



## 1. Introduction

HIV infection is entirely preventable through awareness raising. Therefore, awareness raising about its occurrence and spread is very significant in protecting the people from the epidemic. It is for this reason that the National AIDS Control Programme lays maximum emphasis on the widespread reach of information, education and communication on HIV/AIDS prevention. Changing knowledge, attitudes and behaviour as a prevention strategy of HIV/AIDS thus is a key thrust area of the National AIDS Control Programme - III.

Communicating strategically requires the development of messages, materials, activities and events that take in to account the audience profile, barriers to communication and the positioning in different channels for maximum impact. Awareness rising brings behaviour change. Through this route the programme promotes prevention, and aims to reach out to 80 percent of the high risk groups and 95 percent of the young people. In fact, the awareness campaign of NACP has received a big boost with the formation of National Council on AIDS that has mainstreamed HIV prevention activities in various government institutions and programmes. The programme focuses on saturating an estimated four million high risk groups (commercial sex workers, injecting drug users, men-who-have-sex-with-men), twelve million highly vulnerable populations – migrants and truckers, and a large number of young women and men in the general community, who constitute almost 40 percent of the country's population, with information on various aspects of vulnerability to HIV infection.<sup>1</sup>

Information, education and communication form the basis of successful HIV/AIDS prevention programmes. Broad-based education work can change risky behaviours and reduce the number of new infections. IEC campaigns geared directly to target groups can make a significant contribution to de-stigmatising HIV/AIDS and thus facilitating the effective integration of prevention, care and treatment. Communication is a cross-cutting and integral strategic intervention in all

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<sup>1</sup> NACO, IEC Operational Guidelines, 2007



components of HIV /AIDS prevention, care, support and treatment programmes under the National AIDS control programme Phase III (NACP-III). A key priority is to motivate behaviour change in a cross-section of identified populations at risk, including High risk groups and bridge populations. There is also a great need to raise awareness about risk and behaviour change among the vulnerable and the general population, especially youth and women. Communication activities have to increase demand and utilization of HIV/AIDS related health services. The ultimate goal is not only to create an enabling environment that encourages HIV related prevention, care and support activities, but also reduces stigma and discrimination at individual, family, community and institutional levels.<sup>2</sup>

Communication is a cross-cutting and integral part of all the components of NACP III. It is intended to:

- Motivate behaviour change in a cross-section of identified populations at risk, including High Risk Groups (FSWs, IDUs and MSM) and Bridge Populations (clients of sex workers, migrants and truck drivers)
- Raise awareness about risks and the need for behaviour change among the vulnerable and the general population, especially youth and women
- General demand and facilitate an increase in utilization of HIV/AIDS related health services
- Create an enabling environment that encourages HIV related prevention, care and support activities and reduces stigma and discrimination at individual, family, community and institutional levels<sup>3</sup>

A number of audience segments of communication have been identified in NACP III. The segments are as follows:

- High-risk groups like the female sex workers (FSWs), Intravenous drug users (IDUs), Men sex with men (MSM),
- Bridge populations like Clients of FSWs, Truckers & Migrants
- Vulnerable / General population like youth and woman
- People Living with HIV/AIDS (PLHA)

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<sup>2</sup> Ibid

<sup>3</sup> Ibid



- Children
- Tribal Populations
- Service providers

However the present proposed IEC activities are targeted only the tribal populations of Coimbatore and The Nilgiris districts only.

## **2. Tribal population in Tamil Nadu**

The tribal population in India is 84.51 million, which constitutes 8.14% of tribal population. There are about 449 tribes and sub tribes in different parts of India. Half of India's tribal people live in the forests and forest fringes and their economy is linked with the forests. Tamilnadu has 6,51,321 tribal population as per 2001 census which constitutes 1.02% of the total population. There are 36 tribes and sub tribes in Tamilnadu. Literacy rate of the population is 27.9%. Most of the tribals in Tamilnadu are cultivators, agriculture labourers or dependent on forests for their livelihood. There are six primitive tribes in Tamilnadu. The tribal groups in Tamilnadu are distributed in almost all the districts and they have contributed significantly in the management of the forests.<sup>4</sup>

Out of the 36 Scheduled Tribe communities in the state, 6 Tribal Communities (ie) Toda, Kota, Kurumbas, Irulur, Paniyan and Kattunayakan have been identified as Primitive Tribal. The area where the population of Scheduled Tribes exceeds 50% of the total population is declared as Integrated Tribal Development Programme area. The tribal communities live inside the Reserved Forests, in the vicinity in fringes and outside and are also called 'forest dwellers'. Their socio-cultural life is centered on nature. Degradation of forests has reduced the resource availability and the employment opportunities for tribals and has also affected the food availability, livelihood options and the quality of life of the tribals.

