

## CHAPTER SIX

### SUMMARY CONCLUSION AND RECOMMENDATIONS

Communication is considered as one of the major keys to the processes of social and cultural change. Though communication facilities have been expanded enormously in the present day world, it has not been fully explored towards the development of community health so far. To achieve this, an effective health education program is required to be evolved and implemented at National level. Communication for health education is thus an essential area and which needs special attention. A well-planned health education program could disseminate appropriate health messages to all the receivers through a coordinated communication policy. The health messages passed to the target audience may help growing awareness about health and diseases. In this study, AIDS/HIV infection has been considered as the disease of concern. This aims at dissemination of knowledge about this particular disease to grow adequate awareness among army personnel and to formulate a policy at organizational level regarding its prevention.

With the advent of modern communication system the overall concern about health has simultaneously increased at every level all over the world. Yet the knowledge, attitude and perception of certain composite social groups/communities like Army in this matter, asked for immediate changes. Their concern and acquisition of knowledge through health education system about the diseases like AIDS/HIV requires to be streamlined. Knowledge obtained about this disease may change the attitude of an individual encouraging him to adopt healthy practices in order to keep him free from any infection of such disease. The awareness grown over a period through enhancement of specific knowledge may act as a pervading force in reducing the overall rate of infection from this fatal and ghastly disease. This study was perceived quite essential at a juncture when the level

of awareness about AIDS had already been examined among Navy and Air Force personnel and the Army population though is the largest in size, was some how kept aside from any such enquiry.

The Indian society is composed of a queer variety of population with diverse socio cultural habits. Its Army population is nothing but a miniature replica of such a large and heterogeneous society. It is believed that any sociological study on Army population has direct cross sectional view of the entire society. The subject of AIDS/HIV infection of Army population has been perceived as a topic of sociological enquiry to elicit some baseline data on awareness of the population concerned. The study also aims at policy revisions to make them conscious about its prevention.

Since army is a diverse but articulated community, for dissemination of any message pertaining to health and diseases there is a need for an well-integrated program approach at every level. As far as AIDS is concerned, the army as a community is considered to belong to "high risk" category. Therefore, communication for health education with reference to this community gets special significance. It is believed that communication of health related messages is as essential as "Diffusion of Agricultural Innovations" (*Rogers : 1981*) required for augmenting productivity.

The identification of HIV and AIDS as a fatal disease has opened a new field of study particularly in the sector of health education and communication. In the present study, the investigator being a member of the army community, was interested to investigate about the level of knowledge of this community on AIDS/HIV infection. He explores the rate at which the health education has been enhancing their level of awareness about this particular lethal disease. In this study, the case of a particular army unit has been presented. It brings out the details of day to day life of such a population, which are generally not known to civilians and officially not communicated to others.

When the way of life of concerned population has been examined, an attempt has been made to understand their communication behaviour in order to evaluate the exposure to media world related to health education. In chapter three the communication behaviour of the selected population has been discussed in detail.

The knowledge about the disease is the basic and important factor around which the study revolves. Knowledge of army personnel about AIDS/HIV directly evidences their awareness about the said disease. That also reflects their perception and attitude towards AIDS/HIV infections. Those are very important inputs to suggest them what to follow as correct practices.

Every human being is a susceptible host for infection with HIV, but individuals of high risk behaviour (like multiple sex partners, intravenous drug users, STD patients) who, as part of their life style or profession, may come in contact with blood and body fluids of infected persons, have more vulnerability. The patients getting multiple transfusion of blood and blood products, are at greater risk of acquiring HIV infection. For many years since now there was no vaccine available in open market, which could raise the immune status against the HIV infection till recently. Thus there was no prevention of AIDS except by practising safe behaviour, observing blood safety measures and adopting other infection control precautions.

The Indian army is socially a closed community. Here the personnel maintain a distinct way of life in a strict organizational environment and culture. Army men generally follow a well-regulated life governed with strong discipline. They are a mobile community by profession who largely stay in barracks and are accustomed to encounter with different hazardous environmental conditions. On the whole being a migratory community and being mostly confined to a restricted barrack life, they are often considered as more susceptible to sexually transmitted diseases including HIV and AIDS.

