

## **Marketing Warfare for an AIDS Free Society**

*Dr. Moli P. Koshy \**

*Dr. Mary Joseph \*\**

*“HIV/AIDS Prevention is Possible, not Cure at the Moment”*

### **Introduction**

Marketing is considered to identify and satisfy the needs – be it physiological or psychological needs of the society. Individual needs change to the needs of the society through a constant transformation and chain reaction, persons and organisations being the links. To keep the needs of the individual conducive to the societal well being, as indicated in societal marketing concept, individual needs and the means of satisfaction have to be in tune with the overall good of the society.

### **AIDS - the Pandora's Box**

The human immunodeficiency virus (HIV) caused acquired immune deficiency syndrome (AIDS) in human beings is a condition in which the immune system begins to fail, leading to serious illnesses and consequent death. The earliest known case of HIV was from a blood sample collected in 1959 from a man in Kinshasha, Democratic Republic of Congo. (How he became infected is not known.) Genetic analysis of this blood sample suggests that HIV-1 may have stemmed from a single virus in the late 1940s or early 1950s<sup>1</sup>.

We do know that the virus has existed in the United States since at least the mid- to late 1970s. From 1979-1981 rare types of pneumonia, cancer, and other illnesses were being reported by doctors in Los Angeles and New York among a number of gay male patients. These were conditions not usually found in people with healthy immune systems<sup>2</sup>.

In 1982 public health officials began to use the term "acquired immunodeficiency syndrome," or AIDS, to describe the occurrences of opportunistic infections, Kaposi's sarcoma, and Pneumocystis carinii pneumonia in previously healthy men. Formal tracking (surveillance) of AIDS cases began that year in the United States<sup>3</sup>.

AIDS has become the modern epidemic, which once erupted, is spreading throughout the world causing intense concern, as medical science till date has not been able to find a cure for HIV/AIDS. The concern is evinced in the fact that AIDS is the only disease with a dedicated UN agency: the joint UN programme of HIV/AIDS (UNAIDS) and since the year 2000, various UN agencies and World Bank are tackling HIV/AIDS prevention and management. Global budgets, far exceeding the allocation for any other disease, have been pludged. Funds for low/middle income countries are up from \$300 million in 1996 to \$8.9-10 billion in 2006 – 07 which are still considered to be inadequate<sup>4</sup>.

AIDS/HIV is one of the greatest disasters that have struck mankind in its history. An estimated 39.5 million people worldwide are living with HIV many of whom will die from AIDS related complications in the coming decades. Over 20 million people have died from AIDS in the world. In the year 2006 alone 2.9 million people have died due to AIDS. There are 4.3 million new HIV infections in 2006.

### **HIV/AIDS in India**

By the time India's first cases of HIV were diagnosed among sex workers in Chennai in 1986, over 20,000 AIDS cases were reported worldwide. But, the late start did not limit its impact<sup>5</sup>. In India 5.7 million people is estimated living with HIV by the end of 2005 according to UNAIDS (2006), which is the largest absolute number for any country. One of the most distressing aspects of the HIV/AIDS problem in India is that reliable numbers are extremely difficult to come by. But the government, perhaps looking to underplay the scale of the problem at a time when the

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\* Reader, School of Management Studies, CUSAT, Kochi – 22.

\*\* Professor, School of Management Studies, CUSAT, Kochi – 22

country is claiming it is eradicating poverty and other disabilities, believes that this is an overestimate.

The official National AIDS Control Organisation (NACO) puts the figure at 5.206 million, based on the latest surveillance data<sup>6</sup>, placing India the second country in the world with the highest number of HIV infected people in absolute numbers after South Africa. The difference may be accounted for by the fact that official data is restricted to the 15-49 age group, while UNAIDS, for the first time, covers those below 15 years and above 49 as well.

