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Social Mobilization And AIDS

By

Kaan Sheung Kin
SOCIAL MOBILIZATION AND AIDS

Introduction
AIDS is not just infectious disease. It is aptly classified as a communicable disease, implying that it is a sickness with a mode of transmission of that of person to person within a community.

The relationship of AIDS to a community is a macro version of HIV within a human body. Thus, be it anti-viral research, AIDS education, fighting the spread of HIV or preventing AIDS from taking its toll on the community, for any AIDS project to succeed, AIDS must be viewed as a living organism spreading insidiously within the community. For HIV & AIDS to battled effectively, the entire community must be mobilised through education.

Action for AIDS (Singapore) was started in 1988 by a group of individuals concerned about the then current lack of AIDS awareness within Singapore. Since its inception much has been done to educate the public and government about AIDS. AfA does not work alone, rather, its principle method of operation is through networking. It has and will continue to work with different organisations and institutions. It has also built up over the years with the media the role of an expert, impartial and often bluntly critical consultant.

The main objective
Situation: AIDS exist chiefly as sexually transmitted disease spreading within existing traditional, cultural and social structure, practices and behavioural norms.

Concept of promoting new social norms:
1. Provide basic HIV and AIDS education
2. Provide acceptable and viable alternative practices as techniques.
3. Establishing new social norms for communal behaviour through respectable role models and core groups.
4. Encouraging adoption of new behavioural model as the community standard.

This simplified approach has been applied in all our projects be it gay men, Muslim community, youth, sex workers and people living with HIV & AIDS (PWAs).

The typical working model
In our experience, a fairly predictable sequence of events occurs as each new project is implemented - anonymous testing, outreach, commemorative events and establishing self-help groups for PWAs.

1. Initial inertia
2. Backlash from individuals due to a fear of change, loss of anonymity and fear of being unable to cope with new things.
3. Suspicions by most about the motives and objectives. The fear of taking a leap into new areas usually lead to attention being focused on remote probabilities rather than faith in human decency and common sense.
4. Resulting open debate generates more publicity - automatic propaganda
5. Acceptance by some.
6. Acceptance by the rest when the initial converts appears 'unharmed'.
7. New norm set.

In a nutshell
AFA's work can be summarised as:
1. Safer sex campaign.
2. Getting the government into the act.
3. Exploiting the advantage of being a non-governmental organisation (NGO).
4. Target group education.
5. Sleeping with the media.

THE AFA EXPERIENCE IN SINGAPORE

Let's look at some of things that AFA has done to mobilise the community in Singapore. From a totally new group in 1988, AFA has been the publicly recognised AIDS organisation in Singapore. Our work in the field of AIDS education falls into two broad areas
1. raising AIDS awareness of the general public.
2. raising AIDS awareness of target groups

I. RAISING AIDS AWARENESS OF THE GENERAL PUBLIC

1. Media

a. press
   The voice of the public - Letters to the editor
Since its inception, AFA has consistently closely monitored the media in its coverage on all matters related HIV and AIDS. Letters are written to the editors of newspapers to protest against or point out mistakes or fallacies which only promote greater misconceptions about AIDS as well as discrimination against PWAs.

AFA has also maximised the advantage of being an NGO by being immediately available for comments on AIDS issues and incidents. Over the years, the press has learn that it is far simpler and faster to get an official statement from AFA than a
government agency of the Ministry of Health. Credibility has been reinforced by the
situations where the source is actually from someone who works in the Ministry of
Health but is commenting in the capacity as an involved volunteer.

b. radio & TV
We have managed to gain much access and time on the airwaves for our public
education and awareness program through:
1. attract a number of key people working in the broadcasting corporation;
2. being prepared to adapt to sudden working schedules like interviews, panel
speaking and call in sessions.
3. maintaining the non-profit and non-government funded status which has
allowed us to get free air-time.
4. connecting the media people with PWAs for realistic and personal interviews.
5. making their job easier by giving them good story angles, lines, materials and
sometimes scripts by preparing good press kits.

c. magazines
Similar methods of networking, joint projects and recruitment in working with radio and
TV have proven successful with magazine. Being prepared to give a good scoop or story
is still a very vital role in our relationship with the press. In return, most of the major
publications have given us free space and pages for our public messages and
advertisements. Recognising the tight deadlines most journalists are faced with, AFA
has been very effective in working with the media as each project leader is allowed to
work with journalist independently without the need for constant clearing of issues with
the executive leaders.

d. advertisements
We have collaborate with many advertising agencies would had decided to do
something for AIDS as a their free community effort project. It is important that we
recognised that many of the people who are infected or affected by HIV & AIDS are in
the media, advertising and entertainment circuit. Almost all our public posters,
billboards, video and ad publications are done at cost, for free or fund raising for AFA.

