<u>"SURF THE GAP": EXPLORING NEW MEDIA AS AN</u> EFFECTIVE TOOL TO CREATE AWARENESS ON STIS

(#ICMR Sponsored)

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Abstract

New mediais largelyaccepted as an efficient tool of networking particularly amongst the computer literate. The alluring features of this wonderful media are believed to be widely used by the youth like elsewhere in India for socializing. It is important to understand if the younger generation is also using the networking sites for a healthy debate on socio-political-cultural issues including much "tabooed" issues, from Indian perspective ex: sex. If so then the uncensored information exchange, which can also be supplemented with visual support can exist between the networking members irrespective of socio-political-geo-cultural stigma attached, it is important to know if the channel is or can be utilized for healthy discussions related to the infections transmitted due to unprotected sexual activity. The study tries to examine whether the young respondents are using new media effectively to understand health implications with special reference to Sexually Transmitted Infections (STIs) and with that toanalyze and explore how New Media can effectively be used to bridge the knowledge gap that still prevails in the 'tabooed' issues in changing society like India.

[#] This study is an extension work of ICMR Project.

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Since the notablechange underway in the media marketincludes the shift from unidirectional, expert-controlled messaging to a participatory culture and interactive communication the shift of focus from traditional popular media to new-age media is essential. It is important to understand how on-line social networking be leveraged to build grassroots engagement, streamline policy advocacy, and build social environments that are supportive to healthy behavior changes.

Keywords: STIs, SIMS, CSMP, Safe sex, New Media

Introduction

The technological revolution has connected likeminded people barring all geographical, gender, social and cultural boundaries. It has helped people establish communication network using various types of internet driven electronic gadgets. In a country of startlingly uneven development and perplexing disparities, eagerness to be in the network using internetappears to be the only common feature. People appear in various social networking sitesmainly forfriendship. Knowledge share, professional and businessnetworking are the other reasons. internet through mobile Access to phoneshas provided a new dimension networking, particularly in India, where mobile phones have become more than a necessity. The fascination towards newer technology has not spared youth who constitute larger portion of the population. At this juncture where on one hand the vistas are open for free and uncontrolled information, it is necessary to understand if the mediawhich is accessed extensively used for discussions that concerns the society -particularly Sexually Transmitted Diseases.

Sexually Transmitted Infections- A reason for concern

In India, the societyaccepts honors and recognizes the sexual relationship between two individuals onlywhen they are legally bonded by a sacred act called marriage. The status of 'Brahmachari'(Bachelorship)/ "Kanya" (Virgin) is expected to be maintained by the young man and woman till they are married. However in the changing situations due to various external influencing factors many young women and men appear to be getting yielded to the hankering pleasures of the body temptations. The three letter word Sex- though a normal biological instinct of every living being, the infection received through the act can turn to be dreaded in case of

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negligence asSexually Transmitted Infections (STIs) and Diseases are more dangerous than any other diseases that are prevailing in the community. Their epidemiological profile varies from country to country and from one region to another within a country, depending upon ethnographic, demographic, and socio-economic & health factors. (Sharma VK, 2004) Despite National & International efforts, Controlling STI is a challenging task particularly in countries like India, where there is a great zeal of knowledge gap between people and at times with no reference to their socio-economic status.