As per latest information (5 Apr '97) there are many victims of AIDS among the army personnel. By regiments and corps the distributions of detected AIDS cases are as follows : Engineers – 34, Infantry (Foot soldiers) – 166, Army Medical Corps – 99, Armoured corps (Tank Regiments) – 38, Signals – 58, Electrical Mechanical Engineers – 19, Artillery – 31, Army Service Corps – 18, Defence Security Corps – 99, Remount veterinary Corps – 98 and Army education Corps – 95. (*Demi official letter of Army HQ forwarded to all military command HQs dated 5 April 1997*).

Taking into consideration the current scenario of spread of AIDS among the Army personnel, the present study was carried out with the following objectives :-

(a) The role and effectiveness of mass communication system in disseminating information about AIDS and HIV infections among army personnel. (b) Knowledge and perceptions of concerned population about this lethal disease, (c) Their attitude towards AIDS and HIV infection and its preventive measures. (d) Social conditioning and other possible factors responsible to make them more susceptible to AIDS and HIV infection and somewhat indifferent to media messages on AIDS and HIV, (e) The most preferred or appropriate system of information necessary to make the concerned people properly aware about the said disease complex, (f) Along with information, with related measures are needed in social, cultural and professional fronts of the army personnel to counter AIDS and HIV infection; the necessary package program awaited and expected from organizational ends in this regard.

### **The Population**

The present study was carried out among 201 Indian Army personnel posted at Sukhna near Siliguri, West Bengal, India. Out of 850 army personnel including officers, junior leaders and jawans of an army unit though a bigger number volunteered, 201 were selected randomly for interview and they constituted the ultimate unit of study. They were interviewed with a structured (pre-tested) interview schedule. That was further supplemented by group discussions and participant observation. It was pre tested means, these questionnaire was administered on other individuals to ensure its acceptability to the audience and also to verify its technical feasibility checking reaction of each. It was confirmed whether these questions were too open or other wise whether there was any requirement of some deletions or additions before it were administered to the actual sample. It was also to ensure whether it would create any emotional reaction on its population adversely.

These were pre tested on some other individual almost of similar age, educational and social

back grounds. The feed back enabled the author to redesign it and reproduce it in a form as it would be acceptable to the sample group selected for the survey.

Health is an important subject of concern of any army organisation. The Department of Health, an integral part of Army Medical Corps, is responsible to edit policies on health which is applicable for a soldier from the day he physically reports to the unit/training establishment until he retires from service. The Station Health Organisation of any military station regularly carries out immunization programs, spraying of DDT and insecticides in cantonment area, running of health education classes on various subjects. Through health education classes, the SHO imparts lessons on various infectious and cyclic diseases also. It enables them to take timely preventive measures against such diseases at individual level. As AIDS is one of the syndromes of major concern of all unit commanders at present day scenario, awareness of each army man about AIDS also calls for special attention. It needs educating such population about this particular disease, its symptoms, causes and preventive measures through a consolidated training capsule. Such special training event is required to be integrated with routine training programs of all units in the army.

The respondents in this study were mostly belonging to the age group 20-48 years. The majority of the jawans had education up to secondary standard of school or little above. The officers were however graduates and post graduates. The number of graduates among junior leaders was not very significant. There was only one postgraduate out of 16 interviewed junior leaders. Among the officers, 63 per cent were found married and 31 per cent unmarried. The corresponding proportion of junior leaders was 96 per cent and 4 per cent respectively and for jawans, it was 75 per cent and 22 per cent. The junior leaders are those who joined the Army as jawans and later are promoted to the rank of supervisors departmentally. So most of them belong to the higher age group than officers and jawans, and thus are mostly married by individual status. Studying their religious back-ground, 88 per cent army officers, 100 per cent junior leaders and 71 per cent jawans were found to be Hindus. Numerically the Muslim, Sikh and Christian army personnel were in minority.

The type of response received from three categories of respondents was not the same. It was largely dependent on their level of education, degree of exposure and individual interest to know more about AIDS and HIV infection. It has been observed that highest proportion of officers knew better about AIDS. However, among the junior leaders and jawans, the level of awareness about AIDS was relatively low. All the officers except one, gave answers to the questionnaire canvassed to them sincerely.

