

**Knowledge, Attitudes and Opinions Among  
Key Influential in Bangladesh to Guide  
HIV/AIDS Advocacy Strategy**

*Final Report*



Submitted to:

**Social Marketing Company**

By

*Khalid Hasan*

May 5, 2002

*Center for Social Research*

**ORG-MĀRG QUEST LTD.**

House # 70 (2nd Floor), Road # 15A (New), Dhanmondi, Dhaka -1209, Bangladesh  
Phone : 880-2-8119358, 9125839, 9125839 Fax: 8123394 E-mail: hasank@dhaka.agni.com



May 5, 2002

Dr. A Z M Zahidur Rahman  
Manager  
STD/AIDS Prevention Program &  
Non-clinical Contraception  
Social Marketing Company  
Dhaka

RE: HIV/AIDS Advocacy Strategy Report

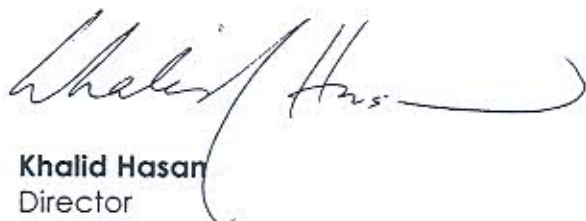
Dear Dr. Rahman:

We are pleased to submit ten copies of the final report on "Knowledge, Attitudes and Opinions Among Key Influential in Bangladesh to Guide HIV/AIDS Advocacy Strategy". We have incorporated your views and suggestions, made in our earlier draft.

We take this opportunity to thank you for entrusting us to conduct such an important study.

Assuring our full cooperation at all times. If you have any queries, please let me know.

With best regards,



**Khalid Hasan**  
Director

*Center for Social Research*

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**ORG-MĀRG QUEST LTD.**

House # 70 (2nd Floor) Road # 15/A, Dhanmondi R/A, Dhaka -1209, Bangladesh.  
Phone : 880-2-819358, 9125839, 9127743 Fax: 8123394 E-mail: hasank@dhaka.agni.com

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- Members of BDR, Police and other Law Enforcing Agencies

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- Social Marketing Company - SMC
- Family Health International - FHI
- Howard Delafield International - HDI
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# CONTENTS

EXECUTIVE SUMMARY 1-11

CHAPTER 1  
INTRODUCTION 12-13

---

CHAPTER 2  
METHODOLOGY 14-16

---

CHAPTER 3  
FINDINGS 17-47

---

CHAPTER 4  
INFORMATIONAL & VALUE BASED BARRIERS 48-61

---

CHAPTER 5  
CONTENT ANALYSIS 62-71

---

CHAPTER 6  
CONCLUSION & RECOMMENDATION 72-77

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## ABBREVIATIONS

AIDS	ACQUIRED IMMUNE DEFICIENCY SYNDROME
ANC	ANTENATAL CARE
BCC	BEHAVIOR CHANGE COMMUNICATION
BCCP	BANGLADESH CENTER FOR COMMUNICATION PROGRAMS
BGMEA	BANGLADESH GARMENTS MANUFACTURERS ASSOCIATION
BMA	BANGLADESH MEDICAL ASSOCIATION
BRAC	BANGLADESH RURAL ADVANCEMENT COMMITTEE
BRTC	BANGLADESH ROAD TRANSPORT AUTHORITY
BTV	BANGLADESH TELEVISION
CBA	COLLECTIVE BARGAINING AGENT
CMH	COMBINED MILITARY HOSPITAL
DFID	DEPARTMENT FOR INTERNATIONAL DEVELOPMENT (UK)
DGFP	DIRECTORATE GENERAL OF FAMILY PLANNING
DGHS	DIRECTORATE GENERAL OF HEALTH SERVICES
ETV	EKUSHEY TELEVISION
FBCCI	FEDERATION OF BANGLADESH CHAMBERS OF COMMERCE AND INDUSTRIES
FC	FIELD CONTROLLER
FHI	FAMILY HEALTH INTERNATIONAL
FI	FIELD INVESTIGATOR
FP	FAMILY PLANNING
HDI	HOWARD DELAFIELD INTERNATIONAL
HIV	HUMAN IMMUNO-DEFICIENCY VIRUS
HPSP	HEALTH AND POPULATION SECTOR PROGRAM
HFWC	HEALTH & FAMILY WELFARE CENTER
IBA	INSTITUTE OF BUSINESS ADMINISTRATION
IDI	IN-DEPTH INTERVIEW
IEC	INFORMATION EDUCATION & COMMUNICATION
JHU	JOHNS HOPKINS UNIVERSITY
LCG	LOCAL CONSULTATIVE GROUP
MOHFW	MINISTRY OF HEALTH AND FAMILY WELFARE
MSM	MALE SEX WITH MALE
NGO	NON-GOVERNMENT ORGANIZATION
OMQ	ORG-MARG QUEST
PR	PUBLIC RELATION
PG HOSPITAL	POST GRADUATION HOSPITAL
PNC	POSTNATAL CARE

QOC	QUALITY OF CARE
RH	REPRODUCTIVE HEALTH
RSDP	RURAL SERVICE DELIVERY PARTNERSHIP
RTI	REPRODUCTIVE TRACT INFECTION
SMC	SOCIAL MARKETING COMPANY
STD	SEXUALLY TRANSMITTED DISEASES
TC-NAC	TECHNICAL COMMITTEE – NATIONAL AIDS COUNCIL
UFHP	URBAN PRIMARY HEALTH PARTNERSHIP
UHC	UPAZILA HEALTH COMPLEX
UNFPA	UNITED NATIONS POPULATION FUND
USAID	UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

## **EXECUTIVE SUMMARY**

### **BACKGROUND**

Bangladesh has the conditions conducive to rapid, widespread transmission of HIV with transient working populations, intravenous drug users, the wide availability of commercial sex workers, high rates of sexually transmitted infections, and low condom use rates. This prevailing scenario in Bangladesh is instrumental in making different groups of vulnerable people more prone to the threat of AIDS and with looming conditions an AIDS epidemic is foreseeable in Bangladesh.

Social Marketing Company (SMC) is planning to stem the increase of this deadly disease through a Public Relation (PR) and Advocacy Strategy. The PR and Advocacy Strategy will be developed according to the attitudes and opinions of various opinion leaders of these industries that accommodate high-risk populations such as female sex workers, male sex workers i.e. men who have sex with men (MSM) and injecting drug users (IDUs).

### **STUDY OBJECTIVES**

The overall objective of the study was to decipher the subsequent attitudes and views of the various opinion leaders regarding HIV/AIDS and determine the knowledge level of this group. Likewise, to develop an advocacy campaign directed at all the different groups of people according to the implementation of effective public relations mobilization. Furthermore, another objective was to facilitate a mass media campaign directed at the clients of sex workers in support to the PR and advocacy campaign on social marketing activities in relation to condom use.

### **METHODOLOGY**

Since it was a qualitative study, data was collected through using qualitative techniques, such as in-depth interviews (IDIs) and focus group discussions (FGDs).

The target respondents were the decision and policy makers in the government and non-government organizations. Likewise, other respondents were from the media, the medical community, trade and industry, the religious community, and local NGO's connected with condom distribution, HIV/AIDS and health care management.

## **SALIENT FINDINGS**

### **Knowledge on STI/ AIDS**

Almost all the respondents are aware of the prevalence of sexually transmitted infections (STI) in the country. Although the majority of them have heard about deadly infections, i.e. AIDS, most of them do not have a clear-cut perception about it. Likewise, most do not think that an epidemic would break out at any given time in Bangladesh since very few people actually have AIDS. Moreover, according to most of them, a Muslim country does not have many people who practice sex outside of marriage so there is no question of an epidemic happening in Bangladesh. Likewise, others stated that there are very few homosexuals in Bangladesh and so the spread of AIDS is limited compared to other countries.

### **Reasons of STI /AIDS**

The respondents as a whole, stated that the reasons behind the occurrence of STI, especially AIDS, are because of different illegal sexual affiliations, i.e. premarital or extramarital sex among people. Having unsafe sex with multiple sex partners and visiting commercial sex workers are the main reasons of such infections. Likewise, STI are increasing among adolescents and youths due to mostly peer pressure, erosion of social values and easy accessibility of Internet and satellite TV. Moreover, wide and easy availability of CDs of pornographic movies<sup>1</sup> and blue films in almost all the CD shops plays a significant role in attracting adolescents and youths toward premarital sexual activities.

### **Sex and AIDS – A Positive Correlation**

Majority of the respondents of all categories, especially government officials, think that AIDS is caused due to only "illegal" sex. According to them, if there is AIDS, then there has been illegal sex, that is, either pre or extra marital sex. Although most respondents could mention other modes of AIDS transmission, apart from the technical category of respondents, the level of response of other category respondents was less in this area since most respondents correlated sex with AIDS and did not mention other modes of AIDS transmission too much. Apart from sexual activities most mentioned using of disposable syringes, as modes of transmission but technical category respondents mentioned other modes of transmission such as oral and anal sexual activities and use of medical instruments by doctors that are not sterile.

### **Those Who Contact STI/ AIDS the Most**

All categories of respondents mentioned that rich and poor brothel goers as well as the illiterate and ignorant people who are not health conscious are contracting AIDS more than others. These people are usually the migrants who have migrated from rural to urban areas along with garment workers, transport workers (such as truck and bus drivers) and those who travel and are living in the city without their wives are prone to contract STI the most. Likewise, others stated that adolescents who are

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<sup>1</sup> These CDs are mostly copied in Singapore or Thailand, costs around Tk. 75-100 (i.e. US\$ 1.5 - 1.75), popularly known as "Triple X".

either frustrated, unemployed, taking drugs and want to "experiment" with sex are contracting AIDS the most compared to others.

### ***STI Treatment***

Almost all the respondents of all categories stated that treatment is available for sexually transmitted infections such as syphilis and gonorrhea but not AIDS. As a whole, respondents mentioned that most of the STI positive patients go to ayurvedic<sup>2</sup>, kabiraj and other herbal doctors to get treatment on STI since MBBS doctors are more expensive and most patients cannot afford them. However, there is a common misconception among some government officials and general category respondents since a few did not know that AIDS is incurable. These respondents think that AIDS treatment is currently available.

### ***Prevention of AIDS /STI***

When the respondents were asked to mention how AIDS could be prevented, all of them from all the five categories mentioned the use of condoms as a whole. It is obvious that the majority of them see the condom as a prevention tool. However, some of the religious priests mentioned that religion is also a prevention tool as it kept people from temptation.

### ***Programs on AIDS /STI***

The study revealed that most of the respondents either do not know or have very little idea of any government program on HIV/AIDS. Those who know have only heard about occasional seminars and workshops on HIV/AIDS that took place on a one or two day duration basis. Moreover, according to them, the Government has no long-term commitment or action plan regarding AIDS and the past programs have been inadequate and have not reached the target people. Likewise, past AIDS messages have not catered to the needs of all categories of respondents from all backgrounds and socio-economic groups.

According to a large number of the respondents, the NGOs have not done adequate work for AIDS. Most of the different organizations that have conducted programs are "confusing the target people with duplication of messages". Some of the NGOs are "just showing outsiders (donors) they are working in order to get funding" and in reality they are not doing enough conducive for AIDS.

### ***Perceived Personal Impact***

When respondents were asked if their personal lives would be affected if an AIDS epidemic were to occur, most of them from all the categories responded positively. Most mentioned that all aspects of their lives would probably change and they would be affected in terms of financial, social, and economical aspects since the epidemic would destroy the economy of the country. Most of the respondents stated that if someone were to get infected with AIDS then that would be catastrophic since that person would be "stigmatized and hated" in the society. Therefore, these HIV/AIDS affected persons should be treated with care, understanding and given counseling even though they cannot be fully cured.

<sup>2</sup> Ayurvedic and kabiraj are basically traditional treatment, mostly herbal-based.

## **Channels of Information**

According to the majority of respondents the channels by which they think AIDS information can be distributed best is through radio and TV followed by print media such as newspaper, magazines etc. However, others also stated that holding group meetings and conducting other inter personal communication (IPC) activities such as courtyard meeting (question/answer discussion) would also spread awareness on AIDS.

Mobile Film Vans: Likewise, mobile film vans carrying films highlighting AIDS oriented topics can be deployed throughout the country, especially in the remote rural areas (where there is no access to power). This will ensure that people in remote areas also have access to AIDS information.

## **Attitude toward Condom**

The commonly mentioned brands of condoms are found to be the brands Raja, Panther, and Sensation. Among the three brands, Raja and Panther were mentioned the most. Almost all the respondents could mention these condom brands spontaneously. Except for some of the religious priests (Imam) most of the respondents were found to have a positive attitude towards condom use. However, it was found that most government officials are still somewhat "shy" and cannot openly talk about sex and condoms as yet, but self-conscious about AIDS as a whole. This subject is still taboo for them.

## **Condom Related Ads**

The majority of respondents from all categories have stated that they had seen the ads of some condoms on different television channels such as ETV, Channel I as well as some other major Indian channels. The majority of those who had seen the ads had a positive attitude towards them even though it is embarrassing for them to watch the ads with others.

However, as a whole they realize that even if there is "awkwardness", this will have to be overcome, as condom ads will need to be shown. According to most of the technical category respondents no more time should be wasted on 'embarrassment and awkwardness' since these barriers will only escalate the increase in AIDS patients. Likewise, the ads should highlight that condoms are not only for preventing unwanted pregnancies but also as a protection against sexually transmitted diseases too.

## **Condom Ad in BTV**

It was found that even high-level government officials and NGO officials alike are not aware that Bangladesh Television (BTV) does not show any ads on condom use. In fact most of them were surprised to know that condom ads are banned on Bangladesh TV. Some stated that this ban should be lifted and BTV should help the spread of AIDS messages with condom ads. Some of them viewed that BTV should show condom ads since other Bangladeshi channels like ETV and Channel I have been showing ads without any problems.

### **Condom Ads – How to Overcome Resistance?**

Apart from some of the Muslim religious priests, no strong resistance to condom use was found among people in general. Subsequently, respondents stated that whatever resistance there is against condom use these could be overcome if more condom-oriented ads are produced. According to them these ads should be made with extra caution due to the sensitive nature of the subject since condom use implies sexual notions among people. Religious and cultural values as well as sentiments should be kept in mind since people must not be offended in any way.

### **First Generation Awareness – Need for Gradual Transition**

As a whole, there must be gradual transition of messages from first generation awareness building to eventual change in behavior in this modern time. Previously, there was just the spread of AIDS messages but now there should be more implementation of AIDS programs and not only building awareness. In light of this, there should be gradual transition to capacity building and implementation of AIDS programs more.

### **Awareness on SMC and Shurrockkha Program**

As a whole, the respondents from all categories of the survey have a good image of Social Marketing Company (SMC). According to them SMC is doing a good social work for the people. Specifically, respondents appreciated SMC's contribution in marketing 'ORSaline'. They have also mentioned about marketing of contraceptives.

However, most of the respondents stated that they do not know if SMC has an AIDS program. Likewise, the majority of respondents are not aware of the Shurrockkha program of SMC.

## **SUGGESTIONS AND ACTIONS RECOMMENDED**

The suggestions and actions recommended by respondents have been segregated into four topics, as stated below-

- Massive communication campaign
- Policies that should be adopted
- Suggestions for eradicating social taboos
- Suggestions on condom related ads

Elaboration of these is as follows:

### **Massive Communication Campaign**

In general the majority of respondents suggested that AIDS awareness should be spread through different mass campaigns. Thus different Behavior Change Communication (BCC) campaigns should be conducted in order to spread AIDS knowledge.

➤ **Communication should be Internalized**

Trying to communicate knowledge will not be enough if knowledge is not internalized. Respondents stated how communication campaigns should give knowledge to people in a series of slots as if it is done gradually then it will have lasting impact. Knowledge should be enforced in such a way that it becomes an integral part of that person and it becomes internalized naturally and instinctively within that person. *"People can not be given knowledge in a single day. In order to instill sustainable knowledge, the knowledge will have to be internalized so that it is applied instinctively. They should visualize how the information is going to benefit him/her."*

➤ **Targeted, Bold and Appropriate Campaign**

In light of this a massive communication and social mobilization campaign should be initiated immediately where bold and appropriate (research based) messages are used. Social mobilization should be action oriented so that it would remove ignorance among the masses totally

The communication programs should be very strong, focused and direct using clear-cut messages and avoiding the use of jargon since most illiterate people would not understand it.

The campaigns should target the specific high-risk groups that are in the greatest danger of contracting infections. Awareness building should be done in the areas where there is the most knowledge gap.

In light of this, AIDS messages should be oriented towards illiterate people and should be focused on ads that are targeted towards making them aware since they are more ignorant than people who come from lower middle class, middle class or upper middle class families.

➤ **Values and Beliefs – Breaking the Barriers**

Age-old values and beliefs, which act as barriers and resistance to change in behavior, should be broken down. Breaking down these the barriers among people through social mobilization is the only solution towards curbing the AIDS problem.

➤ **BCC Materials – Widespread Distribution**

Widespread distribution of BCC materials throughout the country. For instance in Thailand, although the radio and TV media is there, more emphasis is put on BCC materials such as posters, leaflets, billboard/ holdings as well as drama, film, mobile van etc. Only increasing awareness will not help, there has to be the intention towards changing in-built attitude or behavior.

## **Policies That Needs Be Adopted**

Some of the specific policies that should be adopted by the government are mentioned below:

### ➤ **Massive Advocacy Program for Government Officials**

Some respondents stated that advocacy should start from the top. The government should train all the officials and personnel in the AIDS and STI sector so that these are cognizant of the AIDS scenario all the time. Special emphasis should be given to training high level officials as well as mid level managers and line directors who are serving for another 3-5 years at least. However, arranging undisturbed closed-door programs and workshops for officials so that they can participate in these without being distracted or disturbed should do this.