HIV the major chunk of STI

HIV infections one of the major type of STI related Infections was initially assumed to be high among sex workers and truck drivers today appears to be epidemic and is found sparing none. That the available statistics reveal that out of the total infected a major chunk of 83 % are the in age group 15-49 years, which belongs to productive and sexually active group give rise to major concern. (8)According to the HIV Estimations 2012, the estimated number of people living with HIV/AIDS in India was 20.89 lakh in 2011. The adult (15-49 age-group) HIV prevalence, though at national level has continued its steady decline from estimated level of 0.41% in 2001 to 0.27% in 2011 that India is estimated to have the third highest number of estimated people living with HIV/AIDS, after South Africa and Nigeria (UNAIDS Report on the Global AIDS) epidemic 2010) is a matter for concern. Government of India has accelerated the process of prevention and control of arresting HIV through National AIDS Control Program (NACP) -IV to provide comprehensive care and support to all People Living with HIV (PLHIV). It intends to include intensifying and consolidating prevention services to arrest the spread of epidemic by promoting programs Condom Social Marketing Program(CSMP) to arrest the burgeoning spread of infection with the combined efforts of government and Non-Governmental Organizations by creating awareness and educating the people. There are many initiatives like formation of Red Ribbon Clubs to spread awareness by bringing in behavioral change by involving NGOs and networking people. Different genre of media including New Media is being used to disseminate the information. With increasing dependency on New Media amongst people, it is important to understand how New Media which has found its niche in every aspect of life can be effectively used to strengthen thecause of propagating information related to 'safe sex'.

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The propagation of information which has remained largely as a calendric event should be taken on war footing as people, who largely fall in the vulnerable age group (15-49)are not only productive economically but are also active in sex life. Being far away from familyfor employment and education and chasing dreams about exotic way of life and provocative media content being the situation, there arises a need to explore if the media which is extensively used by them can be effectively used to educate the youthparticularly on Sexually Transmitted Infections, which appears to have begun as a major concern to the society. It is important to note that lack of awareness on STI enhance chance of acquiring and transmitting HIV infections 4-8 times and treatment and control of STI reduces the transmission rate of HIV infection by over 40%. Since an estimated three crore episodes of STI/RTI occur in India, Co-prevalence could be high amongst the people in the age of 15-50. Since a majority of youth stay away from family indicates that AIDS still threatens the cream of society and particularly those who are in the prime of their working life. It should be remembered here that control of STI is the effective means of preventing HIV.

To control STI government has taken several measures. There is at least one Designated STI/RTI clinic(DSRC) per district. Apart from this there are also Regional STI/RTI Training and Research Centres. The factors to control STIs are compounded particularly among youth by the social and cultural determinants relating to their dependency. Apart from the traditional mind set of elders/education system other reasons like the dominance of male over female their and incapacity to protect themselves from sexual assaults; general lower level of education; the fear of being ridiculed; lack of volunteers to take initiative to discuss; the failure of public and private health machineries in utilizing the mediums effectively and lastly seriousness of media in educating the mass also play a vital role.

Understanding that a majority of youth are accessible to New Media in one way or the other, it is time now think how this media can be used for creating a strong platform which can not only educate the youth but also used as platform for discussions. Before arriving at workable model, to understand how educated youth use new media and their perception towards new media a small survey was conducted in nearly 208educated young menfrom Bangalore Urban and Rural were interviewed with the help of structured questionnaire. The observations are presented in the following tables

| Table-1: Presents the demographic, Education, marital | status of the interviewed |
|---|---------------------------|
| respondents | |

| | | Demo | ograp | ohic stat | us | Education Status | | | | | | | | |
|---------|-------|-------|-------|-----------|-------|--------------------|--------|----------|--------------|----|--------------------|------|-------------|--|
| Age | Urban | | Rural | | Total | 10+Level | | 10+Level | | Gr | aduate | Pos | st graduate | |
| 17–20 | 35 | 31.53 | 33 | 34.02 | 32.70 | 62 | 29.80 | 83 | 39.90 | 63 | 30.28 | 100% | | |
| 20 – 23 | 42 | 37.84 | 35 | 36.08 | 37.02 | Marital Status | | | | | | | | |
| 23 – 26 | 34 | 30.63 | 29 | 29.90 | 30.29 | Single 138 -51% | , D | | rried 37% | | Live-in 18 -12% | 100% | | |

