CHAPTER 1: INTRODUCTION

1.1 General Background

HIV is a virus. Viruses infect the cells of living organisms and replicate (make new copies of themselves) within those cells. A virus can also damage human cells, which is one of the things that can make an infected creature become ill.AIDS (Acquired Immune Deficiency Syndrome) is an extremely serious condition, and at this stage the body has very little defence against any sort of infection (aidsmap.com).

Mass media is a term used to denote a section of the media specifically envisioned and designed to reach a very large audience such as the population of a nation state(Mchulan,1992). It was coined in the 1920s with the advent of nationwide radio networks, mass-circulation newspapers and magazines, although mass media (like books and manuscripts) were present centuries before the term became common(ibid).There are different types of mass media such as television, radio, newspapers, magazines and internet;which broadcast different programs based on politics, sports, heatlth, business and entertainment.Various Governmental and Non-governmental organizations are engaged in creating awareness on HIV/AIDS. Many of those organizations have been using mass media for awareness on HIV/AIDS. In order to make it more effective, their work should be scrutinized and use of sociological perspective should be encouraged. There are example of Mass Media being used successfully in many developing countries.

People have different access to different mass media. Moreover, their interest may be varied towards the different progrms of mass media. Therefore, it is essential to understand the socio-cultural background of people and their access towards the mass media and its role to create awareness regarding HIV/AIDS.

1.2 Statement of the Problem

HIV/AIDS epidemic is pervassive all over the world.The number of people infected with HIV/AIDS is growing in Nepal as well (HIV and AIDS:Media Reporting,2008).

Therefore, it is a huge challenge for a developing country like Nepal to tackle this problem. Mass media is probably the most effective way to create wareness on HIV/AIDS. Moreover, there are differenet types of mass media and some might be more effectve then others under particular social and cultural setting(different caste/etnicity).The effectiveness of a particular type of mass media depends upon socio-cultural factors, socio-economic factors and demographic factors(age, sex etc).The pattern of mass media is changing and it has subsequent effect on effectiveness to create awareness on HIV/AIDS.Also, mass media should be analyzed in close relationship with social structure and social instititions(Education, Economy, Religion etc) as former has effect on latter and vice veersa.

The research gave the information regarding knowledge of respondents on HIV/AIDS. It also anlyzed various socio-cultural and demgraphic factors such as age, sex, catste/etnicity and education.By assessing internatioanl Madia campaigns against HIV/AIDS and local activities on the same, we can design effective method for HIV/AIDS awareness and prevention.

The following questions are relevant to our problem statement.

1. What is the aceess of Mass Media by different socio-cultural and economic background of the people?
2. What are differnet dimensions(knowledge acquisition, Different Mass Media for awreness) of HIV/AIDS awareness?
3. What is the realationship between age, sex, educational status of the respondetns and coressponding access to Mass Media and knowledge on HIV/AIDS?

1.3 Objectives

1. To analyze the realtionship between socio-cultural and socio-economic background (Religion, caste/ethnicity, income etc) and mass media.
2. To analyze the access to Mass Media by socio-cultural and economic background
3. To examine knowledge of people living in Panga towards HIV/IDS.

1.4 Significance of the Study

This is the sociological study on the role of mass media to create awareness on HIV/AIDS among the people of Panga, Kirtipur.The study is mainly concerned to find out knowlwdge of HIV/AIDS among the people of Panga. This study also analyzes role of Mass Media to create awareness on HIV/AIDS. Therefore, the researcher hopes this research will help other researchers and students to carry out similar research. Similarly, the research will be beneficial for concerned organizations to formulate plans/policies to create awareness on HIV/AIDS through different mass media.

1.5 Organization of the study

The first chapter descibes general background of the study. All the avialable literature are reviewed in the second chapter. The third chapter involves information about study area, about sampling methods, method of data collection and representation. Study are and its demographic characteristics are discussed in the fourth chapter. The fifth chapter anlyzed the role of mass media to cratare awreness on HIV/AIDS. The information and data that haven been collected are anlayzed and appropiately interpreted according to the objective of the research. The sixth chapter contains the summary of important findings, conclusion/recommendation for further study.

1.6 Conceptual Framework

This study tried to analyze the underlying socio-cultural characteristics and their relation to mass media. An individual's access to mass media depended upon particular social setting and also influenced by various socio-economic and demographic factors. The following figures presents the conceptual framework which has applied by researcher during the study period.

Figure: Conceptual framework for the research

The figure below shows that each respondent has ceratin characteristics which constitutes his/her demographic and socio-cultural attributes;which are necessary to determine their access to various Mass Media namely Radio/FM, TV, Newspapers/Magazines, Internet and Hoarding/Sign boards. These activities eventually determines each repondents' knowledge perception and awareness on HIV/AIDS.

CHAPTER 2: LITERATURE REVIEW

2.1 History of Mass Media: An Overview

There was a time when lighting fire in the forest or a mountain was a signa for tribes of far-off places in times of danger and peril. Smoke was used as a signal by American Indians in the past. Trained carrier pigeons carried messages from one place to another in the early 19th century. Drummers also communicated stated orders to distant regions. With the domestication of horses, post-riding greatly faciliated the postal communications. In Nepal bards, slinging the 'Sarangi', traversed through rocky and snowy mountains, singing songs and ballads to awaken the sense of duty and responsibility among the masses in the times of war and peace.Those were some of the methods of mass-communication in the hoary past (Khatri,1983).

Mass media is a term used to denote a section of the media specifically envisioned and designed to reach a very large audience such as the population of a nation state. Mass media are tools for the transfer of information, concepts, and ideas to both general and specific audiences. They are important tools in advancing public health goals. Communicating about health through mass media is complex, however, and challenges professionals in diverse disciplines. In an article in the *Journal of Health Communication*, Liana Winett and Lawrence Wallack (1996) wrote that "using the mass media to improve public health can be like navigating a vast network of roads without any street signs—if you are not sure *where* you are going and *why*, chances are you will not reach your destination". They further asserted that using mass media can be counterproductive if the channels used are not audience-appropriate, or if the message being delivered is too emotional, fear arousing, or controversial. Undesirable side effects usually can be avoided through proper formative research, knowledge of the audience, experience in linking media channels to audiences, and message testing.

The recent inventions of various communication technologies have undoubtedly revolutionized the entire field of mass communications and in this process of fastly

expanding communications networks, the less developed as well as developing countries are facing a hard time to adjust their communication-systems and develop their mass media befitting their traditional values and ideals of life (Khatri, 1983).The use of *Katuwal* to send message from one place to other is also found in many villages. Anyway, developing nations like Nepal have to evolve their own system of communications and expand the field of mass- communications to suit needs and aspirations of their peoples. He further talks about traditional mass-communicators of Neapl such *Istihar, Deurali Hulak, Sarangi, Rodi Ghar* etc. The traditional mass-media has been regarded by the teeming masses almost as a part and parcel of the wider cultural heritage and tradition. Because of peoples long association with it the traditional media, in fact, narrows the communications effects gap considerably. The danger of unpopular communication channel can thus be easily reduced or avoided (ibid).

2.2 HIV/AIDS in Nepal

HIV is a virus. Viruses infect the cells of living organisms and replicate (make new copies of themselves) within those cells. A virus can also damage human cells, which is one of the things that can make an infected creature become ill. People can become infected with HIV from other people who already have it, and when they are infected they can then go on to infect other people. Basically, this is how HIV is spread.HIV stands for the '*Human Immunodeficiency Virus*'. Someone who is diagnosed as infected with HIV is said to be 'HIV+' or 'HIV positive' (aidsmap.com).

HIV/AIDS is a Global pandemic and Nepal can not remain untouched by this disease. The number of cases of HIV/AIDS is on the rise and it is high time we design effective policies to deal with this problem. The use of sociological perspective to understand and solve this problem is very important.

Cox and Subedi (1994) conducted a research among Nepalese sex workers, comparing some of their findings with those of Asian countries. While relative to neighboring countries, the Pandemic has been relatively slow to affect Nepal, but there is tremendous potential for rapid spread of infection. Trafficking of Nepalese women and girls to serve

the sex industry in India combined with migrant male engagement with commercial sex workers both in India and Nepal are primary routes through which various threatens to take hold in the general population . High rate of illiteracy, taboos regarding the open discussion of sex and limited health infrastructure are commonly noted as factors which facilitate the spread of the infection.