Table 1: HIV estimates in India 1981 – 2005

Year	No. in million
1998	1.80
1999	3.7
2000	3.86
2001	3.97
2002	4.58
2003	5.10
2004	5.13
2005	5.20

Source: NACO: Facts and Figures

Trends in the number of cases reported show that by the year 2010 there will be an increase in the number of cases to the extent of 8.24 million, which indicates the seriousness of the situation and the need for immediate action (Refer appendix).

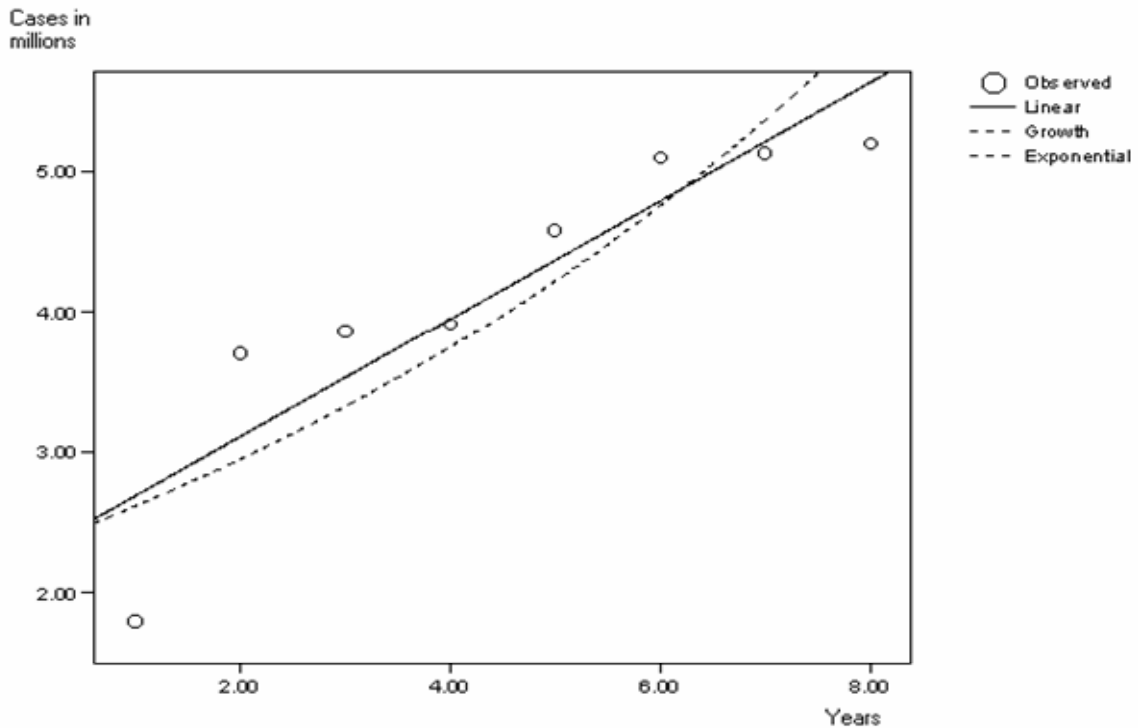


Fig.1 Trend in growth of HIV cases during the period 1998-2005

India has approximately 10 percent of world’s population and accounts for almost 13 percent of the global HIV prevalence. Despite the large number of HIV infected individuals, because of its large population size, India continues to be in the category of low prevalence countries with an

overall HIV prevalence of 0.91 percent<sup>7</sup>. South Africa, the highest absolute number of HIV infections are reported, the prevalence is over 20 percent. HIV prevalence is two percent in some of the high prevalence Indian states, such as Maharashtra. The male female ratio of HIV infection in India is about 3:1, but lately more of females are getting infected.

There is a growing feminization of the epidemic with 38.4% of those living with the virus being women. The virus is also increasingly moving towards the rural areas with 57% of the virus load being shared by the villages<sup>8</sup>

**Table 2: AIDS cases in India as on August, 2006 (NACO: Facts & Figures)**

AIDS cases in India (sex wise)	No.
Males	88245 (70.95%)
Females	36750 (29.05%)
<b>Total</b>	<b>124995</b>

### The young and AIDS

According to Peter Piot, Executive Director, Joint UN programme on AIDS<sup>9</sup>, almost 30 percent of all people currently living with HIV/AIDS are under 24 years of age and half of all new HIV infections worldwide occur in young people aged 15-24, with more than 6000 of them contacting the virus everyday.