As communication for health education is the key concern on which the study on knowledge and perception of army personnel about AIDS and HIV infection has been carried out, the sight has always been focussed on the facts that in India, media facilities have expanded enormously over the years especially since independence. Technically radio signals cover almost the whole country and Television reaches 70 per cent or more of the areas. There are 1334 dailies of about 20 thousand newspapers. The combined circulation of press crossed the 50 million copies marked in 1980. These act as a tool of propagation of health related messages to the population of all categories living in diverse regions of the country. (*IRS : 1992*)

Data on media exposure reveal that Television is the most popular mass medium amongst the army Personnel and 85 per cent of them watch it at night. About 77 per cent also listen to radio in their convenient time. Almost all the officers read newspapers regularly. Among the junior leaders, 75 per cent of them are regular readers of newspapers, whereas only 15 per cent of jawans were occasional readers. The appropriate system of information as liked by the respondents to make them aware about AIDS/HIV has also been recorded from all three categories of service people.

### **Knowledgeability about AIDS and HIV infection**

Among the army personnel, their level of general awareness about AIDS and HIV infection is fair but low in terms of specific knowledge. As the officers are better educated and exposed to mass media they are found relatively more knowledgeable about AIDS than the junior leaders and jawans.

The main sources of HIV infection and its major routes of transmission are known to most of the respondents. The full forms of both the abbreviated terms AIDS and HIV are not known to many of them. The indepth knowledge about the disease complex is inadequate and incomplete to many. Some officers who are quite knowledgeable are found to be somewhat apprehensive about, the ill effects of the disease called AIDS.

A large percentage of the army personnel are aware of the basic fact that AIDS is a fatal disease and their concern about this particular disease appears to be somewhat satisfactory. Since AIDS is a sexually transmitted disease, some of them expressed that they would not have any extra marital sex relations in life and shall remain faithful to one sex partner only. A low percentage of army men know it well that the disease is incurable and can cause disaster of a society. Majority of them is found keen to know from experts specifically about the symptoms of AIDS and its various preventive measures so that they can easily follow those without becoming victims of AIDS in future.

As far as the specific knowledge is concerned, the study shows that about 70 per cent of the army men are not well aware of all the symptoms of AIDS. There are some erroneous ideas about this particular disease among many of army men. The incomplete and inaccurate knowledge and perception about AIDS and HIV infection perhaps indicate the limited credibility of the existing communication and information system to make the army population sufficiently aware about AIDS. However, almost all the respondents know it well that AIDS is a dangerous disease and therefore an adequate knowledge about it and its prevention is most essential than any medical care and treatment of simple clinical nature.

About one fourth of the respondents are aware that as far as individual human agents for transmission of AIDS are concerned, the professional sex workers, blood donors and foreigners belong to 'high risk' category. A sizeable section believes that homosexuals and army men (soldiers) are also possible carriers of AIDS and thus they fall in the 'high risk' category. So they showed

keenness to make the periodic blood testing to be made compulsory for the army men enabling the authority in detecting infection of HIV positive cases in time. They further advocated for serological test of the incumbents before their recruitment in the army contingent or on any other necessary occasions and circumstances which has now been taken up for consideration at the Government level.

On the question of prevention of AIDS, majority of the respondents feel that one could avoid promiscuity and remain satisfied with one sex partner only. They are aware that visiting of red light areas and initiating any unprotected sexual intercourse is risky. Therefore any type of sexual indulgence on the part of armymen needs to be protected against infection of AIDS. Such restriction requires to be imposed not to deprive them from personal freedom but to safeguard them against infection from AIDS. Use of condom during copulation reduces the risk of getting infected from HIV and it is known to a large number (90 per cent) of army personnel. Almost all the respondents have recorded their disapproval against sharing of needle with others and approval in the use of disposable syringes whenever necessary.

A sizeable percentage of armymen came out with incomplete knowledge about routes of transmission of AIDS. There are certain reservations among them about donation and transfusion of blood in required cases. However, more than half of the army population believe that there is no harm in sharing a room with an AIDS victim and the cups and plates used by the victim do not get contaminated with the virus. They are also aware of the fact that there is no chance of getting infected with HIV through casual physical contact with an AIDS patient. The incomplete knowledge of army personnel as studied, amounts to incomplete health education imparted to them. The method adopted to disseminate health related issues to them may be incomplete due to many reasons. It may be due to lack of appropriate communication system, the methodology of dissemination, the sender receiver group relationship, the interest created in the subject itself or others. So instead of concluding on this issue as above, it will be more appropriate to ensure a full proof health education

system which should be regularly reviewed. The less knowledge or half baked knowledge gives rise to negative perception. This can always be improved upon.

