

Impact of Television on HIV/AIDS Awareness in Delhi Slums

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Abstract

HIV/AIDS is not only a health issue but also one of the social, cultural, economic and political issue. Therefore its remedy lies not only in medicine but also in socio-economic and cultural discussions, awareness initiatives, schemes and forums in these areas through mass media. This paper examines the media habit and socio-economic status of the people living in the Delhi slums. This study also tries to find out the impact of television in generating awareness about HIV/AIDS among slum dwellers. The media habits and socio-economic background of the people living in slum area are identified by Interview schedule. The impact of television in generating awareness about HIV/AIDS is worked out by the survey. It is proved through this research study that television is most popular and efficient medium among slum dweller to create awareness about HIV/AIDS. Its impact is more than any other mass media among slum dwellers of Delhi. It is recommended through this paper that the measures should be taken to improve the socio-economic and education status of slum dwellers. Workshops and training programmes should telecast on television to inculcate the media habit and improve personal hygiene. With this the government agencies like NACO and Delhi State AIDS Control Society should produce more programs related to HIV/AIDS for television. And finally the journalist should be highly skilled to cover the HIV/AIDS related news and stories with due sensitivity which it deserves.

Key Words:- HIV/AIDS, impact, media habit, socio-economic status, survey, slum.

Introduction

Immuno Deficiency Syndrome (AIDS) is a fatal transmissible disease of the immune system caused by the human immunodeficiency virus (HIV). HIV slowly attacks and destroys the immune system, the body's defence against infection, leaving an individual vulnerable to a variety of other infections. AIDS is the final stage of HIV infection.

AIDS was first reported in 1981 by investigators in New York and California. Initially, most U.S. AIDS cases were diagnosed in homosexual men, who contracted the virus primarily through sexual contact, or intravenous drug users who became infected by sharing contaminated hypodermic needles. In 1983, French and American researchers isolated the causative agent, HIV, and by 1985 serological tests to detect the virus were developed (Barnett and Whiteside 2002).

HIV is transmitted by the direct transfer of bodily fluids, such as blood and blood products, semen and other genital secretions, or breast milk, from an infected person to an uninfected person. The primary means of transmission worldwide is heterosexual intercourse with an infected individual; the virus can enter the body through the lining of the vagina, penis, rectum, or mouth. HIV frequently spread among intravenous drug users who share needles or syringes. Prior to the development of screening procedures and heat-treating techniques that destroy HIV in blood products, transmission also occurred through contaminated blood products; many people with

haemophilia contracted HIV in this way. Today, the risk of contracting HIV from a blood transfusion is extremely small. The virus also can be transmitted across the placenta or through the breast milk from mother to infant.

There is no cure or effective vaccine for HIV infection. Efforts at prevention have focused primarily on changes in sexual behaviour by promoting abstinence and increasing the availability and use of condoms. Attempts to reduce intravenous drug use and to discourage needle reuse have also led to a reduction in infection rates in some areas. To treat HIV infection, three classes of antiretroviral medications are administered.

Statement of the problem

The total population of Delhi is around 1,67,53,235 out of which 30% reside in slums. Comparing them to other urban Delhi people, their socio-economic condition is lacked far behind, due to this reason they are not well aware of the importance of health, hygiene, sanitation and education in life. People living in slum areas are less aware about their surroundings, they are unknown to the significance and uses of TV and they take it as an entertainment tool only instead of big source of information and knowledge. Though, this research study we have put in all our efforts together the actual reason for not adopting a good Media habit.

HIV/AIDS is not only a medicinal problem but it is also a social, economic, political and cultural problem that violates human rights too. Therefore the researcher

has decided to study the impact of Television on HIV/AIDS awareness in slums.

Need of the study

People of slums are urban poor and marginal earners. They cannot afford the higher cost of urban dwellers hence, they take the shelter in slums. Delhi is well linked to other states of country through railways and buses therefore the people from other states easily migrate to Delhi for their livelihood.

