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Strategies And Approaches To AIDS Communications In Malaysia

By

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COUNTRY PAPER:
STRATEGIES AND APPROACHES TO AIDS COMMUNICATIONS IN MALAYSIA

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Background

1.1. HIV/AIDS In Malaysia

The first AIDS case in Malaysia was an imported case, reported from the federal capital in December, 1986. This was a 45 year old American of Malaysian origin who fell ill while visiting Malaysia. He was diagnosed to have Pneumocystis Carinii pneumonia and subsequently confirmed to be HIV positive. The patient responded to treatment and left for America where he subsequently died.

Since then, a cumulative total of 9,044 HIV infections was reported as of 30 June, 1994. Of these, 105 had developed into AIDS and 72 had died. A marked, sharp increase in the numbers reported is noted from 1989 onwards, an increase of more than nine times the previous year. This was largely due to a proactive surveillance program initiated to screen injecting drug users in government Correctional Institutions and medical facilities. The annual incidence of AIDS in the country continues to show an increase from 0.005 per 100,000 population in 1986 to 0.09 in 1993.
Among the main characteristics of the AIDS cases and HIV infected persons in Malaysia are:

1. The majority of the AIDS cases (87%) and HIV infected persons (96%) were males.

2. A major proportion of AIDS cases (77%) and HIV-infected persons (87%) are in the young and economically important age group of 20-40 years.

3. Most of the HIV-infected persons and AIDS patients in Malaysia acquired the disease through sharing of needles and syringes for taking drugs. Intravenous drug users (IVDUs) account for 94% of all HIV-infected persons whose mode of exposure to HIV is known.

4. There is an increasing trend of heterosexual transmission. Of the 406 HIV-infected persons who were known to be infected through sex, 199 (49%) acquired it through heterosexual transmission.

5. Associated closely with heterosexual transmission is an increasing number of women who are infected. Currently 341 women (3.8%) are infected with the HIV and a large proportion of them (143 or 42%) are commercial sex workers. The HIV prevalence amongst prostitutes is showing an increasing trend, from 0.3% in 1989 to 1.3% in 1991 and estimated to between 6-7% by late 1993.
6. Till the end of June 1994, a total of 18 babies were born infected with the HIV.

1.2 The AIDS Prevention and Control Programme In Malaysia

1.2.1 Programme objectives

The objectives, strategies and policies of the Ministry of Health on AIDS are consistent with that of the World Health Organisation's (WHO) Global Programme on AIDS (GPA). In view of the absence of treatment or vaccination, the major objectives of the AIDS programme in Malaysia are:-

(1) to prevent HIV transmission and to control its spread;

(2) to reduce the morbidity and suffering associated with HIV infection;

(3) to mobilise the total national resources both within the government and non-government sectors to achieve the above objectives and;

(4) to promote international collaboration and co-operation among the nations of the world to prevent and control AIDS.
1.2.2 *Programme Strategies*

The objectives and strategies of the programme are based on the need to protect public health, to respect human rights, to avoid discrimination against infected persons, utilising the existing knowledge on the mode of spread of HIV infections, and recognising that education is the key to AIDS prevention. The following are the main strategies adopted in Malaysia.

(1) Prevention and control of spread of HIV infection through health education to high risk behaviour groups, general public and the health care workers.

(2) Instituting surveillance and epidemiological measure to monitor the HIV situation.

(3) Screening of donated blood in all blood banks for HIV-infection to prevent spread of the disease through blood transfusion.

(4) Central purchase of imported blood products to ensure that only heat-treated blood products which are safe are purchased for use in all hospitals. This is to prevent the occurrence of HIV infection among transfusion-department patients.
(5) Hospital and laboratory staff are trained to practise universal precautions.

(6) Prompt diagnosis and appropriate management of HIV-infected persons to reduce personal, social and medical implications of HIV infection.

(7) Strengthening of the programme organization thorough establishment of committees at various levels including a Cabinet Committee on AIDS chaired by the Minister of Health. In addition, appropriate staff including Epidemiologists, Health Education Officers, Health Inspectors, Microbiologists etc. are recruited for this programme at various levels.

(8) To support and strengthen primary prevention of drug abuse as a long-term measure in preventing transmission of HIV through contaminated blood.

(9) To collaborate and support efforts to enhance religious teachings and promotion of good moral values and virtues as a long-term measure in preventing sexual transmission of HIV.
(10) To promote intersectoral collaboration and cooperation among government departments, private bodies and non-governmental organizations (NGOs) in the fight against AIDS.

(11) Strengthening of laboratory services and facilities to enable the implementation of surveillance, early detection and better management of HIV/AIDS patients.

(12) Intensification of school health education on AIDS.

(13) Prevention and control of STDs among the general public through health education, early diagnosis, proper treatment and contact tracing.

(14) Research to obtain baseline and formative data.

(15) Education and counselling of HIV-infected persons to practise safe sex to prevent spread of HIV to their spouses.

