

# Impact of HIV/AIDS Information Education and Communication Material on Population

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**Abstract** - Human Immunodeficiency infection is a worldwide general medical problem, claimed 32 million up until now. By the end of 2019 there were 38.0 million individuals suffering from this disease and 690000 demised. In 2019, 68% adults and 53% youngsters bearing this disease in low-and middle-income nations were undertaking long lasting antiretroviral treatment(ART).[1] Information, education and communication (IEC) is the most widely recognized techniques executed to battle against HIV/AIDS. The essential objective of such IEC program is to inspire and teach individuals about prevention, care as well as treatment of HIV/AIDS. Expanding access to such materials through a composed circulation organize and legitimate use of broad communications are indispensable step in improving in general HIV-related information on a network which will assist with building an increasingly positive social condition. As researches have shown positive impact of IEC materials. This research report is conduct to show how the IEC material changes the behavior of a general population and PLWHA.

**Key Words:** (BCC: Behaviour change communication; PLWHA: People Living with HIV/AIDS; HIV: Human Immunodeficiency virus; STI: Sexually Transmitted Infections; MSM: Men having Sex with Men; IDU: Injecting Drug User; ICTC: Integrated Counselling & Testing Centre; FSW: Female Sex Worker;)

## 1. INTRODUCTION

IEC is a way to deal with change or strengthen behaviour of a target audience group in regards to a particular issue in a predefined timeframe. It consolidates techniques approaches and systems empower people, families, association and networks to assume dynamic job in accomplishing, supporting and ensuring their own wellbeing. HIV is a disease that affects the body's immune system, extraordinarily white platelets CD4 cells. It expanded susceptibility to a broad range of contaminations, malignant growths and variety of infections that person with strong safe health can fight off. There is no remedy for this disease. However anti retro-viral drugs (ARVs) show effective response in preventing further transmission of infection to others. The effectiveness of IEC materials to a great extent relies upon importance, readability, appeal, uniformity, language, precision of data, length of the material, accessibility and in which form its is distributed for example, banners, recordings, leaflets, handouts, booklet, boards, hoardings, flip book, and relational correspondence. Designing and creating explicit IEC materials focusing on specific groups like pregnant ladies, young people, all inclusive community, connect population like school dropouts, truckers, other high hazard bunches like IDU, MSM, FSW, PLWHA and their relatives and furthermore basic to change network disposition.

## 2. OBJECTIVE

- To assess the effect of communication intervention related to HIV/AIDS on high risk about HIV/AIDS.
- To determine how IEC material is helpful in creating awareness among population (PLWHA & general population).

## 3. METHODOLOGY

The data taken for the study is from the secondary sources. All the figures that shown are collected from primarily researchers, all listed in the bibliography. Report provides board overview on the objective that such IEC program me is to inspire and teach individuals about prevention, care as well as treatment of HIV/AIDS. The search for literature review is done using database Goggle scholar & Researchgate.net with the search terms- impact of IEC on PLWH, effectiveness of IEC on population, behaviour change of PLWHA from IEC and Pubmed wit search term usefulness of IEC material AND HIV/AIDS. These studies were in English and referred to human. All the studies conducted are in relevance of IEC material for awareness of HIV/AIDS.

## 4. LITERATURE REVIEW

The literature review was conducted on 13April 2020.

**Table-1 OVERVIEW OF THE STUDIES**

TITLE/ YEAR	SETTING/AUTHOR	SAMPLE SIZE	STUDY DESIGN	OUTCOME
Preferred Sources of Information on AIDS Among High School Students From Selected Schools in Zimbabwe[2]  1992	Mashonaland region and Matabeleland region, Zimbabwe  R J Ndlovu, R H Sihlangu[2]	478 students from 4 sub-urban coeducational schools	Interventional study- Randomized control trial.  Questionnaire is distributed	20% cited health professions, 49% newspaper, 36-45% television radio and magazines, 25% booklets and 20% said first source of information for them are classmates.
Awareness of AIDS Among School Children in Haryana[3]  1996	Haryana, India  A K Aggarwal,  R Kumar	Three rural and three urban schools in Haryana State's included. 336 students participated	Descriptive study  Questionnaire is distributed	The most knowledgeable source was textbooks (51%), television (50%), and newspapers (34%).  Urban students were significantly more informed about AIDS than their rural counterparts.
Community based HIV/AIDS education in rural Uganda: which channel is most effective?[4]  2001	12 parishes (administrative unit around 10 villages) in Masaka and Sembabule districts, situated 150 km south west to the capital Kampala.  K.Mitchell, S.Nakamanya, A.Kamali & J.A.G Whitworth	Semi structured interview (n=37) and focus group (n=3) were held in the community members working as a field staff. In addition two questionnaire survey (n=105 and n=69) and 8 focus groups were conducted with target community.	Interventional study  Semi-structured interview, two questionnaire survey is used for data collection.	85% seen at least one video or drama, 80% of had seen the leaflet, channels may work collaborative manner to reinforce message and overcome weakness built in individual channels.
Effectiveness of various IEC in improving awareness and reducing stigma related to HIV/AIDS among school going teenagers[5]  2004	7 schools of Jamnagar City, Gujarat.  Neeraj Raizada, Chitra Somasundaram, JP Mehta, VP Pandya	1000 students from class XI and XII from 7 schools	Interventional study  Semi-structured interview, two questionnaire survey used in data collection	Reduction in stigma in the respondents after the intervention
Does Swaziland have enough IEC material on HIV/AIDS targeting children[6]  2004	Conducted by ULARN	488 children	Descriptive study  Sets of questionnaire and focused group discussion	Older age group display higher knowledge compared to younger, 87% know about transmission of HIV/AIDS and 95.9% know that it is not curable.