Generally, every second respondent believes that a comprehensive knowledge about the disease and an overall awareness are the ways in preventing from infection of AIDS. The cognition and associated behavioural changes have been identified as the best possible way to keep oneself free from the infection of AIDS and HIV. The army men firmly believe that with the advancement of knowledge about this disease there would be corresponding changes in the behaviour of army people conducive to prevention of AIDS. They also asked for inclusion of sex related lessons in the curriculum of health education especially meant for army personnel and making communication for health education more transparent and easily accessible.

Some of the army personnel strongly felt that, if knowledge about AIDS/HIV could be disseminated through available communication channels that would help them to grow awareness easily and quickly. Many of them recommended that visual devices need to be incorporated in communicating health related messages in order to make a direct impact on the minds of the target population. Better knowledge and perception about HIV and AIDS may ensure changes in attitude and certain practices of the concerned population. For instance majority of army personnel of today, believe that 'Condom' is not only an accepted method of contraception but also a preventive measure against sexually transmitted diseases including AIDS/HIV infection. However, still there are some of them who have reservations against using of condom because they think that it hampers sexual pleasure and its climax. Sometimes its use is also not liked by the female sex partner. Those feelings, realizations and attitudes against using 'condom' need to be discussed thoroughly taking the people into confidence and educating them about the methods of implementing 'safe sex' which is an essential lesson in preventing AIDS/HIV. In many cases male dominance, discourage the use of 'condom' and female partners are unable to force the issue. This point has been discussed in details.

A few of them expressed that they have no hesitation to live with their AIDS infected spouses. However, they certainly prefer to avoid maintaining sexual relationship with such infected life partners. According to few of them such an unfortunate individual should not be divorced or deserted. Rather they should be treated with medical care, personal affection and sympathy. Only a low percentage of personnel are found valiant enough to continue copulation with his AIDS infected wife as usual, by using 'condom' and other devices of ensuring 'safe sex'. More than three fourth of the respondents expressed no reservation in maintaining normal social relationship with those kinsmen and friends even if such kinsmen were found to be victims of AIDS/HIV.

### **What needs to be done**

In the light of above discussion and taking the emerging points into consideration the following steps may be adopted for army population to counter AIDS/HIV infection.

### **Education of Women**

In the sample population of present study, the women were not included. Notwithstanding this education of the wives of army personnel about AIDS is considered equally essential. The level of education of Indian women differs grossly from that of men. Special health education program to enlighten women about AIDS is required to enhance their knowledge and perception about this particular disease. Taking into consideration barriers of language, level of literacy and culture, appropriate educative programs need to be formulated. Lectures, film shows and dramas on AIDS related matters may be organised in Family Welfare meetings and Ladies clubs. The wives of army personnel can play an effective role in motivating their husbands to adopt "safe sex" and make them more aware following preventive measures on AIDS and HIV infection. It will not be out of context to mention that unlike others, the army wives are better exposed about all social problems. There is no discriminatory behaviour with female folk in the army. Rather there is more respect and honour shown to the ladies in the army irrespective of the rank of their husbands, than they get outside.

## **Timing of TV Telecast**

As the National policy on TV, Health Education programs may be telecast during prime time and particularly in the evening which has been identified by the army personnel as the most convenient time for TV watching. Efforts are needed to telecast programs on AIDS in such a way with which it could reach the maximum viewers in their preferred times. The utility of such telecast needs to be evaluated understood solely in terms of social gain and not for commercial profit alone.

## **Use of other Media**

Other important media like radio, lecture demonstrations, folk performances may be used effectively to propagate knowledge about AIDS/HIV. As one of the effective means of communication these incur less cost as compared to electronic media. Periodical lectures on AIDS may be arranged in different languages to reach all personnel belonging to different linguistic groups. The present system of lectures in the unit needs to be strengthened and redesigned. There is a need to organize visual displays and video shows on AIDS so that the viewers could know exactly what ghastly are the effects of this disease on human being and how does it appear as at full blown stage. Experts should demonstrate the prognosis of this disease with suitable illustrations. The photographs of AIDS affected persons could be shown to the army staff in details so that they understand the horrors of the disease and keep themselves abstained from any act leading to its infection.

