Formative research conducted in Morang and Dhankuta Districts to formulate an effective mass media communication and IEC medium on TB-HIV co-infection program

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Submitted To:
Britain Nepal Medical Trust
Lazimpat

Submitted By:
FAITH
P.O.Box: 546
Sanepa, Lalitpur
Tel: 5529095
Email: faith@faith.org.np

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This is the formative research conducted among People living with HIV and AIDS, people living with TB especially Multi Drug Resistance (MDR) cases and people co-infected with TB-HIV in Morang and Dhankuta districts. We would like to express our sincere gratitude to BNMT for entrusting us with the responsibility of conducting the research.

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- FAITH Team

STUDY TEAM MEMBERS

Key Team Members

1. Mr. Miraz Roshan Thakuri - Research Team Leader
2. Ms. Reena Lama - Research Officer

Field Study Team Members

1. Mr. Prithvi Aryal - Field Supervisor
2. Mr. Bhawan Sitaula - Field Recruiter
3. Ms. Hem Kumari Luitel - Field Recruiter
4. Ms. Dil Maya Tamang - Field Recruiter
5. Mr. Beg Bahadur Katuwal - Field Recruiter

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ABBREVIATIONS

AIDS	=	Acquired Immunodeficiency Syndrome
BCC	=	Behavior Change Communication
DPHO	=	District Public Health Office
DHO	=	District Health Office
DOT	=	Directly Observed Therapy
FGD	=	Focal Group Discussion
HIV	=	Human Immunodeficiency Virus
IDD	=	In - Depth Discussion
IEC	=	Information Education and Communication
NCASC	=	National Centre for AIDS and STD Control
NGO	=	Non-governmental Organization
NTC	=	National Tuberculosis Centre
MDR	=	Multi Drug Resistance
PE	=	Peer Educators
PLHA	=	People Living with HIV and AIDS
STIs	=	Sexually Transmitted Infections

EXECUTIVE SUMMARY

This is the formative research conducted among People living with HIV and AIDS, people living with TB especially Multi Drug Resistance (MDR) cases and people with TB-HIV co-infection in Morang and Dhankuta district of Nepal. The research was conducted among 28 PLHA and TB patients. The field survey was carried out in December 2009. The research measured the targeted population's knowledge gaps and their media habits on TB-HIV to formulate effective mass media communication and IEC medium in order to reach them.

For IDD, key stakeholders from each district - Morang and Dhankuta were consulted. Two FGDs were conducted in both districts among PLHA, TB patients and TB-HIV co-infected.

Study key findings:

- IDD participants from central and district level said that no effective communication activities relating TB-HIV co-infection exist. They said electronic media (FM, television and audio/visual) is the best mode of communication and street dramas, hoarding boards, posters and pamphlets may also play a vital role in providing information.
- Most FGD participants said TB and HIV are main diseases of major concern, along with hepatitis B/C, bird flu, cough, fever, and diarrhea.
- Participants with co-infection knew much about TB-HIV relationship and that HIV positive are more in risk of TB due to their weak immune system. However, those who are living with TB and have MDR case have no clue on TB-HIV co-infection (in fact there was no information about HIV in Dhankuta).
- Most were familiar with the symptoms of TB. However, participants with TB-HIV co-infection, those living with TB also with MDR clearly showed serious gap about its preventive aspects. They said only after being diagnosed, they came to know about it in detail from doctors and health workers. Some participants had no idea about the symptoms of TB even though being infected.
- Participants knew the procedure such as going to hospital or health post for medical check-up and taking medications regularly in case of TB infection, but they were unaware of the preventive measures. So awareness is essential.
- Their current source of knowledge about TB and HIV are radio, television, NGOs, friends and health institutions.
- Regarding the information on available services, participants knew that there are care and support groups. Most knew that medical facilities for TB are available for free. However, information gap on treatment regarding TB-HIV or HIV was clearly observed.
- Most participants were unable to access facilities in health institutions on their own; even those who had the least of knowledge were highly dependent upon the support group's assistance. Participants suggest extensive awareness programs in order to enhance their self-ability.
- Health seeking behavior in most participants from both districts was really minimal.
- Some participants mentioned that media messages have brought health behavioral changes to some extent in them.