### ➤ **Blood Testing Campaign**

A nation-wide blood-testing program could be initiated throughout the country. This campaign could conduct blood tests throughout the country and seek out the people who are ailing and may have AIDS. In the process, the test would find out AIDS patients and help poor people who do not have the means to diagnose their problem, get the chance to have some sort of care.

Some respondents stated that the campaign should seriously focus on mobilizing and motivating those people who buys blood from the professional donors not to buy any more and thereby discouraging the private blood sellers. Likewise, laws should be made to accommodate this so that there is no infected blood available for transmissions.

The universities should introduce voluntary blood testing programs where students are tested for AIDS and drugs from time to time. Moreover, students should be motivated to arrange and be involved in voluntary blood testing activities of their own so that others their age are motivated.

### ➤ **Revision of School and College Curriculum**

The government should initiate an additional course on AIDS awareness along with school curriculum. Such a course will enable the children to learn about the consequences of AIDS and other sexually transmitted infections from an early age.

### ➤ **Tag AIDS in Orientation Courses for Para-Military Forces**

AIDS should be made a mandatory subject in all types of orientation training courses for high-risk government personnel in army, BDR, police, ansars etc. Most of soldiers/uniform people live in barracks for a long time without their wives and families. If AIDS related information is included in courses of the routine training program then these men will know about prevention of AIDS and the necessity of using condoms and use them every time they have sex as these men are known to go to sex workers the most.

➤ **Enforce Strong Drug Control Program**

In terms of drug control, a few respondents stated that the government should have stricter and more forceful rules and regulations in terms of drug control in the country. If strong drug control policy is enforced then fewer people will have access to hardcore drugs and this will help curb the increase in AIDS.

➤ **Involve Adolescents and The Youths**

Bangladesh has a total population of 125.3 million<sup>3</sup>. These include 27.6 million adolescents, who constitute 22 percent of the population. Among them 7.6 million girls fall within 10-14 year old and 6.1 million girls within 15-19 year old. For every girl living in urban areas there are more than five in rural areas. Young people, especially girls reach adulthood with very little preparation and information, especially on STI and AIDS. All HIV/AIDS related program should include the adolescents and focus their thoughts and views.

Peer groups of adolescents should be organized and these should be used to motivate teens and youths all over the country. Seminars should be held where adolescents present their own opinions and openly talk about AIDS and other sensitive issues. AIDS committees and universities could arrange these seminars and empower adolescents and students to be more involved in AIDS issues.

➤ **Lesson from Family Planning Program – a Success Story!**

It may be mentioned that some respondents mentioned about the success of family planning in Bangladesh. They stated how the level of awareness of people in terms of family planning has increased exponentially since it was launched and that the AIDS situation can also be changed. According to them the AIDS campaign in Bangladesh should be enforced like the family planning campaign had been done. The family planning campaign is a proof that "health education really works in Bangladesh" and that people are liable to change their behavior in terms of healthcare if they are properly informed and motivated.

➤ **Take AIDS to Parliament**

According to a high GoB official there are Parliamentary Standing Committee for each ministry, which consists of both the government and opposition MPs. He suggested that all AIDS related problems need to be taken to the Parliament through the Parliamentary Standing Committee for MOHFW. This will ensure that AIDS issues are dealt with effectively and discussed in Parliament as well as inter-ministerial meetings.

➤ **Rehabilitation of Sex Workers**

According to some respondents, policies should be adopted to rehabilitate both floating (street-based) and brothel-based sex workers. Likewise, most of them believe that this will help sex workers stop selling their bodies and have another lease in life by having another means of earning an income.

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<sup>3</sup> Bangladesh Bureau of Statistics, 2001

## Suggestions For Eradicating Social Taboos

Some of the suggestions of respondents in relation to how the resistance and taboos existing in the society today can be eradicated are presented below:

- The outlook of people should be changed gradually so that issues such as sex and condoms are not looked upon as taboo in the society anymore. If the perspective and outlook of people in terms of sex and condoms are changed then they will be more open to accepting and talking about such topics. Different policies and programs should be geared towards changing this outlook of people. Moreover, it is due to this "narrow-mindedness" that such topics are not talked about openly and as a result adolescents and even adults do not have the proper knowledge about these sensitive topics.
- Parents should be educated and motivated so that are convinced to talk about (or explain) issues related to safer sex and AIDS with their children and encourage them to discuss such taboo subjects openly so that the gravity of the situation is conveyed. The awkwardness and shyness that parents experience about condoms will need to be overcome.
- Motivation program should be taken for Islamic imams and other religious priests like Fathers of churches, Purahtis of mandirs etc. The majority of people in Bangladesh are Muslims and the mass people are in general religious minded and hold imams and moulavis in high regard. Thus, people will be greatly influenced if Islamic priests are empowered to teach people about the consequences of these diseases, especially in the weekly *Jumma* prayer.

## Suggestions On Condom Related Ads

A large number of the respondents made some suggestions regarding condom related ads. They stated that if applied these can make condom ads more acceptable to people.

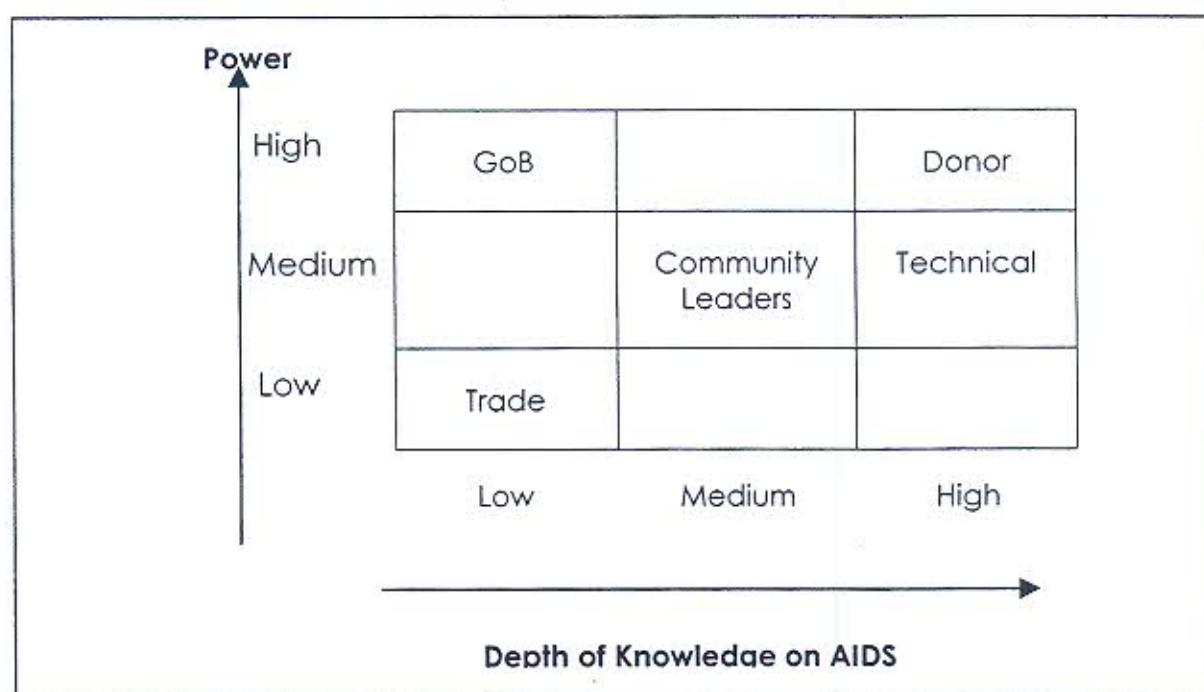
- Condom ads should be made with real life doctors and celebrities since if such people are used to convey the message people will be more convinced and they will be impacted more as well.
- Proper care must be taken to ensure that condom ads are made by staying within the boundaries of culture and tradition throughout the making and presenting process.
- Condom ads should be more creative and enter-educate type. Instead of just showing "stereo-typed" ads and films, such as "*AIDS equals to sex and love*", other new themes could be used to highlight AIDS messages. This will also help to avoid unnecessary "embarrassing" situation.
- A few respondents stated that condom ads should be more properly made with the use of computer graphics and animation. The entire look of the ads should be changed so that people do not shun away from seeing the ads but think they are attractive instead.

## INFORMATIONAL & VALUE-BASED BARRIERS

There are informational and value-based or emotional barriers. Informational barriers are caused by misinformation. And value-based or ethical or emotional barriers are caused by religious or other beliefs and deep-rooted culture, which govern a person's own views and behavior. Informational barriers require only additional information in order to overcome. On the other hand, the emotional barrier may require a specific type of advocacy to overcome one's belief and values. It may be mentioned here that some informational barriers can become ethical barriers if the person either refutes the information provided or restates the objection in ethical terms. While developing an advocacy strategy, the communication experts should consider both informational and ethical or emotional barriers.

## PRIORITIZED ACTION AREA

It is revealed from in-depth interviews and focus group discussions of the study, that although the government officials have the decision making power at state-level, they in fact have inadequate level of knowledge in terms of AIDS awareness. This has been depicted in the graphical illustration below along with the level of power and knowledge of other respondent categories.



However, the community leaders have relatively better AIDS knowledge and awareness compared to the government officials. However, they are very important nonetheless in reaching people, especially rural areas and impacting them to learning and talking about AIDS.

Furthermore, the trade group was found to have relatively low level of knowledge in terms of AIDS awareness. It is clear that the trade people will have to be advocated to increase their level of AIDS awareness so that they can change the behavior toward preventing AIDS.

On the contrary, as expected, it is revealed in the study that the donors and technical category respondents have significant knowledge on AIDS. Apparently, they have the highest level of AIDS knowledge compared to all other groups interviewed.

Thus, it can be concluded that it is the government officials who should be targeted the most. In light of this, the advocacy strategy should be emphasized towards increasing their level of knowledge on AIDS. Likewise, they should be advocated on the important role that they have as policy and decision makers of the country. This will make them more accountable and responsible towards making a difference in the AIDS campaigns. At present these government officials have so much decision making and policymaking power, but most of them are unable aid in the progress of the AIDS campaign due to lack of the proper AIDS knowledge. In light of this, since they have the power they will be able to revolutionize the AIDS movement and spread awareness on prevention mechanisms through communication campaigns more significantly than any other group of people. Likewise, community leaders and trade organizations will need to be advocated on AIDS issues as well so that they can help spread awareness among those who they are dealing with on a regular basis.

The advocacy strategy, therefore, should be focused on –

- Government officials, especially those who are involved with policy planning and decision making process (e.g. Secretaries of Ministries, high GoB officials, Para military forces, information, government media -BTV, Radio etc.);
- Community leaders (e.g. industry, trade association, professional bodies, religious, media, NGOs, academicians, professors etc.);
- People in trade (e.g. retail pharmacy/non-pharmacy, small traders etc.).

## INTRODUCTION

### BACKGROUND

Bangladesh is susceptible to be one of the countries where the AIDS epidemic is foreseeable. It has conducive conditions rampant within it, which make different groups of vulnerable people even more vulnerable if such conditions are not curbed beforehand. This is evident since it has a low condom use rate and high-risk populations that are prone to contacting HIV/AIDS.

Social Marketing Company (SMC) is the leading market shareholder of condom production, which is planning to stem the increase of this deadly disease through a public relation (PR) and advocacy strategy. At present it has a widespread sales and distribution network, which makes it ideal, to reach potential targets by linking with SMC condom sales and distribution through industries where outreach of AIDS is occurring. These industries and establishments are the 'key influentials' that are instrumental in spreading the disease in the long run.

The Public Relation (PR) and Advocacy Strategy will be developed according to the attitudes and opinions of various opinion leaders of these industries that accommodate high-risk populations such as female sex workers, male sex workers, men who have sex with men (MSM) and injecting drug users (IDUs).

Bangladesh has the conditions conducive to rapid, widespread transmission of HIV: transient working populations, intravenous drug users, the wide availability of commercial sex workers, high rates of sexually transmitted infections, and low condom use rates.

### PURPOSE OF THE STUDY

The purpose of the study was –

- To determine the knowledge and attitudes of the 'key influentials' and decision-makers of key establishments and links working with and around high-risk groups of people that are susceptible to sexually transmitted diseases, especially HIV/AIDS.
- To develop a PR and advocacy campaign directed at these high-risk groups according to the implementation of effective public relations mobilization
- To simultaneously initiate a mass media campaign in support to the PR and advocacy campaign on social marketing activities in relation to condom use. The mass communication campaign should be directed at the identified

high-risk groups, such as clients of sex workers and sex workers themselves and others who will need to be socially mobilized towards behavior change.

- To identify the different channels of communication that may be effective in spreading AIDS awareness and other pertinent messages.
- To find out the role of government and non-government organizations in relation to past, present and future activities revolving around AIDS campaigns and promotion of condom use.
- To find out the ways by which television and radio advertising and all other media will need to be developed and used to facilitate the promotion of these campaign messages.

## **RESEARCH INDICATORS**

The study was conducted based on the following research indicators -

### ***Indicators on STI and HIV/AIDS***

- Knowledge of modes of transmission of HIV/AIDS
- Knowledge of the prevalence of STIs in Bangladesh
- Knowledge of HIV/AIDS prevention
- Knowledge and attitudes toward the treatment of STIs
- Attitudes toward STI/HIV/AIDS prevalence in Bangladesh
- Attitudes toward the impact of HIV/AIDS in Bangladesh
- Attitudes toward STI/HIV/AIDS prevention efforts in Bangladesh

### ***Indicators on Knowledge and Attitude toward SW***

- Knowledge of current research on high risk behaviors such as the prevalence of SWs and sexual activities of the clients of SWs

### ***Indicators on Condoms***

- Attitudes toward condom usage
- Attitudes toward condom advertising and sales promotion using a disease prevention message
- Attitudes toward current restrictions of condom advertising on government owned media

### ***Channels of Information of STD/AIDS***

- Preferred media of ad on HIV/AIDS/STI
- Preferred media on Condom Ad
- Current status of promotion on HIV/AIDS and Condom

### ***SMC & Shurrockkha Related***

- Awareness and knowledge of SMC and Shurrockkha
- Its activities in preventing HIV/AIDS

## METHODOLOGY

### STUDY DESIGN

Detailed design of the study including sample size, respondents, process of instrument development, training plan, data collection process and tools, data analysis, quality control plan etc. used in the study are presented below.

### Target Audience

The primary target respondents of the research study were "key influentials". This group was defined as any decision-maker whose opinions may impact an HIV/AIDS prevention strategy consisting primarily of condom social marketing activities directed at clients of sex workers and sex workers themselves. This included decision-makers within government and non-government organizations as well as the media, the medical community, industry, the religious community and any local NGO's connected with condom distribution.

There were five broad categories of the respondents, as follows:

- Government – Secretaries of Ministries, high GoB officials, Para military forces, information, government media (BTV, Radio) etc.
- Health care providers – physicians/doctors, nurses, hospital, clinic etc.
- Community leaders – industry, trade association, professional bodies, religious, media, NGOs, academicians, professors etc.
- Trade – retail pharmacy/non-pharmacy, small traders etc.
- Technical support – donors, health NGOs, national AIDS committee, World Bank, ICDDRDB etc.

The category-wise organizations are –

#### Government

- Ministry of Health & Family Welfare, Youth, Homes, Labor, Women Affairs, Local Government
- Legal Affairs – Law Ministry, Drug Administration etc.
- Communication & Information Ministry/Department
- Directorate General of Health Services - DGHS
- Directorate General of Family Planning – DGFP

- STD/AIDS Program, GOB
- National AIDS Committee (TC-NAC)

Associations of High Risk Group Behavior:

- Truckers Association
- Rickshaw pullers association

Media

- Television – BTV, Channel I, ETV etc.
- Bangladesh Betar - Radio
- Newspaper, Press

Medical Community

- Bangladesh Medical Association - BMA
- Medical & Dental Council
- Pharmacist Association
- Chemist & Druggist Association
- Unani
- Ayurvedic
- Homeopathic
- Kabiraj

Industry/Factory

CEO, General Managers etc of industry/factory were interviewed in-depth.  
Members of trade union (CBA) of the factories, industries were interviewed.

- BGMEA (Garment Manufacturers & Exporters association)
- FBCCI
- Garments Industry
- Factories

Religious

- Imam
- Father of Church
- Tribal Headman
- Puhits, Vikkhhus etc.

Community/Opinion Leaders

- Union Parishad Chairman/members
- Teachers
- UP Female member
- MPs
- Social Workers

### NGOs

NGOs providing STI/HIV/AIDS outreach prevention and treatment; such as

- HASAB
- UFHP
- RSDP
- BRAC
- CARE

### Small Traders

- Small Traders association
- Hawkers Association
- Local Manpower suppliers etc.

### Port/Dock Workers

- Port workers association (e.g. Sadarghat, Narayanganj, Chittagong, Mongla etc.)
- Ghat Sramik association etc.

## **DATA COLLECTION TECHNIQUE**

Since the proposed study focuses to identify the attitudes and opinions of key influentials, and on the basis of the findings an advocacy strategy would be developed. Data was collected through qualitative techniques, as stated below:

- In-depth interview (IDI)
- Focus Group Discussion (FGD)

## **DATA COLLECTION TOOLS**

The questionnaire/checklist/guidelines were developed in English in consultation with SMC and HDI. After approval from SMC and HDI, the English version was translated into Bangla and submitted to SMC for approval. The Bangla version was pre-tested in the study area.

## **KEY RESEARCHERS**

Name	Qualification	Position in the Project
Khalid Hasan	MBA, PhD	Team Leader
Zohra Choudhury	BBA	Researcher
Mohon Sheikh	MSS	Investigator
Anwar Hossain	MSS	Investigator
Mahbubul Haque	MA	Field Manager

**STUDY PERIOD:** March – May 2002

## FINDINGS

The areas that were looked into and queried upon in the survey are mentioned below. All the five categories of respondents (i.e. government, health care providers, community leaders, trade and technical support) were interviewed in relation to these following topics.

