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Strategies And Approaches To AIDS Communication In Thailand

By

Pawana Wienrawee
HIV Situation in Thailand:

Since the first AIDS case was identified in 1984, the HIV epidemic has spread rapidly in Thailand so that infection rates among pregnant women as of June 1994 were approaching 5% in the northern provinces of Thailand and 1.5% nationwide. These rates reflect infections among ordinary Thai citizens and not special, high-risk groups. It is estimated that Thailand currently has about 600,000 HIV positive people, with 8,580 reported AIDS cases, and 2,682 persons who have died of AIDS-related infections and diseases. What is more fearful is that experts estimate that of the current population of 600,000 HIV positive persons, less than 15% know their HIV status.

Similar to many other countries, the HIV epidemic in Thailand is more severe among the lower income population age 15-29.

Despite initial reticence, the Royal Thai Government has become a model for the world for openness and resource commitment to fight AIDS. The direct government budget allocation has increased from less than 5 Million US dollars in 1990 to over 50 Million US dollars in 1993.

Related to efforts made in AIDS education by both government, NGOs, and the private sector, the latest information on the HIV epidemic presented at the National Conference on AIDS last month seems to provide some good news. There is evidence of some decrease in new infections of HIV in certain populations. This is supported by the national statistics on the decrease in STDs and the findings from several research studies that people report increased use of condoms, particularly with commercial sex workers.

Even if there are some signs that the increasing rate of HIV could be slowed in certain populations, we will continue to see the rise of HIV infection, particularly in women. What we need are prevention interventions that are effective in changing behaviors of individuals to lower their risk of getting and spreading HIV, and social norm changes that facilitate and reinforce the adoption of these lower risk behaviors.

THAT IS THE CHALLENGE OF MASS MEDIA !!
How Mass Media Has Played a Role in AIDS Prevention in Thailand:

What we have found from the past five years of campaigning against HIV/AIDS is that people who can answer correctly questions on how one can get AIDS and people who acknowledge that they fear AIDS do not necessarily practice lower risk behaviors. Why?

Very often people do not associate their "Awareness" knowledge with "How to" knowledge.

Let's review what messages sent between 1988-1994 through different media look like:

Newspapers/ Magazines: Early in the epidemic, statistics of HIV infections, both local and abroad, particularly in the USA and Africa, emphasized the infection rates among gay men, IVDUs, and CSWs. The focus was on information about how AIDS is transmitted and not transmitted, progress on treatment with various drugs, and opinions on methods of prevention including the elimination of prostitution, and the registration and HIV screening of CSWs. The value of monogamous relationships and one-partner for life was often emphasized.

It was only in 1992-1994 that printed media tended to present more news on the spread of AIDS towards women and the general population, the impact on babies, how to live with HIV people, and the role of the family in AIDS prevention.

In summary, newspapers have tended to report on govt. information on HIV rather than ways to avoid behaviors that put one at risk of infection or offering opinions about solutions to the social problems caused by the epidemic. And the format in newspapers tends to be complicated and not always technically correct. Newspapers targeted at higher educated people tend to report better technically, and have more accurate information. So it reinforces and increases the gap between the social/economic classes as the more privileged have access to better information.
Television: Most of the programming on television tends to be short—five to twenty minute documentaries from the MOPH or other governmental or NGO sources. Most of them are aired on free air time and are shown at non-prime time hours. Some stations will just insert those features as fillers between their more basic programs. These spots and programs often portray the danger of AIDS by showing someone who has risk behavior, contracts AIDS and dies. Only in the past two years have more of these programs emphasized the importance of the family roles in preventing HIV infection. There is a lot of emphasis on men's role, men's responsibility and women as victims.

Only in the last year or so have there been some dramatic programs that inserted AIDS in the story line. This has helped boost the discussion of AIDS from these prime-time soap operas to the viewing audience.

Also during the last two years, variety shows have started to integrate AIDS discussion into their programs. But still most of them are showing people with AIDS, rather than seriously addressing the prevention aspects.