Maximum slum dwellers are poor, illiterate and unaware about health hazards like AIDS. Sometimes, they establish unhygienic and unsafe sexual relation with unknown persons, such clients may be at the high risk of contacting of HIV and spreading it. The main modes of transmission of HIV/AIDS in slums are heterosexual and homosexual intercourse. Therefore, the correct knowledge about HIV/AIDS is necessary for slum dwellers. Keeping all above aspects in mind, this study of Impact of TV on HIV/AIDS awareness among slum dwellers was designed.

During the review of literature for this study, researcher found that there was hardly any research been made in Delhi slum area. Therefore it is prime need in current scenario to study about the global serious issue through the impact of TV on HIV/AIDS awareness in Delhi Slums.

Objectives

The purpose of the study is to find out the impact of Television on HIV/AIDS awareness in Delhi Slums. To achieve this purpose, the following objectives were laid down:-

1. To understand the mass media habits and Socio-economic status of the people living in slum.
2. To find out the impact of mass media in generating awareness for prevention of HIV/AIDS in Delhi slum areas.

Review of the literature

A review of literature is considered as a most important part of the research process. It helps in choosing the research design and point out the effectiveness of the research methodology used in these researches. It also enables the investigator to sharpen his technique and procedure to study the research problem more precisely and properly.

AIDS Awareness Campaign in the World

While evaluation studies have shown the effectiveness of mass media in health intervention the workability of communication in AIDS program is off late being assessed. The result of campaign in the Netherlands (ongoing since 1987) is as yet one of the most complete documentation of the impact of mass media on safe sex practices. Analyses indicate that exposure to the campaign was a important contribution towards changes in the audiences meaning and use of condoms and the cultural meaning of safe sex. There were dramatic effects among those persons most likely to be at risk of HIV infection. (Nyanjoom and Mwangela, 1998).

With few exceptions very little research has been conducted to assess the impact of health-related content on the public. (Atkin and Arkin, 1988) An analysis of the information/education programs of 38 national AIDS programs revealed that in over 90 % of both industrialized and developing countries, the main messages were caution about life style and correcting misperceptions. About 80% of the countries surveyed have provided information about how to assess personal risk. Far fewer countries included messages countering discrimination, partner negotiation and testing, Partner negotiation and testing message were more commonly reported from industrialized countries. (Mann and Tarantola et.al.1994)

In Zaire, a program dramatizing the plight of a young married woman and the tragic impact of AIDS on her family resulted in almost three-fourths of viewers of the programs resolving to change their behavior. (Convisser, 1991) A popular TV soap opera in the Philippines aired an episode showing what happened to a businessman and his wife after the broadcast, the number of visits to sexually transmitted diseases clinic in manila doubled. (Dayrit and Monzon et.al.1987).

Various health and family planning communication programs conducted in many developing countries brought rewarding results. In Brazil (1988-90) multi media campaign to promote vasectomy in three Brazilian cities featuring humorous TV sports for six months brought 58% new clinic visit in one city who cited TV as source of reference. There was an 81% increase in vasectomies performed in one clinic. In the Cebu province of the Philippines (1988-89), there was a 188% increase in family planning acceptors at city clinics and a 54% increase in new acceptors at private clinics after a one year's mass media campaign promoting health and family planning. As a result of a multi media campaign to promote health and family planning in Bolivia (1984-87) which featured eight radio spots in three languages in eight cities; plus prints and tapes for buses; family planning acceptors at clinics increased 71% during campaign period and 99% of the surveyed expressed an intention to visit a clinic as a result of hearing spots on radio. In the Kevara states of Nigeria (1984-89) a multi media campaign to promote health and family planning featuring four radio spots (aired 169 times) and five TV spots (aired 110 times led to a 500% increase in new acceptors per quarter (from 258 in 1984 to 1526 in 1987) in seven clinics that were in place began. Evaluation studies have revealed more examples of such successful health communication campaigns. (Development Communication Report, 1992)

