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Strategies And Approaches To AIDS Communications
From the Perspective Of Singapore

By

Chuo-Ng Peck Hiang
INTRODUCTION

The first HIV-positive case was reported in Singapore in 1985. Since then, a total of 252 HIV cases has been detected as of June 1994 and 63 have died.

With the first HIV case detected, Singapore reacted swiftly by forming the Advisory Committee on AIDS in 1985, which formulated an action plan for the National AIDS Control Programme. This Committee was later replaced by the AIDS Task Force, which advises the Ministry of Health on medical and scientific matters, and a National Advisory Committee on AIDS, which provides community feedback and advises the Ministry of Health on AIDS education for the public.

The control measures implemented under the National AIDS Control Programme include:

* educating the public;
* legislation;
* counselling those at high risk of infection;
* protecting the national blood supply through routine screening of blood and blood products;
* monitoring the disease, initiating contact tracing and notification of cases;
* treating the infected;
* training personnel;
* conducting research and studies.

This paper presents the AIDS Education Programme which covers the communications and education aspects of the National AIDS Control Programme in Singapore.
AIDS EDUCATION PROGRAMME

The focus of Singapore's National AIDS Control Programme is on education. The strategy and approach of the Programme has undergone changes and modifications over the years, aiming to meet the needs and demands of the changing situations. The Programme embraces all forms of communication including the mass media, print materials, exhibitions as well as all forms of face-to-face activities.

Objectives

The objectives of the AIDS Education Programme are:

i. To raise public awareness on the facts about AIDS - its etiology, its mode of transmission and ways of prevention;

ii. To educate and motivate individuals not to practise high risk behaviours that put them at risk of HIV infection and AIDS;

iii. To dispel the misconceptions about the risk of AIDS (including the misconceptions of "no risk" or "low risk" that individuals who practise high risk behaviour seem to hold);

iv. To educate individuals on the precautions that reduce risk of HIV infection and AIDS, including the use of condom as a help to protect against STDs and AIDS;

v. To inform and educate the public about the counselling and treatment services for AIDS.

Key Messages

The key message of the AIDS Education Programme is:

THE BEST WAY TO PREVENT INFECTION IS BY MAINTAINING A MUTUALLY FAITHFUL SEXUAL RELATIONSHIP WITHIN MARRAIGE.
Persons who are not in a mutual faithful sexual relationship, however, are advised to SAFEGUARD AGAINST SEXUAL RELATIONS WITH CASUAL OR UNKNOWN PARTNERS OR WITH HIGH-RISK GROUPS including

* those who have used injectable drugs like heroin or cocaine;
* those who have many different partners, as is the case with male or female commercial sex workers;

Another message is the PROPER USE OF CONDOM to help protecting against HIV infection.

**Target Groups**

The AIDS Education Programme identifies different target groups to meet the various objectives. The target groups include:

i High risk groups
ii Commercial sex workers
iii Young adults aged 20 - 39
iv Youths in secondary schools, junior colleges, pre-u centres, institutes of technical education, tertiary institutions
v National servicemen
vi General public
vii School children in upper primary classes

**Approaches and Strategies**

1985-1986

During this period, as AIDS was transmitted mainly through homosexual activities, the strategy was to direct the educational messages towards homosexuals, the health professionals and the general public.

Although the message was direct but the approach was soft and subtle. Only print materials were produced to reach the High Risk Target Group (ie the homosexuals), the health professionals and the general public. Public talks on AIDS were conducted from time to time.
The AIDS Education Programme was intensified with target groups extended to adults, youths, high risk individuals and health professionals.

Surveys were conducted to find out the level of knowledge and attitudes towards AIDS among nurses, doctors and dental surgeons.

Print materials were distributed to all target groups, including employees of massage parlours and social escort services, hairdressers and barbers. Pamphlets on AIDS were made available at the airport, travel agents and tour agencies.

Exhibitions were organised at shopping centres, government hospitals and clinics, community centres and workplaces on a small scale.

Training in the form of update lectures/sessions on AIDS were organised for nurses, doctors and health educators.