Perceived Sufficiency & Usefulness of IEC Materials and Methods Related to HIV/AIDS among High School Youth in Addis Ababa, Ethiopia[7]  2005	High School Youth in Addis Ababa, Ethiopia  Amsale Cherie, GetenetMitkie, Shabbir Ismail and Yemane Berhane	901 students	Descriptive study  Self-administered questionnaire and focus group discussions are done for data collection.	Increase knowledge about HIV/AIDS by 456(51%), acquire safer sexual practices by 382 (42%) and influence attitude by 357 (40%) of respondents.
Effectiveness of IEC interventions in reducing HIV/AIDS related stigma among high school adolescents in Hawassa, Southern Ethiopia[8]  2008	4 high schools of Hawassa, Southern Ethiopia  Alemayehu Bekele and Ahmed Ali	Total 404 students (101 from each school) were recruited and 373 students enrolled in study	Interventional study  Questionnaire is distributed	Notable change in attitude is noticed related to misconception, discrimination and stigmatization.
Fiji Red Cross Society's HIV and Blood Advocacy IEC Materials Evaluation: An Analysis of Quality & Effectiveness[9]  2010	Suva, Fiji	Those interviewed included villagers who attended workshops, villagers who did not attend workshops, village leaders, church leaders, village nurses, Peace Corps volunteers and Red Cross Branch health volunteers	Quasi-experimental study  In-depth interview is done	The current material has positive effect on the population but there is need of improvement, planning and proper implementation in future.
Study the effect of information, education and communication on risky behaviour among people living with HIV/AIDS in KHARTOUM STATE, SUDAN[10]  2013	Khartoum State, SUDAN  Dr. Mohamed Osman ElaminBushara, Prof. Hatim Rahimtalla Mohamed2 Dr. Fatima Fadul, Dr. Ahmed Abdella Mohammed Osman	25 out of 250 people living with HIV/AIDS selected randomly	Quasi-experimental study	Increase in knowledge after the intervention (HIV) infection from 76- 100%, change in isolation feeling 84-60%, use of condom 68-96%, knowledge about mode in transmission 84-100%, change in feeling of discrimination from community 100-84%.
Relevance of HIV IEC Materials-A study among PLHIVs[11]  2014	Tirunelveli District (TAMIL NADU).  Ms. PratheepaC.Mand Ms. Nithya. K	122 people living with HIV/AIDS	Descriptive Study	97.5%received IEC materials,86.9% read the material, 64.8% adopted few matters they read in their life, 81.1 %IEC materials easy to understand, 91.8% wish to continue IEC materials

<p>The Use of Posters in Disseminating HIV/AIDS Awareness Information within Higher Education Institutions[12]</p> <p>2014</p>	<p>University of Johannesburg, South Africa</p> <p>Jenni Gobind, Wilfred I. Ukpere</p>	<p>739/970 responses recorded</p>	<p>Quasi experimental study</p> <p>Semi structured interviews and self administered survey questionnaire</p>	<p>67% academics, 75% administrative staff and 70.6% students respond that HIV/AIDS poster visible</p>
<p>Creatively Empowered: The Role of a Creative Concept and IEC Materials in Influencing Decision-Making to use Oral Pre Exposure Prophylaxis (PrEP)[13]</p> <p>2018</p>	<p>Wits Reproductive Health and HIV Institute, Johannesburg, Gauteng, South Africa; National Department of Health, Pretoria, Gauteng, South Africa; Clinton Health Access Initiative, Pretoria, Gauteng, South Africa; FHI 360, Durham, North Carolina, USA</p> <p>ElmariBriedenhann, Diantha Pillay, Mercy Murire, Patience Shamu, Hasina Subedar, LulamaLunika, Kayla Stankevitz, Kathleen Ridgeway, Michele Lanham, SaiqaMullick</p>	<p>260/299 responses</p>	<p>Cross sectional observational study</p>	<p>87% (260/299) heard of PrEP, 78 %(202/260) seen We Are the Generation that Will End HIV, 90% (148/181) liked it and 82%(148/181) said it was empowering. 88% said the IEC materials had influenced their decisions to initiate oral PrEP and 92%of current users said the materials motivated them to continue using oral PrEP.</p>