In 1986, a rock song and video called *Cuando Estemos Juntos* ("when we are together") was launched in Latin speaking South American countries to tackle the social problem of early pregnancy. The song become very popular amongst teenagers and encouraged them to talk more freely about teenage sex, reinforced the use of restraint, sensitized younger viewers to the importance of the topic, and disseminated information about contraception. (Singhal and Rogers, 1989; Atkin And Meischke, 1989) The goal of 'Freestyle' television series was to reduce sex-role stereotyping effects on

children's preoccupation activities and perception of adult work and family roles. Many episodes were engineered with specific models of persuasion like the theory of reasoned action in mind. Evaluation showed that the series achieved many of its educational objectives. (Larose, 1989)

Debates about the effectiveness of communication campaigns have been ongoing. For instance, there has been difference of opinion regarding the effectiveness of communication campaigns in promoting seat belt use in the US. Over the years, numerous communication campaigns have attempted to persuade the public to buckle up, often using fear approach, warning that any inconvenience or discomfort is minor compared to the disability or disfigurement resulting from a vehicle crash. In the best known safety belt campaign, Robertson and Kelley et.al. (1974) concluded that TV campaigns do not have any effect on the use of safety belts. The conclusion was however refined by Geller (1986) to indicate that certain kinds of communication are unsuccessful in changing behavior. Social learning theory and much supportive research indicate that showing the convenience, comfort, and reinforcing consequences of using safety belts is likely to affect large scale increases in actual safety belt use, especially if such demonstrations are frequent, realistic and viewed by the public.

Studies in India

AIDS awareness among 350 Indian women in view of increasing risk of HIV infection, intensive health education campaigns, and widespread scientific and media attention was surveyed by Chatterjee (1999) Data collection adapted from WHO/GA phase 2 questionnaire on knowledge, attitudes, beliefs, and practices (KABP) related to HIV/AIDS were analyzed. A media score was computed in response to the 3 items in the questionnaire: watching TV, reading newspaper, and listening to radio. 8 descriptor variables included age, number of years in school, family income, personal income, years spent in Bombay, number of children, number of pregnancies, and media score. Six nominal variables included awareness of condoms, practices of religion, language spoken, importance of religion, and birthplace were considered in the stepwise multivariate logistic regression procedure with backward elimination. Results showed that the women who were not aware of AIDS had significantly fewer years of formal education, lower personal and family incomes, less exposure to the mass media and were more likely not to know of condoms in comparison to the women who had heard of AIDS. The results suggested that there were socio-economic barriers to the diffusion of AIDS information in Bombay. To stop the further spread of AIDS among vulnerable groups, specific interventions aimed at this subgroup of women through the use of specific channels of communication are urgently needed. Health education remains the most feasible preventive tool in the contexts of married women who are at high risk for acquiring HIV infection in India. Results show that a majority of them had acquired information about AIDS from the mass media, particularly television. Socio-demographic

analysis revealed 87% of the women who knew of AIDS had been exposed to AIDS-related information in the mass media in the past four weeks and that 57% had discussed it within their social networks. Women were most likely to discuss AIDS with their husbands as a general social issue, followed by friends and family members. They were least likely to talk to their husband about AIDS as a personal risk issue relating to their sexual relationships. Women's strategies for risk assessment may be inadequate owing to their dependency on knowledge and perceptions of AIDS acquired from brief and impersonal message on television.

Research suggests that in India men aged 18-25 years rarely use condoms, and only 7.1% of currently married women in India aged 13-49 years report ever having used condoms for contraception. 1628 HIV-negative men were recruited to participate in a follow-up study evaluating the sex behavioral impact of repeated HIV counseling and testing. At the first and all subsequent visits, the men gave blood samples, received physical examinations, and answered questions on demographics, previous STDs, medical history, sex behavior, and knowledge of HIV and AIDS. Participants also received one on – one counseling with a trained social worker. At three- month intervals, the men were offered condoms, underwent clinical and behavioral exams, and counseled to remain monogamous and use condoms. Almost one-third of participants had never heard of AIDS at their initial screening visit. However, with each return visit, the level of consistent condom use increased. At six- months, men were 2.8 times more likely to consistently use condoms with prostitutes; 3.6 times at 18 months, and 4.7 times at 24 months. Over the course of the study, the number of men who reported having sex with a prostitute fell from 63% to 16% by 6 months, then rose to 23% by 24 months of follow-up. Low education levels and ignorance of how HIV is transmitted were consistently associated with continued visits to prostitutes and a lack of condom use. (AEGIS, 1998).