Kerala, the only state in the south considered low prevalence HIV, too is showing increase in the number AIDS cases as years go by. According to NACO (2006) reports, Kerala has got 1769 reported AIDS cases.

There are an estimated 200,000 children with HIV who are under 15 years old in the country, while some 50,000 to 60,000 children are born with HIV each year, according to NACO estimates, despite the fact that drugs now exist to immunize such children from the threat of contamination from their mothers. Darryl D'Monte reports<sup>10</sup>. Epidemiological analysis of reported AIDS cases reveals that AIDS is affecting mainly young people in the sexually active age group. The majority of the HIV infections (87.7%) are in the age group of 15-44 years.

**Table 3: Age group of AIDS infected people in India**

Age group	Male	Female	Total
0 - 14 yrs.	3313	2283	5596
15 - 29 yrs.	23905	15876	39781
30 - 49 yrs.	54204	16701	70905
> 50 yrs.	6823	1890	8713
<b>Total</b>	<b>88245</b>	<b>36750</b>	<b>124995</b>

Source: NACO: Facts and Figures

### Modes of Infection

HIV is transmitted mostly through semen and vaginal fluids during unprotected sex without the use of condoms. Globally, most cases of sexual transmission involve men and women, although, in some developed countries homosexual activity remains the primary mode. Besides sexual intercourse, HIV can also be transmitted during drug injection by the sharing of needles contaminated with infected blood; by the transfusion, of infected blood or blood products; and from an infected woman to her baby - before birth, during birth or just after delivery. HIV is not spread through ordinary social contact; for example by shaking hand, travelling in the same bus, eating from the same utensils, by hugging or kissing. Mosquitoes and insects do not spread the virus nor is it water-borne or air-borne<sup>11</sup>.

**Table 4: Risk/ Transmission categories**

<b>Risk/Transmission categories</b>		
	<b>No. of cases</b>	<b>Percentage</b>
Sexual	106669	85.34
Perinatal transmission	4755	3.80
Blood and blood products	2563	2.05
Injecting Drug users	2930	2.34
Others (not specified)	8078	6.46
<b>Total</b>	<b>124995</b>	<b>100.00</b>

Source: <http://www.nacoonline.org/faqs.htm>

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### **HIV/AIDS and Development**

Macroeconomic models suggest large potential impacts on growth and living standards due to HIV/AIDS epidemic. More than 50 percent of the new infections is among young people of ages 15-24 years in high prevalence countries. In Kenya, where the epidemic is hitting a peak currently, one estimate suggests it will take more than 40 years for per capita income to recover to 1990 levels. In Russia, with its smaller but more rapidly growing epidemic, GDP may decline by 10 percent in 2020 if no attempt is made to limit the spread of the disease<sup>13</sup>.

### **Evidences from Field Study**

A study was conducted in Cochin to know the awareness and attitude towards HIV/AIDS prevention. Cochin was selected as the area of study because it is the commercial capital of Kerala and the emerging metro. Data was collected mainly from the age group 15-24, as more than 50% of new infections are reported to be in this age group. A sample of 100 respondents consists of students, truck drivers, businessmen and so on. Information was collected pertaining to awareness of source of infection, methods to prevent HIV/AIDS, use of condom in risk behavior situation, their opinion of the current advertisements with regard to promotion of HIV/AIDS prevention methods and their suggestions for preventing HIV/AIDS.

### **Profile of Respondents**

#### **Distribution of respondents according to gender**

The majority of respondents were males (78%) while females constituted only 22%

**Table 5: Distribution of respondents according to sex**

<b>Sex</b>	<b>No. of respondents</b>
Male	78
Female	22
<b>Total</b>	<b>100</b>

#### **Education level of respondents**

The majority of respondents belonged to the educated classes with only a minority being illiterate.

