



Social Marketing Challenges faced by TANSACS on HIV/AIDS Prevention Campaign in Sivaganga Dt.of Tamil Nadu

KEYWORDS

Social Marketing Challenges, TANSACS, HIV/AIDS, Marketing Campaign

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ABSTRACT

The Tamil Nadu State AIDS Control Society (TANSACS) have mandates to inform and educate the general public about HIV/AIDS issues, risk behaviours and resultant disease. This study is gain a better understandings of how they utilize social marketing to promote HIV/AIDS prevention programmes and also identified their challenges in that field, there are 17 centre's under TANSACS in Sivaganga district has been taken for this study to identify their challenges against HIV/AIDS prevention. The findings suggest that cultural sensitivity is vital in order to successfully adapt a preventive message. Peer education is most effective way of transcending preventive HIV/AIDS messages and partnerships are fundamental in order to establish efficient social marketing programs.

INTRODUCTION

India is a country with low HIV (Human Immunodeficiency Virus) prevalence; it has the third largest number of people living with HIV/AIDS (Acquired Immuno Deficiency Syndrome). As per HIV estimations 2012, there are an estimated 20.89 lakh people living with HIV/AIDS in 2011 in India with an adult prevalence of 0.27 percent in 2011, in Tamil Nadu have 1.5 lakh people living with HIV/AIDS and most infections occur through heterosexual transmission. Prevention of HIV/AIDS through public awareness programmes, change in behaviour, use of condoms, blood safety and prevention of mother to child transmission are important interventions to prevent HIV infections. At the same time those who have got the infection and AIDS need to be provided care, support and treatment without any stigma and discrimination. Despite the progress that has been made, many issues and challenges remain unidentified and not addressed at program management, implementation and service delivery levels in India. Therefore, an attempt has been made to primarily explore the pertinent challenges in HIV/AIDS prevention, care and treatment program in India to help the policy makers, program managers and health care providers to tailor, implement and manage the program in a better manner.

SOCIAL MARKETING WITH HIV/AIDS

Social marketing is by no means the only approach designed to influence the behavior of target audiences, its application of sound business principles to social problems. In 1971, Kotler and Zaltman, defined social marketing as "the design, implementation and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution and marketing research". In the social marketing approach, HIV/AIDS education promotion exists with regard to examining campaigns as branded consumer encounters. To examine the dynamics of audience interactions with the branding and aestheticization of HIV/AIDS education messages, audience responses were considered in relation to prevailing images, discourses and beliefs prevalent in education campaigns. Social marketing also works with a traditional marketing mix of 4Ps. The product promoted in a social marketing programme must meet client needs and should be compatible with program's focus and expertise. Trials of efficacy among various strategies have shown 'barrier methods' to be consistently and outstandingly the most effective preventive method in combating sexually transmitted infections. The place where the product could be accessed is crucial. It is important that the entire product range being marketed should be made easily accessible

to the target population at most frequently visited places and through potential outlets of distribution. Condom is promoted as barrier to HIV infection, its price ought to be affordable to the poorest and those most in need.

STATEMENT OF PROBLEM

Social marketers must often target groups who commercial marketers tend to ignore: the least accessible, hardest to reach and least likely to change their behavior that most changes proposed by social marketers to their target markets such and giving up smoking or using condoms are downright unpleasant. Thus, social marketing is a particularly challenging profession because it relies on voluntary compliance to elicit behavior change and not legal, economic forms of influence.

OBJECTIVES OF THE STUDY

- To know about social marketing activities of TANSACS on preventing HIV/AIDS.
- To carry out and in depth study on the challenges faced by TANSACS in carrying out social marketing.
- To suggest strategies for effective marketing of social activities.

RESEARCH METHODOLOGY

In this study according to the research objectives, a quantitative and qualitative method is adapted because the research is going to measure phenomena and views and perception of the employee. The primary data was collected by means of a survey it contains 38 questions which is survey from employees of the TANSACS and secondary source in order to have a proper understanding of the social marketing and HIV/AIDS a depth study was done from the books, journals and official websites. The researcher interviewed from 17 centers out of 24 (ICTC, STI and NGOs) of Sivaganga district for this study, in remaining centre have insufficient operations due to unemployment. The uses of percentage allowed data to be represented in table format. As the data obtained from these questions is nominal, the ANOVA test was used to test for significant relationships between each dependent variable wherever required.

TANSACS - AN OVERVIEW

The State AIDS project cell formed in 1993 was reconstituted as Tamil Nadu State AIDS Control Society (TANSACS) in 1994, it is proposed to integrate and scale up service delivery to sub district and community levels through existing infrastructure in the public and private sectors and creating awareness about symptoms, spread, prevention and services available through a strong IEC (Information Education and Communication)

campaign for Condom promotion, ICTC(Integrated Counseling and Testing Centre) service demand generation campaign, HIV/AIDS awareness campaign, voluntary blood donation camps, STI(Sexually Transmitted Infection) screening camps, Health campaign for special campaigns like World AIDS Day. The Family Planning campaigns of NRHM (National Rural Health Mission) to include HIV messages in their campaigns. The government of India has allocated the fund of Rs.7786 cr for prevention measurements through by NACO-III for the period of 2007-2012 to work with Accredited Social Health Activist's, Auxiliary Nurse Midwife's, Anganwadi employee's, Panchayat Raj Institutions members, self help groups, elected representatives, media, schools and etc., for addressing the issues of stigma and discrimination at the community or institutional levels for PLHIV(People Living with HIV). The IEC mid media and below the line activities should be facilitated by DAPCUs(District Aids Prevention and Control Unit) and prior to identifying campaign themes, with respect to campaigns designed by the DAPCU, it is expected that the processes and expected outputs are clearly outlined and documented. They expected to send a brief note to TANSACS on whether awareness generation efforts in the district are working well or not. If not, what is lacking particularly in terms of hoardings, bus back panels, lamp posts, kiosks and printed publicity material in the district.