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<sup>4</sup> <http://forests.tn.nic.in>



### Scheduled tribes population in the districts of Tamil Nadu

S No	District	Total Population	Scheduled Tribes			% of District
			Rural	Urban	Total	Total
1	Chennai	4343645	0	6728	6728	0.15
2	Kancheepuram	2877468	18062	8446	26508	0.92
3	Thiruvallur	2754756	28885	8973	37858	1.37
4	Cuddalore	2285395	7241	4532	11773	0.52
5	Villupuram	2960373	61687	2233	63920	2.16
6	Vellore	3477317	58237	4803	63040	1.81
7	Thiruvannamalai	2186125	69198	3562	72760	3.33
8	Salem	3016346	98722	5199	103921	3.45
9	Namakkal	1493462	50454	962	51416	3.44
10	Dharmapuri	2856300	57763	1786	59549	2.08
11	Erode	2581500	15120	2573	17693	0.69
12	Coimbatore	4271856	19559	9544	29103	0.68
13	The Nilgiris	762141	19600	8773	28373	3.72
14	Tiruchirappalli	2418366	14383	4529	18912	0.78
15	Karur	935686	1075	375	1450	0.15
16	Perambalur	493646	2768	539	3307	0.67
17	Ariyalur	695524	7907	622	8529	1.23
18	Pudukottai	1459601	432	360	792	0.05
19	Thanjavur	2216138	1302	2339	3641	0.16
20	Nagapattinam	1488839	1618	1802	3420	0.23
21	Thiruvarur	1169474	971	1702	2673	0.23
22	Madurai	2578201	2054	3918	5972	0.23
23	Theni	1093950	1046	640	1686	0.15
24	Dindigul	1923014	3512	2972	6484	0.34
25	Ramanathapuram	1187604	396	682	1078	0.09
26	Virudhunagar	1751301	953	1404	2357	0.13
27	Sivagangai	1155356	375	708	1083	0.09
28	Tirunelveli	2723988	3202	5156	8358	0.31
29	Thoothukudi	1572273	1060	2434	3494	0.22
30	Kanyakumari	1676034	3561	1882	5443	0.32
	<b>STATE</b>	<b>62405679</b>	<b>551143</b>	<b>100178</b>	<b>651321</b>	<b>1.04</b>



### 3. IEC activities on HIV/AIDS prevention in Tribal Areas

General health status of the tribal is poor as compared to the modern society. They may suffer from some distinct health problems, not because they have some specific type of health, but because of specific placement in difficult areas and circumstances, in which they live. Because of the widely varying geo-climatic and ecological conditions, the different tribal societies depending on their uniqueness may have some specific health issues and problems of their own.

Widespread poverty, illiteracy, malnutrition, non-availability of safe drinking water and sanitary living conditions, poor maternal and child health services, ineffective coverage of national health programs and consanguineous marriages have been found to affect the health status of the tribal adversely and also responsible for some of the specific illness including genetic disorders. Unfortunately, proper health services are not available in many of the tribal areas. Understandably, the common belief, customs and practices connected with health and disease influence their choice of treatment methods. The inadequate nature of facilities in many tribal areas, lack of respect in the staff manning these facilities for the indigenous culture and further inadequate attention towards these patients is often responsible for the non-acceptance and distrust of the tribal towards the modern medicine.

The National AIDS Control Programme (NACP) Phase III aims to go beyond the high risk behavior groups covered by Targeted Interventions. This would entail extension of interventions to populations that are vulnerable to HIV such as the tribal population and socially disadvantaged sections of the population in both rural and urban areas. A rural risk/vulnerability assessment has already been carried out, and the assessment has focused and limited itself to the study of tribal population only.

The Objectives of the **Social Assessment (SA)** among tribal population are as follows:

- To undertake a comprehensive SA that documents the prevalence and risk of HIV/AIDS among tribal population,



- To understand their levels of knowledge, social and behavioural causes and consequences of HIV/AIDS (including stigma),
- To assess current strategies used for PDTC of HIV/AIDS in order to ensure appropriate programme design and implementation to reduce the spread of HIV/AIDS and improve its management.
- To provide information for pre-project stakeholder consultations and to design continuous stakeholder consultations in the programme.<sup>5</sup>

#### **4. Basic Information about Tribal Population described in Social Assessment (SA)**

The following are the salient findings of the **Social Assessment (SA) of HIV/AIDS among Tribal People in India** regarding behavioral and other practices that are relevant to the programme planners:

- Low awareness and knowledge regarding STI/HIV/AIDS except in Manipur
- Widely varying sexual practices (high level of pre-marital and extra marital sexual practices) and contact with external high risk population make them vulnerable
- Specific communication strategy designed to suit the needs and culture of the target group in local dialects would be necessary. The choice of medium for communication would also be critical.
- Folk media, Inter Personal Communication and messages through influencer groups could be main choices
- Non-availability and/or lack of access to health care facilities were one of the main factors discouraging health seeking. Trust in faith healers and non qualified private practitioners and easy accessibility made them rely on these sources for seeking treatments for illnesses. Role of such providers in referral needs to be reckoned in programme design
- Gender bias towards males for health care seeking needs to be addressed