- Radio was the source for news, informative and musical programs and local FM stations, Radio Nepal and Kantipur FM were popular among the participants.
- Most possessed television set and news; discussion programs (matching their interest), films and serials were the favorites. They preferred Nepali channels like Kantipur TV and NTV and other Indian film channels too.
- None have ever watched programs that explored the dimensions of HIV, TB and co-infection except some news footage or interview programs. From the knowledge and awareness perspective participants want more programs on television relating the above issues.
- Very few read national and local newspapers regularly either through subscription or by burrowing.
- Participants expressed diverse views about convenient media to get information. Radio, television, poster, hoarding boards, informative videos and peer educators are considered as convenient mode of communication.
- Most participants said they understood media messages properly which were produced in Nepali and local language.
- Most believe informative videos about TB-HIV will be an innovative action for creating awareness in general public to bring out tremendous positive impact. However, people should be pre-informed about the programs for a wider coverage.
- In addition, some believed testing for TB was essential after VCT to prevent co-infection.

1. INTRODUCTION

1.1 Context

TB is one of the most common causes of morbidity and one of the leading causes of mortality in PLHA. As one of the first opportunistic infections to appear in PLHA, TB may be the earliest sign of HIV infection. In some cases addressing TB offers the opportunity for early HIV intervention and VCT services on the other hand also offers opportunity for referral for early detection and treatment of TB. Therefore combining TB and HIV services is effective strategy in reducing morbidity and mortality related to the co infection.

HIV is one of the strongest risk factors for developing active TB. As a result of HIV, world TB rates are increasing. Increasing TB cases in PLHA pose an increased risk of TB transmission to the general community whether or not HIV infected. There is a strong epidemiological justification for sharing mutual concerns between TB and HIV programmes, prevention of HIV should be a priority for the control of TB and TB care and prevention should be a priority concern of HIV/AIDS programmes.

Present epidemiological situation of TB and HIV/AIDS of Nepal stresses the need for collaboration. There is increasing national concern about the high rates of TB in the country which is associated with HIV prevalence. Situation analysis findings showed that there are opportunities for planning and implementation of different collaborative activities between both programmes at central and district levels with the development

of collaborative strategy to fulfill the gaps (weakness) in both programmes utilizing and scaling up the strong components of both programme.

TB-HIV collaborative interventions are not moving as fast as would be expected. In order to increase utilization of TB-HIV services, there is need for communities to have right and consistent information on both TB and HIV, the relationship between them and the services available for both. The sources of TB and HIV information seem to play a key role on the quality and quantity of information received by the communities.

As a complementary to and in synergy with the core activities of TB-HIV, mass media communication and IEC is an effective technique in creating awareness about TB-HIV epidemics in Nepal. The national mass media communication and IEC guideline responds to the need of country for immediate guidance on which collaborative mass media communication and IEC, TB-HIV activities can be implemented in accordance with the country's circumstances.

In this regards, FAITH developed this document which outlines the detail research methodology and work plan.

1.2 Objective of the Study

Main Objective:

- To formulate effective mass media communication and IEC medium to reach target population.

2. METHODOLOGY

2.1 Study Population

The study population for this formative research were PLHA, people living with TB especially MDR cases and people with TB-HIV co-infection.

2.2 Study Area

Two sampled districts Morang and Dhankuta were selected as suggested by BNMT.

2.3 Sample Design and Sample Size

Field supervisor started In-depth Discussion (IDD) with key stakeholders (Government bodies, I/NGOs working in program districts, District health Offices) in the districts. As prime concern of this research, stakeholders were queried about TB-HIV situation, existing mass communication activities and their recommendation to create massive awareness about TB-HIV health facilities.

