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CHILDREN AND WOMEN WITH HIV: A STUDY ON ROLE OF TRADITIONAL MEDIA PUPPETRY IN CREATING AWARENESS IN VISAKHAPATNAM DISTRICT, ANDHRA PRADESH

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Introduction

This paper focused on the children and women who are increasingly becoming vulnerable to HIV/AIDS. The new statistics conclude that 38% of the infected persons in India are women. This indicates the increasing feminization of HIV/AIDS in India. This alarming trend is being observed closely as more HIV positive mothers will unknowingly pass the virus on to their children. At this point, the paper stressed the importance of the media channels especially Traditional Media Puppetry to play a pivotal role in reducing the social problem HIV/AIDS in rural India. It also brought some facts about the role played by the 'Puppet shows' in creating awareness in Visakhapatnam District. The researcher conducted about 70 puppet shows in Visakhapatnam rural and city slums with the help of his NGO MISPA (Mission for integration Service Peace and Awareness Society) since 2005. The puppet shows part-take in Government Programmes ASHAI, and ASHAII. The study was conducted during the middle of 2010.

AIDS is a disease of ignorance and intolerance, as well as a biological illness (Arvind and Vasanti, 2006). Its impact on women and children is devastating. Thirty years since the first reported cases of Acquired Immuno Deficiency Syndrome (AIDS) in 1981, the response to the HIV/AIDS epidemic has been unprecedented, especially in terms of local, national and global initiatives. According to WHO/UNAIDS/UNICEF (2011), more than 1,000 children are newly infected with HIV every day, and of these more than half will die as a result of AIDS because of a lack of access to HIV treatment. In addition, millions more children every year are indirectly affected by the epidemic as a result of the death and suffering caused in their families and communities.

Startling Facts

The figures below show the number of children (defined by UNAIDS as under-15s) directly affected by HIV and AIDS:

- At the end of 2010, there were 3.4 million children living with HIV around the world.
- An estimated 3, 90,000 children became newly infected with HIV in 2010.
- Of the 1.8 million people who died of AIDS during 2010, one in seven were

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children.

- · Every hour, around 30 children die as a result of AIDS.
- There are more than 16 million children under the age of 18 who have lost one or both parents to AIDS.
- Most children living with HIV/AIDS— almost 9 in 10 live in sub-Sahara Africa, the region of the world where AIDS has taken its greatest toll.

In countries with an HIV prevalence of above 5 percent, child mortality rates have not fallen in line with global trends. This is most probably due to the high risk of mortality associated with untreated HIV infection in young children.

The effects of the HIV/AIDS epidemic on children are manifold: hundreds of thousands of children every year are infected with HIV, most are left undiagnosed, do not access treatment and die very young. Those who are not infected may live in families and communities where AIDS reduces the productivity of their households and aggravates poverty. Only a combination of factors can improve the situation. These include greater access to the drugs that can prevent mother to child transmission, appropriate testing, efficient linkages to care and treatment, and support for the families and communities that provide the material, social, and emotional foundation for a child's development.

In Asia

According to Samlee (2011), WHO Regional Director of South-East Asia, the estimated number of children living with HIV has increased by 46 per cent during 2001-2009. Of the 448 million cases of sexually transmitted infections that occur globally, 71 million are in South-East Asia. Due to low coverage of the prevention of mother-to-child transmission (PMTCT) programme in the south-East Asia region, a large number of babies born to HIV-positive mothers acquire the HIV infection in the womb. Five countries – India, Indonesia, Myanmar, Nepal and Thailand – account for a majority of the disease burden. According to the UNAIDS report 2011, drafted jointly with the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO), India houses half of Asia's HIV patients and is way ahead of China in disease burden.

In India

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In India, HIV is one of the two largest and growing causes of death. The first case of HIV/AIDS was reported in India in Tamil Nadu in 1986. Since then the virus has spread in all over the states from the high-risk groups to the general population very fast. It also finds a place in the list of 22 countries prioritized for preventing mother to child transmission infection.

India has an estimated 2, 20,000 children infected by HIV/AIDS. It is estimated that 55,000 to 60,000 children are born every year to mothers who are HIV positive.

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Without treatment, these newborns stand an estimated 30% chance of becoming infected during the mother's pregnancy, labor or through breastfeeding after six months. There is effective treatment available, but this is not reaching all women and children who need it.

