<table>
<thead>
<tr>
<th>Title</th>
<th>Aids in southeast Asia and mass media.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s)</td>
<td>Rabin Sarda.</td>
</tr>
<tr>
<td>Date</td>
<td>1994</td>
</tr>
<tr>
<td>URL</td>
<td><a href="http://hdl.handle.net/10220/1906">http://hdl.handle.net/10220/1906</a></td>
</tr>
<tr>
<td>Rights</td>
<td></td>
</tr>
</tbody>
</table>
AIDS In Southeast Asia And Mass Media

By

Rabin Sarda
In this the thirteenth year since the Acquired Immune Deficiency syndrome was identified in a few individuals with a rare opportunistic infection, the responsible virus has continued to pursue its relentless course worldwide. HIV has so far been estimated to have infected 16 million individuals. The most recent feature of the epidemic is its spread to 15 to 24 year olds which in some countries account for 60% of HIV infections. It also continues to spread alarmingly and disproportionately to women.

As of June 1994, 187 countries have reported AIDS cases with a total of 985,119 cases. The Americas account for over 400,000 cases and Africa with 300,000. Asia and the Western Pacific account for less than 15,000 of reported cases.

These figures represent only a quarter of the true AIDS cases. Allowing for under-diagnosis, incomplete reporting, and reporting delay, and based on the available data on HIV infections around the world, the true figure is estimated at 4,000,000 worldwide. This represents a 60% increase over the estimated 2.5 million cases as of July 1993. You will note that the vast majority of this estimate comes from Africa with the Americas accounting for 25%. The proportion of AIDS cases estimated to have occurred in Asia has increased from 1% in mid-1993 to 6% in mid-1994, due primarily to the rapid evolution of the epidemic in South/South East Asia.

Total HIV infection (as opposed to AIDS) worldwide is estimated at 16 million with over 9,000,000 coming from Africa and over 2,000,000 from Asia. This last figure is increasing at a more rapid rate than others and by the year 2000 when 40,000,000 million infections will have occurred, Asia will account for more new infections than any other area of the globe.

In South East Asia, the status is as follows:

As of 30 June 1994, 6,739 cases of AIDS had been reported from countries in the South East Asian WHO Region which includes Thailand, Indonesia and 9 other countries in South and South-East Asia, and 6646 cases in the 35 countries and territories of the Western Pacific Region, including Singapore, Malaysia, the Philippines and Brunei Darussalam.

There are increasing trends in virtually all countries of South-East Asia. More than 5000 AIDS case have been reported in Thailand 60% of which were reported in 1993 alone. Increasing trends are also evident in Malaysia and Indonesia. Malaysia reported 2525 new HIV infections and 27 AIDS cases. A total of 185 persons with HIV infection including 43 AIDS cases had been reported at the end of 1993 in Indonesia. More than 80% of the total number of cases reported occurred in 1993, suggesting a dramatic and sudden increase, although the figures do not allow for any clear conclusions concerning prevalences. The Philippines have reported 100 new HIV infections and 31 new AIDS cases in 1993. As of July this year, the cumulative total was 510 reported HIV cases and 143 AIDS cases. Brunei has reported a total of 10 HIV cases, and Singapore, 222.
In the neighbouring countries, Myanmar, Cambodia and Vietnam, the increase in the number of AIDS cases is even faster. Vietnam documented 1124 new HIV infections and 89 AIDS cases in 1993, a 13-fold increase in HIV cases over the 1992 figure. Cambodia has reported no AIDS cases yet, but the number of reported HIV cases increased from 3 in 1991 to 290 at the end of 1993. In Myanmar, the number of reported AIDS cases increased from 6 in 1992 to 117 in 1993.

Reported cases of HIV infection or AIDS do not show the real prevalence of these conditions in any given population. For example, many who are infected with HIV are detected through screening procedures such as one would have prior to donating blood. Blood donors, however, only represent a small fraction of the population. It can be assumed that there are others who are infected but do not belong to the blood donor population. Some countries have therefore established sentinel surveillance systems, which provide for the regular testing of representative low risk and high risk population groups, or have conducted specific studies.

In order to plan, develop and implement programmes, a representation of the actual magnitude of HIV infection is necessary. Some countries have made estimates. These are often based on the number of reported cases, observed HIV prevalence rates, and the assumed size of the populations at risk. Thailand for example estimated at the end of 1992 that 350 000 to 500 000 people were infected with the HIV virus. The Philippines estimate the number of HIV infected persons at 25 000 to 35 000 against reported number of only 510 HIV infections.

The HIV epidemic in the South-East Asian Region has been characterized by wide variations between countries in the predominant modes of transmission, reflecting their great social, cultural and economic diversity (and the measures taken to control the spread of the virus).