Jessa Shaw Battista (2003) tried to uncover the issue of HIV/AIDS and their socio-cultural context. She explored how the cultural, political, economic and social atmosphere in Nepal altered HIV education and prevention efforts. According to Jessa Shaw Battista economic hardship and deficient healthcare and education system are barriers to HIV education or awareness.

2.3 Role of Mass Media to Create HIV/AIDS Awareness

HIV/AIDS is one of the major problems in Nepal. Many Governmental and Non-governmental organizations have been working to tackle this predicament using many tools and techniques. Mass Media is probably one of the most effective tools to create awareness on HIV/AIDS. Traditional form of mass media as well as modern form of mass media like Newspaper, TV, and Radio etc is being extensively used to create awareness on HIV/AIDS. With the advent of new technologies like internet, people have many options regarding mass media. But the important point is making effective use of mass media by applying sociological perspective.

According to Croteau and William Hoynes(2005),Sophisticated societies are dependent on mass media to deliver health information. Marshall McLuhan calls media "extensions of man." G. L. Kreps and B. C. Thornton believe media extend "people's ability to communicate, to speak to others far away, to hear messages, and to see images that would be unavailable without media" (1992).It follows that employment of mass media to disseminate health news (or other matters) has, in effect, reduced the world's size. The value of health news is related to what gets reported and how it gets reported. According to Ray Moynihan and colleagues:

> The news media are an important source of information about health and medical therapies, and there is widespread interest in the quality of reporting. Previous studies have identified inaccurate coverage of published scientific papers, overstatement of adverse effects or risks, and evidence of sensationalism. The media can also have a positive public health role, as they did in communicating simple warnings about the connection between Reye's syndrome and the use of aspirin in children (1999, p. 1645).

Bartaula (2004) in her dissertation focuses on sources of information on AIDS, sexual behavior and gender inequality as the reasons for more HIV/AIDS victims being female. She also puts emphasis on the fact that young people have the highest rate of experience with prostitutes, 49 percent followed by businessmen, mobile-workers and government officers.

Khadka (2003) in his dissertation tells social stigma discrimination prevalent in the society associated with HIV/AIDS has added another dimension on it. He also emphasizes that mass media can play vital role in education people regarding HIV/AIDS. The word “sex” and open discussion regarding it, is traditionally or culturally considered as a taboo in Nepal. He elaborates about i. Global and Nepalese situation, HIV/AIDS ii. Youth and poverty iii. Discrimination and iv. HIV/AIDS and Gender.

The use of television, radio and magazines are profound in our society. Other forms of mass media namely traditional mass media and latest invention like Internet do exist but, Television, Radio and Magazines are widely used. Therefore, it is worthwhile to look at effectiveness of these media to provide information or create awareness.

Television because of its visual characteristics is very popular and easy to use and get information from it. “I mean Television, you don’t have to worry about getting really bored because it’s happening and you don’t have to do any work to see it, to have it happen.” (Winn, 2003).

She further says television images do not go through a complex symbolic transformation. The mind does not have to decode and manipulate during the Television experience.

Perhaps this is why the visual images received directly from a television set are strong, stronger it appears, than the images conjured up mentally while reading. But ultimately they satisfy less. Although many people regard books or magazines as less attractive medium, but they have their advantages as well. “Reading offers unexpected, unchallenged association, new insights into the tides and drifts of one’s own life. The reader is tempted to venture beyond a text, to contemplate his own life in light of the book’s personalized meanings”. On the other hand, using radio as the means of communication also has its pros and cons. But, some qualities of radio make it more effective than television, in certain circumstances. Winn elaborates this point by saying, “The beauty of radio is that, unlike television, it puts the listener in the mix. There are no highlight shows, instant replays, or let’s-go-to-the-videotape features to show us what happened. Visual images speak to the visceral, while voices heard but not seen allow free play in the Cineplex of the mind”.

Apart from these mass media, there is existence of some traditional form of mass media and modern media like Internet. But, TV, radio and magazines or newspaper are the mostly used mass media in Nepalese context.

Onta (2007) talks about mass media in post-1990 Nepal. Before the restoration of democracy in 1990, there was state monopoly in the all forms of mass media. Onta says:

> In early 1990, as the kind-led *panchayat* system gasped for its final breath, the most powerful media in Nepal were all state-owned. The *Gorkhapatra sansthan*, a corporation under government control, produced the two most-important daily newspapers, *Gorhapatra* (in Nepali) and *The Rising Nepal* (in English). Similarly, Radio Nepal and Nepal Television (NTV), both also owned by the state, had complete monopoly over the electronic media (2007, pg 1).

He further asserts-After 1990, there ahs been media boom-both in electronic and print media. The advent of private TV channels, Fm radio and privately owned newspapers and magazines was seen. There has also been increasing use of Internet for communication and information acquisition.

Croteau and Hoynes (2003) talk about relationship between media and society. They emphasized on the role of mass media in socialization, in politics and advocacy. He also talks about social change and corresponding role of various forms of mass media.

He further says “the importance of media technology is rarely underestimated. In fact, a body of work has focused almost exclusively on technology as a driving force of social change.” While changing technology certainly has consequence for society, a more sociological perspective examines the boarder context in which technology exists.

There are many examples of successful implantation of mass media campaigns in order to create awareness on HIV/AIDS in various developing countries and Nepal could learn a lot from such experiences around the globe. It will be worth mentioning two of such campaigns: one in Dominic Republic and other in Uganda.

Black(2009) asserts “many TV ads is one of four produced for a campaign by the AIDS Control and Prevention (AIDSCAP) Project in the Dominican Republic targeting adolescents and their parents. Created by a leading Dominican advertising agency, the ads used high-quality production techniques and attractive young actors to convey well-researched public health messages.”

He went on to say the campaign used coordinated approach where it worked with government agencies and nongovernmental organizations to create communication strategies for HIV/AIDS prevention. There was widespread use of Interactive media and also attempt was made to involve parents and various media.

The AIDS epidemic is sweeping sub-Saharan Africa at an alarming rate. However there are exceptions to the trend. The number of AIDS sufferers in both rural and urban areas of Uganda has been falling since the mid-1990s. These reductions are believed to be due to the success of campaigns promoting safer sexual behavior.

The study, which took place in the rural Masaka district of Uganda, found that:

- the number of adults who have become infected with HIV has fallen considerably over the 10 year period
- the decline in new cases of HIV is amongst all groups of the population, both men and women, and older and younger adults
- over the 10 years, the percentage of women aged 20 to 24 who tested HIV-positive has fallen from 21 per to 8 per cent. Women aged 40 to 44 who are HIV-positive has fallen from 10 per cent to 5 per cent
- women aged between 35 and 44 are more likely to have HIV than before. Many of these women were infected when they were young and before the safe sex campaigns were introduced.

There has been a fall in the levels of HIV amongst members of the fifteen villages of Masaka that took part in the survey. The most likely reason is that people are changing their behaviour. They are beginning to practise safe sex as a result of the severity of the epidemic and the health education campaigns run by the government and in the media.

CHAPTER 3: Research Methodology

Research methodology is systematic way of going about research that generally deals with selecting site for the research, collecting and analyzing data using different tools and techniques. In this chapter, the researcher also discussed the reason for the selection of site, research design, sampling design and different research tools and techniques.

3.1 Selection of Study Area

To analyze the level of knowledge, socio-cultural factors and corresponding role of Mass Media, variation in study population was desired. Such a variation in terms of age, sex, caste/ethnicity and level of education was found to be prevalent in Panga village.The major Mass Media being focused in the research i.e TV, Radio/FM and Newspapers/Magazines were being extensively by people there. Therefore, the study area (i.e Panga village) had all the necessary criteria for carrying out the research there.

3.2 Research Design

According to Raj (1981), Designing (a research) is a preliminary step in every activity, because it is at designing stage that purpose for which design is being made is to be decided.

