



Media Messages: Challenges and Strategies to control STIs among young woman

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Available online at: www.isca.in, www.isca.me

Received 23rd May 2014, revised 4th July 2014, accepted 7th August 2014

Abstract

Media has experienced a sporadic growth in the last three decades. The strong and repetitive media messages which have undaunted influence on various socio-cultural aspects of life style makes one to wonder if the media is judiciously used while spreading the awareness on issues related development, health in particular. Among the various health issues sexually transmitted infections (STIs) constitute a huge health and economic burden for developing countries particularly like India. The World Health Organization estimates that each year, there are over 333 million new cases of curable STIs. The importance of STIs has been more widely recognised since the advent of the HIV/AIDS epidemic, and there is good evidence that the control of STIs can reduce HIV transmission. In terms of these severities, the study has been undertaken. In developing countries, STIs and their complications rank in the top five disease categories for which adults are the one, who seek more health care. It is largely experienced that media intervention could lessen the incidence and prevalence of STIs. The challenge then is not just to develop interventions, but also to identify the barriers which have become a blockade for the effective implementation of the program. Hence effective communication methods should be deployed in attaining it. This paper apart from reviewing the extent of the awareness level of sexually transmitted infections (STIs) in developing countries also intends to examine the influence of media messages, among young women of Bangalore.

Keywords: Media, New media, communication, health, sexually transmitted infections.

Introduction

India is one of the largest and most populated countries in the world, with over one billion inhabitants. Of this number, the country has several daunting challenges like poverty, illiteracy and poor health. Among all health issues like HIV, tuberculosis and sexually transmitted infections seek more attention than others and the intense public health concern is sexually transmitted infections. In India, as elsewhere, AIDS is often seen as "someone else's problem". Even as it moves into the general population, the HIV epidemic is still misunderstood among the Indian public. People living with HIV have faced violent attacks, been rejected by families, spouses and communities, been refused medical treatment, and even, in some reported cases, denied the last rites before they die¹.

The older terminology of "venereal diseases" (VDs) largely has been superseded in the past 50 years by "sexually transmitted diseases" (STDs), and more recently by "sexually transmitted infections" (STIs)². Sexually transmitted Infections (STIs) are a significant public health concern globally and their epidemiological profile varies from country to country and from one region to another within a country, depending upon ethnographic, demographic, and socio-economic and health factors.

Globally around 35.3 million [32.2 million–38.8 million] people are living with HIV. Every hour 50 young women are newly

infected with HIV. Nevertheless, endemic stigma and discrimination, violence against women and girls and unjust laws continue to hamper efforts to achieve global AIDS targets³. And on other end when we gaze at the baseline report on global sexually transmitted infection surveillance, updates us that new cases of curable sexually transmitted infections (i.e. syphilis, gonorrhoea, chlamydia and trichomoniasis) numbered an estimated 499 million in 2008. This figure is not much different from the estimated 448 million cases in 2005. When these infections go untreated, complications can include pelvic inflammatory disease, infertility, and congenital infections. Control of STIs is a critical component of global strategies to achieve the Millennium Development Goals of WHO in the areas of maternal and child health and combating HIV. Improving access to STI services also is an important part of WHO's global strategy for universal access to reproductive health⁴.

India and Sexually Transmitted Infections: According to the HIV Estimations in 2012, the estimated number of people living with HIV/AIDS in India was 20.89 lakh in 2011 and India is estimated to have the third highest number of people living with HIV/AIDS, after South Africa and Nigeria⁵ among infected 83% are in the age group 15-49 years⁶. More than 1 million people acquire a sexually transmitted infection (STI) every day. Some STIs can increase the risk of HIV acquisition three-fold or more. The majority of STIs are present without symptoms.

STIs are caused by more than 30 different bacteria, viruses and parasites and are spread predominantly by sexual contact, including vaginal, anal and oral sex. Eight of the more than 30 pathogens known to be transmitted through sexual contact have been linked to the greatest incidence of illness. Of these 8 infections, 4 are currently curable: syphilis, gonorrhoea, chlamydia and trichomoniasis. The other four are viral infections and are incurable, but can be mitigated or modulated through treatment: hepatitis B, herpes, HIV, and HPV⁷. The number of sexually active teenagers has also rapidly grown and the problem on hand is the spread of sexually transmitted diseases. These alarming statistics are bringing forth the question of how to prevent the spread of sexually transmitted infections to combat the pathogens HIV.