2.4 Preparation for Fieldwork

Research Instruments

A qualitative research approach was adopted. The questionnaire included topics on knowledge, gaps, available services on TB-HIV, sources of information and their media habits.

In Kathmandu, pre-testing of the questionnaire was conducted in Youth Vision care home. Feedbacks and suggestions from the pre-testing were incorporated while developing the questionnaire. Feedbacks and inputs received from the field were also considered.

See Annex II – IDD questionnaire
See Annex III - FGD questionnaire

Study Team

The study team included a research team leader, a research officer, field supervisor and field motivators. In the field, teams were formed for the survey, which consisted of a field supervisor and two local field motivators for FGD. All the local field motivators hired were briefed in details on the objectives of the research and their responsibilities as a part of the study team.

Recruitment and Training of Research Team

Based on the past experiences, team leaders and supervisors were selected for the research. Exposure to TB-HIV programs was the main criteria in the selection process.

Training for a day was organized for the field supervisor - focusing introduction to the study, administration of the questionnaire (including characteristics of the target groups, methods of approaching them, and rapport building technique). In addition, the training session also involved mock interviews, role-plays, and lectures to help understand each question included in the questionnaire. Role-play practice was carried out assuming actual field situations. Possible problems that could be faced while approaching the respondents and ways of overcoming them were discussed.

2.5 Implementation of the Study

FAITH was responsible for the management and coordination to carry out the study. FAITH's overall responsibility was to design research methodology including sample design, develop the research questionnaire, recruit and train the field research team, carry out data analysis and report writing.

Field Work

The field work of this research was carried out in December 2009.

2.6 Coordination and Monitoring

FAITH carried out the overall coordination of the study.

FAITH coordinated with various concerned organizations to make the study transparent and effective. All the field members were responsible on a day-to-day basis for ensuring that the study was implemented properly. To coordinate and operate office-level decisions, field member reported to the team leader in Kathmandu by telephone whenever necessary.

2.7 Recruitment and Refusal

This research was conducted with support from BNMT district office in Morang and other CBO from the districts who provided the local field motivators helped to build good relations and motivated the respondents to participate in the study. Every respondent was briefed on the objective, benefits and risks of participating in the study.

No cases of refusal to participate were observed.

2.8 Ethical Issues

Informed consent was obtained from the respondents before conducting FGD. The purpose of the study was explained in simple terms to all study participants. They were assured of the confidentiality and anonymity of the study procedure. They were briefed on their voluntary participation and freedom of refusal at any stage. Their oral and written consent to participate in the study was formalized by their signature on a detailed consent form.

Every FGD participants were given code number as their identification. This also provided additional confidence among the respondents regarding their personal confidentiality.

2.9 Constraints in the Field Work

Frequent unpredicted and unannounced strikes in the region caused hindrance in movement of the field supervisor. However, it didn't affect in the quality of field work.

2.10 Data Processing and Analysis

The quality of data was cross-checked at various stages of the study. All the completed questionnaires were thoroughly checked by the supervisor in the field. The consistency of the data was cross-examined and was brought to FAITH office for further analysis.

3: KEY FINDINGS

TB-HIV has brotherhood relationship –TB has longer history so it is elder and HIV is the younger brother – one participant from Morang

3.1 Findings of IDD:

IDD was taken at national level with NCASC and NTC. At the district level, three IDDs in each district – DPHO, Help Group Creative Development community, NATA in Morang and Regional TB Leprosy office, DHO and Nepal Red Cross society district chapter in Dhankuta is conducted.

According to participants:

- As information provided from NCASC and NTC, there is extensive HIV related awareness program in Morang but not in Dhankuta. However awareness programs on TB-HIV co-infection is still in progress.
- IDD respondents from Morang district provided diverse information regarding situation of co-infection. There are 772 HIV positives in Morang district and among them 12 percent are co-infected. But number of co-infected is in rise as per the Zonal Tuberculosis Center and Koshi Hospital.
- IDD respondents said people living with HIV are less aware about co-infection and about preventive methods of TB. HIV and TB awareness programs are organized separately in district with no programs of co-infection. Lack of specific information materials on co-infection is also observed. In Dhankuta district, just one and half month back only VCT center is established so there is no data of HIV positive available in the district.
- There is no communication activities related to TB-HIV co-infection at the district level.
- Electronic media (FM, television and audio/visual) is as best mode of communication along with street dramas, hoarding boards, posters and pamphlets may also play vital role in creating awareness.