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<sup>5</sup> NACP-III Planning Team, New Delhi / AC Nielsen / ORG-MARG, Social Assessment of HIV/AIDS among Tribal People in India- a Report, New Delhi, 2006



- Knowledge regarding STI and symptoms are low and misconceptions that exist exasperates this situation
- High level of stigma associated with STI and HIV/AIDS is a challenge that needs to be addressed
- Youth are emerging as a highly vulnerable group in these areas<sup>6</sup>

## **5. Implications of Basic Information Findings of the Social Assessment (SA)**

- The tribal population is at risk in terms of HIV and hence it is essential that interventions designed specifically to meet the requirements of the tribal population
- Communication strategies and media selection needs to be done in accordance with the findings of the media habits as outlined in the study
- The instance of high level of pre-marital and extra-marital sexual practices and sexual exploitation also makes them vulnerable and this aspect needs to be reckoned while designing interventions.
- The communication needs to address in the first stage increasing knowledge and awareness among the tribal population regarding the STI/HIV/AIDS as well as remove the myths and misconceptions existing in order to reduce stigma
- The strategy of training and using faith healers and other private practitioners in whom the tribal have faith in to motivate the population for bringing about a better health seeking behavior
- The infrastructure of health facilities need to be improved and human resources trained and posted in this geographic area to increase access and use of these facilities
- The capacity of the NGOs also needs to be built in this region to effectively implement interventions<sup>7</sup>

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<sup>6</sup> Ibid

<sup>7</sup> Ibid



## 6. Vulnerability of Tribal Population to STIs and HIV/AIDS

The Social assessment found that the tribal communities studied in the districts covered across the six study states were by and large illiterate, except in the case of Manipur. Since the tribals were mainly engaged in agriculture and gathering forest products, migration to neighboring states / areas or even far off areas for labour work, was common during lean agricultural season or for selling the forest products. Though the study villages were located in remote and difficult-to-reach areas, most were electrified but had very poor access electronic media like radio and TV. Several cultural practices are prevalent among tribals with regard to sex and marriage which are important from the perspective of the NACP. Studies have reported that tribal women are particularly vulnerable to HIV/AIDS since they commence sexual activity at an early age and or get married early. Sexual practices varied widely, sexual relationships out of wedlock were reported to be a very common phenomenon. Girls and boys staying together before marriage was a socially acceptable norm, as was pregnancy before marriage. Couples were also at liberty to divorce and remarry. Both married as well as unmarried males in the tribal assessment reported they were involved in premarital or extra marital sex. Some of the male married men also mentioned that they had sex with commercial sex workers when their wives were pregnant or when they migrated. Condoms were generally not used, as these were disliked.<sup>8</sup>

There were also other practices reported by the tribal assessment as well as other studies, which indicated tribals as being more vulnerable to STIs and HIV/AIDS. Tribal girls who are unable to fetch bride price are reportedly offered in marriage to non-tribal people like truckers, contractors, forest contractors, who often leave the girls after the sexual union. The system of dormitories which varies from tribe to tribe has also been reported to being mis-utilized as brothels. In two of the study sites, women were reported to solicit sex with truckers. The influx of tourists in some of the sites and the presence of defence personnel in others, were also reported to result in tribal women/girls entering the commercial sexual activities. A study instituted by Population Council in one of the study areas observed that 11 percent of

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<sup>8</sup> Ibid





the CSWs and 5 percent of MSMs belonged to tribal communities. Thus, these sexual networking patterns along with their migratory practices and consequent exposure to the urban milieu provide evidence that tribals could be more vulnerable to STIs and HIV/AIDS.<sup>9</sup>

The social assessment findings and the vulnerability of tribal population to STIs and HIV/AIDS are very much evident that the tribal populations are in vulnerable situation. Thus IEC activities on HIV/AIDS prevention in tribal populations of Coimbatore & The Nilgiris district, Tamil Nadu is proposed as pilot basis to mitigate the vulnerability. Successful completion of the proposed activities may lead to the repeated exercise in all the tribal areas of Tamil Nadu in the future.