**5. GREYS LITERATURE**

So here are some information that are produced outside any traditional publication called GREY’S LITERATURE .It includes reports, policy literature, working papers, news letter, speeches, urban plans, government documents, and white papers so on.

**Table-2 Overview of Greys literature**

TITLE	OBJECTIVE	CONCLUSION/ FINDING
<p>IEC material and caring for PLWHA a partnership between Program for Appropriate Technology in Health and Family Health International[14]</p> <p>2004</p>	<p>To define the needs of PLWHA and their families, as well as of caregivers, in urban and rural areas affected by HIV (Ha Noi, Hai Phong, and Quang Ninh).</p> <p>To identify existing home and community care activities in Vietnam and to determine what materials were available that had been developed for home care.</p> <p>To conduct a community-based consultation with international NGOs, international organizations, PLWHA, community-based caretakers, peers, and informal groups involved in home care for PLWHA.</p>	<p>Give more resources to communication programs for PLWHA.</p> <p>Support positive behaviours among PLWHA.</p> <p>There is need of finding the difference between clinic based care and self care so that population can understand the proper balance between them.</p> <p>Strengthen interactions between public services and PLWHA.</p> <p>Devote information and choices regarding possibility for living.</p> <p>Support the needs of caregivers.</p> <p>Focus on reducing social stigma.</p>

	To summarize the results of the consultation in the context of strategy and program development.	Get support from policymakers for scale up. Dialogue with public officials and community leaders. Link IEC materials to program outreach.
Communication Framework For HIV/AIDS (UNAIDS/PENNSSTATE Project)[15]	Review existing theories models, frameworks and strategies for their potential effectiveness in communication programmes for HIV/AIDS prevention and care in Africa, Asia, Latin America and the Caribbean. Propose guideline for developing national and regional communications strategies for HIV/AIDS. Advice on dissemination and implementation plans to activate more effective regional and national communication strategies.	Government policy, socioeconomic status, culture, gender relation, spirituality are the five domains of context are virtually universal factors in communication for HIV/AIDS preventive health behaviour.
Priority Interventions HIV/AIDS prevention, treatment and care in the health sector (World Health Organization HIV/AIDS Department)[16] 2009	Describe the priority health sector interventions that are needed to achieve universal access to HIV prevention, treatment and care. Summarize key policy and technical recommendations developed by WHO and its partners and related to each of the priority health sector interventions. Guide the selection and prioritization of interventions for HIV prevention, treatment and care. Direct readers to the key WHO resources and references containing the best available information on the overall health sector response to HIV/AIDS, and on the priority health sector interventions, with the aim of promoting and supporting rational decision-making in designing and delivering HIV-related services.	Develop and implement "a package of HIV prevention, treatment and care" interventions, with a view to achieving universal access for all those in need. This document also responds to a long-standing country need expressed by national authorities. Countries are expected to prioritize those interventions that are best adapted to their realities on the ground, including the epidemiologic situation, level of the health system, socio-cultural context, and availability of human and financial resources. Priority interventions are designed to be a 'living' document that will be regularly updated with new recommendations based on the rapidly-evolving experience of health sector scale up.

## 6. FINDING

IEC is essential ordnance in shortening the fast approaching increment in HIV/AIDS spread. Real goal of IEC material is advancement of knowledge and dissemination of truth. Increase in treatment seeking behaviour. Availability and source of treatment, self care, responsibility to manage the life. Interventional study is most effective in changing the behaviour of respondent, create awareness, increases knowledge, moves people to change, maintain their changed and desired behavior. Health promotion activities relays on variety of IEC materials. It is a significant component in a health communication programme. It is a mix of social message and entertainment. It reaches almost 90% of the population at a time and cost effective when link with health care service delivery. Basic and justifiable words help the readers to pursue the reading. IEC helps in learning and making decisions by modifying their behaviour. Through IEC material children came to know now about nature of HIV transmission, and it is not curable. The older age groups displayed higher knowledge compared to the younger age group. School going children display more knowledge compare to those who were out of school. Focused group discussion carried out with Local Care Facilitators has a significant job in developing and supply the IEC materials to PLHIVs. To prevent transmission of disease and opportunistic infection ART adherence and pursuing safe practices are most featured practice. There is high community acceptance and low self stigma through message distributed by IEC material. Pretesting of the questionnaire is done to know that it is easily understandable by the respondents.