(16) Prevention and control of HIV-infection among drug addicts through promotion of harm reduction measures as an interim measure.
2. AIDS Education Programme

The AIDS education programme has been implemented since 1985, before the first AIDS case was detected in Malaysia. Initially, this programme was carried out on a low key, mainly because AIDS was not a big problem then. Since 1989, the programme was intensified because the annual incidence of HIV infection has risen dramatically among the population and more financial allocation was obtained.

AIDS/STD was chosen as the theme for the Healthy Lifestyle Campaign of the Ministry of Health in 1992. AIDS is regarded as a sexually-transmitted disease (STD) because most of the HIV infections worldwide occur through sexual transmission. In the absence of a vaccine and a cure for AIDS, health education is regarded as the main strategy in the prevention and control of AIDS.

2.1 Objectives

The objectives of the AIDS education programme are:

a. To inform and educate the target groups about the facts of HIV infection and AIDS, including the modes of transmission and prevention methods.

b. To allay fears and to correct myths and misconceptions about HIV infection and AIDS.
c. To motivate and promote the adoption of healthy practices that can prevent the occurrence and spread of HIV and STDs.

2.2 Areas of Emphasis

The areas of emphasis of this programme cover the cognitive (knowledge), affective (attitudes/beliefs) and psychomotor (practice/behaviour) domains. They include the following:

2.2.1 Knowledge

- AIDS is a killer and that it is incurable at present. There is also no vaccine to prevent AIDS at present.

- An HIV carrier looks healthy and normal but can pass the virus to others through specific ways.

- AIDS prevention through healthy lifestyle and safe practices (avoidance of extramarital sex, being faithful to one's spouse and avoiding drugs).

- AIDS cannot be spread through normal casual contact like eating, hugging, holding hands or working together.
2.2.2 **Attitude/Beliefs**

- AIDS is a serious problem that affects everyone. It is not a disease of drug users and homosexuals only.

- To prevent AIDS, we need to uphold good morals and social values, like avoiding extramarital sex, vice and drugs.

- Close adherence to our religious beliefs can protect us from the threat of AIDS.

- We should not discriminate or shun people who are infected by the HIV.

2.2.3 **Practices**

- Safe sexual practices like being faithful to one's spouse and avoiding extramarital sex or sex with prostitutes/multiple partners is essential for AIDS prevention. These safe practices should be promoted.

- Staying off drugs is also another important practice that should be emphasized in the campaign.
2.3 Target Audience

This AIDS educational campaign has been conducted throughout the nation and involves the use of mass media. As such, it will cover all sectors of the population. However special attention is given to the following population segments:

- Out-of-school youths particularly in urban areas.
- Workers in offices, factories, entertainment centres etc.
- Students in secondary schools and institutions of higher learning.
- Inmates of drug rehabilitation centres.

2.4 Campaign Strategies

To fulfil the objectives and current needs of the programme, 3 major strategies have been identified and utilized appropriately:

i. communication
ii. training
iii. institution/organisational
a. *Communication* strategies involving the extensive use of mass media, outdoor advertising media and educational materials have been utilized at the national and state levels. Appropriate media, messages and communication strategies were developed in collaboration with the target groups. Care was taken to ensure that the media and messages are clear, acceptable, actionable, attractive and consistent. Communications activities such as road shows, exhibitions and talks were carried out to ensure that the general public will be well informed about AIDS (particularly youth).

b. *Training* is needed for secondary target groups who will be mobilized from different agencies, organizations and sectors including governmental, non-governmental and private, to support and assist in conducting educational activities for the primary target groups. Training modules and materials are developed at the national level and these modules and materials will be distributed to the states and districts so that echo training can be conducted. The training will seek to equip the target groups with knowledge of AIDS and issues pertaining to AIDS, educational technology, counselling skills and the confidence to conduct educational activities for the primary target groups. For 1994/1995, the training activities will be targeted at counsellors in drug rehabilitation centres, lecturers at Teacher Training Colleges, teachers in secondary schools and resource persons (like Personnel Executives, industrial nurses and supervisors) at factories.
c. Institutional/Organisational approaches will be given more emphasis to ensure that the target audience are fully engaged in AIDS educational activities so that their knowledge level, attitude and practices on AIDS prevention can be improved. Programmes are directed at government departments, drug rehabilitation centres, military bases, factories and teacher training colleges. Institutional/organisational approach will seek to integrate AIDS education activities into the organisation's regular schedule of activities. For example, lecturers at teacher training colleges will be trained and motivated to integrate the teaching of AIDS/HIV-infection into their syllabus for trainee teachers. Similarly, counsellors at drug rehabilitation centres will also be mobilized to include AIDS counselling in their daily routine/tasks. Institutions and organisations will also hold AIDS Information Day once or twice a year to promote awareness and interest in AIDS prevention for all their staff members. Educational media will be supplied by the Health authorities and talks/discussions will be conducted by medical staff. Programmes in this setting will be evaluated, with educational surveys carried out before and after each programme.

2.5 Campaign Activities

Among the activities that have been implemented under the AIDS education programme over the years are:
(1) **Mass Media activities**

- production and broadcasting of AIDS trailers and documentaries on TV. A total of 8 AIDS trailers, 3 AIDS documentaries and 2 AIDS docudrama have been produced.