The views of the respondents and the overall findings from these areas are presented as follows:

### SEXUALLY TRANSMITTED INFECTIONS (STI)

#### Knowledge on STI

The respondents are all aware of the prevalence of sexually transmitted infections (STI) in the country. Most of them from all five categories also know that the occurrence of sexually transmitted infections such as AIDS and other diseases are also on the rise at a steady rate. However, the majority of the high government officials do not have clear-cut perception about AIDS, they heard of AIDS but they don't know about it elaborately.

However, as a whole, not all of them thought that Bangladesh has the conditions within it that will precipitate an epidemic outbreak at any given time. Apparently, some of them perceive that, an AIDS epidemic cannot occur in Bangladesh.

#### **AIDS is not a big problem in Bangladesh!**

Open and free sexual behavior is still limited in Bangladesh. Strong religious bindings persist and sex is still taboo.

*"There are very few homosexuals in Bangladesh and so an AIDS epidemic occurring will be very rare in this country." (GoB)*

*"AIDS is supposed to occur only among people in countries like USA, UK etc. and not in a poor and Muslim country like Bangladesh." (GoB)*

This is basically the overall perception of the high-level government officials and respondents from the general category. However, there were two respondents who stated the reverse.

A media personnel stated, *"I am aware of AIDS but very few people have AIDS in Bangladesh and all other STI that they may get is easily curable. Bangladesh is not a country that has anything to worry about regarding this issue."*

### Poor Knowledge in High Decision Making Posts!

It is revealed in the study that most of the government officials have a low level of knowledge and awareness on AIDS even if they are holding high posts in different Ministries. Almost all of the government officials could mention the accurate prevalence rate of AIDS patients in Bangladesh. Most could not relate to the fact that an AIDS epidemic may occur in the country.

However, as expected, the respondents from the technical category responded differently. Instead, they emphasized how an epidemic may occur if the AIDS situation is not handled now, before it is too late.

A technical category respondent stated, *"The number of AIDS patients is not so high as yet but if people are not aware about the disease, things could go wrong and out of hand very easily."* (Health Care)

Likewise, *"AIDS can escalate very fast so if the number of patients is not controlled from now, an epidemic will occur somewhat like in countries like Africa and Thailand."* (Technical)

*"Every where it starts like this, slow approach and gradually turns to an epidemic. Look the case of India"* (Donor)

#### **Low Prevalence but High Risk Behavior!**

Most of the respondents from technical category stated that although the prevalence rate is significantly low (despite all the possibilities!), the high-risk behavior exist in Bangladesh. A few of them referred to the latest survey on behavioral surveillance survey<sup>4</sup>.

However, a high GoB official stated, *"Today, people are still not aware of STI since cultural and religious values come in the way and most people do not want to know about such diseases. They are already biased towards such topics."* (GoB)

#### **AIDS and Sex: A Co-relation!**

Majority of the respondents of all categories (other than the technical) has a deep-rooted feeling that AIDS is caused due to "illegal" sex. According to them, if there is AIDS, then there has been illegal sex, that is, either pre or extra marital sex.

*"It's a sexual disease and "illegal" sex is the root cause of AIDS."*

*"I don't care about AIDS, I will never get it since I do not do any illegal activities."*

*"When I hear that some one is suffering from AIDS, first of all it comes in my mind that definitely he has gone to sex worker or brothel."*

<sup>4</sup> National HIV/AIDS Behavioral Surveillance Survey 2001, conducted by OMQ in collaboration with DGHS, MOHFW, sponsored by FHI/USAID

## Reasons of STI

When the respondents were asked to mention the reasons behind the occurrence of STI, the majority of respondents from all five categories stated that the main reason is due to sexual contact. Likewise, when they were asked to elaborate upon this, most mentioned that illegal sexual contact is the main reason behind it. By illegal sexual contact most of them meant sexual activities that took place outside of wedlock, either premarital or extramarital sex.

A lot of community leaders and media people stated that the brothels are one of the main causes of STI. A media personnel, stated, *"As long as there are brothels and sex workers around, there will always be STI and the probability of AIDS. If the sex workers are given training and rehabilitated into another profession only then will the spread of STI decrease."*

As a whole, according to the respondents the main reasons are:

- Illegal sexual activities, either premarital or extramarital in nature
- Visiting commercial sex workers in brothels as well as street based sex workers
- Easy availability of CDs of pornographic movies and blue films.
- The explosion of satellite TV where sex is exploited openly.
- Easy accessibility of Internet facilities (misusing the facility!)
- Having sex with multiple sex partners
- Increasing trend of group sex, both anal and vaginal sex.
- Unprotected sex (not using condom).

## Common Perception about Misuse of Computer and Internet

Most of the respondents from all categories had a common perception that another major reason of the increase in STI is the availability of Internet. Today, people in almost all areas of the country use the Internet. Some respondents from all categories mentioned how although Internet is a good thing in this age of the information superhighway, it has bad influences as well.

In relation to this a social worker stated, *"So many people have access to computers now and adolescents play less outside and sit in front of the computer more. What can be done? Instead of learning good things they are curious to learn bad things from the computer."*

### **Internet is the Main Culprit!**

A government official stated how the internet was the main reason of AIDS. According to him, *"Adolescents are getting hold of crude pictures and pornography through the Internet and so become engrossed in finding out about sex."*

Likewise, *"A computer may be a fashion and status symbol for people but it is just like another virus! We cannot control our boys and girls, who browse the net and download vulgar sites. Most of the parents are not aware of it!"* (Trade)

### **Unaware of the Hazards!**

According to some respondents the poor and illiterate people who are ignorant and cannot judge the differences between good and bad are prone to get infected with STI and AIDS. Therefore, slum dwellers and people living in poor and squalid conditions are most susceptible in visiting sex workers since they do not know the dangers.

*"AIDS will directly or indirectly spread throughout the country by any means since there is uneven distribution of wealth among the people. The rich people will suffer less since they are aware to some extent. However, it is the poor who will suffer the most since they are not aware about the ways of contracting AIDS."* (Community Leader)

A government high official stated, *"It is always the rich and powerful men or the poor ignorant men who have extramarital or premarital sex. The rich have money and can spend it on women while the poor are too ignorant to know the difference between right and wrong!"*

### **CSW in Disguise!**

All categories of respondents stated in unison that the reason STI and diseases like AIDS are on the rise is because of availability of sex workers, either commercial or 'commercial in disguise'. There is one group of sex workers who are from the middle class and upper middle class background that are commercial sex workers in disguise. These women mostly invite men over to their homes while their husbands are at work or may be out of the country. However, not all of them charge money for these sexual encounters. Apparently, some of them also partake in such sexual activities because they have sexual urges and not because they need some extra money. Although such activities are not frequent in Bangladesh, there is evidence that it is increasing gradually and more and more women are practicing it secretly.

#### **Family Norms and Values are Changing!**

*"Family norms and values are gradually changing. Previously extra marital sex was considered as a serious sin. Now days, people are not considering it such seriously. I know at least two women, they have extra marital sex. One is a housewife, another works in a bank. They take it as very casual. The shift in attitude is quite evident."* (NGO Manager)

### **Peer Pressure**

However, most of the respondents of all categories stated that the reason why adolescents and teens are getting infected is because of peer pressure and bad influences from keeping company with addicted adolescents and youths. According to some of them "unemployment of educated youngsters" is another reason. Frustration, peer pressure and bad company lead them to get hooked into bad habits and become addicted to sex, drugs, alcohol etc.

*"Peer pressure will drive adolescents into wanting to know more about sex. Since adolescents have access to sex related information from both their peers and*

Internet and CDs today; it is better to tell them about the entire AIDS scenario so that they have the right knowledge about it. This will ensure that insufficient and wrong information does not confuse them." (Technical)

### **Erosion of Social/Cultural Values and Beliefs!**

Another common response among the different categories of respondents is that STI is increasing among people as a whole due to erosion of social and cultural values. This has especially been the latest alarm of parents of the youths and adolescents everywhere since youngsters are gradually breaking down some of the cultural barriers. Most parents are concerned about the fact that there is such an increase of sexually transmitted diseases among teens nowadays.

It is also felt by them that the social values has been deteriorated recently. According to them due to deterioration of social and cultural values and beliefs adolescents and the youths go outside the norms set by culture and tradition and want to do "forbidden things".

*"It is apparent that they are more curious about sex nowadays."* (Community Leader)

*"I am sure, the physical relation between the boys and girls (i.e. college-university students) have been increased during the recent past."* (Teacher)

### **Those Who Contract STI the Most**

Majority of all categories of respondents mentioned that the poor and illiterate people who are ignorant and are not health conscious are contracting AIDS more than others. Furthermore, they also mentioned how young teens that are curious about sex are those who are contracting diseases. According to them these adolescents mostly have sex with their girl friends and acquaintances but of late they are even visiting brothels more and more.

However, apart from curious adolescents, it is found from the survey that there are certain other groups of people who visit brothels. Apparently, some of these people frequent visit brothels quite regularly. But whatever the frequency, it is these people visiting brothels and those having sex with street sex workers that are prone to contract STI the most.

### **Brothel is the Breeding Ground, so Close them Down!**

A GoB official stated, "A brothel is the breeding ground for AIDS infections to spread."

Other respondents have implied how closing down brothels can be the answer to AIDS prevention. As a whole these respondents think that it is brothels that breed AIDS and other STI.

Another stated, "The Upper class people do not go to the most frequented brothels since they are careful and know about the dangers. Instead it is the ignorant lower class people who get infected from brothels the most. The rich people go abroad or to hotels instead."

One media personnel stated, *"It is the men who live and work in towns and cities without wives, that contract STI the most since they visit brothels and fulfill their physical needs without using protection."* (Media)

The technical category respondents mentioned some other categories of people who visit brothels and are prone to STI:

- Garment workers, transport workers such as truck and bus drivers;
- Migrants who have migrated from rural to urban areas or migrated from abroad;
- Unemployed frustrated people and other frustrated men who are suffering from family problems;
- Adolescents and youths – peer pressure;
- Men (middle aged and elderly to some extent) who are going through some "mid life crisis".

### STI Treatment

Almost all the respondents of all categories stated that treatment is available for sexually transmitted infections or STI. In general, respondents mainly stated that although the MBBS doctors gave treatment on STI such as syphilis and gonorrhea.

High-level government officials and other respondents as a whole mentioned that most of the STI positive patients go to rural medical practitioners (RMP), ayurvedic<sup>5</sup>, kabiraj or herbal doctors to get treatment on STI since MBBS doctors are more expensive and they cannot afford to go to them.

A couple of respondents from the technical category stated that they knew of a specific place where healthcare is provided on STI such as AIDS. One such respondent mentioned, *"Lately STI related care is available in the health centers where there is the 'Smiling Sun' logo."*

### AIDS Treatment Exists - Misconception!

Surprisingly, it is found that a few of the high-level government officials are unaware that no AIDS treatment exists in Bangladesh or anywhere else for that matter. Some stated that the infection is curable in countries like USA with the advent of new and latest drugs and that treatment is not available in Bangladesh.

Like some high-level government officials, a few respondents of other categories (such as trade and community leaders) think that MBBS doctors and other specialists can treat AIDS and STI. Apparently, their perception is that there is a cure for AIDS along with diseases such as syphilis and gonorrhea and that once they go to the doctors everything will be all right.

*"I know that there are some AIDS patients in PG hospital. They are under treatment and it is done very secretly. Similar things happens in CMH (i.e. army hospital)".* (Trade)

However, one GoB official opined, *"Most people do not know that AIDS is incurable. They think that once they go to any MBBS doctor or ayurvedic or kabiraj*

<sup>5</sup> Ayurvedic, kabiraj and unani are traditional healers, usually use herbal or some chemical as treatment.

*practitioners, they will get cured. But this is not the case because due to wrong treatment and diagnosis AIDS patients, end up suffering even more. We should give clear message about the fate of AIDS patient to all."*

As a whole, all the respondents in the technical category are aware that there is no known cure of AIDS as yet however; curable treatment is available for other STI such as syphilis and gonorrhea. Moreover, they are aware that if the proper AIDS treatment is given, then AIDS patients survive for many years. Likewise, they also stated that if their health is managed properly then their standard of life can be made better and their pain can be reduced to an extent.

Another respondent stated, *"AIDS patients should feel that everything that can be done for them has been done. Their mental agony and pain can be eased slightly with proper counseling along with the proper drugs even if they are not cured."* (Healthcare)

### **Too Ashamed To Go to Graduate Doctors!**

Some respondents opined that AIDS patients do not really go to doctors when they get infected, as they are too ashamed of themselves. They would rather suffer the pain than admit they have the AIDS infection.

A government official stated, *"Most people in Bangladesh are too ashamed to go to the doctors for sexually transmitted diseases. Usually they partake in sexual activities secretly and so instead of going to doctors they go to ayurvedic and herbal practitioners for treatment since they will ask less questions. Confidentiality is strictly maintained there."*

## **AIDS RELATED**

### **Knowledge on AIDS**

Overall, it may be mentioned that the level of awareness of the respondents from the general group and high-level government officials is less compared to the awareness of the technical group respondents.

Although most respondents are aware, the majority did not have elaborate knowledge on any of the sexually transmitted diseases, especially AIDS. But most could mention that AIDS is a deadly disease and those who become infected will die eventually.

A government official mentioned, *"AIDS is a blood related disease, it spreads from the blood of one person to another. If the good blood of a person mixes with that of AIDS infected person, then that person will get AIDS as well."*

The level of awareness of respondents from rickshaw pullers, truck drivers, and port worker associations is found to be quite low in terms of AIDS. Although some of them have heard about AIDS most thought that AIDS is not an issue for a country like Bangladesh.

A respondent from the Rickshaw Pullers Association stated, "AIDS is supposed to occur only among rich people and not poor people like us."

### Reason for AIDS

It is revealed that most of the respondents from all five categories have the perception that "illegal sex" is the prime reason for AIDS occurrence. Likewise, they stated that illegal sex is brought on by a number of underlying factors, which geared people towards sex, stated below:

- Level of proper knowledge and awareness on AIDS is very low and people are ignorant about such issues
- Lack of mass education and employment facilities so adolescents who are either school/ college drop outs and not qualified for any jobs, are idle and take part in sexual activities.

### Our Inability to Convey the Right Message

Some respondents from the technical category stated how STI and AIDS is on the rise since people are not being conveyed the accurate knowledge properly. One such respondent from technical category mentioned, "We are not able to convey the message properly and some people are still so unaware and don't know about the life threatening dangers prevailing in brothels."

#### Overseas Visit – Is it for Business or Pleasure?

A respondent stated, "Businessmen go abroad to countries like Thailand for not only business purposes but also to have sex. In the process they bring back AIDS with them." (Government official)

Another respondent stated, "Rich men cannot go to brothels here as they want to be discreet, so their business trips are actually sex trips in disguise." (Government official)

As expected, the level of response of the technical group respondents is somewhat more elaborate than the general and high-level government officials. They were able to mention other reasons such as the following:

- Married Bangladeshi men working abroad in Middle East countries who transmit diseases to wives when they return back home
- Unexamined blood transfusion, which is, transferred or injected into someone else without testing the blood for HIV/AIDS virus
- Use of unsafe and contaminated syringes by injecting drug users
- Late marriage is a reason since due to lack of financial solvency people cannot get married and they go for sex with sex workers.

A high level GoB official stated in this regard, "Very few men in Bangladesh can afford a wife at the right time but even then cannot stay sexually inactive before that. As a result, they have sex with sex workers."

### **AIDS Misconceptions!**

#### **Breast Feeding Transmits AIDS:**

A respondent from the transport workers association mentioned how a mother can transmit AIDS to her child if she breast feeds. *"If a mother contracts AIDS after giving birth and breast feeds her baby then that baby will get infected with AIDS as well."*

Another respondent stated, *"Black cats carry AIDS infection<sup>6</sup>. They are responsible for AIDS"*. (Rickshaw puller association)

### **Those who are Most Infected**

According to the majority of respondents from all five categories interviewed, adolescents and young adults ranging from the age 16 to 25 years are infected with AIDS the most. These age groups are very vulnerable and are mostly involved in sexual activities with commercial sex workers and girl friends etc. As a whole, the majority of respondents stated that those who took part in premarital sex and sex with brothel based and street based sex workers are getting infected the most. In general, according to the respondents the people who get infected the most are:

- Those who take part in unprotected sex which is physical and sexual in nature
- Injecting drug users who share syringes with others
- Those who take blood without testing it for viruses

A technical category respondent stated, *"There is no single specific reason why sexual activities are on the rise as there are so many influencing factors involved now. But the reasons have to be identified so as to understand the different contributing factors."*

A respondent stated, *"It is the poor and illiterate people who are affected by AIDS. They remain dirty and live in slums and cannot look after themselves properly. It is these people who contract deadly diseases. Other people do not have to worry about catching such diseases."* (Opinion Leader)

A high-level government official stated, *"If a married couple are having intercourse, then there is nothing to worry about, but if one of them is in an extramarital relationship, then the risk of an infection increases greatly."*

### **Physical Contact among Teenagers and Youths!**

It is revealed that two different views are prevalent among respondents in relation to physical contact among adolescents and teenagers. One group of respondents stated that there is a definite increase in the number of adolescents getting infected with AIDS nowadays due to increased physical contact while another group stated the reverse.

<sup>6</sup> Similar finding was found in National IEC Study 1998, conducted for BCCP/Johns Hopkins University (USAID funded). It may be mentioned here that there was an ad shown in BTV where a black cat was with an ailing AIDS patient. A large number of people are confused about the role of the cat.