This research was both exploratory and descriptive in nature. Exploratory, in the sense this research explored and uncovered different types of mass media, their changing patters and consequent implications regarding their role to create awareness on HIV/AIDS. This also explored social structure and institutions (like economy, caste/ethnicity and religion) and their influence on awareness process. Descriptive research presented a clear picture of phenomena under investigation (age, sex wise distribution and educational status).

3.3 Sampling Design

A sample design of the research is definite plan determined before any data are actually collected from obtaining a sample from the given population (Kerlinger, 2008). Sample design of this study was a purposive sampling where as Raj(1981) said, it is left to the investigator to decide which type of method he will pick up for this study. He further says it is for him (the researcher) to decide that the items which he is picking up are representative of the whole study.

The total number of people living in Panga, Kirtipur was the universe. Out of these 45 people were taken for the study using purposive sampling. Through purposive sampling, an attempt was made to include local residents, migrants (mostly students studying at TU and their family) and people of different age groups and sex. The unit of analysis was an individual.

3.4 Nature and Source of Data

This study was based on both qualitative and quantitative data. Data was collected from primary and secondary sources. Primary data was the first hand data collected by the researcher using different tools and techniques such as questionnaire, interview and case study. Secondary data was collected through the review of literature i.e. published books, existing dissertations, journals, articles and magazines.

3.5 Tools and Techniques of Data Collection

Different tools and techniques like Interview method, Questionnaire method and case studies are used in order to collect primary data from the subjects.

a. Questionnaire

Questions focus upon the objectives of the study was prepared to collect relevant information from the respondents. This method helped to gather both qualitative and quantitative data i.e. information such as name, address, income, knowledge of

HIV/AIDS, access to different types of mass media etc. This method was particularly useful in the cases (mostly female) where the respondents were unwilling or hesitant to appear for face-to-face interview. The case study of Rita also illustrated this fact (see case study 3, Page 43).

All the respondents filled and returned the questionnaire which was given to them. But, information from some respondents was not complete. The number of such respondents was 10.

b. Interview

According to Kerlinger (2008), Interview is perhaps the most ubiquitous method of obtaining information. In this method, there was direct contact between respondents and the researcher to obtain required information from them. It provided mostly qualitative data like attitudes and perception of people towards HIV/AIDS, their view on the role of mass media to create awareness on HIV/AIDS. The questions designed in the questionnaire were enough to get the required information from the respondents but Interview method was useful to understand the gaps in the answers and further answers from the respondents. Separate set of questions were not designed for Interview but this is used to enhance the information gathered from Questionnaire.

c. Case Study

Raj (1981) cites Young where he has defined it by saying that "case study method may be defined as an all inclusive and intensive study of an individual, in which the investigator brings to bear all his skill and methods, or as a systematic gathering of enough information about a person to pursue one to understand how he or she functions as a unit of society".

Apart from using information from Questionnaire and Interviews, few of the respondents are asked more questions and by analyzing the information their case studies were developed. Three respondents were selected and asked various questions regarding their preference about programs on TV, Radio and Newspapers/Magazines,

time they spent on these mass media and their knowledge about any health based programs including HIV/AIDS.

3.6 Data analysis and interpretation

The collected data was analyzed both descriptively and statistically. The crude form of data that was collected by using different tools and techniques like interview and questionnaire method later was processed through editing, coding, classifying and tabulating. The quantitative data was presented in the form of tables.

The data was classified according to age, sex, and education and corresponding knowledge on HIV/AIDS. The types of programs accessed by respondents, time spent on various Mass Media, role of religion, caste/ethnicity and education was analyzed from the collected data.

3.7 Limitation of the Study

The respondents were selected through purposive sampling and might not provide socio-economic, cultural and demographic variation, as indented. Questionnaire was used extensively for data collection; due to sensitivity associated with the research, other research methods could not be used as effectively.

CHAPTER 4: Study Area and Its Demographic Characteristics

4.1 Study Area

The small town of Kirtipur is on a hill, 5km southwest of Kathmandu. In the past there were 12 gates of the town. Parts of the old city wall still remain. The main industry in town is the Kirtipur Cottage Industry Centre and most of the residents are either weavers or farmers. There are some great views of Kathmandu and the mountain behind it.Kirtipur is on two hills and the saddle between the hills.(mykirtipur.com)

Panga, located south-west of Kirtipur Municipality is a typical Newari settlement where the old Newar culture and traditions are still alive. The village is surrounded by the villages of Chobhar, Nagaon and Chhugaon and the historical centre of Kirtipur. The Champadevi hill stretches in the south. Panga is also known as "Shankhapur", named after Lord Bishnu. Hari Binayak (Ganesh) temple of Dhusi Tole and Hari Shanker (Bishnu) temple of Lachhi tole are the most ancient temples of the village(mykirtipur.com).

4.2 Demographic Characteristics and Social/Cultural Background of the Respondents

4.2.1 Age and Sex of Study Population

As research in the Panga village transpired, diversity in the age was found among the study population. To examine the relationship between age group and Mass Media people of different age group were taken as respondents. The **Table 1** shows the age/sex wise respondents under the studied population.

Table 1: Age and Sex- wise Distribution of Study Population

AGE OF RESPONDENTS	NO OF RESPONDENTS	PERCENTAGE	MALE		FEMALE	
			NO	PERCENT	NO	PERCENT
BELOW 20	8	18	4	50	4	50
21-30	20	44	10	60	10	40
31-40	14	31	7	43	7	57
41 OR ABOVE	3	7	2	67	1	33
TOTAL	45	100	23		22	

Source: Field survey, 2009

The Table 1 clearly shows that 18 percent of the respondents were under the age of 20. The highest percentage of respondents was found to be in the range 21-30, and those respondents made up 44 percent of the total study population. The number of respondents who were aged between 31-40 was slightly less-with 31 percent. Finally, only 7 percent of the respondents belonged to the last group i.e. 41 or above.

As far as sex of the study population is concerned, there was not much variation between the two sexes. It is because conscious attempt was made while performing purposive sampling so that similar number of male and female respondents was taken for the study. The number of males and females in the study population is also shown in the Table 1. From Table 1 the variation in sex in all age groups was also evident. The highest number of male (i.e. 10) was found in 21-30 group. The female population was also highest in the same group.

After classifying the respondents into respective age group, it became easier to establish relation between age group and knowledge on HIV/AIDS(mode of transmission and knowledge about condoms) of the respondents (see chapter 5 for details).

4.2.2 Educational Status of Respondents

As far as education was concerned, majority of them were literate. And among the literate population there was variation in the level of education. The Table 2 presents the educational status of the respondents.

Table 2: Educational Status of Respondents

Education	No of respondents	Percentage
Illiterate	6	14
SLC	8	18
Intermediate	10	22
Bachelor	15	32
Master or above	6	14
Total	45	100

Source: Field survey, 2009

'Illiterate' basically refers to those people in the study population who had not had any formal education from school or college. Among the educated group, there are altogether four groups namely people who had studied up to SLC, Intermediate, Bachelor and Master or above.

Out of the total respondents, 14 percent of them were not educated i.e. they had not attended school at all. The percent of respondents, who had attended education up to SLC, was 18 percent. Slightly more respondents had studied up to Intermediate level. The majority of respondents had completed Bachelor's degree-they made up 32 percent of the total study population. In final category (Master and above), there were 14 percent respondents.

4.2.3 Religion

Table 3: Religion of Respondents

Religion	No of Respondents	Percentage
Hindu	28	62
Buddhists	10	22
Christian	4	9
Others	3	9
Total	45	100

Source: Field survey, 2009

The study population was predominately Hindu rightly representing the Panga village. The Kirtipur municipality as a whole also has the predominately Hindu population. **(**2061 census**).**The Table3 shows that the study population consists of 62 percent of Hindu followed by Buddhists with 22 percent. There were 7 percent Christian and other religion made up 9 percent of total population.

Due to changing mindset and ethnic/religious consciousness brought about by Jana Aandolan II , Madhesi Movement and various ethnic movements, some respondents were not certain about their relgion. For example two respondents –a Rai and a Limbu were not certain to call themselves Hindu (as they used to call themselves before) or Kirat (as per new consciousness). Since they could not make up their mind, it was fitting to classify them under the category 'others'.