## **7. Objectives of the IEC activities in tribal populations of Coimbatore & The Nilgiris district, Tamil Nadu**

The objectives of IEC activities in the tribal villages in Coimbatore district of Tamil Nadu through folk arts /street theatre, posters, flip charts and films to tribal populations are follows:

- Awareness creation about risks and the need for behaviour change among the tribal population, especially youth and women
- Demand generation and facilitate an increase in utilization of HIV/AIDS related health services by providing details of the services and its locations
- IEC materials like posters and flip charts used among the target community to create awareness through Interpersonal Communication (IPC)
- Films containing awareness messages screened in the villages of tribal population
- Pamphlet containing the information on various services like counselling, testing, condoms, treatment and care for sexually transmitted infections distributed among the target community
- Condom demonstration and distribution among the target community
- Organise exhibitions with information display booths of posters, banners, leaflets and brochures

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<sup>9</sup> Ibid



## **8. Specific activities undertaken**

The specific activities undertaken in the IEC on HIV/AIDS prevention are as follows:

- IEC activities on HIV/AIDS prevention are proposed to undertake among the tribal population only.
- Tribal population was given awareness on various HIV/AIDS prevention methods, on self-risk perception, the need to use condoms and availability of different services like counselling, testing, condoms, treatment and care for sexually transmitted infections through Interpersonal Communication (IPC)
- Awareness activities were undertaken through folk arts / street theatre to tribal population especially among youth and woman.
- In addition materials to be used in IPC, like posters, leaflets, flipcharts, games and films was utilized among the target groups for better understanding.
- Condom demonstrations was conducted
- Condoms were distributed among the target community.
- Exhibitions were organised in specific tribal villages. The information display booths of posters, banners, leaflets and brochures.
- Adequate IEC materials was displayed and disseminated during each exhibition.
- Film shows containing awareness information on HIV/AIDS prevention and availability of services was organised in villages

All the above mentioned activities are undertaken in 20 villages spread across the tribal areas in Coimbatore and Nilgiris districts of Tamil Nadu. The duration of the activities was completed in 4 weeks time.

## **9. Main Outcomes of the IEC activities**

Main Outcomes of the IEC activities are as follows:

The main objectives of the IEC activities are

- Awareness of safe sex and need to use condoms
- Behaviour change towards healthier and safer sexual practices

Messages covered during the IEC activities are



- Use condoms correctly and consistently with regular and non-regular Partners
- Be faithful to regular partner
- Ensure regular check ups for STIs
- Apt for complete STI treatment
- Get yourself tested for HIV

Outcomes expected based on the IEC activities are

- Awareness about HIV/AIDS
- Behaviour change
- Awareness of STIs
- Greater utilization of services

## **10. Profile of the Project Implementation areas and Target Communities**

Originally Coimbatore district formed part of the Kongu country, the history of which dates back to the Sangam age. It is found that in early days the area was inhabited by tribes, the most predominant among them being the Kosars who are reported to have had their headquarters at Kosampathur which probably later became the present Coimbatore. However, tribal predominance did not last long as they were over-run by the Rashtra Kutas. From Rashtrakutas the region fell into the hands of the Cholas who were in prominence at the time of Raja Raja Chola. On the decline of Cholas the Kongu territory was occupied by the Chalukyas and then by the Pandyas and the cysalas. Due to internal strife in the Pandyan kingdom the Muslim rulers from Delhi happened to interfere. Thus the area fell into the hands of Madurai Sultanate from whom the Vijayanagar rulers wrestled for the region during 1377-78 after overthrowing the Madurai Sultanate. For a few years the area remained under independent control of Madurai Nayaks.

During the period of Muthu Veerappa Nayak and later during the period of Tirumal Nayak internal strife and intermittent wars ruined the kingdom. As a consequence during the period of Tirumal Nayak, the Kongu region fell into the hands of the Mysore rulers from whom hyder Ali took over the area. However, consequent on the fall of Tippu Sultan of Mysore in 1799, the Kongu region came to be ceded to the East India Company by the Maharaja of Mysore who was restored to power by the East India Company after defeating Tippu Sultan. From then till 1947 when India attained



Independence, the region remained under British control who initiated systematic revenue administration in the area.

To begin with, Coimbatore was in two parts for purposes of revenue administration. In 1804, the areas were merged into one and brought under one District Collector. In 1868, the Nilgiris District was bifurcated from the Coimbatore District. At the opening of the present century there were ten taluks in the district viz., Bhavani, Coimbatore, Dharapuram, Erode, Karur, Kollegal, Palladam, Pollachi, Satyamangalam and Udumalaipettai. The name of Satyamangalam taluk was subsequently changed as Gopichettipalaiyam. Avinashi taluk was formed in the year Karur taluk happened to be transferred to Tiruchirappalli district. In 1927, some villages of Bhavani taluk together with a few villages from Salem district were constituted into Mettur Area but very soon i.e. in 1929, this area was transferred to Salem district. Again in the year 1956 considerable area of the district, viz., the whole of Kollegal taluk was transferred to Mysore State as part of the States Re-organisation Scheme. In 1975, Satyamangalam sub-taluk was upgraded as a full fledged taluk. Again in 1979, Perundurai sub-taluk of Erode and Mettuppalaiyam sub-taluk of Avinashi were also upgraded into independent taluks. Thus the total number of taluks in the district came to twelve. This, however, did not last long. In the same year (1979) six taluks were bifurcated from the district to constitute a new district viz., Erode. Under G.O. Ms. No. 1917 Revenue dt. 31-8-79, the following six taluks were bifurcated from the then Coimbatore district to form Erode district. Bhavani, Gopichettipalaiyam, Satyamangalam, Erode, Perundurai and Dharapuram. This bifurcation considerably reduced the size of the district. It has only nine taluks now, viz. Pollachi, Coimbatore (North), Avinashi, Palladam, Udumalpettai, Tirupur, Valparai, Coimbatore (South) and Mettuppalayam. As per G.O. Ms. No. 617, 618 Revenue dt 24.10.2008, the four taluks from Coimbatore District (i.e. Tiruppur, Udumalpet, Palladam and Avinashi (Part)) and three taluks from Erode districts (i.e. Dharapuram, Kangeyam and Perundurai (Part)) were bifurcated and formed as Tiruppur District.

