

ORIGINAL CONTRIBUTIONS

ROLE OF LOCAL NGOS AS PEER EDUCATORS IN SLOWING THE SPREAD OF HIV IN KASARGOD (1991-96)

SR Narahari, KS Prasanna

The study reports the effective role of local NGOs in reaching traditional Indian community with information and education on HIV/AIDS. Target oriented IE programs with members of local NGOs as peer educators have resulted in significant slowing in the spread of HIV from the rate of 1.6% in 1992 to 0.4% in 1996.

Key words : NGO, IEC, HIV, AIDS, Peer education

Introduction

In 1992 Government of India has evolved a four year strategic plan to monitor the evolution of epidemic of AIDS and to conduct research to out line plans for prevention programs.¹ We have tested an uniform method of reaching Indian community through local Non-Government Organizations (NGOs), in providing HIV/AIDS information and education (IE).

Materials and Methods

The study was conducted between 1991-96 in Kasaragod Municipality and surrounding panchayath of Madhur, Mogral puthur, Chemnad and Chengala. Trained volunteers including doctors, paramedical workers and field workers provided target oriented IE to the community by incorporating the components of strategic plan. Primary target audience included doctors, nurses, paramedical workers, school teachers and members of local NGOs.

From the Institute of Applied Dermatology, I.C. Bhandary Road, Kasargod- 671121.

Address correspondence to :

Dr. SR Narahari

The IE programs of Government agencies, Rotary AIDS project and other local NGOs were effectively coordinated to reach many sections of the community.

The data on HIV screening tests done in the laboratories, hospitals and blood banks of the area were collected for the period of 1991-96 (Table. I).

Results

Kerala State AIDS cell has trained doctors of both Government and private sectors in the study area; practically to cover every health unit area. NGO sector has been providing IE which are realistic and acceptable to each target audience.

The district has 1071508 population and over 11000 registered local NGOs. Each NGO is comprised of a group of active people representing diversities within Kasargod's heterogeneous traditional community such as religion, caste, diversified interests and cultural backgrounds. Each NGO has at least one motto.

Table I. HIV screening test results in Kasargod

Year	Male (+ve)	Female (+ve)
1990	42 (1)	20 (Nil)
1991	273 (8)	200 (Nil)
1992	409 (12)	342 (Nil)
1993	786 (21)	644 (Nil)
1994	586 (29)	2004 (1)
1995	1178 (37)	1953 (1)
1996	2388 (26)	3829 (4)

NGO were also made as the audience. It is important to understand the culture of the community for the success of IE.³ That means if all the NGOs in a given Indian community can be involved, IE programs are likely to reach all sections of Indian society because people involved in the formation of each NGO represent a section of the society with sociocultural and economic strata. This experiment carried out by us in Kasargod is probably successful because there was a significant decline of the seropositivity in the community (Fig.1).

HIV status of the community is presented in the table. The data were significant for the males from 1994 onwards. The reduction in the rate of HIV spread in the community to 0.4% is also statistically significant.

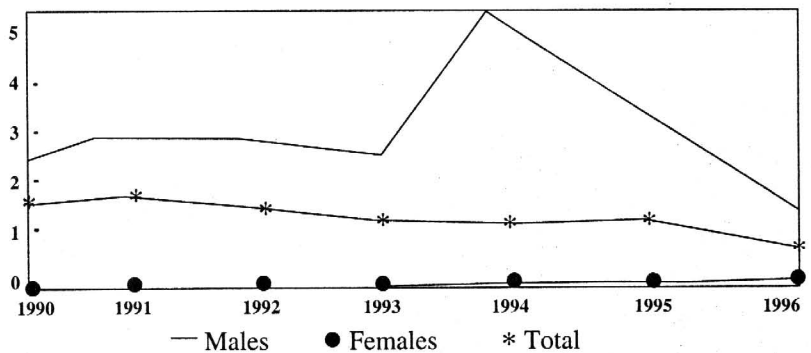
Discussion

In this study the local NGOs were used to provide IE. Elsewhere in the world role of peer educators has been well recognized.² In Kasargod we have coordinated the voluntary work of local NGOs.

The credit of success of IE programme and media exposure was given to the organizing NGO. Hence the resource in terms of money and manpower was mobilized by the organizing NGO.

In every IE programme, members of the local

Fig.1. Trend in HIV+ incidence (% of samples tested) in Kasargod



References

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