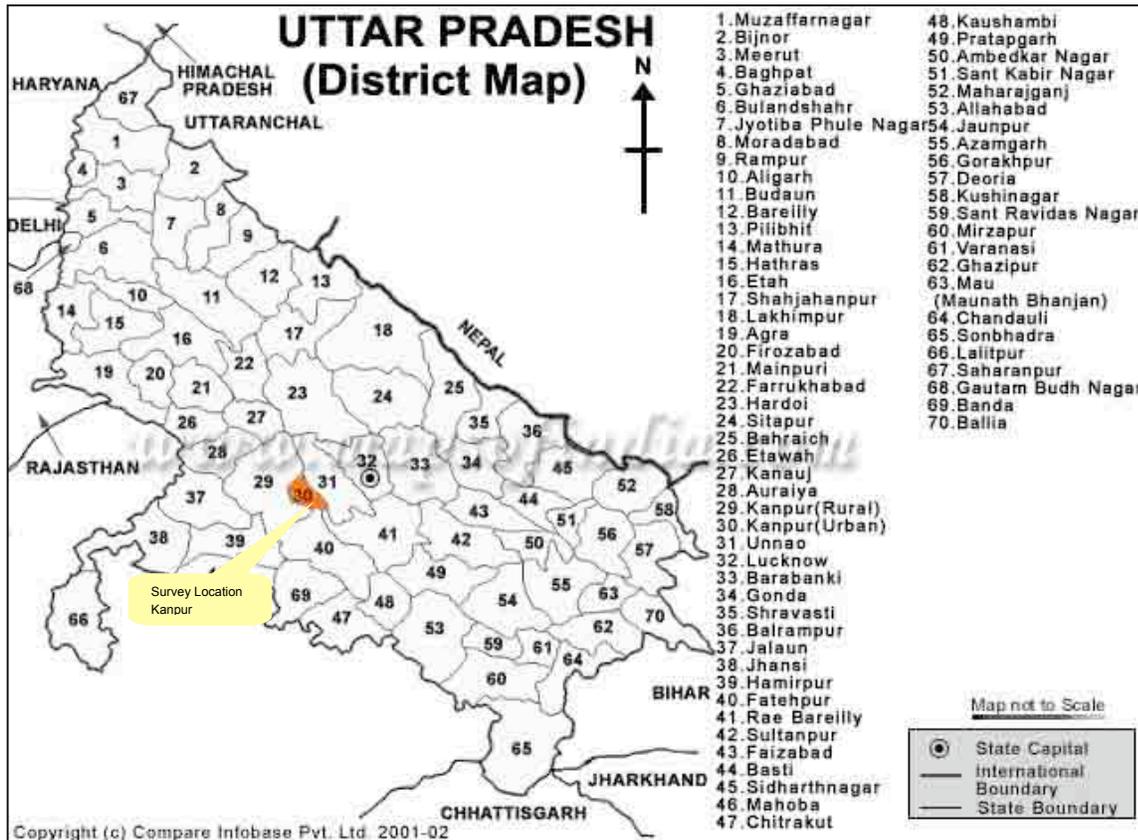
Karnataka is one of the states of India most seriously affected by the HIV/AIDS epidemic. The proportion of women in antenatal clinics who test positive for HIV infection is high. This is a sign that the epidemic has spread to the general population, and is no longer confined to high-risk groups.

According to the Behavioural Sentinel Survey 2004 the incidence of HIV/AIDS is 2% in Karnataka. HIV rates are 1% or higher among women (considered low risk) testing at antenatal clinics. This figure varies across districts - from 4% in Belgaum and Mysore districts to 0.5% in Kodagu. Udupi district lies between the two extremes - it has reported 1% incidence among the low-risk group of women testing HIV positive at antenatal clinics. Udupi, due to its proximity to the coastal region, and high service-class prevalence, was considered an appropriate choice. It is representative of the non-industrial belt with low CSW in Karnataka.

3.0.5 Selection of Kanpur in Uttar Pradesh

This industrial centre was considered an appropriate choice for a research location. Since the research was focused on urban areas, Kanpur, one of north India's major industrial centres, was an appropriate choice. It is the biggest city of the most populous state of India. Women's vulnerability has increased because of the large influx of single male migrants, and involvement of women in commercial sex work due to poverty. Further, alcoholism among men, gender-based violence, and women's lack of decision-making powers even within marriage compound this vulnerability.

Kanpur was an appropriate choice for the research location in Uttar Pradesh, due to its industrial and migrant character.



3.0.6 Distribution of Community Sample - Sex, Age and Socio-Economic Classes

The endline survey was conducted among 1,125 respondents in the three field locations.

Socio-demographic characteristics of the sample:

- There was an equal distribution of male and female respondents in all three locations. The sample was 50% male and 50% female.
- The SEC B, C and D composition of the sample was 25%, 47% and 28%.
- The age distribution of the sample group in the three study locations was 15% in 21-25 years, 43% in 26-35 years and 42% in 36-45 years (Table 3.1).
- Most households reported being four-member family with one earning member (Table 3.2).

Table 3.1: Sex, Age Group and SEC-wise Distribution of Sample (% Respondents)

Location		Kanpur (N=370) % (N)	Udupi (N=369) % (N)	Aurangabad (N=386) % (N)	Total (N=1125) % (N)
Sex	Male	50.27 (186)	49.59 (183)	49.48 (191)	49.77 (560)
	Female	49.73 (184)	50.41 (186)	50.52 (195)	50.22 (565)
Age Group in Years	21-25	19.70 (73)	5.10 (19)	20.50 (79)	15.20 (171)
	26-35	38.60 (143)	49.10 (181)	40.20 (155)	42.60 (479)
	36-45	41.60 (154)	45.50 (168)	45.50 (152)	42.10 (474)
SEC	B	23.51 (87)	26.29 (97)	24.35 (94)	24.71 (278)
	C	44.59 (165)	50.03 (192)	45.08 (174)	47.20 (531)
	D	31.89 (118)	21.68 (80)	30.56 (118)	28.08 (316)

Table 3.2: Number of Earning Members

Number of Family Members	Kanpur (N=369)		Udupi (N=369)		Aurangabad (N=385)		Total (N=1,123)*	
	Mean	Mode	Mean	Mode	Mean	Mode	Mean	Mode
Total number of members	6.1	5.0	5.2	4.0	5.1	5.0	5.5	4.0
Total number of earning members	1.6	1.0	1.6	1.0	1.5	1.0	1.5	1.0

*In two cases the above information was not reported.

3.0.7 Religion and Caste Profile of Sample

- The overall sample size consisted of 86% Hindus, 13% Muslims, 1% Christians and 0.2% Sikhs. Religion was not a layer for analysis of stigma and discrimination.
- The sample consisted of 13% scheduled castes, 16% scheduled tribes, 20% other backward classes, and 51% general population.

3.0.8 Income Profile of Sample

The respondents were asked to state their monthly income from all sources. Most of the respondents were not forthcoming about divulging their income status.

- 61% of the overall sample reported earning Rs. 3001-5000.
- 27% of the sample reported earning Rs. 5001-7000.
- 10% of the sample reported earning Rs. 7001-10000.
- 2%, 0.3% and 0.3% of the sample reported earning Rs. 10,001-12,500 Rs. 12,501-15,000 and Rs. 15,001-20,000 respectively.

3.0.9 Education and Occupation Profile of Sample

The respondents varied from illiterate to postgraduate, although the maximum number of respondents was concentrated within the secondary level at 41%. 23% each were educated up to medium and higher secondary (Table 3.3).

Table 3.3: Education Profile of Sample

Education	Total (N=1125)			
	SEC Classification (%)			Total
	SEC-B (N=278)	SEC-C (N=531)	SEC-D (N=316)	
Can read but cannot write	-	-	0.4	0.1
Can read and write	-	0.0	0.1	0.0
Primary (Std 1 to Std 4)	0.7	0.8	11.3	3.7
Medium (Std 5 to Std 8)	0.6	13.0	59.4	23.0
Secondary (Std 9 to Std 11)	30.7	55.4	24.0	40.5
Higher Secondary	35.9	27.8	4.5	23.2
Enrolled but not completed graduation	11.4	2.8	-	4.2
Completed graduation	18.6	0.2	0.3	4.8
Postgraduate	2.2	-	-	0.5

The overall sample had a high concentration of skilled workers, at 32%. In SEC B, 59% were shop owners, in SEC C and D, 40% and 43%, respectively, were skilled workers (Table 3.4).

Table 3.4: Occupation Profile of Sample

Occupation	Overall (N=1125)			
	SEC Classification (%)			Total
	SEC-B (N=278)	SEC-C (N=531)	SEC-D (N=316)	
Own business	4.0	0.6	0.5	1.4
Unskilled workers	2.9	13.4	30.5	15.6
Skilled workers	6.1	39.7	42.7	32.3
Shop owners	58.9	21.3	9.1	27.1
Officers/Executives (middle/senior)	2.4	0.9	0.7	1.2
Officers/Executives (junior)	6.0	0.6	0.6	2.0
Clerical/sales people	16.0	16.5	5.6	13.3
Self-employed professionals	1.1	0.2	0.3	0.4
Any other, specify	2.6	6.7	10.0	6.6

3.1 Media Profile of the Sample

The media intervention was undertaken in print, audio, outdoor hoardings and the visual media. The endline survey was conducted in the same locations as the baseline where levels of media and media exposure of the community had already been affirmed. **No specific media filters were deployed to identify persons who had seen the Breakthrough campaign. It was a random sample selection.**

The only filter employed was:

1. Do you read newspapers regularly?	Yes <input type="radio"/> No <input type="radio"/>
2. Do you watch television regularly?	Yes <input type="radio"/> No <input type="radio"/>
3. Do you listen to radio regularly?	Yes <input type="radio"/> No <input type="radio"/>

The survey continued only if the respondent answered “Yes” to any question.

Table 3.5 shows that:

- 76% of the sample population read newspapers regularly. 94% watched television regularly, and 26% listened to the radio regularly.
- In percentage terms, more male respondents read newspapers, while more female respondents watched television.
- In SEC B, 90% of the respondents read newspapers, while 96% watched TV. 23% listened to the radio, and this was the lowest among all SEC groups.
- In SEC C, 75% read the newspaper while 94% watched TV and 28% listened to the radio.
- In SEC D, 64% of the respondents read the newspaper. This was the lowest among the three SEC groups. 90% watched TV and 24% listened to the radio.

Table 3.5: Media Profile of Sample

Print Media	Overall (N=1122*)					Total
	SEC Classification (%)			Sex (%)		
	SEC-B (N=277)	SEC-C (N=530)	SEC-D (N=315)	Male (N=557)	Female (N=565)	
Read newspapers regularly	89.6	75.4	63.7	89.0	62.4	75.6
TV Media	Overall (N=1123**)					
	N=278	N=530	N=315	N=558	N=565	
Watch television regularly	96.3	93.9	90.2	89.8	97.1	93.5
Audio Media	Overall (N=1117***)					
	N=278	N=526	N=313	N=555	N=565	
Listen to radio regularly	23.0	27.7	24.0	32.5	18.6	25.5

**In three cases the above information was not reported.*

***In two cases the above information was not reported.*

****In eight cases the above information was not reported.*

3.1.1 Media Accessed by Sample

Respondents reported various media channels in all three categories, i.e., print, audio and visual media.

Newspapers read by the respondents were:

- Kanpur: Dainik Jagran has 79% readership among sample population, Aaj has 45% and Amar Ujala has 21%.
- Udupi: Udayvaani has 85% and Vijay Karnataka has 35% readership among the sample surveyed.
- Aurangabad: Lokmat has 80% readership among the sample surveyed, Punya Nagri 22%, Samana and Sakal 15% and 13%, respectively.

Breakthrough's *Is This Justice?* campaign appeared in Dainik Jagran, Udayvaani, Vijay Karnataka, Karnataka Times and Lokmat.

Television channels viewed by the respondents were:

- Kanpur: DD1, Star Plus and Zee TV are the three most popular channels, with 61%, 52% and 25% viewership, respectively.
- Udupi: Udaya, ETV and DD1 shared the highest viewership, with 64%, 42% and 25% respectively.
- Aurangabad: DD has 71% viewership; Zee TV has 13% and Zee Marathi 11%.

Breakthrough's *Is This Justice?* campaign was telecast on DD regional channels, Star Network, ETV (Hindi, Kannada, and Marathi) and Sony.

Radios channels listened to by the respondents were:

- Kanpur: Vividh Bharti (66%), FM(63%) and Radio Kanpur(29%).
- Udupi: Mangalore (32%), Malayala (28%)and Aakashvani(20%).
- Aurangabad: Aakashvani (50%), Vividh Bharti (24%)and Parmani (16%).

Breakthrough's *Is This Justice?* campaign was broadcast on Akashvaani and Radio Kanpur, Radio Mangalore and Radio Aurangabad.

CHAPTER FOUR- MEDIA EFFECTIVENESS

4.0 Campaign Recall

Respondents in all three locations were asked about any communication on HIV/AIDS that they had seen or heard in the last six months, and the last month prior to the survey. They were asked to describe the communication. If they could recall the main elements of the communication of the *Is This Justice?* campaign, it was considered an “unaided recall.” In case they did not mention any elements of the campaign, they were exposed to stimuli using show cards of the print ads and hoardings, and if they could remember seeing the campaign after the exposure, it was considered an “aided recall.”

The quantitative recall scores, which were obtained from the three locations and the overall sample of 1,125 respondents are:

Table 4.1: Recall Percentages of Breakthrough and Any HIV/AIDS Campaign

City	Kanpur % (N=370)	Udupi % (N=369)	Aurangabad % (N=386)	Total % (N=1125)
Saw/heard media message in newspaper, radio, hoardings or TV related to HIV/AIDS in last six months	74.6	67.6	61.7	67.9
Saw/heard new media message in newspaper, radio, hoardings HIV/AIDS in last ONE month	73.4	64.5	58.7	65.5
Unaided recall of <i>Is This Justice?</i> campaign	71.9	63.2	39.9	58.0
Aided recall of <i>Is This Justice?</i> campaign	93.0	77.6	50.5	73.4

- 68% of the respondents in the total sample recalled some communication on HIV/AIDS seen or heard in the last six months, and 66% recalled communication seen or heard in the last month prior to the survey.
- 58% were able to recall the communication of the *Is This Justice?* campaign as top of mind or unaided recall.
- In Kanpur and Udupi, the unaided recall figures were almost equal to the total recall for any communication. In Aurangabad, though the recall for any campaign is 62%, it was comparatively lower for the *Is This Justice?* campaign.
- Difference in unaided and aided recall in Kanpur and Udupi was 22% and 14%, respectively, but in Aurangabad it was lower by 11%.
- 73% were able to recall the campaign unaided.

Comments received from respondents in the qualitative focus group discussions:

The HIV/AIDS word caught people's attention

"This ad is about HIV/AIDS. I stopped to read the entire hoarding." **SEC B, Female, Kanpur**

The girl's face on the poster and the newspaper was arresting

"I have noticed how beautiful that woman looks with bindi." **SEC C, Male, Aurangabad**

"The face of that girl in this poster made me stop. I read the poster. It conveys information on the disease, and that woman has gone through a difficult time." **SEC C, Female, Kanpur**

Audiences from both the quantitative and qualitative studies recalled watching the campaign. For instance, 58% recalled the campaign as top of mind and said that they stopped and read the hoarding.

4.1 Media Effectiveness

The campaign was a 360-degree campaign, which was released across all media at the same time.

4.1.1 Print Campaign Recall

There were three different types of messages used in the print ads and one generic line, "Please forgive me," (*Mujhe maaf kar do*) that ran in all three ads. Respondents were shown all the messages that had appeared in the newspaper in the regional language and asked where they had seen them. This provided a crosscheck of whether they were able to match the media used with the communication.



Table 4.2: Recall Percentages of Print Messages

Print Messages	Total % (N=1,122*)
Seen any or all of the "Please forgive me," (<i>"Mujhe maaf kar do"</i>) messages recently?	44.7
Seen "Please forgive me, you forgot Dad's medicine," (<i>"Mujhe maaf kar do, Babuji ki davai lana bhool gaye"</i>)	26.9
Seen "Please forgive me, you crashed the car," (<i>"Mujhe maaf kar do, Tumne accident kar diya"</i>)	29.9
Seen "Please forgive me, you came home drunk," (<i>"Mujhe maaf kar do, Tum pee kar ghar aaye"</i>)	22.7

**Three respondents did not respond to this question*

- Out of 1,125 respondents, 45%, which is 622 respondents, recalled the generic message "Mujhe maaf kar do" ("Please forgive me").
- Among individual messages, recall was highest for "Mujhe maaf kar do, Tumne accident kar diya" ("You crashed the car").

Table 4.3: Relating Medium with Print Message

Where did you see/hear these messages? *	Overall % (N=622)
Newspaper	61.2
Hoarding	33.5
Television	55.9
Radio	7.9

**Multiple responses were received on the media because the same models were used across print, TV and hoardings.*

- Out of 622 respondents in the total sample who recalled the communication, 61% recalled it from the newspaper (N=380).

The respondents were also asked the name of the newspaper where they saw the ad:

- In Kanpur, 100% of respondents who saw the ad in a newspaper said that they saw it in Dainik Jagran.
- In Udupi, 90% of those who recalled seeing the ad in the newspaper mentioned Udayvani.
- In Aurangabad, out of 87% who had mentioned a newspaper as the source, 82% said they saw it in Lokmat.

There was a high recall of the print ad and also a high incidence of correct identification of the newspaper in which the ad had appeared.

Frequency of Exposure of Print Ad

Among those who said they saw the ad in the newspaper, i.e., 380 respondents, 52% said they had been exposed to it “More than four times” or “Often.”