When we look into state statistics also the four high prevalence States are from South India (Andhra Pradesh, Karnataka, Maharashtra and Tamil Nadu) account for 53% of all HIV infected population in the country. STI Clinics in Karnataka are 52, STI Episodes Treated in 2011-12 solely in Karnataka are 9,49,370. The state during the financial year 2011-12, Rs. 6,455.89 Amount (In Lakh Rupees) is spent on care, support and treatment⁸. Then too the crude rate of STIs infected patients is in upswing.

Young Women and Sexually Transmitted Infections: The influence of sex and related messages on today’s Indian society is apparent seeing the news nowadays. The sexual health related messages to help the young understand the good, bad and ugly seems to be insufficient. The little the government, service organizations and media is communicating, also presumably is not creating the required impact on youth and their activities. The focus is towards youth because they are the one who is sexually active and as we know every third person in an Indian city today is a youth. The population in the age-group of 15-34 increased from 353 million in 2001 to 430 million in 2011 and educating the youth would be pertinent for the long-run development.

Estimating how many sexually transmitted disease or infection cases occur is not a simple or straightforward task. Firstly, most of the STDs/STIs are "silent," causing no noticeable symptoms. These asymptomatic infections can be diagnosed only through testing.

Unfortunately: i. Routine screening programs area wise are not widespread. ii. Social stigma and communication about sexual

behavior is still considered a taboo. iii. Lack of public awareness concerning STDs/STIs. iv. Often inhibits frank discussion between health care providers and Patients about STI risk. v. General lower level of education. vi. Lower access to available resources.

All above mentioned factors denies giving an exact scenario of STIs in India and barrier for testing and treatment too. The factors to control STIs are compounded by the social and cultural determinants relating to women and her dependency on men, particularly their incapacity to protect themselves from sexually transmitted infections, enhance the chance of STIs among Women.

The study indeed helps to bridge the gap between Health messages sender and receiver. And also the study intends to analyse women’s awareness level about STIs, their mode of transmission, sources of knowledge and to evaluate the impact of health messages that is being disseminated through media and also to suggest an feasible approach for imparting the messages to young women on Sexually Transmitted Infections.

Methodology

A structured questionnaire was used. Randomly, hundred educated female respondents were interviewed from Bangalore with a predesigned structured questionnaire after explaining the purpose of the study. Analysis of information was done to know awareness level about STIs, their mode of transmission, sources of information and to evaluate the impact of health messages that is being disseminated through media and overall knowledge of transmission of STIs among urban young folks.

Observations: Table-1 signifies that of hundred urban women interviewed all were literates, 60% of the respondents were post graduates and 40% of the respondents were graduates. Age distribution of the respondents’ majority 43% of the respondents were in between 24-26 years, 34% between 21-23 years, 19% between 27-29% and 04% were in between 18-20%. Among them 96% were single only 4% were married. And also the table (figure-1) indicate socio-status of the respondents 37% were from well-off family with an annual income above 3,00,000, 42% of them had an annual income between 1,00,000 – 3,00,000, 21% were below 1,00,000. Which indicate that all choosen respondents are educated and are very well familiar with outer peripheral and represent all segments of an urban living.

**Table-1
 Demographic, Education and Socio-Economic Status**

Demographic status			Education Status		100%
Age	Locale	Respondents	Graduate	Post graduate	
18 – 20	Urban	04%	40%	60%	100%
21 – 23	Urban	34%	Marital Status		
24 – 26	Urban	43%	Single	96%	
27 – 29	Urban	19%	Married	04%	
Socio-Status					
<1,00,000 below		1,00,000 – 3,00,000		3,00,000 and above	
21%		42%		37%	