The third largest city of the state, Coimbatore, is one of the most industrialized cities in Tamil Nadu, known as the textile capital of South India or the Manchester of the South, the city is situated on the banks of the river Noyyal, Coimbatore existed even prior to the 2nd or 3rd century AD by Karikalan, the first of the early Cholas. Among its other great rulers were Rashtrakutas, Chalukyas, Pandyas, Hoysalas and the Vijayanagara kings. When Kongunadu fell to the British along with the rest of the state, its name was changed to Coimbatore and it is by this name that it is known today, except in Tamil, in which it is called Kovai.

In the rain shadow region of the Western Ghats, Coimbatore enjoys a very pleasant



climate all the year round, aided by the fresh breeze that flows through the 25 kms long Palakkad gap. The rich black soil of the region has contributed to Coimbatore's flourishing agriculture industry and, it is in fact the successful growth of cotton that served as a foundation for the establishment of its famous textile industry. The first textile mills came as far back as 1888 but there are now over a hundred mills. The result has been a strong economy and a reputation as one of the greatest industrial cities in South India. There are more than 25,000 small, medium, large sale industries and textile mill. Coimbatore is also famous for the manufacture of motor pump sets and varied engineering goods. The development of Hydro electricity from the Pykara Falls in the 1930 led to a cotton boom in Coimbatore.

Coimbatore serves as an entry and exit point to neighbouring Kerala and the ever popular hill station of Udhagamandalam (Ooty). Coimbatore district is one of the districts in Tamil Nadu is divided into two Revenue Divisions and six Taluks consisting of 295 Revenue villages. Out of two Revenue Divisions, Coimbatore Division is industrially developed, Pollachi is predominantly agriculture.

Details of Revenue Divisions, Taluks, Firkas and Revenue Villages:

Sl. No	Revenue Division	No. of Taluks	No. of Zones	No. of Firkas	No. of Revenue Villages
1.	Coimbatore	4	7	21	163
2.	Pollachi	2	3	12	132
	Total	6	10	33	295

Details of Local Bodies:

The detailed account regarding the number of the local bodies is furnished below:

Sl. No	Classification of Municipal and Local Bodies	Number
1.	Corporation	1
2.	Municipalities	6
3.	Blocks	12
4.	Town Panchayats	44
5.	Panchayat Villages	229



The Nilgiris, because of its natural charm and pleasant climate, was a place of Special attraction for the Europeans. In 1818, Mr. Whish and Kindersley, who were assistants to the Collector of Coimbatore, discovered the place Kotagiri near Rengaswamy peak. John Sullivan, the then Collector of Coimbatore was greatly interested in this part of the country. He established his residence there and reported to the Board of Revenue on 31st July 1819. The Name 'Nilgiris' means Blue hills (Neelam – Blue and giri – Hill or Mountain) the first mention of this name has been found in the Silappadikaram. There is a belief that the people living in the plains at the foot of the hills, should have given the name, the Nilgiris, in view of the violet blossoms of 'kurinji' flower enveloping the hill ranges periodically. The earliest reference to the political history of the Nilgiris, according to W.Francies relates to the Ganga Dynasty of Mysore. Immediately after the Nilgiris was ceded to the British in 1789, it became a part of Coimbatore district. In August 1868 the Nilgiris was separated from the Coimbatore District. James Wilkinson Breeks took over the administration of the Nilgiris as its Commissioner. In February 1882, the Nilgiris was made a district and a Collector was appointed in the place of the Commissioner. The Nilgiris is situated at an elevation of 900 to 2636 meters above MSL. Its latitudinal and longitudinal dimensions being 130 KM (Latitude : 10 - 38 WP 11-49N) by 185 KM (Longitude : 76.0 E to 77.15 E). The Nilgiris is bounded on North by Karnataka State on the West by Coimbatore District, Erode District, South by Coimbatore District and Kerala State and as the East by Kerala State.