Heterosexual transmission and injecting drug use appear to be responsible for the vast majority of AIDS cases in the Region. Heterosexual transmission of HIV is predominant in five of the six ASEAN countries. In Brunei Darussalam, the Philippines, Singapore, Indonesia and Thailand more than 50% of reported infections have been acquired by this mode of transmission. In Thailand, three quarters of AIDS diagnoses have resulted from heterosexual contact.

With the overall number of HIV and AIDS cases rising, homosexual transmission has become relatively less important. However, in some of the countries, the proportion of all reported HIV infections which have been acquired through homosexual transmission is still considerable. For example in Singapore 39% of all reported HIV infections are believed to be due to homosexual transmission, and in the Philippines, the figure is 18%.

In a few countries the role of injecting drug use in the transmission of HIV is becoming increasingly prominent. In Malaysia, 81% of the reported HIV infections were attributed to injecting drug use. This has increased dramatically since 1989. Neighbouring countries such as China and Vietnam have also reported a significant number of HIV-infected injecting drug users (75% and 86% respectively).

Monitoring HIV infection in high-risk groups such as commercial sex workers, people with sexually transmitted diseases, injecting drug users and homosexual or bisexual men, is an essential part of HIV surveillance programmes. However, the results have to be very carefully interpreted, as the survey methods differ. Unlinked anonymous testing is the method recommended for seroprevalence surveys and sentinel surveillance. In practice, voluntary confidential testing, compulsory testing of blood donors, and in some cases,
Closer to home, we can point to the "condom-only" campaign implemented in the brothels of northern Thailand. Taking the incidence of sexually transmitted diseases in prostitutes as a surrogate marker, one can see the dramatic effect of rising and sustained condom use in a group with one of the highest risks of HIV infection. It is also important that promotional efforts be directed at persons with a special vulnerability to HIV infection. This means everyone with more than one sexual partner, or whose partner has more than one partner.

So it is not a question of whether condoms should be promoted, but of how it should be done. Each country should adopt an approach most suited to itself and mass media play a crucial role in getting the approach right.

The second key intervention to prevent the sexual transmission of HIV is, as I said, the more effective treatment of sexually transmitted diseases. If the bad news is that people with conventional sexually transmitted diseases such as chancroid, syphilis, chlamydia and gonorrhoea are more likely both to transmit HIV and to be infected by the virus, the good news is that most of these sexually transmitted diseases are relatively easy to diagnose, and in more than 95% of cases they are curable. So AIDS prevention through early treatment of sexually transmitted disease is a very viable option.

Providing information on how to avoid infection, how to recognise the symptoms of STD once one is infected and where to find treatment facilities are important elements of this strategy.

Let me emphasize that WHO has no standard blueprint for HIV prevention. The global pandemic is a mix of diverse epidemics, each driven by different factors and forces. The best mix of interventions must be chosen, adapted to the local context, and adjusted for local constraints.

But we can learn from previous experiences in the Region. The following are some practical suggestions made during a seminar on AIDS and the media organised by WPRO in Japan. Although several years have passed since this seminar was held, the participants of this workshop may want to consider some of its recommendations:

A. Suggested Actions: Media

(1) produce more programmes on AIDS;
(2) conduct audience feedback surveys to provide basis for, as well as assess impact of, media reporting on AIDS;
(3) diversify/explore various ways of reporting on HIV/AIDS;
(4) develop and exchange materials and ideas on HIV/AIDS with other countries in the Region;
(5) set-up a library of HIV/AIDS information, including audio-visual materials;
(6) monitor and evaluate media activities on HIV/AIDS;
(7) involve various groups (i.e. community groups, people who practice high risk behaviour) in media programming;
mandatory testing are also used. As the test methods are not always specified and
selection bias cannot be excluded, the results reported should be taken as suggestive of the
situation in the areas surveyed.

Now, what interventions are available to respond to this epidemic. I will briefly
discuss a few that have been known to be effective.

Continuing to doubt that HIV infection spreads through sexual intercourse, feeds the
denial and complacency that have hampered our global efforts.

The basic interventions to prevent sexual transmission of HIV are:

- firstly, the promotion of safer sex, and the provision of condoms; and

- secondly, as conventional sexually transmitted diseases facilitate the transmission
  of HIV, the encouragement of sexually transmitted disease care-seeking and the
  provision of sexually transmitted disease services.

What do we mean by safer sex? Safer sex includes abstinence. There is certainly no
danger in having no sex at all. It may mean mutual monogamy; fidelity between uninfected
partners. It may mean non-penetrative sex, including petting or masturbation. Or it may
mean protected sexual intercourse with a condom. An effective AIDS programme accepts
the fact that some people cannot or will not restrict themselves to abstinence, fidelity or
non-penetrative sex, and that these people therefore need to know how to use a condom.