Table 1 signifies that out of men interviewed 30.28 percent of the respondents were post graduates, 40 percent of the respondents were graduates and 30 percent of the respondents were of 10 plus level. The respondents were chosen by simple random sample and care was taken for equal representation of respondents in all age group. Since the respondents areall male majorities of them 51 percent of them were not married and 37 percent of them were married. It is important note that nearly 12 percent of the respondents accepted that they are in live-in relationship and they are dispersed among graduates and post-graduate students. It is also important mention here that these respondents belonged to the Middle Income Group. The respondents comprised of local population apart from migrants from different states who have come here for education and employment purposes.

| Media | No. of hours Daily | Percentage |
|----------------|--------------------|------------|
| Television | 2hour> | 27% |
| Radio | 30min> | 19% |
| Newspaper | 30min> | 42% |
| Magazine | 30min> | 41% |
| Internet based | 2hours> | 81% |

Table-2: Representation of Media habits amongst the respondents

Table 2 indicates about the media habits among respondents. It looks like the respondents have an access to all genres of media. It's interesting to note that respondents prefer to Internet facilitated media when compared to other media formats.

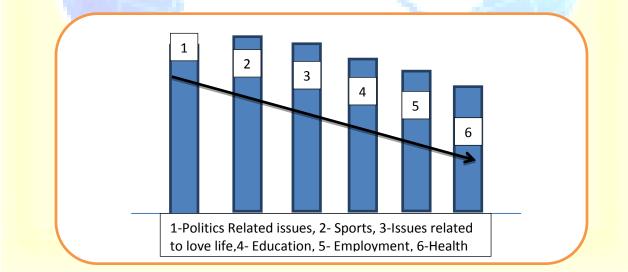
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| Table-3: Representation of Internet accessed | Channels used for communication by the |
|--|--|
| respondents | |

| New Media | No. of hours Daily | Percentage | | No. of hours Daily | Perc | entage |
|------------------|-----------------------|-------------|-------|-----------------------|------|--------|
| Social | <2hour | 150 72.11 | | 2hour> | 58 | 27.88 |
| Networking sites | | | | | | |
| Landline | <30min | 198 | 95.19 | 30min> | 10 | 04.81 |
| Blogs | <30min | 188 | 90.38 | 30min> | 20 | 09.62 |
| Twitter | <30min | 175 | 84.13 | 30min> | 33 | 15.87 |
| Mobile Phones | <2hours | 69 33.17 2h | | 2hours> | 139 | 66.83 |

Table 3 provides details aboutrespondents' access to internet based communication network. The table provides clear indication that mobile phones are their preferred tool for networking. A majority of the respondents follow more than two celebrity icons on twitters and most of them are on more than two social networking sites. 'Facebook' and 'What's App' appears to be their favorite social networking sites. A majority of young men in professional courses are also in LinkedIn. Very few use landline as a tool of communication.

Graph-1: Representation of respondents using new media and gratification as perceived



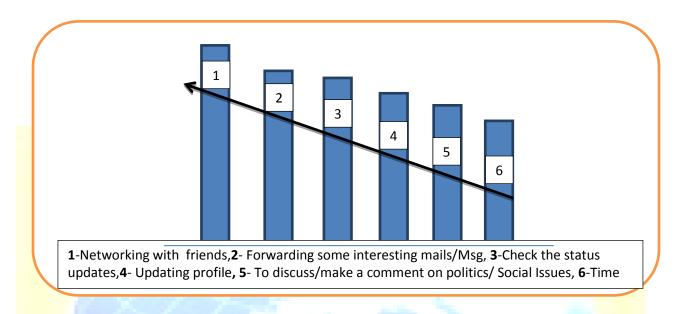
Graph 1 reflects on the gratifications as perceived by the respondents. From the graph available it is evident a majority of respondents use various applications mainly to network and check updates with likeminded/friends; Instead of originating thoughts they simply take pleasure in forwarding the mails. The graph reveals that discussing or making comment or creating a forum for discussion is the last activity preferred.