**Table 6: Distribution of respondents according to education level**

<b>Education level</b>	<b>No of respondents</b>
Illiterate	4
Up to 12 <sup>th</sup> standard	35
Graduate and undergraduate students	56
Post graduates	5

**Awareness of source of infection**

Almost all are aware of blood transfusion, contaminated needles and multiple sexual relationships as sources of infection. Unaided recall of homosexual relationships as sources of information was low.

**Methods to prevent HIV infection**

When asked about the methods to prevent HIV/AIDS, the idea of ‘no premarital sex’ was disagreed upon by 38% of the sample respondents. No extramarital sex was agreed upon by 78% of the sample population. According to 8%, condom is not necessary as they advocate purity in sexual relationships by having a single life partner. Use of condoms was agreed upon by 78% of the population.

**Table 7: Opinion of methods to prevent heterosexual transmission of HIV**

Sl. no.	Opinion	Agree	No opinion	Disagree	Total
1	No premarital sex	54	8	38	100
2	No extramarital affairs	78	3	19	100
3	Use condom	85	7	8	100

**Reports of condom use in risk situations**

76 % of the respondents do not engage in risk behaviour. The fact that in a sample of 100 respondents 24% engage in occasional to regular risk behaviour is a matter of serious concern.

**Use of condom in risk situations**

Reports of condom use in risk behaviour situations raises alarm as very low levels of the use on all such situations is seen. One person who reported using condom all the time started off with unprotected sex. Foreign nationals from high prevalence countries who engage in risk behaviour were also represented in the survey.

**Table 8: Distribution of respondents according to condom use in risk situations**

Use of condoms	Number of persons
Less than 10% of the time	7
10% to 50% of the time	9
50% to 90% of the time	5
All the time	3
Total	24

**Opinion about advertisements on HIV/AIDS**

The respondents who are illiterate (3%), did not have any knowledge about the advertisements. Majority have not properly understood the theme of the advertisement. All that they could catch hold was that “condoms are good”. In this process, the means rather than the end (prevention of HIV/AIDS) are promoted. About 80% of the respondents feel that the “condom centric promotion” is eroding the values of faithfulness and chastity embedded in the Indian culture. This has serious implications.

**Social Marketing of HIV/AIDS Prevention**

As stated earlier, cure for AIDS doesn’t seem to be a reality in the near future. At present, only some anti-retroviral drugs are available which may prolong the life of the affected. The price of the drugs, even after the Government subsidy- more than Rs. 26500 per year- may be unaffordable to the common man and the drugs have got very serious side effects.

Once the swarm of plagues from the Pandora's Box is out, there is no going back into the box. So the patient, yet vigilant waiting for the end of the virus without their multiplication in number and spread, becomes the way out. It is of utmost importance to control and erase the havoc caused by the spread of AIDS. If the virus keeps outsmarting men and evades the action of drugs by mutation, prevention is the only method that humanity can count on.

How can marketing principles be applied in the management of idea of prevention of HIV infection?

Before solving a problem, we try to identify the problem and the cause effect relationship. Here the effect is the same, that is, HIV/AIDS, the cause be contaminated needles, wayward methods to satisfy the secondary physiological needs, or the umbilical cord. Now it comes to solve the problem, that is cure and cease the spread of the monster that looms large on humanity. A systematic approach to enable *diffusion and adoption* (Roger sand Shoemaker 1971)<sup>14</sup> of the idea of HIV/AIDS prevention is necessary. The spread of a new product, idea etc. through the society is called diffusion process. The mental and behavioral stages through which an individual adopter passes before practice of that idea is the adoption process. The diffusion and adoption process depend on factors, such as the type of idea or product, the socio cultural background of the target group, the intensity of the felt need etc. The social stigma in talking about sex and HIV/AIDS is a barrier in the effective promotion of prevention of this epidemic.