Views one:

Some respondents stated that the rising trend of physical contact among youngsters is the underlying reason for the increase in AIDS. However, in light of this, an academician stated that adolescents are more careful and take precautions nowadays as well. He stated, *"The physical contact among the college and university students are on the rise. It was always there but recently has increased manifold. When I see my students, I can imagine. Youngsters are now watching more porno films through CDs and Internets. But they have become careful (in using contraceptives) as well."* (University Teacher)

Views two:

On the other hand, a few government officials, senior level executives and opinion leaders stated that there is no real physical contact as such among adolescents in Bangladesh as yet. One opinion leader stated, *"Our girls are conservative and they can protect themselves from sexual temptation (from their boy friends). Moreover, joint family culture still exists in the country and Bangladesh is a Muslim country after all."*

### Mode of Transmission

As a whole, the respondents from all five categories were all able to mention about the common mode of AIDS transmission. Most of them mentioned that having "illegal" sex, which is either premarital or extramarital in nature, is the main mode of transmission. Only a few could mention about unsafe blood transfusion and sharing of syringes.

Media personnel stated, *"The most common way sexually transmitted diseases are transmitted is through unhygienic sexual practices. But if someone has more than one sexual partner and is taking precautions, then the risks are reduced."*

As expected, the responses given by technical group respondents was more better in terms of the responses received from other categories including high-level government officials. Apart from sexual activities, respondents from the technical category mentioned other modes of transmission, as follows.

- Having sexual intercourse with multiple sexual partners
- Having sexual intercourse with commercial sex workers
- Blood transfusion in the process of sharing or donating blood to others
- Sharing syringes that are not sterile
- Unhygienic instruments used by doctors when examining patients for instance, tools used by dentists, ENT doctors, pathologists etc
- If a pregnant woman has AIDS then the unborn child will get infected as well
- Use of unhygienic instruments by ignorant barbers, manicurist, pedicurist etc

### Prevention of AIDS /STI

Interestingly found that when the respondents were asked to mention how AIDS could be prevented, all of them from all the five categories mentioned the use of condoms as a whole. Furthermore, along with condom use, almost all the respondents from the technical category also stated that counseling and spreading awareness on AIDS in general would help to prevent the disease as well.

*"If you must go to brothels, by all means go, but use condoms while having sex with sex workers". (Trade)*

*"The careless attitude of high-risk groups, such as sex workers should be changed so that they are ready to use condoms on their own. They should be supplied with batches of condoms regularly in brothels as well." (Technical)*

### **Religion Can Save Us!**

However, the majority of community leaders, trade and labor associations stated that if people were urged to follow Islam and be religious then that would also prevent them from taking part in bad things. According to them religious bindings would prevent them from getting sexually involved anywhere. A few government officials also had similar views.

*"If AIDS prevention activities are promoted and presented with a religious theme, then people will slowly accept and talk about such topics. Unless there is a religious theme people will not be persuaded to change their attitude toward preventing AIDS." (Community Leader)*

#### **Religion is the Key to Prevention!**

Most of the religious priests interviewed all stated that prevention of AIDS could be achieved through the proper practice of religion.

A Father of a Church stated, *"Religion is a good way of ensuring that people do not stray away and become attracted to wrongful activities."*

A Muslim Imam stated, *"The Quran prohibits bad things and if people follow the Quran they will not get into harm. So I think the Quran is the only prevention mechanism against AIDS."*

A Purahit of a Mandir mentioned, *"If youngsters practice religion and pray regularly then they will stay clear of temptation."*

### **Laws and Isolation cannot Prevent Sexual Activities**

Some respondents mentioned that legally nothing can be done to prevent people from practicing sex and having multiple sex partners. Likewise, others stated that sex cannot be isolated. In relation to this a respondent stated, *"It is just impossible to isolate sex from the lives of people and keep them away from practicing sex. We can't isolate our boys and girls from the rest of the world as they are already exposed to it."*

#### **Sex is a Wishful Thing!**

*"Sex is a natural and physical need for all individuals. It is basically a wishful thing and cannot be changed. Instead of preventing sex we should prevent AIDS with knowledge. People should realize the ultimate outcome of AIDS and therefore, should want to prevent it willingly. " (Academician)*

Likewise, other officials mentioned:

*"By enforcing law, we can't prevent AIDS. Likewise, we can't change the nature or behavior of human beings." (GoB, NGOs)*

*"By eviction of Narayanganj brothel we have brought sex workers into our doorsteps and into our locality. Now sex workers are available in almost all hotels throughout the country."*

#### OPINION ON EXISTING GOVERNMENT PROGRAM ON AIDS /STI

Nearly all the respondents from the different categories stated that they do not know of any significant program that the government is conducting centered on AIDS. However, some of the government officials and respondents from the technical category are specifically able to mention a number of activities of the government in relation to AIDS.

Even then, among those who did mention some activities of the government, stated that they knew of only occasional seminars and workshops that took place on and off. According to most of these respondents, these AIDS programs had only one or two day duration. They all stated that the government did not have any long-term commitment or action plan to conduct many more such programs. According to the respondents the occasional programs are inadequate and need to be revised. Likewise, they are not always what the people need and some programs do not even reach the target.

Some of the past and ongoing activities of the government as mentioned by these respondents are presented below:

- The government in collaboration with an NGO has produced a movie, called 'Meghla Akash' which is like a documentary on AIDS related issues.
- GoB is conducting a blood transfusion program, which revolves around AIDS. But this needs to be strengthened further and implemented at the upazila level.
- An advocacy program is being conducted with religious groups where 'Imams', that is, Islamic religious priests talk about AIDS with people in mosques after the Friday prayers.
- Likewise, GoB has a national AIDS committee and they conduct different surveys and short programs occasionally.

#### **Few and Far Between!**

The majority of respondents from all categories stated that the existing government intervention on AIDS was not enough.

*"The government does conduct some AIDS related programs sporadically but these are few in number and people do not hear about it and cannot participate in them either." (Technical)*

In general respondents from mostly the technical category mentioned how the government is not doing enough AIDS related program as much as it should.

Likewise, compared to other organizations also it is conducting far less activities to spread AIDS awareness as a whole.

Some of the other comments of respondents are presented below:

A respondent stated, *"The programs on AIDS in Bangladesh are in fact non existent to an extent. The programs that have been done and are being done are merely a drop in a sea of water. They go unnoticed and are few and far between. Moreover, most of the programs do not always reach the most deprived."* (Technical)

A media personnel stated, *"I think that some NGOs are recently distributing condoms to sex workers in brothels. And afterwards they are also checking the number of used condoms and making sure that sex workers have used these with clients during sexual activities. However, I have not heard of any such initiative being done by the government."*

Another technical respondent cited, *"The development organizations such as DFID, CIDA, UNFPA, UNAIDS, CARE etc are conducting AIDS intervention programs on a regular basis. The government of Bangladesh in comparison is not doing half of what these organizations are conducting."*

#### **Break Down Value Based Barriers!**

Some respondents stated how age-old values and beliefs, which act as barriers and resistance to change in behavior, should be broken down.

An official stated, *"Breaking down these the barriers among people through social mobilization is the only solution towards curbing the AIDS problem."* (GoB)

#### **Registration of all Sex Workers**

Some respondents of the technical category stated that a restriction should be adopted on illegal sex workers. At present it is not exactly known how many commercial sex workers are working either in brothels or are floating around on the streets. However, according to them a database should be made of all sex workers after they are properly registered.

One such respondent stated in this regard, *"The sex workers need to be all registered so that they can be monitored. If sex workers are registered this will ensure that they are less prone to becoming hazardous to their clients."* (Technical)

#### **SPREADING AWARENESS – SOME SUGGESTIONS**

In general the majority of respondents from all five categories suggested that AIDS awareness should be spread through different mass campaigns. According to the majority of them, these campaigns should be targeted towards the specific high-risk groups that are in the greatest danger of contracting infections. In light of this, AIDS messages should be oriented towards illiterate people and should be focused on ads that are targeted towards making them aware since they are more ignorant than people who come from middle class, lower middle class or upper middle class families.

**Avoid Jargon but use Clear-cut Messages - No Time to Experiment**

A teacher stated, "AIDS messages should be clear and should not be confusing. An illiterate person should be able to understand the messages easily."

A high government official stated, "All the ads related to AIDS should be made with easy and clear wordings so that people are not confused with jargon. We have no time to experiment!"

Similarly, "Why use words like "moharoug" (i.e. serious disease)? Just say clearly about AIDS. People should be able to understand the message." (GoB)

Some respondents in this category stated that in order to make the ads more effective, known faces and celebrities should be used. Furthermore, these faces should be personalities who people respect and listen to. Moreover, real life doctors could also be used to convey the message since they would give the ads more credibility.

A respondent stated, "In most cases ignorant people can be easily swayed if AIDS messages are presented through dramas, documentaries and other audio and visual aids." (Technical)

Some of the technical category respondents stated that a recruiting agency or BAIRA<sup>7</sup> gives advice and information to the people that it has recruited to send for working abroad. Apparently, they brief people on AIDS before sending them abroad. Similar steps may be considered in other sectors.

Another technical category respondent stated, "The government just observes the national AIDS day and conducts occasional seminars and symposiums on AIDS related issues. This is not enough, so much more needs to be done."

**Don't Hurt Religion and Cultural Values!**

In preventing AIDS and developing AIDS campaign, most of the respondents, including high-level GoB officials stated that the religious and cultural values should not be hurt.

"We should gradually move forward, and we should not sensitize our religion, culture and values too much. Otherwise it will act as a 'boomerang' and damage the whole campaign." (GoB, Technical, Community leader)

**Vertical and Horizontal Approach!**

A technical category respondent pointed out that the awareness of AIDS should be more wide spread and more people should be reached. He stated that the only way this will be possible is if the approach is more horizontal. He cited, "The spread of

<sup>7</sup> Bangladesh Association of International Recruiting Agencies

awareness on AIDS among people has to be both vertical and horizontal in nature. At present it is only vertical and so less people are being reached." (Technical)

#### **Giving Knowledge is not Enough, Knowledge has to be Internalized!**

A respondent stated how knowledge should be given in a series of slots and not in one or two attempts so that it is more gradual and has a lasting impact. According to them knowledge should be enforced in such a way that it becomes an integral part of that person and it becomes **internalized** naturally within that person.

"People can not be given knowledge in a single day. In order to instill sustainable knowledge, the knowledge will have to be internalized so that it is applied instinctively. They should visualize how the information is going to benefit him/her." (Donor)

#### **Health Education Really Works in Bangladesh!**

A couple of respondents mentioned how the health education reforms in Bangladesh have been very successful in the past. The different family planning as well as EPI programs have all helped to build awareness and increase the standard of health care in the country.

In regard to this, a government official stated, "The present scenario in Bangladesh is very conducive for adequate AIDS reforms since there is availability of data along with the authenticated and validated surveillance statistics on healthcare."

#### **Start Advocacy from the Top**

A handful of respondents stated that the government should train all the officials and personnel in the AIDS and STI sector so that they are cognizant of the AIDS scenario all the time.

One respondent stated, "Nothing would happen unless we advocate the top level executives, especially the GoB bureaucrats who are very unaware of even the basics of AIDS."

Likewise, special emphasis should be given to training high level officials as well as mid level managers and line directors who are serving for another 3-5 years at least. However, this should not be done in Dhaka based workshops; instead officials should be taken to outside Dhaka – totally isolated from their day to day activities, for 1 or 2 day closed door programs which will be more effective.

#### **INVOLVEMENT OF WOMEN IN AIDS PROGRAMS**

A few of the respondents from all five categories stated that women should be urged and motivated to get proactive in the AIDS campaign.

"Women in Bangladesh are by nature conservative but we created them like that throughout generations. Now it is our job to bring them out of the shell. If they become open they can do miracles. Just look at the family planning program and the micro credit program of Grameen Bank." (NGO)

Likewise, another opinion leader opined, *"If women are aware of AIDS, they will help in changing the behavior of all other family members."*

## **PERCEIVED PERSONAL IMPACT**

### **HIV/AIDS Infected People**

Respondents were asked to place their opinion on what the consequences would be for AIDS infected people. The majority of respondents from all categories stated that if someone were to get infected with AIDS then it would be very serious and catastrophic for that person. His or her social status would be lost forever and their own family members would avoid and may be hate them as well. Furthermore, they would lose their job and become unproductive in the society and as a result of this there would be an ultimate implication on the overall economy.

### **Treat AIDS Patients with Care!**

Likewise, respondents from the technical category also elaborated on the stigmatization of AIDS patients in the society. They stated that in order to help patients overcome this stigmatization they should be given counseling and made aware that they are not hated in the society. Furthermore, they must be told that they need not die from AIDS straight away since lots of people live with AIDS infections for many years and that they too could live a normal life for the time they had left if they remained positive.

*"First of all we may think that an AIDS patient has done something wrong but he/she may have got the infection from a blood transfusion or some other means. That is why we should treat them with care."* (GoB)

Another respondent stated, *"It is sad that once a person is infected with AIDS virus, he or she will surely die and it will be a very painful death. They will be ridiculed and ostracized in the society."* (Media)

In regard to this one respondent stated, *"There is a thin line between the right and wrong way to deal with AIDS patients. If they are not handled with care they will become like a live fuse. They are vulnerable as it is and further stigmatizing them will only make them senile and want to take revenge upon others. In the end they will intentionally infect others."* (Technical)

The respondent from NGO opined, *"People should be taught how to handle AIDS patients carefully since they are vulnerable in the society. If they are stigmatized and treated badly, they will be pushed over the edge and will end up abnormal or do drastic things like suicide."*

### **Negative Attitude**

On the other hand there were some respondents found to have a negative attitude towards AIDS infected people. They mentioned that AIDS patients should be identified, secluded and segregated from other people so that they cannot spread the disease to others around them. They also stated that there should be separate

accommodations for AIDS patients and that these patients should be put in special hospitals that are just for AIDS. For instance, ICDDR,B for diarrhea, Shishu Hospital for Children Cancer Hospital for cancer patients and so forth so that AIDS patients do not run away and infect others.

One government official stated, *"AIDS patients should be separated from other people, what else can be done, it is their punishment for doing illegal acts."* (GoB)

Furthermore, one or two respondents also stated that it is the responsibility of the government to ensure the safety of the non-AIDS infected people. In other words, according to them there should be government level initiative to segregate AIDS patients from everyone else and control the spread of AIDS as a whole.

### **Personal Impact**

When respondents were asked if their personal lives would be affected if an AIDS epidemic were to occur, most of them from all the categories responded positively. As a whole, most mentioned that all aspects of their lives would probably change and they would be affected in terms of financial, social, and economical aspects since the epidemic would destroy the economy of the country. Likewise, they all stated in unison that their personal lives would be affected because of the suffering of people around them.

*"The social and economic situation of a country would become very heightened where it would become like another Africa. An epidemic would be devastating."* (Technical)

### **Indifferent Attitude**

However, it may be mentioned that another group of respondents was somewhat skeptical and indifferent about an epidemic ever occurring in the country. They did not believe that an AIDS epidemic would ever occur in Bangladesh especially since limited people had AIDS in Bangladesh (according to them). This particular group stated that AIDS is not yet such a serious problem for everyone in Bangladesh to be concerned about it now.

One Imam stated, *"Those who are disciplined do not have to worry about AIDS now since they are not liable to get any disease since they have led a disciplined life."*

*"I don't care about AIDS, I will never get it since I do not do any illegal activities. One person will do crime and another will suffer, that is just wrong!"* (Small Traders Association)

### **CHANNELS OF INFORMATION**

According to the majority of respondents the channels by which they think AIDS information can be distributed best is through radio, TV and print media such as newspaper, magazines and so forth. However, others also stated that holding group meetings and question/ answer discussion sessions would also spread awareness on AIDS.

## Current Communication Campaigns

The study asked respondents to comment on the current communication campaigns on AIDS that are ongoing presently in the country. Some of the respondents from all five categories mentioned how development organizations such as DFID, SMC, CIDA, UNFPA, UNAIDS, CARE etc are conducting different AIDS programs occasionally and doing more than the government.

However, the majority of respondents from the technical category stated that the government of Bangladesh today in relation to AIDS is actually conducting very few communication campaigns. They also added that those that are ongoing are not at all adequate and that more extensive campaigning should be enforced.

Some of the activities in relation to AIDS as mentioned by the respondents in this category are mentioned below:

- The government utilizes the print media by giving occasional articles in newspapers and magazines and spreading AIDS messages through different mass media.
- The government has different AIDS messages on the major transport vehicles such as buses and other public carriers through BRTC.
- The newly recruited people who join the police force are given lessons on AIDS along with their police training so as to ensure they practice safer sex if and when they go to brothels.

## Enter- educate Programs

The government and NGOs have produced some movies, documentary films etc. on AIDS related issues. For instance a song "Shuno Manush" and a drama named, "Eye Megh Eye Roudra" are both written and created with AIDS oriented messages. Another was "Sabuj Chhaya". Likewise, MOHFW is also producing similar activities, and one such activity is the making of the drama called "Meghla Akash" which has been made with the AIDS theme.

## CARE Really Cares!

Apparently, CARE Bangladesh is presently conducting programs on giving counseling to AIDS patients and it is also conducting another program, which seeks out the social problems of AIDS patients and helps to solve those for them if they are incapable of coping themselves.

Likewise, the technical respondent mentioned, *"There is a CARE program, named 'Shakti Project' which is working towards spreading awareness about AIDS and motivating people to practice safer sex."* This respondent was found to be very optimistic about the efforts of CARE but was not too happy with what limited activities the government is doing in relation to AIDS.

### **Create more like "Shuno Manush" and "Eyi Megh Eyi Roudra"**

A couple of respondents had seen the song "Shuno Manush" made for TV highlighting the gravity of the AIDS problems in the country. Different celebrities from various backgrounds such as cinema, sports, TV, along with recording and singing artists, News casters and other entertainment areas all joined in and sang a song which they pictured in together about AIDS. Apparently, this song and the corresponding video pictured with it had a huge impact on people as a whole.

Likewise, a few of the respondents mentioned a drama named, "Eyi Megh Eyi Roudra" which was AIDS oriented. The renowned writer cum producer, Humayun Ahmed produced this drama and sponsored by Bangladesh Center for Communication Programs and it was found that many people also liked this drama<sup>8</sup>.