4.2.4 Family Structure

When family structure of the study population was analyzed it was found most of the families were nuclear. And there were joint and extended families as well.

Table 4: Family Structure

Family type	Frequency	Percentage
Nuclear	33	73
Joint	10	22
Extended	2	5
Total	45	100

Source: Field survey, 2009

As far as family structure was concerned, the majority of the respondents belonged to nuclear family, in fact, 73% of the respondents. 22% of the respondents belonged to joint family and only 5% to the extended family.

One important thing to note here is that nuclear family also includes respondents who are living on their own and those living with friends in Panga. Some respondents were students living at panga but they were classified under nuclear family by their structure of

family back home.In fact, in the nuclear family category, 67% of the respondents were single individuals.

The access to various Mass Media might be different according to Family type(whether a respondents in living alone in a rented room or with the family). This will eventually affect their knowledge acquisition about HIV/AIDS and corresponding role of Mass Media to that effect (see chapter 5 for details).

4.2.4 Population by Caste/Ethnic Group

There are people of different caste and ethnic groups predominantly local Newars followed by Chhetri and Brahman.

Table 5: Population by Caste

Caste	Population	Percentage
Newar	21	53
Chhetri	8	17
Brahman	7	15
Magar	3	5
Rai	2	3
Limbu	1	2
Gurung	3	5
Total	45	100

Source: Field survey, 2009

From the above table, it is apparent that Newars made up 53 percent of the total study population and Chhetri with 17 percent . There were 15 percent Brahmins in the population. There were other castes and ethnicities as well, but in small numbers. There were some Magar, Rai, Limbu and Gurung in the study population- 5,3,2 and 5 percent respectively.

The potential role of different caste/ethnicity, their language and religion for awareness process and Mass Media's corresponding role in that will be further analyzed in Chapter 5.

CHAPTER 5: KNOWLWDGE ON HIV/AIDS AND ROLE OF MASS-MEDIA

This Chapter is basically concerned with scrutinizing firstly, knowledge of respondents on HIV/AIDS and then accessing role of mass-media. In first part of this chapter, level of knowledge of the respondents on HIV/AIDS will be analyzed. The level of knowledge of the respondents was analyzed through various factors such as their familiarity with HIV/AIDS, difference between HIV and AIDS, knowledge on HIV/AIDS transmission and knowledge about condom. The second part of this chapter closely examines the role of mass-media regarding level of knowledge on HIV/AIDS.

5.1 Level of knowledge on HIV/AIDS

The level of knowledge on HIV/AIDS among the respondents was determined by analyzing data and information. These data and information was gathered through questionnaire and semi-structured interview. The respondents were asked if they heard about HIV/AIDS. All the respondents were found to be familiar with the term HIV/AIDS.

5.1.1 Specific Knowledge on HIV/AIDS

When the respondents were asked if they ever heard about HIV/AIDS, the answer was yes and it was unanimous. Table 6 gives the number of respondents and their knowledge regarding the difference between HIV and AIDS.

Table 6: Specific Knowledge on HIV/AIDS of Study Population

Difference between HIV and AIDS	No of Respondents	Percentage
Know	29	64
Don't know	16	36
Total	45	100

Source: Field survey, 2009

The term 'HIV ' (Human Immunodefiency virus) is used when a person gets infected with the virus;he/she does not necessarily shows symptoms of AIDS. AIDS(Acquired Immune Deficiency Syndrome) is a stage when a person's body has very little resistance against any kind of infection (HIV/AIDS: Media Reporting,2008).

It was seen from the data that 64 percent of the respondents had good knowledge regarding difference between HIV and AIDS. But some of the respondents did not have any idea when it comes to the difference between HIV and AIDS. Some of the respondents said that both were same. They referred to all i.e. HIV infected and people with AIDS as '*AIDS lageko manche*'. Some opined that there is difference between the two, but they couldn't explain what exactly the difference is.

5.1.2 Level of Knowledge by Sex

The following Table 7 gives the breakdown of knowledge about HIV/AIDS of the study population. By taking into consideration, male and female might have differing level of knowledge and access to various mass-media, relationship between knowledge on HIV/AIDS and sex of the respondents was established. The Table 7 shows the level of knowledge on difference between HIV and AIDS by sex among the respondents.

Table 7: Level of Knowledge on Difference Between HIV/AIDS by Sex

Difference between HIV and AIDS	No of respondents	Male		Female	
		No	Percentage	No	Percentage
Know	29	16	70	13	59
Don't know	16	7	30	9	41
Total	45	23	100	22	100

Source: Field survey, 2009

From the table, if can be seen that 70 percent of the male knew about the difference HIV and AIDS. But, only 59 percent of female population knew about the proper difference between HIV and AIDS. It showed more males among the study population knew about difference HIV/AIDS.

The percentage of Male who knew the difference between HIV and AIDS is higher as compared to Female (**Table 7**). It was largely due to, as **Table 2** suggests, higher literacy rate among male population.

One important thing to consider here is that female in the study population was more hesitant to answer questions regarding HIV/AIDS. It was found that they were not as candid as their male counterparts when answering questions in interviews. Some of the women in the study population didn't write answers properly in the questionnaire also. And they were not very comfortable answering questions to a male researcher.

5.1.3 Relationship between Knowledge on HIV/AIDS and Age-Group of Study Population

The study population consisted of respondents of differing age; from below 20 to 41-above age group. A relationship was tried to establish between differing age group and corresponding knowledge on HIV/AIDS. The Table 8 shows the knowledge on HIV/AIDS of respondents by age group.

Table 8: Knowledge on HIV/AIDS of Respondents Based on Age-Group

Age-group	Know		Don't know		Total
	No	Percentage	No	Percentage	
Below 20	3	37	5	63	8
21-30	13	65	7		20
31-40	10	75	4	29	14
41-above	3	100	0	0	3
Total	29		16		45

Source: Field survey, 2009

The data presented in the table shows that only 37 percent of the respondents who were below 20, had known about HIV/AIDS. The figure for age group 21-30 was 65 percent.. 75 percent of the respondents in 31-40 age-groups knew well what HIV/AIDS is. For the respondents who were 41or above, all of them knew well about HIV/AIDS. The case study of 45 years old Raju Thapa also suggested he had good knowledge about HIV/AIDS and condom use; which was as per the trend found in Table 8(see case study 1, page 40).

From Table 8 it was apparent that with increasing age no of people knowing the difference between HIV and AIDS also increased.

5.1.4 Knowledge on Modes of Transmission

The respondents were asked to mention different modes of transmission for HIV/AIDS that they know about. By analyzing the information gathered, the respondents were categorized into three groups namely people who had good knowledge about modes of transmission, people who had average knowledge and the people with no knowledge whatsoever.

People who named two or more appropriate modes of transmission were categorized as 'having good knowledge'. People, who have less knowledge compared to the first category or giving both right and wrong information regarding modes of HIV/AIDS

transmission, were categorized as ‘having average knowledge’. Some people didn’t answer at all and some mentioned various modes of transmission which were not appropriate. Some (respondents under the category ‘having No Knowledge’) even said that HIV/AIDS gets transmitted by living together, by touching and eating together. These kinds of people were categorized as ‘Having no knowledge’. The Table 9 presents level of knowledge regarding various modes of HIV/AIDS transmission under the study population.

Table 9: Knowledge on Modes of Transmission Among Study Population

Knowledge on modes of transmission	No of Respondent	Percentage
Having good knowledge	22	48
Having average knowledge	19	43
Having no knowledge	4	9
Total	45	100

Source: Field survey, 2009

The data presented in the Table 9 clearly shows that 48 percent of the respondents had good knowledge on modes of transmission. People with average knowledge of modes of transmission were 43 percent. Only 9 percent of the respondents didn’t have any knowledge about different modes of transmission of HIV/AIDS.

5.1.5 Relationship between Knowledge on Mode of Transmission and Age-group

A relationship was tried to establish between age of respondents and corresponding knowledge on modes of transmission of HIV/AIDS.

Here, it was tried to analyze the relationship between knowledge on modes of transmission and various age groups. Table 10 below shows respondents having different knowledge on modes of transmission depending upon the age of the study population.