Recommendation from IDD participants:

- PLHA are less aware about co-infection and about preventive methods of TB so more awareness is required.
- Screening of public shows of audio/visual documentaries, programs in different places time and again might have positive impact on public.
- They believed that general public can receive message from radio (FM) more easily than television or print media.
- Messages that show the relationship of TB-HIV, urging for the health seeking behavior among public are important.

3.2 Demographic profile

Total four FGDs were conducted in each district and total 28 participants were involved in this research.

Total Participants	**28**
Morang	15
Dhankuta	13
Number of TB-HIV Co-infected cases	**13**
Morang	13
Living with TB	**15**
Morang	2
Dhankuta	13
Number of MDR cases	**9**
Morang	4
Dhankuta	5

Out of total 28 participants – 15 were from Morang and 13 from Dhankuta. 13 participants from Morang were TB-HIV co-infected. Two participants from Morang and 13 from Dhankuta were living with TB and were under treatment. Total nine cases of MDR were found among co-infected and those with TB.

3.3 Major Health concern

- Most participants said TB and HIV are main concern diseases, along with hepatitis B/C, bird flu, cough, fever, and diarrhea. Participants from Dhankuta especially see TB as major concern disease due to its high rate of existence in the district. However they have no idea regarding HIV cases though it exist in their district.

3.4 Knowledge on TB-HIV co-infection

- In Morang district, most participants were co-infected and were enrolled in services because of which they had sound knowledge regarding TB-HIV co-infection. They knew that HIV positive are more in risk of TB due to their weak immune system. Some said that seventy to ninety percent HIV positive are prone to TB and that if HIV infected person follow medical treatment on time around ten to thirty percent can be treated for TB. Some participants argued that co-infected person should follow the treatment procedure more seriously than HIV negative person.
- In Dhankuta, there was a mixed reaction on this question. Most participants had no idea about TB-HIV co-infection. However, one female participant said that TB infected person is vulnerable to HIV. Two other participants said HIV transmission depends upon personal behavior but transmission of TB in HIV infected person has high probability due to their weak immunity. Some had very less knowledge that TB and HIV/AIDS both are transmissible diseases. Two participants had not even heard about HIV. None of the participants had ever encountered HIV infected person.

3.5 Symptoms of TB

- Most mentioned that long time fever, regular cough (from two weeks to a month), fever in the evening, weight loss, loss of appetite, weakness, blood in the sputum, chest pain, diarrhea are symptoms of TB. However, they mentioned clearly that they came to know about it in detail from doctors and health workers only after they were diagnosed with TB. Similar cases also comply with TB- HIV co- infected participants.
- Some were still not clear about the symptoms. Two of them had no idea about the symptoms of TB even though infected with TB. One participant said that TB is a hereditary disease because his father and elder brother were also TB infected.

3.6 Prevention of TB

- Most participants including TB-HIV co-infected, living with TB also the MDR cases showed serious gap about the preventive aspects of TB. In Morang, they said if symptoms occur the person should go to the hospital or health post for medical check-up and take medications regularly. Just one participant said, avoiding infected person, use of mask and following healthy behaviors are methods to prevent TB.
- In Dhankuta, most believed that healthy behavior is the main TB preventive method; like no smoking, no alcohol, consuming nutritious food can prevent TB. Some

participants believed that people are unaware about the preventive methods so awareness is essential.

3.7 Current sources of knowledge about HIV and TB

- Their current source of knowledge about TB and HIV are radio, television, NGOs, friends, and health institutions. Most knew about HIV and TB from health institutions only after being infected. One co-infected participant said he had previously heard that the infected person would die by vomiting blood and even the treatment was very expensive.
- Most participants knew about TB only after they were infected and went for treatment, other came to know from villagers and family members and media.