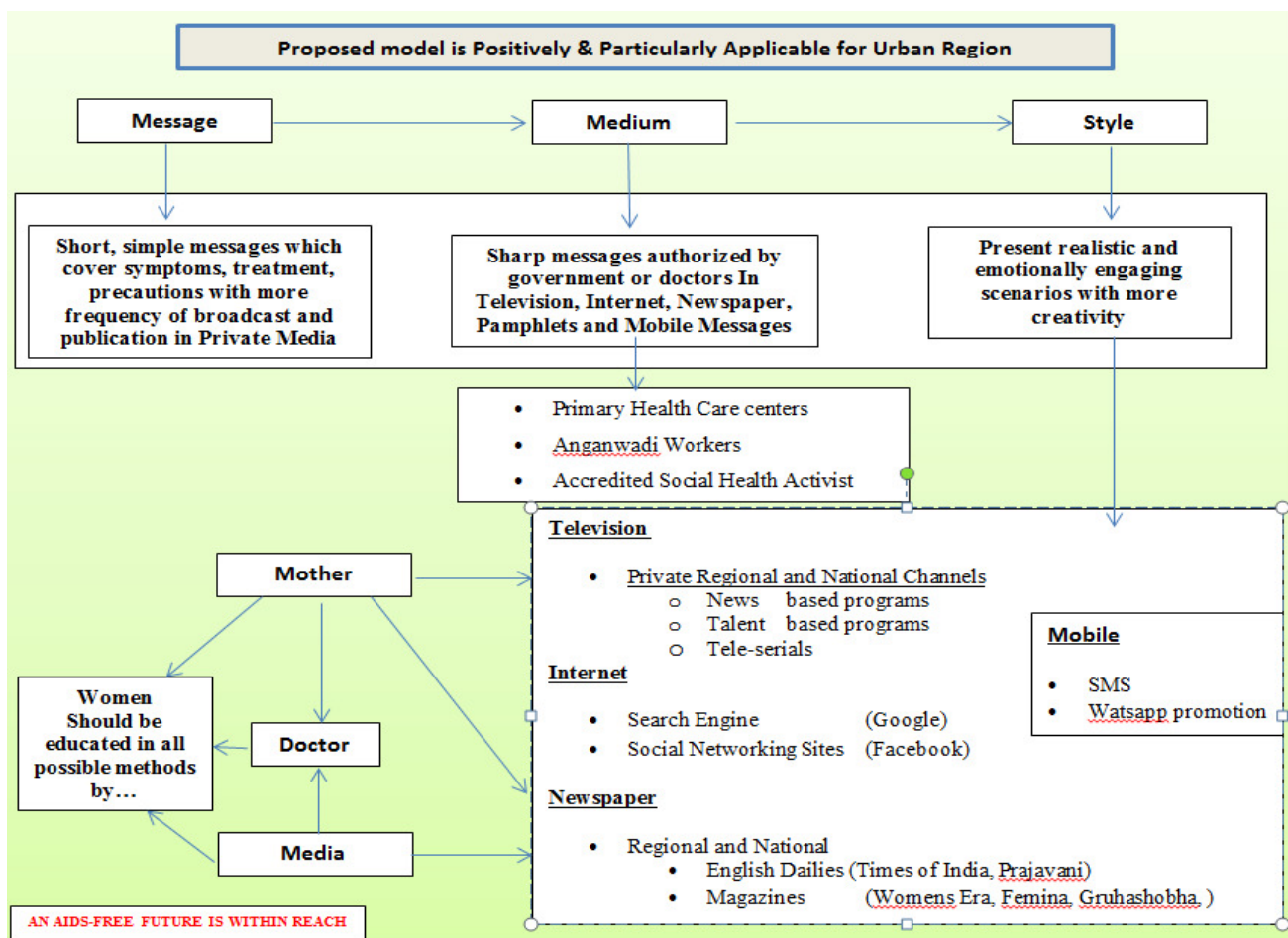


Figure-1
 Model for Communication

Table-2 Indicates the media practice among respondents; it is interesting to know more than television the respondents are used to internet. 87% use internet daily, 80% are used to television, 74% use newspaper every day, 28% are used to magazine, only 8% use the primogeniture medium Radio. Internet and television are very popular among respondents.

Table-2
 Usage of Media Daily

Media Usage	Percentage
Internet	87%
Television	80%
Newspaper	74%
Magazine	28%
Radio	08%

Table-3 list out the coverage of media preference of content/program, it's surprising that only 3% of the respondents have stated health and culture based program holds priority. The high prominence is given for 46% news based program, sports and talent shows 11%, science, religion and Tele-serial follows in television medium.

Table-3
 Programs/ content which are mostly broadcasted in Television

Programs/ content	Percentage
News	46%
Talent Shows	11%
Sports	11%
Tele serials	08%
Films and Films based programs	07%
Science	05%
Reality Shows	04%
Health	03%
Culture based programs	03%
Religion	02%

Table-4 indicate the list of general health communication tools among the respondents, 86% say Parents are first hand source on Health, 85% say from Doctor, 83% get information from Newspaper, 82% depend on internet, 81% on television Discussions and Magazine, 77% from health worker, 75% from advertisement, 74% from friend, 64% from sibling, 61% from

special programs, 54% from YouTube, 52% from Radio Interviews and 42% say from handouts they receive information. Basically we can find out that parents and doctors are the one who is preferred prominently to receive health messages and later media do provide health messages.