Table 10: Relationship Between Knowledge on Mode of Transmission and Age-group

Age group		Having good knowledge		Having average knowledge		Having no knowledge		Total
Range	No	No	Percent	No	Percent	No	Percent	
Below 20	8	3	37	2	25	3	37	8
21-30	20	10	50	5	25	5	25	20
31-40	14	9	64	3	21	2	14	14
41 or above	3	3	100	0	0	0	0	3
								45

Source: Field survey, 2009

The Table 10 clearly shows that 37% of the respondents in below-20 age group had good knowledge regarding various modes of HIV/AIDS transmission. The figure for 21-30 age groups was 50%. It increased to 64% for 31-40 age groups. And all the respondents in the final group i.e. 41 or above were found to be 'having good knowledge' when it comes to knowledge on various modes of HIV/AIDS transmission.

Overall trend showed that as age of the respondents increased, so was the percentage of respondents having good knowledge regarding HIV/AIDS transmission.

5.1.6 Relationship between Knowledge on Modes of Transmission and Educational Status

There is a relationship between knowledge on modes of transmission and educational status. Depending upon educational background of the respondents, level of knowledge regarding various modes of HIV/AIDS transmission was different. By educational status it meant whether a respondent is illiterate or literate (SLC, Intermediate, Bachelor and Master or above. The Table 11 shows the knowledge on modes of transmission of HIV/AIDS based on educational status.

Table 11: Knowledge on Modes of Transmission Based on Educational Status

Educational status	Having good knowledge		Having average knowledge		Having no knowledge		Total
	No	Percent	No	Percent	No	Percent	
Illiterate	1	17	1	17	4	66	6
SLC	3	37	2	26	3	37	8
Intermediate	5	50	3	30	2	20	10
Bachelor	9	60	4	27	2	13	15
Master or above	5	83	1	17	0	0	6
Total	23		11		11		45

Source: Field survey, 2009

From the above table it can be clearly seen that only 17% of the illiterate respondents had good knowledge about various modes of HIV/AIDS transmission. Among the respondents who were literate, 37% of them who had studied up to SLC had good knowledge about HIV/AIDS transmission. 50% and 60% of the respondents among Intermediate and bachelor groups had good knowledge. As far as respondents who had passed master or above, majority of them had good knowledge about different modes of HIV/AIDS transmission.

Overall trend showed that the number of respondents had increased due to the increase in the educational status of the respondents. The same was the case with the respondents having average knowledge about HIV/AIDS transmission. It can be interpreted that there was a high correlation between educational status of the respondents and their corresponding knowledge on modes of HIV/AIDS transmission.

5.2 Knowledge on Means of Prevention of HIV/AIDS

Using mass media for HIV/AIDS awareness has mainly two functions: prevention and mitigation. For prevention and mitigation of HIV/AIDS, use of condom should be encouraged, re-use of needles should be discouraged and rehabilitation of people with HIV/AIDS should be instigated (thegmai.org).

Condom is one of the effective ways of preventing the spread of HIV/AIDS. Not only this, condom can also be used for birth-spacing and for preventing other STDs (thegmai.org). People should be made aware that condom can prevent the transmission of HIV/AIDS. They should also know how to use the condom properly. The use of condom is must for those people who have sex with multiple partners.

The use of syringes should be done in proper manner. When syringes are used for medical purpose, doctors and nurses should ensure that they are clean and sterilized. There is risky use of syringes among the drug addicts as many of them use the same syringe to inject the drug in to their system. Therefore, there is high possibility of HIV/IDS spread among those people. By avoiding the use of infected syringes HIV/AIDS could be prevented to some extent.

5.2.1 Knowledge about condom

Knowledge about condom means whether the respondents have heard or used condom, and they knew different used of condom including protection against HIV/AIDS. Depending upon the above parameters the respondents were classified into two groups- ‘having knowledge’ and ‘not having knowledge’. The Table 11 presents knowledge regarding use of condom among the respondents under study.

Table 12: Knowledge about Condom Among Study Population

Knowledge about condom	Frequency	Percentage
Having knowledge	38	84
Not having knowledge	7	16
Total	45	100

Source: Field survey, 2009

Having knowledge about condom or lack of knowledge was mainly contributed to age, sex and educational status. With the increasing age, educational status was found to be high and also the knowledge on HIV/AIDS (see Table 7 and 8).

The respondents who had good knowledge about condoms were further divided into different categories depending upon their knowledge about various application of condom use. They informed the use of condom for different purposes. The Table 12 describes specific knowledge about condom of the study population.

.**Table 13: Specific Knowledge about Condom**

Variables	No of Respondent	Percentage
For birth spacing	26	68
For contraceptive	30	79
For preventing HIV/AIDS	34	89
Other STDs	15	40

Source: Field survey, 2009

Out of the total respondents, 84 percent of the respondents had good knowledge about condom and how condom can be used for prevention of HIV/AIDS. Only 79 percent of the respondents know about use of condom as contraceptive. Condom can also be used for birth spacing and 68 percent of the respondents agreed to this. Interestingly enough, only 40 percent of people under study knew condom can also used to prevent other sexually transmitted diseases (STDs). They opined that condom could only be used for HIV/AIDS prevention.

5.2.3 Knowledge on Condom and Its Use Based on Educational Status of Respondents

The knowledge on the use of condom may be varied by educational status of people. Generally, people with higher education have good knowledge than illiterate people because they have good access to different agents including mass media.

The following Table 14 shows the relationship between knowledge about condom and its use with educational status.

Table 14: Knowledge on Condom and Its Use Based on Educational Status

Educational status	Knowledge about condom and its use		Not Having Knowledge		Total
	No	Percentage	No	Percentage	
Illiterate	2	33	4	67	6
SLC	4	50	4	50	8
Intermediate	7	70	3	30	10
Bachelor	11	73	5	27	11
Master or above	5	83	1	17	6

Source: Field survey, 2009

It was found that the level of knowledge in this regard was different depending upon the level of educational of the study population. Among the illiterate population, only 33 percent had appropriate knowledge about condom and its use. The respondents, who had studied up to SLC, had slightly better percentage of them having knowledge about condom. The respondents who had studied up to Intermediate and Bachelor level had 70 percent and 73 percent of them having appropriate knowledge regarding Knowledge about condom and its use. Similarly, 83 percent of the respondents in the group 'Master or above' had good knowledge when it comes condom and its use.

From the above table, it can be seen that the overall trend is with the increase in the level of education there was also increase in the level of knowledge on condom and its use.

5.2.4 Knowledge about Condom Depending Upon Variation in the Age of Respondents

The knowledge on the condom and its use may be varied by age of the respondents. Generally, respondents of higher age groups were found to have better knowledge regarding condom and its use. The following table represents knowledge about condom and its use depending upon various age groups of the respondents.

Table 15: Knowledge on Condom Based on Age Group of Study Population

Age group		Knowledge about condom and its use	
Range	**Frequency**	**Frequency**	**Percentage**
Below 20	8	3	37
21-30	20	13	65
31-40	14	11	79
41-above	3	3	100

Source: Field survey, 2009

It was clear from Table 15 there was variation in the level of knowledge on condom and its use among the respondents of various age groups. From the table it can be clearly seen that only 37 percent of the respondents of below 20 age group had good knowledge about condom and its use. Among the 21-30 and 31-40 age groups, higher percentage of respondents (i.e. 65 and 79 respectively) had appropriate knowledge regarding condom and its use. Al the respondents in the 41-above group knew well about condom and how to use it appropriately. With the increasing age the general knowledge on HIV/AIDS (difference between HIV and AIDS) and knowledge on modes of transmission was also found to be on the rise . As chapter 4 suggested, also with the increasing age the level of education would often rise.

5.3 Role of Mass Media on HIV/AIDS Awareness

Knowledge on HIV/AIDS among the respondents was accessed through information gathered via questionnaire and interviews. It was apparent that they have different level of knowledge on HIV/AIDS. The next and important step was to establish a relationship between knowledge acquisition and role of various mass-media. The main mass-media namely Television, Radio and print media newspapers and magazines) were largely responsible for imparting information onto the respondents and it was very important to find relationship between these two factors. This analysis is also important to make the process of knowledge acquisition about HIV/AIDS more effective. Therefore, social factors and institutions like religion, caste/ethnicity, educational status and age were analyzed in this regard.