3.8 Knowledge about available Services / Treatment on TB-HIV

- In Morang, most participants knew about care and support groups. Moreover, ARV and TB medicines are available free of cost. Participants argued that to get the services they needed to disclose their status.
- In Dhankuta, participants had knowledge that medical facilities for TB were provided free of cost including lodging and fooding for certain time. Almost no one had idea about available facilities for TB-HIV co-infection.

3.9 Knowledge on accessing HIV and TB health facilities

- In Morang, some participants were unable to access facilities in health institutions on their own; even those who knew were highly dependent upon the support group's assistance. Participants suggested for an extensive awareness programs.
- In Dhankuta, participants knew that they should go to medical institution but they had inadequate idea about the other available facilities.

3.10 Health seeking behavior - to get information and services about HIV and TB

- Most participants from both districts lacked effort to get prior information and had no idea where to get them. Some were eager to acquire knowledge about TB, HIV and co-infection like available medical treatments. Their source of information was friends and vice-versa.
- All agreed that participating in informative programs, information centers, consulting with related personnel, through mass media like book(let), pamphlets and posters could provide detail information.

3.11 Radio listenership

- In Morang, most participants own radio set. Normally they listen to radio half an hour to two hours per day. News, informative and musical programs are mostly preferred. Local

FM stations; Radio Nepal and Kantipur FM are popular. Some participants said if they have information about TB and HIV related programs on the radio, then they do listen.

- In Dhankuta, eighty percent of the participants own radio set. Normally they listen to radio half an hour to two hours per day. News, informative and musical programs are mostly preferred.

3.12. Television viewership

- In Morang, most participants' possess television set. In average, they watch television one to two hours in a day. Mostly they watch news, discussion programs (matching their interest), films and serials and prefer Nepali channels like Kantipur TV and NTV and other Indian film channels too. None of them had ever watched any programs that explore dimensions of HIV, TB and co-infection except some news footage or interviews.
- From the knowledge and awareness perspective, participants were not satisfied with the television content. They wanted more programs on HIV, TB and co-infection to help them live a normal life with better treatment facility and without any psychological stress.
- In Dhankuta, some own television set but do not watch regularly. News and films are most watched programs. None of them have ever watched any HIV or TB related programs in television.

3.13 Print media ownership

- Very few of them read national and local newspapers regularly either through subscription or by burrowing.

3.14 Views regarding informative videos

- Most participants believed informative videos about HIV and TB would be an innovative action for creating awareness in general public. They agreed it is technically possible in Morang though it requires some investment and initiation. It would bring tremendous positive impact within general public. Such videos if organized in localities, many people will be aware and co-infection could terminate. Coordination with Mother Groups, Youth Clubs, Ward Committee and local political parties would make it more possible. However, people should be pre informed about the programs for wider coverage.

  If such videos' are available in CD centers they could buy it too. Local organizations should be mobilized for this.

  Some participants didn't have idea about whether it is possible or not and what will be its impact but if such program is organized they will participate. They said that it is possible in Dhankuta and there would be huge participation but its sustainability will depend on its impact. Public can experience positive as well as negative influence of such videos.

Some don't know what informative videos mean.

3.15 Most convenient mode of media

- Participants expressed diverse views about their convenient media to get information. Some recognized radio as the best method and others said television, poster, hoarding boards were also the convenient mode of communication. In order to get detail information, reality based informative videos and peer educators are chosen as the best media.

- Some added that print media is convenient as it gives an opportunity to read in their own suitable time. One participant argued that TB-HIV related advertisements should be added in news and other television programs for valuable information. Any mode of communication is convenient if information is presented in simple language.

3.16 Convenience in understanding current media messages

- Most participants said they understood media message properly. It shows that they understood issues of their interest in Nepali and local language. For entertainment purpose, media is very good but from information or knowledge perspective media messages are not enough.