#### **Awareness creation and diffusion of the idea**

A beneficiary's identified need is solved easily and quickly. Unless the citizens of the globe become convinced of the dangers looming large on the world, eradication of this menace is impossible. HIV has moved from the high risk groups (Injecting Drug Users, Men having Sex with Men and commercial sex workers), to the general population. This is evident from the graph showing the number of cases during various years.

Prevention of AIDS should be the felt responsibility of each and every one. Unlike other epidemics, HIV is transmitted through the wayward behaviour of people, most of the time. Awareness creation in this regard should be taken up seriously.

#### **Attitude change and diffusion of the idea of prevention**

Some consider that the attack of AIDS to a person is purely the consequence of the deeds or behavior of that individual<sup>15</sup>. But this can be true in about 90 percent of the cases considering the high risk behavior, while the other 10 percent is HIV positive for no fault of their own. A person can unfortunately become HIV positive through surgical procedures and blood transfusion. It is time that '*AIDS is the affected one's problem*' attitude changed. By and large, the irresponsible, immoral acts and behavior of people have developed serious consequences for humanity. Attitudes dictate behavior. The laissez-faire attitude towards the mode of infection should be changed.

Imparting knowledge about the disease through education can change behavior. Reports about world development<sup>16</sup> from Uganda and Eastern Zimbabwe suggests that behavior change is possible. Young people there are delaying sex and this has resulted in a drop in HIV incidences. Education often called a 'social vaccine' is considered by many to protect young people from engaging in risky behaviors.

#### **Advocacy for enhancing diffusion and adoption**

Global data show that the 15-24 age group account for about 50% of the new infections. The sexually active young people are more prone to contract HIV due to the relaxation in the norms and taboos of the society and the very high influence of the peer group. Unemployment and ignorance land them in trouble before realization comes. Using the influence of peer group educators, famous personalities, religious leaders and such others message of HIV prevention

should penetrate the masses especially the youth. Congo is one country which has been able to reduce the infection rate using religious leaders to advocate purity in sexual relationships. To fight against AIDS, Kenneth Kounda, former President of Uganda was the first prominent African leader to openly acknowledge the HIV status of his son who later succumbed to the illness.

### **HIV prevention –Governmental Initiatives<sup>17</sup>**

Educating people about HIV/AIDS and how it can be prevented is complicated in India, as a number of major languages and hundreds of different dialects are spoken and its population have different subcultures and social practices. This means that, although some HIV/AIDS prevention and education can be done at the national level, uniform programmes and methods cannot be used throughout the country.

Initiatives in response to HIV/AIDS prevention at a modest level started soon after HIV infection was detected in Chennai 1986, with the launch of an AIDS cell in the Union health ministry under WHO guidance and this cell was expanded in 1992. The initial interventions were in places of sex workers such as Sonagachi in West Bengal where the present HIV prevalence is more than 20%, whereas it was 0.53 percent in 1991. The National AIDS Control Programme (NACP-I) was launched in 1992 extending upto seven years and National AIDS Control Organisation (NACO) was set up. The NACP Phase II (1999-2004) was marked by the setting up of decentralised state and municipal level AIDS control societies

Under the second stage of the government's National AIDS Control Programme, which finished in March 2006, state AIDS control societies were granted funding for youth campaigns, blood safety checks, and HIV testing among other things. Various public platforms were used to raise awareness of the epidemic - concerts, radio dramas, a voluntary blood donation day and TV spots with a popular Indian film-star. Messages were also conveyed to young people through schools. Teachers and peer educators were trained to teach about the subject, and students were educated through active learning sessions, including debates and role-playing.

The next stage of the National AIDS Control Programme will see US\$2.5 billion spent on fighting HIV and AIDS, most of which will be spent on prevention. Aside from the government, this money will come from non-governmental organisations, companies, and international agencies, such as the World Bank and the Bill and Melinda Gates Foundation. The government has announced that this campaign will place a strong focus on condom promotion. It has already supported the installation of over 11,000 condom vending machines in colleges, road-side restaurants, stations, gas stations and hospitals, and plans to increase this number to 100,000 by the end of 2007. With support from the United States Agency for International Development (USAID), the government has also initiated a campaign called 'Condom Bindas Bol!', which involves advertising, public events and celebrity endorsements. It aims to break the taboo that currently surrounds condom use in India, and to persuade people that they should not be embarrassed to buy them. In one unique scheme, health activists in West Bengal are attempting to promote condom use through kite flying, which is popular before the state's biggest festival, Durga Puja:

"The colourful kites carry the message that using a condom is a simple and instinctive act... they can fly high in the sky and land at distant places where we cannot reach."