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Graph-2: Representation of respondents using new media and issues they would like to rake up while networking with others



Graph 1 detailed that creating a forum to discuss and debate is the least preference of the respondents. Graph 2 provided interesting details on probing the respondents further. A majority of respondents are interested to comment on political issues. Apart from this the respondents are interested in fulfilling personal aspirations like education, employment etc. Interestingly though they comment on love life they rarely take up issues related to health on public platform.

| Table-4: R | Representation | of | respondents | about | the | intervention | of a | a voluntee | c to | gain |
|------------|----------------|-----|-------------|-------|-----|--------------|------|------------|------|------|
| knowledge | on social netw | ork | ing sites | | | | | | | |
| | | | | | | | | | | |

| Issues | Strongly Disagree | | Strongly Disagree Disagree Not able to Decide | | | | A | gree | StronglyAgree | | |
|------------|-------------------|-------|---|-------|----|-------|----|-------|---------------|-------|--|
| Urban | 11 | 09.91 | 13 | 11.71 | 00 | 00.00 | 64 | 57.66 | 23 | 20.72 | |
| Rural | 15 | 15.46 | 20 | 20.61 | 24 | 24.74 | 25 | 25.77 | 13 | 13.40 | |
| Un Married | 08 | 05.80 | 22 | 15.94 | 18 | 13.04 | 68 | 49.28 | 22 | 16.30 | |
| Married | 12 | 23.08 | 09 | 17.31 | 00 | 00.00 | 18 | 34.62 | 12 | 23.08 | |
| Live In | 06 | 33.33 | 01 | 05.56 | 06 | 33.33 | 03 | 16.66 | 02 | 11.11 | |
| 10+ | 09 | 14.52 | 20 | 32.26 | 18 | 29.03 | 12 | 19.35 | 03 | 04.84 | |
| UG | 15 | 18.07 | 12 | 14.46 | 06 | 07.23 | 35 | 42.17 | 15 | 18.07 | |
| PG | 02 | 03.17 | 01 | 01.59 | 00 | 00.00 | 42 | 66.67 | 18 | 28.57 | |

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Details obtained from Table 4 provide a clear indication about the need for intervention of a volunteer. Though the respondents who have a rural background are skeptical about the intervention of volunteer, post graduate and graduates strongly feel about the need for the intervention. It is interesting to note that 33 percent of respondents who are in Live in relationships hesitate to accept intervention of volunteer. Though a majority of the respondents accept the intervention they hesitate to adornthe role of a volunteer.

| Table-5: Awarenes | s of | Respondents | to | some | commonly | found | Sexually | Transmitted |
|-------------------|------|-------------|----|------|----------|-------|----------|-------------|
| Infections | | | | | | | | |

| Common STI-types | Av | ware | Not Aware | | |
|----------------------------|-----|-------|-----------|---------------------|--|
| AIDS | 175 | 84.13 | 33 | 1 <mark>5.87</mark> | |
| Gonorrhea | 32 | 15.38 | 176 | 84.61 | |
| Syphilis | 58 | 27.88 | 150 | 72.11 | |
| HumanPapilloma Virus(HPV) | 33 | 15.86 | 175 | 84.13 | |

Table 5 represents the awareness regarding various STI infections. Except AIDS if respondents who are educated are not aware of other types it is difficult to imagine the condition of young girls and uneducated.

The above observations along with that of LalitDandona, research professor, Public Health Foundation of India and professor of global health at IHME who strongly observes if "countries like China and Brazil and even our neighbors, who are not as well off, doing well show that India should be able to do a lot better. We are in this situation probably because we only pay lip service to health service and health system development. Our public expenditure on health is among the lowest in the world," strongly recommendsa forceful intervention of opinion leaders through the most used media which obviously is New Media. The present generations irrespective of their characteristics havealso been exposed to various formats of New Media and are eager to receive proper guidance and information with respect to their sexual health.