At the end of 2009, India is home to 2.3 million HIV positive people, the most in any country, after South Africa and Nigeria. The number of HIV positive people in the country has declined by 4 lakh over last five years and new infections are down by at least 1 lakh per year (The Week, 2009). Whereas at the end of 2003, India's national adult prevalence rate of less than 1% masks an estimated 5.1 million people living with HIV, the second highest figure in the world after South Africa (NACO Data, 2003). Generating awareness about AIDS transmission and prevention to adult and young people was the basic reason for decline. According to the United Nations (2011) AIDS report, there has been a 50 per cent decline in the number of new HIV infections in the last 10 years in India.

Population mobility or migration of labor is a key factor in the rapid spread of HIV in India. The country's well developed network of roads and railways has facilitated a massive movement of individuals from rural to urban areas in search of job. In most cases they are single or living apart from their wives and account for much of the clientele of 'red light' areas.

Low literacy levels leading to low awareness, gender disparities, prevalence of sexually transmitted diseases and reproductive tract infections are some of the other factors attributed to the spread of HIV/AIDS Rajkumar, (2006).

In Andhra Pradesh

According to the National AIDS Control Society (NACO-2009) nearly 26 lakh people in India are HIV/AIDS infected and 22 per cent of them are in Andhra Pradesh alone. What is startling is that 60 per cent of those who are living with the disease are young adults aged 18-40 years. Andhra Pradesh is one of the six highest HIV-prevalence states (Maharashtra, Andhra Pradesh, Karnataka, Nagaland, Manipur, and Tamil Nadu) are high prevalence states in India, with an estimated prevalence of 0.97 percent. Andhra Pradesh State AIDS Control Society (APSACS), estimates that more than 90 per cent of the HIV infections occur through unprotected sex with an HIV infected partner. Among most at risk population is 9.74 per cent among female sex workers, 17.04 per cent among men who have sex with men and 3.71 per cent among infecting drug users (DC, 2009). The observations made in different parts of the country are clearly pointer to the fact that the AIDS epidemic is fairly advanced stage in Andhra Pradesh. Due to the absence of a preventive vaccine or curative drug, prevention through health education is the only cure.

In Visakhapartnam

Visakhapatnam Di

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strict AIDS Control Office revealed the fact that 'the incidence of HIV is showing a downward trend in the district of Visakhapatnam in Andhra Pradesh due to awareness among people including those living in agency tracts and among the female sex workers who began using female condoms. But the stigma attached to the dreaded disease is yet to wither away. The incidence was high among the commercial sex workers followed by homosexuals and intravenous drug users' (DC, 2009). The following data presented in table 1, table 2 and table 3, show decline of HIV in Visakhapatnam district in Andhra Pradesh from the year 2002 to 2009.

HIV positive people among those screened in Visakhapatnam District from the year 2002-03 to 2008-09

Table 1

A BOOK A		
Year	HIV positive	Deference
	Per cent	Increase/Decrease
2002-03	16.90	-
2003-04	16.00	0.9% Decreased
2004-05	18.70	2.7% Increased
2005-06	19.10	0.4% Increased
2006-07	13.00	6.1% Decreased
2007-08	11.45	1.55% Decreased
2008-09	09.00	2.45% Decreased

Deaths of HIV positive people in Visakhapatnam district from the year 2002-03 to 2008-09

Table 2

HIV Deaths	Deference		
Per cent	Increase/Decrease		
31	-		
54	23% Increased		
27	27% Decreased		
48	21% Increased		
84	36% Increased		
135	51% Increased		
116	19% Decreased		
	Per cent 31 54 27 48 84 135		

Incidents among the pregnant women in Visakhapatnam district between the year 2007-08 to 2008-09

Source: District AIDS Control Office, Visakhapatnam.

Advocacy Media and Communication

Communication and advocacy on HIV/AIDS are essential to break the silence and contain the spread of the decease. To achieve this, UNICEF works on two levels: (1) Promote HIV/AIDS awareness among young people and empower them to take action to fight against HIV/AIDS. (2) Influence the policy-makers and key stakeholders at national, state and district levels to influence the policy, promote multi-sectoral response and increase government resources to fight against HIV/AIDS.

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Though we are living in electronic and digital media world, traditional media is the best media in creating awareness among Indian rural masses. We have a rich source of traditional media, which primarily provide entertainment, but if awareness themes are carefully blended with their messages, the media can really accelerate knowledge. This has been the experience all over the third World. Studies show that folk traditions are uniformly popular regardless of the educational, social, and financial standing of the any community. Richard Pischel an European scholar said that India is the birth place of puppetry. It is as old as civilization. Traditional media is an indigenous, versatile, home grown and widely accepted media in rural India.