- Two participants said sometimes they didn't understand message of some campaigns.

3.17 Reason behind media use habit

- Basically, Participant's main reason behind media use is for information and entertainment.

3.18 Behavioral change from media message

- Participants experienced that to some extent the media messages have brought health behavioral change among them. Mainly, most changed their health behavior like giving up alcohol only after being identified with HIV or TB or co-infected.

- One participant said confidence to live was developed through 'Sathi Sanga Man ka Kura' radio program though being HIV positive. Some said they had changed their health behavior after getting information not only from mass media but also from different training programs. Few said that they have given up smoking, drinking after being informed by radio programs.

- However, there were few who said media message has brought no health behavioral change in them.

3.19 Best methods to receive more information

- Most participants agreed on audio/visual including street drama as the best media to receive more information about issues related with TB-HIV co-infection as seeing is believing and this mode is more convincing.

- However, few could not express their view about the suitable mode of communication for them and how they can understand message more clearly.

3.20 Additional thoughts

- Most believed that testing of TB is essential after VCT testing to prevent co-infection.
- But some believed that TB testing should be done only if symptoms were observed and awareness about symptoms is a must.

4: CONCLUSIONS AND RECOMMENDATIONS

4.1 Conclusions

- In Dhankuta, VCT was established just a few months back due to which there is no official record of PLHA. Lack of preventive information and other services regarding HIV in the district has given perception to the general people that HIV is still not a problem in their district. Records can easily be found of PLHA from Dhankuta seeking services in Morang and other parts of Nepal.
- Even though most participants said TB and HIV are the diseases of major concern, they are still not aware about the preventive aspects of TB and HIV. Most knew about the symptoms only after being diagnosed as infected.
- Many participants knew about the treatment procedure of TB since they were under treatment. However most showed information gap about TB-HIV co-infection.
- Most participants were unable to access health facilities in institutions on their own and are highly dependent upon the support group's assistance.
- Health seeking behavior in most participants from both districts is really minimal.
- Their current major sources of information about TB and HIV are radio, television, NGOs, friends, peer educators and health institutions.
- Keeping in mind the diverse conditions of the two districts, Dhankuta being in the hilly region and Morang in the Terai, participants expressed diverse views about the convenient media like radio, television, poster, hoarding boards, informative videos, peer educators, street drama to get information on TB-HIV co-infection. Messages should be presented in simple language. Participants wanted more programs on television and radio that explore horizon of HIV, TB and co-infection.
- Most believed informative videos concerning TB-HIV co-infection would be an innovative action for creating awareness in general public bringing tremendous positive

impact. However, people should be pre-informed about the programs for a wider coverage.

- Some believed that testing for TB is essential after VCT to be safe from co-infection.

4.2 Recommendation:

- Provision of awareness on preventive measures of TB among PLHA.
- Extensive awareness programs to enable the target group to access health care facilities and available services.
- Promotion of health seeking behavior among target group.
- Promotion of testing of TB after being diagnosed as HIV positive.
- Mode of communication like radio, television, poster, hoarding boards, informative videos, through peer educators, street drama should comprehend in simple and local language depending upon the geographical and cultural diversity.

ANNEXES

Annex I

Project Title: Formative research to formulate an effective mass media communication and IEC medium for Morang and Dhankuta Districts on TB-HIV co-infection program conducted by FAITH in association with Britain Nepal Medical Trust.

IDD Questionnaire

1. What is the situation of TB-HIV co-infected people in Morang and Dhankuta?
    a. What is the estimated data (source)?
    b. What is their level of awareness and knowledge
    - People living with HIV about TB infection
    - People living with TB especially with MDR, about the possibility of HIV infection
    - Available services related with TB- HIV co-infection
    - Knowledge on access to HIV/AIDS and TB health facilities

2. What are the existing mass communication activities to create awareness about TB-HIV health facilities in Morang and Dhankuta?
    a. What kind of program or message?