In summary, television has the largest reach on AIDS information to the population. However, several studies report that people are skeptical about information from television. And many reflect that it could be a fictional rather than a real life situation and threat.

Radio: Most of the content reported on the radio tend to be news and radio spots from the MOPH and from sources similar to those for television. Since 1992 there have been some special programs, produced and sponsored by NGOs and government offices.
In the past two years there has been more active participation by the radio producers, which has tended to produce high quality interactive presentations which are not as common in the other media. When these programs called for telephone call-ins, they had a high response rate.

In summary, interactive radio programming has become a hit in Thailand. And with the new technology of satellites, the radio now has a greater reach than previously and with more availability of telephone lines the interactive programs have great nationwide potential in the near future.

How Mass Media Has Influenced Perceptions about AIDS:

Data reviewed from various sources of KAP surveys in different populations reveal that:

- Knowledge of HIV and how it spreads has been emphasized and most people answer correctly questions about how HIV is transmitted. There is a high level of awareness that there is no cure for AIDS. The knowledge items that are less often answered correctly concern the asymptomatic stage of HIV which can last for several years, the infectivity of HIV positive people who look healthy, the limited prevention potential of HIV blood tests, the importance of STD check-ups and treatment, and the problem of incomplete treatment of STDs increasing the susceptibility to HIV infection.

- Messages often portray HIV infected people as marginal groups who have misbehaved or have been victimized by others.

- Viewers learn to associate HIV infection with CSWs, IVDUs, Gays, uneducated people, the poor, the promiscuous, the pitiful, the hopeless, and death.

- Condoms often are associated with "commercial sex", "diseases", and "mistrust".

How to Fill the Gaps:

We want Behavioral Change Communication:

It is widely recognized that the only hope to save this world from AIDS lies in changing behaviors, especially sexual practices. An effective vaccine is not likely to come in the next decade and even
if one is developed it is not likely that those who need it most will have access to it very soon.

In order to agree on the approaches of AIDS communication in Thailand we must begin with developing a consensus regarding which behaviors must change in order to reduce the spread of HIV.

I believe that people have to be convinced, taught, trained, equipped, and live in an atmosphere which allows them to be able to do the following:

- understand that reduction of the number of sex partners, early diagnosis and complete treatment of curable STDs, and the regular use of condoms will reduce their chances from getting sexually transmitted HIV;
- assess their personal risk realistically;
- perceive positive support from partners, peers, and significant others on their practices of lower risk behaviors, e.g. avoiding high-risk contexts, using condoms regularly, practicing safer sex, being more assertive in negotiating for safer sex and/or refusing to have sex when not ready;
- feel positively about condoms and condom users;
- perceive social acceptance and permission to discuss sex;
- have skills to discuss AIDS, assess risk behaviors, and negotiate sexual decisions with their partners;
- delay sexual decisions when not ready.

Note that these behaviors apply to those who are or will be having more than one sex partner in their lifetime, regardless of their gender, profession, religion, or sexual orientation.

What Needs to be Done:

PERSONALIZE THE ISSUE

We need to make people feel that this is their own problem, not just something that will affect others. Messages are needed which portray the image of normal, decent individuals getting AIDS. As noted earlier, of the more than 600,000 HIV+ in Thailand, most of them do not know they have HIV, therefore they are infectious without their knowledge and are likely to give it to their loved ones unintentionally. No one is wrong or to be blamed in this situation. We don’t need any more blaming messages because that doesn’t help. With blaming one can deny personal responsibility by assigning fault to others.
just like the notion that AIDS is someone else's problem, not mine.

PORTRAY A POSITIVE IMAGE OF CONDOMS

We need to make condoms part of the new life style, like wearing seat belts or motorcycle helmets, brushing teeth and using dental floss before bedtime. Condoms need to be portrayed as a symbol of caring, responsibility, trust and being modern. For the woman they are to be seen as part of her modern life style of looking out for her own health and welfare.