TANSACS CHALLENGES - AN ANALYTICAL

Table 7.1 Challenged Demographic Factors

S.No	Questions	Challenging Factors	Frequency	Percentage
1	Gender	Male	08	47.0
		Female	06	35.0
		Transgender	03	18.0
2	Age	15-20 yrs	02	12.0
		20-25 yrs	03	18.0
		25-30 yrs	08	47.0
3	Area	Above30 yrs	04	23.0
		Urban	03	17.60
		Semi-urban	02	11.80
4	Income	Rural	12	70.60
		Higher	-	-
		Middle	06	35.0
		Lower	11	65.0

Source: Primary data

The Table7.1 shows that, challenges from Male group having more number of truckers, migrants of unprotected sex with others. It is also comes under age group of 25-30 yrs is highly challenged. The Rural area is challenging, because of illiterate and low income level people's cause they does not given importance to their safe sex.

Table 7.2 Two-Way ANOVA for Campaign factors & Challenged factors

Campaign factors & Challenged factors		Sum of squares	Degree of freedom	Mean square	F-ratio*
Gender and Challenged Gender	Between Challenged	6.33	2	3.17	$F_1=0.76$
	Between Gender	0.16	1	0.16	$F_2=0.038$
	Residual	8.34	2	4.17	
	Total	14.83	5		
Age and Difficult area	Between Area	12.13	2	6.06	$F_1=15.15$
	Between Age	6.38	4	1.6	$F_2= 4$
	Residual	3.22	8	0.4	
	Total	21.73	14		
Experience and the opinion of prevention alone reduce HIV/AIDS	Between Opinion	14.45	4	3.61	$F_1= 40.1$
	Between Experience	2.95	3	0.98	$F_2=10.89$
	Residual	1.15	12	0.09	
	Total	18.55	19		
Age and the opinion of Cultural changes one the reason for spread of HIV/AIDS	Between Opinion	20.64	4	5.16	$F_1= 2.5$
	Between Age	3.84	4	0.96	$F_2= 0.47$
	Residual	32.96	16	2.06	
	Total	57.44	24		
Experience and the opinion of "Condom Use" replaced by "Oruvanuku Oruthi"	Between Opinion	1.8	4	0.45	$F_1= 0.59$
	Between Experience	2.95	3	0.98	$F_2= 1.2$
	Residual	9.8	12	0.82	
	Total	14.55	19		
Difficult area and the opinion of Campaign results	Between Results	4.91	3	1.64	$F_1= 0.32$
	Between Area	15.19	2	7.6	$F_2= 1.5$
	Residual	30.9	6	5.1	
	Total	51	11		
Experience in health sector and the opinion of our prevention measurement	Between Opinion	4.69	3	1.56	$F_1= 1.07$
	Between Experience	5.19	3	1.73	$F_2= 1.2$
	Residual	13.06	9	1.45	
	Total	22.94	15		

* 5% significant level is considered.

The Table.7.2 to know whether there is a significant difference among challenged factors and campaign factors for analyze gender (respondents) and challenged gender hence, respondents of gender does not influencing challenged gender group of while campaign. In case of age group and difficult area is significant to conducting campaign. The experience of the respondents does influencing the opinion

of prevention alone reduces the spread of HIV/AIDS. In age of the respondents does not influencing the opinion of a cultural changes is one of reason for spread the disease and their experience does not influence the opinion of 'Condom use' replace by 'Oruvanuku oruthi' is cultural changes. The difficult area does not influencing the opinion of prevention campaign results and the statement for experience of respondents does not significant of opinion of our prevention measurement is global standard.

SUGGESTIONS

- They should follow the Condom promotional activities through SGH's, Anganwadi employees to rural area and its effective than issued from PHC or free distribution boxes.
- Establish policies on universal access to HIV treatment and related healthcare for migrants in district. Increase the involvement of migrant communities in policy processes. Sensitize policymakers on migration and HIV in all centers.
- They must be undertaken in full partnership with the targeted population. The success and sustainability of projects also depends on involving a range of people who influence commercial sex activity, either directly or indirectly.
- In future, campaigns should include married women as a separate target group and messages should be designed to address their vulnerability.
- Political approaches to prostitution have an impact on, and are frequently inseparable from, control programs. Decriminalizing sex work and encouraging safer environments are important policy issues in prevention among female sex workers.

CONCLUSION

The success of the campaign depends upon the extent to which the communicators are able to address the needs of the audience for behavior change towards the prevention of HIV/AIDS spread in the target area. From this study it is prevention challenges in HIV/AIDS are effective to change behavior, and that HIV/AIDS marketing communication programmes are of central importance in slowing down the spread of the disease among a specific target segment, namely migrants, MSM's and FSW's. This will ensure that target group experiences a relevant fear that will drive them to change the way they think about HIV/AIDS and ultimately influence them to modify their sexual behavior to safe sexual behavior.

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