A study on the awareness of Indian communities on AIDS /STDs (Balaganesh and Ramakrishn, et.al.1994) showed that although awareness regarding AIDS and STDs was high both in urban and rural groups, knowledge about HIV transmission was low and there was a high prevalence of myths about HIV/AIDS. Mass media, the study showed, played a very significant role in providing information on AIDS as 53.04% rural and 57.36% urban population were accessing newspapers, magazines and TV for information on AIDS. Even in a study on AIDS awareness among anganwadi workers and laborers, it was found that awareness was present only among those who had access to TV and radio. The print media did not play any role here since the population was largely illiterate or educated up to eight standards. (Bhattacharya, 1994)

A survey of 893 public school students revealed that Indian adolescents have limited knowledge about human sexuality and AIDS. (Tikoo and Bollman et.al. 1995) Similar results were obtained from a study on

AIDS awareness amongst rural junior college students. The study showed that overall knowledge regarding the etiology of AIDS was poor and misconceptions were high. (Rahate and Zodpey et.al. 1995).

Mass media including TV, newspapers, books and radio were quoted to be the main sources of HIV/AIDS related knowledge in a study on students of three colleges of East Delhi. (Aggarwal and Sharma et.al. 1997) Mass media like television, film slides in cinema halls, posters, and radio were emphasized as effective means of spreading awareness by students in a rapid survey to assess AIDS awareness among college students in Bombay and Pune. (Verma And Pavri, Mimeographed). Murugan and Kalleluah, et.al. (1987) have also reported that majority of students learn about AIDS from books and media. Apart from media, continuous multiphase counseling was also concluded to have brought about substantial changes in knowledge, attitude and practice against HIV/AIDS. (Grover, Kannan et.al.1997)

In a comparative analysis of the use of various media, radio was found to be far outscoring over the interpersonal media. Three-fourths of the respondents favoured the use of radio for dissemination of information and most of the respondents reported that the language used was simple and easy to understand this was true in case of TV as well. The reach of the TV and film, however was found to be low. Similarly, newspapers were beyond the reach of 60% of respondents. The impact of communication programs was found to be good as a vast majority of respondents reported a good understanding of the family planning message. Another important finding of the study was that a majority of workers had received the communication material for educating the people n. this shows a serious gap in material dissemination. (Bardhan and Dubey et.al.1983).

A genre of television programming successfully employed for including behavior change is the predevelopment soap opera. A predevelopment soap opera is a melodramatic television serial that is broadcast in order to entertain and to convey subtly an educational or development theme. (Singhal and Rogers, 1988) The origin of these soap operas can be traced from Peruvian and Mexican soap operas (called

telenovelas) like *Simplemente Maria*, *VenComigo*, and *Acompaname* which achieved success in targets relating to improving the status of women, literacy and family planning. (Rogers and Antola, 1985; Singhal and Rogers, 1989; Yoder and Hornik et.al.1996; Marion, 1996; Thi, 1998) inspired by Mexican experience of predevelopment soap operas, *Doordarshan*, the government television system in India telecast a series called *Hum Log* for 17 months in 1984-85. 156 episodes of 22 minutes each were broadcast in Hindi. while *Hum Log* was not manifestly designed as a communication campaign, it was displayed several qualities that are typical of communication campaigns such that it was intended to achieve specific effects like promoting equal status for women, family harmony, family planning, national integration and health. The series was highly popular among Hindi speaking viewers of North India and most viewers reported learning positive attitudes and behaviors about family harmony, equal status for women and smaller family size norms. Significantly, *Hum Log* (as other predevelopment soaps) demonstrated that Bandura's (1977) social learning theory is a good for designing educational soap operas. (Singhal and Rogers, 1989).