Surfing the Gap: Exploring avenues

Concern for health, in India being given least importance we rarely get to observe effective health promotion strategies. Whether it is life expectancy, mortality due to all causes, under-five mortality or mortality among men and women between 15 and 49 years, on most counts, India

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ranks way below China, Brazil and Sri Lanka, just below Bangladesh and Nepal and in some cases even Pakistan. Even in case ofsquirt of highly infectious diseases there are evidences that in India health machineries waking up rather late. With basic health conscious put at the least we largely observe action being taken at treatment stage than at the avoidable stage. But with youth travelling miles together in search of employment and education apart from live-in relationship being legalized in a country like India a shift from remedial approach can be better than solution for eradication along with improvisation conditions. As the target group is youth, engaging New Media in Health communication is highly recommended.(WHO)Small experiments across the world reveal that the vulnerable populations absorb health information well if it is relevant, localized, integrates well with current cultural and social situations and is entertaining (hardly surprising).

In India, example of successful health communication that had great impact is Polio. The strategy used at 'Final Inch' involved a host of agencies which worked together to develop a multi-pronged strategy which included compounded communicationby opinion leaders. (MEHRA, 2013, january 3rd) In a foundation document of WHO- Health education: theoretical concepts, effective strategies and core competencies, we can find the argument of WHO effectively planned to fight against a dreaded infection.With NACP-IV in place to control HIV and Strategic Information Management System to control STI/RTI, information spread amongst youth in particular should be taken up on war footing as a large chunk of people still remain unaware about types of STI and are not ready to discuss on public platforms.

According to arecent surveys and market intelligence reports, India is a major contributor in Web 2.0 growth worldwide along with its good old neighbor China and as many as 93 percent of web users either writing or contributing to blogs. (Vardaan, 2007)Internet subscribers in India grew to 164.81 million as of March 31, 2013, with as many as seven out of eight net users in the country accessing the services via their mobile phones, which then means around 55.48 crore alone are mobile usersaccording to telecom regulator TRAI. The total number of mobile internet subscribers stood at 143.2 million at the end of the last fiscal.(Abudheen, 2013)And interestinglyabout 54 percent, of these device owners are in rural areas as compared to 25.6crore in cities and towns. With number of broadband subscribers increased to 15.05 million as of

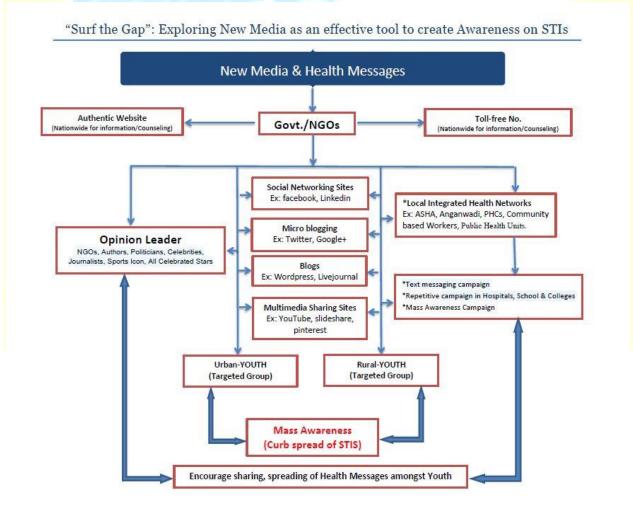
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March 31, 2013, from 14.98 million as of December 31, 2012 India Mobile Landscape (IML) 2013 study there are a total 77.39crore functional SIMs with validity but only 64.34 SIMs are being used by 55.48crore mobile devices owners.(PTI, 2013)Thisstatistics provide a clear indication that new media can be extensively used to propagate information both at urban and rural places without any reservations. However while using new media as a tool to propagate or creating awareness, information regarding STI it should be remembered that people are aware that the discussions and debates are public and not private by nature. Hence the messages should be have positive impact. Secondly it should be repetitive by nature. The proposed model can help in filling the knowledge gap specially among people who live in conserved society.