### **Problems of Some Current AIDS Communication Programs**

The respondents from all five categories, that is, technical and general as well as high-level government officials mentioned the following problems of the past and current communication programs done in relation to AIDS so far.

- Current communication programs are not effective and yielding results. This is mostly because not enough AIDS communication campaigns are initiated in the country by the government
- Past AIDS programs have not reached the target population
- The AIDS messages are not being conveyed to the people properly. The majority of people in Bangladesh are unable to read and write so they cannot be expected to understand all the printed communication materials
- The AIDS messages should have been made so that all categories of respondents from all backgrounds could comprehend them.
- The AIDS campaigns are short term but long term programs should be enforced
- Some of the campaign messages are too elaborate and wordy for all groups of people to understand and should be very simple and action oriented instead
- There is lack of standardization among the NGOs and other organizations that conduct AIDS campaigns from time to time
- There is lack of systematic and coordinated approach in both government and non-government set-ups.

<sup>8</sup> Similar findings was found in a recent study that majority of the BTV viewers liked the drama serial Eyi Megh Eyi Roudra. The drama serial focused on health and behavior change issues. Source: Evaluation of Smiling Sun Campaign, Bangladesh Center for Communication Programs, September, 2002.

- The government does not have any type of strategic planning and implementation plan of its own in terms of campaigns. All it does is hire consultants once in a while when the need arises

### **Too Obsessed!**

Most high-level post holders in the government and non-government organizations are with their own individual gains and achievements. As a result they cannot be objective enough and work for the good of the target people since they lose their perspective.

### **No Focal Point for AIDS Patients!**

Another problem with the AIDS scenario in the country is that there is no service center for patients. A few respondents stated that AIDS patients in Bangladesh are still very neglected and people as yet do not realize the gravity of the situation.

A Government official stated, "Even today in Bangladesh there is no place or focal arena where an AIDS patient may go to get counseling or advice when they are sick. I would not even know where to send a patient if anyone ever came to me." (GoB)

An Upazila level doctor stated, "Actually I haven't received any AIDS patient as yet. But I wouldn't know where to send an AIDS patient if they came to me."

### **We Create Resistance!**

Some respondents stated how it is the educated people on top with policymaking and decision-making power that are creating resistance to change.

An official stated, "It is us in big posts that are consciously or unconsciously creating all the resistance against change in attitude since we are the gate keepers (High level managers in BTV, Ministry, DGHS) and we dictate what is socially and morally acceptable in the country."

"We cannot live by the old rules anymore. It is time to move forward and make rules that will break the old gates. Even today we are still thinking about condoms and not doing anything to make people change their attitude. People in high posts are selfish. They do not want to take any risk and they create all sorts of resistance. Otherwise we could put condom ads on TV 20 years ago." (Donor)

### **Lesson from Family Planning Program – a Success Story!**

It may be mentioned that some respondents from the technical category talked about the success of family planning in Bangladesh. They stated how the level of awareness of people in terms of family planning has increased exponentially since it was launched and that the AIDS campaign in Bangladesh should be enforced in the same way.

A GoB official stated, "The family planning campaign is very effective and today every single adult knows about family planning and contraception in Bangladesh. This is a huge achievement for a country like Bangladesh thus, any AIDS campaign should be implemented in a similar fashion."

## **Change the Mentality!**

A number of respondents emphasized the need to change the inherent mentality of people in relation to sex and condom use. At present people keep their children sheltered from such issues and teach children to stay away from sex and anything sexual in nature. As a result of this the adolescents look upon sex as something even more thrilling for them since they have limited exposure to it. Thus, people should work at changing their attitude and mentality towards sex in general and not make it taboo for the adolescents anymore.

In this regard an NGO official stated, *"We must start talking about sex with our adolescents before they become too curious about it and rebel totally. We have to get into their heads and see what they see and think what they think about sex and other such issues."*

## **Stop Lecturing and Start Listening!**

Some respondents stressed on the fact that adolescents and youths are not made a major part of AIDS programs in Bangladesh. They stated that adolescents should be taking active part in the AIDS forum.

One NGO Head stated, *"All seminars and workshops on AIDS comprise of some senior officials and elite figures of people giving presentation on AIDS. But do they know what they are talking about and do adolescents want to hear these boring presentations? It is time these people stopped talking and started listening to the adolescents and what their views are on the topic instead."*

## **ATTITUDE TOWARD CONDOM**

The study was required to find out the attitude of respondents towards condoms as a whole. In general the attitude of the respondents towards condoms is found to be quite positive. However, some of the religious priests, are not too keen about condoms as a whole. However, it may be mentioned that even some of the top-level officials and executives had trouble using the word "condoms". Apparently they are not used to it being talked about openly.

As a whole it is evident in the study that respondents are now more or less aware that condoms can prevent deadly diseases from occurring. Respondents could recognize how it is the best tool for combating sexually transmitted diseases and AIDS. However, the perception of one or two respondents from lower class was somewhat different. These respondents were not fully convinced that condoms are the ultimate way that AIDS could be prevented. According to them condoms easily tear and can not give 100% guarantee that someone would remain safe from contracting deadly diseases like AIDS.

*"The rickshaw or cart pullers may be ignorant and the majority of them do not own radio, TV but they know and have access to condoms as a whole. Their kids are seen to play with condoms as balloons. So there is no reason why people of this category would have a negative attitude towards condoms."* (Community Leader)

## Use Condoms as a Protection From Diseases and not From Pregnancy

The majority of technical category respondents stated that condoms should not be used only as a means of preventing pregnancy but also as a disease prevention tool as well. Some respondents stressed the need of conveying this message to sex workers since they do not use condoms regularly with clients. Thus, the attitude of sex workers towards condoms should be changed accordingly since they are inadvertently spreading sexually transmitted infections.

A technical category respondent stated, *"Previously condoms were used for family planning purposes but now they are protection against AIDS as well."* (Healthcare)

Another respondent from the same category stated *"Condom use should be used in all sexual activities whether they may be either legal, illegal or both."* (Technical)

Likewise, another respondent opined that the attitude of sex workers should be changed towards condom use. He stated, *"All sex workers should be gathered together and urged to take part in mandatory workshops and seminars where they will be shown how to use condoms and how to persuade their clients not to object to using condoms as well".* (Technical)

### Misconception about Condoms

One government official stated that a condom is in fact a drug!

*"Any thing which goes inside a body is considered as drug. Thus, since a condom goes inside the body, it is also a drug. This is an OTC no doubt, but its a drug!"* (GoB)

One confused respondent stated, *"What certainty do we have that we will not get AIDS if we use condoms? They are very thin and leak easily. Instead of telling us to use condoms all the time, why don't they give us a better way of preventing AIDS?"* (Trade)

*"There is no alternative to condom use in preventing AIDS!"* (Media/ GoB).

### Brands of Condoms

All the respondents from the five categories mentioned different brands of condoms. The most commonly mentioned brands of condoms are found to be the brands Raja, Panther, and Sensation. But out of the five brands, Raja and Panther are mentioned the most. Almost all the respondents could mention these condom brands spontaneously and without any hesitation. The respondents also stated that they knew about these brands of condoms from different television channels such as ETV and Channel I. Some mentioned seeing these different brands of condoms painted on vehicles such as buses, trucks as well as on buildings, walls and billboards.

Some respondents, especially the technical category respondents stated that even then more people should be made aware of the different brands of condoms available in the market.

However, a community leader stated, "People should be gathered around regularly and told to use condoms. Meetings should be held on AIDS related issues so that people can openly talk about condom use and different brands of condoms without any problem".

### Condom Related Ads

The majority of respondents of the study from all categories have stated that they had seen the ads of some condoms on different television channels such as ETV, Channel I as well as some other major Indian channels that are available on cable. However, one or two respondents stated that they rarely watched television so they had not seen any specific ads on condoms. Anyhow, the majority of the respondents who had seen ads had a positive attitude towards the ads even though they were unwilling to talk about them. It was apparent that a lot of them get somewhat embarrassed after watching such ads when sitting and watching television with others.

### It is Embarrassing!

Some of the comments of respondents in relation to condom ads being embarrassing for them to watch with other people are:

A teacher stated, "If I see a condom ad, I become tense and wish that it ends quickly. It is very embarrassing to watch with family members. The same thing happens when I see any ads on bras or sanitary napkins in some overseas channels. Likewise, we like to see adult films occasionally but we never see with our kids, only when we are alone."

Likewise, one social worker stated, "I have not seen any condom ad as yet on TV but even though I am not against it, I realize it will be very embarrassing to watch."

#### No Condom Ad on BTV!

It was found that almost all of the high level officials from both the government and private sector did not know that condom ads were barred on Bangladesh TV. After knowing about this fact, nearly all the respondents stated how 'this was not a wise decision to make'.

According to one official, "If other channels like ETV, Channel I etc. can show condom ads then why not BTV?"

### Contraception Pills are Shown so Why Not Condoms?

A couple of the technical category respondents mentioned that if the ads on contraception pill can be shown on BTV then there is no reason why condom ads could not be shown either.

Another respondent from this category stated, "It will be awkward seeing condom ads on TV with all the family members but after some time it will become less of an effort to watch. If we can watch contraception ads with others then we can watch condom ads too. The awkwardness will have to be overcome in order to save the lives of our future generation" (Technical, Healthcare)

## **Suggestions on Condom Related Ads**

The respondents mentioned some suggestions, which if applied can enhance the existing ads on condoms as a whole. Most of them stated that the ads should be more properly made with the use of latest trends and technical wizardry. The entire look of the ads should be changed so that people do not shun away from seeing the ads but think they are attractive instead. However, care must be taken to ensure that these are staying within the boundaries of culture and tradition throughout the process.

In general respondents of all categories stated that more and more posters should be displayed and there should be more billboards with AIDS messages. Some mentioned that more and more television ads should also be made.

One MP stated, *"If Channel I and ETV can show condom ads, then why not BTV? Likewise, all other Indian satellite channels show them quite openly and naturally and there is no harm done."*

Another technical category respondent stated, *"Condom ads are not promoted due to religious barriers. These religious barriers should not be the deciding factor anymore since religion alone will not save lives".* (Technical)

Likewise, other respondents stated the following:

- Condom ads would be more effective if real life doctors and celebrities are used to convey the message to people.
- Most existing condom ads are somewhat vague and need to be modified and changed.
- Much more condom ads should be made and these should be aired, printed and viewed in different media more frequently.
- A few respondents also stated that instead of showing ads only in the late evening, they should be shown all throughout the day since youngsters need to know about condom use even more. One healthcare provider stated, *"Adolescents should know all about condom as a protective tool from STI and even if it is embarrassing, it is always wiser to expose to them these things in order to keep them from getting into danger."*

## **Overcome Awkwardness and Face Reality!**

Most respondents from all five categories stated that condom use should be promoted openly since it is not inside the closet anymore.

*"There is no use playing hide and seek about condoms with adolescents and youngsters since they know what condoms are and how they are related to sex. Moreover, a little knowledge is a dangerous thing and they should be made aware all about condoms."* (Technical)

Some government officials also stated how the reality and truth of the AIDS situation should be faced now before it is too late. One GoB stated, "We have to move forward and not look back as the problem won't go away if we ignore it."

## RESISTANCE AND TABOOS IN MEDIA

### Those Who Oppose Condom Use

It is revealed in the study that majority of the religious priests like Imams and Moulvis are not drastically opposed to condom use. However, although they are not against it, they have some reservations about it nonetheless. The majority of them stated that as long as religious values and sentiments are not hurt, then there would not be any hardcore opposition from any religious or social groups of people. In other words, they stated that the condom ads should be developed in such a way that the messages should not be misleading and end up misguiding people into practicing safer premarital and extra marital sex.

Likewise, other groups of respondents also had similar views. They were all in favor of condom promotion as long as condom use is not wrongly promoted and distorted in the ads.

### Reaction to Condom Use

Respondents were further asked to mention what type of reaction would be expected from opposing groups of people if the media promoted condom use.

Most of the respondents stated that the reaction would depend on the type of message and the way it is presented for the public. The way the message is developed would be the most crucial factor since people will have to be made to go through a gradual transition so that they slowly accept the messages without being imposed.

#### Zero Resistance!

However, it may be mentioned here that a few senior level GoB and NGO officials stated that the religious groups and priests would not oppose condom use anymore since they have other more pressing issues. According to them there would be "zero resistance" from Islamic minded people, especially Muslim priests, if condoms were promoted. They further opine "there are false allegations against religious priests since they have other important issues to be concerned with for example Afghanistan issue, Palestine issue, Kashmir issue etc. The issue of condom ad can hardly be a concern to them!"

### Condom Ads Will Incite Adolescents Even More!

On the other hand a few respondents viewed that the most adverse reaction would be from middle class people. This is primarily because these categories of people would have a negative reaction to the promotion of condom use as their morals and religious beliefs and values will be offended. Apparently, they would not like their children to be exposed to these topics since they think that children would become immoral and partake in sexual activities.

In light of this, a church father stated, "If you promote condom use, our children will want to go for sex with commercial sex workers since they may think that it is now safe to have sex with them." (A community leader expressed similar views).

However, the majority of technical category respondents stated that even if the public would be offended, in the long run condom ads have to be promoted to curb future consequences in AIDS. As a whole, people would always have religious, cultural as well as social misgivings about condom use in the Muslim community of Bangladesh. But in general these negative reactions should not stop condom use.

### Government Intervention in Condom Ads

When the respondents were asked to comment on what they thought the government intervention is in relation to condom use, the level of response is limited. Most stated that the government has limited association with condom ads and that it should be more involved. This was the general sentiment of all the respondents from all categories.

Furthermore, some respondents added that the government should be more positive and assertive towards AIDS and condom use and thus change as well as update regulations so as to promote more condom use. However, others stated that there should be regulatory body of the government where the ads made should be monitored to ensure that they are socially acceptable among the masses but be able to convey the AIDS messages adequately as well.

### Condom Ads and Overcome Resistance

Respondents were asked to mention the ways by which the resistance against condom use could be overcome. Majority of the respondents mentioned that "decent" condom oriented ads should be made.

"This would need careful stepping. The ads should be made with extra caution due to the sensitive nature of the subject. The ads should be sober and culturally acceptable as well as convey the message of AIDS as well."

#### **Government Officials – Lack of Knowledge on AIDS!**

A technical category respondent stated, "The officials dealing with AIDS do not even know the proper information related to AIDS at times. This is not their fault always since the government keeps on changing officials in key posts, so that after someone has been in the AIDS department for some time, he or she may have gained knowledge on AIDS. But the posting changes eventually and a totally new person comes in who doesn't even know the basics of AIDS and sexually transmitted diseases." (Technical)

#### **Retain Right People of Right Caliber**

There is the scarcity of the right people of right caliber who can handle AIDS related issues. The government should create a situation to retain these people. The experts usually leave the mainstream and similarly experienced people are frequently transferred to other departments. This should be stopped since there is no capacity building and everything gets hampered.

"Experts like Dr. Zakir and Dr. Jahir are now working in the private sectors; previously they were active in the government offices. Now we can't use their expertise on HIV/AIDS." (Donor)

Respondents mentioned some aspects in relation to what the condom ads should entail. Likewise, some of their comments in terms of how to overcome resistance through condom ads are mentioned below.

- The ads should promote condom use in ways ensuring that the people are not culturally and religiously offended but understand the importance of using them.
- The ads should highlight that condoms are not only for preventing unwanted pregnancies but also as a protection against sexually transmitted diseases.
- The utility and benefit of the condom should be conveyed accurately from the user point of view.
- The gravity and seriousness of AIDS should be conveyed in the ads since a lot of people think that a country like Bangladesh is not in a grave situation in terms of AIDS.
- The AIDS and STI related messages should be conveyed to people by using slogans such as, *"If you use condom, you will survive otherwise you are dead"* or *"Use condoms or die"*.
- The ads should also highlight some message to remove the social stigma against HIV/AIDS. *"We should give message that sex is not only a cause of AIDS, there are many more things which may cause AIDS, for instances use of non-use of disposable syringes, hair cutting razor, dentist etc."*

### **Role of Government in Condom Use**

The respondents were asked to mention what they thought the role of the government should be in terms of condom use and AIDS prevention. As a whole, the majority of respondents from mostly the general and technical category stated that the government should have a more aggressive role and take major steps in making more and more people aware of the issues of AIDS and STI in general.

Others stated that the government officials should be more assertive in AIDS related decision making so that they are firm in their resolve. A few respondents mentioned that the government should train all the officials and personnel in the AIDS and STI sector so that they are cognizant of the AIDS scenario all the time.

### **Government Should Have A More Proactive Role**

A technical category respondent stated, *"The condom ads in BTV are not aired in the evening but only at night after a certain time when there are only adult viewers. However, the government should ensure that the AIDS messages reach evening viewers and adolescents more."* (Technical)

Likewise, another technical category respondents stated, *"The AIDS prevention committee will have to become more proactive and collaborate with the Ministry of Health in order to bring about effective changes in existing policies on condom advertising and promotion. If the government initiates these changes and starts the*

ball rolling then others (NGOs) will follow. If the government and non-government organizations coordinate their activities properly then the changes will happen."

Another respondent stated, "The Government of Bangladesh should follow the success stories of other countries. It should adopt AIDS prevention and eradication programs like those in Senegal, Iran and Thailand, which have been found very effective." (Donor)

### **Enforce Drug Control and Travel Laws**

In terms of drug control, a few respondents stated that the government should have stricter and more forceful rules and regulations in terms of drug control in the country. If stronger drug control is enforced then fewer people will have access to hardcore drugs and this will help the AIDS scenario also.

One such respondent stated, "The injecting drug users are a big part of the ongoing increase in the number of AIDS patients. The spread can be curbed if the government has stricter drug policies and thus prevents more injecting drug users from spreading the disease through using infected syringes." (Technical)

Some technical category respondents also stated that the government should have strong policies regarding travel and migration of people who may be carrying the AIDS virus. Like in some other countries, passengers should be properly examined and screened before allowing them to enter the country.