Research methodology

The present study is exploratory type and mostly qualitative in nature. The development of hypothesis is not necessary in this type of research. The data collected is mostly qualitative in nature. It is based on primary data collection as well as on the secondary data.

The study has been conducted in Delhi Slums. According to Census 2011, the total population of Delhi is 1,67,53,235. Out of which the population of slums are 20,30,000. Delhi is divided into nine districts in which the researcher selected five highly populated districts for the study. These are North-West Delhi, South Delhi, West Delhi, South-West Delhi and North-East Delhi. The slums of these five districts and the slum dwellers of these areas were the population of the study. During the selection of area the most important point considered was that the majority of the slum dwellers (respondents) reside in these areas. The slums, selected from the above districts are:

Table 1 Selected districts, slums and sample size

Sr. no.	District	Region	Slum	Respondent
1.	North-West Delhi	A	Badli	135
2.	South Delhi	B	Sanjay Colony & Okhla	104
3.	West Delhi	C	Shakur Basti & Nagloi	93
4.	South-West Delhi	D	Kishangarh & Mehrauli	88
5.	North- East Delhi	E	Sahadra & Annanagar	81

The sample size for this research study was 501. The samples have been taken through equal proportion percentage of population of each district. The purposive stratified random sampling technique has been used to collect the data. The samples were first divided into female and male and further divided into

three age groups i.e., A (15-24 age group), B (25-34 age group), C (35-44 age group).

The media habits and socio-economic background of the people living in slum area are identified by Interview schedule. Updated Kuppuswamy scale of socio-economic status already exists has been

used for this study. Their reliability and validity was again measured to ensure that the scale is still relevant.

The impact of Television in generating awareness about HIV/AIDS is worked out by the survey. The data was collected through Interview schedule especially designed for this purpose. The impact has been worked out on the basis of awareness, knowledge, reach, access and use by the respondent.

The data related to various aspects of the study were collected personally from the respondents with the help of well-developed interview schedule. Data processing was done with the help of SPSS 17.0 and some manual calculations. Cross tabulation statistical

process of SPSS has been used for this survey research.

Data presentation and analysis

Region

The data shown in table 2 represent the region and the size of the respondents. According to the highly populated district the Delhi has been divided into 5 regions. Region A is North-West Delhi, region B is South Delhi, region C is West Delhi, region D is South-West Delhi, region E is North-East Delhi. The sample size for this study is 501 which have been divided into 135, 104, 93, 88 and 81 respectively among the regions.

Table 2 Regions of Delhi and respondents

Region	Respondent	Percent
North-West Delhi (A)	135	26.9
South Delhi (B)	104	20.8
West Delhi (C)	93	18.6
South-West Delhi (D)	88	17.6
North- East Delhi (E)	81	16.2
Total	501	100.0

Sex

According to the table no. 3 the data were further segregated gender wise (sex) which clearly

Shows that 501 respondents have been divided into female (252) and male (249).

Table 3 Sex of the respondents

Sex	Respondent	Percent
Female	252	50.3
Male	249	49.7
Total	501	100.0

Age

Table 4 shows that the total numbers of respondents were sub-divided into three age groups.

Age group A is from 15 -24, age group B is from 25-34, and age group C is from 35-44. The respondents were equally distributed.

Table 4 Age group of the respondents

Age Group	Respondents	Percent
A. 15-24 (A)	171	34.1
B. 25-34(B)	167	33.3
C. 35-44(C)	163	32.5
Total	501	100.0

Socio-economic status of people living in Delhi slums

The table given below represents the Socio-economic status of the people living in different slums of Delhi. The researcher used the updated Kuppusswamy Socio-economic scale. Kuppusswamy has divided urban slums into five categories on the basis of score secured

by the respondent. After getting the score to the respondent their class has been decided. Out of 501 samples, the total 301 sample are living with Upper-Lower class because they secured score between 5-10 and their category is IV. Therefore it is clear from the table that more than 60% population of the Delhi Slums is living with Upper-Lower class.