The District has an area of 2452.50 sq.km. As per 2001 census the population of this district is as follows

	Total Population	Male Population	Female Population	Sex Ratio	Area	Density
Total	762141	378351	383790	1014	1806.16	421.97
Rural	307532	151874	155658	1025	742.84	413.99
Urban	454609	226477	228132	1007	2549.00	178.35

The Nilgiris District Comprises of six taluks viz Udthagamandalam, Kundah, Coonoor, Kotagiri, Gudalur and Pandalur. These taluks are divided in to four Panchayat Unions viz., Udthagamandalam, Coonoor, Kotagiri and Gudalur besides two Municipalities, Wellington Contonment and Aruvankadu Township. The District consists of 56 Revenue Villages and 15 Revenue Firkas. There are two Revenue Divisions in this district viz., Coonoor and Gudalur. There are 35 Village Panchayat and 13 Town Panchayat in this District.



Name of the Revenue Division	Name of the Taluk	No. of Revenue Firkas	No. of Revenue Villages	Town Panchayat		Village Panchayats
Coonoor	Udhagai	3	13	Udhagai	4	13
	Kundah	2	7			
	Coonoor	3	9	Coonoor	4	6
	Kotagiri	3	15	Kotagiri	1	11
Gudalur	Gudalur	2	8	Gudalur	4	5
	Pandalur	2	4			

The Toda are known by several names like Tudas, Tudavans, and Todar. They are found only in Nilgiri district. The Government of India has identified the Toda as one of the six Primitive Tribal groups of Tamil Nadu. The Kothas, live in Seven settlements, generally known as Kotagiri or Kokkal. They are village artisans, who are good in carpentry, black smithy and pottery. But only a few families are engaged in these skills as a means of living. Most others are engaged in cultivation. Happily, most of the Kota families in all the settlement have their own patta land. Unlike Todas, they do not shy away from personal cultivation and are generally hard working people. In the field of education also they have stolen a march over other tribal communities. Today, many of them are working in the Government and non Governmental departments. The traditional occupation of the Kurumbas is food gathering, like collection of honey and forests produce. They are also cultivating millets like ragi and samai on a small scale of mainly on hill slopes and mountain ridges. Honey fetches considerable remuneration for the Kurumbas. Now, they are mainly engaged in agriculture and those who do not own lands work as casual agricultural laborers. The Kurumbas are hard working people, but the economic condition of the Kurumbas is very poor.

Irulas with a few subsects among them are living in Masinagudi area, and in parts of Kotagiri and Coonoor Taluks. They are generally engaged in Collection of minor forest products. This is a seasonal operation and they work as casual agricultural laborers on local estates. Some of them are also engaged in looking after the herds of cattle belonging to others. Some are engaged in agriculture in the patta lands, conditionally assigned to them, where they have raised tea, coffee, jack trees, guava etc. The general economic condition of these tribes is poor. The Mullukurumbas of Gudalur are a District group and are believed to belong to a pre agricultural



tribe, since they still use bow and arrow for occasional hunting. They live in nine settlements in Erumad area and Cherangodu village. They are mainly agricultural labourers. They are hard working people but their economic condition is poor.

Paniyas (which literally means "workers" in local usage) are found Gudalur taluk and many more in Kerala. Paniyas were found to be coming under a subtle form of bonded labour. They were released from bondage and a few have been since rehabilitated in various schemes. They are scattered throughout Gudalur Taluk and are one of the most backward tribal communities. Under an age old system, most of the Paniyas were working under local land owners for low wages with little and no liberty to work for others for competitive wages. After Independence, however, the majority of the Paniyas broke away from their masters and started working as casual agricultural laborers, bamboo cutters and estate laborers. The Paniyas, by and large, live in poverty irrespective of whether they are bonded or not. During 1976, 481 Paniyas in 252 families were freed from bonded labour and they have been rehabilitated in the Paniya Welfare Land colonization Co-operative society and other schemes.

Kattunaikans tribal community is also found only in Gudalur Taluk, they are like Paniyas, farm labourers and their condition is no better than, of Paniyas.

S.No.	Name of the Tribes	Name of the Block	Population as on
1	Kurumbas.	Udhagamandalam	295
		Coonoor	860
		Kothagiri	740
		Gudalur	3180
2	Irulas	Udhagamandalam	1809
		Coonoor	1180
		Kothagiri	6120
		Gudalur	610
3	Paniyas	Udhagamandalam	Nil
		Coonoor	Nil
		Kothagiri	Nil
		Gudalur	7460
4	Todas	Udhagamandalam	850
		Coonoor	46
		Kothagiri	105





		Gudalur	Nil
5	Kothar	Udhagamandalam Coonoor Kothagiri Gudalur	1158 300 580 34
6	Kattunaikkar.	Udhagamandalam Coonoor Kothagiri Gudalur	Nil Nil Nil 410

The IEC on HIV/AIDS prevention activities was undertaken in 20 villages spread across the tribal areas in Coimbatore and Nilgiris districts of Tamil Nadu.