## 7. DISCUSSION

The message in IEC material ought to be concrete, prompt and explicit relevance to the crowd for it to be internalized and attended. Poster plays a crucial job in creating alertness among individuals of various strata. Through art and text poster has ability to disseminate. Posters are significant source of mindfulness data. Posters in hospitals, emergency department, sitting

areas present as a productive source of wellbeing instruction on a few subjects, for example, family planning, AIDS avoidance and antismoking efforts. Print media demonstrated to be adequate in expanding information, influencing social norms, developing habit to utilize condoms, expanding the measure of relational correspondence and raising responsiveness of wellbeing administrations. Print media, contacts numerous individuals, passes on data rapidly and urges them to make a move. The benefits of utilizing printed materials are the convenience, cost effective, graphics to portray concept and portability. PLWHA are usually poor people, earning periods of their life is unfavourably affected, less educated and limited job opportunities, seen mostly in daily workers. The socioeconomic situation of PLWHA gets worsen from the time of infection. Illiteracy increases their unsafeness to HIV/AIDS. IEC material effectively increase knowledge concerning the mode of transmission, securing from HIV/AIDS by refraining from sexual relations, immensity of the problem, making relationship with uninfected persons, feeling of discrimination and isolation from the community, use of condom appropriately every time they have sex and disclosing HIV status in healthcares. The aim of IEC is to impact the psychomotor, feeling and psychological territory of the collector. Interpersonal communication can only move to individual action while mass communication can create awareness. Parents are the first accessible source and socialising agents in time and spot, using this potential has a valuable and more prominent accomplishment in taking care of the issue. The religion following leaders, family and health professionals play a effective role. Many of them considered as reliable and credible.

## 8. CONCLUSION

IEC materials are more relevant and people friendly. Message appeal head and heart of the audience. People attitude/behaviour doesn't get affected even after gaining knowledge from the society. The large numbers of people were aware of this disease before getting infected. The IEC materials provide necessary life skills to the individuals that are essential for avoiding HIV infection. IEC remarkably rise in knowledge, significant refinement in the perception towards the disease or community and there was outstanding improvement in the sexual practices also. Misconceptions on HIV prevention, stigmatization, transmission and discriminatory behaviour were prevalent among the adolescents. Confusions were seen as indicators of HIV related shame and separation. Programmes utilizing joined IEC mediations should be strengthened to disperse the overall misguided judgments in transmission and counteraction of HIV/AIDS and the related disgrace and segregation. Oral PrEP proceeds to different population, it is imperative to know how the material strikes the mind of population. Extra topics should be included in the materials so that population will get familiar with oral PrEP take-up, adherence and continuation. Pairing of distribution of IEC materials with educational program. Self discrimination and social discrimination reduced. The individuals having disease show a refusal attitude for the clinic-based care provided by the government sector and they want to take care of themselves.

## 9. RECOMMENDATION

The font size of the IEC material should be bigger and easily visible. It should not be overloaded with the messages. There should be availability feedback mechanism. The message should get noticed and stand out in clutter. Complex messages on IEC materials are difficult to remember. Utilization of government scheme. There should be inclusion of topics related to HIV/AIDS in the curriculum and update time to time so that youth may develop learning skills like conflict management, assertiveness, decision making, problem solving and effective communication. Other topics such as STIs, condom, teen pregnancy, HIV testing should be included to change behaviour of population. Straightforward and obvious recommendation from funders, international and national NGOs, government agencies, and local governments have to increase the resources require for communicational needs for PLWHA and their caregivers. Printed material used should be updated time to time. It should be developed in concern with age, culture and gender appropriate. To strengthen school based IEC materials teachers should be properly trained. Strengthening of Anti AIDS club programme and peer educators. Programme for youth and the IEC material used in that is designed by students. For maintaining safer practices and attitudes parents need to talk to their children's with the help of resources available. A user oriented BCC material would help to unwrap the difficulties faced by clinical staff in treating PLWHA and fears of PLWHA about visiting clinics. The staffs should ensure that all the PLWHA received material, read and acknowledge the content of it. There should be follow up visit by staffs. The PLWHA not only pursue the IEC but also put forth attempts to share materials to their companions and neighbours. So that they could encourage consciousness of social stigma and assemble network support. The persons who are literate should help to educate the virus infected illiterate persons. These peoples should be made aware so that they do not transmit these diseases further.

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