What is People's Perception about Mass Media?

Mass media is a term used to denote a section of the media specifically envisioned and designed to reach a very large audience such as the population of a nation state. It was coined in the 1920s with the advent of nationwide radio networks, mass-circulation newspapers and magazines, although mass media (like books and manuscripts) were present centuries before the term became common(Wikipedia.com).

However, local people have quite different interpretation reagarding mass media.There are different types of mass media such as television, radio, newspapers, magazines, internet etc and the purpose of our study is to analyze their roles to create awareness on HIV/AIDS. The population under study had fair idea about what they mean by Mass media and most of the people understand TV,Radio and Newspapers as Mass media.It is important to determine what respondents think about mass-media- their perspective on mass-media. Not suprisingly, majority of the respondents had some kind of idea regarding mass-media and what are different types of mass-media. According to some respondents, mass-media means something that can connect to large group of people or send information to a large group. Some were of the opinion that mass-media includes electronic and print media. Some said that mass-media means Television , radio,

newspaper and other types media. The definition or perception given by the respondetns were similar to some extent and it was not possible to group the respondents acording to their age, sex, educational status and caste/ethnicity.When asked to name few mass media thy know about, Television, radio, and newspaper. Therefore focus on Television, radio and newspaper as major mass-media was fully justified.

5.3.1 Access to Various Mass Media at Home

It was extemely importanat to know which are different mass-media that the respondents had access to at their homes. And then analyze diffeerent socail and cultural fa ctors contributing to that process and try to establish a relationship among them. A person may have good access to television and another person may have good access to radio. So, it is essentail to find out each individual choice of mass-media so that the knowledge acquisition on HIV/AIDS could be made much more effective.

The respondents were asked to choose among different mass-media- television, radio, newspapers/magazines, internet and hoarding-boards. They were also asked to name other media besides these, which thy might have access at home. The Table 16 displays acces of the respondents to various mass media.

Table 16: Access of Respondents to Various Mass Media

Type of mass-media	Access of respondents to mass media	Percentage
Radio	42	93
Newspaper/magazines	37	82
Television	34	75
Internet	10	22

Source: Field survey,2009

From the information gathered, radio was clearly the mostly used mass-media by the respondents at their homes. In fact, 93 percent of the respondents had access to radio at home, closely followed by newspaper and magazines with 82 percent. Although only 75 percent of the respondents had access to television at home, more number of respondents

(mostly students from other places) had access to television at friends home or at neighbours home, but not on a regular basis.

Most of the respondents who wher living with their families have very high percentage in regard to television access. But, respondents who were living alone or with friends-mostly in rented homes,had significatly lower percentage when it comes to access to television. Those respondents also had some access to television outside of their homes.

5.3.2 Time spend on Mass Media

It was found that each respondent spent certain amount of time each day using mass-media. There was variation in the number of hours per day each respondent spends on different mass-media. The Table 17 shows time spent on mass media by the respondents .

Table 17: Time Spent on Mass Media

Time spend on mass-media(Hours)	Frequency	Percentage
Less than 1 hour	5	11
1-2 hour	12	27
2-3 hour	16	35
3-4 hour	8	18
More than 4 hour	4	9
Total	45	100

Source: Field survey, 2009

It was hard to calculate number of hours a person spends on mass-media. It is because it includes time spend on different mass media –television, radio, newspapers/magazines and internet. The given data is based on rough calculation on the part of the respondents. 11 percent of the respondents spend less than one hour per day on various mass-media. The respondents who spend between 1-2 hours per day on various mass media was significantly larger with 27 percent. 35 percent of the respondents, easily the largest group, were found to have spend between 2 to 3 hours per day on mass-media. There were 18 percent respondents who spent more than 3 hours but less than 4 hours per day

on mass-media. Lastly, only 9 percent of respondents spent more than 4 hours on mass-media per day.

5.3.3 Time Spend on Mass Media and HIV/AIDS Awareness

The knowledge on HIV/AIDS among the respondents of diferent groups i.e. respondents spending different amount of time on mass-media, was analyzed. Knowledge on HIV/AIDS of the respondents was determined via three factors which were:

- Knowledge of HIV/AIDS- What is HIV/AIDS and the difference between the two.
- Knowlwdge about different modes of HIV/AIDS trasmission.
- Knowledge about condom and its various use.

Then, overall knowledge of each group of respondents was detrmined by considering above three factors. The Table 18 shows the realtionship between time spent on mass media by the respondents and their corresponding knowledge on HIV/AIDS.

Table 18: Time Spent on Mass Media and Corresponding Knowledge on HIV/AIDS

Time spend on mass-media (Per day)	Respondents		Knowledge of HIV/AIDS(%)	Knowlwdge about modes of transmission	Knowledge about condom (%)	Overall knowledge on HIV/AIDS(%)
	No	Percent				
Less than 1 hr	5	11	80	60	40	60
1-2 hr	12	27	70	70	50	63
2-3 hr	16	35	80	80	60	73
3-4 hr	8	18	80	70	80	76
More than 4 hr	4	9	95	90	85	90

Source: Field survey, 2009

The respondents who were in the first group i.e those spending less than one hour on various mass-media, had average figure regarding overall knowledge on mass-media. In fact,60 percent of the respondents in the first group had good knowledge regarding various aspects of HIV/AIDS. The percentage of respondents increased to 63 in the second group where the respondents spent between 1-2 hours on mass-media. The respondents having good overall knowledge on HIV/AIDS in the third and fourth group, were 73 percent and 76 percent respectively. The respondents who spent more than 4 hours each day on various mass-medai had high percentage(i.e. 90) having godd overall knowledge of HIV/AIDS.

It was clear from the above table that as the number of hours spent by respondents each day on mass-media increased , there was consistent increase in the overall knowledge of the respondents regrding HIV/AIDS awareness. This was very pertinent to our research-high posive correlation between amount of time spend on mass-media and corresponding knowledge on HIV/AIDS, was indicative of the fact more a respondent spent time on mass-media better his knowledge of HIV/AIDS.

5.3.4 Caste and Religion

There was some variation in terms of caste among the study population. The study area consisted of predominantly Newars. In fact, 53% of the respondents were from Newar caste. Chhetri and Brahmin made significant contribution to the study population after Newar with 17% and 12% respectively. The other castes were very small in proportion as compared to other castes. There was some variation in the access of mass media of study population depending upon the caste of the respondents.

Although there was slight variation ion the access of study population depending upon their castes, it was so not because of being a particular caste. It depended more on family structure (see Chpater 4). It was found that the respondents who were living with family had better access to various mass media. On the other hand, the respondents living alone or with friends , most of them were students studying in Tribhuwan University and other colleges, had limited access to various mass media. They had good access to radio and newspapers/magazines but only few of them had access to television at their room/home.

As far as knowledge of the respondents on various aspects of HIV/AIDS was concerned, there was variation which was not contributed mainly to caste of the respondents. Here, various aspects of HIV/AIDS meant knowledg on difference about HIV and AIDS, knowledge on various modes of HIV/AIDS transmission and Knowledge about condom and its use. The more important factors contributing to knowledge of respondents on various aspects of HIV/AIDS were variation in age, sex, time spent on mass media and educational status of the respondents.

Although there was slight variation in the access of study population depending upon their respective religion, it was so not because of a respondent being of a particular religion. The study population consisted mostly of Hindu religion. In fact, 62 percent of the respondents in the study population were Hindu. Any conclusion could not be drawn based on religion of the respondents . The knowledge of respondents was varied based on sex, age group and educational status. Religion didn’t play any significant role in this regard.

Having said that, caste/ethnicity and religion could be used to make the spreading knowledge and awareness about HIV/AIDS more effective.

There are various social and cultural institutions based on caste and they can be used to promulgate knowledge and awareness to the group of people belonging to that caste. For example, in Gurung community there is institution called '*Rodhi'* where many people from gurung community gather for fun and intraction among themselves. Mostly young boys and girls participate in this kind of event. Such kind of occasion could be used to spread awareness on HIV/AIDS. There are other various institutions belonging to different caste and ethnicity and if we could make effective use of these institutions, it will definitely help in creating awareness on HIV/AIDS.