To date sponsored ads includes
1. newspaper ads for safe sex
2. magazine ads for safe sex and public events
3. educational drama videos
4. music videos
5. calendars
6. printing of our own newsletter, the ACT

2. Governmental agencies
   a. Ministry of Health, ATF, NACAIDS
   b. Ministry of Home Affairs, Defence, Education
   c. CDC, DSC
   d. hospitals
AfA actively recruits target personnel from the various government institutions into their project on a cooperation basis. We recognise that official sanction can cut through a lot of delays in implementation of standard public health messages. Conversely, AfA often took on the more controversial task of promoting safe sex, condom and working with homosexuals.

We are partners in collaboration, promoting slightly different versions of a basic message of personal sexual responsibility. These cooperations allows us to cover the whole range of the population.

The general population is given AIDS awareness while those in the high risk behaviour sections are given a more focused message. Government agencies are politically supported and cannot take on stands considered morally objectionable. An NGO like AfA can being fairly frank about practical methods of safer sex, alternative sexual practices, eroticisms, commercial sex techniques and even sex for HIV infected people. In all their outreach efforts, AfA works with the tacit agreement of informed non-interference by the relevant ministries and their enforcement agencies.

3. Public events
   a. commemorative
   b. fund raising
   c. community participation

Every year we organise a mass media blitz to commemorate World AIDS Day. It is often tied up with the launch of a new project. The main idea to remain publicly visible and promote AIDS awareness. Volunteers are also recruited to replace those who have dropped out. Commemorative public events like the Candlelight Memorial and the Quilt have played very important roles in helping those families who have lost loved ones to AIDS cope with their grief by giving them opportunities to participate anonymously and volunteer their time without loss of confidentiality. Similarly in fund raising events, our PWAs attendance have been high no doubt due to the shelter of anonymity provided as well as an the opportunity to do something for them own potential plight.

4. Public services
   a. anonymous counseling and testing clinic

Since 1991, we have provided the only anonymous HIV testing facility in the country. Conditioned to this provision from the Ministry of Health has been the objective of providing counseling to all those coming in for tests or collecting results. There is official acknowledgment that the service does attract those who by nature of their sexual practices, should test but are adamant against any potential loss of confidentiality. This was especially so in the first year where the project was targeted at getting gay men to come forward for HIV counseling and testing.
Every year, only the figures, without any identification particulars, are reported to the Ministry of Health to help in the national assessment of the AIDS epidemic. The anonymous counseling service is also used by a large proportion of the attendance.

The training of counselors has also contributed to a network of community counselors operating in different organisations and social groups. Once trained, counselors are usually involved in informal counseling of their own social and working circles.

b. the ACT

Our newsletter was started in 1992. It was targeted at both volunteers within AFA as well as the general public. Production has involved pulling in various resource and in return it has been able to effectively recruit much manpower.

The newsletter has also allow AFA to voice comments on AIDS issue in a bolder manner. In addition, people living with HIV and AIDS have been catered to. Nevertheless, it is a difficult and expensive project to maintain. The mailing list was originally targeted at schools and has been constantly evolving since. The turnover rate for staff in the editorial board is also very high. The ACT remains as one of our more visible efforts in the community and global network.
II. RAISING AIDS AWARENESS IN TARGET GROUPS

1. High risk behaviour groups - gay community, drug addicts
2. PWAs
3. Youth
4. Schools
5. Armed forces, police
6. Work force
7. Medical network

Our target groups have changed over the years as the picture of the epidemic in the country evolved along the Type I pattern similar to Western countries in Europe and North America.

Gay men still form a high proportion of our PWAs and there is still the need to maintain an outreach program within the gay community.

Meanwhile, we are now moving into the field of dealing with drug abusers and the heterosexual population. In particular, women have been identified as important target group for AIDS awareness.

We have not made that much progress in the education of our youths in schools and armed forces. The Ministries in charge have their own programs which have been limited to fairly tame stuff.

It was and still is very important to study the social factors controlling each target group. Outreach philosophies for gays, women and drug abusers differ greatly as they are all unlike in terms of socio-economics, independence, acceptability by the general population, misconceptions and numbers. Self-confidence and respectability is emphasised in gay outreach, empowerment is for women while recognising the need for help is for drug abusers.

Similarly, when dealing with the labour force and management, different philosophies apply. Employees are taught to understand and remove that paranoia about AIDS. Communicable rather than contagious is emphasised. Managements are taught about potential loss of productivity in terms of dollars and cents. Help is offered in the planning of employees welfare policies.
Conclusion

Social mobilization is needed to fight an AIDS epidemic. The Singapore model is more an exception to the rule in the region partly because of its access to latest information and literacy rate. Its self-contained social environment has made the task of public education relatively easy and not greatly complicated by the socio-economic problems of literacy, finance and traditions.

In the end, one has to bear in mind that even the most successful AIDS prevention program in the world is never 100% effective. "No country in the world has a zero infection or detection rate yet."