### **Change of Approach**

According to some respondents from health care and donor categories, the government and other partners are continuously advocating the sex workers to use condoms with clients. However, the majority of sex workers do not use condoms even though they know the consequences.

In relation to this, a technical respondent suggested, "Instead of continuously aping and parroting the same instructions to them, a different approach should be taken. The attitudes of the sex workers will only change if they are empowered to take control of their lives and make their own decisions and thus be strict and assertive with clients."

### **Target the Clients First**

The government and its partners are trying different ways of urging sex workers to start using condoms during sex with their clients but the situation will not change to an desired level until a different approach is used. The clients of sex workers should also be targeted and made to see the importance of condom use for their own safety.

#### **Poverty knows no law!**

"I know there are many sex workers who know the importance of about using of condoms. The clients do not want to use condom. I know at least one case in Faridpur brothel. Knowing fully well, the sex worker entertains her client without condom. If she refuses the client, she will have to pass her whole day without food." (Health Care)

It may be mentioned that most sex workers cannot force clients to use condoms if they do not want to do so. The reason is "extreme poverty". Poverty does not permit sex workers to bargain in using condoms as they do not want to lose clients. Most of them cannot afford to aggravate clients over condom use. As a result, the majority of sex workers do not use condoms even though they know the consequences of not using them. Thus, the government and partners should target not only that the sex workers but the clients of sex workers as well. Unless and until clients are convinced, nothing would be achieved as such.

In light of this a respondent from technical category opined, *"The present government activities usually revolve around sending messages of AIDS through TV, radio and other media but they do not do any preventive activities. As a whole, it is the NGOs instead that are conducting programs and activities revolving around condom distribution, as well as campaigning towards AIDS protection and prevention. The government should be conducting more of such programs with the NGOs instead of just giving media messages."* (Technical)

A media personnel stated, *"I don't think that the government properly implements the AIDS related activities which it gets funds for. The real scenario is that funds get dispersed among the government officials and as a result, none of the AIDS programs are adequately implemented."*

### **Avoid Overlapping**

According to a few respondents (donor and NGO) GoB and donors should develop a protocol for NGOs operation, highlighting areas of operation, both geographically and conceptually (e.g. communication, research, advocacy, treatment etc.) and thereby avoiding overlapping.

At present there is duplication of communication materials and campaigns. This is because different donors such as USAID, DFID, UNFPA etc. sponsor campaigns at different times and these are not coordinated properly. Likewise, there is duplication of research as well. No one knows when and on what area research is being done since findings are not disseminated among concerned organizations either. In the end "research is done only for the sake of research" and findings are not put to proper use.

### **Blood Testing Campaign**

Likewise, a couple of technical category respondents mentioned how a program could be initiated where blood testing is done for free throughout the country. These tests would seek out the people who are ailing and may have AIDS without knowing it. In the process, the test would find out AIDS patients and help poor people who do not have the means to diagnose their problem, get the chance to have some sort of treatment. Some stated also that professional blood donors should be discouraged to sell their blood in the market. Likewise, laws should be made to accommodate this.

### **Donor Driven Reform!**

A high-level government official stated, "The donors who give funds should be driven to push the government to conduct effective AIDS intervention. The donors should ensure that the government is implementing required programs properly and the target people are being reached." (GoB)

### **Local Consultative Group (LCG)**

According to a government official, "Donors have LCG. This LCG should monitor how their money is being implemented. The government should answer to how it is implementing each and all donor-funded projects. Government will be under pressure and this will reduce corruption and people will be ultimately benefited. As a result the donors' money will be properly implemented. End of the day, the people of Bangladesh will be saved and salvaged."

### **Take AIDS to Parliament!**

According to a high GoB official there are Parliamentary Standing Committee for each ministry, which consists of both the government and opposition MPs. He suggested that all AIDS related problems need to be taken to the Parliament through the Parliamentary Standing Committee for MOHFW. This will ensure that AIDS issues are dealt with effectively and discussed in Parliament as well as inter-ministerial meetings.

## **SMC RELATED**

### **Awareness on SMC Activities**

As a whole, the respondents from all five categories of the survey have a good image of Social Marketing Company (SMC). The level of response of the government officials and technical category respondents is slightly better on this issue than the other categories. They stated that SMC is doing excellent work and has a good reputation in doing social work for the people of the country. Specifically, respondents appreciated SMC's work in making the oral saline 'ORSaline' and thus playing a big role in the health as well as social well being of the people too.

Likewise, in terms of contraception, the respondents know that SMC markets contraceptives and respondents have a good image about the good capabilities of SMC as a whole. Overall, the entire scope of activities of SMC has been lauded by all categories of respondents.

"SMC is an ideal Social Marketing Company since it markets oral saline and contraceptives. It works for the society and has the welfare of the people at heart." (Community Leader)

## Shurrockkha Program

The majority of respondents are not aware of the Shurrockkha program of SMC. And of the one or two respondents who have heard about it, do not have any idea about how it works and what it does.

However, most of the respondents stated that they do not know if SMC has an AIDS program. Apparently, they have not seen any AIDS related program or activities. A few stated that even if SMC did have an AIDS program it couldn't be a very strong program since they are not aware of any programs themselves nor have they heard others mention it either.

A technical category respondent mentioned, *"If SMC is to launch an AIDS campaign then that would be very effective since they have the logistics and expertise needed to accommodate such interventions. They are distorting the market by giving gifts and many other things. Since SMC is not an NGO, it is not their job. Better they should concentrate on marketing of contraceptives."*

## Chapter

## INFORMATIONAL AND VALUE BASED BARRIERS

## INFORMATION AND VALUE BASED BARRIERS

It is revealed in the study that people in general have certain information and value based barriers, which are preventing them from changing their in-built attitude and behavior. Some of the major barriers that have been found in the study are presented in the table below.

OMQ has mentioned some suggestions in regard to ways of overcoming these barriers that people were found to have.

INDICATORS BY RESPONDENT CATEGORIES	BARRIERS	SUGGESTIONS
Knowledge on STI/ AIDS		
Government Official	<p><u>Informational barriers:</u> Insufficient and inaccurate information-</p> <ul style="list-style-type: none"> <li>➤ It was observed that people do not know from where to get knowledge on AIDS issues Likewise, they do not know if the AIDS information they are exposed to is accurate or not.</li> <li>➤ It is difficult for people to accept different types of AIDS information mostly due to their dislike in addressing AIDS issues.</li> </ul> <p><u>Value based barriers:</u> Values prevent change-</p> <ul style="list-style-type: none"> <li>➤ In-built religious and cultural values prevent people from changing beliefs.</li> <li>➤ People think that knowing about sexual activities and AIDS will corrupt them.</li> </ul>	<p>Provide accurate and uniform information to all concerned. This is to be done centrally by a coordinated body. This will help avoiding duplication and confusion.</p> <p>Cultural values and religious beliefs prevent people from wanting to know about AIDS.</p> <p>People should be motivated through campaigns to come forward and learn about AIDS. They should be urged not to avoid it any more.</p>

INDICATORS BY RESPONDENT CATEGORIES	BARRIERS	SUGGESTIONS
<b>Healthcare Providers</b>	<p><u>Informational barriers:</u> Accepting AIDS information-</p> <ul style="list-style-type: none"> <li>➤ It was found that health care providers do not think there are any barriers to receiving information on AIDS. However, they stated that people in general should be ready to accept AIDS related information when they are exposed to it.</li> </ul> <p><u>Value based barriers:</u> Talking about AIDS-</p> <ul style="list-style-type: none"> <li>➤ Even though health providers work in health care, they still have problems talking about AIDS with people as the subject is so sensitive.</li> <li>➤ Some of them will not willingly ignore AIDS issues but may unconsciously do so without knowing. As a result, they may not be so open while talking about it with people.</li> </ul>	<p>The AIDS communication campaign should change value-based barriers that prevent people from looking upon AIDS as not a taboo issue.</p> <p>As a whole, a lot of respondents think that willingly blocking information out by not talking or addressing AIDS will keep them safe from ever getting infected with it.</p>
<b>Technical support such as donors, NGOs etc</b>	<p><u>Informational barriers:</u> Lack of proper knowledge-</p> <ul style="list-style-type: none"> <li>➤ Most informational barriers exist since policy makers and people who deal with AIDS do not even have a clear-cut knowledge on AIDS. As a result, all information cannot be filtered and isolated properly so informational barriers still exist.</li> </ul> <p><u>Value based barriers:</u> Overcome all barriers-</p> <ul style="list-style-type: none"> <li>➤ Most respondents in this category stated that whatever cultural and religious values there may be, these should be overcome.</li> </ul>	<p>Communication campaigns should present clear and focused messages on AIDS targeted at all groups of individuals from all backgrounds.</p>

INDICATORS BY RESPONDENT CATEGORIES	BARRIERS	SUGGESTIONS
Trade	<p><u>Informational barriers:</u> No need of AIDS information-</p> <ul style="list-style-type: none"> <li>➤ Respondents stated that the less they know about AIDS and the less they talk about it, the less their children will be involved in it.</li> </ul> <p><u>Value based barriers:</u> AIDS knowledge will corrupt-</p> <ul style="list-style-type: none"> <li>➤ It was found that most respondents of this category think that they should retain their cultural and religious values otherwise they may become corrupt.</li> </ul>	<p>People should be made aware that AIDS is a serious problem and that it can happen to anyone. Thus, it should be addressed and discussed openly from now on.</p>
Trade	<p><u>Informational barriers:</u> AIDS information is for the sinners-</p> <ul style="list-style-type: none"> <li>➤ Most respondents think that, AIDS information is mostly for those who do illegal activities and that since they do not do illegal activities they will not be sinned with AIDS either.</li> </ul> <p><u>Value based barriers:</u> AIDS is taboo-</p> <ul style="list-style-type: none"> <li>➤ It was found that most respondents of this category think that AIDS is taboo and should not be brought in the open at all.</li> </ul>	<p>Campaigns should change value-based barriers that prevent people from looking upon AIDS as not a taboo issue.</p>
Community leaders	<p><u>Informational barriers:</u> Majority are still unaware-</p> <ul style="list-style-type: none"> <li>➤ Proper AIDS information is not even available in most health centers or clinics. According to respondents of this category the main barrier is that the mass people still do not know why AIDS occurs and where treatment is available.</li> </ul> <p><u>Value based barriers:</u> Little knowledge is good-</p> <ul style="list-style-type: none"> <li>➤ Respondents feel that the less the reasons of AIDS are known, the less their adolescent children will be in danger of it.</li> </ul>	<p>People should have access to AIDS related information all over the country.</p> <p>People believe that being aware of AIDS is a problem and a hardship. As a result, most of them are not very eager to know about AIDS, as they do not wish to be burdened by it.</p>

INDICATORS BY RESPONDENT CATEGORIES	BARRIERS	SUGGESTIONS
	<p>➤ As a whole, it was found that feelings of shame and humiliation act as barriers and so people wouldn't want to be aware of AIDS.</p>	
Reasons for STI		
Government official	<p><u>Informational barriers:</u> Needed but not crucial-</p> <p>➤ Most respondents believe that a Muslim country like Bangladesh has very few AIDS patients so they don't need to know the reasons of AIDS occurrence.</p> <p><u>Value based barriers:</u> Sex is breaking barriers-</p> <p>➤ Some respondents think there are both adults and youngsters are breaking no barriers since exposure to sex is the reason that all moral and value based barriers.</p>	Information based materials should be circulated among the target groups so that they know adequately all the reasons why STI and AIDS occur.
Healthcare Providers	<p><u>Informational barriers:</u> Lack of sex oriented knowledge-</p> <p>➤ Respondents as a whole, think that people get infected with STI and AIDS because they do not get access to adequate sex and AIDS related information.</p> <p><u>Value based barriers:</u> Eroded morals and values-</p> <p>➤ According to some respondents there are very little value-based barriers since exposure to sex is the reason why people have eroded morals and values.</p>	<p>In general, value based barriers need to be broken down via communication programs which are intervened gradually through various slots and modules.</p> <p>These should be able to break down beliefs and values that are in-built among people.</p>
Trade and Community leaders	<p><u>Informational barriers:</u> Lack of reliable information-</p> <p>➤ Respondents think that AIDS occurs because people are not exposed to adequate and reliable information on AIDS.</p> <p><u>Value based barriers:</u></p>	People should have access to reliable information regarding AIDS. In light of this, steps should be taken to distribute AIDS related information materials country-

INDICATORS BY RESPONDENT CATEGORIES	BARRIERS	SUGGESTIONS
	<p>Values are not strong enough anymore-</p> <ul style="list-style-type: none"> <li>➤ Some respondents stated that cultural and religious values still act as barriers for adults but adolescents are now overcoming these and have more exposure to sex.</li> <li>➤ A respondent stated, "Eroding values are breaking down cultural and religious barriers for adolescents."</li> </ul>	<p>wide.</p> <p>People should have access to the reasons why AIDS occurs in order to change behavior and practices.</p>
Technical support such as donors, NGOs etc	<p><u>Informational barriers:</u> Lack of proper information-</p> <ul style="list-style-type: none"> <li>➤ Most respondents think that uncensored and incorrect information from media and peer pressure confuse adolescents and act as barriers preventing them from knowing the real reasons why AIDS occurs.</li> </ul> <p><u>Value based barriers:</u> Open mindedness will overcome-</p> <ul style="list-style-type: none"> <li>➤ Some of them think that all value-based barriers should be overcome as these are just in the mind. A respondent stated, "We should be open minded about AIDS before it is too late."</li> </ul>	<p>The reasons of AIDS occurrence should be presented in detail through different media so that adolescents are not confused.</p>
Attitude Toward Condom		
Government official	<p><u>Informational barriers:</u> More information on AIDS-</p> <ul style="list-style-type: none"> <li>➤ Some respondents stated that they know condom use prevents pregnancy but they need more information in relation to how it prevents AIDS.</li> </ul> <p><u>Value based barriers:</u> A taboo subject-</p> <ul style="list-style-type: none"> <li>➤ It was found that it is still hard for people to talk about condoms, as it is a taboo subject in the society.</li> </ul>	<p>As a whole, the attitude of people will have to be changed so that condoms and condom use is not looked upon as a forbidden subject anymore.</p>
Healthcare	Informational barriers:	Communication

INDICATORS BY RESPONDENT CATEGORIES	BARRIERS	SUGGESTIONS
<b>Providers</b>	<p>Lack of information hinders positive attitude-</p> <ul style="list-style-type: none"> <li>➤ It was found that lack of information about the use and benefits of condom use prevents people from having a positive attitude towards condoms as a whole.</li> </ul> <p>Value based barriers: Reservations due to in-built values-</p> <ul style="list-style-type: none"> <li>➤ As a whole, people have reservations about condoms and cannot talk about these due to in-built religious and cultural values that make the subject shameful for them.</li> </ul>	<p>campaigns must highlight condoms in a positive way so that more and more people accept it without reservations.</p>
<b>Technical support such as donors, NGOs etc</b>	<p><u>Informational barriers:</u> Most people do not know that condoms have dual benefits-</p> <ul style="list-style-type: none"> <li>➤ It was found that apart from Technical category respondents not all others know that condoms are used to prevent pregnancies as well as sexually transmitted diseases.</li> </ul> <p><u>Value based barriers:</u> Unspoken subject-</p> <ul style="list-style-type: none"> <li>➤ People in the society still cannot talk freely about condoms even though most of them realize they should talk about it and make others aware as well.</li> </ul>	<p>Those who market condoms must convey the message that condoms not only prevent pregnancies but also have the crucial role of preventing sexually transmitted diseases.</p>
<b>Community leaders</b>	<p><u>Informational barriers:</u> Children do not need to know yet-</p> <ul style="list-style-type: none"> <li>➤ Most respondents were found to have a positive attitude towards condoms and know the importance of using them for family planning and protection from STI, but they do not think that their children need to know about these as yet.</li> </ul> <p><u>Value based barriers:</u> Condom use will make adolescents corrupt-</p> <ul style="list-style-type: none"> <li>➤ Some respondents stated that children will become corrupt and lose all their religious values if they are exposed to</li> </ul>	<p>BCC campaigns should target condom use among all ages of people who are having sex with multiple partners.</p>

INDICATORS BY RESPONDENT CATEGORIES	BARRIERS	SUGGESTIONS
	condom use since children may think condom use is linked to sex.	
Condom Related Ads		
Government official	<p><u>Informational barriers:</u> Decent condom ads-</p> <ul style="list-style-type: none"> <li>➤ Almost all the respondents stated that condom ads should be decent and not promote sex openly too much.</li> </ul> <p><u>Value based barriers:</u> Condom ads teaches wrong values-</p> <ul style="list-style-type: none"> <li>➤ Respondents stated that their culture does not permit family members to watch indecent and taboo issues together as it will teach children wrong values.</li> </ul>	Communication campaigns should highlight condom use as trendy and fashionable.
Healthcare Providers	<p><u>Informational barriers:</u> Complete knowledge on condoms-</p> <ul style="list-style-type: none"> <li>➤ Respondents stated that condom ads should have all the detailed information that people may need to know about condoms and different sexually transmitted diseases.</li> </ul> <p><u>Value based barriers:</u> Talking about condoms reduces embarrassment -</p> <ul style="list-style-type: none"> <li>➤ Most health care providers are not embarrassed to watch condom related ads on TV since they are used to talking about condoms at work.</li> </ul>	All categories of people along with adolescents and teenagers as well, must be motivated to use condoms whenever they are sexually active.
Trade	<p><u>Informational barriers:</u> Repercussions of illegal sex-</p> <ul style="list-style-type: none"> <li>➤ According to most of the respondents condom ads should be shown in schools, colleges and universities alike so that children and teenagers can get adequate knowledge about it.</li> </ul> <p><u>Value based barriers:</u> Embarrassment among family members-</p> <ul style="list-style-type: none"> <li>➤ It was found that most respondents cannot watch condom ads with ease on TV even if they want to as it is</li> </ul>	Condom ads on TV should highlight all the benefits of condom use in all types of sexual activities, even in premarital and extramarital affairs.