Puppetry, a folk media as an entertainment – awareness strategy

Folk media channels are powerful tools of communication which play a crucial role in the dissemination of information in the rural areas catalyzing socio-economic development (Khurana and Kaur 1996). Puppetry is believed to be the oldest form of popular folk theatre in India. In olden days, kings used puppeteers as their media men. For instance, Rajasthani puppeteers used to go to different villages and presented puppet plays about their kings (CCRT 2004).

The puppet is an inanimate object, which is manipulated by human beings to give an appearance of life in front of an audience. The word 'puppet' comes from the French word 'poupee' or latin word 'pupa' both meaning dolls and 'et' meaning small. So puppet means 'small doll'. In Sanskrit, puppets are termed 'putraka', 'puttalika' all of which are derived from the word 'putra' means son.

According to historians puppets are as old as civilization. Terracotta bull with a detachable head and manipulated by a string was found in Harappa and Mohenjo-Daro, dating back to 2,500 BC. *Natya Shastra* by Bharata around 2nd century mentions the word *Sutradhar* (who manipulate the puppet with strings) as a stage manager, holding the strings of dramatic performance. *Therigatha*, a Buddhist treatise of great antiquity, contains a clear reference to puppet theatre. Primitive people in Africa and Australia used moving figurines in religious observance. Excavations in ancient Rome revealed dolls with holes on top of the head, made for passing wire. Ancient Greece had philosophers like Socrates and Aristotle who occupied themselves with marionettes (string puppets). China has a long history of puppets and is said to be the home of shadow puppetry. Puppetry has a hoary tradition in Vietnam and Indonesia. Rod and string puppets on one side and water puppets on the other were prevalent in Vietnam since 12th century AD. Indonesian shadow puppets were well established in 1000 AD (Sampa Ghosh, 2005).

A national committee in its report on communication media in India said "From the point of view of its greatest appeal to the masses and its quality of touching the deepest emotions of the illiterate millions the medium of song and drama is matchless (Vidyalankar 1964, p. 35). India as a homeland of puppetry has all type of traditional puppets and it comes from all communities and religions. The art of puppetry was

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popular both as pure entertainment and as an educational medium. It is an inexpensive activity. The puppet play can impart lessons on health, literacy, agriculture, homemaking, education, employment, rural youth activities, recreation etc. Puppets can make an impact, if properly used with the active participation of local people and dialect. The faces and dress are all fashioned after the local customs. It is one of the important traditional media for communicating technology and information to the adults and farmers in the villages.

The puppets are basically of four forms- Glove puppet, Rod puppet, String puppet, and shadow puppet. Glove puppets are still found in Kerala, West Bengal, Orissa and Uttar Pradesh and generally performed in open air. In UP, glove puppet plays usually present social themes whereas in Orissa such plays are based on stories of Radha and Krishna. Shadow puppets are seen in Andhra Pradesh, Karnataka, Kerala, Tamil Nadu, Maharastra and Orissa. The string puppets are prevalent in Rajasthan, Karnataka, West Bengal, Assam, Tripura and Manipur etc. Rod puppets are seen in West Bengal and Orissa and Bihar today. Traditional string puppeteers of *Koyya Bommalata* (play with wooden dolls) and shadow puppeteers of *Tholu Bommalata* (play with animal skin dolls) of Andhra Pradesh go to villages for putting up shows of entertainment and mythological events (CCRT, 2004).

Research questions

Basing upon the previous sections, the present study on role of puppetry in creating awareness was guided by three research questions.

- 1. How did the viewers of puppetry receive the content?
- 2. What was the level of perception of the audience towards puppetry comparatively in rural and urban localities?
- 3. How did the people understand the language used in puppetry?

Method

The research expectation for the present study aims at measuring the effectiveness of the media puppetry in terms of its awareness impact on the target audience. For this, a Quasi-Experimental study was used. A message was given through puppetry to the audience and given time for interaction. Then the response of the people was collected through a questionnaire and assessed.

Background for the study

Central Board for Workers Education (CBWE) a central government agency and Mission for Integration Service Peace and Awareness (MISPA) a local non-governmental organization founded by the author were jointly arranged two-day awareness programme in two areas, one in village and another in urban areas for the adults aged between 15-35 years. Vellanki village in anandapuram mandal and Pithapuram colony in Visakhapatnam city were selected for the study in Visakhapatnam

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district. As the main theme of the programme is creating awareness on AIDS through puppetry, level of perception and observation of the programme were the criterion measure. Awareness on health, sanitation, education, Government schemes and quality of life were additional things taught by the resource persons during these two days. Each participant has given seventy rupees per day (for two days-one fifty rupees) by the educational officer of CBWE, Visakhapatnam region. Table 4 shows the design of the present research study conducted in rural and urban area of Visakhapatnam district Andhra Pradesh.