Table 5 Socio-economic status of people living in Delhi slum

Category	Score	Status (class)	Head Count	Total Percentage
I	26-29	Upper	02	0.3 %
II	16-25	Upper-Middle	37	7.4 %
III	11-15	Lower-Middle	111	22.2%
IV	5-10	Upper-Lower	301	60.1 %
V	< 5	Lower	50	10.0 %
Total			501	100.0 %

Region-wise Impact of TV

According to the table below the impact of TV has been cross tabulated region wise. The impact range is shown as low (0.0+1.0+2.0), medium

(3.0+4.0+6.0+7.0) and high (8.0+9.0+10.0+12.0). It is very much clear that among all them, TV is a good impactful medium among slum dweller in creating awareness about HIV/AIDS. From the study it is shown that its impact is comparatively good as compare to other mass media. The same data are shown in table 6-

Table 6 Region-wise Impact of TV

Region	Impact of TV												Total
	0.00	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	12.00	
Count	28	2	3	100	2	0	0	0	0	0	0	0	135
within N-W Delhi (A)	20.7	1.5	2.2	74.1	1.5	0	0	0	0	0.0	0	0	100
Count	12	2	8	40	18	10	4	5	1	2	1	1	104
within South Delhi (B)	11.5	1.9	7.7	38.5	17.3	9.6	3.8	4.8	1	1.9	1	1	100
Count	33	1	2	57	0	0	0	0	0	0	0	0	93
within West Delhi (C)	35.5	1.1	2.2	61.3	0	0	0	0	0	0	0	0	100
Count	55	0	0	33	0	0	0	0	0	0	0	0	88
within S-W Delhi (D)	62.5	0	0	37.5	0	0	0	0	0	0	0	0	100
Count	13	2	2	60	3	1	0	0	0	0	0	0	81
within N-E Delhi (E)	16	2.5	2.5	74.1	3.7	1.2	0	0	0	0	0	0	100
Count	141	7	15	290	23	11	4	5	1	2	1	1	501
Total Within Region	28.1	1.4	3	57.9	4.6	2.2	0.8	1	0.2	0.4	0.2	0.2	100

Most Relevant Media for Disseminating HIV/AIDS Awareness

According to the study the most relevant media for disseminating HIV/AIDS awareness has been cross tabulated region wise. Region is shown in A, B, C, D and E categories. According to these categories one can make out that TV can be the most relevant medium in spreading the knowledge and awareness about HIV/AIDS. The respondent of the Delhi Slums responded that among all mass media, TV is the most powerful, next comes the newspaper/magazine, thereafter Radio and then is the Internet and finally the film. At last the respondent said that if the government and non-government agencies use TV as a mass communication tool for HIV/AIDS awareness dissemination then it will be the most effective for them.

Conclusions

There are only 40% people of Delhi slums using Newspaper/Magazine and rest 60% are away from using it. Those who are using it, devote only less than one hour a day. Almost same is true in using of Radio also.

In Delhi Slums 80% of people are using TV and they are able to devote one to three hours every day. The ratio of watching habit of TV is same in Male and Female.

The slum dwellers are lacked behind the use of Internet completely, but same people utilize their time in watching Films on cable or Doordarshan.

The Delhi slum has 60% of its population which is of upper-lower background (status).

The maximum earning capacity lies in between Rs.1,000/- to Rs.5,000/- per month.

If we talk about the education, then the maximum head counts are those whose education is less than High school level. The outcome of the research shows that 28% of Delhi slum population is illiterate.

The study shows that the 31% of Delhi slum population is unemployed. They are the ones who are unskilled.