**List of tribal villages covered in the IEC activities on HIV/AIDS prevention**

Sl.No	Tribal Village Name	Panchayat	Block	District
1	Anaikatti	24 Veerapandi	Periyanaikanpalayam	Coimbatore
2	Kondanur	24 Veerapandi	Periyanaikanpalayam	Coimbatore
3	Kondanur Pudur	24 Veerapandi	Periyanaikanpalayam	Coimbatore
4	Muttukadu	24 Veerapandi	Periyanaikanpalayam	Coimbatore
5	Vadakkalur	24 Veerapandi	Periyanaikanpalayam	Coimbatore
6	Thekkalur	24 Veerapandi	Periyanaikanpalayam	Coimbatore
7	Thuvaipathy	24 Veerapandi	Periyanaikanpalayam	Coimbatore
8	Alamamedu	24 Veerapandi	Periyanaikanpalayam	Coimbatore
9	Kandivali	24 Veerapandi	Periyanaikanpalayam	Coimbatore
10	Panappalli	24 Veerapandi	Periyanaikanpalayam	Coimbatore
11	Karikkaiyur	Solurmattam	Kothagiri	The Nilgiris
12	Kothimookku	Solurmattam	Kothagiri	The Nilgiris
13	Kunjapanai	Kunjapanai	Kothagiri	The Nilgiris
14	Kolikkarai	Kunjapanai	Kothagiri	The Nilgiris



15	Kadasolai	Kadasolai	Kothagiri	The Nilgiris
16	Solurmattam	Solurmattam	Kothagiri	The Nilgiris
17	Jammanarai	Thenadu	Kothagiri	The Nilgiris
18	Kengarai	Solurmattam	Kothagiri	The Nilgiris
19	Sullikadu	Kodanadu	Kothagiri	The Nilgiris
20	Aravenu	Aravenu	Kothagiri	The Nilgiris

Through this IEC activities intervention we have covered only very minimal population. But there is an important need to create awareness among the entire tribal population in Coimbatore and The Nilgiris districts in future.

### 11. Map of the Target Area





## 12. Activities undertaken and Duration of the programme

Activities		Duration											
		1 <sup>st</sup> Week			2 <sup>nd</sup> Week			3 <sup>rd</sup> Week			4 <sup>th</sup> Week		
1	Project Implementation plan & Selection of Villages	✓	✓										
2	Folk arts / Street theatre Play development	✓	✓										
3	Play Rehearsals & Finalisation	✓	✓										
4	Community Mobilisation			✓	✓	✓	✓	✓	✓	✓	✓	✓	
5	Folk arts / Street theatre Programmes & Exhibitions			✓	✓	✓	✓	✓	✓	✓	✓	✓	
6	IPC & IEC materials distribution			✓	✓	✓	✓	✓	✓	✓	✓	✓	
7	Condom Demonstration			✓	✓	✓	✓	✓	✓	✓	✓	✓	
8	Free condoms distribution			✓	✓	✓	✓	✓	✓	✓	✓	✓	
9	Awareness film shows			✓	✓	✓	✓	✓	✓	✓	✓	✓	
10	Distribution of pamphlet on various services			✓	✓	✓	✓	✓	✓	✓	✓	✓	
11	IEC Activities completion report												✓



### **13. Specific activities undertaken**

- Concept finalization with selection of specific IEC topics, rehearsals was undertaken and concept of the street theatre was finalized.
- Resource persons were utilized for the technical inputs of the awareness messages on HIV/AIDS prevention and the street theatre concept
- To undertake IPC activities the staffs were trained with the help of resource persons
- Concept finalization with selection of specific IEC topics was finalized with inputs from resource person who has expertise in IEC activities
- Different make up material for 8 artists for 20 programmes were purchased
- One time purchase of dress material for the folk arts / street play
- A vehicle was hired and utilized for transporting the cultural team, Exhibition, IEC materials, PA system and LCD projector
- LCD Projector was hired to screen the awareness films in the field areas
- PA system was hired to conduct the programmes effectively
- IEC materials was printed and supplied to the target populations
- Selected programmes was video-graphed and photos were taken for the documentation purpose
- Project coordinator was travelled to all the places and coordinated the whole activities

### **14. Constraints faced during implementation**

- Accessibility is a major problem in all the tribal villages. Since it is a hilly terrain reaching the interior places for awareness generation was difficult task
- Community Mobilisation – Mobilizing the target tribal population only possible during late evenings and in some places only during night it is possible
- Electricity though it is available the interruption happened always
- Chillness is another problem for the awareness and cultural team since most of them are from plains
- Public transportation is not available to the interior villages. A vehicle was organised to transport the team and the materials to all the tribal villages
- Developing a script for the tribal orientation was a difficult task. NGOs, local leaders, SHG members and local people assisted during the script development



## **15. Implementation Period**

The IEC activities among the tribal population in the Coimbatore and The Nilgiris districts was implemented during January and February 2010. The HIV/AIDS awareness programmes were implemented in 10 tribal villages in Coimbatore and 10 tribal villages in The Nilgiris districts during 18<sup>th</sup> January 2010 to 8<sup>th</sup> February 2010.