Table 4.4: Frequency of Exposure to Print Ad

<i>How many times have you seen this message?</i>	Overall % (N=378*)
Once	3.2
Twice	12.1
Two-four times	31.1
More than four times	22.8
Often	26.6
Rarely	4.2

**Two respondents did not respond to this question.*

76% of the sample read the newspaper regularly. Out of these, 45% recalled, “Please forgive me” in the newspaper. This implies a penetration of 34% of the print messages in the target population.

4.1.2 Hoarding Recall

Table 4.5: Exposure of Hoarding Ad

Hoarding	Overall% (N=1109)
Seen the message “90% of HIV-infected women are thrown out of their houses after their husbands’ deaths due to AIDS”	55.0

**16 respondents did not respond to this question.*

- 55% of the respondents (N=628) recalled seeing the message.

Recall of the Medium

Table 4.6: Relating Medium with Hoarding Message

<i>Where did you see this message “90%?”</i>	Overall % (N=628)
Newspaper	5.5
Hoarding	96.4
Television	19.1
Radio	0.3

- 96% of respondents recalled seeing the message on a hoarding.
- Only 19% confused it with TV. Confusion with newspaper or radio was negligible.

Recall of the Location of the Hoarding

KANPUR

<i>Where have you seen the hoarding?</i>	Kanpur % (N=333)
Khapra Mohal	4.5
Meerpur	16.6
Munshipurwa	20.5
Rail Bazaar	34.3
Transport Nagar	28.3
Bakergan	6.0
Kumhar Mandi	10.8
Railway Station	22.9
Babupurwa	8.4
Dhaknapurwa	6.6
Faithfulganj	5.1
Juhi Khurd	13.3

Note: Highest recall was for the hoardings in Rail Bazaar, Transport Nagar and the Railway Station in Kanpur.

UDUPI

<i>Where have you seen the hoarding?</i>	Udupi % Overall (N=164)
Kundapura Main Road	7.1
Shankarpura to Udupi (Entrance to city)	4.0
Udupi above Kamath Hotel	48.6
Udupi Bus Stand	55.0
Manipal Udupi to Shimoga	12.1
Near Karkala Bus Stand	1.3
Kinnimulki	21.5

Note: Highest recall was of the hoardings at Udupi Bus Stand and above Kamath Hotel.

AURANGABAD

<i>Where have you seen the hoarding?</i>	Aurangabad %
	Overall (N=109)
Waluj near AS club	16.2
Mukundwadi near Next Showroom	29.7
Kanchanwadi Paithan T	1.4
Harsul near Zee Dhaba	41.9
CIDCO	16.2
Near Hotel Amarpreet	4.1
Padampura Square	39.2
Aurangpura	5.4

Note: Highest recall was of the hoardings at Harsul, Padampura Square and near Next Showroom in Mukundwadi, Aurangabad.

Frequency of Exposure to Hoarding Ad

49% mentioned that they had been exposed to it “More than 4 times” or “Often.”

Table 4.7: Frequency of Exposure to Hoarding

<i>How many times have you seen this message "90%?"</i>	Overall (N=485*)
Once	4.4
Twice	10.7
Two-four times	30.7
More than 4 times	24.6
Often	24.1
Rarely	5.5

**485 out of 605 respondents who had seen the hoardings provided their response on the frequency.*

- **This implies a penetration of hoardings in 55% of the population.**

4.1.3 Radio Campaign Recall

Radio and newspapers had the same messages. “Please forgive me,” (“*Mujhe maaf kar do*”) runs in all three messages.

In the focus group discussions, none of the participants in the three selected areas recognized the radio messages, even after exposure to the stimuli. The overall sample had also shown a low listenership.

Recall of the Radio Messages

Table 4.8: Exposure of Radio Ads

Radio Messages	Overall% (N=1123*)
Heard any or all of the “Please forgive me” (“ <i>Mujhe maaf kar do</i> ”) messages recently	36.4
Heard “Please forgive me, you forgot Dad’s medicine” (“ <i>Mujhe maaf kar do, Babuji ki davai lana bhool gaye</i> ”)	26.3
Heard “Please forgive me, you crashed the car (“ <i>Mujhe maaf kar do, Tumne accident kar diya</i> ”)	29.6
Heard “Please forgive me, you came home drunk (“ <i>Mujhe maaf kar do, Tum pee kar ghar aaye</i> ”)	22.8

*Two respondents did not answer this question.

- 37% heard “Please forgive me” (“*Mujhe maaf kar do*”) message followed by 30% who recalled the message “Please forgive me, you crashed the car.” (“*Mujhe maaf kar do - Tumne accident kar diya*”)

Recall of the Medium

Table 4.9: Relating Medium with Radio Message

Where did you see/hear the ad?	Overall% (N=524)
Newspaper	32.2
Hoarding	33.2
Television	62.4
Radio	31.5

- 32% of those who could recall hearing the message could associate the message with radio (N=165).
- A very high 62% thought they had heard the message on television.
- 32% heard the message on the radio. Other media show a high percentage as there is an overlapping of messages in print. Further, the percentage of radio listeners in the sample is low.

Channels heard

Which radio station?	Kanpur % Overall (N=62)
Primary Station (KNP)	38.3
FM Radio	43.3
Vivid Bharti	60.0

Which radio station?	Udupi % Overall (N=86)
Primary Station (UDP)	100

Which radio station?	Aurangabad% Overall (N=17)
Primary Station (AUR)	100

- In both Udupi and Aurangabad, the radio station was identified as the primary station, but not in Kanpur.

Table 4.10: Frequency of Exposure to Radio Message

How many times have you heard this message?	Overall% (N=161)
Once	2.5
Twice	10.4
Twp-four times	23.8
More than 4 times	31.9
Often	31.4
Rarely	-

- 66% said that they had been exposed to it “More than four times” or “Often.”
- 26% of the respondents in the sample listened to radio regularly, and out of these 32% recalled the message. The penetration of radio messages is therefore 8%.

4.1.4 Television Campaign Recall

There were three different ads on TV: father slaps daughter when brother comes home late, husband slaps wife in a parking lot, and mother-in-law slaps daughter-in-law in an auto rickshaw.

There was one punch line: “If this is injustice think of the HIV-positive woman whose husband dies of AIDS, and she is thrown out of the house.” (*“Agar aapko yeh nainsafi lagti hai, to us HIV sankramit mahila ke bare me sochiye jiska pati marta hai AIDS se aur nikali jaati hain who”*)

Table 4.11: Exposure to Television Message

Message on Television	Overall % (N=1,125)
My brother comes home late, but I'm the one who is punished. Is this justice? (<i>Father slaps daughter when brother comes home late</i>)	25.5
He can't drive properly, but I'm the one who is being punished. Is this justice? (<i>Husband slaps wife in a parking lot</i>)	33.2
A man looks at me, but I'm the one who is being punished. Is this justice? (<i>Mother-in-law slaps daughter-in-law in an auto rickshaw</i>)	35.4
Punch line- "If this is injustice think of the HIV-positive woman whose husband dies of AIDS, and she is thrown out of the house." (<i>Agar aapko yeh nainsafi lagti hai, to us HIV sankramit mahila ke bare me sochiye jiska pati marta hai AIDS se aur nikali jaati hain woh</i>)	29.8

- The highest recall was for the scenario in which the mother-in-law slaps her daughter-in-law in an auto rickshaw scenario (35%), followed by the scenario in which the husband slaps his wife in a parking lot (33%).
- The situation of the HIV positive woman's belongings being thrown out had the third highest recall (30%).
- The situation of the father slapping the daughter was least recalled.

Auto Rickshaw Advertisement "A man looks at me, but I'm the one who is being punished. Is this justice?"



Recall of the Medium

Table 4.12: Relating Medium with Television Message

Where did you see the slap ad?	Overall % (N=577)
Newspaper	14.9
Hoarding	31.7
Television	95.0
Radio	5.7

- 95% of the respondents said they had seen this message on television.

Channels Watched

<i>Which TV channel?</i>	Kanpur %
	Overall (N=323)
Doordarshan	75.1
Star Network	1.2
Sony Entertainment TV	1.6
ETV Kannada	0.3
ETV Marathi	0.3
ETV Uttar Pradesh	7.2
Star Gold	10.0
Star Movies	3.7
Star One	11.5
Star Plus	41.7
Star Utsav	2.8

- In Kanpur, 75% saw it on Doordarshan while 42% saw it on Star Plus.

<i>Which TV channel?</i>	Udupi %
	Overall (N=141)
Doordarshan	93.1
Star Network	-
Sony Entertainment TV	-
ETV Kannada	5.5
ETV Marathi	-
ETV Uttar Pradesh	-
Star Gold	-
Star Movies	-
Star One	-
Star Plus	-
Star Utsav	2.8

- In Udupi, 93% of the respondents said Doordarshan.

Which TV channel?	Aurangabad %
	Overall (N=84)
Doordarshan	85.4
Star Network	1.2
Sony Entertainment TV	1.2
ETV Kannada	-
ETV Marathi	20.7
ETV Uttar Pradesh	-
Star Gold	3.7
Star Movies	-
Star One	1.2
Star Plus	6.1
Star Utsav	1.2

- In Aurangabad, 85% mentioned Doordarshan, whereas 21% reported seeing it on ETV Marathi.

Table 4.13: Frequency of Exposure to Television Ads

How many times have you seen this ad?	Overall (N=542)
Once	3.7
Twice	15.7
Two-four times	23.8
More than 4 times	26.8
Often	26.5
Rarely	3.7

- 53% of the respondents said they watched the ad “More than four times” or “Often.”
- 94% of the respondents watched television regularly. Out of these, the highest recall was 35% for the message on television. This implies a penetration of 33% through television.

4.2 Comparison of All Media

Messages/Medium

Table 4.14: Comparison of Messages/Medium

Messages/Medium	Print	Radio	TV	Hoarding
Print/Radio	N=1,122	N=1,123	N=1,125	N=1109
“Please forgive me.” (<i>“Mujhe maaf kar do.”</i>)	44.7	36.4		
“Please forgive me, you forgot Dad’s medicine.” (<i>“Mujhe maaf kar do, Babuji ki davai lana bhool gaye.”</i>)	26.9	26.3		
“Please forgive me, you crashed the car.” (<i>“Mujhe maaf kar do, Tumne accident kar diya.”</i>)	29.9	29.6		
“Please forgive me, you came home drunk.” (<i>“Mujhe maaf kar do, Tum pee kar ghar aaye.”</i>)	22.7	22.8		
Television				
“My brother comes home late, but I’m the one who is punished. Is this justice?” (<i>Father slaps daughter when brother comes home late</i>)			25.5	
“A man looks at me, but I’m the one who is being punished. Is this justice?” (<i>Mother-in-law slaps daughter-in-law in an auto rickshaw</i>)			35.4	
“He can’t drive properly, but I’m the one who is being punished. Is this justice?” (<i>Husband slaps wife in a parking lot</i>)			33.2	
Punch line: “If this is injustice think of the HIV-positive woman whose husband dies of AIDS, and she is thrown out of the house.” (<i>“Agar aapko yeh nainsafi lagti hai to us HIV sankramit mahila ke bare mein sochiye jiska pati marta hai AIDS se aur nikali jaati hai wo”</i>)			29.8	
Hoardings				
“90% HIV infected women are thrown out of their house after their husbands’ deaths due to AIDS” (<i>“90% HIV sankramit mahilayein AIDS se pati ke marne ke baad apne gharon se nikali jaati hain”</i>)				55.0

- Hoardings had the highest recall, followed by generic message “Please forgive me” in print and radio respectively.
- “Mother-in-law slaps daughter-in-law in an auto rickshaw” on television has the highest recall, followed by “Husband slaps wife in a parking lot.”

Hoardings

Table 4.15: Comparison of Hoarding

	Kanpur %		Udupi %		Aurangabad %
Location	(N=333)	Location	Overall (N=164)	Location	Overall (N=109)
Khapra Mohal	4.5	Kundapura Main road	7.1	Waluj near AS club	16.2
Meerpur	16.6	Shankarpura to Udupi (entrance to city)	4	Mukundwadi near Next Showroom	29.7
Munshipurwa	20.5	Udupi above Kamath Hotel	48.6	Kanchanwadi Paithan T	1.4
Rail Bazaar	34.3	Udupi Bus Stand	55	Harsul near Zee Dhaba	41.9
Transport Nagar	28.3	Manipal Udupi to Shimoga	12.1	CIDCO	16.2
Bakergan	6	Near Karkala Bus Stand	1.3	Near Hotel Amarpreet	4.1
Kumhar Mandi	10.8	Kinnimulki	21.5	Padampura Square	39.2
Railway Station	22.9			Aurangpura	5.4
Babupurwa	8.4				
Dhaknapurwa	6.6				

- The hoardings with the highest recall were at the main bus stand/center point in all the locations.

Television: Channels Watched

Table 4.16: Comparison of Channels Watched

	Udupi %	Aurangabad %	Kanpur %
TV Channel	Overall (N=141)	Overall (N=84)	Overall (N=323)
Doordarshan	93.1	85.4	75.1
Star Network	-	1.2	1.2
Sony Entertainment TV	-	1.2	1.6
ETV Kannada	5.5	-	0.3
ETV Marathi	-	20.7	0.3
ETV Uttar Pradesh	-	-	7.2
Star Gold	-	3.7	10
Star Movies	-	-	3.7
Star One	-	1.2	11.5
Star Plus	-	6.1	41.7
Star Utsav	2.8	1.2	2.8

- Doordarshan had the highest viewership in all three towns.
- Star Plus was more popular in Kanpur, and regional channel ETV Marathi in Aurangabad.

Radio Stations

Table 4.17: Comparison of Radio Stations

	Kanpur %		Udupi %		Aurangabad %
Radio Station	Overall (N=62)	Radio Station	Overall (N=86)	Radio Station	Overall (N=17)
Primary Station (KNP)	38.3	Primary Station (UDP)	100	Primary Station (AUR)	100
FM Radio	43.3				
Vivid Bharti	60				

- A low percentage of the respondents listened to radio.
- Those who did listen heard the message on the primary (regional) channel.

Frequency of Watching or Listening to the Campaign

Table 4.18: Frequency of Watching/Listening to the Campaign

	Print Ad	Hoardings	Radio	TV
<i>How many times have you seen this message?</i>	Overall % (N=378)	Overall % (N=485)	Overall % (N=161)	Overall % (N=542)
Once	3.2	4.4	2.5	3.7
Twice	12.1	10.7	10.4	15.7
Two-four times	31.1	30.7	23.8	23.8
More than four times	22.8	24.6	31.9	26.8
Often	26.6	24.1	31.4	26.5
Rarely	4.2	5.5	-	3.7

- Respondents watched/heard the message more than twice in all four media.

4.3 Conclusions on Media Effectiveness

The study draws these conclusions about comparative media effectiveness:

- Hoardings were the most effective.
- TV and print were equally effective.
- Radio was the least effective.
- The “Please forgive me” message had the highest recall.
- Doordarshan television and All India Radio had the biggest impact, more than other channels.
- Respondents watched/heard the campaign more than twice in all four media.

CHAPTER FIVE- MESSAGE COMPREHENSION

5.0 Top of Mind Message – Sensitisation of Community

The respondents who acknowledged being exposed to the communication (825 out of 1,125 in the sample) were asked, “In your opinion, what do these messages convey?”

The responses received were marked as TOM (top of mind) or unaided messages. To obtain an aided response, the interviewer then called out the messages that were not mentioned. (Table 5.1, 5.2 and 5.3). The focus group discussion supports the quantitative data.

Table 5.1: Vulnerability of Women - Message Received by Respondents (TOM)

Messages	Kanpur N=344		Udupi N=286		Aurangabad N=195		Overall N=825	
	TOM	Aided	TOM	Aided	TOM	Aided	TOM	Aided
Violence against women	36.6	63.4	42.1	57.9	29.1	70.9	33.3	66.7
Unequal status of women	27.1	72.9	58.3	41.7	32.7	67.3	32.9	67.1
Wives are taken for granted	17.9	82.1	48.3	51.7	24.8	75.2	23.6	76.4
Women are discriminated against on every front in life	13.9	86.1	36.0	64.0	36.7	63.3	26.0	74.0
Women always suffer for the shortcomings of men	22.2	77.8	43.1	56.9	38.4	61.6	31.1	68.9

The groups predominantly heard the domestic violence message.

“In all the ads the man is at fault but nobody says anything to the man ... instead women are exploited. Women do not have an equal status in society and this is very deep-rooted in our country, specially in North India...There is a saying “Dhor, Ganwar, Shudra, Pashu aur Nari, yeh sab tadan ke adhikari” (Idiots, Illiterates, Untouchables, Animals and Women...they deserve to be beaten).” SEC B, male, Kanpur

“The ad showed that the women were not at fault ...why should a woman pay for wrongdoings of her husband, brothers, etc...this is not good.” SEC C, male, Kanpur

The audiences were able to comprehend the vulnerability of women. The top three messages they reported were:

- Unequal status of women (33%)
- Violence against women (33%)
- Women always suffer for the shortcomings of men (32%)

Table 5.2: HIV/AIDS- Message Received by Respondents (TOM)

Messages	Kanpur		Udupi		Aurangabad		Overall	
	N=344		N=286		N=195		N=825	
	TOM	Aided	TOM	Aided	TOM	Aided	TOM	Aided
Presence of WLHA in the general community	34.6	65.4	33.6	66.4	25.4	74.6	28.0	72.0
Number of HIV-positive women in India	37.8	62.2	30.3	69.7	20.2	79.8	26.4	73.6
Discrimination faced by WLHA	25.3	74.7	24.2	75.8	21.3	78.7	21.3	78.7
Injustice of throwing an HIV-positive woman out of her house	34.4	65.6	33.5	66.5	44.9	55.1	36.2	63.8

Respondents in Aurangabad and Udupi better retained the HIV/AIDS-related messages.

Female respondents cited cases of women being thrown out of their houses.

“We know of some women who were thrown out of their houses. Some of them were not allowed to enter specific parts of the house...these women acquired this infection through their husbands...it is not their fault...they ask us what was their mistake.” SEC B, female, Aurangabad

“There is a lady called Veena who was thrown out of the house when she contracted HIV... she started growing vegetables at home for a daily living... this is how she is leading her life... She is very bold.” SEC B female Udupi

28% of the respondents acknowledged the presence of HIV positive women in society. 26% acknowledged the number of HIV positive women. 21% acknowledged that WLHA face discrimination, and 36% talked about positive women getting thrown out of the house.

Table 5.3: Proposed Action Suggested by Community- Message Received by Respondents (TOM)

Messages	Kanpur		Udupi		Aurangabad		Overall	
	N=344		N=286		N=195		N=825	
	TOM	Aided	TOM	Aided	TOM	Aided	TOM	Aided
Family support needed by HIV-positive women	18.0	82.0	45.4	54.6	32.4	67.6	28.3	71.7
Rights of women to shelter after husbands' deaths	25.0	75.0	51.9	48.1	26.5	73.5	28.9	71.1

The communication evoked discussion on family support and rights for HIV-positive women.

“This campaign tells us that women have not been given the right to residence. After their husbands' deaths, nobody takes care of the wives and children. In fact the rest of the family ostracizes them.” SEC B female, Udupi

“They should give her all the rights that are hers. They should stop blaming her for bringing the infection to her husband by stating that she is immoral...people should not associate this infection with sexual route of transmission only.” SEC B, female, Aurangabad

The community suggested family support (28%) and right to shelter for women after the husbands' deaths (28%) to help reduce the stigma and discrimination faced by WLHA.

Regional variations

The study found regional variations in the messages respondents took away with them, corresponding to the community's exposure to HIV/AIDS.

In the case of **Kanpur**, since the infection is less visible and the infection is not spoken of in the community, the communication additionally sensitised the community about the number of HIV-positive women in India (38% of respondents) and the presence of HIV-positive women in the general community (35%).

One respondent in Kanpur observed, *"AIDS is growing at such a high speed in the world, and I am surprised that so many women are getting infected."*

In **Udupi**, since the infection is commonly spoken about and the incidence is also high, the community was additionally sensitized towards issues of women's rights to shelter after becoming widowed (52%), and issues of family support needed by HIV-positive women (45%).

Additionally, in the focus group discussions, several statements supported women's rights to shelter and family support. For instance:

"Yes I have seen many such cases where HIV women have been harassed so much by their family members that they might think of committing suicide." SEC C, female, Udupi

"Her husband had got the disease. Consequently she was infected. She was sent back to her parents' house. They had no kids. This was detected in the first year of the marriage. After her husband's death she returned to her marital home but was not even allowed to enter the house." Female, Aurangabad

"She should not leave her husband's house...in fact she has to become brave and should ask what her mistake is and why there is this unjust behaviour towards her." SEC C, female, Udupi

In **Aurangabad**, awareness about the infection is on the increase, according to both quantitative and qualitative data. The community was aware of many neighbourhood cases of HIV/AIDS. The community absorbed the message of family support needed by HIV-positive women (32%), the enacted stigma of throwing the HIV-positive woman out of the house (45%) and domestic violence against women.

From a focus group discussion: *"Yes, she is weak... thus she is thrown out of the house otherwise why would she suffer... if she is working and earning then would the family throw her out of the house?"* SEC C, female, Udupi

5.1 Likeability of Campaign

A social messaging communication has a lasting effect only if the situations depicted are realistic, interesting and create an impact.

Breakthrough's *Is This Justice?* campaign was tested for these characteristics. Respondents who had been exposed to the ad (N=825) were asked to rate the different situations shown in the ad on how realistically they were portrayed. They were also asked to rate the ad on different attributes like interest, impact, and clarity.

5.2 Realistic Situations?

Situations shown in the ad were considered close to reality. In the focus group discussions, female respondents described similar situations that they had encountered:

“Women are in the house the whole day. Men work outside so we have to listen to whatever they have to say.” SEC C, female, Kanpur

“The man’s frustration is always taken out on the woman or daughter-in-law...so instead of taking out the anger on the son, the daughter is shown for this purpose in the ad.” SEC C, female, Aurangabad

“Just because he is a man he can do anything .be it inside or outside the house.” SEC B, female, Kanpur

Situations shown in the “Please forgive me” (*“Mujhe maaf kar do”*) campaign are intended to a large extent to evoke shock and hence are exaggerated. However, nearly 40% of respondents considered the situations realistic. Nearly 50% of the respondents thought that the campaign depicting violence against women was realistic or very realistic, as the table below shows:

Table 5.4: Rating of Situations Shown

Print Messages (N=825 sample exposed to ad)	Very Realistic (%)	Realistic (%)	Some-what Realistic (%)	Unrealistic (%)	Completely Unrealistic (%)
“Please forgive me, you forgot Dad’s medicine.” (<i>“Mujhe maaf kar do, Babuji ki davai lana bhool gaye.”</i>)	24.8	30.2	29	7.7	8.3
“Please forgive me, you crashed the car.” (<i>“Mujhe maaf kar do, Tumne accident kar diya.”</i>)	13.7	28.7	35.8	13.9	7.8
“Please forgive me, you came home drunk.” (<i>“Mujhe maaf kar do, Tum pee kar ghar aaye,”</i>)	15.8	25.5	37.4	15.3	6
“If this is injustice think of the HIV-positive woman whose husband dies of AIDS but she is thrown out of the house.” (<i>“Agar aapko yeh nainsafi lagti hai to us HIV sankramit mahila ke bare mein sochiye jiska pati marta hai AIDS se aur nikali jaati hai wo”</i>)	18.5	36.2	31.9	9.6	3.9

- 55% of the respondents considered the “Please forgive me, you forgot Dad’s medicine. (*“Mujhe maaf kar do, Babuji ki davai lana bhool gaye”*) situation very realistic or realistic.
- 42% of the respondents considered the “Please forgive me, you crashed the car” (*“Mujhe maaf kar do, Tumne accident kar diya”*) situation very realistic or realistic.
- 42% of the respondents considered the “Please forgive me, you came home drunk” (*“Mujhe maaf kar do , Tum peekar ghar aaye”*) situation very realistic or realistic.
- 55% of the respondents considered the “Throwing the HIV-positive woman out of her house after the death of her husband” situation very realistic or realistic.

5.3 Attributes of Campaign

Respondents who had been exposed to the ad were asked to rate it on parameters of likeability, interest, uniqueness, thought-provoking potential, and realism of characters and situations shown. The rating was done on a five-point agree-disagree scale.

Table 5.5: Evaluation of Campaign Attributes

Campaign Attributes	Do not agree at all (%)	Do not agree (%)	Agree to some extent (%)	Agree to a large extent (%)	Strongly agree (%)	Total agreement sample exposed to Ad N=825 (%)
The campaign hits directly on the mind	2.5	16.8	39.3	19.3	22.2	41.4
The sarcasm shown in the campaign was very hard-hitting	8.8	29.8	40.5	15.9	5	20.9
The campaign exaggerated the situation	7.9	35.1	31.8	18.4	6.8	25.2
The characters shown in the campaign were unreal	24	41.6	26.3	5.5	2.6	8.1
The campaign was different from the usual campaign on HIV	3.9	16.5	35.2	24.8	19.7	44.5
The campaign made me think about the problems faced by HIV-positive women	2.3	16.5	36.1	24.9	20.2	45.1

- 41% of the respondents agreed that the campaign directly impacted the mind.
- Only 21% of the respondents thought the sarcasm in the campaign was hard-hitting, and perceived the situations as being more real than sarcastic. 55% found the situations to be realistic. Although the situations depicted in the campaign were exaggerated, the audience considered them real.
- Only 25% of the respondents agreed that the campaign had exaggerated the situation. This further reiterates that the situations were seen as being more real than contrived.
- The community even empathised with the characters shown in the campaign -only 8% of the sample felt that the characters shown in the ad were unreal. One respondent in a focus group discussion in Kanpur remarked, "She looks like a daughter-in-law of some family; the sadness in her eyes is compelling."
- Respondents agreed on the campaign's uniqueness. 45% agreed that the campaign was different from the usual campaign on HIV. This is why the campaign got a lot of attention.
- 45% said that the campaign prompted them to think about the problems of HIV-positive women.

5.4 Effect of the Communication

The television communication directly depicts enacted stigma by showing a woman's belongings being thrown out of the house with the narration, "If this is injustice, think of the HIV-positive woman whose husband dies of AIDS but she is thrown out of the house." This was perceived as a forceful act, and audiences realized the violent implications for HIV-positive women.

Hoardings with the message "90% of HIV-infected women are thrown out of their houses after the death of their husbands due to AIDS" resulted in creating awareness about existence of HIV positive women in the community, and the extent of infection among women.

Table 5.6: Statistics and Action by the Community

Statistics/Action	Overall % N=825
Are people likely to take some action as a result of these ads?	54.6
Would you take some action as a result of these ads?	38.9

- 55% of the respondents who had been exposed to the ad felt that the community will take some action as a result of these ads.
- 39% mentioned their own desire to do something about the same.

Respondents were asked whether they would discuss this message with anyone and, if yes, with whom.

Table 5.7: Action Taken by the Community

	Kanpur	Udupi	Aurangabad	Overall (N=1097)
	Overall (N=364)	Overall (N=368)	Overall (N=365)	
Discuss this message with someone	94.2	10.2	55.3	53.1
Message discussed with	Overall (N=354)	Overall (N=37)	Overall (N=228)	
Spouse	74.6	11	86.4	75.1
Parents	3.4		11.8	6.3
Brother	17.8	5.8	21.5	18.4
Sister	21.5	5.2	14	17.8
Brother-in-law	13	-	6.6	9.8
Sister-in-law	4.2	-	6.1	4.7
Friends	86.4	83.8	75.4	82.2

- 53% said they would discuss the messages with someone: friends (82%), followed by spouses (75%) and then siblings.

Focus group discussions interestingly led to dialogue about how women get infected in the first place, their own vulnerability, the blame they have to bear and possible solutions.

How women get infected in the first place

“Earlier women did not have this disease. The men were infected by it because they go out to fulfill their needs.” SEC B, female, Aurangabad

“She never goes out....so how will she get AIDS? It is all because of the husband that she gets this disease.” SEC C, female, Aurangabad

Vulnerability and blame

“When a woman contracts HIV through her husband why should they put her out of the house Why should they blame her and trouble her?” SEC B, female, Udupi

“If we see somebody doing this mistake then we will stop them.” SEC B, male, Udupi

“He goes to other women without even thinking that his wife at home is waiting for him.and it is he who gets the AIDS but the entire blame is put on his wife, which is wrong.” SEC B, female, Kanpur

“Yes, nowadays if your husband is working outstation.....he might get the infection and can pass it to his partner...So we should be cautious and should stress safe physical relationship and use precautions.” SEC B, female, Kanpur

Action

“I feel that after watching these ads, men will avoid having sex outside ...so that they can protect themselves and their wives.” SEC B, male, Udupi

“My mother-in-law has recently come from the village so I will tell her.” SEC B, female, Kanpur

“We will discuss this with husbands, parents, friends and centre. We will tell them a large number of women are infected by this virus and how people behave with them which is very bad.” SEC B, female, Kanpur

5.5 Conclusions - Campaign Impact

Communication Successes:

The community comprehended the following messages as top of mind:

- | | |
|--|-----|
| ▪ <i>Throwing an HIV-positive woman out of her house is unjust</i> | 36% |
| ▪ <i>Violence against women</i> | 33% |
| ▪ <i>Unequal status of women</i> | 33% |
| ▪ <i>Women always suffer for the shortcomings of men</i> | 31% |
| ▪ <i>Rights of women to shelter after their husbands' deaths</i> | 29% |
| ▪ <i>Family support needed by HIV-positive women</i> | 28% |
| ▪ <i>Presence of HIV-positive women in general community</i> | 28% |
| ▪ <i>Number of HIV-positive women in India</i> | 26% |

The community considered the campaign:

- *Realistic.*
- *Hard-hitting.*
- *Unique.*
- *Thought-provoking.*

The campaign led to discussions of how women get infected, their vulnerability, the blame they have to bear, and possible solutions.

The community suggested family support and the right to residence for HIV-positive women as probable solutions, and said that they would talk further about more concrete action.

The study found a favourable response (55%) towards taking some action beneficial towards HIV-positive women.

53% said they would discuss the issue with somebody as an action point. 82% said they would discuss it with friends and 75% with their spouses.

CHAPTER SIX- SHIFT IN ATTITUDE

After the campaign, there was an increased awareness in the target audiences about the presence of WLHA, the number of WLHA, the unequal status of women, violence against women, and the injustice of throwing a WLHA out of her house.

The campaign message was effective because it was realistic, particularly in its portrayal of women's vulnerability to domestic violence. The campaign addressed HIV-related issues in a unique way, and compelled people to think about the problems faced by WLHA.

This chapter explores the possible shift in attitudes towards WLHA after the campaign. The research explored attitudes based on the following indicators:

- *Status of women.*
- *Fear related to HIV/AIDS.*
- *Shame, blame, and enacted stigma towards PLHA, and specifically towards WLHA. The list of indicators is in "Endline Annexure I."*

6.0 Indicators on Status of Women

The research used five indicators to check for attitude change towards women's status among the sample population due to the campaign.

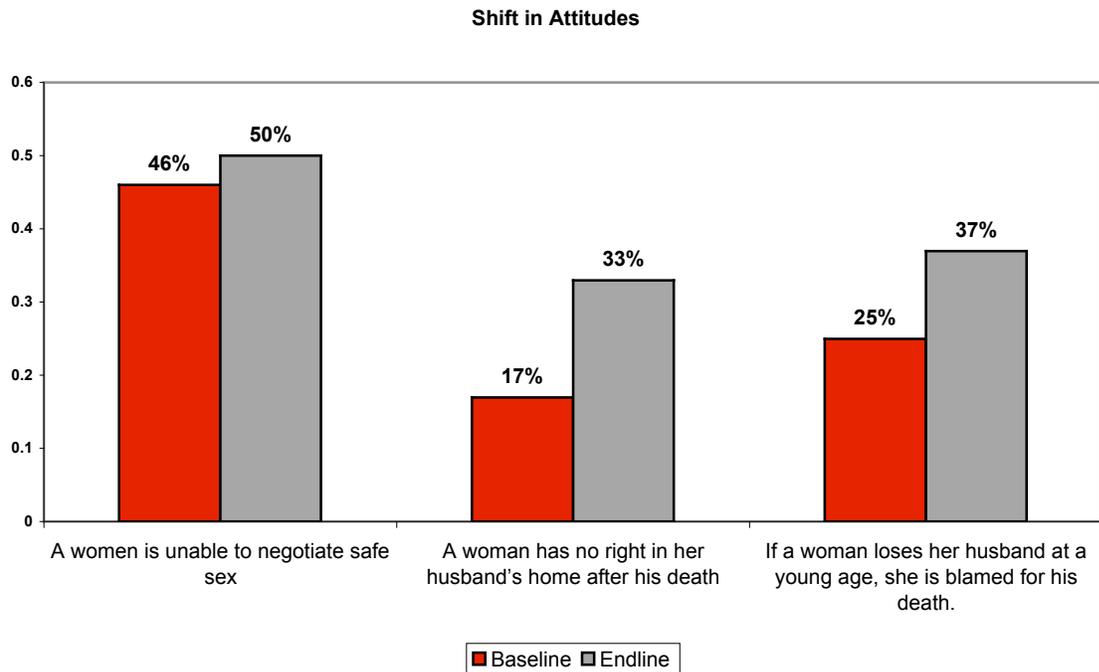
The indicators were rated on a four-point agree-disagree scale with 1=Completely Disagree; 2=Disagree; 3=Agree; 4=Completely Agree.

The top two boxes representing the total agreement score (sum of Agree and Strongly Agree) were compared to the baseline and endline results, and tested for significance using the Z-test.

Table 6.1: Indicators on Status of Women – Testing for Differences Between Baseline and Endline

Indicator	Baseline N=1,125 (%)	Endline N=825 (%)	Difference (%)	Test Statistic Significant at 95% level of significance
A husband does not like it if his wife does anything without asking his permission	71.2	71.80	↑ 0.6	NO
A woman is afraid to deny her husband sex	45.8	49.95	↑ 4.15	YES
A woman has no right in her husband's home after his death; she is normally thrown out by her in-laws	16.9	32.50	↑ 15.6	YES
If a woman loses her husband at a young age, she is blamed for his death.	25.4	36.69	↑ 11.29	YES

Figure 6.2: Shift in Attitudes



There has been a statistically significant shift in attitudes.

- *“A woman is afraid to deny her husband sex.” A difference of 4% from baseline (46%) to endline (50%) is an encouraging sign as it implies that the communication intervention made the community think about women’s inability to negotiate safer sex.*
- *There was an increase in percentage from baseline to endline in the remaining two indicators. “A woman has no right in her husband’s home after his death” (increase by 16%) and “If a woman loses her husband at a young age, she is blamed for his death” (increase by 11%) implies the community was more willing to acknowledge the wrong treatment of women after their husbands’ deaths.*

The community acknowledged that women cannot negotiate safer sex (increase by 4%), and that women are treated unjustly after their husbands’ deaths.

6.1 Status of Fear Indicators

The five fear indicators checked were rated on a four-point fear scale in both baseline and endline studies.

1=Have lots of fear; 2= Have fear; 3=Have some fear; 4=Do not have any fear

The responses, “Have lots of fear,” “Have fear,” and “Have some fear,” were compared and tested for significance between baseline and endline using a Z-test.

Table 6.3: Fear Indicators – Testing for Differences Between Baseline and Endline

Indicator	Baseline N=1,125 (%)	Endline N=825 (%)	Difference (%)	Test Statistic Significant at 95% Level of Significance
Talking to a person with HIV or AIDS	19.4	20.90	↑ 1.5	NO
Staying in the same house with a person with HIV/AIDS	25.1	24.30	↓ 0.7	NO
Touching a person living with HIV or AIDS	22.2	25.40	↑ 3.2	YES
Handling of food or taking food prepared by an infected person	28.0	28.80	↑ 0.8	NO
Visiting the home of infected person or letting them visit you	23.3	19.70	↓ 3.6	YES

Fear persists in society

- *The fear of touching an HIV-positive person increased by 3%, while the fear of visiting an infected person at home decreased by 4%.*
- *There is no change in the fear indicators of talking, staying or eating with an HIV-infected person. This implies that myths related to HIV/AIDS persist in society, and so does fear.*

The qualitative feedback, on the contrary, shows an awareness of HIV/AIDS, modes of transmission and clarity on myths and misconceptions, but the attitudes of people have not changed.

“In Mangalore, Shilpa Shetty had come to spread information on AIDS. On TV also, they mentioned that we should not discriminate against HIV-positive people and this infection does not spread to others by touching.” SEC B, female, Udupi

“The advertisement conveys to us that we should not stay away from HIV-positive persons... In fact, we should love them more...with our love their trust and confidence will increase.” SEC B, female, Aurangabad

“This infection spreads through blood only... we can stay with the person. It does not happen through eating and drinking.” SEC C, male, Aurangabad

The study did not find any significant change in fear related to HIV/AIDS; in fact, the fear of touching an infected person has gone up (3%), whereas the fear of visiting the home of an infected person or letting an infected person visit has decreased (down 4%), but fear in general still persists in society.

6.2 Status of Shame, Blame and Enacted Stigma Indicators Towards PLHA

The indicators were rated on a four-point agree-disagree scale with 1=Completely Disagree; 2=Disagree; 3=Agree; 4=Completely Agree.

The total agreement score (sum of Agree and Completely Agree) were compared between baseline and endline and tested for significance using the z test.

Table 6.4: Shame and Enacted Indicators in Community Towards PLHA -Testing for Differences Between Baseline and Endline

Indicator	Baseline N=1,125 (%)	Endline N=825 (%)	Difference (%)	Test Statistic Significant at 95% Level of Significance
Having an HIV-positive person in the family is shameful for the family	42.0	54.90	↑ 12.9	YES
Most HIV-positive persons do not share their status with their families and society for fear of being shunned.	69.0	66.60	↓ 2.4	NO
HIV-positive persons or their families are not allowed to use common facilities like public taps/grocery shops/temples, etc.	25.2	39.60	↑ 14.4	YES
HIV-positive persons are teased and ridiculed by the community	46.4	52.60	↑ 6.2	YES

The indicators of shame and enacted stigma towards PLHA have increased significantly.

- The shame indicator “Having an HIV-positive person in the family is shameful for the family” increased by 13%.
- The indicator of enacted stigma “HIV-positive persons are not allowed to use common facilities” increased by 14% and “HIV-positive persons are teased and ridiculed by the community” increased by 6%.
- Sharing and disclosure of information has not changed significantly.

Table 6.5: Blame Indicators Towards Sex Workers and Wives of Positive Husbands in the Community – Testing for Differences Between Baseline and Endline

The total agreement scores (sum of Agree and Completely Agree), were compared between baseline and endline, and tested for significance using the Z-test.

Indicator	Baseline (%)	Endline (%)	Difference (%)	Test Statistic Significant at 95% Level of Significance
Women sex workers spread HIV in the community; men are not at fault	37.4	47.2	↑ 9.8	YES
A woman who has an HIV-positive husband has brought ill luck to the husband's family	15	36.2	↑ 21.2	YES
It is the wives of HIV-infected husbands who are of bad character and are responsible for their husbands' conditions	35	61.7	↑ 26.7	YES

Blame on women sex workers and wives of positive men increased from baseline to endline.

- *“Women sex workers spread HIV in the community; men are not at fault” increased by 10%.*
- *“A woman who has an HIV-positive husband has brought ill luck to the husband's family” increased by 21%.*
- *“It is the wives of HIV-infected husbands who are of bad character and are responsible for their husbands' conditions” increased by 27%.*

Table 6.6: Indicators Measuring Vulnerability of the Wife of a Positive Husband – Testing for Differences Between Baseline and Endline

The total agreement scores (sum of Agree and Completely Agree), were compared between baseline and endline, and tested for significance using the Z-test.

Indicator	Baseline (%)	Endline (%)	Difference (%)	Test Statistic Significant at 95% Level of Significance
An woman should stay with her positive husband and care for him; she should not abandon him	88	66.4	↑ 21.6	YES
A woman is not able to refuse sex to her husband even if he is positive	45	54.9	↑ 9.9	YES
If a husband goes to sex workers, and if he gets infected with HIV it is his wife's fault because she could not satisfy him	57.3	47.7	↓ 9.6	YES

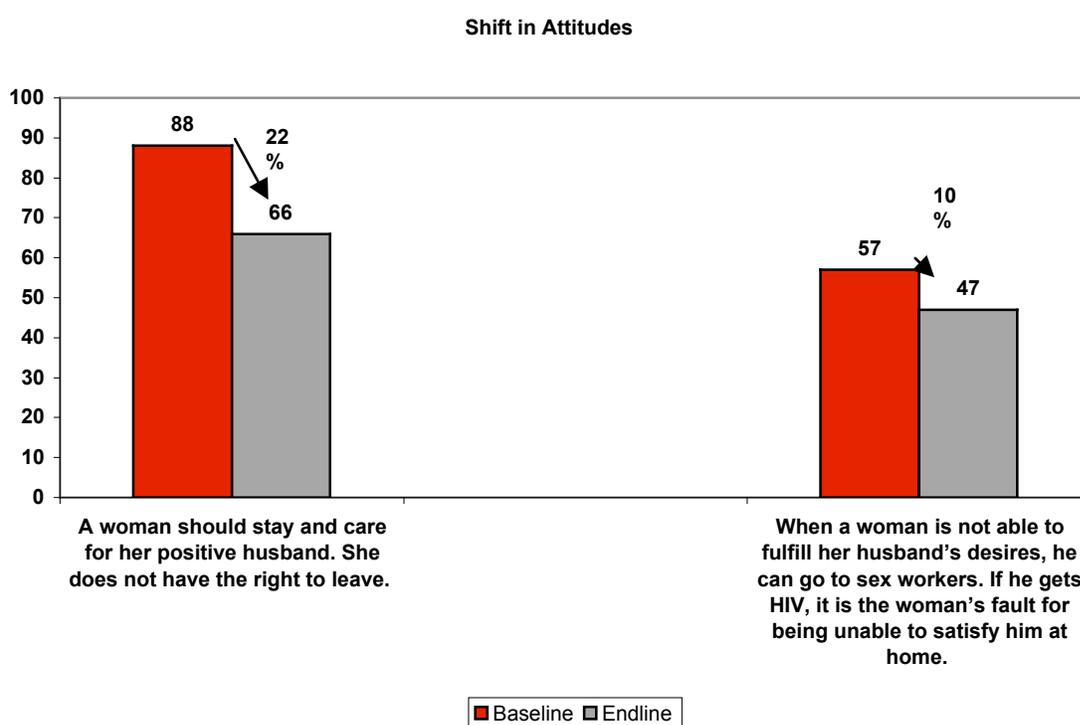
Acknowledgement of women’s vulnerability

- “A woman is not able to refuse sex to her husband even if he is positive” has increased 10% from baseline (45%) to endline (55%), again implying that the community is willing to acknowledge women’s inability to negotiate safer sex, which in turn can lead to her becoming HIV-positive.

The campaign had desirable changes in two key indicators.

- There is a 22% decrease in the number of people who feel it is necessary for a woman to stay with her HIV positive husband. She should have the choice to leave him. In the Indian context this decrease is significant, as it is usually considered the duty of the wife to stand by her husband under all circumstances.
- There is a 10% decrease in the number of people who blame a woman for not satisfying her husband sexually.

Figure 6.7: Shift in Attitudes in Measuring Vulnerability of Wives of Positive Men



6.3 Status of Shame, Blame and Enacted Stigma Indicators Towards WLHA

The research looked at the indicators and the differences between the baseline and endline studies to check whether being HIV positive leads to women’s increased vulnerability.

The total agreement scores (sum of Agree and Completely Agree) were compared between baseline and endline, and tested for significance using the Z-test.

Table 6.8: Blame, Shame and Enacted Stigma Indicators in the Community – Testing for Differences Between Baseline and Endline for WLHA

Indicator	Baseline	Endline	Difference	Test Statistic Significant at 95% Level of Significance
Having an HIV-positive daughter-in-law in the family is more shameful than having an HIV-positive son	38.7	46.7	↑ 8	YES
A positive woman is made to feel more ashamed of herself than a positive man; she is not able to attend any religious and social functions	48.9	46.9	↓ 2	NO
A positive woman should die after her husband dies as no one needs her; she is just a burden	14.65	31.1	↑ 16.4	YES
A positive woman has no right to the property of her husband or her parents	15.98	29.4	↑ 13.5	YES
A positive woman should be sent to an ashram after her husband's death to spend the rest of her life, as there is no place for her in either her in-laws' or husband's house	16.6	32.2	↑ 15.6	YES

Shame and enacted stigma towards WLHA has increased from baseline to endline.

- *Shame associated with an HIV-positive daughter-in-law has increased by 8%. “Having an HIV-positive daughter-in-law in the family is more shameful than having an HIV-positive son.”*
- *The community is 14% more inclined towards denying women rights to shelter and property. “An HIV-positive woman has no right to the property of her husband or her parents.”*
- *The enacted stigma has increased. 16% more people agree with the statement: “A positive woman should be sent to an ashram after her husband’s death to spend the rest of her life, as there is no place for her in either her in-laws’ or husband’s house.” 16% more people agreed with the statement, “An HIV-positive women should die after her husband dies, as no one needs her; she is just a burden on everybody.”*

Blame, shame and enacted stigma towards PLHA, specifically WLHA has increased.

The communication found positive changes in two indicators which are statistically significant; the choice to leave an HIV-positive husband, and reduction in blame towards women for not sexually satisfying their husbands.

6.4 Conclusion

Status of women

After the *Is This Justice?* campaign, the community acknowledged that women are not able to negotiate safer sex (a 4% difference) and are treated unjustly after their husbands' deaths. For instance, 16% more

people acknowledged that this statement is true in society: “A women has no right in her husband’s home after his death.” At the end of the study, 12% more acknowledged the following: “If a woman loses her husband at a young age, she is blamed for his death.”

Myths related to HIV/AIDS

There was no significant change in the fear related to HIV/AIDS. The fear of touching an infected person increased by 3% and the fear of visiting the home of an infected person or letting an infected person visit decreased by 4%.

Shame, blame and enacted stigma

Shame, blame and enacted stigma towards PLHA, specifically WLHA, went up from baseline to endline. This could possibly be attributed to the infection’s greater visibility. No short-term intervention can bring a change in attitudes and behaviour. It requires sustained efforts at all levels, interpersonal, community, institutional and also political.

The following attitudes showed an increase from baseline to endline:

- *Having an HIV-positive person is shameful for the family (13% increase).*
- *A woman who has an HIV-positive husband has brought ill luck to the husband’s family (21% increase).*
- *The wives of HIV-positive husbands are responsible; they infected their husbands (27 % increase).*
- *Having an HIV-positive daughter-in-law is more shameful than having an HIV-positive son (8% increase).*
- *An HIV-positive woman should die after her husband dies (16% increase).*
- *HIV-positive persons are not allowed to use common facilities (14% increase).*
- *HIV-positive persons are teased and ridiculed by the community (6% increase).*
- *An HIV-positive woman has no right to her husband’s or parents’ property (14 % increase).*
- *An HIV-positive woman should be sent to an ashram after her husband’s death (16% increase).*
- *A woman is not able to refuse sex to her husband even if he is HIV-positive (10% increase).*

The campaign found statistically significant positive changes in two indicators

- *There is a 22% decrease in the number of people who feel it is necessary for a woman to stay with her HIV-positive husband. She should have the choice to leave him. In the Indian context this decrease is significant, as it is usually considered the duty of the wife to stand by her husband under all circumstances.*
- *There is a 10% decrease in the number of people who blame a woman for not satisfying her husband sexually.*

CHAPTER SEVEN- CONCLUSION

7.0 Conclusions and Recommendations

Breakthrough conducted a rigorous study in 2006-2007 using formative, baseline and endline research methodology in the three states of Maharashtra, Uttar Pradesh and Karnataka. The aim of the study was to assess and evaluate the forms in which women at individual, family, and community levels experience HIV/AIDS-related discrimination and stigma.

A multimedia campaign was developed in four languages, based on the formative and baseline findings. The campaign was disseminated through various modes/vehicles such as TV, radio, newspapers and hoardings. It addressed women's increased vulnerability, which is linked with domestic violence. It also addressed how an HIV-positive status leads to the loss of rights and consequent eviction from both in-laws' and parents' homes after the death of HIV-positive husbands.

After the campaign, an endline study was conducted to assess the extent and impact of the campaign in terms of reach, and to assess any positive shift in attitudes towards WLHA. The endline research found positive changes in two key indicators.

- There is a 22% decrease in the number of people who feel it is necessary for a woman to stay with her HIV-positive husband. She should have the choice to leave him. In the Indian context this decrease is significant, as it is usually considered the duty of the wife to stand by her husband under all circumstances.
- There is a 10% decrease in the number of people who blame a woman for not satisfying her husband sexually.

According to Television Audience Measurement (TAM) and National Readership Survey (NRS), the campaign reached.

- 34 million people through television.
- 29 million people through print.
- 18 million people through radio.

People appreciated the campaign's messages because of its realism and its strong message that women are vulnerable to domestic violence. The way the campaign addressed HIV-related issues was considered unique, and it compelled people to think about the problems faced by HIV-positive women.

The campaign successfully increased the awareness about the violence faced by women living with HIV/AIDS in India. People were able to link violence against women to her unequal status and the stigma and discrimination faced by WLHA. The communication brought about a change in attitude towards discrimination against women, their inability to negotiate safer sex and other issues within marriage, and the need for family support.

Breakthrough will continue building its human rights education efforts to remove barriers to women's full participation in society. We hope *Is This Justice?* will constitute an important step towards greater care and support for WLHA within the family.

7.1 Challenges Ahead

Fear still persists in society

Fear related to HIV/AIDS has not significantly changed; in fact, the fear of touching an infected person has gone up 3%.

Shame, blame and enacted stigma

Shame, blame and enacted stigma towards PLHA, and specifically WLHA, has gone up from baseline to endline. This could be because of the greater visibility of infection in the community. No short-term intervention can bring about a change in attitudes and behaviour. It requires sustained efforts at all levels, interpersonal, community, institutional and political.

7.2 Recommendations

To reduce stigma and discrimination towards PLHA/WLHA, we need sustained efforts and intervention at all levels - interpersonal, community, institutional and political. Media are effective in reaching large groups of people and starting the process of change.

ANNEXURE (A) INDICATORS

1. Community Level Indicators
2. Family Level Indicators
3. WLHA Levels Indicators

COMMUNITY LEVEL INDICATORS

FEAR

- Talk to a person with HIV/AIDS
- Stay in the same house with a person who has HIV/AIDS
- Sit next to someone who is showing signs of AIDS
- Touch a person living with HIV or AIDS
- Eat food prepared by a person living with HIV or AIDS
- Care for a person living with HIV or AIDS
- Child playing with child who has HIV or AIDS
- Cutting of hand while cooking food
- An HIV positive child biting another child
- Sneezing by an HIV positive person
- Sleep in same room as someone who has HIV or AIDS
- Share toilet with a person living with HIV or AIDS
- Share eating utensils with PLHA
- Sleep in same bed with someone who has HIV or AIDS
- Wash clothes with those of PLHA
- A PLHA would be able to live longer if given shelter and support by family
- Saliva
- Sweat
- Mosquito bite
- Use of common soap and shampoo

BLAME

- The HIV positive person has himself to blame as they have indulged in a wrong act
- Women who are positive are innocent victims their husbands are to be blamed
- I don't blame the HIV positive persons I feel sorry for their condition
- People with HIV are promiscuous
- Percent of people who blame persons living with HIV/AIDS for their illness.

SHAME

- Percent of people who would feel shame if they associate with a PLHA
- would be ashamed if someone in my family had HIV/AIDS
- people with HIV should be ashamed of themselves
- People with HIV deserve sympathy
- % of people who are aware of anyone who has the infection
- People with HIV/AIDS should be allowed to fully participate in social events in our community.
- If the communication messages emphasise transmission through blood rather than through sex and multiple partner route feeling of shame associated with an AIDS infected person would decline.
- If the AIDS person continues to discharge his responsibility towards his family and society properly feeling of shame associated with an AIDS infected person would decline.

JUDGEMENT

- PLHA are dirty
- PLHA has dirty thoughts
- No one should have relations with HIV infected persons
- An HIV infected person is an object of ridicule
- An HIV infected person should be asked to stay away from his family and society
- An HIV infected person should be abandoned even by his spouse

- If a woman gets infected by her husband she should not abandon him but take care of him
- HIV is a disease of poor people.
- An HIV positive person deserves no respect in society

DISCLOSURE

- If you personally found out that you were HIV positive would you tell anyone? If No or Don't know, why not?
- If a person learns that he/she is infected with the virus that causes AIDS, should this information remain this person's secret or should this information be available to the community?
- If a member of your family contracted HIV/AIDS, would you want it to remain a secret?
- If a member of your family got infected with HIV and was not showing signs of AIDS, would you advise them to disclose their status in the community?
- An HIV person should keep the information of being infected to himself else he would be ill-treated by his family. (% agreement)
- An HIV infected person should share the information of his infection immediately with his family so that he may be provided with good care. (% agreement)
- An HIV infected person should wait till the last stages when the body becomes weak and it is obvious that he is suffering to tell his family. (% agreement)

ENACTED STIGMA

- Lost customers to buy his/her produce/goods or lost job.
- Abandoned by spouse/partner.
- Abandoned by family/sent away to the village.
- Lost respect/standing within the family and/or community.
- Given poor health services
- Teased or sworn at
- Visited less or no longer
- Family support provided to the infected person enabled him/her to lead a better life (% cases known)
- A person with earning capacity or with a responsible role in the family is not stigmatized (% agreement)

FAMILY LEVEL INDICATORS

FEAR

- Fear of talking
- Fear of mixing
- Fear of visiting home of infected person or letting infected person visit them
- Fear of children getting infected by mixing with HIV children of sister/brother
- Fear of handling food or taking food prepared by infected person
- Fear of disease being incurable

BLAME

- HIV can happen only to immoral persons
- HIV infected persons are dirty
- WLHA is responsible for the condition of her spouse
- WLHA has brought shame to the family
- WLHA has the right to refuse sex to her husband who is positive
- WLHA has the right to take some rest and not expected to take care of her husband
- WLHA has the right to property after her husband dies
- WLHA has right to shelter after her husband dies
- WLHA should be provided shelter at least in her natal home

SHAME

- Percent of people who would feel shame if they associated with a WLHA
- I would be ashamed if someone in my family had HIV/AIDS
- People with HIV should be ashamed of themselves
- People with HIV deserve sympathy
- % of people who are aware of anyone who has the infection
- People with HIV/AIDS should be allowed to fully participate in social events in our community.
- HIV persons in the family impact the social standing of a family

JUDGEMENT

- Non-disclosure of status to extended family
- An HIV infected person should be asked to stay away from his family and society
- Children of the WLHA should be cared for
- If a WLHA is being given support by the family she should try and pay them back in some way either by working outside or by working at home.

ENACTED STIGMA

- Family ties are cut off by in-laws family because of fear that a family member may not get a good matrimonial match.
- Access to family support only while husband is alive.
- Lack of moral/emotional support of the family.
- Financial status of the HIV+ person – the poor suffers more ostracism and discrimination.
- Lost respect/standing within the family and/or community.
- Given poor health services
- Teased or sworn at
- Visited less or no longer

WLHA LEVEL INDICATORS

FEAR

- Infecting family members by talking, eating, sleeping and staying with them
- Attending social functions lest they cause some harm
- Sleeping and eating with own child
- Sharing clothes with own daughter
- Allowing HIV negative child of WLHA to play with other children
- Child being taken away by in laws if he/she is negative

BLAME

- WLHA is responsible for bringing ill luck to the family
- WLHA is responsible for bringing illness to her husband
- WLHA is a fallen woman
- WLHA is a dirty woman
- WLHA is paying the price for her sins
- The husband of the WLHA is not responsible for her condition
- WLHA should comply with the sexual needs of her husband when he is positive and before she tests positive
- WLHA should care for her husband when he is sick
- WLHA should die once her husband dies
- WLHA is a burden on her parents
- WLHA does not have any right to the property left by her husband she should leave it for the in laws

SHAME

- WLHA feels ashamed of herself
- WLHA feels guilty
- WLHA feels people think wrong things about her
- WLHA stops visiting her natal home
- WLHA feels self hatred
- WLHA feels dirty
- WLHA refrains from touching her own children
- WLHA cannot disclose her status which starts weighing upon her
- WLHA feels her shame may have an effect on the future of her child

JUDGEMENT

- Telling anyone about the disease will not help WLHA in any way
- Making her illness public would jeopardize the future of her children
- Disclosing the disease to her marital family would only bring her more trouble
- Livelihood means is the best solution to the problems

ENACTED STIGMA

- WLHA made to work from morning to night without any rest
- Eats and cooks with separate utensils
- Drinking water separated
- Not invited to social functions
- Stared at
- Stopped from visiting her relatives and family house
- Feeling of loneliness
- Brother stops speaking to her

- Family sits at a distance
- Family does not eat food cooked by her
- No one plays with her children
- Stops going out for fear of being ridiculed
- Ostracised socially - no one visits their house
- Break down of communication within the family
- Used and thrown out of marital home when not required (after death of husband)

ANNEXURE (B) BASELINE RESEARCH INSTRUMENTS

1. Baseline Questionnaire for Stigma Indicators: Community
2. Baseline Questionnaire for Stigma Indicators: PLHA
3. Discussion Guideline for Community Groups

BASELINE SURVEY ON STIGMA INDICATORS: COMMUNITY QUESTIONNAIRE

Namaste. My name is _____. I am from Prastut Consulting Pvt. Ltd a leading market research company in India. We are doing a study on certain health related issues which are gaining importance these days. We are talking to married individuals in the age group of 25-45 years, in selected cities and states to understand the knowledge, attitude and practices of this group with respect to certain issues. Your participation will be valuable in understanding these needs.

City	Area 1	Area 2	Rural Area 1	Rural Area 2
Kanpur <input type="radio"/>	Rail Bazaar <input type="radio"/>	Transport Nagar <input type="radio"/>		
Udupi <input type="radio"/>	Kundapura <input type="radio"/>	Shankarpura <input type="radio"/>		
Aurangabad <input type="radio"/>	Waluj <input type="radio"/>	Mukundwadi <input type="radio"/>		

1a. Respondent Details

Name of respondent				
Sex of respondent	Male <input type="radio"/>		Female <input type="radio"/>	
Marital Status	Married <input type="radio"/>		Unmarried <input type="radio"/>	
Age group	21-25 years <input type="radio"/>	26-35 years <input type="radio"/>	36-45 years <input type="radio"/>	More than 45 years <input type="radio"/>
				Filter out

1b. SEC Details of Respondent (Husband in case of females)

Education	Code	Occupation	Code
Never been to school	01	Businessmen	01
Can read but cannot write	02	Unskilled workers	02
Can Read and write	03	Skilled workers	03
Primary (Std 1 st to Std 4 th)	04	Shop owners	04
Medium (Std 5 th to Std 8 th)	05	Officers/Executives (middle/Senior)	05
Secondary (Std 9 th to Std 11 th)	06	Officers/Executives (junior)	06
Higher Secondary	07	Clerical sales men	07
Enrolled in graduation but not completed	08	Self employed professional	08
Graduation Completed	09	Student	09
Post graduate	10	Housewives	10
Professional course	11	Any other Specify	11

SEC B SEC C SEC D

- 1c. Do you read newspapers regularly? Yes No
- 1d. Do you watch television regularly? Yes No
- 1e. Do you listen to radio regularly? Yes No **Continue only if anyone of the above is "Yes"**

Interview Details

Name of the interviewer		
Date of interview		
Quality check	Name	Date
Back checked and Scrutinised by		

SECTION 1: Media Habits

1.	What are your leisure time activities?	Watching TV Listening to Music Reading Spending time with friends Being with family members Sports Internet browsing Any other (Specify)	1 2 3 4 5 6 7	
2.	How often do you read newspaper? Specify Newspaper _____	Everyday Often Sometimes Never Cannot read	1 2 3 4 5	
3.	How often do you read magazines? Specify Magazine _____	Everyday Often Sometimes Never Cannot read	1 2 3 4 5	
4.	How often do you listen to radio? Specify Preferred Channels _____ Timings preferred	Everyday Often Sometimes Never	1 2 3 4	
5.	Do you hear All India Radio? Timings preferred	Everyday Often Sometimes Never	1 2 3 4	
6.	How often do you watch television? Specify Preferred Channels _____ Timings preferred	Everyday Often Sometimes Never	1 2 3 4	
7.	Do you watch Doordarshan? Timings preferred	Everyday Often Sometimes Never	1 2 3 4	
8.	Which is the hoarding you have seen in the city and where? (Please describe)			
9.	Please rank the media described alongside in terms of your liking? (Rank 1=Most Liked; 5=Least liked)	Media Television Radio Newspaper Hoardings Wall paintings	Rank	
10.	How often you traveling to neighbouring areas/places like nearby towns and cities?	Everyday Once in a week Rarely Never	1 2 3 4	

SECTION 2: Status of Women in Society

We would like to have your views regarding the status of women and girls in society today.

No	Questions and Filters	Coding categories	Skip
1.	The birth of a girl child is a joyous occasion in every family	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4
2.	The education of girls suffers as she is has to look after the household work and help her mother.	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4

3.	Men do not prefer to marry more educated girls generally - the more educated a girl becomes the more powerful she is.	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4	
4.	I todays times the needs of sons are neglected in favour of those of the daughters.	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4	
5.	Any girl who raises her voice or does not follow what elders in the family say is considered to be spoiled.	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4	
6.	Girls now have the freedom to go out of the house whenever they like. (Probe: Even during night)	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4	
7.	Girls now have the choice to decide whom they should get married to.	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4	
8.	After marriage a girl does not have any right in her natal home, she should go there only if invited.	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4	
9.	A husband does not like if his wife does anything without asking his permission	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4	
10.	A woman is afraid to deny her husband sex else he may go to outside women or beat her or do both	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4	
11.	Slapping and beating of women is a man's prerogative it is nothing unusual it is necessary to keep the woman in her limits.	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4	
12.	If the children are successful the credit generally goes to the father but if they turn out bad then the mother is blamed for bad upbringing.	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4	
13.	Men like women to be confined to the household else they will get spoiled and get out of hand	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4	
14.	Women are allowed to work outside home only if it is required to meet the financial burden of the house.	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4	
15.	Men generally look down upon women who work outside home as they have crossed their limits.	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4	
16.	If a woman loses her husband at a young age she is blamed for his death.	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4	
17.	A woman has no right in her husband's home after his death she is normally thrown out by her in laws	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4	

SECTION 3: Knowledge of HIV

Now am going to ask you some questions regarding HIV/AIDS.

1.	Is there a difference between HIV and AIDS	No Yes Don't Know	1 2 3	
2.	Please tell me all the ways you know of that HIV can be transmitted Ask the respondent at least five times as "Which Way?", Which other Way?' ...and mark in unaided (U) for all the options not mentioned call out and if respondent agrees mark it as a route in Aided (A)	Unprotected sex/sex without condom Sharing Injection Needles Blood Transfusions Mother-to-child transmission Injecting drug use Sex with prostitutes Sex with multiple partners Kissing Mosquito bites Sharing razor blades Sharing food/eating utensils Sharing Clothes Sweat Saliva Sneezing Don't Know Other specify _____	U A U A	
3.	How can a person prevent himself from HIV/AIDS?	Practising safe sex Having sex with a single partner Using sterilized needles Checking during any blood transfusion Any other _____	1 2 3 4 5	
4.	HIV has become a common disease now like Cancer and TB	No Yes Don't Know	1 2 3	
5.	Can a healthy looking person have HIV?	No Yes Don't Know Depends _____ Other (specify) _____	1 2 3 4 5	
6.	Can someone with HIV lead a normal and productive life?	No Yes Don't Know/not sure	1 2 3	
7.	Is there a cure for AIDS?	No Yes Don't Know/not sure	1 2 3	
8.	Do you know of treatment that can prolong life of a PLHA?	No Yes Don't Know/not sure	1 2 3	
9.	Who do you think can get affected by HIV AIDS? Ask the respondent at least five times as "Which Way?" 'Which other Way?' ...and mark in unaided (U) for all the options not mentioned call out and if respondent agrees mark it as a route in Aided (A)	Truck Drivers Commercial Sex Workers Migrant workers Men with bad character Married Couples Wives of HIV positive men College Students Any Other _____	U A U A U A U A U A U A U A	

SECTION 4: Fear from HIV

Please tell me if you are worried/have fear or not worried about contracting HIV in response to the following statements.

1.	Talking to a person with HIV or AIDS?	Have lots of fear 1 Have fear 2 Have some fear 3 Do not have any fear 4	
2.	Staying in the same house with a person having HIV AIDS?	Have lots of fear 1 Have fear 2 Have some fear 3 Do not have any fear 4	
3.	Touch a person living with HIV or AIDS?	Have lots of fear 1 Have fear 2 Have some fear 3 Do not have any fear 4	
4.	Handling of food or taking food prepared by infected person ?	Have lots of fear 1 Have fear 2 Have some fear 3 Do not have any fear 4	
5.	Child playing with child who has HIV or AIDS?	Have lots of fear 1 Have fear 2 Have some fear 3 Do not have any fear 4	
6.	Share toilet with a person living with HIV or AIDS ?	Have lots of fear 1 Have fear 2 Have some fear 3 Do not have any fear 4	
7.	Visiting home of infected person or letting infected person visit them?	Have lots of fear 1 Have fear 2 Have some fear 3 Do not have any fear 4	

SECTION 5: Shame and Blame Do you agree/disagree with the following statements?

Please choose out of the four options 1=Strongly disagree, 2=Disagree; 3=Agree; 4=Strongly Agree

1.	HIV is just like any other disease – Cancer and TB; HIV positive persons should not be blamed for their condition	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
2.	HIV happens not only to immoral people but can also happen to normal people	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
3.	Women prostitutes spread HIV in the community the man is not at fault	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
4.	Having a HIV positive person in the family is shameful for the family	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
5.	As long as the HIV positive person is working productively and earning and also looking after his family he need not feel ashamed	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
6.	Most HIV positive persons leave their jobs city and the place where they stay and go off to some other place	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
7.	Most HIV positive persons do not share the information of being infected with their family and society for fear of being shunned.	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	

8.	HIV positive persons or their families are not allowed to use common facilities like public tap/grocery shop/temples etc.	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
9.	HIV positive persons are teased at and ridiculed by the community	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
10.	HIV positive persons find it difficult to stay in a good neighbourhood they are generally thrown out or not offered any place to stay by the landlord or the community	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
11.	HIV positive persons are allowed to attend public gatherings and social and religious functions	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
12.	HIV Positive Children of HIV infected persons attend school normally with other children	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
13.	HIV Positive Children of HIV positive persons are seen playing with other children in the neighbourhood	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
14.	Families of HIV positive people shun them mainly because no one would marry their sons or daughters	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
15.	If an HIV positive person gets family support and care he can live longer and lead a normal life	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	

Section 6: HIV positive women

I will now call out another set of statements. Please choose out of the four options 1=Strongly disagree, 2=Disagree; 3=Agree; 4=Strongly Agree

1.	A woman who has a positive husband has brought ill luck to the husbands family and should be thrown out of the house.	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
2.	An woman should stay with her positive husband and care for him she should not abandon him	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
3.	A woman who is a wife of an HIV positive person is at a high risk of getting infected	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
4.	A woman is not able to refuse sex to her husband even if he is positive	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
5.	It is the wives of HIV infected husbands who are of bad character and are responsible for the condition of the husband.	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
6.	When a woman is not able to fulfil the desires of her husband he goes to outside women and if he gets infected with HIV it is actually her fault because she could not satisfy him	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
7.	Having an HIV positive daughter in law in the family is more shameful than having an HIV positive son.	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	

8.	If a positive daughter in law of the family is also an earning member of the family she can be accepted by the family	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
9.	A positive woman does not have anyone but herself to share the burden of her disease - the natal family of a positive woman would generally stop talking to her if they come to know about her infection.	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
10.	A positive woman is made to feel more ashamed of herself than a positive man she is not able to attend any religious and social functions	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
11.	A positive woman finds it more difficult than a positive man to move out of her house for fear of being ridiculed	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
12.	After the son dies the HIV positive daughter in law is generally thrown out of the in laws house	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
13.	If the positive woman has negative children she should be made to stay away from them	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
14.	A positive woman should die after her husband dies as no one needs her and there is nothing she can do she is just a burden on everybody	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
15.	A positive woman has no right to the property of her husband or her parents.	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
16.	A positive woman has no right to her jewellery after her husband's death she should give it back either to her in laws family and natal family	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
17.	A positive woman should not expect any support from her natal family as they too have their own problems and she would be a shame to their family	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
18.	A positive woman should be sent to an Ashram after her husband's death to spend the rest of her life as there is no place for her in either her in laws house or husband's house	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	

SECTION 7: Respondent and Household Characteristics

Please provide me some information about your household.

1. No Questions and Filters	What is the religion of the head of the household?	Hindu	1	Skip
		Muslim	2	
		Christian	3	
		Sikh	4	
		Jain	5	
		Others (Specify) _____		
2.	Your caste (write the caste mentioned and then code)	Scheduled Caste	1	
		Schedule Tribe	2	
		Other Backward Class	3	
		Others (Specify)		
3.	What is monthly household income of the household? (Write as mentioned and then code) Rs. _____	Between 3001-5000	1	
		Between 5001-7000	2	
		Between 7001-10000	3	
		Between 10001-12500	4	
		Between 12501-15000	5	
		Between 15001-20000	6	
		Do not know	7	

4.	I would know like to ask you some questions about your household. What type of house do you live in?	Owned Rented Freely given Living with other family members Others	1 2 3 4 5	
5.	Type of house (Observe type of roof and write)			
6.	Does the household have electricity?	Yes No	1 2	
7.	What type of toilet do you use?	Available In your household Shared Public Toilet None	1 2 3	
8.	What is the main source of drinking water for members of your household?	Piped into residence Public Tap Well Public Well River/Pond/Lake	1 2 3 4 5	
9.	Please tell us if you have the following in the household? (Circle the items mentioned)	Radio/Tape Recorder Computer Television Washing Machine/Refrigerator Air cooler/ Fan Water pump Kitchen wares (mixie/grinder/etc) Cycle/ Rickshaw Two wheeler Car/Auto Rickshaw Bullock cart/Tractor Telephone /Mobile Any other	1 2 3 4 5 6 7 8 9 10 11 12 13	
10.	Who is the most influential decision-maker in your household?	Father Mother Brother/Sister Self Husband Relatives Any other	1 2 3 4 5 6 7	
11.	How many members do you have in your family (including elders and children)? Please mention number			
12.	How many earning members do you have in your family)? Please mention number			

Kanpur Udipi Aurangabad

BASELINE SURVEY ON STIGMA INDICATORS: PLHA QUESTIONNAIRE

Namaste. My name is _____. I am from Prastut Consulting Pvt. Ltd a leading market research company in India. We are doing a study on stigma indicators for the PLHA for both the male and female categories. Your participation will be valuable in understanding these needs.

1a. Respondent details

Name of respondent					
Sex of respondent	Male <input type="radio"/>			Female <input type="radio"/>	
Address					
Marital Status	Married <input type="radio"/>		Unmarried <input type="radio"/>		Filter out
Age group	21-25 years <input type="radio"/>	26-35 years <input type="radio"/>	36-45 years <input type="radio"/>	More than 45 years <input type="radio"/>	Filter out

1b. SEC Details of Respondent (Husband in case of females)

Education	Code	Occupation	Code
Never been to school	01	Businessmen	01
Can read but cannot write	02	Unskilled workers	02
Can Read and write	03	Skilled workers	03
Primary (Std 1 st to Std 4 th)	04	Shop owners	04
Medium (Std 5 th to Std 8 th)	05	Officers/Executives (middle/Senior)	05
Secondary (Std 9 th to Std 11 th)	06	Officers/Executives (junior)	06
Higher Secondary	07	Clerical sales men	07
Enrolled in graduation but not completed	08	Self employed professional	08
Graduation Completed	09	Student	09
Post graduate	10	Housewives	10
Professional course	11	Any other Specify	11

SEC B SEC C SEC D

- 1c. Do you read newspapers regularly? Yes No
- 1d. Do you watch television regularly? Yes No
- 1e. Do you listen to radio regularly? Yes No **Continue only if anyone of the above is "Yes"**

Interview Details

Name of the interviewer		
Date of interview		
Quality check	Name	Date
Back checked and Scrutinised by		

SECTION 1: Media Habits

1.	What are your leisure time activities?	Watching TV	1	
		Listening to Music	2	
		Reading	3	
		Spending time with friends	4	
		Being with family members	5	
		Sports	6	
		Internet browsing	7	
		Any other (Specify)		

2.	How often do you read newspaper? Specify Newspaper _____	Everyday Often Sometimes Never Cannot read	1 2 3 4 5	
3.	How often do you read magazines? Specify Magazine _____	Everyday Often Sometimes Never Cannot read	1 2 3 4 5	
4.	How often do you listen to radio? Specify Preferred Channels _____ Timings preferred	Everyday Often Sometimes Never	1 2 3 4	
5.	Do you hear All India Radio? Timings preferred	Everyday Often Sometimes Never	1 2 3 4	
6.	How often do you watch television? Specify Preferred Channels _____ Timings preferred	Everyday Often Sometimes Never	1 2 3 4	
7.	Do you watch Doordarshan? Timings preferred	Everyday Often Sometimes Never	1 2 3 4	
8.	Which is the hoarding you have seen in the city and where? (Please describe)			
9.	Please rank the media described alongside in terms of your liking? (Rank 1=Most Liked; 5=Least liked)	Media Television Radio Newspaper Hoardings Wall paintings	Rank	
10.	How often you traveling to neighbouring areas/places like nearby towns and cities?	Everyday Once in a week Rarely Never	1 2 3 4	

SECTION 2: Status of Women in Society

We would like to have your views regarding the status of women and girls in society today.

No	Questions and Filters	Coding categories	Skip
1.	The birth of a girl child is a joyous occasion in every family	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4
2.	The education of girls suffers as she is has to look after the household work and help her mother.	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4
3.	Men do not prefer to marry more educated girls generally - the more educated a girl becomes the more powerful she is.	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4
4.	I today's times the needs of sons are neglected in favour of those of the daughters.	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4

5.	Any girl who raises her voice or does not follow what elders in the family say is considered to be spoilt.	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4	
6.	Girls now have the freedom to go out of the house whenever they like. (Probe: Even during night)	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4	
7.	Girls now have the choice to decide whom they should get married to.	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4	
8.	After marriage a girl does not have any right in her natal home, she should go there only if invited.	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4	
9.	A husband does not like if his wife does anything without asking his permission	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4	
10.	A woman is afraid to deny her husband sex else he may go to outside women or beat her or do both	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4	
11.	Slapping and beating of women is a man's prerogative it is nothing unusual it is necessary to keep the woman in her limits.	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4	
12.	If the children are successful the credit generally goes to the father but if they turn out bad then the mother is blamed for bad upbringing.	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4	
13.	Men like women to be confined to the household else they will get spoilt and get out of hand	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4	
14.	Woman are allowed to work outside home only if it is required to meet the financial burden of the house.	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4	
15.	Men generally look down upon women who work outside home as they have crossed their limits.	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4	
16.	If a woman loses her husband at a young age she is blamed for his death.	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4	
17.	A woman has no right in her husband's home after his death she is normally thrown out by her in laws	Strongly Disagree Disagree Agree Strongly Agree	1 2 3 4	

SECTION 3: Knowledge of HIV

Now am going to ask you some questions regarding HIV AIDS.

1.	Is there a difference between HIV and AIDS	No Yes Don't Know	1 2 3	
2.	Please tell me all the ways you know of that HIV can be transmitted Ask the respondent at least five times as "Which Way?", Which other Way?"...and mark in unaided (U) for all the options not mentioned call out and if respondent agrees mark it as a route in Aided (A)	Unprotected sex/sex without condom Sharing Injection Needles Blood Transfusions Mother-to-child transmission Injecting drug use Sex with prostitutes Sex with multiple partners Kissing Mosquito bites Sharing razor blades Sharing food/eating utensils Sharing Clothes Sweat Saliva Sneezing Don't Know Other specify _____	U A U A	
3.	How can a person prevent himself from HIV/AIDS?	Practising safe sex Having sex with a single partner Using sterilized needles Checking during any blood transfusion Any other _____	1 2 3 4 5	
4.	HIV has become a common disease now like Cancer and TB	No Yes Don't Know	1 2 3	
5.	Can a healthy looking person have HIV?	No Yes Don't Know Depends _____ Other (specify) _____	1 2 3 4 5	
6.	Can someone with HIV lead a normal and productive life?	No Yes Don't Know/not sure	1 2 3	
7.	Is there a cure for AIDS?	No Yes Don't Know/not sure	1 2 3	
8.	Do you know of treatment that can prolong life of a PLHA?	No Yes Don't Know/not sure	1 2 3	
9.	Who do you think can get affected by HIV AIDS? Ask the respondent at least five times as "Which Way?" "Which other Way?"...and mark in unaided (U) for all the options not mentioned call out and if respondent agrees mark it as a route in Aided (A)	Truck Drivers Commercial Sex Workers Migrant workers Men with bad character Married Couples Wives of HIV positive men College Students Any Other _____	U A U A U A U A U A U A U A	

SECTION 4: Testing and Disclosure

1.	Since how long have you known you are HIV positive?	Less than 6 months 1 6 months – 1year 2 1-5 years 3 > 5 years 4	
2.	Why did you get tested?	Other Illness 1 Partner's Illness/Death 2 Before marriage 3 At the time of pregnancy 4 Child illness/death 5 Doctor recommended 6 Any other 7	
3.	Was the decision to be tested your own or were you asked by someone else to be tested?	Own 1 Asked by doctor/partner/any other family member 2	
4.	Have you told someone about your HIV status?	Yes 1 No 2	
5.	If yes, who have you told about your status till now?	Partner 1 Father 2 Mother 3 Brother 4 Sister 5 Father in law 6 Mother in law 7 Brother in law 8 Bhabhi 9 Nanad 10 Friend 11 Neighbour 12 Health Provider 13 Own Children 14 Any other _____	
6.	If status not told or told only to few people ask; "Why have you not told your status?"	They would tell someone else 1 I would be gossiped about/laughed at 2 I would be physically isolated 3 I would be socially isolated 4 I would lose respect 5 I would lose job, housing, livelihood 6 I would not be allowed common facilities 7 In community like water taps, temples, parks, shops 8 My children would not be allowed to play 9 It will affect the future of my children 10 It will affect the reputation of my family 11 Any other _____	
7.	Would you recommend to a person who is living with HIV but is not showing signs symptoms of AIDS to keep his/her status secret, tell only family members or share his information with the community?	Tell no one 1 Tell only family 2 Tell only spouse 2 Make available to the community 3 Don't know 4	
8.	Do people behave differently with people suspected of having HIV AIDS	No 1 Yes 2 Don't Know/not sure 3	

SECTION 5: Stigma due to HIV status

Have you experienced any of the following stigma from your family/society, if so, please state the extent you felt hurt about it.

1.	Family members stopped talking to you	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4
2.	Family members stopped touching you	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4
3.	Community stopped speaking to you	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4
4.	Family members stopped taking food from your hands or eating food prepared by you or sharing food with you?	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4
5.	Your children were stopped from playing with other children in the family ?	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4
6.	Your clothes and utensils are kept separately in the house	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4
7.	You were not allowed to stay in the same house but asked to leave by the family	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4
8.	You are no longer visited by family/friends nor do they invite you to their house	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4
9.	Your family members blame you for your condition and consider you immoral	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4
10.	Your family feels shameful about you	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4
11.	You have been shunned by your family members and not invited at social and religious functions	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4
12.	You are not allowed to use common facilities like public tap/grocery shop/temples etc	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4
13.	You are teased at and ridiculed	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4
14.	You are not given any respectable place to stay in any neighbourhood, no landlord is willing to take you in	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4

15.	There was a barrier in the marriage of your younger/sister or brother because of you	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4
16.	You have been abandoned by your spouse	Yes 1 No 2	

SECTION 6: For HIV positive women

Were you aware of the positive status of our husband before you became aware of your positive status? Yes 1 No 2

After being tested positive, do you feel that you have lost respect in the Society Yes 1 No 2

Family (In laws) Yes 1 No 2

Family (Natal) Yes 1 No 2

Self Respect Yes 1 No 2

Have you experienced any of the following stigma from your family/society, if so, please state the extent you felt hurt about it.

1.	You have been blamed to bring ill luck to the husbands family	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4
2.	You were asked to stay and take care of your positive husband by your in laws	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4
3.	You were not able to refuse sex to your husband knowing he was positive	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4
4.	You were accused of being a bad character and responsible for the condition of your husband.	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4
5.	You were accused of not satisfying your husband sexually because of which he went to outside women and got infected	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4
6.	You have been treated badly because you are not an earning member, had you been earning you would have been accepted	Yes 1 No 2	
7.	You are asked to do the household work throughout the day despite the fact that you need rest	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4
8.	You are not given proper diet to eat though it is very necessary for you	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4
9.	You have been physically assaulted by your in laws after being tested positive	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4

10.	You have to share the burden of your disease yourself the natal family also does not support you in your hour of need	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4
11.	You are not able to earn a decent living for yourself for fear of being considered a loose woman	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4
12.	You feel dirty and unclean yourself and like to remain isolated	Yes 1 No 2	
13.	You do not feel like dressing up as before	Yes 1 No 2	
14.	You do not feel like attending social functions	Yes 1 No 2	
15.	You are afraid to touch your own children fear of infecting them	Yes 1 No 2	
16.	You are willing to take bear all the insults thrown at you by your family in return for the shelter provided as you have no choice	Yes 1 No 2	

SECTION 7: For HIV positive women who are widows

Have you experienced any of the following stigma from your family/society, if so, please state the extent you felt hurt about it.

1.	You were asked to leave your in laws house after the death of your husband	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4
2	After your husbands death you were made to feel a burden by your family	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4
3.	You have been denied the right to the property of your husband after his death	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4
4.	You have been denied the right to the property of your parents	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4
5.	Your jewellery has been taken away from you	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4
6.	You are denied shelter in the house of your parents, brothers and in laws and asked to stay in an ashram	Yes 1 No 2	Very hurtful, it matters to me 1 Somewhat hurtful 2 It hurts but does not matter 3 Does not hurt at all 4

SECTION 7: Respondent and Household Characteristics

Please provide me some information about your household.

1. No Questions and Filters	What is the religion of the head of the household?	Hindu	1	Skip
		Muslim	2	
		Christian	3	
		Sikh	4	
		Jain	5	
		Others (Specify) _____		

2.	Your caste (write the caste mentioned and then code)	Scheduled Caste Schedule Tribe Other Backward Class Others (Specify)	1 2 3	
3.	What is monthly household income of the household? (Write as mentioned and then code) Rs. _____	Between 3001-5000 Between 5001-7000 Between 7001-10000 Between 10001-12500 Between 12501-15000 Between 15001-20000 Do not know	1 2 3 4 5 6 7	
4.	I would now like to ask you some questions about your household. What type of house do you live in?	Owned Rented Freely given Living with other family members Others	1 2 3 4 5	
5.	Type of house (Observe type of roof and write)			
6.	Does the household have electricity?	Yes No	1 2	
7.	What type of toilet do you use?	Available In your household Shared Public Toilet None	1 2 3	
8.	What is the main source of drinking water for members of your household?	Piped into residence Public Tap Well Public Well River/Pond/Lake	1 2 3 4 5	
9.	Please tell us if you have the following in the household? (Circle the items mentioned)	Radio/Tape Recorder Computer Television Washing Machine/Refrigerator Air cooler/ Fan Water pump Kitchen wares (mixie/grinder/etc) Cycle/ Rickshaw Two wheeler Car/Auto Rickshaw Bullock cart/Tractor Telephone /Mobile Any other	1 2 3 4 5 6 7 8 9 10 11 12 13	
10.	Who is the most influential decision-maker in your household?	Father Mother Brother/Sister Self Husband Relatives Any other	1 2 3 4 5 6 7	
11.	How many members do you have in your family (including elders and children)? Please mention number			
12.	How many earning members do you have in your family)? Please mention number			

Discussion Guideline for Community Groups

Stage I: Putting at ease

Introduction of team

Welcome the FGD participants and thank them for coming.

Ask the name and Age and occupation of each participant (*Write it down on a piece of paper, for addressing them by name in future*)

Purpose: The purpose of the study is to know and understand the health related issues, want to know more about your health problems in this part of Kanpur/Aurangabad/Udupi city, what kind of diseases are common and how you becomes aware of these diseases, how you get treatment, and what will be a best social message for the people like you to tackle these issues.

Explains the rules of a FG discussion

Everybody has the same right to speak, each person will be given time to speak and communicate their views

There are no right or wrong ideas. All opinions are equally important to us. Listen to each other; respect each other, if possible, only one person should speak at one time

Make them feel at ease in expressing themselves by making them talk one by one and in a few words about their job, family, kids and daily routines of life. The moderator should start by talking about himself

Stage II: Health Problems

What kind of health problems are coming up now a days in the society?

Which of these are the serious problems & why?

You may have seen many ads which provide awareness and small tips for preventing the diseases, Which Ads you are aware of and recently seen and remember it right now?

Tell me whether these Ads are helpful in any way?

Which Ad you like most, what do you like in the Ad? *Probe also on the celebrity.*

The discussion may provide the hints to start discussion about HIV/AIDS, if not ask:

Stage II: Awareness about HIV AIDS

Have you heard about HIV/AIDS? What are your views about it? Why do you have such a view?

What are your sources of information on HIV/AIDS (Probe for Ads in TVs, Papers, posters, health worker, banners etc)

If you need information on HIV/AIDS where would you get it from (probe for source doctor, friend etc)

Stage III: Digging deeper HIV/AIDS

... Method of Transmission you are aware of (Check how many routes they are aware of)

Can you tell of other ways of transmission? (*Probe on the perception also, whether mosquito bite, by talking, kissing, sexual transmission etc.*)

... Symptoms

... Protection

... What should a person do if he gets the disease? (HIV)

... Do you know any person who has HIV/AIDS? What happened to him? *Ask about his story*

... What do you feel about him or a person who have HIV/AIDS?

Stage IV: Test the Stigma and Reason for Stigma

...Do you experience any fear from an HIV infected person? What kind of fear is it? Why do you fear him?

...Do you think an HIV infected person is a shameful person? In what way?

...Do you blame the HIV infected person? In what way?

...What is the treatment an HIV person should get from the society and his family? Why?

...Do you believe that a PLHA can live longer if supported by the family?

Stage V: Check and probe if the following stigma exist for fear (probe further beyond the following indicators)

Talk to a person with HIV AIDS

Stay in the same house with a person having HIV AIDS

Sit next to someone who is showing signs of AIDS \

Touch a person living with HIV or AIDS

Eat food prepared by a person living with HIV or AIDS

Care for a person living with HIV or AIDS

Child playing with child who has HIV or AIDS

Cutting of hand while cooking food

An HIV positive child biting another child

Sneezing by an HIV positive person

Sleep in same room as someone who has HIV or AIDS

Share toilet with a person living with HIV or AIDS

Share eating utensils with PLHA

Sleep in same bed with someone who has HIV or AIDS

Wash clothes with those of PLHA

Any other fears

- If we have to remove the existing fear of HIV/AIDS what has to be done (Probe for what is required for loosing fear like do they need more knowledge, more access to information, etc)
- What is it that is preventing them to get the above mentioned aspects required for loosing fear (probe for specific barriers in accessing information, problems with the present communication / media material, cultural and belief patterns, etc)
- Who do you think should take up the initiative to do the above mentioned things and at what level (Family, community, government, NGOs etc)

Stage VI: Check and probe if the following stigma exists for shame, blame and judgement. (Probe further beyond the following indicators)

Shame, Blame and Judgement Indicators

HIV is a punishment from God.

HIV/AIDS is a punishment for bad behaviour.

It is women or prostitutes who spread HIV in the community.

People with HIV are promiscuous.

HIV/AIDS spreads due to immoral behaviour.

I would be ashamed if someone in my family had HIV/AIDS

People with HIV should be ashamed of themselves

People with HIV deserve sympathy

% of people who are aware of any one who has the infection

People with HIV/AIDS should be allowed to fully participate in social events in our community.

Any other reactions towards HIV/AIDS

- If we have to remove the feeling of shame/blame/judgement regarding HIV/AIDS what has to be done (Probe for what is required for removing it like the need for discussing issues of sex and sexuality openly etc)
- What is it that is preventing them from removing the shame/blame/judgement related to HIV/AIDS (probe for specifics regarding familial, cultural and belief patterns.

- Who do you think should take up the initiative to remove it and at what levels (Family, community, government, NGOs etc)

Stage VII: Check and probe if the following enacted stigma indicators exist (probe further beyond the following indicators)

Do you know someone in the past year who has had the following happen to him/her because of HIV or AIDS?

Lost customers to buy his/her produce/goods or lost a job.

Abandoned by spouse/partner.

Abandoned by family/sent away to the village.

Lost respect/standing within the family and/or community

Given poor health services

Teased or sworn at

Visited no longer or visited less

Any other happenings

- If we have to remove the discrimination (enacted stigma) regarding HIV/AIDS what has to be done (Probe for what is required for removing it like do they need more knowledge etc)
- What is it that is preventing them from removing the discrimination (enacted stigma) related to HIV/AIDS (probe for specifics regarding familial, cultural and belief patterns.
- Who do you think should take up the initiative to remove the discrimination (enacted stigma) and at what levels (Family, community, government etc)

Stage VIII: Disclosure Indicators (probe further beyond the following indicators)

If a person learns that he/she is infected with the virus that causes AIDS, should this information remain this person's secret or should this information be available to the community?

If a person you know contracted HIV/AIDS, would you want it to remain a secret?

If a person you know is infected with HIV and was not showing signs of AIDS, would you advise them to disclose their status in the community?

Any other matters of disclosure

- How can disclosure of HIV/AIDS status by a person infected, made easier for him and the community (Probe for what needs to be done so that a person confidently discloses his HIV status)
- What is it that is preventing HIV positive people from disclosing their status (probe for specifics regarding familial factors, community denial / factors etc)
- Who do you think should take up the initiative to facilitate easy and confident disclosure of HIV status?

Stage IX – Media Exposure

ASK about TV, TV Channels, Commercials/AD,.

Newspaper, Magazine

Radio

The best media according to them, which has greater coverage and greater impact in their mind. (Probe for the barriers in communication / message transmission)

Ask about the message, how it should be provided? What should we say to people? (Would making ads with celebrities work well, give eg. of Amitab Bacchan or Aishwarya Rai in Pulse polio ad)

Also find any regional words, which may be helpful in designing the message.

ANNEXURE - (C) ENDLINE RESEARCH INSTRUMENTS

1. List of Indicators
2. Endline Survey on Stigma Indicators: Community Questionnaire
3. Discussion Guideline for Testing Communication Concepts

LIST OF INDICATORS

STATUS OF WOMEN IN SOCIETY

1. A husband does not like if his wife does anything without asking his permission
2. A woman is afraid to deny her husband sex else he may go to outside women or beat her or do both
3. Slapping and beating of women is a man's prerogative it is nothing unusual it is necessary to keep the woman in her limits.
4. Women are allowed to work outside home only if it is required to meet the financial burden of the house.
5. If a woman loses her husband at a young age she is blamed for his death.
6. A woman has no right in her husband's home after his death she is normally thrown out by her in laws
7. After marriage a girl does not have any right in her natal home, she should go there only if invited.

FEAR

1. Talking to a person with HIV or AIDS?
2. Staying in the same house with a person having HIV AIDS?
3. Touch a person living with HIV or AIDS?
4. Handling of food or taking food prepared by infected person?
5. Visiting home of infected person or letting infected person visit them?

STIGMA

1. Women sex workers spread HIV in the community the man is not at fault
2. Having a HIV positive person in the family is shameful for the family
3. Most HIV positive persons do not share the information of being infected with their family and society for fear of being shunned.
4. HIV positive persons or their families are not allowed to use common facilities like public tap/grocery shop/temples etc.
5. HIV positive persons are teased at and ridiculed by the community
6. HIV positive persons find it difficult to stay in a good neighbourhood they are generally thrown out or not offered any place to stay by the landlord or the community
7. Families of HIV positive people shun them mainly because no one would marry their sons or daughters
8. If an HIV positive person gets family support and care he can live longer and lead a normal life
9. A woman who has a positive husband has brought ill luck to the husbands' family and should be thrown out of the house.
10. An woman should stay with her positive husband and care for him she should not abandon him
11. A woman who is a wife of an HIV positive person is at a high risk of getting infected
12. A woman is not able to refuse sex to her husband even if he is positive

13. It is the wives of HIV infected husbands who are of bad character and are responsible for the condition of the husband.
14. When a woman is not able to fulfill the desires of her husband he goes to outside women and if he gets infected with HIV it is actually her fault because she could not satisfy him
15. Having an HIV positive daughter in law in the family is more shameful than having an HIV positive son.
16. A positive woman is made to feel more ashamed of herself than a positive man she is not able to attend any religious and social functions
17. A positive woman should die after her husband dies as no one needs her and there is nothing she can do she is just a burden on everybody
18. A positive woman has no right to the property of her husband or her parents.
19. A positive woman should be sent to an Ashram after her husbands' death to spend the rest of her life as there is no place for her in either her in laws house or husband's house

BASELINE SURVEY ON STIGMA INDICATORS: COMMUNITY QUESTIONNAIRE

Namaste. My name is _____. I am from Prastut Consulting Pvt. Ltd a leading market research company in India. We are doing a study on certain health related issues which are gaining importance these days. We are talking to married individuals in the age group of 25-45 years, in selected cities and states to understand the knowledge, attitude and practices of this group with respect to certain issues. Your participation will be valuable in understanding these needs.

City	
Kanpur <input type="checkbox"/>	Khapra Mohal <input type="checkbox"/> Meerpur <input type="checkbox"/> Munshipurwa <input type="checkbox"/> Rail Bazaar <input type="checkbox"/> Transport Nagar <input type="checkbox"/> Bakerganj <input type="checkbox"/> Kumhar Mandi <input type="checkbox"/> Railway Station <input type="checkbox"/> Babupurwa <input type="checkbox"/> Dhaknapurwa <input type="checkbox"/> Faithfulganj <input type="checkbox"/> Juhi Khurd <input type="checkbox"/>
Udupi <input type="checkbox"/>	Kundapura <input type="checkbox"/> Shankarpura <input type="checkbox"/>
Aurangabad <input type="checkbox"/>	Waluj <input type="checkbox"/> Mukundwadi <input type="checkbox"/>

1a. Respondent details

Name of respondent					
Sex of respondent	Male <input type="checkbox"/>		Female <input type="checkbox"/>		
Marital Status	Married <input type="checkbox"/>		Unmarried <input type="checkbox"/>		Filter out
Age group	21-25 years <input type="checkbox"/>	26-35 years <input type="checkbox"/>	36-45 years <input type="checkbox"/>	More than 45 years <input type="checkbox"/>	Filter out

1b. SEC Details of Respondent (Husband in case of females)

Education	Code	Occupation	Code
Never been to school	01	Businessmen	01
Can read but cannot write	02	Unskilled workers	02
Can Read and write	03	Skilled workers	03
Primary (Std 1 st to Std 4 th)	04	Shop owners	04
Medium (Std 5 th to Std 8 th)	05	Officers/Executives (middle/Senior)	05
Secondary (Std 9 th to Std 11 th)	06	Officers/Executives (junior)	06
Higher Secondary	07	Clerical sales men	07
Enrolled in graduation but not completed	08	Self employed professional	08
Graduation Completed	09	Student	09
Post graduate	10	Housewives	10
Professional course	11	Any other Specify	11

SEC B

SEC C

SEC D

1c. Do you read newspapers regularly? Yes No Please name newspapers read.

Newspaper 1 _____ Newspaper 2 _____

1d. Do you watch television regularly? Yes No Please name channels watched.

Channel 1 _____ Channel 2 _____ Channel 3 _____

1e. Do you listen to radio regularly? Yes No Please name radio stations heard.

Radio Station 1 _____ Radio Station 2 _____ Radio Station 3 _____

Continue only if anyone of the above is “Yes”

Interview Details

Name of the interviewer		
Date of interview		
Quality check	Name	Date
Back checked and Scrutinised by		

SECTION 2: Status of Women in Society

We would like to have your views regarding the status of women and girls in society today.

No	Questions and Filters	Coding categories	Skip
1.	A husband does not like if his wife does anything without asking his permission	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
2.	A woman is afraid to deny her husband sex else he may go to outside women or beat her or do both	Strongly Disagree 1 Disagree 2	

No	Questions and Filters	Coding categories	Skip
		Agree 3 Strongly Agree 4	
3.	Slapping and beating of women is a man's prerogative it is nothing unusual it is necessary to keep the woman in her limits.	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
4.	Women are allowed to work outside home only if it is required to meet the financial burden of the house.	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
5.	If a woman loses her husband at a young age she is blamed for his death.	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
6.	A woman has no right in her husband's home after his death she is normally thrown out by her in laws	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	
7.	After marriage a girl does not have any right in her natal home, she should go there only if invited.	Strongly Disagree 1 Disagree 2 Agree 3 Strongly Agree 4	

SECTION 3: Fear of Contracting HIV

You are aware of the HIV AIDS infection. Now I am going to ask you some questions about whether you are worried/have fear or not worried about contracting HIV in response to the following statements.

1.	Talking to a person with HIV or AIDS?	Have lots of fear 1	
----	---------------------------------------	---------------------	--

		Have fear	2	
		Have some fear	3	
		Do not have any fear	4	
2.	Staying in the same house with a person having HIV AIDS?	Have lots of fear	1	
		Have fear	2	
		Have some fear	3	
		Do not have any fear	4	
3.	Touch a person living with HIV or AIDS?	Have lots of fear	1	
		Have fear	2	
		Have some fear	3	
		Do not have any fear	4	
4.	Handling of food or taking food prepared by infected person?	Have lots of fear	1	
		Have fear	2	
		Have some fear	3	
		Do not have any fear	4	
5.	Visiting home of infected person or letting infected person visit them?	Have lots of fear	1	
		Have fear	2	
		Have some fear	3	
		Do not have any fear	4	

SECTION 4: Stigma Indicators

I am now going to call out a few statements. Do you agree/disagree with the following statements? Please choose out of the four options 1=Strongly disagree, 2=Disagree; 3=Agree; 4=Strongly Agree

1.	Women sex workers spread HIV in the community <i>the man is not at fault</i>	Strongly Disagree	1	
		Disagree	2	
		Agree	3	
		Strongly Agree	4	
2.	Having a HIV positive person in the family is shameful for the family	Strongly Disagree	1	
		Disagree	2	
		Agree	3	

		Strongly Agree	4	
3.	Most HIV positive persons do not share the information of being infected with their family and society for fear of being shunned.	Strongly Disagree	1	
		Disagree	2	
		Agree	3	
		Strongly Agree	4	
4.	HIV positive persons or their families are not allowed to use common facilities like public tap/grocery shop/temples etc.	Strongly Disagree	1	
		Disagree	2	
		Agree	3	
		Strongly Agree	4	
5.	HIV positive persons are teased at and ridiculed by the community	Strongly Disagree	1	
		Disagree	2	
		Agree	3	
		Strongly Agree	4	
6.	HIV positive persons find it difficult to stay in a good neighbourhood <i>they are generally thrown out or not offered any place to stay by the landlord or the community</i>	Strongly Disagree	1	
		Disagree	2	
		Agree	3	
		Strongly Agree	4	
7.	Families of HIV positive people shun them mainly because no one would marry their sons or daughters	Strongly Disagree	1	
		Disagree	2	
		Agree	3	
		Strongly Agree	4	
8.	If an HIV positive person gets family support and care he can live longer and lead a normal life	Strongly Disagree	1	
		Disagree	2	
		Agree	3	
		Strongly Agree	4	
9.	A woman who has a positive husband has brought ill luck to the husbands family <i>and should be thrown out of the house.</i>	Strongly Disagree	1	
		Disagree	2	
		Agree	3	
		Strongly Agree	4	
10.	An woman should stay with her positive husband and <i>care for him she should not abandon him</i>	Strongly Disagree	1	

	care for him <i>she should not abandon him</i>	Disagree	2	
		Agree	3	
		Strongly Agree	4	
11.	A woman who is a wife of an HIV positive person is at a high risk of getting infected	Strongly Disagree	1	
		Disagree	2	
		Agree	3	
		Strongly Agree	4	
12.	A woman is not able to refuse sex to her husband even if he is positive	Strongly Disagree	1	
		Disagree	2	
		Agree	3	
		Strongly Agree	4	
13.	It is the wives of HIV infected husbands who are of bad character <i>and are responsible for the condition of the husband.</i>	Strongly Disagree	1	
		Disagree	2	
		Agree	3	
		Strongly Agree	4	
14.	When a woman is not able to fulfil the desires of her husband he goes to outside women <i>and if he gets infected with HIV it is actually her fault because she could not satisfy him</i>	Strongly Disagree	1	
		Disagree	2	
		Agree	3	
		Strongly Agree	4	
15.	Having an HIV positive daughter in law in the family is more shameful than having an HIV positive son.	Strongly Disagree	1	
		Disagree	2	
		Agree	3	
		Strongly Agree	4	
16.	A positive woman is made to feel more ashamed of herself than a positive man <i>she is not able to attend any religious and social functions</i>	Strongly Disagree	1	
		Disagree	2	
		Agree	3	
		Strongly Agree	4	
17.	A positive woman should die after her husband dies <i>as no one needs her and there is nothing she can do she is just a burden on everybody</i>	Strongly Disagree	1	
		Disagree	2	
		Agree	3	

		Strongly Agree	4	
18.	A positive woman has no right to the property of her husband or her parents.	Strongly Disagree	1	
		Disagree	2	
		Agree	3	
		Strongly Agree	4	
19.	A positive woman should be sent to an Ashram after her husbands death to spend the rest of her life <i>as there is no place for her in either her in laws house or husbands house</i>	Strongly Disagree	1	
		Disagree	2	
		Agree	3	
		Strongly Agree	4	

Section 5: AD Message Comprehension

Now am going to ask you some questions regarding latest media interventions on HIV/AIDS

No	Questions and Filters	Coding categories	Skip
1.	Did you see/hear any media message on newspaper, radio, hoardings or TV related to HIV/AIDS in last Six months	Yes 1 Go to Q2 No 2 →	If “No” go to Aided Section
2.	Did you see/hear any new media message on newspaper, radio, hoardings HIV/AIDS in last ONE month	Yes 1 No 2	If “No” go to Aided section
3.	Describe the ad which you have seen recently	If “HIV positive woman” or “Yeh Kaisa Insaaf Hai” or scenes like Woman’s face or “Slapping”, Auto, Car or House are mentioned mark as Unaided recall Unaided Recall Yes 1 Unaided Recall No 2	If “No” Go to Aided section
	AIDED SECTION	Show the stimuli provided (Print ads and Hoardings) AND ask the respondent to look at them and read them carefully one by one	
4.	Have you seen/heard any of these messages in the last ONE month	Yes 1 No 2	Continue with remaining questions in either case
No	Questions and Filters	Coding categories	Skip
1.	Have you seen any or all of the following messages recently		

No	Questions and Filters	Coding categories	Skip
		<p>“Mujhe Maaf Kar Do” Seen 1 Not Seen 2</p> <p>“Mujhe Maaf Kar Do” – Seen 1 Not Seen 2 Babuji ki davai lana bhool gaye</p> <p>“Mujhe Maaf Kar Do”- Seen 1 Not Seen 2 Tumne accident kar diya</p> <p>“Mujhe Maaf Kar Do”- Seen Not Seen Tum pee kar ghar aaye</p>	
2.	Where did you see/hear these messages?	<p>News Paper 1</p> <p>Hoarding 2</p> <p>Television 3</p> <p>Radio 4</p>	
3.	If News Paper, then which news paper	<p>Dainik Jagran 1</p> <p>Uday Vaani 2</p> <p>Vijay Karnataka 3</p> <p>Vijay Times 4</p> <p>Prajavaani 5</p> <p>Lokmat 6</p>	
4.	How many times have you seen this message?	<p>Once 1</p> <p>Twice 2</p> <p>2 – 4 times 3</p> <p>More than 4 times 4</p> <p>See them often 5</p> <p>See them rarely 6</p>	
5.	Have you seen the message?	“90 % HIV sankramit mahilayein AIDS se pati ke marne ke baad apne gharon se nikali jaati hain”	