3. What are the modes of communication to provide information about TB-HIV co infection in Morang and Dhankuta?

4. In this modern era, could you tell us about the impact and effectiveness of audio/visual medium to reach the target population?

5. Is there any district level record or data about peoples' media reception?

6. In your opinion, how messages of TB- HIV co-infection should be communicated to people? And what sorts of message would be more influential?

Annex II

Project Title: Formative research to formulate an effective mass media communication and IEC medium for Morang and Dhankuta Districts on TB-HIV co-infection program conducted by FAITH in association with Britain Nepal Medical Trust.

FGD Questionnaire

Sharing of objectives:

To formulate an effective mass media communication and IEC medium to reach the targeted population. The main purpose of this is to get your view, opinion and not to test your knowledge. Everything said in the discussion will be within the group and keep confidential. We don't require any name and personal identification. With your consent the discussion will be recorder for the processing of the discussion aspect only. A large part of the discussion will focus on communication.

1. **What are the most concerned diseases and infections of this area?**
- HIV
- TB
- Malaria
- Bird flu/ swine flu
- Others

2. **What does the group know about TB-HIV co-infection?**
- Disease or infection
- HIV infected are prone to TB
- TB patients with MDR have the high possibility of HIV infection
- (un)related health problems
- (un)transmitted infection and disease
- Others

3. **Does the group have knowledge about symptoms and prevention of TB? What are they?**

- **About symptoms**
- Regular cough up to two or more weeks
- Fever at night
- Pain in chest and head
- Weight loss
- Weakness
- Blood in cough
- Others

- **About prevention**

- BCG injection in infancy
- Treatment on direct observation to TB infected people
- Not using things used by the infected person
- Others

4. What are the sources of knowledge and awareness about HIV and TB of the group?

- Mass media (print and electronic)
- Other audio/visual media like documentary, film(s), etc.
- Folk media
- Friends or relatives
- Health institutions and I/NGOs
- Others

5. What are the available services related to TB – HIV co-infection in your localities or district?

- Free medicines
- Free information, counseling and testing
- Free HIV/AIDS and TB screening
- Others

6. Does the group know about how to access HIV and TB health facilities?

7. Does the group make efforts to get information and services about HIV and TB health facilities? And how it is done?

- Consult media
- Participate in public show of informative videos
- Consult with local informed people – doctors (health workers) and local activists
- Goes to health institutions and other NGOs

3 Radio

3.11 Do you have radio set in your house?
3.12 How long in a day do you listen to radio?
3.13 What are programs and listening time?
3.14 Which radio stations you tune most?

9. Television

- Do you have television set in your house?
- How long in a day you watch television?
- What are the programs and listening time?
- Which channels you watch most?
- Have you ever watched any HIV/AIDS or TB related program in television? If yes, what program in which channel and when did the group watch it?

- Does the program quench your information thirst to some extent and in your opinion what should be added in such programs?

10. What about the groups' print media (newspapers/ magazines) reading habit? How do they access print media?

- Subscription
- Local library
- At tea shop
- Neighbor provides
- Not frequently
- Can't read

11. Which is convenient media to you to get information on TB-HIV?

- Informative videos
- Television
- Radio
- Newspapers/ magazines
- Posters/ pamphlets
- Local/ street dramas
- Folk songs
- Others

12. Do the participants understand current media message properly? And is it quenching thirst for information?

13. What do you think about the public show of informative videos about TB-HIV in your localities? Is it possible? If yes how? What will be its impact?

14. What is the reason behind the groups' media use habit?

- Entertainment
- Information/ knowledge
- Time killing
- Others

15. Does the media message bring health behavioral change among the group? What?

16. What are the best methods for the group to receive more information about issues related with TB – HIV co-infection?

- Audio/visual media
- Television
- Radio
- Print media
- Folk media
- Posters/pamphlets

17. **Does the groups have any questions or would like to raise additional thoughts on anything we have discussed?**
    - **If there are any cases where the individual came to know about his HIV status when he/she has gone for TB testing?**