Table-5 signify the authentic information is received on sexually transmitted infections from 94% are confident on doctors, 88% on television, 86% from friends, 82% is from newspaper/magazine, 75% mother, 79% internet, 70% health workers, 64% say campaigns, 59% sibling's, 56% anganwadi workers, 51% teachers, and lastly 37% state parents.

The communication tools preferred for general health does not correlate with sexual health. The reason can be considered as the cultural restrictions, religion Taboo and mindset of the Indians towards the subject. As we can observe when it come for general health parents are preferred and when it is authentic information on sexual health primarily doctors are preferred and secondly television and later goes to parents.

Table-6 represent the level of awareness regarding STD protection, perception and attitude towards STDs among youth, 45% thought STIs is same as AIDS, and 72% state some STI can seriously damage reproductive system. 32% of the respondents had a misconception that STI is a viral infection that spread through the air. 26% opine that kissing leads for

STIs. 37% thought that STI could spread through sharing of clothes. 54% knowledge was STI infection can be known only through blood test. 71% had a common opinion that people may have STI but they are ashamed to seek medication. The majority 81% of them opined that education about STDs should be taught in schools. Even though the respondents are educated we find very few have heard about STIs and the respondents had some misconceptions too.

Table-7 when questioned respondents that if there is a necessity to increase the level of awareness regarding STIs via Media, the majority 63% agree and 26% strongly agree that media should give more coverage on STIs. Secondly when the respondents were asked should media boldly propagate usage of condoms to provide 100% protection against STDs, 53% agree and 38% strongly agree that media should disseminate messages on precautions. And lastly 50% agree and 32% strongly agree that Media Messages on STI/STDs should be eye catching and creative. Presently we don't have any forum or channels which work on educating and creating awareness on STIs, usually the messages which we encounter is on AIDS/HIV related and we don't find any messages related to STIs, precautions, whom to consult in need and not availability of counseling council in the reach of youth. We can conclude there is a major lacunae between policy message and public reach or convenience. Appropriate change is indemand.

Table-4
list of sources which provide authentic information on General Health

Source of information	Agree	Strongly Agree	Not Able to Decide	Disagree	Strongly Disagree	Total
Television Discussions	57%	24%	10%	4%	5%	100%
Radio Interviews	40%	12%	15%	26%	7%	100%
Newspaper	53%	30%	8%	5%	4%	100%
Magazine	47%	34%	5%	10%	3%	100%
Internet	50%	32%	8%	9%	1%	100%
Doctor	35%	50%	6%	9%	0%	100%
Health worker/Social worker	50%	27%	8%	12%	2%	100%
Mother	45%	41%	5%	8%	1%	100%
Father	12%	07%	23%	30%	28%	100%
Teacher	36%	28%	14%	21%	1%	100%
Friend	41%	33%	8%	16%	2%	100%
Siblings	33%	31%	12%	22%	3%	100%
Advertisement	44%	31%	8%	12%	5%	100%
YouTube videos	32%	22%	23%	21%	2%	100%
Hand-outs	26%	16%	20%	31%	7%	100%
Special programs	36%	25%	11%	26%	2%	100%

Table-5
Provide authentic information on Sexual Health

Source of information	Agree	Strongly Agree	Not Able to Decide	Disagree	Strongly Disagree	Total
Mother	55%	20%	14%	06%	05%	100%
Teacher	31%	20%	13%	31%	05%	100%
Friend	59%	27%	08%	02%	02%	100%
Siblings	47%	12%	20%	11%	10%	100%
Doctor	39%	55%	03%	04%	00%	100%
Television health programs	54%	34%	03%	05%	04%	100%
newspaper/magazine	63%	29%	03%	03%	03%	100%
Programs on Radio	43%	07%	33%	13%	04%	100%
Relatives	30%	07%	23%	31%	09%	100%
Internet	38%	41%	09%	07%	05%	100%
Health worker	36%	34%	22%	03%	05%	100%
Anganwadi worker	42%	14%	26%	09%	09%	100%
Campaigns	36%	28%	28%	03%	04%	100%