This initiative is an example of how HIV prevention campaigns in India can be tailored to the situations of different states and areas. In doing so, they can make an important impact, particularly in rural areas where information is often lacking. Small-scale campaigns like this are often run or supported by non-governmental organisations, which play a vital role in preventing infections throughout India, particularly among high-risk groups. In some cases, members of these risk groups have formed their own organisations to respond to the epidemic.

### **Curbing the Menace**

### ***Demarketing of condom***

Demarketing is a process that advocates healthy way of using a product for sustainable benefits. The younger age group who participated in the survey strongly felt that the advertisements promoting the use of condoms are gradually removing the inhibitions in engaging in premarital and extramarital sexual relationships. The “condom bindas bol!” campaign tends to *advocate and make them* “bindas with sex”. The fact that the youth who involve in sexual activities do not use condoms all the time should be an eye opener.

The present HIV/AIDS prevention programmes promoted are highly “**condomcentric**”. There has been a mind-boggling operational blitz with the condom as the *Superman*, which is a clear bonanza for the condom lobbies. A distribution target of 3.5 million condoms a year is aimed at by 2010, 2 billion social marketed, half a billion commercially sold, and a billion distributed free through subsidies under the NACP III phase. The total allocation for care/support/treatment is under three-fourths of the Rs.2,000 crore that has been earmarked for a single promotion commodity – condoms(Chabra, 2007)<sup>18</sup>.

Thailand is one of the nations to have reversed spread of HIV/AIDS through mass media campaigns, increased condom use, and halving the population of sex workers. Thailand reduced the number of new infection to 21,000 in 2003 after a rate of 1,40,000 in 1991 (The number reduction is mainly attributed to death of the patients) . But reports are coming that this trend has reversed and the numbers are on the increase again. The Zambian government reduced the price of beer to give some relaxation to the hard working labourers who are away from home. Now the behaviour change programme, addresses the problem of AIDS in a dual manner. The men are lured to sexual encounters in a stupor state by sex workers (Anderson and Kotler, 2006)<sup>19</sup>. The fact that condoms can fail at times due to rupture or incorrect use and so is *sex safe only within the ambit of marriage* is a message that should be promoted in the best interests of society. This is felt by the youth themselves as evinced by the initiatives of youth promoting pure love and sexual pirty (David, 2006)<sup>20</sup>. Indiscriminate promotion of condoms will promote illegitimate sex which will add to the already explosive situation. Therefore a demarketing of condoms, advocating its use with discretion should be promoted. It should be primarily promoted for its original purpose, that is, family planning and birth control.

The catch word, **ABC**- Abstinence, Be faithful and Condom use should be advocated in that order. Mass media should go in for those promotional methods which uphold the moral, ethical values of society.

### ***Treatment and care of HIV/AIDS patients***

On World AIDS Day 2003(1st December) Government announced its decision to provide Anti Retroviral Treatment (ART), free of cost to people living with HIV/AIDS in the six HIV high prevalence states of TamilNadu, Andhra Pradesh, Karnataka, Maharashtra, Manipur, and Nagaland and the state of Delhi from April 2004. The care, support and treatment of the affected should be well taken care of so that the infection is prevented from diffusing into the uninfected people. The Anti-Retroviral Treatment (ART) should be made to reach all the affected people. Considering the not-completely curable condition of AIDS, all measures should be taken to reach the treatment to the infected people.