Design of the study

Table 4

Area	Mandal/City	Village/Coloy	Sample Total=80	Media	Criterion Measure
Rural	Anandapuram Mandal	Vellanki Village	40	Puppetry	Perception and Observation
Urban	Visakhapatnam City	Pithapuram Colony	40	Puppetry	Perception and Observation

Puppetry in present study

Two puppeteers have participated with four glow puppets in this study. First one is male doll (husband) and second one is female doll (wife) third one is male doll (doctor) and fourth one is ugly creature doll (AIDS virus). Glove puppets are also known as sleeve, hand or palm puppets. The head is made of papier mache, cloth with two hands emerging from just below the neck. The rest of the figure consists of a long flowing skirt. These puppets are like limp dolls, but in the hands of an able puppeteer, are capable of producing a wide range of movements. The manipulation of technique is simple, the movements are controlled by the human hand, the first finger inserted in the head and the middle finger and the thumb are the two arms of the puppet. With the help of these three fingers the glove puppet comes alive.

The theme of the puppetry has presented in two songs with melodious music written in Telugu language and tuned by the researcher. First song *Naa Mogudemo dannimmapandu* (My husband is like pomegranate) in a folk style is based on real story of the family in the village. Husband went to a city and got infected AIDS when he met with sex worker. When wife came to know that he was ill, despite financial problems, she tried to bring her husband to different hospitals. She stunned when doctors said it was incurable AIDS disease. Her efforts to save her husband's life were become futile. Finally he died after few days leaving the family in deep troubles. Male and female puppets (wife and husband) were appeared on top edge of the screen. The movements of the puppets were well synchronized with the tunes and lyrics of the song. Wife (female puppet) explains their happiest life of the small family in the first stanza and after her husband died, the pathetic, social elimination problems

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and financial troubles of the family were explained in the second stanza. The appeal 'not to ruin happy families and follow the preventive measures' to the people was
given by the doctor (male puppet) in the third stanza of the song. The ugly creature
puppet indicating AIDS virus moves on the top of the screen till the end of the show.

The second song *Adi aidova nembar hiway* (That is High Way number 5) is based on activities of sex workers alongside National High Way 5. The immoral activities beside the High Way roads were explained in first stanza, how the AIDS will be infected, what precautions can be taken such as use of condoms was explained in the second and third stanza of the song. Total time of the puppetry programme was about 25 minutes.

Selection of the sample

The researcher selected a sample of 80 people from the selected village and urban areas. As the male people are not available in working time to attend the programmes, the researcher has confined to only female people and made a list of 80 subjects aged 15 to 45. Like that, the researcher has selected total random sample population of 80 people, 40 from urban and 40 from rural areas. It was also ascertained that the subjects of the urban and rural areas were directed and motivated to listen and view to programmes from puppetry.

The researcher adopted random sampling technique in selecting the mandal and city. Sample for the study were from urban and rural areas of Visakhapatnam district on the basis of exposition of puppetry programmes. The investigator for this study has selected randomly two mandals out of 43 in the district, 1rural and 1 urban. The selection of sample from the population was not only representative of the population but also adequate enough to provide confidence in stability of their characteristics.

Test development

In order to have an exact idea about the puppetry programme, their contents, length of exposure in the given time, programme content analysis was done with the help of script of puppetry. The content analysis of the programmes made it clear that contents were in consonance with the message framed for the adult people in Telugu medium. On the basis of the results of the content analysis and keeping in view the content areas of the awareness programmes, the instruments for the study were drafted carefully to know the perception of people. Each item of the questionnaires was examined critically in terms of content validity and objectives on investigation. Basing on the objectives of the study, a set of tests was developed separately to know the level of perception.

Tools selected for the study

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The tools used by the investigator consisted of a questionnaire schedules for the people and observation as given below.

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- Questionnaire schedules to the people to know the perceptions on the puppetry programme.
- 2. Observation schedule

1 Questionnaire schedules. Selection of items was done according to the responses of the subjects on each item. Finally, the investigator has prepared 21 questions to know the perceptions of the people on puppetry. Specially, the schedules were administered in the local language, Telugu, for the benefit of people who are familiar with the local language.