- airing of an AIDS song over radio in 4 languages radio talks/interviews and spot announcements.

- articles on AIDS in newspapers and magazines.


- screening of AIDS trailer in cinemas.

- screening of AIDS trailer at the Subang International Airport (Airtube).

(2) **Outdoor Advertising**

- AIDS billboards were erected nationwide in 1993 and will also be used in 1994. AIDS billboards were placed at strategic sites where there is high traffic flow, and also at border crossings.
- Placement of AIDS advertisements in bus and taxi shelters in the City of Kuala Lumpur. These were strategic sites where many high risk activities like commercial sex and drug-taking occur in their vicinity.

- Display of AIDS advertisements on bus back panels and whole buses in the Klang Valley and several other towns in 1992 and 1993.

(3) **Health Promotion Activities**

- Roadshows on AIDS were conducted in major towns with the involvement of an NGO. They were targeted at youths who like to hang around shopping complexes.

- Public forums and talks at offices, schools, factories etc.

- Exhibitions.

- AIDS Run were held in many places.

- Concerts/skits/pantomimes were conducted by NGOs.

- Celebration of world AIDS Day nationwide.

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(4) **Training**

This was conducted for health staff, peers educators in factories, community leaders, resource persons in NGOs, counsellors of Drug Rehabilitation Centres etc.

(5) **Production and distribution of AIDS educational materials**

Since 1985, many types of AIDS educational materials were produced and they were targeted at different segments of the population such as women, blood donors, travellers, teachers, health staff, youths, HIV positive persons, STD patients, drug addicts, acupuncturists, hairdressers, tattooists and ear piercers. Altogether a total of 4.5 million pamphlets covering 11 titles, 2.3 million booklets covering 8 titles, 1.0 million posters (17 types), 50,000 wall charts, 3 documentary films, 2 docudramas, 8 trailers and 1 video clip were produced.

(6) **Production and distribution of collaterals**

*These include:*

- calender cards
- key chain box
The collaterals were given to people who participate in AIDS educational activities and also to key decision-makers to obtain their support and cooperation in the prevention and control of AIDS.

2.6 Campaign Evaluation

A nationwide Health and Lifestyle Survey which focused on knowledge, attitudes and practices related to AIDS among Malaysians was carried out in 1992 on behalf of the Ministry of Health by an NGO and University Malaya to evaluate the impact of the AIDS Education Programme. This survey interviewed 2270 respondents from among the general public (adults, Youths and School Children) and groups practising high-risk behaviours (prostitutes, male clients of sex workers and intravenous drug users). The survey showed that awareness of AIDS among the population is very high, with over 94% of all respondents reporting that they had heard of AIDS. However, the knowledge level of the general public concerning AIDS is not so impressive.

- With regard to knowledge on HI/AIDS transmission, 55% of the general public correctly identified sexual activity as a mode of transmission.
46% of the general public cited sharing of needles and syringes as a mode of transmission.

Only 1.2% knew that AIDS can be transmitted from an infected mother to her foetus.

- Concerning knowledge of AIDS prevention, 20% of the general public cited avoiding drugs or not sharing needles as a method of prevention. 13% mentioned that limiting sex partners or avoiding prostitutes could help in AIDS prevention.

7% mentioned that being faithful to one partner could reduce the risk of HIV infection.

- A number of misconceptions about HIV/AIDS exists among the general public. The most frequently cited misconceptions are:

  - By sharing eating utensils, cited by 17% of the general public.

  - From mosquito bites, cited by 15% of the general public.
By touching someone with the AIDS virus (12% of the general public).

By using a public toilet, cited by 8% of the general public.

- The concept of the healthy asymptomatic carrier is poorly understood by the general public.

Only 27% of the general public knew that an HIV carrier can look healthy.

Only 48% knew that the HIV carrier can pass the AIDS virus to others.

- With regard to attitude towards AIDS patients, 42% of the general public claimed that they would not be afraid of visiting a friend sick with AIDS.

- Over half (57%) of the general public believe that only drug users and homosexuals get AIDS.

- With regard to sexual practices, the survey found that almost 33% of sexually experienced single males and over 11% of married males have engaged in casual sexual relations in the past 12 months.
3. Conclusion

Since the adoption of healthy lifestyle and safe behaviours requires time and intensive education efforts, the AIDS education programme has to be sustained for some time before the objective of AIDS prevention and control can be achieved. At the same time, certain segments of the population should be given more emphasis as their lifestyles and behaviours put them to greater risk of HIV infection. This includes youths, commercial sex workers and their clients and drug addicts.

In the near future, the programme will consolidate on increasing the knowledge of the general public including school children and youths on all aspects of AIDS especially its modes of transmission and methods of prevention. At the same time, the programme will be expanded to address attitudinal issues regarding AIDS, including discrimination and ostracization of AIDS victims, and false perceptions regarding self-risk and personal susceptibility to HIV infections among the general public as well as those who engage in high risk practices. Another area of thrust will be the promotion of safer practices and harm reduction measures among specific target groups who engage in needle sharing for drug-taking and unsafe sex.