An Inquiry into Impact of Television messages on Behavioral practices with People Living with HIV/AIDS (PLHAs)

Santosh Kumar Gautam¹, Manisha Upadhayaya¹ and Shahnaaz Zabi²

¹Department of Journalism and Mass Communication, Mangalayatan University, Aligarh, UP
²Faculty of Journalism & Mass Communication, Usha Martin University, Ranchi, Jharkhand

E-mail: santosh.gautam@mangalayatan.edu.in

Abstract:
Human Immuno-deficiency Virus / Acquired Immuno-deficiency Syndrome (HIV/AIDS) is primarily related to human’s attitude and behavior, and has created severe public health problem all over the world. Therefore, the role of television messages in spreading awareness and knowledge leading to attitudinal and behavioral changes needs to be inquired. The objective of this research study is to investigate attitude and behavior of the people who are directly or indirectly associated and affected by the disease and the impact of television messages thereof. Three target groups chosen for this study are - People Living with HIV/AIDS (PLHAs) and their family members; community members where PLHAs reside and health staff dealing with PLHAs. With these objectives, three Focus Group Discussions (FGDs) have been conducted. This study finds that television is an effective medium for creating awareness, informing and educating people about HIV/AIDS and also for increasing acceptability of PLHAs and their family members in society. People are adopting preventive behavior after watching television programs pertaining to prevalence and prevention of HIV/AIDS. The study also reveals that some myth & misconceptions, discriminating behavior regarding HIV/AIDS did exist in society even today. The study concludes that attitude and behavior of masses against PLHAs and their family members has changed to some extent but the PLHAs are still facing stigma and discrimination in some form or other.

Key words: Health Communication; People Living with HIV/AIDS; Stigma and discrimination; Television messages; HIV/AIDS Communication
INTRODUCTION:

Human Immuno-deficiency Virus / Acquired Immuno-deficiency Syndrome (HIV/AIDS) is primarily related to human’s attitude and behavior, and is creating severe public health problem all over the world. Therefore, awareness and knowledge leading to attitudinal and behavioral changes is imperative for tackling this health hazard. Here, any sort of communication intervention may be of great use. India formally adopted a lot of mass media campaigns and strategies as well as interpersonal communication strategies to fight against HIV/AIDS. A number of HIV/AIDS risky behaviors, such as unprotected sex, sharing needle, infected blood transfusion are major modes of HIV transmission and is creating severe health problems all over the World. It is widely believed that behavior change can reduce significantly all these modes of HIV/AIDS transmission. More than one third of all new HIV infections are found among youth aged 15-24 years (Idele et al., 2014) and almost 35.3 million youth are living with HIV/AIDS in the World and 2.1 million people are living with HIV/AIDS in India as well (UNAIDS, 2013).

In response, policy makers have used mass media, especially television for influencing adults’ sexual behavior. Awareness is the key factor for alleviating and for minimizing the spread of HIV/AIDS. Health related messages and information encourage people to adopt safe sexual behavior so as to ward off the risk of HIV/AIDS infection, even for young people who are yet not sexually active. In order to enhance awareness levels among youth, policy makers used television in a more creative, intensive and interactive manner and adopted various strategy for HIV/AIDS related programs on national television channels.

This study aims to identify attitude and behavior of the masses residing in Lucknow District of Uttar Pradesh State, India. According to National Aids Control Organization (NACO) technical report 2015, HIV adult prevalence rate is stable in India. In Uttar Pradesh, approximately 88,277...
PLHAs registered at Anti Retro-viral Therapy (ART) centers as of March 2015. However, new HIV infection cases reported at King George Medical University (KGMU), Lucknow shows an increasing trend. The rate of new HIV infection increased in last 5 years in Uttar Pradesh. Statistics given by Uttar Pradesh State AIDS Control Society (UPSACS) showed that till March 2015 about 1502 PLHAs were in active care at ART center, KGMU, Lucknow while the figure stood at 1444 in 2010 (“Government hospitals in UP report fewer new cases of HIV”, 2013). Today adults (aged 15-49) are more vulnerable towards HIV infection. Most of the HIV/AIDS cases, i.e., 87.4 percent HIV infection occurred through unsafe heterosexual intercourse(“AIDS/HIV positive cases in India”, 2012). Lucknow is the capital of Uttar Pradesh and youth are staying in Lucknow for education and livelihood. They may engage in several risky sexual behaviors, which make them more vulnerable towards HIV/AIDS infection. Sometimes, people refuse or ignore to conduct HIV test due to fear of stigma and discrimination, which is a major obstacle in the process of HIV/AIDS prevention. Hence, it is necessary to know attitudes and behavior of the masses towards PLHAs and their family members. In this regard, mass media especially television can effectively raise public awareness and inform, educate, persuade and motivate people about health care. It can convince masses for attitudinal and behavioral change through reinforcing messages and by facilitating propitious environment towards recommended health behavior (Romer & Homik, 1992). This study discusses about HIV/AIDS television messages and its impact on masses towards People Living with HIV/AIDS (PLHAs). It also aims to examine effectiveness of television for creating awareness about HIV/AIDS and for shaping positive behavior of common people towards PLHAs. An attempt has been made in this research study to understand the role of television in influencing attitudes and
behavior of masses towards PLHAs and in reducing HIV/AIDS related stigma and discrimination and indispelling myth and misconceptions about HIV/AIDS.

**Television for development and health promotion**

In the 1970s, primarily administrators and development experts used television for social and agricultural development because of its immense potential in propagating useful ideas and practices. Public health professionals have begun to explore the purposive use of television and other forms of mass media as a means for shaping health attitudes and behaviors (Warner, 1987) while television has become a means of everyday entertainment for Indians. It has also been used to create awareness for behavioral change in health sectors such as appeal for blood, eyes and organs donation, adoption of science and technology, innovative ideas, health and family planning, vaccination etc (Prakash, 2012), polio eradication (Yadav et al. 2011), HIV/AIDS prevention by reducing highly risky sexual behavior (Bertrand et al. 2006) etc. The earliest television messages of HIV/AIDS prevention appeared in the early 90s and were delivered by Bollywood actress Shabana Azami. The intervention campaign showed actress walking into an AIDS ward and hugging an HIV positive child. The television spot clearly explained transmission modes of HIV/AIDS and also about myth and misconceptions attached to it. Thereafter, several celebrities such as Shah Rukh Khan, Aparna Sen, Kabir Bedi, Sarika and Jaspal Bhatti also appeared on television screen for spreading awareness and mitigating myth and misconceptions about HIV/AIDS and PLHAs (Singh, 2006, p.109).

In order to enhance awareness levels among youth, television programs planners used television in a more creative, intensive and interactive manner and adopted various strategy for broadcasting of HIV/AIDS related programs on national television channels. Several television programs with different formats and genres such as Chat show “KhamoshiKyon” in Hindi on
Doordarshan, “Talk Positive” in English on Zee News Channel, Sitcoms “Haath Se Haath Mila” on DD Metro, Soap opera “Jasoos Vijay” and News Magazine “Kalyani” on Doordarshan were telecast. These HIV/AIDS related programs focused on creating awareness and knowledge among people about sexually transmitted diseases (STDs) and motivated people to adopt safe sexual behavior. These television programs also aimed at mitigating myth and misconceptions about HIV/AIDS and HIV positive people and for reducing stigma and discrimination pertaining to HIV/AIDS and PLHAs (NACO, 2011. p.2).

Television for Attitudinal and Behavioral changes in relation to HIV/AIDS and PLHAs

Television is an effective tool of communication for all people either literate or illiterate. It is ubiquitous in Indian society and is a popular medium for entertainment and education, found in every household, rural as well urban (Brown, 1999). There have been numerous researches about portrayal of culture on television and its effect on communities. Going hand in hand with popular belief, television did turn out to be the most popular and effective mass medium for health communication (Flora, Maibach & Maccoby, 2010; Peltzer et al. 2012).

According to Rogers (Rogers, 1995, p.344) mass media and for that matter, the television can promote the diffusion and adoption of many technical and social innovations. Television can shape opinion and behavior in different ways – one, television can form opinion of the masses and influence decision making process by carrying advocacy about health related issues; two, television can create awareness, educate, influence attitude and mobilize individual, groups, communities, opinion leaders, religious leaders and governmental and non-governmental organizations (NGOs) towards recommended health behavior; here, it can convince masses for attitudinal and behavioral change through reinforcing messages and by facilitating favorable environment towards recommended health behavior. Dutta (2007) suggests that individuals who
report learning from plethora of television health promotion programs will be more health oriented than individuals who do not report learning television health promotion programs while Tavoosi et al. (2004) found that mass media were generally good in educating people about spread and prevention of HIV/AIDS but it was unsuccessful to change negative attitudes of the masses towards AIDS and PLHAs.

**Stigma and discrimination attached with HIV/AIDS**

Stigma is a quality that significantly discredits an individual in the eyes of others (Goffman, 1963). Stigma can result from a particular characteristic, such as physical deformity or it can stem from negative attitudes towards behavior of a group such as homosexuals, prostitutes etc. From the moment scientists identified HIV and AIDS, the social responses of fear, denial, stigma and discrimination have accompanied the epidemic. Discrimination has spread rapidly, fuelling anxiety and prejudice against groups most affected as well as those living with HIV / AIDS. This stigma and discrimination associated with HIV/AIDS may be examined within the broader social, cultural, political and economic framework rather than at narrow individual level (Joint United Nations Program on HIV/AIDS, 2003). Due to the association of HIV/AIDS with commercial sex workers, injecting drugs users, truckers and men having sex with men (MSM), the disease has acquired a stigma that is difficult to overcome in any society. Those infected and affected by HIV/AIDS have faced discrimination and alienation. Thus, it goes without saying that HIV/AIDS is as much about social phenomena as it is about biological and medical concerns (Smith, Ferrara & Witte, 2007).

Worldwide, people living or associated with HIV and AIDS (PLHAs) are subjected to stigma and discrimination. The endemic of HIV/AIDS has been accompanied by fear, ignorance and denial and it is leading to stigma and discrimination. PLHAs face threat from society and the
society treats them like persons of low virtue and deprives them of the basic needs and fundamental rights as enjoyed by the common people. The HIV/AIDS related stigma and resulting discriminatory acts create circumstances for spreading HIV/AIDS (Letamo, 2003). The PLHAs may lose their employment and livelihoods, property, social status, children, friends and support of family due to stigma and discrimination. They may be given substandard care or even refused care at health care center. In this regard, Department for International Development (“Taking Action against HIV Stigma and Discrimination: Guidance and Document supporting resources”, 2007, p.2) has supported a wide range of efforts against stigma and discrimination. These efforts span three major approaches a) prevent and reduce stigma; b) challenge discrimination particularly in institutional set up; c) and promote, protect and fulfill human rights pertaining to PLHAs. Late Jonathan Mann (1987), former head of the World Health Organization’s Global Program on Acquired Immunodeficiency Syndrome identified stigma as the “third epidemic” following the accelerating spread of HIV infection and the visible rise in AIDS cases. He recognized that stigma, discrimination, blame, and denial were potentially the most difficult aspects of HIV/AIDS to address, and yet addressing them is a key to prevent HIV transmission and mitigating the impacts of the disease on individuals, families, and communities (Julie et al. 2010).

**Research Objectives**

1. To assess the impact of television messages on attitude and existing behavior of family members of People Living with HIV/AIDS (PLHAs), community members where the PLHAs reside and also that of health staff towards PLHAs.

2. To identify stigma and discrimination attached to HIV/AIDS and PLHAs, and how has television programs addressed this issue.
Research Methodology

This research study is focused in Lucknow district of Uttar Pradesh, India. Since this study involves a sensitive subject, a qualitative research design has been chosen. As such, three FGDs have been conducted to understand attitudes and behavior of the masses and health staff towards PLHAs and their family members, and also the impact of television on them. Further, FGDs have been used to understand health related needs of groups and their expectations from mass media in general and television in particular. To test the effectiveness of television programs, unaided recall method has also been applied.

FGD with Community members where PLHAs reside

FGD with community members where PLHAs resided was conducted on 11 April 2016 at Bhatgaon Village, Lucknow. Total number of participants for this FGD was 7 and the coding of the participants was 1 to 7 to conceal their identity. Total time consumed for this FGD was 25 minutes. FGD with community members where PLHAs resided aimed at finding attitudes, perception and behavior of the community against PLHAs and their family members. In this regard, approximately 14 semi-structured questions were asked to the participants.

FGD with health staff dealing with PLHAs

The FGD with health staff dealing with PLHAs was conducted on 29 February 2016 at an ART center, King George Medical University, Lucknow and the total number of participants for this FGD was 6 including doctors, male-female counselors, office staff and peon of the ART center. The participants were marked as 1, 2, 3, 4 and so on in order to conceal their identities. It was done by a moderator. To know attitude and behavior of the participants, approximately 25 semi-
structured questions were asked to the participants. Notes were prepared during FGD for analysis and conclusions.

**FGD with PLHAs and their family members**

FGD with PLHAs and their family members was conducted on 12 March 2016 with the help of *Create Care and Support Center for UPNP+*, Daliganj, Lucknow. Total number of participants was 12 --6 PLHAs and 6 of their family members. The participants of this FGD were real victims of stigma and discrimination. Therefore, their testimonial was imperative to know ground realities practiced by society against PLHAs and their family members. Thus, this FGD helped in finding and assessing perceptions and experiences of both infected and affected categories. About 26 semi-structured questions were asked to the participants. This FGD took 1 hour and 30 minutes. Audio recording was also done during FGD for better analysis.

**FINDINGS AND INTERPRETATION**

This research study was designed to find out existing attitudes and behavior of the masses towards People Living with HIV/AIDS (PLHAs) and also to identify stigma and discrimination with regard to PLHAs. For this, three focus group discussions (FGDs) were conducted, i.e., FGD with PLHAs and their family members, FGD with community members where PLHAs resided, and FGD with health staff dealing with PLHAs. Findings of the FGDs were analyzed so as to categorize, order, interpret and summarize the research data and information in order to obtain answers of the research questions and to meet the research objectives. These three FGDs revealed the community’s perception, knowledge, attitudes about HIV/AIDS and PLHAs and the impact of television messages. The findings of the study revolve around three sub-themes relevant to the research objectives, viz., ‘Television in molding HIV/AIDS related attitudes’,

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‘Myth and misconceptions regarding HIV/AIDS’ and ‘Stigma and discrimination pertaining to HIV/AIDS’.

**Television in molding HIV/AIDS related attitudes**

Although, television channels have been successful in creating awareness and educating people about prevention modes and spread of HIV/AIDS, they have been less successful in changing peoples’ perceptions, attitudes towards desired direction in relation to HIV/AIDS and PLHAs. When asked, “Has television changed peoples’ attitude and behavior towards PLHAs?” a Female PLHA participant 2 of FGD observed:

> Behavior of the people did not change because health planners via television programs were focusing to promote condom as a contraceptive to avoid unnecessary pregnancy. She further added that condom ads on television looked like a contraceptive rather than preventive means of HIV/AIDS. She recalled an advertisement “Ek Achhi Aadat” which was broadcast on television channels for popularizing and promoting the use of condom within society.

Family member 2 of the PLHAs also observed that behavior of the people towards PLHAs had not changed. Society members have fears and doubts pertaining to infection of HIV/AIDS and are always reluctant to mingle with PLHAs community. When asked about the behavior of the neighbors towards PLHAs and their family members, family member 2 of the PLHAs participant observed that she did not reveal the identity of the PLHAs to the neighbors. If she told them that one of her family members was HIV positive then neighbors would certainly discriminate against her. They might refuse to talk or visit her home. She revealed that she was a victim; nobody helped her, even doctors refused to give treatment to her PLHAs patient. She said that PLHAs required the support of the family as well as societal support to fight against HIV/AIDS.
Another PLHAs participant 3 replied that she got HIV/AIDS infection from other means of HIV infection rather than unsafe sexual intercourse but society did not believe it. She further observed that people believed that HIV/AIDS was a disease of promiscuous activities. When people knew her HIV status, they accused her and labeled her as a degenerate and pariah. Therefore, she always avoided disclosing her PLHA identity.

FGD with health staff dealing with PLHAs indicates that television channels through HIV/AIDS awareness programs have been successful in changing attitudes and behavior of the health staff dealing with PLHAs. Health staffs interact with PLHAs and their family members without any hesitation. In response to the question “Has television changed health staff’s perception towards PLHAs?”, health staff 2 observed:

In early days of HIV/AIDS prevention programs, health staff refused to interact with PLHAs or give medicine to the PLHAs but after watching HIV/AIDS theme based programs on national television channels, the knowledge level of the health staff as well as the PLHAs and common man has enhanced. The PLHAs and their family members were more active in comparison to the health staff due to more knowledge of HIV/AIDS and its treatment facilities. Sometimes, doctors refused to conduct operation due to various concerns but people resented to it.

Community members where PLHAs resided have confusion regarding transmission of HIV/AIDS and risks of HIV infection while they mingle with PLHAs. When asked, “Do you feel that you can get HIV infection from mingling or visiting the home of the PLHAs?” community member 2 where PLHAs resided observed that people should be careful of the PLHAs and should avoid mingling with the PLHAs or visiting their homes because they would might be at a risk of HIV infection. He added that HIV could be transmitted from PLHAs to their healthy family members as well. He suggested that clothes and utensils of the PLHAs should be kept separate because HIV/AIDS could be transmitted through belongings. He had no idea what to do with
an HIV positive person. Although he recalled a few messages, pertaining to HIV/AIDS broadcast on national television channels.

In response to the question during FGD, “Has HIV/AIDS television ads/programs changed your perception towards transmission of HIV infection?” family member participant 2 of the PLHAs stated that she also thought that HIV was transmitted only through unprotected sex with more than one partner or visiting brothels but television changed her misconception regarding transmission of HIV/AIDS. It was television, which educated her that HIV infection could happen from an infected syringe, injecting drugs, by infected blood transfusion, shaving kits and from mother to child before or after birth. While community member participant 1 where PLHAs resided replied that HIV/AIDS infection could happen through unsafe sexual intercourse with more than one sexual partner. HIV/AIDS television programs informed and taught him, how to protect himself from HIV infection. He remained faithful towards his life partner and became careful towards the possibilities of HIV/AIDS infection.

Health staff, family members and community members have empathy with PLHAs but at times, they also feel uneasiness, nervousness in the presence of the PLHAs. When asked, “Whether people have sympathy with PLHAs”, it is there, replied PLHAs 6. He observed that there was a big difference between peoples’ word and deed. People had sympathy with PLHAs and they accepted it publicly. However, it was only ostentation. Nobody wanted to spend time with them. He said that actually, people did not want to keep any kind of relationship with PLHAs. Even they informed and alerted all peers. Another PLHA, participant 5 observed that health staff of government hospitals behaved brazenly with them and did not provide correct information regarding treatment and medical facilities. Even laboratory technician refused to take the blood sample for the test on doctor’s prescription. Anyhow, they conducted a blood test
after doctor’s intervention. He said that when he revealed his HIV status for precaution purpose, all doctors of the private hospitals maintained distance from him and refused to admit him, even they refused to provide him necessary treatment, said PLHA participant 5. He further added that doctors and health staff of the private hospitals did not have sympathy for the PLHAs. Only trained health staff and doctors of the ART centers treated PLHAs very well and provided them better medical facilities.

Some participants from community members where PLHAs resided suggested separate belongings, stateroom and bathroom for the PLHAs. A few participants suggested a special hospital for the PLHAs to protect other visitors from HIV infection. When asked, “Should PLHAs be allowed to live a normal life within society?” Community member 6 replied:

A PLHA has a right to live a normal life like a common person. HIV infection could happen to anybody. Therefore, people should not discriminate with PLHAs. PLHAs could live with his/her family, but their families should arrange stateroom, separate bathroom and clothing for them. PLHAs should avoid physical relationship with their wives.

**Myth and misconceptions regarding to HIV/AIDS**

This study reveals that many people still have myth and misconceptions regarding prevalence and prevention of HIV/AIDS. They have doubts regarding HIV/AIDS transmission such as hugging, kissing HIV positive person, eating food with HIV positive person or living together. Community member 2 where PLHAs resided said that people should be careful of the PLHAs and should avoid mingling with the PLHAs or visiting the home of the PLHAs because there would always be a risk of HIV infection. He suggested that clothes and utensils of the PLHAs should be kept separate because HIV could be transmitted through sharing of belongings.
FGD with health staff dealing with PLHAs indicates that health staff also have some myth and misconceptions regarding prevalence and prevention of HIV/AIDS. A female health staff observed during FGD:

Although, health promoters are rigorously working to educate health staff pertaining to HIV/AIDS but a few myth & misconceptions regarding HIV/AIDS are still reported at the district level ART center. The health staff dealing with PLHAs of the remote district still have some doubts and misconceptions regarding prevalence and prevention of HIV/AIDS.

It was found that the family members of thePLHAs also had many prejudices pertaining to HIV/AIDS and PLHAs before they watched television programs regarding HIV/AIDS. It was television, which has informed and educated them about HIV/AIDS. A family member of PLHAs participant stated:

I also believed that unprotected sex was the only means of HIV/AIDS transmission but television has changed my notion regarding transmission of HIV/AIDS. It is television which informed and educated me that HIV infection could happen from infected syringe, injecting drugs, by infected blood transfusion, shaving kits and mother to child before or after birth.

**Stigma and discrimination pertaining to HIV/AIDS**

Due to widespread misconceptions about the ways of getting infected with HIV, the community members where PLHAs resided were very adamant that a person exhibiting symptoms of HIV/AIDS should be discriminated or separated from the rest of the society and should be given treatment in a special hospital. When asked, “Should an HIV infected person be given treatment in normal hospitals or special hospitals?” community member 2 where PLHAs resided replied that a separate hospital facility should be created for treatment of the PLHAs because HIV/AIDS was a viral disease and incurable as well.
PLHAs and their family members said that their relatives feared that they might get HIV/AIDS infection from social or physical interaction with someone who had HIV/AIDS. Therefore, they avoided to interact with PLHAs and their family members. When asked, “Have your family member faced problems due to HIV infection to you?” PLHApicipant 3 stated:

Sometimes my children faced problems from my natal family. My relatives were not willing to visit her home. Even though, my children were HIV negative, my relatives were afraid of HIV infection from my children. My relatives always avoided inviting my children to their homes. They were afraid that their children might also get HIV infection from my children.

DISCUSSION

This research study aims to examine information about HIV/AIDS aired by television. It also examines role of television in reducing HIV/AIDS-related stigma and discrimination against PLHAs and their family members. The discussion here concentrates around three sub-themes, viz., “Health communication for attitudinal and behavioral changes”, “Television for disseminating health related messages” and “Stigma and discrimination attached to HIV/AIDS”. As such, this study is an attempt to set a discourse based on the findings of this research study.

Health communication for attitudinal and behavioral changes

The prevention of HIV/AIDS through behavioral change by mass media messages is the key strategy for the control of HIV/AIDS. Rogers (1996) emphasized that any type of human communication whose content concern with health is called health communication. It is an emerging field in which professional communicators and health providers inform, influence and motivate individual, institutional, governmental and public audiences about important health issues. The findings of the research study point out that people have not only watched and remembered HIV/AIDS-related information, but have also implemented it in their day to day
lives as depicted and recommended in different programs of television. People were willing to carry out HIV testing. Insight of subsequent research studies confirm that HIV testing is one of the early factors for behavioral change (Rabbow, 2001, p.30; Glick & Sahn, 2007, p.386) and mass media campaigns are very effective in changing attitude and reducing high risk sexual behavior pertaining to HIV/AIDS, at least over the short term[14]. Mass media, especially television because of their wide reach, strong appeal and cost effectiveness have become a major tool for prevention of HIV/AIDS with regard to attitudinal and behavioral change among masses. Similarly, Flora, Maibach and Maccoby (2010, pp.21-38) also proclaim that health promotion programs of mass media reflect many levels of influence on health behavior including social and environmental level factors.

The research study suggests that after exposure to television messages, masses are not only aware of HIV/AIDS but are also implementing preventive measures in relation to HIV/AIDS. FGDs with health staff dealing with PLHAs, community members where PLHAs resided, and PLHAs and their family members indicate that people are now vigilant when it comes to HIV/AIDS. Although, at times they exercise “over caution” and are hesitant to mingle with PLHAs and their family members if though they know that it will not infect them with HIV. Actually, it is their prejudice, which restricts them for reconciling with PLHAs and their family members, not the lack of knowledge or information. One PLHA and his family member and a health staff dealing with PLHAs observed during FGDs: “People have the basic knowledge about HIV/AIDS which they have acquired through television programs/ads. It is observed that health facilities pertaining to HIV/AIDS have brought major changes within society. For instance, PLHAs are keener for visiting ART center for treatment and medical facilities. Television channels increase acceptability of the PLHAs within society”.

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They added further: “Behavior of the people has not changed because health planners are focusing on promoting condom as a contraceptive to avoid unwanted pregnancy. Condom ads look like a contraceptive rather than preventive means of HIV/AIDS. Nowadays, an advertisement is being broadcast on television which is popularizing and promoting use of the condom within society”.

Despite ample of awareness regarding prevalence and prevention of HIV/AIDS, peoples’ attitude towards transmission of HIV/AIDS has not changed significantly. A consistent picture has emerged that although respondents knew several modes of HIV/AIDS transmission, but they assume unsafe sexual intercourse is the only reason for HIV infection. These findings reflect that perception of people towards transmission of HIV/AIDS has not changed even after three decades of HIV/AIDS prevention programs. Similarly, Andersson & Westergren (2004, p.13), Fuseini (2011, pp.13-14) found that students had plenty of knowledge regarding HIV/AIDS but their attitude towards PLHAs was negative. Students from both city and villages do avoid PLHAs. Some of the students said that they were afraid of the PLHAs.

This study also supports the contention that television programs/public health campaigns can promote and improve healthier behavior. Mass media messages pertaining to HIV/AIDS transmission help in reducing high-risk sexual behavior (Bertrand et al., 2006, pp. 293-595]. People were informed about transmission modes and prevention of HIV/AIDS through television ads, soap operas, chat shows and news etc. Discovery channel was also useful in informing and educating people about HIV/AIDS. The research study shows that these television programs/ads/genres are helpful in shaping attitude and behavior of the masses in a positive direction towards PLHAs and HIV/AIDS. FGDs with health staff dealing with PLHAs, community members where PLHAs resided and PLHAs and their family members also point out
that people have a set frame of images in their mind or have strong prejudices before watching television programs regarding prevalence and prevention of HIV/AIDS. They have never come out from those images, even though television informed and educated them about HIV/AIDS. They stick to their thinking and behavior and don’t want to mingle with PLHAs and their family members because they fear that HIV/AIDS can also be transmitted to them and their family members. Several participants during FGDs reveal that the social freedom of the PLHAs and their family has completely devastated and sexual lives of the PLHAs have also been affected due to HIV infection. A PLHA observed: “I have got HIV/AIDS infection from other means of HIV infection rather than unsafe sexual intercourse but people don’t believe it. They believe that HIV/AIDS is a disease of promiscuous activities. When people know my HIV status, they accuse and label me as degenerate and pariah. So, I always avoid disclosing my HIV identity”.

People are conscious towards HIV infection and adopting preventive behavior after watching television programs pertaining to prevalence and prevention of HIV/AIDS. Blood testing is being conducted before taking or donating blood to prevent HIV/AIDS infection. One of the community members stated during FGD: “HIV/AIDS can be transmitted through blood transfusion. I always make sure myself to conduct blood test to protect themselves and others from HIV before donating or accepting blood”.

Thus, masses have changed their attitude and behavior towards preventive measures of HIV/AIDS such as condom use and monogamy but their attitude and behavior towards HIV positive persons and their family members have not changed. People avoid polygamy, multiple sex partners or unprotected sex to protect them from HIV infection. The change might be due to intense mass media use as well as Information, Education and Communication (IEC) campaigns all over the country. It has been observed that mass media intervention campaigns have created
fear pertaining to HIV/AIDS among masses. People have become over cautious towards HIV/AIDS infection. In turn, they fear to interact and reconcile with PLHAs and their family members and prefer to discriminate and restrict PLHAs to interact with community. Therefore, the social status of the HIV affected persons has severely affected.

**Stigma and discriminatory behavior**

Stigma and discrimination of some sort still exists. In hospitals, people and health staff maintain distance from the PLHAs and their family members. Therefore, family members are reluctant to disclose serostatus of the infected person due to fear of social stigmatizing behavior. It also suggests that the female PLHAs face more difficulties and discrimination in comparison to the male PLHAs. Their family members abuse and blame female PLHAs for HIV infection. During FGD, one of the PLHAs observed: “I have got HIV/AIDS from others means of HIV infection rather than unsafe sexual intercourse but people don’t believe it. They believe that HIV/AIDS is a disease of misdemeanor or promiscuous activities. When people know my HIV status, they accuse and label me as degenerate and pariah. So, I always avoid disclosing my identity”.

In India, masculinities manifest itself in men’s control over women and celebrate multiple sex partners, which fuels gender inequalities associated with HIV/AIDS. Bhana (2008, p.730) points out that South Africans believe that multiple sex partner fuels the spread of HIV/AIDS. What is significant here is that, unsafe sex with multiple partners can be dangerous in spreading HIV/AIDS. It also leads to stigma and discrimination attached to HIV/AIDS.

It has been found that stigma and discrimination against PLHAs are deep-rooted in Indian society. It can’t be dispelled easily. Nothing has changed regarding PLHAs and HIV/AIDS; people are still practicing discriminatory behavior against PLHAs and their family members. PLHAs are willing to disclose their HIV status but they cannot reveal it due to fear of
discrimination. Nowadays, programs or advertisements pertaining to stigma, discrimination, attitudinal and behavioral changes towards PLHAs are not being broadcast on television channels. The research study reveals that family members of the PLHAs don’t reveal the identity of the PLHAs due to fear of stigma and discrimination. Family members fear if the neighbors would know the identity of the PLHAs then they may refuse to talk or visit their home. Although, society has sympathy with the PLHAs but nobody helps him. Only people tend to accuse PLHAs as the prime culprit for HIV infection. Bhana(2008, p. 735)suggests that in South Africa, there exists stigma and discrimination pertaining to HIV/AIDS in terms of apartheid, contagion, and poverty. It indicates that a new pattern is developing among Africans is that poor, black and contagion are as vectors of HIV/AIDS. While Darteh(2011, p. 147) found that mass media exposure of HIV/AIDS television programs affected attitude and behavior of the adolescents towards mitigating stigma and discrimination. Hence, much of the stigma and discrimination associated with HIV arises from fear, shame and blame. In many cases, fear is based on irrational beliefs about HIV transmission. People accuse PLHAs for HIV/AIDS transmission to others. Stigma and discrimination have been identified as major barriers in controlling and preventing transmission of the HIV/AIDS. Stigma is constantly rooted in structural violence that generates physical and social consequences (Coa, 2006; Ren, Hust, Zhang, 2014). Pulerwitzet al. (2010)opine that stigma manifests in several ways such as inappropriate fear of contagion, negative judgment about PLHAs, enacting stigma and discrimination, which can be broadly grouped physical and social exclusion. Consequently, PLHAs may suffer social rejection, financial insecurity, low self-esteem, depression and other psychological problems. Smith, Ferrara & Witte (2007) also claim physical and social consequences pertaining to HIV-related stigma. In India, a family unit is seen as one whole,
where the behavior of any one of its member reflects upon all. The entire family member including PLHAs are affected and suffered due to the disease. Therefore, the PLHAs who experience a stigmatizing environment may be reluctant or afraid to disclose their sero-status to others thereby, putting their sexual and drug-use partner, if any at a greater risk.

Several news reports also confirm stigma and discrimination against PLHAs and their family members. For instance, Indian Express (Lucknow) published a news story on 20 November 2015, where it said that a school prohibited HIV-positive kid to attend class and forced his grandmother to conduct blood test. The kid returned to school after the intervention of government officers. Another news story titled “Government hospital doctor refuses to operate HIV patients” was published by The Times of India (TOI – Allahabad) dated 29 February 2016. According to TOI news report, doctors of Pratapgarh district hospital in Uttar Pradesh refused to perform surgery of two HIV positive persons. Goa school expelled 13 HIV positive orphans children reported Indian Express (Lucknow) on 15 July 2015. According to Indian Express report school administration was forced to expel HIV positive children by parents of other students. The parents did not want their children to study with HIV positive children.

CONCLUSION

It may be concluded that PLHAs, their family members & health staff have ample of knowledge about transmission, prevention, myth & misconceptions regarding to HIV/AIDS and their medium for acquiring HIV/AIDS related knowledge is television while community members where PLHAs resided have low knowledge. Community members where PLHAs resided were hesitant to mingle with PLHAs or visit the home of the PLHAs and thought that society would have always at risk of HIV infection from PLHAs whereas, they knew several transmission and prevention modes of HIV/AIDS.
Health facilities such as availability of ART centers, free distribution of medicines pertaining to HIV/AIDS have brought major changes into the society. For instance, PLHAs are keener for visiting ART center for treatment and medicine while television increases acceptability of the PLHAs within society. This study also finds that nothing has changed regarding PLHAs; stigma and discrimination remain in Indian society. People are still practicing discriminating behavior against PLHAs and their family members. The PLHAs want to disclose their HIV status but they cannot reveal it due to fear of discrimination. Thus, the study concludes that attitude and behavior of masses against PLHAs and their family members are not change and PLHAs are still facing discrimination.

Suggestions

- An HIV positive person should not be discriminated and hated. They need more care and support from society. Therefore, people must help and support PLHAs for treatment to overcome from shadow of this health hazard.
- TV program producers should involve PLHAs and their family members and health staff dealing with PLHAs in production of television programs in terms of effectively raise issues, problems and challenges facing by real victims.
- Television, radio and traditional media can be very effective and useful for creating awareness about HIV/AIDS in masses and HIV/AIDS message should be portrayed in local dialects by engaging local artists and prominent persons etc.
- Nowadays, television channels promote acceptability of female polygamy through soap operas. Television channels portray polygamy through female lead characters and audience viewing and
enjoying it. So why can’t television channels depict HIV/AIDS and stigma and discrimination attached with HIV/AIDS.

REFERENCES