Table 5
Classification of the tools basing on the following areas on perception of the people towards puppetry and documentary film

Content	Language	Novelty	Presentation	Manipulation	Duration	Usefulness	T
Item No	Item No	Item No	Itam No	Itam No	Item No	Item No	
1, 2, 3	4, 5, 6	7, 8, 9	10, 11, 12	13, 14, 15	16, 17,18	19, 20, 21	21

Note: Item No - Question Number, T - Total

The level of perception of the people on puppetry Table 6

		Urban	(N=40)		Rural	(N=40)	
Dimension	Particulars	A	G	P	A.	G	P
Content	AIDS/HIV	2	30	8	5	32	3
	Awareness	5%	75%	20%	12%	80%	8%
	Education						
Language	Clarity	8	29	3	8	30	2
	Understanding	20%	72%	8%	20%	75%	5%
Novelty	Entertainment	7	30	3	10	28	2
	Puppets,	17%	75%	8%	25%	70%	5%
	Music, song						
Presentation	Folk style	4	32	4	7	31	2
		10%	80%	10%	18%	77%	5%
Manipulation	Animate the	6	30	4	6	31	3
_	Puppets	15%	75%	10%	1.5%	77%	8%
Usefulness	Life saving	5	33	2	5	34	1
	prevention	12%	83%	5%	12%	85%	3%
Duration	Time	3	27	10	3	28	9
	allotment	8%	67%	25%	826	70%	22%

 $A\!=\!\!Assexame,\ G\!=\!Good, P\!=\!Poor,\ N\!=\!Number\ of\ people.$

Analysis of data

The data received from various tests such as level of perception and observation were tabulated, treated and then analyzed for interpretation of results. On the basis of the data obtained through administration of two criterion referenced tests, viz., test of perception and observation on the adult people of urban and rural settings, the results have been presented on the basis of the rationale mentioned hereafter. The data was

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analyzed by using mathematical and statistical tool such as percentage. Table 5 shows the level of perception of the people belongs to urban and rural areas on puppetry.

Merits of the study

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Through the magnitude of the study is quite limited, it has few meritorious features that can be utilized in planning and production of programmes of puppetry for adult people.

- It was revealed that the content and awareness on AIDS which perceived by the people has more in rural area than urban area. The role of traditional media puppetry played more impact on the people.
- It shows that the folk language used in songs of the puppetry was very much understandable and clear in both urban and rural areas.
- It was identified that the puppetry has created more entertainment based awareness with music and songs along with educational values in both urban and rural areas.
- It was observed that the presentation of the puppetry as well as
 documentary film was effective but the presentation of folk style was more
 impressive in both urban and rural areas.
- It was noticed that the skill of manipulation of the puppets based on lyrics of songs was attractive in both urban and rural areas.
- It reveals that the use of puppetry in creating awareness on AIDS was very much useful in both urban and rural areas.
- · In was noticed that the time allotted for puppetry (25 minutes) was sufficient in both urban and rural areas.
- It was observed that the sitting position of people in urban area and rural area
 was very systematic and watched puppetry programme with hilarious and
 joy. Smile on the face has seen in first stanza but turned into sad in the second
 stanza as it was explaining the pains of the HIV infected family in the song.

After completing of the programmes people participated actively in interaction with resource persons – a doctor (*Kiran*) represented NGO and Educational Officer (*Chandra Shakar*) represented CBWE.

Example -One lady named *Chandra* who is a vegetable vender in city slum asked the doctor that 'Does AIDS infect if I use cloth repeatedly instead of diaper/nappy pads at the time of menstruation?' Another lady named *Vara Lakshmi* posed a question that 'When mosquito bites human being who is having HIV, and then bites a healthy person, does the healthy person have a chance of getting HIV?' Another one asked that 'How can a pregnant woman know whether she got AIDS?'

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All the people attended have agreed that initially they came to this programme just for taking money (sponsor by CBWE), but after participate the programme, they realized that it was very much useful in their lives.

Conclusion

Entertainment-education based communication strategies especially traditional media can yield better results in rural India. A greater focus is needed on making puppet films for creating awareness at speed in rural areas and city slums. It is also necessary to building network and strengthens partnerships with NGO and media by using universal slogan – Know AIDS for no AIDS. HIV spreads in three ways: through sexual intercourse, through blood and from mother to child. There is still no vaccine against HIV and no cure for AIDS. It is not just a medical problem but a social cost. Lack of awareness of sexual health issues and misconceptions jeopardize the society. People should change their mindset and prepare to 'hate HIV/AIDS but love the HIV positives'.

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