INDICATORS BY RESPONDENT CATEGORIES	BARRIERS	SUGGESTIONS
	embarrassing for them to watch with the family.	
<b>Technical support such as donors, NGOs etc</b>	<p><u>Informational barriers:</u> Giving knowledge at an early age-</p> <ul style="list-style-type: none"> <li>➤ Respondents stated that all condom ads should showcase the repercussions and dire consequences of practicing illegal sex.</li> </ul> <p><u>Value based barriers:</u> Overcome barriers-</p> <ul style="list-style-type: none"> <li>➤ Respondents stated that it is natural that people have inhibitions about seeing condom ads in media but they realize that these have to be overthrown.</li> </ul>	Students should have clear cut and comprehensive knowledge on condom use and be urged to talk about it among themselves. This will ensure that they overcome their shyness and inhibitions in the long run.
<b>Community leaders</b>	<p><u>Informational barriers:</u> Target high risk groups-</p> <ul style="list-style-type: none"> <li>➤ Respondents stated that condom ads should revolve around targeting high-risk groups of people without highlighting on adolescents too much.</li> </ul> <p><u>Value based barriers:</u> In-built values are attacked by instinct-</p> <ul style="list-style-type: none"> <li>➤ Other respondents stated that although it is within our instinct to avoid embarrassing situations they will have to stop attacking these now and change with the times.</li> </ul>	Condom ads must be made in a very careful manner taking into account the sensitive and taboo nature of them. Ads should be decent as a whole, so that people are not offended and religious sentiments are not attacked.
<b>Mode of Transmission</b>		
<b>Government official</b>	<p><u>Informational barriers:</u> Incomplete knowledge-</p> <ul style="list-style-type: none"> <li>➤ Most respondents think that only those people who take part in extramarital and premarital sex transmit AIDS among themselves.</li> </ul> <p><u>Value based barriers:</u> Not practiced outside of wedlock-</p> <ul style="list-style-type: none"> <li>➤ Other respondents think that the act of having sex outside of marriage goes against religious values so people do not practice it outside of wedlock.</li> </ul>	Apart from health care providers and technical category respondents most respondents mentioned sexual activities as the main mode of transmission but could not mention other modes such as blood transfusions and

INDICATORS BY RESPONDENT CATEGORIES	BARRIERS	SUGGESTIONS
		<p>needle sharing.</p> <p>Respondents as a whole (except technical category) don't know that apart from practicing safe sex there is other prevention modes of AIDS as well.</p>
<b>Healthcare Providers</b>	<p><u>Informational barriers:</u> Level of awareness-</p> <ul style="list-style-type: none"> <li>➤ Almost all respondents are more or less aware of all the modes of transmission.</li> </ul> <p><u>Value based barriers:</u> Irrelevant-</p> <ul style="list-style-type: none"> <li>➤ Religious and cultural values are not barriers in terms of the modes of AIDS transmission for health care providers.</li> </ul>	<p>Communication materials should showcase how prevention of transmission of diseases is the only way since there is no cure.</p>
<b>Trade</b>	<p><u>Informational barriers:</u> Only by illegal sex-</p> <ul style="list-style-type: none"> <li>➤ Respondents of this category think AIDS is transmitted through illegal sex only.</li> </ul> <p><u>Value based barriers:</u> A sin outside of marriage-</p> <ul style="list-style-type: none"> <li>➤ Other respondents stated that it is a sin to take part in sex outside marriage and so people do not do it.</li> </ul>	<p>Campaign should be geared towards spreading awareness on these other modes of AIDS transmission such as sharing of syringes, blood transfusions as well as exchange of bodily fluids.</p>
<b>Technical support such as donors, NGOs etc</b>	<p><u>Informational barriers:</u> Spread awareness on other modes-</p> <ul style="list-style-type: none"> <li>➤ Most respondents think that extramarital and premarital sex only transmit AIDS but more information should be conveyed to them on other modes of transmission as well.</li> </ul> <p><u>Value based barriers:</u></p>	<p>Printed, electronic as well as all other media should be utilized to spread the awareness of different modes of AIDS transmission.</p>

INDICATORS BY RESPONDENT CATEGORIES	BARRIERS	SUGGESTIONS
	<p>No relation as such-</p> <ul style="list-style-type: none"> <li>➤ There is no apparent relation with the values of people with modes of transmission.</li> </ul>	
Community leaders	<p><u>Informational barriers:</u> Not only sexual activities-</p> <ul style="list-style-type: none"> <li>➤ Most respondents know that sexual activities as well as taking blood transfusions and sharing needles transmit AIDS.</li> </ul> <p><u>Value based barriers:</u> Values do not permit sex outside wedlock-</p> <ul style="list-style-type: none"> <li>➤ As a whole, it was found that people have values that prevent them from taking part in sex outside of wedlock.</li> </ul>	<p>Mass communication campaigns should be enforced where people are urged to go to health centers for AIDS related information instead of going to village doctors and herbal practitioners.</p>
Personal Impact		
Government official	<p><u>Informational barriers:</u> How does one deal with AIDS patients?</p> <ul style="list-style-type: none"> <li>➤ Most people would not know what to say or do if they ever found an infected person as they do not have information on how to deal with AIDS patients.</li> </ul> <p><u>Value based barriers:</u> Deserves to suffer-</p> <ul style="list-style-type: none"> <li>➤ It is sad that some people think that an AIDS infected person has done bad things so probably he or she deserves to get AIDS.</li> </ul>	<p>As a whole, the outlook of people will have to be changed since they have a negative attitude towards AIDS patients and need to be made to see that AIDS patients should be treated with understanding.</p>
Healthcare Providers	<p><u>Informational barriers:</u> Family should learn how to deal with their patients-</p> <ul style="list-style-type: none"> <li>➤ Respondents stated that the family and friends circle of AIDS patients should be given knowledge on how to deal with their AIDS patients.</li> </ul> <p><u>Value based barriers:</u> Jumping to conclusions-</p> <ul style="list-style-type: none"> <li>➤ Health care providers stated that</li> </ul>	<p>Family members or others in the society should not stigmatize AIDS patients. Communication campaigns should highlight how AIDS patients can be driven further downhill emotionally if they are treated badly.</p>

INDICATORS BY RESPONDENT CATEGORIES	BARRIERS	SUGGESTIONS
	<p>people tend to jump to conclusions as they are conditioned due to in-built notions that if a person is infected with AIDS then that person had done illegal activities.</p>	
Trade	<p><u>Informational barriers:</u> How to face the dilemma?</p> <ul style="list-style-type: none"> <li>➤ Most respondents do not know what to say and do for AIDS patients due to lack of information. They wouldn't know how to deal with such a situation identify they ever faced it.</li> </ul> <p><u>Value based barriers:</u> Hated in the society-</p> <ul style="list-style-type: none"> <li>➤ Respondents stated that if someone they know gets AIDS, then it would be very sad for that person as others will hate him or her in the society.</li> </ul>	<p>Campaigns should emphasize how AIDS patients should be treated with consideration and kindness. People in general should be urged not to hate patients but care for them instead.</p>
Technical support such as donors, NGOs etc	<p><u>Informational barriers:</u> Impact upon AIDS patients-</p> <ul style="list-style-type: none"> <li>➤ Respondents stated that AIDS patients should be treated with understanding as this will make an immense impact upon their lives.</li> </ul> <p><u>Value based barriers:</u> Maintain an open mind-</p> <ul style="list-style-type: none"> <li>➤ Most people cannot keep an open mind about AIDS since they think that those who are infected have had illegal sex.</li> </ul>	
Community leaders	<p><u>Informational barriers:</u> Preparing to handle AIDS patients-</p> <ul style="list-style-type: none"> <li>➤ Some respondents stated that they should be told what to do if someone they know suddenly becomes infected with AIDS so that they are prepared to handle such situations.</li> </ul> <p><u>Value based barriers:</u> Unfair on the innocent-</p>	<p>AIDS campaigns should be able to spread the ways by which people should treat and handle AIDS patients. A little knowledge in handling patients can push patients into mental depression so people have to be</p>

INDICATORS BY RESPONDENT CATEGORIES	BARRIERS	SUGGESTIONS
	<p>➤ Respondents stated that those who have sex outside marriage and get infected are not the only ones who suffer since they bring the disease back with them and give it to their wives.</p>	<p>given knowledge on the subtle ways of handling AIDS patients.</p>
<b>AIDS Campaign</b>		
<b>Government official</b>	<p><u>Informational barriers:</u> Wrong impressions from AIDS messages-</p> <p>➤ Some respondents think that talking about AIDS promotes sex so AIDS messages should be spread by isolating it from sex so that youngsters would get the wrong impression about AIDS.</p> <p><u>Value based barriers:</u> Challenged cultural &amp; religious values -</p> <p>➤ Respondents think that when people talk about AIDS it is bad influence for adolescents and youngsters who already have challenged cultural and religious values.</p>	<p>The AIDS campaign should be a comprehensive and well planned out intervention program that is geared towards specific knowledge gaps among the target people as a whole.</p>
<b>Healthcare Providers</b>	<p><u>Informational barriers:</u> People should willingly accept-</p> <p>➤ According to most respondents AIDS related information should be spread in such a way so that people willing accept these without hesitation.</p> <p><u>Value based barriers:</u> Should not be offensive to values-</p> <p>➤ Respondents stated that AIDS messages should be culturally appropriate so that people are not offended in any way.</p>	<p>Behavior change among people in relation to AIDS can only be achieved if people readily accept information without reservations. The messages should be attractive and so acceptable easily among the masses.</p>
<b>Trade</b>	<p><u>Informational barriers:</u> Many questions still-</p> <p>➤ Some respondents stated that AIDS campaigns do not explain everything they want to know and that they have many questions within their minds about AIDS and how it spreads.</p>	<p>All types of questions and confusions that people may have must also be accounted for while preparing the AIDS communication</p>

INDICATORS BY RESPONDENT CATEGORIES	BARRIERS	SUGGESTIONS
	<p><u>Value based barriers:</u> Removal of taboos-</p> <ul style="list-style-type: none"> <li>➤ Respondents stated that AIDS related issues are still taboo even when they know that these should be talked about.</li> </ul>	<p>materials. The materials should both cover all possible questions as well as clear confusions of people too.</p>
<b>Technical support such as donors, NGOs etc</b>	<p><u>Informational barriers:</u> Stopping illegal sex-</p> <ul style="list-style-type: none"> <li>➤ Some respondents stated that AIDS messages should reinforce monogamy and sexual abstinence so that such groups refrain from practicing illegal sex.</li> </ul> <p><u>Value based barriers:</u> Cultural values are a hindrance today-</p> <ul style="list-style-type: none"> <li>➤ Most respondents stated that cultural values should not hinder AIDS campaign since AIDS issues must be discussed openly among people.</li> </ul>	<p>AIDS messages should emphasize that those who have premarital and extramarital sex will not only get infected with AIDS but that people from any background can get AIDS from other modes of transmission as well.</p>
<b>Community leaders</b>	<p><u>Informational barriers:</u> AIDS campaign should target brothels as the culprit-</p> <ul style="list-style-type: none"> <li>➤ Some respondents stated that AIDS campaigns should highlight the fact that if people stop going to brothels then they would not get AIDS.</li> </ul> <p><u>Value based barriers:</u> Removal of taboos-</p> <ul style="list-style-type: none"> <li>➤ According to some respondents AIDS related issues are still taboo and they avoid them as much as possible even when they know that they should talk about these.</li> <li>➤ People are not eager to know and learn about AIDS as it is such a dangerous issue.</li> </ul>	<p>'AIDS does not only happen to those who visit brothels'. This message should be highlighted again and again among people. At present people have misconceptions about the fact that if they do not visit brothels and have sex with sex workers then they will not get AIDS.</p>

**Remarks:**

There are informational and value-based or emotional barriers. Informational barriers are caused by misinformation. And value-based or ethical or emotional barriers are caused by religious or other beliefs and deep-rooted culture, which govern a person's own views and behavior.

Informational barriers require only additional information in order to overcome. On the other hand, the emotional barrier may require a specific type of advocacy to overcome one's belief and values. It may be mentioned here that some informational barriers can become ethical barriers if the person either refutes the information provided or restates the objection in ethical terms.

While developing an advocacy strategy, the communication experts should consider both informational and ethical or emotional barriers.

## CONTENT ANALYSIS

### CONTENT ANALYSIS

A content analysis has been done of some of the key findings of the study. The tables below highlight the number of times the different categories of respondents have mentioned some of these key indicators. These following statements are in relation to these indicators and the frequency of response among respondents.

#### Awareness and Knowledge on AIDS

Statement: Awareness and knowledge on AIDS	Government	Health care provider	Community Leader	Technical (NGO, donors etc)	Trade	Total
AIDS is a dangerous disease	4	7	9	7	3	30
The AIDS virus spreads through blood	2		1	1		11
AIDS is a contagious disease	2		2		2	6
AIDS spreads through sexual activities, blood transfusions and shared syringes	6	9		3		18
AIDS is incurable	12	9	5	5	8	38
AIDS is not a contagious disease	1		3			4
This disease can be prevented	1					1
This disease destroys the immune system	5	4	2	3	1	15
This disease occurs if people have sex with infected people	1	2	1	4		8
A new born child will get infected if the pregnant mother has AIDS	2	2		3		7
AIDS is sexual oriented	2	4	1	1		8
AIDS spreads by premarital, extramarital sex as well as having illegal sexual activities with sex workers	1		6		5	12
Using syringes used by others			2		2	4
Taking blood transfusion without examining it first				1	2	3
AIDS occurs if someone is unclean			1		2	3
AIDS can happen gradually if STIs are not treated					1	1
Apart from having sex with					1	1

Statement: Awareness and knowledge on AIDS	Govern- ment	Health care provide r	Commu nity Leader	Technical (NGO, donors etc)	Trade	Total
wife, if anyone has sex with any other female then condoms should be used as they may get infected						
AIDS cannot be cured but can be prevented			2	1	5	8
AIDS is treatable in foreign countries					1	1
AIDS treatment is very expensive					1	1
AIDS occurs due to heredity			1			1
AIDS results in death		2	10	1		13
STIs can be cured if treated			1			1
Condoms can be used as protection from AIDS		3	1	3		7
AIDS cannot be detected without tests		1		3		5

## Remarks:

As is seen in the above table most of them know that AIDS is incurable. All categories of respondents were able to mention this as a whole. Likewise, a lot of the respondents also know that AIDS is a dangerous and deadly disease. Moreover, they also know that AIDS spreads due to unsafe sexual activities, blood transfusions and shared syringes.

**Modes of AIDS Transmission**

<b>Statement: Modes of AIDS transmission</b>	<b>Govern ment</b>	<b>Health care provider</b>	<b>Community leader</b>	<b>Technical (NGO, donors etc)</b>	<b>Trade</b>	<b>Total</b>
Having unprotected sex with sex workers	5	7	1	2	1	16
Sharing syringes or needles	4	7	9	3	5	28
Taking blood transfusions	3	12	13	1	6	35
Having sex with AIDS infected people	2	6	2	3	2	15
Sharing clothes with AIDS infected people	1		1		4	6
Taking part in sexual activities			6		2	8
Having illegal sex		5	5		8	18
A new born child will get infected if the pregnant mother has AIDS		3	1	1	1	6
Having sex with multiple sex partners			1		1	2
Having sex without condoms		4	3		2	9
From breast feeding	1	4	1		2	8
AIDS occurs among those who remain unclean and dirty					1	1
AIDS is spread by migrating people		1				1
From the tools and instruments used by dentists and barbers		1		2		4
Because of heredity		2				2

**Remarks:**

It was found that the majority of respondents either stated that AIDS occurred due to blood transfusions, having illegal sex and sharing syringes/ needles. Moreover, others stated how people are infected due to having unprotected sex as well as having sex with AIDS infected people.

**Activities/Programs That Should Be Done For AIDS Infected People**

<b>Statement: Activities/programs that should be done for AIDS infected people</b>	<b>Govern ment</b>	<b>Health care provider</b>	<b>Comm unity leader</b>	<b>Technical (NGO, donors etc)</b>	<b>Trade</b>	<b>Total</b>
AIDS patients should be rehabilitated	4	15	1	1	5	26
Government should ensure proper treatment for them	7		10		8	25
AIDS patients should not be neglected	4				1	5
AIDS patients should be identified / AIDS patients should be identified and isolated from others	1		1			2
Special programs should be developed for those who are infected				1		1
AIDS patients should be made aware of the dangers of infecting others		6	2	1	1	10
AIDS patients should be cared for and looked after		2	2	2	1	7
There should be special hospitals arranged for AIDS patients		4	2	2		8
BCC materials should be developed and people should be made aware of the suffering of AIDS patients		1	2	2		5
Motivating and counseling should be given to AIDS patients			2			2
Government should ensure free treatment for AIDS patients			2			2
AIDS patients should be treated well and not hated by others in the society		4				4
Medicines should be supplied to AIDS patients		1				1
AIDS patients should be made aware of different aspects of AIDS			1			1
The government is only advocating AIDS awareness and not actually implementing anything					1	1

**Remarks:**

It is apparent in the above table how the majority of respondents suggested how AIDS patients should be rehabilitated. Likewise, others stated that the government should ensure proper treatment facilities for AIDS patients. It may be mentioned that some respondents stated how there should be programs for AIDS patients geared at urging them not to infect others.