The same could be asserted about different religious institutions. In hindu religion, ther eis custom of '*Prabhachan'* where a *pandit* gives words of wisdom to the followers. He says things of moral and duty by making various analogies with the stories of god and goddess of hindu religion. This kind of occasion could very well be used to convey message to all and sundry that various diseases including HIV/AIDS is not because of some bad deeds you performed in the previosus life. And one should not discriminate people just because they are HIV infected. And if appropriate preventive measure are taken then one could be safe from deadly diseases including HIV/AIDS.

In christian religion, church could be the place where similar work could be carried out to create awareness on HIV/AIDS. Therefore, these kinds of religious institutions could be used to impart knowledge on HIV/AIDS toa group of people belonging to a particular religion.

5.4 Mass Media in Action

Role of NGOs

Many NGOs and INGOs have been working in the field of HIV/AIDS. There are currently more than 300 NGOs working in the field of HIV/AIDS. (HIV and AIDS:Media Reporting,2008). These NGOs are funded by international NGOs and donor agencies such as UNICEF, UNDP, World Bank and Action Aid (ibid). Some of the NGOs have been extensively using Mass Media to create awareness on HIV/AIDS and rehabilitate those who are infected with the virus.

Sachet Sansar Manch

Eastablished in 2003, *Sachet Sansar Manch* has been working and reporting about various aspects of HIV/AIDS: awareness, prevention, attitudes towards people with HIV/AIDS, social structure and gender relations. One of their top priority is to create awareness on HIV/AIDS through the use of Mass Media reporting (*Abhiyan*,2007).

They have mainly two publications: one is "HIV and AIDS: Media Reporting which is a Newsletter. The other is their monthly publication called "*Abhiyan"*. The first basically deals with general information regarding HIV and AIDS, creating awareness, and about various governmental and non-governmental organizations working in this area. The latter publication works more closely with various communities and publishes the relevant findings in this monthly publication. By reading these publication the public can know different things about HIV/AIDS, hence helps to create awareness on HIV/AIDS.

Television

Many TV channels, both government and private owned could play a vital role in creating awareness on HIV/AIDS. The various TV channels cover any major events associated with HIV/AIDS, displaying promotional videos produced by governmental and non-governmental organizations and displaying condom Ads. Although, any TV channel does not have any programs specifically targeted towards HIV/AIDS awareness,

there are various health-based programs. These programs also incorporate HIV/AIDS related materials from time to time. These health based programs, if used effectively, could play a vital role in creating awareness on HIV/AIDS among television watching pubic.

There are no specific programs in Nepalese TV channels (NTV, NTV2 and Kantipur TV). But there are some health based programs on some of these channels. Information regarding various health issues and topics is given through the program *Hamro Swasthya* (Our Health) . The viewers could also get answers to their health related queries on this program. Another program on NTV called *Yog Bigyan* focuses on different exercise techniques to keep a person fit and healthy. There is a program on NTV2 called “Say No to Drugs” that deals to drug related problems and create awareness on Drug abuse. These kind of health based could be used to create awareness on HIV/AIDS.

Fm/Radio

Similar to TV channels there is no specific programs on Radio and FM. There are two health based program on Kantipur FM : “Life Care” and “Alka Health Hotline”. There is also a program called ‘*Sathi Sanga Manka Kura*’

Chatting with My Best Friend *(Sathi Sanga Manka Kura)*

There is an hour-long Nepali radio show, Sathi Sanga Manka Kura(Chatting with My Best Friend), which attempts to spread awareness on safe sex and protection against HIV/AIDS for young people, who are vulnerable to the disease. The radio show, which was available in only a few towns in 2001, is now broadcast over 35 "popular" FM stations, including the state-run Radio Nepal" (Reuters News service, 2008).

The programme is created by San Francisco [California, United States]-based aid group, Equal Access, which produces it with United Nations Childrens Fund (UNICEF) support. Because many of the 70,000 Nepali people with HIV/AIDS (PLWHA) fear stigmatistion, the radio programme hopes to impart to youth skills such as dealing with emotions and stress, as well as support for "communicating issues that can't be discussed with parents", despite social taboos. Hosts of the programme chat about how the behaviours of injecting

of drugs and unsafe sex can cause HIV; and they seek to promote the use of condoms. Hosts indicate that the programme receives about 1,500 letters from listeners seeking remedies for their problems, but the programme does not offer clear-cut solutions; rather, it offers ways to communicate about the problems.

Newspapers/Magazines

Analyzing some of the most popular National Dailies and some magazines , it was found that some contained some health related materials; but no specific topic dedicated to HIV/AIDS. *Gorkhapatra,* a government-owned National daily and *Kantipur* did not have any special section for health issues. In Himalayan Times' Tuesday issued, there is a segment called "Health Plus" that basically deals with various health issues, what have been happening internationally and different health research findings. In *Nagarik* daily there is section tiled *Swasthya* (Health) on its Saturday publication. In *Saptahik*, a popular National weekly among the youth, has segment called *Yon Zigyasa Ra Samadhan* (Sex queries and solution) that answers reader's sex related questions.

Assessment of various programs on TV, Radio/Fm and Newspapers/Magazines, showed that-although there are some health related programs on Various Mass Media prevalent in Nepalese Societies, there is lack of specific programs that deal with problem of HIV/AIDS or creates awareness on HIV/AIDS. But, if emphasis is given in incorporating more information on HIV/AIDS, then, some success could be achieved regarding HIV/AIDS awareness among the public. Also, we could learn a lot from successful Mass Media campaigns around the globe especially those implemented in developing countries. And then implement them according to our needs.

5.5 Case Studies

Case Study 1

Raju Thapa, a married man from Chitwan living currently in Panga, explained Mass Media in terms of Radio, TV, Newspapers/Magazines that gives people variety of

information. He told me he did not have access to Television at his rented room but he enjoys watching TV occasionally at some friend's home or whenever he visited his home in Chitwan. Whenever he watched TV he enjoyed watching Nepalese comedy serials like *Tito Satya* and *Jire Khursani*. But he was unaware of any health related (or HIV/AIDS related) programs on any of Nepalese TV channels. As far as Radio and Newspapers are concerned, he had regular access to them. He told me he usually listened to various FMs for about 2 hours daily. He mostly listens to News and other informative programs on various FMs; BBC Nepali Service being his favorite. Apart from News he enjoyed listening to modern Nepalese songs especially by his favorite singers Deep Shrestha and Yam Baral. When asked if he listens to any programs on HIV/AIDS(or health based program) he replied that he knew one health related program on Gorkha FM, but he could not remember the name of the program.

Case Study 2

Sudip Maharjan, born and living in Panga, mentioned –apart from TV, Radio and Newspapers/ Magazines, Internet and Hoarding Boards as form of Mass Media . The respondent, studying management at Intermediate level told me that he enjoyed watching sports and reality shows on Television. He hardly listens to Radio or reads Newspapers. But he was onto Internet. He Told me how he uses Facebook and other Websites to interacted with his friends in Nepal and aboard. He was not aware of any health program(including HIV/AIDS) in any of TV channels, FMs and Newspapers. According to him, his knowledge on HIV/AIDS came from friends and from watching adult movies.

Case Study 3

Rita (name changed), from Hamja, a village in the outskirt of Pokhara;currently doing her Master's degree in at TU, Kirtipur-was bit hesitant to talk about issues related with HIV/AIDS. She was uncomfortable answering to me (a male researcher) because it is considered a Taboo talking about such things(like sex) in our societies. I must admit I was also not comfortable at all. But I managed to get some information from her. She told me she had access to Radio at her rented room in Panga, which she shared with a friend. But she did not know any health related program (including HIV/AIDS). She enjoys

listens to folk songs and *lok-dohari* . She informed me that she read various Newspapers and Magazines whenever she managed to visit TU central library.She was unaware of any health related topics in various Newspapers and Magazines she usually reads. She also told me not to mention her name in this research but she was fine if I changed the name.

There is lack of health based programs including HIV/AIDS and the respondents also prefer programs and topics which are entertainment based. Moreover, the respondents have varying preference when it comes to accessing various mass media; they also have different choices when it comes to programs and topics on those mass media.