## **16. Human resources involved**

There are different kinds of human resources utilized for the awareness creation activities in the tribal areas of Coimbatore and The Nilgiris districts. The different human resources are as follows: HIV/AIDS resource persons, street theatre experts, NGO workers, HIV Positive network members, theatre artists, field workers, Adivasi association members, SHG leaders, community members and elected representatives in the respective areas.

The artists are pooled from Seeds Theatre Group. They were trained by the Street Theatre specialist Mr. P.Muthusamy intensively on various aspects of IEC activities with relevance to the tribal communities. The entire team was given technical assistance by Social Development Consultant and HIV/AIDS resource person Dr.Raghavan Vasudevan during the entire process of implementation. The IPC team was also trained by Dr.Raghavan Vasudevan. The project Co-ordinator Mr.S.Kathiresan effectively handled the community mobilisation and coordination activities in all the programmes areas with the support of HIV Positive network members, NGO leaders, Elected Representatives, Panchayat leaders, Ward members, counsellors, SHG members, Tribal Association members and local community members.

Mr.Soundarapandian MLA, Coonoor Constituency actively participated in the awareness programme organised in one of the very interior tribal village viz. Sullikadu, Kodanadu Panchayat, Kothagiri. For the same programme Mr.N.K.Perumal, Managing Trustee, RDO Trust & Director, TNVRC, TNCDW gave an effective talk on the importance of HIV/AIDS prevention activities in Tribal areas. Mr.Veerappan, Secretary, Nilgiri Mavatta Adivasi Samooga Munnetra Sangam helped us lot on selecting the needy locations for the IEC activities and participated in the programmes. He also briefed about the prevention methods to the participants.

Mrs.Santhi, Secretary, Nilgiri Positive People Network, oriented the participants on prevention aspects and positive living. She also stressed the need for STI /HIV/AIDS prevention among tribal communities. Mrs.Gandhimathi, President, Nilgiri Mavatta Adivasi Samooga Munnetra Sangam attended programmes organised in the Kothagiri area and mingled with the Awareness creation team for the effective reach of the programme.



Bro.K.S Xavier, Founder president of Children Service Centre, Kothagiri, involved in all the activities in The Nilgiris district programmes including logistics and community mobilisation in out of reach areas. Mr.Nataraj, President, 24 Veerapandi Panchayat inaugurated few of the programmes implemented in Anaikatti region of Coimbatore district. Mr.Murugavel, Adivasi Welfare association, Anaikatti, Coimbatore actively involved in all the programmes in the tribal areas of Coimbatore region. Mr Ravichandran, Star Network Cable, covered the videos of the selected programme and photographed the entire activity. In all the tribal villages the members and the counsellors involvement is overwhelming for the effective implementation of the IEC activities.

### **17. Some of the Feed Backs from the participants**

- **“First time such an awareness campaign in my village. Very fantastic incident”** – Mr. Senthil Natarajan, 24, Veerapandi
- **“Very simple and lucid way of awareness creation”** – Ms.Vaidehi, Anaikatti
- **“I understand the ways to prevent AIDS”** – Ms.Kalamani, Thekkalur
- **“It is an eye opener for our village people since most of them unmoved from the tribal areas”** – Mr.Manikandan, Vadakkalur
- **“Thank you very much for such a wonderful awareness programme on HIV/AIDS in tribal areas. Thanks to TANSACS and COODU, Kovai”** – Mr.Maruthan, Kallukadu
- **“This programmes definitely created awareness on HIV/AIDS prevention among tribal communities. There is no second thought on it. The street theatre team’s activity is very good and easy to reach common man”** – Mr.Suresh, Anaikatti
- **“I had lots of doubts about AIDS. Now I am Clear after this programme ”** – Mr.Kumar, Kondanurpudur
- **“Now I learnt to prevent me from AIDS”** – Ms.Pooni, Panappalli
- **“Our villagers and students understood well about AIDS”**- Ms.Mallika, Kadasolai
- **“I can able to tell others on prevention methods and the availability of services”** – Mr.Pandian, Aravenu
- **“Nirodh.....Aanurai.....I have seen it first time. I will use it correctly when it is needed for me”** – a Participant (Requested not to mention name)
- **“After this programme now I know where to go for STD treatment and HIV testing”** – Mr.Ravi, Kengarai, Kothagiri



18. Photographs of the IEC Activities