No	Questions and Filters	Coding categories	Skip																																							
		Seen 1 Not Seen 2																																								
6.	Where did you see this message?	News Paper 1 Hoarding 2 Television 3 Radio 4																																								
7.	If Hoardings, then at which location	<table border="1"> <thead> <tr> <th>Kanpur</th> <th>Udupi</th> <th>Aurangabad</th> </tr> </thead> <tbody> <tr> <td>Khapra Mohal</td> <td>Kundapura Main road</td> <td>Waluj Near AS club</td> </tr> <tr> <td>Meerpur</td> <td>Shankarpura to Udupi (Entrance to city)</td> <td>Mukundwadi Near Next Showroom</td> </tr> <tr> <td>Munshipurwa</td> <td>Udupi Above Kamath Hotel</td> <td>Kanchanwadi Paithan</td> </tr> <tr> <td>Rail Bazar T</td> <td>Udupi Bus Stand</td> <td>Harsul Near Zee</td> </tr> <tr> <td>Transport Nagar Dhaba</td> <td>Manipal Udupi to Shimoga</td> <td>CIDCO</td> </tr> <tr> <td>Bakerganj</td> <td>Near Karkala Bus Stand</td> <td>Near Hotel</td> </tr> <tr> <td>Kumhar Mandi Amarpreet</td> <td>Shankarpura to Kundapura,</td> <td>Padampura Square</td> </tr> <tr> <td>Railway Station</td> <td>Kinnimulki</td> <td>Aurangapura</td> </tr> <tr> <td>Babupurwa</td> <td></td> <td></td> </tr> <tr> <td>Dhaknapurwa</td> <td></td> <td></td> </tr> <tr> <td>Faithfulganj</td> <td></td> <td></td> </tr> <tr> <td>Juhi Khurd</td> <td></td> <td></td> </tr> </tbody> </table>	Kanpur	Udupi	Aurangabad	Khapra Mohal	Kundapura Main road	Waluj Near AS club	Meerpur	Shankarpura to Udupi (Entrance to city)	Mukundwadi Near Next Showroom	Munshipurwa	Udupi Above Kamath Hotel	Kanchanwadi Paithan	Rail Bazar T	Udupi Bus Stand	Harsul Near Zee	Transport Nagar Dhaba	Manipal Udupi to Shimoga	CIDCO	Bakerganj	Near Karkala Bus Stand	Near Hotel	Kumhar Mandi Amarpreet	Shankarpura to Kundapura,	Padampura Square	Railway Station	Kinnimulki	Aurangapura	Babupurwa			Dhaknapurwa			Faithfulganj			Juhi Khurd			
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No	Questions and Filters	Coding categories	Skip
		ETV Uttar Pradesh 6 Star Gold 7 Star Movies 8 Star One 9 Star Plus 10 Star Utsav 11	
16.	How many times have you seen this message	Once 1 Twice 2 2 – 4 times 3 More than 4 times 4 See them often 5 See them rarely 6	
17.	What in your opinion these messages convey to the public? Mark as “U” (Unaided) for responses mentioned spontaneously by the respondents else call out and if respondent mentions Yes Code as “A” Aided	Number of HIV Positive Women in India U A Presence HIV Positive Women in General Community U A Discrimination faced by Positive Women U A Throwing a positive woman out of her house is wrong U A Family Support needed by HIV Positive Women U A Rights of Women for shelter after death of husband U A Violence against Women U A Unequal status of women U A Wives are taken for granted U A Women are discriminated on every front of life U A Women always suffers for the shortcomings of men U A Vulnerability of women U A Any other:	

No	Questions and Filters	Coding categories					Skip
	How would you rate the situations in the media messages we have discussed?	Very Realistic	Realistic	Somewhat Realistic	Unrealistic	Completely Unrealistic	
18.	“Mujhe Maaf Kar Do” – Babuji ki davai lana bhool gaye						
	“Mujhe Maaf Kar Do”- Tumne accident kar diya						
	“Mujhe Maaf Kar Do”- Tum pee kar ghar aaye						
	“Agar Aapko Yeh Nainsafi lagti hai to us HIV sankramit Mahila ke bare mein sochiye jiska pati marta hai AIDS se aur nikali jaati hai wo”						
19.	Following is a list of statements that could be used to describe the ads. To what extent do you agree or disagree with each statement about the ads?	Do not agree at all	Do not agree	Agree to some extent	Agree to a large extent	Strongly agree	
	The ad hits directly on the mind						
	The sarcasm shown in the ad was very captivating						
	The innocent woman being slapped stayed in my mind						
	The ads were confusing						
	The ads has mixed up two issues Violence against Women and HIV						
	The ads had an interesting story line						
	The ads were different from the usual ads on HIV						
	The ads made me think about the problems faced by HIV positive women						
	The ads exaggerated the situation						
	The characters shown in the ad were unreal						
20.	There are two situations shown in the ad	Do you think both these situations are					

No	Questions and Filters	Coding categories	Skip
	<p>1.Vulnerability of women results in her getting blamed for everything</p> <p>2.Throwing out of house of the HIV positive women</p>	<p>Related 1</p> <p>Unrelated 2</p> <p>Do you think:</p> <p>Situation One is Right and Two is also Right 1</p> <p>Situation One is Wrong but Two is Right 2</p> <p>Situation One is Right but Two is Wrong 3</p> <p>Situation One is Wrong and Two is also Wrong 4</p>	
21.	<p>« Aaj Bharat Mein 20 lakh Auratein AIDS se sankramit hai »</p> <p>20 lakh auraton ko aapke jawab ka intejar hai</p>	<p>Were you aware of this statistic before seeing the ad? Y N</p> <p>What is your opinion about this statistic?</p> <p>It does not interest me 1</p> <p>It is shocking to know but it does not concern me 2</p> <p>It is shocking to know and makes me think of what I can do 3</p>	
22.	<p>90% AIDS se sankramit mahilaye pati ke mrne ke baad apne ghar se nikali jaati hai</p>	<p>Were you aware of this statistic before seeing the ad ? Y N</p> <p>What is your opinion about this statistic?</p> <p>It does not interest me 1</p> <p>It is shocking to know but it does not concern me 2</p> <p>It is shocking to know and makes me think of what I can do 3</p>	
23.	<p>Who do you think the ad is intended for/targeted at? (Multiple options are possible)</p>	<p>Community in General 1</p> <p>Families having HIV positive women 2</p> <p>HIV positive women 3</p> <p>Cant Say 4</p>	

No	Questions and Filters	Coding categories	Skip
24.	Did you discuss this message with anyone?	Yes 1 No 2	
25.	If yes with whom did you discuss this message?	Spouse 1 Parents 2 Brother 3 Sister 4 Brother in law 5 Sister in law 6 Friends 7	
26.	Did you think that people are likely to take some action as a result of these ads?	Yes 1 No 2 Please specify:	
27.	Did you take some action as a result of these ads?	Yes 1 No 2 Please specify:	
28.	Apart from the message about the condition of the HIV positive woman, does the ad also makes you think about other issues regarding women. If so, which are these?	Sexual Rights 1 Right to live a life of dignity 2	

No	Questions and Filters	Coding categories	Skip
	<p>which are these?</p> <p>(Call out each right one by one and mark. Multiple responses are possible)</p>	<p>Right to be free of violence 3</p> <p>Right to property 4</p> <p>Right to express oneself\ 5</p> <p>Right to education 6</p> <p>Right to freedom of movement 7</p>	
29	<p>Do you know which organisation is behind this campaign?</p>	<p>Yes 1</p> <p>No 2</p> <p>Please specify:</p>	
30.	<p>At the end of the message did you see some information on how to contact the organisation?</p>	<p>Yes 1</p> <p>No 2</p> <p>Please specify:</p>	

SECTION 6: Respondent and Household Characteristics

Please provide me some information about your household.

No	Questions and Filters	Coding categories	Skip
1.	<p>What is the religion of the head of the household?</p>	<p>Hindu 1</p> <p>Muslim 2</p> <p>Christian 3</p>	

No	Questions and Filters	Coding categories	Skip
		Sikh 4 Jain 5 Others (Specify) _____	
2.	Your caste (write the caste mentioned and then code) _____	Scheduled Caste 1 Schedule Tribe 2 Other Backward Class 3 Others (Specify)	
3.	What is monthly household income of the household? (Write as mentioned and then code) Rs. _____	Between 3001-5000 1 Between 5001-7000 2 Between 7001-10000 3 Between 10001-12500 4 Between 12501-15000 5 Between 15001-20000 6 Do not know 7	
4.	Please tell us if you have the following in the household? (Circle the items mentioned)	Radio/Tape Recorder 1 Computer 2 Television 3 Washing Machine/ Refrigerator 4 Air cooler/ Fan 5 Water pump 6 Kitchen wares (mixie/grinder/etc) 7 Cycle/ Rickshaw 8 Two wheeler 9 Car/Auto Rickshaw 10 Bullock cart/Tractor 11 Telephone /Mobile 12 Any other 13	
5.	How many members do you have in your family (including elders and children)? Please mention number		

No	Questions and Filters	Coding categories	Skip
6.	How many earning members do you have in your family)? Please mention number		

Discussion Guideline for Testing Communication Concepts

- **INTRODUCTION – SELF, ORGANISATION-** Good day! I am from Prastut a market research company in Delhi.
- **NEED OF RECORDING-** Also let me inform you that we are audio taping the entire discussion as later on we have to study what each one of you has said and it is not possible to take the notes or remember what has been discussed in detail.
- **INTRODICTION OF TOPIC -** We are here to discuss with you and take your opinion on some messages which we would like to make to the community through the mass media. These messages are social messages. I would like to also share some social messages with you and take your suggestions and views on them. Please feel free to express your views as there is nothing right or wrong that would be judged.

So if everything about the purpose is clear let us start with the discussion. First let us all introduce ourselves – please tell me your name, age, number of members in family, occupation and education.

- **INTRODUCTION OF RESPONDENTS – *Draw a horse shoe and take respondent profile based on their seating position.***
 - **Age**
 - **Education**
 - **Occupation**

Section I – Media and Awareness of Social Messages

Daily Routine and Media Habits

1. Let us start out discussion by sharing with one another our daily routines. How do you start your day and how does it go along till the evening? What are the various activities that keep you busy?
2. How much time do you get in a day for entertainment? and information?
3. What are various sources of information and entertainment available to you? What do you do when you want some entertainment? Or when you want to access some information?
4. Do you watch TV? Listen to radio? Read papers? Magazines?
5. How many hours a day do you spend watching TV? Listening to radio? Reading papers? Magazines?
6. When (what time of the day, from when to when e.g. 9.00AM to 10.30AM) do you watch TV? Listen to radio? Read papers? Magazines?
7. What kinds of programs do you watch on the TV? And what's your favorite program? What channel does it come on?

8. And what kinds of programs do you listen to on radio? What's your favorite program? What channel does it come on?
9. Do you read newspapers regularly? Which newspapers do you read regularly? And which magazine do you read regularly?
10. What is it that catches you attention mostly while reading newspapers and magazines, TV, hoardings, radio spots?
11. Do you like going through ads? What kinds of ads do you like? Sometimes, we come across ads that convey a special message on issues related to health, society, people and their welfare. Can you recall any such ad that you have seen in the last fortnight? Any other?
12. Can you please describe a few such ads seen? What was shown in these ads? What about these ads appealed to you?
13. Are you aware about any messages which are given in the mass media like TV and newspapers for the betterment of the community? Which are those? Let them all mention different messages which they are aware of.
14. Any one that you like in particular? Why?
15. When do you watch these messages on TV? How attentively do you see them?

Section II – Comprehension and Message Takeout

Now, I would like to discuss a campaign with you that you must have seen recently. Have you seen 'Mujhe maaf kar do/Yeh Kaisa Insaaf hai' campaign? Where have you seen the campaign? Check for : TVC, Hoardings, press ads, radio, etc.

Now I am going to show you a social message. You can then provide your views and suggestions on the same.

Show the TVC, Print ads, Hoardings:

- Have you seen these ads in the last one month? If so, where, ask for each type of ad
- Which channel/newspaper/magazine did you see/watch the campaign on?
- Can you please tell me the entire story of what they showed in the campaign?
- Can you elaborate as to what the campaign was trying to convey? Please consider all the aspects (characters, setting, location, etc.) shown in the campaign and then tell what the campaign was trying to tell us?
- After seeing the film what did you feel? (Shocked, Disgusted, Vague, Neutral, Curious, Provoked etc...) Do you feel the situations shown here are realistic? Can you relate to such situations as happening in the society in which you live?
- What is your opinion on the sarcasm shown in the print ad, does it work or fall flat?
- Are there some other situations which you are aware of about the punishment given to women by family members?
- What about this campaign appeals to you? **Probe for** : Characters, voice over/story/narration, situation, words, etc.

- What is it that is being tried to be told in this story line – both TVC and print ads?
- What is the main message that the communication is trying to give – Probe on TVC, print and hoardings?
- What kind of questions does this depiction raise in your mind? Any curiosity? Probe if not mentioned on:
 - Number of HIV Positive Women in India
 - Discrimination faced by Positive Women
 - Throwing a positive woman out of her house is wrong
 - Family Support needed by HIV Positive Women
 - Rights of Women for shelter after death of husband
 - Violence against Women
 - Unequal status of women
 - Wives are taken for granted
 - Women are discriminated on every front of life
 - Women always suffers for the shortcomings of men
 - Vulnerability of women
- Describe the impact of the ad on your mind? Probe: The ads were different from the usual ads on HIV, The ads made me think about the problems faced by HIV positive women, The ads had an interesting story line.
- Which one is the most powerful scene in this whole communication which has had the maximum impact on you? Why?
- What is the storyline of all the situations shown in the ad trying to communicate as a series? Is there some connection?
- There are two issues shown in the ad. What is the linkage between the two? How is the storyline connected? The issues addressed are:
 - 1.Vulnerability of women results in her getting blamed for everything
 - 2.Throwing out of house of the HIV positive women
- What are the HIV/AIDS related messages given at the end of the spots?
- Does this ad give you any information about HIV/AIDS? What do you come to know about it?
- Does this ad in any way change your earlier opinion about HIV/AIDS?
- If yes, what kind of impact does this new opinion about HIV/AIDS created through this Ad have?
- Aaj Bharat Mein 20 lakh Auratein HIV/AIDS se sankramit hai, 20 lakh auraton ko aapke jawab ka intejar hai, Were you aware of this statistic before seeing the ad? What is your opinion about this statistic?

- 90% HIV/AIDS se sankramit mahilaye pati ke mrne ke baad apne ghar se nikali jaati hai. Were you aware of this statistic before seeing the ad? What is your opinion about this statistic?
- Was the message easy to understand? Probe on: Flow, words, expressions, tone, length...
- Probe for : Understandability, enjoyable aspects, relevance, etc..
- What do you think about the language used in the communication? Was it easy or difficult to read? Understand? Is this the language you are used to reading/hearing?
- When a campaign is released, many different kinds of people see it. To whom, in your opinion, would this campaign appeal? **Probe on : Section/class of people, gender, age, education, occupation, etc.** Why do you think so?
- Do you think that people are likely to take some action as a result of these ads?
- Do you feel like taking some action as a result of these ads ?
- Have you discussed this campaign with your friends/neighbours? What did you talk to your friends/neighbours about this TV campaign? What was their reaction to this campaign?
- What's one good thing about this campaign that you would like to share with your friends/neighbours? Why so?
- Was there anything in these campaigns that you didn't like? What was that?
- Is the message too strong? Too weak? Too bold? Would this message motivate a person to change his behavior?

Section III – Communication Feedback – *Is This Justice?* – Testing the Baseline/Punchline

- How powerful is this last line “Agar Aapko Yeh Nainsafi lagti hai to us HIV sankramit Mahila ke bare mein sochiye jiska pati marta hai HIV/AIDS se aur nikali jaati hai wo” ?’
- What kind of impact would this line have on the behaviour of the family towards the HIV positive woman? Will it help in changing their behaviour towards the woman? In what way?

Section IV – Addressing the Rights Issue

- Does this ad give you any message about society's treatment towards women?
- Which are the women related issues which this communication addresses?
- Does this ad also address women's rights? Which are these rights?
- How powerful is this rendition of the women's issues? What kind of impact does it have on you?
- What kind of feelings does it invoke towards the woman who is being thrown out ? (probe empathy, sympathy, of loose character, deserves the treatment etc.)

Section V – Final Take Out

- What is the final image this ad leaves you with as an everlasting, lingering image? Please describe.
- What kind of action is this ad provoking you towards? (It should provoke them towards the gross injustice happening to HIV positive women rather than just make them aware of the perils of HIV/AIDS or violence towards women.)

Glossary

Factor Analysis: This is a data reduction technique. We may have large number of variables, most of which may be correlated and have to be reduced to a manageable level. In factor analysis, the relationship among sets of many interrelated variables are examined and represented in terms of new underlying factors. It is possible to select weights so that the first factor accounts for the largest portion of total variance. Thereafter the second set of weights can be selected so that the second factor accounts for most of the residual variance.

Focus Group Discussion (FGD): FGD is a group discussion of approximately 6-12 persons guided by a facilitator. During a FGD members talk freely and spontaneously about a certain topic. It's a qualitative method. Its purpose is to obtain in-depth information on concepts, perceptions and ideas of a group. A FGD aims to be more than a question-answer interaction.

In-depth Interviews: Like focus groups, in-depth interviews explore the nuances of what people think, feel, and experience and, therefore, place a premium on interviewing skills. It is conducted on a one-to-one basis. Interviewers are trained in establishing rapport—discreetly probing and prompting without influencing respondent answers.

Statistical Significance: In statistics, a result is called statistically significant if it is unlikely to have occurred by chance. "A statistically significant difference" simply means there is statistical evidence that there is a difference; it does not mean the difference is necessarily large but important or significant.

Transect Walks: Transect walks are a way of data collection in informal surveys and participatory studies. It is essentially a walk over the transect of an area to observe and document the similarities and differences of socio-economic and biophysical features. It is usually used in areas where there is spatial diversity.

Socio-Economic Class (SEC): Socio-economic class is the classification of Urban Indian households on the basis of two parameters: Occupation and Education of the Chief wage earner of the households. For instance SEC A1 include those with graduation/post graduation holding senior positions like CEO's and middle level managers whereas SEC D can be shop owner and illiterate. See chart on next page for details on the classification.

Z - Test: The Z-test is a statistical test used in inference which determines if the difference between a sample mean and the population mean is large enough to be statistically significant.

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