### ***Creating Income Generation Opportunities***

Those who are in the sex trade due to poor economic circumstances may be brought out from this black hole by providing finances and training to start some entrepreneurial activity to generate income. Sweden is a good example of this where the government assists the sex workers to come out of prostitution by providing finance. People’s participation programmes through self help groups should provide avenues for the inclusion of these ostracized groups into the mainstream of society. Given an opportunity to make a decent living for themselves, they can come out of the black hole and live with dignity.

A good portion of the allocated funds for HIV/AIDS prevention may be used for the purpose of providing training and financial support for those who want to involve in socially acceptable



economic activities. Resources should be allocated to prevent, rescue, and rehabilitate persons under the clutches of sex work, drug peddlers and young boys drawn to homosexual relations by people in that trade. Support through self- help groups can also be given to the economically weaker sections of the population who are not regular sex workers but who engage in risk behaviour when they do not have the means to make both ends meet. This is particularly relevant in the case of casual labourers and migrant workers.

#### ***Using peer group influence***

Risk exposure can be reduced by using peer group influence on the vulnerable youth who are increasingly moving towards casual pre-marital sex and injecting drugs. The peer group can break the barriers of communication on topics that have remained taboo, by instilling an atmosphere of openness and positive receptivity. Capacity building among the enthusiastic youth will enable them to serve as soldiers in the war against AIDS. Mass media can arouse opinion leaders for the youth.

#### ***School/College based HIV prevention/ intervention***

As most of the young people who get infected by HIV is in the 15-24 age group, school/college based interventions are to be taken up seriously. The National Service Scheme of the HRD Ministry and WHO jointly launched in 1991 the programme, “Universities Talk Aids”(UTA) (Bhatt and Doundiyal)<sup>21</sup>. This programme may be continued with increased vigour. Young people with more education are more aware than those with less education that condoms can prevent HIV transmission, and they are likely to use condoms. Among all young people, however, the wide gap between knowledge and behaviour is not eliminated by education. Knowledge of condoms is more responsive to education than is condom use, so that the gap between knowledge and behaviour increases with education. Knowledge of risk does not modify the behaviour as there is a significant lag between the activity and the manifestation of harmful consequences, and the risk that the individual faces is uncertain. The symptoms of AIDS are apparent only some years after exposure to the virus. Perceptions of invulnerability can affect the willingness of young people to translate knowledge into safe behaviour and avert risky behaviour. Therefore, programmes targeted at attitude and behaviour change should be treated as very important.

A school-based sex education intervention in Kenya that provided young girls with information about the high prevalence of HIV infection among older men reduced the incidence of intergenerational sex and significantly reduced pregnancies among girls, in a setting where age mixing is very common<sup>22</sup>.

#### ***Develop culture specific information, education and communication resource tools***

Sustained behavioural interventions can take place by developing culture specific information, education and communication resource tools. News papers and magazines mostly reach the urban literate population. Radio and television can reach the large mass of the general population particularly the marginalized sections of the population. Dramas and serials which integrate HIV themes can be telecasted during prime time to get the attention of the masses. “Detective Vijay” serial telecasted on Doordarshan National channel is believed to have increased the social acceptance of HIV infected persons and the awareness level.

#### **Uniting for HIV/AIDS Eradication**

An awakening of consciousness based on moral, ethical and cultural realms is the need of the hour. Irresponsible behaviour towards fellow beings should be done away with. HIV infected people should be educated to take it as their moral responsibility to not infect the uninfected ones. Do away with the pseudo-ethical “*them-not-us*” attitude. Nature always brings out the consequences of the excesses of human beings. Let the message spread that **HIV/AIDS prevention only is possible, not cure – at the moment.**

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**APPENDIX**

**Model Summary and Parameter Estimates**

Dependent Variable: cases in million

Equation	Model Summary					Parameter Estimates	
	R Square	F	df1	df2	Sig.	Constant	b1
Linear	.825	28.192	1	6	.002	2.267	.421
Growth	.705	14.345	1	6	.009	.842	.120
Exponential	.705	14.345	1	6	.009	2.321	.120

The independent variable is years