CHAPTER VI: CONCLUSION, FINDINGS AND RECOMMENDATIONS

This chapter includes summary of findings, conclusion of the overall research, recommendation and further research studies

This research was conducted to determine the role of mass media to create awareness on HIV/AIDS. Panga, a small town of Kirtipur is on a hill, 5km southwest of Kathmandu, was selected as field area. Some respondents from the population of Panga were selected for the study purpose. The objectives of the study were to access the knowledge on HIV/AIDS among the respondents, corresponding role of mass media and role of social/cultural factors such as age, sex, educational status, caste/ethnicity and religion. The information and data were gathered through questionnaire and semi-structured interview. Useful tips and method were derived from the review of existing and relevant literature.

6.1 Summary of Findings

The information gathered through questionnaire and semi-structured interview was analyzed and appropriately interpreted. The data was represented in the form of tables and various charts whenever appropriated. Adequate correlation of different variables, such as age, sex and educational status, with mass media was established.

6.1.1 Socio-Demographic Characteristics of the Respondent

- 18 percent of the respondents were under the age of 20. The highest percentage of respondents was found to be in the range 21-30, and those respondents made up 44 percent of the total study population. The number of respondents who were aged between 31-40, was slightly less-with 31 percent. Finally, only 7 percent of the respondents belonged to the last group i.e. 41 or above.

- There were four males and females in the first group i.e. below 20. Out of 20 respondents in 21-30 age categories, 60 percent of them were males and 40 percent of them, females. 43% and 57% of males and females were found in the next category (31-40). 67 percent of the respondents were male and remaining females in the last group consisting of the respondents who were 41 or above.

- Out of the total respondents, 14 percent of them were not educated i.e. they had not attended school at all. The percentage of respondents, who had attended education up to SLC, was 18 percent. Slightly more respondents had studied up to Intermediate level .The majority of respondents had completed Bachelor's degree, and they made up 32 percent of the total study population. In the final category (Master and above), there were 14 percent respondents.

- The study population consisted of 62 percent of Hindu followed by Buddhists with 23 percent. There were 7 percent Christian and other religion made up 9 percent of the total study population.

- As far as family structure is concerned, the majority of the respondents belonged to nuclear family, in fact, 73 percent of the respondents. 22 percent of the respondents belonged to joint family and only 5 percent to the extended family.

- Newars made up 53 percent of the total study population and Chhetri with 17 percent. There were 15 percent Brahmins in the population. There were other castes as well, but in small numbers. There were some magars, Rai, Limbu and Gurung in the study population- 5 percent , 3 percent ,2 percent and 5 percent respectively.

6.1.2 Knowledge on HIV/AIDS among the Study population and Role of Mass Media

- Although all the respondents in the study population had heard about HIV/AIDS, only 64 percent of them knew differences between HIV and AIDS.

- 70 percent of male knew about the difference where as the figure for female was 59 percent.

- 37 percent of the respondents who were below 20, had known about HIV/AIDS. The figure for age group 21-30 was 65 percent. 75 percent of the respondents in 31-40 age groups knew well what HIV/AIDS is. For the respondents who were 41 or above, all of them knew well about HIV/AIDS.

- 48 percent of the respondents had good knowledge on modes of transmission. People with average knowledge on modes of transmission were 43 percent. Only 9 percent of the respondents didn't have any knowledge about difference modes of transmission of HIV/AIDS.

- 37 percent of the respondents in below-20 age group had good knowledge regarding various modes of HIV/AIDS transmission. The figure for 21-30 age groups was 50 percent. It increased to 64 percent for 30-40 age groups. And all the respondents in the final group i.e. 41-above were found to be having good knowledge when it comes to knowledge on various modes of HIV/AIDS transmission.

- 17 percent of the illiterate respondents had good knowledge about various modes of HIV/AIDS transmission. Among the respondents who were literate, 37 percent of them who had studied up to SLC had good knowledge about HIV/AIDS transmission. 50 percent and 60 percent of the respondents among Intermediate and bachelor groups had good knowledge. As far as respondents who had passed

master or above, majority of them had good knowledge about different modes of HIV/AIDS transmission.

- 84 percent of the respondents had good knowledge about condom and how condom can be used for prevention of HIV/AIDS. Only 79 percent of the respondents know about use of condom as contraceptive. Condom can also be used for birth spacing and 68 percent of the respondents agreed to this. And only 40 percent of people under study knew condom can also used to prevent other sexually transmitted diseases (STDs).

- High positive correlation was seen between knowledge on condom and its use and educational status. That means the overall trend is with the increase in the level of education there was also increase in the level of knowledge on condom and its use.

- High correlation was also found between knowledge about condom and age of the respondents.

- 93 percent of the respondents had access to radio at home, closely followed by newspaper and magazine with 82 percent. Only 75 percent of the respondents had access to television at home.

- 11 percent of the respondents spent less than one hour per day on various mass media. The respondents who spent between 1-2 hours were 27 percent. 35 percent of the respondents were found to have spent between 2 to 3 hours per day on mass media. There were 18 percent respondents who spent more than 3 hours. Lastly, only 9 percent of the respondents spent more than 4 hours on mass media.

- 60 percent of the respondents in the first group had good knowledge regarding various aspects of HIV/AIDS. The percentage of respondents increased to 63 in the second group where the respondents spent between 1-2 hours on mass media.

The respondents having good knowledge in the fourth and the fifth groups were 73 percent and 76 percent respectively. The respondents who spent more than 4 hours each day on various mass media had 90 percent of them having good overall knowledge on HIV/AIDS.

- Assessment of major mass media showed that there are very few health-based programs in major TV channels, Radio/FM and newspapers/magazines.

- The preference of respondents is towards entertainment based programs as compared to informative and health based programs (see case studies, page 42).

6.2 Conclusion

First objective of the study was to access knowledge on HIV/AIDS among the study population and establish their relation with variables such as age, sex, educational status of the respondents. It was found that the knowledge of respondents was different among different age groups. As age of the respondents increased, their knowledge regarding HIV/AIDS was also increased. It may be because with the increasing age, educational level was also found to be on the rise. Because of the high educational status, the knowledge of respondents regarding HIV/AIDS was found to be higher. This is also justified by high correlation between age and educational status of the respondents. As far as sex is concerned, more percentage of male compared to female had good knowledge regarding HIV/AIDS.

As far as access of respondents to various mass media is concerned radio was the biggest followed by newspaper/magazines. 93 percent of the respondents had access to radio at home, closely followed by newspaper and magazines with 82 percent. It was also discovered that more time a respondent spent per day on mass media, better his/her overall knowledge regarding mass media.

There is lack of health based programs including HIV/AIDS and the respondents also prefer programs and topics which are entertainment based. Moreover, the respondents have varying preference when it comes to accessing various mass media; they also have different choices when it comes to programs and topics on those mass media. Therefore, all types of mass media (mainly TV, Radio and Newspapers) should be extensively utilized to create awareness on HIV/AIDS. One should also be open to new technology in this front like Internet (See case study3).

6.3 Recommendation for Further Studies

This research was limited to a society that was prevalent in Panga village of Kirtipur municipality. There is need to study other society for the same purpose and draw comparative study. And then develop a technique to use mass media to create awareness in all the societies in Nepal. Other variables like polity and economy should also be analyzed to this effect. The power relation and its effect in this awareness process can be further analyzed. The various NGOs/INGOs and funds given by them, and their effectiveness to prevent and mitigate HIV/AIDS should be closely examined.

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QUESTIONNAIRE

1. Personal details

Name:

Age:

Gender: Male Female Other

Religion:

Martial Status:

Education:

Income (monthly):

Permanent Address:

Current Address:

2. Knowledge on HIV/AIDS

Have you heard about HIV/AIDS?

What are HIV and AIDS? What is the difference between two?

How HIV gets transmitted from one people to other?

Have you seen or known people living with HIV? What is your opinion about them?

3. Role of Mass Media

What do you understand by Mass Media?

What are different Mass Media that you know about?

Which form of Mass Media do you have access at your room/home?

Radio

TV

Newspaper

Internet

Others (please specify):

3.4 Which Mass Media do you think is most effective to create awareness on HIV/AIDS?