## **Content of Education Campaigns**

Sincere efforts are required to educate the army people about possible modes of spread of AIDS and on prevalent methods of prevention. There is a need to rectify certain misconceptions about AIDS/HIV. It is essential to remove unnecessary fear and apprehension about this particular disease. The causes of misconception in the minds of soldiers should be removed through exact and appropriate knowledge. Once the required education is imparted with an authentic program, the perception developed will be exact and correct, practices will be adopted as regards the disease. It

is the exactness of knowledge with accuracy of education system without any misleading statements which is relevant and appropriate at this stage.

### **Control of STD**

Further infection from Sexually Transmitted Diseases need to be controlled to prevent spread of another pandemic i.e. HIV and AIDS infection by strengthening approximately 504 existing public STD clinics with specialized training in diagnosis and management called Training Syndrome management. Motivation can also play a major role towards controlling STDs. It can be controlled by educating troops about the method of using 'condom'. The shyness of any nature should be removed from the minds through proper counselling regarding use of 'condom' and making the condoms easily available to them. They require to be encouraged to use 'condom' religiously before having sexual copulation. It should be practised as a matter of routine in unit life.

### **Health Lectures**

Most army men understand that sex education is essential and could start from the age of adolescence. Special lectures on sex related health matters, which the army men can attend voluntarily, may be arranged more frequently. The aim of such lectures would be, to disseminate correct messages in order to bring expected behavioural change. In the units, periodic lectures by Medical Officers (MOs) are required to be rich enough so that those may attract more listeners and yield better response from them. Such lectures need to be addressed in such interesting and meaningful way that it could draw attention of all the participants. The absentees of any such lecture may be offered further chance to attend it by repeating the lecture program. As discussed earlier visual displays of AIDS cases may be made available to strengthen such lecture programs along with other training kits through which perception about the disease can be developed.

This virus and its typical characteristics, the routes of transmission and many other additional inputs relating to such disease complex need to be made known to them. While learning about this

disease, they must know that it is a fatal disease and is caused by a virus. HIV can survive in a dead body also. Therefore, the handling of such a dead body requires to be done under proper protection leaving no chance of transmission of virus. While addressing the army men about this disease, health lectures must give some idea about the methods of disinfecting an AIDS patient. Such measures need to be adopted by army personnel in hospitals or units. A team of unit personnel should be trained to follow disinfection of AIDS patient as a matter of drill.

### **Mode of Health Education**

Since army is an organized community, group discussions on health related matters can be formulated and executed as part of their daily training program. Active participation in such discussions is more likely to fulfil the information need of the concerned population. It may further help in the matter of explanation and legitimization of the messages conveyed on the spot. That is more essential in the situation when mass media campaigns do not cater for individual doubts and queries. There is a need to tap and explore the medium of interpersonal communication, most intelligently in order to convey the specific messages to target population.

### **Empirical Research**

More empirical sociological research relating to health management in army units is considered essential. That may help to institute a full proof health education system in the light of findings and recommendations made by some of the studies. The research needs to be carried out on social and behavioural aspects of the army personnel by comprehending their health care methods and practices holistically.

### **Other Aspects**

There are few other aspects, which are found nonetheless important in the context of promotion of health education and prevention of AIDS among the army population. ELISA test must be made compulsory for all army men as a matter of policy. Before ELISA test is carried out, it should be made known to them that the word ELISA stands for Enzyme Linked Immune Sorbent Assembly

Test. It is not a test of virus but it accounts for the antibodies in any blood sample. It is also not a full proof method and time taken for this is long. After imparting this basic knowledge, they would be required to go through such a test before recruitment, immediately after their transfer to new units and during monthly routine medical examinations. Army contingents forming part of UN forces and visiting various foreign countries must go through ELISA test before their departure and after return from such countries to check whether any HIV infection is caused to any <sup>person</sup> due to such move and exposure.

Army is a large organization with its huge manpower. There is a need to establish a cell which could function centrally at Army Headquarters under the direct guidance of the Director General Medical Services, comprising of a group of expert Medical Officers, Social Scientists and few volunteer officers of various arms and services. Such a cell could exclusively look after prevention of AIDS and HIV in the army community. It could also keep a special vigil on the border areas through various deputed teams. Army population are found to be more exposed to civilians in border areas than they are in cantonments. In the border areas, the soldiers are more susceptible to sexual involvement because here they get free chance to mix with the local civilians of local villages because of their nature of jobs like patrolling, flag marching etc. They remain without families which augments the desire more. These can lead to develop the propensity towards sexual indulgence with the local villagers, while being posted at such remote and isolated areas very easily. The chances are fair to compromise with values and ethics under these circumstance where such people live and function.