The maximum people in Delhi slums are confused between AIDS and HIV. In their opinion both AIDS and HIV are diseases. Only 20% of the respondents term HIV as Virus.

Most of our respondents say that spreading of AIDS is due to unsafe sex.

59.7% of Delhi slum peoples are not aware about the symbol of HIV/AIDS. Only 23% people recognize Red Ribbon as its symbol.

Delhi slum dwellers are well aware, that HIV/AIDS does not spread due to smoking, eating together and using one toilet.

59.9% of the respondents of Delhi slums knew that the medical tests for HIV/AIDS are available. On the other hand 70% of respondents said that is no vaccine available for HIV/AIDS.

70% of the respondents of Delhi slums say that they got the maximum information, knowledge and awareness about HIV/AIDS through TV, out of which the percentage of South Delhi district (81.7%) and North-West District (77.0%) records the highest awareness through TV.

The impact of TV in generating awareness about HIV/AIDS is medium (comparatively high impact) among the slum dwellers. TV has been the most effective means of mass media in creating HIV/AIDS awareness as compare to other means of mass media.

North-West District of Delhi records the maximum impact of TV in creating HIV/AIDS awareness.

The impact of TV in creating HIV/AIDS awareness among female respondents records high as compared to the Male respondents.

The impact of TV in creating HIV/AIDS awareness records the high percentage of respondents among the age group of 15-24 and 25-34.

The study reveals that TV is the most effective means of Mass media in spreading HIV/AIDS awareness. And according to the respondents of Delhi slum TV can be the most relevant medium to disseminate HIV/AIDS awareness in future.

HIV/AIDS is not only health related problem but also a social, economic, political and cultural problem as well. Therefore during the dissemination of HIV/AIDS awareness we must take care of the Socio-cultural values.

Limitations of the study

The present study had some limitations. The targeted population is female and male aged 15-44 years, even though infection and impact ranges both before and beyond those age groups in the population. To study the Socio-economic background, the updated Kuppaswamy scale was one of the limitations.

The researcher found the respondents were not quite willing to co-operate properly. Research has been conducted only in five highly populated districts of

Delhi out of nine. Time and money remained other limitations on the part of the sole researcher.

Suggestion and recommendations

The measures should be taken to improve the socio-economic and education status of slum dwellers.

There should be workshops and training programmes organized in these areas to inculcate the media habit and improve personal hygiene.

In order to make HIV/AIDS awareness more effective there should be a brand ambassador solely dedicated to HIV/AIDS awareness campaign. It should be broadcasted on the major channels at frequent intervals as well as an attractive advertisement representing the proper message along with the symbol in newspapers/magazines.

The private medical practitioners of slum area should be well versed with HIV/AIDS related researches and issues.

The journalist should be highly skilled to cover the HIV/AIDS related news and stories with due sensitivity which it deserves.

Government agencies like NACO and Delhi State AIDS Control Society should produce more programs related to HIV/AIDS for TV.

It is pointed in the survey that the doctors and the staff dealing with HIV positive patients are hesitant to attend them. But instead they should be more cautious and attached to the patients while attending them. This will give a sense of security and confidence to the patients.

HIV/AIDS is not only a health issue but also one of the social, cultural, economic, political and human right issue. Therefore its remedy lies not only in medicine but also in socio-economic and cultural discussions, initiatives, schemes and forums in these areas.

As we are aware that every households in slum areas has a TV set, so we should make a programs, advertisements, short films and documentaries based on HIV/AIDS awareness and telecast it on both government and private television channels.

Interpersonal communication, group communication and traditional communication are the effective mode of communication for disseminating knowledge about HIV/AIDS. Therefore it is recommended that there should be well trained health communicator for HIV/AIDS awareness dissemination.

The international and national level seminars and conferences should be organized by the government and educational institutions on regular basis.

The mass media organizations and media education institutions should organize health related workshops and symposia for their employees and students respectively so that they can be well aware of the challenges related to HIV/AIDS.

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