The proposed model for communication



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Recommendations

- Communication using new media should be established at two levels
 - o Website
 - Toll-free phone numbers
- Creating websites with search engines optimized. The Websites created apart from providing details about the infections should take care to provide personal approach for the people with log-in ids and passwords. This will help in maintaining the confidentiality.
- There should be constant upgradation of information for better footfalls/Imprints.
- Scope for chat boxes where both caller and counselor remain anonymous.
- Advertising with search engines optimized at one level, the government and NGOs should place advertisements and pop-ups in popular websites and frequently visited search engines more importantly pornographic sites.
- Intervention of Opinion Leader is seeked at all levels of communication(Social networking sites + Sending positive messages to followers on usage of condoms; being faithful to one partner; to seek proper medical support in case of infections etc. in regional, Kannada, Hindi and English language frequently.
- Messages related to counseling centers can be shared on social sites can be volunteered by NGO and other public who wish to participate in such social awareness programs.
- Toll-free the phone number of counseling centers with IVRS(Interactive Voice Recorded System) should be established.
- The priorities are these recommendations signified to cut down the prevalence of STI. The need is that the vulnerable groups establish effective management system.
- The focus should be on **LONGRUN** advocacy campaigns using Media, especially new media should be given more prominence.
- STD care services: accessible, acceptable, authentic and effective Facebook pages should be created and circulated, monitored by Professional Doctors and communication expert.
- Special program in E-media, for different groups- Commercial Sex Workers, Students, Migrants, Men having sex with Men, Hostel stayers.

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• MEDIA both print and new media should be used constantly and the pages in Facebook should be the best strategy to address the communication issues.

Bibliography

- Abudheen, S. K. (2013, august 6). *techcircle.in*. Retrieved june 6, 2014, from http://techcircle.vccircle.com/: www.techcircle.vccircle.com/2013/08/06/india-has-143-2mmobile-internet-users-total-net-connections-stand-at-164-81m/
- Becker M, S. J. (2010, March). *Etiology and determinants of sexually transmitted infections in Karnataka state, south India.* http://www.ncbi.nlm.nih.gov/pubmed/19901864: PUBMED.GOV.
- Butler, h. R. (1997). The Hidden Epidemic.
- Daniel Romer, P. a. (2009 December). Mass Media as an HIV-Prevention Strategy: Using Culturally Sensitive Messages to Reduce HIV-Associated Sexual Behavior of At-Risk African American Youth. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2775758/.

MEHRA, C. (2013, january 3rd). Why health communication is important. *The Hindu*.

NACO. (March 2012). National AIDS Control Programme Phase III, State Fact Sheets. Ministry of family and health welfare.

NACO, D. o. (n.d.). *HIV Data*. http://nacoonline.org/NACO/Quick_Links/HIV_Data/.

- PTI. (2013, september 8). *TECH2*. Retrieved june 6, 2014, from http://tech.firstpost.com/: http://tech.firstpost.com/news-analysis/india-has-55-48-cr-actual-mobile-users-14-32-crinternet-users-study-215019.html
- S. Chhabra, S. D. (December, 2011). *Indian Medical Gazette*. Obstetrics & Gynaecology, Mahatma Gandhi Institute of Medical Sciences, Sevagram, Wardha, Maharashtra.
- Sharma VK, K. S. (2004). Changing patterns of sexually transmitted infections in India. (2004 Nov-Dec;17(6):310-9).
- UNAIDS. (2010). 'UNAIDS report on the global AIDS epidemic. http://issuu.com/unaids/docs/unaids_globalreport_2010/1.
- Vardaan. (2007, august 7). *indianweb2*. Retrieved june 6, 2014, from http://www.indianweb2.com/: http://www.indianweb2.com/2007/08/india-contribution-in-web-20/
- WHO. (n.d.). Health education: theoretical concepts, effective strategies and core competencies.
 Retrieved september 13, 2013, from emro.who.int/dsaf/EMRPUB_2012: http://applications.emro.who.int/dsaf/EMRPUB_2012_EN_1362.pdf

www.worldbank.org. (July 10, 2012). *HIV/AIDS in India*. India: The World Bank.

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