AIDS information should be made available to the general public and it should also
be targeted at particularly vulnerable population groups, such as drug injectors, prostitutes
and their clients, and young people. Today's young people also need explicit sex and AIDS
education in school, and preferably before they become sexually active.

There may be cultural or religious resistance to the kind of sexual candour required
for effective information campaigns. Politicians and teachers may fear parental or
religious opposition to sex education. People may object to condom promotion. But lives
are at stake. The challenge is to respect social norms while recognizing the realities of
AIDS, so that all people know how to protect themselves and others from HIV infection.

Many people believe that sex education in schools encourages early sexual
experimentation or promiscuity. In fact, studies have shown repeatedly that talking
seriously to young people about sexuality and the risks of HIV transmission does not lead
to earlier sexual activity. Rather, it does lead to an increase in the practice of safe sex, a
reduction in teenage pregnancy and in some cases to delay in the onset of sexual activity. If
we waste time now doubting the merits of AIDS education, condom promotion or, for that
matter, harm reduction programmes for drug injectors, we risk our young people becoming
the driving force of the pandemic. The mass media have certainly a role to play in
creating an environment conducive to the acceptance of school sex education as a means of
fighting AIDS.

Let me mention here that condom promotion can be effective in making condoms
more acceptable among men and women. In Switzerland, for example, condom sales have
more than doubled since 1987 as the result of a professionally-designed, sustained media
campaign. It has been shown that the number of young adults who always use condoms
with casual partners is now nearly 10 times greater than what it was. The campaign's
preventive effect is already showing through in the recent plateauing and gradual decline of
new AIDS cases in Switzerland.
(8) overcome political, economic, religious restrictions on programming and provide balanced arguments in programming;

(9) conduct an internal public relations campaign on HIV/AIDS to foster awareness and combat prejudice among colleagues;

(10) aim AIDS reporting at specific groups, i.e. women, youth, mothers-to-be, and people who practise high risk behaviour;

(11) promote interest and participation in World AIDS Day; and

(12) consider adopting guidelines provided by WHO on AIDS Media Reporting.

B. Suggested Actions: Governments

(1) produce and/or support the production of local print and audio-visual materials on HIV/AIDS;

(2) standardize translations of technical AIDS terms and adapt them to local culture;

(3) initiate and run national media workshops on HIV/AIDS with WHO;

(4) draw up a directory of who’s who in HIV/AIDS to act as resource persons to media;

(5) encourage active participation of media in national AIDS Committees;

(6) provide information on a regular basis to media people;

(7) involve schools and communities in World AIDS Day and other AIDS related activities (i.e. local/national competitions to support AIDS);

(8) monitor/evaluate mass media activities on HIV/AIDS;

(9) conduct surveys to measure audience feedback to broadcast media reports on HIV/AIDS;

(10) recognize outstanding broadcast journalism on HIV/AIDS; and

(11) support all media activities for World AIDS Day.

C. Specific campaigns including World AIDS Day

(1) Hold a concert involving popular artists who can donate their talents in support of World AIDS Day.

(2) Involve community groups and schools in grassroots, local-based activities (i.e. AIDS song fest, plays, jingles, etc.) to be covered by media.

(3) Publish/produce short magazine type items on HIV/AIDS.

(4) Conduct on-the-street interviews.
(5) Hold panel discussions with experts, interviews with victims and family of HIV/AIDS patients.

(6) Target women/mothers, stressing that HIV/AIDS can be contracted.

(7) Produce documentaries/dramatization on HIV/AIDS.

(8) Design a set of activities that would build up to World AIDS Day.

Thank you very much.
Figure 1
Cumulative AIDS cases in adults and children mid-1994

- Oceania: 0.5%
  - Americas*: 11.5%
- Africa: 33.5%
- Europe: 11.5%
- USA: 42.0%
- Asia: 1.0%

Reported 985,119
Figure 2
Estimated number of AIDS cases in adults and children mid-1994

Africa
67.0%

Europe
4.0%

Asia
6.0%

Oceania
1.0%

Americas*
12.0%

USA
10.0%
AIDS trends in selected South East Asian Countries

Figure 4

- Thailand
- Malaysia
* Philippine
- Indonesia
* Brunei
- Singapore

thousands

1988
1989
1990
1991
1992
1993

5
4
3
2
1
HIV trends in selected South East Asian countries

- Malaysia
- Indonesia
- Vietnam
- Cambodia
- Philippines
Figure 6
HIV transmission categories

% 100 100 100 100 100 100

- other/unknown
- mother-infant
- transfusion
- IDU
- homosexual/bisexual
- heterosexual

Mala Indo Phil Sing Brun Thai