To ensure strict prevention strategy, blood samples of inhabitants of such inhospitable villages located along the international borders should be obtained by the army doctors and it should be screened for HIV test. An updated record of such blood tests should also be maintained jointly by civil authorities of these border villages and by the army doctors. Such step should be taken with close coordination of civil medical authorities which are essential to ensure prevention against the fundamental aspect of transmission of this disease.

Information, Education and Communication (IEC) package could be developed as a scheme to enhance the level of awareness about AIDS/HIV infection. The habit of visiting sex workers by army men may be regulated with persuasion to adopt 'safe sex'. Apart from these, army authorities are required to provide adequate family quarters allowing married army men to stay with their wives and children at the stations where ever they are posted, as the same is followed by a para military forces like Assam Rifles in extreme borders of North East provinces.

As sexually transmitted diseases (STDs) fairly prevail in the army community, there is a need to introduce certain stringent measures so that the possibility of the soldiers of getting infected with sexually transmitted diseases could be minimized. At organizational level it can be achieved as policy implementation because army unit life is governed by a well knit administrative system. So the sexually transmitted disease can be prevented and controlled through regular counselling of soldiers by the army doctors and non medical officers in command of units and subunits addressing them in monthly '*sammelans*' (the assembly) as a matter of routine.

The findings of present study led the author to conclude that there is a need to develop a holistic design for health education of the army personnel. Commanders and other senior army officials must keep themselves aware and updated with the prevailing health policies and keep implementing those as essential component of command. An autonomous AIDS prevention cell needs to be established at Army Head Quarters level consisting of medical officers, social scientists and volunteer officers of other arms. Such AIDS control cell will remain responsible for quick dissemination of AIDS-related information imparting accurate knowledge to grow awareness among the army personnel about this particular disease through army web site. It will also edit policies regarding disposal of HIV positive cases and AIDS patients in the army. Such policy should include necessary measures for the families of those already infected.

There is a need to educate the army population about the prevention of this disease which will

act better than its cure. Practical application of such policy, a compact health education strategy requires to be adopted at the organization level.

As at the conclusive stage, recommendations are made to overcome the intricate problems of AIDS/HIV infection for which such research is undertaken. As found the disease AIDS/HIV is considered to be a pandemic disease, which can engulf the mass of population and if adequate steps are not taken in time the army population can be one such victim. Some recommendations are made, which can be analyzed at all levels and adopted suitably for the benefit of the organization as a whole.

### **Some Recommendations**

1. Health education in the army should be oriented towards growth of awareness about AIDS and HIV infection.
2. There should be more transparency between the officers and the troops as regards health education related with 'sex and sexuality'.
3. Major policy revision regarding entitlements of accommodation for married personnel should be executed as early as possible.
4. As part of Health Education, subjects on AIDS should be compulsorily included in curriculum of basic Army training courses.
5. Orders regarding education and prevention on AIDS/HIV infection should be thorough, understandable by all and encouraging to implement. It should be both as an inspiration and cautionary word to all.
6. Fund allotment for provision of ELISA test should be liberal.

7. There should be an AIDS control cell organized at the Army Headquarters incorporating required number of Medical Officers expert on virology, Social Scientists, volunteer Officers familiar with Behavioural Science, to develop and run AIDS awareness programs in the Army. Both at static and field formation levels, this cell should function as a part of the establishment. Such AIDS Control cell should include, in its program mental health education of soldiers enabling them to understand epidemiology and etiology of the disease to grow awareness about AIDS/HIV.
8. Good effects of 'Condom' use in daily life should be made known to all. 'Condom' should be issued to all men as a part of daily kit. As motivation plays a major role in the Army, AIDS education should be a part of motivation program. The Young Officers of army units should be utilized for motivating troops who are of same age group. Age and related psychology of such Young Officers will be meaningful to pass messages through them.
9. The Indian Army holds many examples in the history to serve humanity. Being a disciplined, well organized and dedicated organization, it implements all National Policies in true letter and spirit. Therefore, it is not an over optimism to say that it is the Indian Army, which will achieve 100 percent awareness about AIDS/HIV infection creating an AIDS free organization in our society soon.