In addition to the activities initiated in 1987, messages on AIDS prevention were further extended to discotheques, night clubs, bars, cocktail lounges, social escort agencies, health centres and other 'high-risk' areas.

An "AIDS Awareness Fortnight" was first launched in 1988. The focus of the "AIDS Awareness Fortnight" was to inform the public on the facts about AIDS, to dispel common myths, to reinforce positive behaviour and to encourage persons who have high risk behaviour to modify their behaviour. This "AIDS Awareness Fortnight" became a yearly activity after the launch in 1988.

For the first time, messages on AIDS were carried out through the intensive paid media including the television, radio, cinemas, newspapers and magazines in 1988. This set the trend in using mass media in the subsequent years.

Face-to-face activities were stepped up at educational institutions, workplaces, hospitals and clinics, as well as shopping centres. Special training programmes including counselling skills were conducted for staff of drug rehabilitation centres,
CID officers, prison officers, welfare officers, union leaders, hotel staff, uniformed groups and health personnel.

Special functions were organised in conjunction with voluntary agencies such as the Youth Challenge and the Action For AIDS on World AIDS Day (1 December).

Public Forums were organised to further highlight the importance of AIDS prevention. One of forums entitled "Women and AIDS" organised in 1990 was specifically organised for women to enlighten them on the health, social, economic and legal aspects of AIDS.

IV 1991-1993

The AIDS Education Programme continued with the same intensity during this period. The messages used became more focused. The same slogan was used throughout the period:

"AIDS. BE SAFE. NOT SORRY."

For the first time, the use of condom to help preventing AIDS appeared in the mass media advertisements in 1992. Although the message was still subtle, it was one step ahead to meet the objective on the proper use of condom.

Publicity through the mass media, paid or free coverage, was also extended to many of the below-the-line media, such as taxi-tops, QTV, and Telecom bills, in addition to the usual above-the-line media.

The "AIDS Awareness Fortnight" was extended to "AIDS Awareness Month", a month-long activity, from 1992.

On face-to-face activities, the intensity was maintained at workplaces, educational institutions, travelling-related business as well as the general public.

With the large number of foreign construction workers working in Singapore, the AIDS Education Programme further extended its reach to the construction workers
through the Singapore Contractor Association and the Construction Industry Development Board. A special video programme on AIDS was produced in English, Chinese (dialects) and Thai for the construction workers in 1992.

Special events were organised in conjunction with World AIDS Day and the AIDS Awareness Fortnight/Month. In 1992, a "HAND PRINTING" event at a shopping centre and a special stage education programme hosted by celebrities at a well-known food centre to pledge their support for AIDS education with their action drew large crowd and generated much awareness on AIDS. In 1993, a public forum for youths was organised to increase the youth's awareness about AIDS.

COUNSELLING

All HIV infected persons are counselled regularly by doctors and other staff who are specially trained to manage such cases. Case finding is carried out through contact tracing. HIV infected persons and their sex partners are counselled and HIV screening is carried out for those who have been exposed to the infection.

An AIDS Telephone Helpline has been in operation since 1987 to provide anonymous counselling to the public. Person-to-person counselling is also provided to persons with high risk behaviour.

At all educational activities and opportunities, the public is informed of the free and anonymous counselling available to persons with high risk behaviour or persons who suspect that they are at risk.

Persons counselled and tested, whether found to be infected or not infected, will be kept with strict confidentiality to ensure that they will not be alienated.

CONCLUSION

Communications on AIDS through the AIDS Education Programme in Singapore have been more direct and more focussed over the years as the problem of AIDS becomes more serious with the increasing number of HIV cases.
Despite all the educational efforts in passing on the messages and warning, there seems to be a relatively large high risk group who are either still ignorant of the problem or prefer to ignore the messages, thinking that they can escape the possible consequences.

One important area is the unequal status of men and women in socio-economic development. Future educational effort should be directed towards the women to make them realise their risk in facing AIDS either from their promiscuous spouses or from the commercial sex work. The women must be taught how to demand the rights to protect themselves.

In the meantime, the men must be educated that their masculinity and virility are not demonstrated through having sex with many women, but through their respect and care for their wives and other female human being.

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