## Perceived Personal Impact If Someone Known Becomes Infected With AIDS

Statement: Perceived personal impact if someone known becomes infected with AIDS.	Government	Health care provider	Community leader	Technical (NGO, donors etc)	Trade	Total
It would be very painful for us	11	16	11	2	7	47
If someone from my family gets infected then my social status would be broken down.	4	5			1	10
Needs counseling to patient and his/her family	1	7	2	8		18
The family of that patient would be affected the most but I would not be affected much	2	3	6	1	1	13
Will become financially bankrupt due to treatment costs	2	7	3		8	20
It would affect me mentally as I would lose a relative or someone known to me	2	3		3	1	9
It would overwhelm me spiritually	1	5	3		1	10
If anyone in my family had AIDS then the rest of the society would avoid me as well	1	3			1	5
I would try to save myself from the infected person	1					1
The infected people will have to be given all of my time and properly taken care of	1	1		2		4
I would be devastated and deeply affected	1					1
I would be deeply worried for that person and his or her family.		1		1		2
Treatment would have to be made available for the infected person immediately				1	1	2
There would always be the fear that I may get infected from them as well			2	2	2	6
Self respect would be destroyed			1		1	2
I would try to give financial help to them		1			2	3
People would lose a loved one					3	3
I would be shocked	2	3	2	5		12

## Remarks:

It is observed in the above table that the majority of respondents would be very sorry and would feel very bad if they found out that someone they know is infected with AIDS. The technical and health care groups stated that counseling is essential for both the patient and his/her family. Another group of respondents mentioned how AIDS patients would become financially bankrupt in the process of seeking treatment. Likewise, others stated how the families of the infected people would be devastated and would be affected tremendously.

## Ways By Which AIDS Will Impact The Lives Of People

Statement: Ways by which AIDS will impact the lives of people	Government	Health care provider	Community leader	Technical (NGO, donors etc)	Trade	Total
It will not impact upon the standard of living of people too much	3		1			4
It is damaging for the society and nation as a whole	4	1	1	3	1	10
It will bring on uncertainty/ confusion and hatred among people of the society	3	3				6
Those who are infected cannot work anymore	2	1			3	6
All parties in the work place of infected people are affected	2					2
AIDS patients are a burden in the society	1	5	1		2	9
The standard of living of AIDS patients will become very poor	1	4		4	4	13
Their lives will be affected financially and socially	2	10	5	1	3	21
AIDS is impacting sex workers since a lot of people know about AIDS and are now unwilling to visit brothels anymore	1					1
AIDS patients become isolated from the society		6	1			7
AIDS patients become weak and their immune system is destroyed			2			2
Unemployment will increase		5	2			7
It will cause social upheaval and fear		2	1			3
Death is inevitable for AIDS patients		2			3	5
Self respect of AIDS patients and their families will be shattered		7	1		1	9

## Remarks:

It is revealed in the study how according to the majority of respondents the lives of AIDS infected people will be affected both financially and socially. Another group of respondents stated that the standard of living of patients would become very poor also after they become infected with AIDS. Likewise, some respondents stated how the impact of AIDS would be damaging for the society and nation as a whole.

### People Who Are Infected With AIDS The Most

Statement: People who are infected with AIDS the most	Govern- ment	Health care provid- er	Commu- nity leader	Technical (NGO, donors etc)	Trade	Total
Educated	2	3	10			15
Illiterate	10	12	11		15	48
Urban people	9	14	9		6	38
Rural people	4	4	2			10
Middle class people/lower middle class		3	3		1	7
Males	3	9	10	1	4	27
Females	2	4	4	2	2	14
Sex worker	2	2		1		5
Laborers/truck drivers/slum dwellers		4	4		6	14
Rich	2	3	5		1	11
Poor/lower class	9	7	4	1	10	31
Adolescents/teenagers		1	1	2		4
Migrated people from outside	2	1				3
Drug user	9	7		1		17

#### Remarks:

It is apparent that the majority of respondents think that illiterate people are mostly infected with AIDS. Likewise, others stated how poor and lower class people are infected most instead. Furthermore, some respondents mentioned how urban males and females are more prone to get infected. However, it may be mentioned that only five respondents mentioned sex workers as getting infected the most.

**Reasons Why People Become Infected With AIDS**

<b>Statement: Reasons why people become infected with AIDS</b>	<b>Govern ment</b>	<b>Health care provider</b>	<b>Commu nity leader</b>	<b>Technical (NGO, donors etc)</b>	<b>Trade</b>	<b>Total</b>
Due to having sex freely	6		8	1	5	20
Having sex with AIDS infected people	1	2	1	2		6
Having sex with commercial sex workers	3	3	6		9	21
Having sex without using condoms			1	1	1	3
Having multiple sex partners			3	2	3	8
Having sex with girl friends			1			1
If someone has sex with a rape victim			1			1
Due to the diversion of people from Islam			1			1
Due to being addicted					1	1
Not cleaning up after having sex					1	1

**Remarks:**

The table above depicts how according to most of the respondents having sex with commercial sex workers are one of the major reasons why people become infected with AIDS. Another group of respondents stated how having sex freely without restriction is the main reason contributing to the spread of AIDS.

## Probable Social Barriers To Condom Use And AIDS Prevention Programs

Statement: Probable social barriers to condom use and AIDS prevention programs	Govern- ment	Health care provider	Commun- ity leader	Technical (NGO, donors etc)	Trade	Total
No social barriers as people are aware of the dangers of AIDS	2		2	1	5	10
There will be barriers		14				14
There will be barriers but these will be overcome eventually	3	3		4	1	11
Ideologists and religious fanatics will rebel	1			1	1	3
There will be no barriers if proper slogans are used highlighting how dangerous AIDS is.	5	3		5	1	14
There will be no barriers at all	4	3	9	2	2	20
Illiterate religious groups may rebel but educated groups will not	1				1	2
There are no more barriers since AIDS has been around for some time now	2					2
There will be social barriers			6			6
There won't be any barriers if AIDS messages are spread to people in a proper and sensitive way					4	4
Many people already use condoms for contraception so there won't be any barriers as such	3	4		3	1	11

## Remarks:

Among the respondents it was found that most of them think that there would be no barriers at all to spreading awareness on condom use and AIDS programs. Likewise, others stated that there should not be social barriers but there may be to an extent. However, there was one group of respondents who think the reverse, but it can be overcome.

**Role Of Condoms In The Prevention of STI and AIDS**

<b>Statement: Role of condoms in the prevention of STI and AIDS</b>	<b>Govern- ment</b>	<b>Health care provider</b>	<b>Commun- ity leader</b>	<b>Technical (NGO, donors etc)</b>	<b>Trade</b>	<b>Total</b>
Using condoms is the only prevention against AIDS	8		6	1	5	20
Condoms do have a role	14	3	15		12	44
Condoms have a limited role in the prevention of AIDS	2	1	2			5
Condoms have a significant role	5	5	5	6	5	26
Condoms are widely used for safe sex during intercourse	4	1			5	10
Condoms do not have any role			2			2
Continued use of condoms may have side effects					1	1
People are not clear about condoms		1				1

**Remarks:**

As a whole, it was found among the respondents that most of them are aware about the role of condoms. Among this group, others stated how condoms have a very significant role as a whole in the prevention of STI and AIDS. Likewise, others mentioned how condoms are the only prevention tools against AIDS. Moreover, it was found that some respondents realize how condoms are widely used for safe sex during intercourse. However, it may be mentioned that some respondents think condoms have only a limited role in AIDS prevention instead.

## CONCLUSION & RECOMMENDATIONS

### CONCLUSION

On the basis of the responses of the respondents, it may be concluded that current AIDS oriented communication programs are not so much effective and yielding expected results. It was also found that the majority of people have no idea about the activities, of both the Government and NGOs. They further viewed that the fund that the government gets on HIV/AIDS purpose is not properly implemented. Likewise, there is lack of the right people of right caliber who are committed enough to stay on and contribute to tackling the AIDS problem in the long term.

Moreover, not enough AIDS communication campaigns are being initiated in the country by the government and most NGOs are showing they are working by arranging occasional seminars when in fact they are not doing "justice" to their commitment.

Likewise, first generation campaign still exists and the mass people are not being reached. These need to be modified, updated and capacity should be developed as well. There is lack of coordination among the donors and government since the donors do not push the government to conduct effective AIDS intervention and do not monitor government activities either. As a whole there is need for strong and effective public-private partnership so as to avoid duplication of the same job and improve capacity. Health care providers, working not only in DGHS but also in other organizations, should be brought under private-public partnership.

Those who come in close contact with general people that is, professionals, public leaders, policy makers, and politicians etc should be advocated first. All concerned parties should be involved in meetings through the Internet and an Internet based database should be prepared. Furthermore there should be frequent dissemination of data among all concerned groups, so as to keep programs ongoing. Only motivated and proactive members will need to be kept within the AIDS committee since corrupt members will only hinder the process.

It has been evident from the study that resistance to change is actually created by the gatekeepers, bureaucrats, academicians, and educated conservatives of the society. It is rarely the religious priests and conservative middle class people who are creating resistance but top-level decision-makers instead. The top-level policymakers and gatekeepers should participate in workshops and seminars and be urged to change their attitude towards AIDS and condom use. In general they are aware of AIDS but no idea as such about the prevalence rate. Although most of them realize that AIDS is increasing among people while condom use is still very low. AIDS messages should be internalized so that change in behavior comes naturally for them.

A comprehensive AIDS campaign should be formulated and then tailor made in the context of Bangladesh by taking in the best practices in Bangladesh along with the best practices in other countries as well. This should be a long-term sustainable campaign that can be monitored and evaluated on a regular basis. The campaign should focus on what is suitable for both rural and urban socio-economic backdrops since different approaches will have to be used in terms of culture and tolerance levels of people in the different areas.

Thus, there is need for implementation of mass campaign at government and non-government level to change attitude of people with the addition of new and more comprehensive policy making efforts by key personnel. The lower level as well as mid level employees should be trained and given information on AIDS since they will be the future top level policymakers later on. Likewise, since they prepare the working papers of Secretaries they must be proactive in spearheading Ministries and bringing forth change in policies. Furthermore, NGOs should start working in other geographical areas and not only in Dhaka or Chittagong. Likewise, they must begin implementing action oriented AIDS programs instead of working on the same subject matter and awareness building only.

It is apparent that the only solution towards curbing the AIDS problem is to break the barriers at all levels. As a whole, lack of awareness among high-level officials as well as general people is the root of the problem. This lack of awareness stems from the fact that people have value based barriers, which prevent them from talking about, and accepting AIDS related issues. There should be overall behavior change and awareness building of people at all levels. This can be done through social mobilization among specific groups of people in policy making sectors as well as targeting groups like women who can be motivated to change behavior. Women are the main influencing factor in a family and if their attitude is changed then the people they come in contact with will change as well. Thus, breaking down age-old values and beliefs will be the key to change in behavior towards AIDS.

## **RECOMMENDATIONS**

### **Government Oriented Suggestion**

The respondents gave some suggestions in relation to the resistance and taboos existing today and what policies could be adopted by the government to eradicate those. Some of the suggestions of all the five categories of respondents are presented below:

- The outlook of people should be changed gradually since issues such as sex and condoms are presently a taboo in the society.
- Different policies and programs should be geared towards changing this outlook of people. Moreover, it is due to this "narrow-mindedness" that such topics are not talked about openly. Thus, adolescents and even adults do not have the proper knowledge about these sensitive topics and the gravity of the situation goes unnoticed.
- The young as well as mid level managers working in the ministries should be trained and given information on AIDS since they will be the future top level

policymakers later on. Likewise, they also prepare the working papers of Secretaries and other senior decision makers and bring forth change in policies.

- There should be a long-term sustainable AIDS campaign that will be monitored and evaluated on a regular basis.
- There should be the use of proper research findings that will adhere to all the objectives of the campaign and help in finding the gaps and bringing about systematic working schedules. Steps should be taken to avoid duplication of research. There should be a strong network where all the findings should be disseminated so that all concerned parties get the benefit of the research.
- A comprehensive AIDS campaign should be formulated and then tailor made in the context of Bangladesh by taking in the best practices in Bangladesh along with the best practices in other countries as well.
- Government officials should not be changed from the AIDS oriented posts too frequently. Due to regular change of posts, the new person who comes in doesn't usually know the basics of AIDS and the program is hampered. As a result, there is continued lack of knowledge and gap exists among officials in these posts.
- The government should focus on the NGOs and collaborate with them to make a campaign that will be suitable for both rural and urban socio-economic backdrops. For instance, a teenage girl living in a rural area will not have the same outlook and attitude towards AIDS as the same age girl living in urban Bangladesh. Thus, the campaign should have different approaches to it in terms of culture and tolerance levels.
- A specialized health and research center on AIDS should be made for treating AIDS patients. This center should focus only on the care and counseling of AIDS patients.
- The government can implement a program that will have an additional course on AIDS awareness along with their school curriculum. Such a course will enable the children to learn about the consequences of AIDS and other sexually transmitted infections from an early age.
- Steps should be taken to educate the religious groups (Islamic priests such as imams, moulavis etc) on a regular basis. The general people of Bangladesh are religious minded and hold imams and moulavis in high regard. Thus, people will be greatly influenced if Islamic priests are empowered to teach people about the consequences of these diseases. One respondent stated, *"The Islamic Foundation in Bangladesh should be accountable also and made to take a prominent role in the AIDS campaigns in Bangladesh. It will be very effective if the Islamic Foundation is made a part of the AIDS committee."*

## NGO Oriented Suggestion

A couple of respondents emphasized the need of non-government organizations to have a more accountable role in aiding the government with different AIDS programs. According to them the different NGOs that are conducting some sporadic AIDS oriented programs, are overworked and they alone cannot handle the load. Likewise, their work is not properly coordinated and the standard is low as well.

This is basically because they also have limited knowledge on AIDS and their attitude towards AIDS is somewhat warped too. Likewise, according to a couple of respondents the negative attitude of NGO officials should also be changed. They further stated that some officials tend to discriminate AIDS patients and therefore, so there is a need for changing their attitude and behavior.

The comments of some donors in relation to the activities of NGOs are mentioned below:

*"There are about 50 NGOs working in Bangladesh and we are in the process of selecting another 10 NGOs. The total number is not adequate and it covers only a small portion of the country. There is a serious need to move faster."* (Donor)

*"The performance of some NGOs is quite satisfactory in generating awareness. They have done a good job. But now we need to move aggressively toward covering all over Bangladesh. Only a few NGOs are working on implementation, treatment, counseling etc in rural areas and slums."* (Donor)

### Negatives of NGOs!

- Most activities are 'paper based' and are not actually implemented in the end. Likewise, they do not reach the target people either.
- A few NGOs are working only for their own interests, that is, only as a means of getting foreign funds and donations.
- Except a few, NGOs are interested to work only in Dhaka and other cities or urban areas. Thus, the root level and needy people are not reached.
- Most NGOs are involved in awareness building only and do not have 'hands-on' approach or action oriented programs that would bring change.
- Some NGOs just "show outsiders that they are doing some activities by organizing occasional rallies, seminars, and workshops and hanging some posters."

Some of the specific suggestions of the respondents are mentioned below:

- There is lack of standardization among the government and non-government organizations, so a more systematic and coordinated approach is required as a whole.
- There is a need for monitoring and evaluation of NGOs so as to keep tabs on how actively they are operating in AIDS related programs.

## **SUGGESTIONS ON AIDS COMMUNICATION CAMPAIGN**

As a whole, the respondents of all five categories mostly suggested that the government and non-government organizations should all work in collaboration in bringing change in AIDS awareness and reaching as many people as possible.

Some stated that the NGOs should take more initiative than the government in order to bring better results.

The suggestions, made by the respondents, are as followed:

- The communication programs should be strong, focused and direct so that they can be enforced and implemented effectively.
- However, the respondents primarily stated that different Behavior Change Communication campaigns and Information Education Communication programs should be conducted in order to spread AIDS knowledge.
- Some other respondents in the technical category stated that proper and extensive communication materials should be made and used in the AIDS awareness campaigns. These should be made very carefully taking into account the understanding level of different categories of respondents. Likewise, some respondents added that more pictures and images should be used instead of words and sentences so that the illiterate section of the population could understand easily without having any problems.

The respondents were asked to recommend and give suggestions on what should be done to change the existing scenario of AIDS awareness in Bangladesh. Some respondents of all different categories opined that it is the sole role of the government to be most concerned about AIDS prevention and implement programs accordingly.

Some of the overall recommendations of all five categories of respondents are as follows:

- There should be concerted efforts from everyone in all concerned government sectors and ministries.
- The government and non-government organizations should work together and collaborate with one another to bring about effective results.

Some of the other different programs that can be implemented as recommended by some of the general and technical category respondents are mentioned below.

- Social mobilization in all sectors
- Mass communication program (action oriented)
- Brothel-based/street based program on awareness building and rehabilitation
- Motivation program for Islamic minded imams, moulovis and other religious priests to make them realize the dangers of AIDS

- Discuss AIDS in the Monthly Welfare Consultative Committee:

In the Para military forces (BDR, Police etc.) there are regular training on various issues. Steps should be taken to include topics on STI/AIDS in those training programs.

- Involve Students in either Voluntary or Mandatory Drug Testing:

Colleges and universities should have mandatory blood and drug testing activities so as to regularly monitor the health of students.

*"In my University, I've introduced both voluntary and compulsory HIV/AIDS drug testing. Students may do the test either voluntarily or are forced to do it. Moreover, if I find any student who uses drug, I personally handle that case. I talk to the parents of the students and try to counsel them. I am very strict about it. (Academician)*

- Arrange Seminars/ Workshops for Adolescents:

A couple of respondents stated that seminars and workshops should be arranged for adolescents on a regular basis where discussions should take place on AIDS related issues. In this way adolescents need to be motivated since social mobilization among students may turn into a revolution.

- Tag HIV/AIDS Course with the Entire Routine Training Program (in Military/Para Military forces):

AIDS should be a mandatory subject in all types of orientation training courses for high-risk government personnel in army, navy, air force, BDR, Police etc that live without families.

*"At Police barracks every night, there are roll calls where duties and other responsibilities of the next day are dispatched to the policemen. Once in every week, or in a month, AIDS related issues may be discussed on a regular basis."* (GoB/MoD)