Table-6
Perception and attitude toward STDs among Youth

Perception and attitude	Yes	No	Not sure
STI is same as AIDS.	45%	43%	12%
Some STI can seriously damage reproductive system.	72%	12%	16%
STI is a viral infection that spread through the air.	32%	52%	16%
STI infection can be known only through blood test.	54%	25%	21%
Some STI could spread through sharing of clothes.	37%	49%	14%
People infected with STI die quickly.	24%	55%	21%
Many people have STI but they are ashamed to seek medication.	71%	09%	19%
Unprotected Sex leads for STIs.	85%	09%	06%
Kissing leads for STIs.	26%	53%	21%
Multiple Partners leads for STIs.	65%	18%	17%
education about STDs should be taught in schools	81%	14%	05%

Table-7
Demand from mediachanging lifestyle

Do you think	Agree	Strongly Agree	Not Able to Decide	Disagree	Strongly Disagree
Media should give more coverage on STIs.	63%	26%	04%	01%	06%
Media should boldly propagate usage of condoms to provide 100% protection against STDs.	53%	38%	00%	03%	06%
Media Messages on STI/STDs should be eye catching/Creative.	50%	32%	07%	03%	07%

Discussion

Sexually transmitted diseases (STDs) are a significant public health concern. There are more than 25 diseases that are transmitted through sexual activity, the most common of which are chlamydia, gonorrhoea, syphilis, genital herpes, human papillomavirus (HPV), hepatitis B, trichomoniasis, HIV and bacterial vaginitis. Each disease affects and spread uniquely hence to control, influential communication approaches is essential. The message received by adolescence should be reliable and accurate sexual health information. In spite of considerable health promotion in this field, notification rates of sexually transmitted infections (STIs) have significantly increased in last decade.

Through the focal point is spreading awareness and knowledge about STIs among the young women, the health agencies at all levels should also facilitate and monitor services provided by them. Especially government and non-government organisations has been announcing various programs and campaigns to create awareness among youth but which need to be monitored and reevaluated after the campaign and strong follow up with the practice in terms of reach would help to attain the intended goal by both government and quasi-government agencies.

A country like India many STIs are spread by Male and in programs we find propagation of Male Condom, with that Female condoms also should be propagated, as WHO state Female Condom are effective and safe, but which are not used as widely by national programmes as male condoms. Even the Indian Government's on priority working with National AIDS Control Programme-IV (2012-2017) to the HIV epidemic. NACP-IV is focusing on Reducing new infections, especially maintaining low prevalence in areas where it is already low, Targeting high-risk groups and vulnerable populations with prevention campaigns, Promoting and improving access to treatment and care, Preventing mother to child transmission (PMTCT), Reducing stigma and discrimination, Building the capacities of state and district level facilities.

Primarily we need to work on reducing misconceptions and false belief about STIs among women. In 2009, NACO carried out a population based survey in Nagaland, where it was shown that 72.8 percent of people surveyed believed HIV could be transmitted by sharing food with someone¹. Even the study also supportingly proves that even though the sample chosen for the study being Post Graduates, in a urban environment with easily accessible with all communication medium, do not have desired knowledge about STIs and have many misconceptions.

The research analysed here recognises that young people are not a homogeneous group and acknowledges that their cultural, family and social contexts are different but when it comes to health information the attitude is same. Technology is been used by majority of the sample chosen but they have very rarely

encountered general and sexual health messages and doubt on authenticity.

In a creative and effective way a message can be communicated but again it should be reachable and accessible by all, the lacuna is standard medium with common man's reach with certified delivery of messages.

Young people evaluate the quality of information given out from any sources, hence credibility of the message is probed, and hence the message should be endorsed by doctors before displayed.

Very interestingly the youth weigh up messages from different sources (e.g., media vs. parental messages, Friends vs. media) about what constitutes acceptable sexual health practices, hence the receiver should get even and standard message from all edges.

Conclusion

In conclusion the findings of the study recommends television and Internet are the best medium to disseminate the Health messages. The study findings also states, when it is sexual health Doctors and Mother are the one highly depended by young woman, hence the combination of all three would help in disseminating a message which would result a cautious awareness among young woman and help in curbing the rate of spread in the state. The below suggested model can be a solution to the existing condition. Awareness is essential and media messages are the available remedy to fix this lapse among the young. Various differences we can observe in youth culture and life style, many questions arise but the only answer can be yes, If educated in a proper channel with an endorsed message the goal can be achieved an AIDS free future is within reach.

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