PORTRAY NEUTRAL/POSITIVE IMAGE OF PEOPLE WITH HIV/AIDS

Thailand has no choice but to accept the reality that we will be living with 5-10% of our population who have HIV in the coming decade. We must create a healthy society that allows HIV+ persons to live productive lives. Media can influence people on this through portraying the dignity of HIV+ persons, not as victims or persons to be pitied.

PROVIDE ALTERNATIVES, PARTICULARLY FOR WOMEN

Women have to be encouraged to believe that their courage in discussing sexual issues and negotiating sexual decisions is something which is acceptable to men and not to be used as a judgement by some moral standards or as a reflection of a certain sexual history. Portraying this message of acceptance by men could be powerful in promoting in women the attitude of permission to be open about their sexual feelings. Media should encourage women to support each other in this new openness.

DESENSITIZE SEXUALITY ISSUES TO EFFECTIVELY TEACH NEGOTIATION SKILLS

One can only assess their risk accurately when they can have open communication with their partner on sexual histories and current practices. We have not grown up in a culture which promotes openness and candor in dealing with sexual issues. Like in many other cultures, sex is often associated with feelings of guilt. We need to make women feel that they are responsible for their own life and safety and it is not enough for a man to say to her that "you are my woman and I will be responsible for whatever will happen."
PLANT THE CONCEPT OF "RESPONSIBLE SEX" IN THE NEW GENERATION

The new generation must grow up with the value of responsible sex. They should learn that it is important to have both emotional and physical maturity before beginning sexual relations. Media can portray realistic and attractive models of that kind of maturity. Again, they have to grow up in an atmosphere that sees that sex is not associated with guilt in order to explore freely that kind of emotional maturity. (Perhaps the media have to learn that first.)

The most important shift that is necessary in promoting this healthy attitude towards sexuality is in the parenting of both boys and girls. If girls are to be other than passive objects of men's sexual relationships and desires, they must learn from their earliest days that they are equal individuals with equal decision making. Boys are raised to be strong and independent while girls are encouraged to be dependent and often are over protected. This early experience in the family shapes the attitudes of both men and women as they reach the age of sexual activity.

In Thai we have the expression "Dai-Sia", which literally means "gain and lose". This reflects the common perception that in sexual relations the woman loses something of value and the man gains. This is most dramatic when the young woman "loses" her virginity and men seem to feel a special sense of pride in breaking the virginity of a woman. Responsible sex requires that both parties have equal decision-making, that they have an equally high stake in their relationship and in the consequences of their actions together. Such an internalized sense of equality has its roots in the sense of self which is initially shaped by the family.

USE OF MEDIA FOR THE CAMPAIGN STRATEGY

Program planners are challenged to use mass media effectively by carefully segmenting the target audience, identifying specific behaviors to promote, and ensuring that they conduct adequate formative research, concept testing and pretesting.

RECOMMENDED STRATEGIES:

- Use Mixed Media;
- Select appropriate channels for "private" and "public" messages;
Use media as interactive as possible examples: - Phone-in on radio, TV Talks shows
- Link popular TV soap opera with newspaper columns or radio phone-in to create discussion on AIDS/Sex-related issues;

Take advantage of incidents to create the content;

Attempt to create network of audience through media to create support groups for advocacy;

Use media most cost effectively example: - banners at key sports events will often get prime time coverage;

Mobilize media personnel with "Supply Strategy" to continue their interest on the issues;

Mobilizing of public relations.

MAJOR BARRIERS:

- Ability to mobilize resources;
- Competitive with other agendas;
- It takes courage and strong commitment from parties involved.

MEDIA AS A REFLECTION OR MEDIA AS A CREATION

With AIDS we don't have much time! We need to find a short cut to create social norm change. Media can do more than just reflecting the culture. They can, and must, take the lead in changing the cultural norms. They have done that in projecting new life styles where the lower classes are taught to imitate the trend-setting upper classes. Why can't they add on the responsible life style to save the society from the disaster of AIDS.
REFERENCES:


