REPORT

WORKSHOP ON HEALTH EDUCATION IN THE PREVENTION AND CONTROL OF AIDS/HIV INFECTION

Manila, Philippines
7 - 11 November 1988

Manila, Philippines
April 1989
REPORT

WORKSHOP ON HEALTH EDUCATION IN THE PREVENTION AND CONTROL OF AIDS/HIV INFECTION

Convened by the
REGIONAL OFFICE FOR THE WESTERN PACIFIC
OF THE
WORLD HEALTH ORGANIZATION

Manila, Philippines
7-11 November 1988

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NOTE

The views expressed in this report are those of the participants in the Workshop on Health Education in the Prevention and Control of AIDS/HIV Infection and do not necessarily reflect the policies of the World Health Organization.

This report has been prepared by the Regional Office for the Western Pacific of the World Health Organization for governments of Member States in the Region and for the participants in the Workshop on Health Education in the Prevention and Control of AIDS/HIV Infection, Manila, Philippines, 7-11 November 1988.
CONTENTS

1. INTRODUCTION .................................................. 1
   1.1 Objectives .................................................. 1
   1.2 Participants ............................................... 2

2. ACTIVITIES AND FINDINGS ..................................... 2
   2.1 Global strategy on health promotion .................... 2
   2.2 Epidemiology of AIDS in the Western Pacific Region .... 2
   2.3 Country report .............................................. 3
   2.4 Targeting audience and focus group interviews .......... 4
   2.5 Development of message and materials and pretesting ... 5
   2.6 Field work .................................................. 6
   2.7 Condom promotion and distribution ....................... 6
   2.8 Developing country strategy .............................. 7
   2.9 Evaluation .................................................. 7

3. CONCLUSIONS .................................................. 8

ANNEXES

ANNEX 1 - TIMETABLE ............................................. 11
ANNEX 2 - LIST OF PARTICIPANTS .............................. 15
ANNEX 3 - MIXED GROUP - FOCUS GROUP INTERVIEW .......... 21
ANNEX 4 - GROUP REPORTS ....................................... 23
ANNEX 5 - COUNTRY STRATEGIES ............................... 53
1. INTRODUCTION

In the Western Pacific Region, except in a few countries or areas, health education activities on AIDS/HIV infection are as yet limited. Therefore, workshops on health education in the prevention and control of AIDS/HIV infection have been planned to help Member States to develop strategies for health education activities based on WHO guidelines. The first of these workshops was held in Manila, from 7 to 11 November 1988.

The workshop was opened by Dr S.T. Han, Special Representative of the Director-General. In his opening address, Dr Han emphasized information and education as the main weapons and the health education programme as an important component of the AIDS prevention and control programme. In his speech he called on the integration of this component with existing health care services.

Dr Zhu Qi of China was elected Chairman and Dr Hj. Ramlee bin Hj. Rahmat of Malaysia as Vice-Chairman. Mrs Aida Soldevilla and Mr Vincent Calcinai from the Philippines and New Zealand, respectively, were elected as Rapporteurs.

1.1 Objectives

The general objective of the workshop was to provide impetus to countries to plan and implement the educational component of the national AIDS prevention and control programme through sharing of experiences and strengthening of planning and communication skills. The specific objectives were:

(a) to review the existing health education activities on AIDS/HIV infection in each participating country/area;

(b) to discuss and identify effective health education approaches for reaching various target groups for the prevention and control of AIDS/HIV infection;

(c) to discuss the development, pretesting and finalization of educational materials for the prevention and control of AIDS/HIV infection; and

(d) to draft plans for organizing, implementing, monitoring and evaluating health education activities in relation to the prevention and control programme of AIDS/HIV infection, using the WHO guidelines.
1.2 Participants

The workshop was attended by 31 participants from 13 countries or areas. In addition to Chiefs of Health Education Units and Health Education Officers, the participants included journalists, material production specialists, public relations officers, counselling coordinators and research officers (Annex 2).

2. ACTIVITIES AND FINDINGS

2.1 Global strategy on health promotion

A presentation on the global strategy on health promotion was made and it was pointed out that individual behaviour is responsible for HIV transmission. Therefore, the focus must be on information, education and communication (IEC). Through IEC people with risk behaviour can be identified and encouraged to abandon or modify it. There is a four-part health promotion approach which includes the general public, target groups, specific individuals and health workers. This approach covers the mass media, involvement or participation of the target group, counselling and training of health care workers. In addition, a supportive social environment, prevention of discrimination against HIV-infected individuals, treatment of intravenous drug users, long-term counselling for infected people, voluntary HIV testing and availability of condoms, etc. are needed and should be part of the global strategy on health promotion.

2.2 Epidemiology of AIDS in the Western Pacific Region

According to WHO statistics, there are over 5 million HIV-infected people all over the world. By 31 October 1988, 124,114 AIDS cases had been reported to WHO. Of this figure, 1252 are from the Western Pacific Region. It is estimated that approximately another 10,000 people are already infected.

The three global patterns of HIV transmission were presented. In Pattern I areas, a majority of the cases are male homosexuals, bisexuals, and intravenous drug users. HIV transmission through blood and blood products is not a continuing problem as blood for transfusion is screened and blood products are treated to prevent HIV contamination. Along with North America, Western Europe and parts of Latin America, Australia and New Zealand demonstrated Pattern I characteristics. Transmission of HIV began in the late 1970s.
Pattern II areas include Central, Eastern and Southern Africa including parts of the Caribbean. In this area, sexual transmission is predominantly heterosexual and the sex ratio for AIDS cases is approximately equal. As a result, perinatal transmission is common. Transmission through blood transfusions continues to be a public health problem in areas where HIV screening of blood is not routinely available. The HIV transmission seem to have started in the mid 1970s.

Pattern III areas include Eastern Europe, Middle East, Asian and Pacific countries most of which are under the Western Pacific Region. In these areas, HIV seem to have been introduced in mid-1980. Most AIDS cases in these areas have occurred because of the large number of sexual partners (or female or male prostitutes) or through contact with infected foreigners. Infection through imported blood and blood products has also occurred in Japan. In this area, the prevalence of HIV infection in high-risk behaviour groups e.g. male or female prostitutes, is still very low. While HIV infection has not yet been seen in the general population, the virus is present and the evidence of transmission is increasing.

The epidemiological situation of AIDS in the country will influence the development of objectives for educational campaigns. Those countries less affected by AIDS may have difficulty in educating and bringing about behavioural change in the population because most people are not aware of the problem. In countries where infection is more evident, the concern of individuals for their own health and that of their immediate family will motivate them to take preventive action.

Therefore, study of the epidemiological situation of a country was agreed to be one of the important components for planning a health education programme.

2.3 Country report

The participants presented brief reports on health educational activities in their respective countries or areas and shared their experiences. They described and displayed the materials they brought which gave them insights on the varied methods of developing materials. In the country report presentation, countries recognized the urgency and importance of health education activities in the national AIDS prevention and control programme.

From these reports it was gleaned that health education programmes ranged from the highly developed as in Australia, New Zealand and Hong Kong to those which are in the inception stage such as the Lao People's Democratic Republic and Viet Nam.
In the former, educational activities on AIDS for the general public had been included since the inception of the programme. These educational programmes are multi-faceted, providing information and education through telephone hotlines, insertion of printed information in local newspapers and magazines, radio and television advertisements, posters and other specific publications.

Health workers, including physicians and nurses, were given orientation and technical training on AIDS. Special educational methods such as small group counselling sessions were used with specific educational materials designed for individuals with high-risk behaviour.

In other countries such as China, Japan and the Republic of Korea, educational programmes for the general public were delivered by means of mass media campaigns (radio, television, newspaper, pamphlets and posters). In Japan, AIDS education in school was being conducted. However, educational programmes to specific groups with high-risk behaviour have not been implemented so far.

As a result of the country presentations, it was noted that majority of the countries needed to make an assessment of the nature of the target audiences, their interest and the need for development of effective health education programmes and designing educational materials.

2.4 Targeting audience and focus group interviews

Plenary sessions on targeting audiences and focus group interviews were held to identify target audiences as well as to familiarize participants with the technique of conducting focus group interviews. In the plenary it was emphasized that target audience are composed of people who share common characteristics related to the spread of HIV to whom health education messages should be directed. There is a need to identify target audiences so that information and education can be adapted in accordance with their needs. In addition, they may have similar perspectives, problems, interests, language and sources of information.

Regarding the focus group interview, it was described as a structured discussion of a small group of people (6–12) who are representative of a target audience. Focus group interviews are used for identifying health knowledge, attitudes and practices of the target audience. They represent an alternative to costly surveys and qualitative study such as participant observation for need analysis. In focus group interviews, one uses a list of guide questions on selected topics to encourage participants to speak freely. The record of discussions provides insights as to how the group and its peers think about the topic, what language to use, and what aspect of the topic is important.
Focus group interviews were conducted to get first hand experience in the development and pretesting of messages and materials. Included as target audiences were policemen, school teachers, school custodians, health professionals (doctors, dentists and nurses), village health volunteers, hospitality girls, sauna bath attendants and medical technologists.

The participants were divided into eight groups taking into consideration their country of origin and their positions (list attached as Annex 3).

Guide questions were prepared beforehand by the respective groups. The groups visited the assigned focus groups (see Annex 3) and conducted the interview in an informal atmosphere. The sample guide questions, process of focus group interview and the outcome are given in Annex 4. The results of the focus group interview has shown that, in general, the people were aware of AIDS/HIV infection but had many misconceptions about its transmission and control.

2.5 Development of message and materials and pretesting

The plenary on the development of messages and materials and procedures for pretesting were presented to familiarize the participants with the process. This was given emphasis as part of the development strategy. The message development consists of two parts: the development of the message content (substance) and the format of presentation. Both substance and format should be developed in cooperation with members of target audiences during the focus group interview.

Regarding pretesting, this was described as getting feedback on educational materials prior to widespread diffusion by measuring the reaction of a group of individuals in the target audience. Before materials are finalized, pretesting indicates out their relevance, clarity and acceptability to the target audience.

Messages and materials were developed from information gathered from the focus group interview keeping in mind identified behaviour that needed to be changed. With the assistance of graphic artists, educational materials were prepared. These were then taken back to the respective target audiences and pretested for appropriateness, clarity and acceptability. The materials were later modified as a result of pretesting to suit target audience needs.

A wealth of educational materials was created by the participants. The materials included brochures, posters, pamphlets and story boards on various aspects of AIDS education.
2.6 **Field work**

For the purpose of focus group interviews and pretesting of messages and materials developed, the following sites were organized:

- **Policemen** - Western Police Precinct #5
- **Teachers** - Araullo High School
- **Janitors** - Araullo High School (target group was changed since school was closed due to typhoon)
- **Hospitality girls** - STD Clinic, Pasay City Health Department
- **Masseuse 3** - Alpina Sauna Bath, Pasay City
- **Health professionals** - Pasay City Health Department
- **Village health workers** - Beata Health Center, Beata, Pandacan
- **Medical technologists** - Philippine General Hospital

The participants with their respective facilitators revisited the groups on the following day to pretest messages and materials. For most participants, this was their first exposure to focus group interviews and pretesting for development of educational materials.

2.7 **Condom promotion and distribution**

The importance of the condom as a measure for the prevention of transmission for people who are behaviourally at risk was underscored. The various problems of condom promotion were presented. Some of the issues raised were:

1. The emotional "price" of a condom is more important than its financial cost. The emotional "price" includes embarrassment, inconvenience, loss of pleasure and loss of "face".

2. To reduce the emotional cost, condoms should be made readily available and accessible (where people can get them by themselves) without assistance; this will lessen inhibition, shyness and embarrassment.

3. The packaging should be improved so women can carry them in their purses and men in their wallet.
(4) the financial cost should be reduced.

(5) the number of retail outlets should be increased.

2.8 Developing country strategy

A plenary on "AIDS Health Promotion: Guide for Planning" was held describing the ten steps of planning a health promotion programme.

The participants had the opportunity to develop country strategies on health education for AIDS and HIV prevention and control. For group work convenience, countries were divided into five groups on the basis of language, cultural similarity and/or geographical proximity, as follows: (1) Laos and Viet Nam; (2) Brunei, Malaysia and Singapore; (3) China, Hong Kong and Macao; (4) Japan and Korea; and (5) the Philippines. Each group chose a target audience and developed a health strategy using as reference "AIDS Health Promotion: Guide for Planning". Target audiences included nationals who work abroad (overseas workers), students studying abroad, young people (13-14 years old), sexually active people and hospitality girls.

The exercise on the development of country strategies produced by the groups was particularly useful for countries which are just starting their AIDS education programme. The sample country strategy is shown in Annex 5.

2.9 Evaluation

An evaluation form was filled out by the participants. The results of the evaluation of the workshop were positive.

In general, most participants felt that the field experience was enriching, the group discussions were stimulating and motivating while actual material development complemented the plenary presentations. Ninety percent of the participants rated the workshop as relevant and useful in their work relative to prevention and control of AIDS programme in their country/area. The response solicited on the organization and details of the workshop was less positive. One of the major comments was that the schedule was too tight to satisfactorily complete the activities.

Comment was made on the need for advance information about workshops. Countries need to be encouraged to select their participants early enough to enable them to prepare for the workshop.

\[1\text{WHO Document No. GPA/HPR/88.1}\]
On the preparation of country strategies it was suggested that focus should not only be on micro planning (specific) but should also consider macro planning (national) especially for those in-charge of national programmes.

In the concluding plenary session, the participants acknowledged being more aware of the AIDS health education activities and accomplishments of other countries in the Region. They identified successes and common pitfalls in the programmes and ways to improve performances and activities. They appreciated the importance and usefulness of preliminary field work in focus group interviews and pretesting for effective health education approaches and material development process. All participants intend to incorporate these processes in their national health education activities.

3. CONCLUSIONS

As a result of the workshop, the participants agreed that future health education activities in the Region should take into account the following:

Technical support should continue to be provided to countries/areas in the Region in conducting follow-up workshops in health education for AIDS/HIV prevention and control at the national level. Special consideration need to be given to the following areas:

(1) AIDS education in schools.

(2) Evaluation and monitoring of AIDS/HIV health education programmes in countries.

(3) Behavioural research in health education for AIDS/HIV prevention and control.

(4) Counselling techniques for AIDS/HIV positives.

It was considered that WHO could take the role in encouraging countries to plan intersectoral AIDS/HIV health education programmes with the collaboration of non-governmental organizations (NGOs), professional, civic, religious and other such organizations.

Leadership in formulating ethical guidelines for conducting health education research activities on AIDS/HIV infection could be provided by WHO or another international agency.
A mechanism should be developed for encouraging exchange of health education materials in the Region.

Short-term fellowships should be provided to Member States particularly to those who are just starting their programme, to enable them to observe and gather ideas from more advanced programmes abroad. Funding could be sought from donor agencies or other international agencies.

Horizontal (integrated) rather than vertical AIDS/HIV health education programmes should be encouraged to ensure maximum use of resources, manpower and materials.
## ANNEX 1

**WORKSHOP ON HEALTH EDUCATION IN THE PREVENTION AND CONTROL OF AIDS/HIV INFECTION**

**MANILA, 7 TO 11 NOVEMBER 1988**

### TIMETABLE

**Monday, 7 November**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
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<tbody>
<tr>
<td>0730 - 0800</td>
<td>Registration</td>
</tr>
<tr>
<td>0800 - 0900</td>
<td>Opening Ceremony</td>
</tr>
<tr>
<td></td>
<td>Introduction of Participants, Organizers, Resource Persons and Agenda</td>
</tr>
<tr>
<td></td>
<td>Group Picture</td>
</tr>
<tr>
<td>0900 - 0915</td>
<td>Video Presentation on AIDS</td>
</tr>
<tr>
<td>0915 - 0945</td>
<td>Coffee Break</td>
</tr>
<tr>
<td>0945 - 1015</td>
<td>Global Health Promotion Strategy</td>
</tr>
<tr>
<td>1015 - 1030</td>
<td>Mechanics of Workshop</td>
</tr>
<tr>
<td>1030 - 1200</td>
<td>Country Reports</td>
</tr>
<tr>
<td>1200 - 1300</td>
<td>Lunch Break</td>
</tr>
<tr>
<td>1300 - 1320</td>
<td>Evolution of AIDS Health Promotion Campaigns</td>
</tr>
<tr>
<td>1320 - 1345</td>
<td>Epidemiology of AIDS in Western Pacific</td>
</tr>
<tr>
<td>1345 - 1400</td>
<td>Country Reports Continued</td>
</tr>
<tr>
<td>1400 - 1430</td>
<td>Coffee Break</td>
</tr>
<tr>
<td>1430 - 1445</td>
<td>World AIDS Day</td>
</tr>
<tr>
<td>1445 - 1500</td>
<td>Introduction to GPA Health Promotion</td>
</tr>
<tr>
<td>1500 - 1530</td>
<td>Country Reports Continued</td>
</tr>
<tr>
<td>1600</td>
<td>Cocktails</td>
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### Annex 1

**Tuesday, 8 November**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0730 - 0815</td>
<td>Targetting Audiences and focus Group Interviews</td>
</tr>
<tr>
<td>0815 - 0930</td>
<td>Design Questions for Focus Group Interview (Group Work)</td>
</tr>
<tr>
<td>0930 - 1000</td>
<td>Coffee Break</td>
</tr>
<tr>
<td>1000 - 1200</td>
<td>Design Questions for Focus Group Interviews (Continued)</td>
</tr>
<tr>
<td>1200 - 1300</td>
<td>Lunch Break</td>
</tr>
<tr>
<td>1300 - 1530</td>
<td>Focus Group Interviews (Field Practicum)</td>
</tr>
<tr>
<td></td>
<td>Start Message and Materials Development (Time permitting)</td>
</tr>
<tr>
<td>1530 - 1700</td>
<td>Puppet show, skit, etc.</td>
</tr>
</tbody>
</table>

**Wednesday, 9 November**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>0730 - 0800</td>
<td>Introduction to Message and Materials Development and Procedures for Pretesting</td>
</tr>
<tr>
<td>0800 - 0930</td>
<td>Message and Material Development (Group Work)</td>
</tr>
<tr>
<td>0930 - 1000</td>
<td>Coffee Break</td>
</tr>
<tr>
<td>1000 - 1200</td>
<td>Message and Material Development (Continued)</td>
</tr>
<tr>
<td>1200 - 1300</td>
<td>Lunch break</td>
</tr>
<tr>
<td>1300 - 1530</td>
<td>Pretesting of Materials (Field Practicum) and Modification of Materials After Pretesting</td>
</tr>
<tr>
<td></td>
<td>Video Presentations on AIDS - informal and optional (to be scheduled)</td>
</tr>
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</table>
### Thursday, 10 November

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>0730 - 0800</td>
<td>Condom Promotion and Distribution Strategy</td>
</tr>
<tr>
<td>0800 - 0930</td>
<td>Presentation of Group Work</td>
</tr>
<tr>
<td>0930 - 1000</td>
<td>Coffee Break</td>
</tr>
<tr>
<td>1000 - 1200</td>
<td>Presentation of Group Work (Continued)</td>
</tr>
<tr>
<td>1200 - 1300</td>
<td>Lunch Break</td>
</tr>
<tr>
<td>1300 - 1330</td>
<td>Introduction to &quot;AIDS Health Promotion: Guide for Planning&quot;</td>
</tr>
<tr>
<td>1330 - 1400</td>
<td>Exercise on Development of Country Strategies  (Group Work)</td>
</tr>
<tr>
<td>1400 - 1430</td>
<td>Coffee Break</td>
</tr>
<tr>
<td>1430 - 1530</td>
<td>Exercise on Development of Country Strategies  (Continued)</td>
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### Friday, 11 November

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<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>0730 - 0930</td>
<td>Presentation of Country Strategies Exercise</td>
</tr>
<tr>
<td>0930 - 1000</td>
<td>Coffee Break</td>
</tr>
<tr>
<td>1000 - 1130</td>
<td>Summary, Recommendations and Evaluation</td>
</tr>
<tr>
<td>1130 - 1200</td>
<td>Closing Ceremony</td>
</tr>
</tbody>
</table>
FINAL LIST OF PARTICIPANTS, TEMPORARY ADVISERS, CONSULTANT AND SECRETARIAT

PARTICIPANTS

AUSTRALIA

Ms Mel Miller
Senior Research Officer
Alcohol and Drug Dependence Service
Biala
270 Roma St.
Brisbane QLD 4001

Mr Tom Carter
Education and Counselling Coordinator
Melbourne Sexually Transmitted Disease Centre
364 Little Lonsdale Street
Melbourne VIC 3000

Mr Barry Telford
Director
AIDS Education and Information Section
Department of Community Services and Health
GPO Box 9848
Canberra A.C.T. 2606

BRUNEI

Hajah Fatimah Hj. Md. Jamil
Public Relations Officer
Ministry of Health
Bandar Seri Begawan

DARUSSALAM

Mr Lionel Keasberry
Health Education Officer
Ministry of Health
Bandar Seri Begawan

CHINA

Dr Zhu Qi
Chief, Office of Behaviour Education Research
National Health Education Institute
Beijing

Mr Nan Jun-hua
Assistant Fellow
Department of Epidemic Prevention
Ministry of Public Health
Beijing

Ms Xiang Hong-qin
Editor-researcher
Institute of Medical Information
Chinese Academy of Medical Sciences
Beijing
Annex 2

HONG KONG
Dr Ngan Chung-Ming
Senior Medical and Health Officer
Central Health Education Unit
Medical and Health Department
Hong Kong

JAPAN
Dr Soroku Yamagata
Executive Director
Japanese Foundation for AIDS Prevention
Toranomon 34th Bldg.
1-25-5 Toranomon Minato-ku
Tokyo 105

Dr Toshinobu Sato
Official
Division of School Health Education
Ministry of Education, Science and Culture
3-2-2 Kasumigaseki
Chiyoda-ku
Tokyo

LAO PEOPLE'S DEMOCRATIC REPUBLIC
Dr Phokham Phrasithideth
Deputy Director
Mahosot Hospital
Vientiane

Mr Thanongsack Vongsackda
Journalist
State Committee for Press, Newspaper Radio and Television
B.P. 310, Passason Newspaper
Vientiane

MACAU
Dr Antonio Luís M.F. Isidoro
Specialist in Internal Medicine
Hospital de S. Januario
Servico de Medicina
Macau

Dr Carlos Jose Martins Nobre
Psychologist
Direccao dos Servicos de Saude
Av. Conselheiro Ferreira de Almeida
Macau

MALAYSIA
Dr Hj. Ramlee bin Hj. Rahmat
Assistant Director of Health Services (Health Education)
Ministry of Health
Kuala Lumpur

Mr Edmund Ewe Thean Teik
Health Education Officer (Production)
Ministry of Health
Kuala Lumpur
Augustine Chen  
Health Education Officer  
Medical Headquarters  
Kuching

NEW ZEALAND  
Mrs Patricia Poynter  
Health Education Officer  
AIDS Education and Prevention  
Health Promotion Programme  
Department of Health  
Lambton Quay  
Wellington

Mrs Pat Prince  
Health Education Officer  
AIDS Education and Prevention  
Health Promotion Programme  
Department of Health  
Lambton Quay  
Wellington

Mr Vincent Calcinali  
Senior Journalist  
Department of Health  
Wellington

PHILIPPINES  
Ms Remedios L. Liles  
Senior Health Educator  
Public Information and Health Education Service  
Department of Health  
Manila

Mrs Aida Soldevilla  
Head, Health Educator  
Public Information and Health Education Service  
Department of Health  
Manila

Ms Ma. Luisa Orezca  
Health Education Adviser  
National Capital Region  
Department of Health  
Manila

REPUBLIC OF KOREA  
Mr Jin-Woong Moon  
Assistant to Director  
of Preventive Medicine Division  
Ministry of Health and Social Affairs  
Seoul
Annex 2

Dr Dae-Kyu Oh  
Director of Health Education Division  
Ministry of Health and Social Affairs  
Seoul

Dr B.R. Vaithinathan  
Deputy Medical Director  
Training and Health Education Department  
Hyderabad Road  
Singapore 0511

Maj (Dr) Wong Toon Kwok  
Head, Preventive Medicine  
HQ Medical Services  
SAF, Tanglin  
Singapore 1024

Dr Pham Si Nghien  
Deputy Director of Centre for Health Education  
Ministry of Health  
138A Giang Vo Str.  
Hanoi

Dr Tran Quang Trung  
Medical Officer  
In-charge of Health Education  
Department of Hygiene and Prophylaxy  
Ministry of Health  
138A Giang Vo Str.,  
Hanoi

Mr Vu Hai  
Journalist  
Hanoi

2. TEMPORARY ADVISERS

Mrs Flor Cordero  
Deputy Director for Administration and Finance  
Philippine Information Agency  
PTA Bldg., Visayas Avenue  
Quezon City  
Philippines

Mrs Teresita Marie Pena-Bagasao  
Executive Director  
Kabalikat ng Pamilyang Filipino  
401 Dona Narcisa Bldg.  
Paseo de Roxas  
Makati, Metro Manila  
Philippines
Annex 2

Ms Mary Debus
AIDSCOM
Washington, D.C.
United States of America

4. CONSULTANT

Professor Teodora V. Tiglao
College of Public Health
University of the Philippines
Manila
Philippines

5. SECRETARIAT

Mr I. McLellan
Health Promotion Specialist
Global Programme on AIDS
WHO Headquarters
Geneva
Switzerland

Dr H. Suzuki
Regional Adviser
Communicable Diseases
WHO Regional Office for the
Western Pacific
United Nations Avenue
Manila
Philippines

Dr G.M. Antal
Short-term Consultant
Communicable Diseases
WHO Regional Office for the
Western Pacific
United Nations Avenue
Manila
Philippines

Dr D.B. Shrestha
Short-term Consultant
Communicable Diseases
WHO Regional Office for the
Western Pacific
United Nations Avenue
Manila
Philippines
Annex 2

Ms T. Miller  
Regional Adviser in Nursing  
WHO Regional Office for the  
Western Pacific  
United Nations Avenue  
Manila

Dr I. Soetjahja  
Family Health Field  
Advisory Services  
WHO Regional Office for the  
Western Pacific  
United Nations Avenue  
Manila

Dr Saroj S. Jha  
Regional Adviser  
in Health Education  
WHO Regional Office for  
South East Asia  
New Delhi

Ms J. Epstein  
Short-term Consultant in Health Education  
WR, Suva
## ANNEX 3

### MIXED GROUP - FOCUS GROUP INTERVIEW

<table>
<thead>
<tr>
<th>Target Audience</th>
<th>Site</th>
<th>Contact Person</th>
</tr>
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<tbody>
<tr>
<td>Group I Policemen</td>
<td>Police Precint</td>
<td>Col. S. Ronquillo</td>
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<tr>
<td>Members:</td>
<td></td>
<td></td>
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<tr>
<td>1. Dr Carlos Jose Martins - Macau</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Ms Hemedios Lelis - Philippines</td>
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<td></td>
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<td>3. Mr Thanongsack Vongsackda - Lao P.D.R.</td>
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<td>4. Dr Wong Toon Kwok - Singapore</td>
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<td>5. Facilitator: Ms J. Epstein</td>
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| Group II Teachers   | Araullo High School         | Mrs J.A. Roxas            |
| Members:            |                             | Ms Fajardo                |
| 1. Mr Vincent Calcinali - Australia |                     |
| 2. Mr Wu Hai - Viet Nam |                         |
| 3. Dr Dae Kyu-Oh - Republic of Korea |                   |
| 4. Ms Pat Prince - New Zealand |                   |
| 5. Facilitator: Ms Mary Debus |                   |

| Group III High School Students | Araullo High School | Mrs J.A. Roxas | Mrs Fajardo |
| Members:                     |                   |               |
| 1. Mr Lionel Rashberry - Brunei |                   |
| 2. Dr Toshinobu Sato - Japan |                     |
| 3. Ms Aida Soldevilla - Philippines |                 |
| 4. Mr Edmund Ewe Thean Teik - Malaysia |              |
| 5. Facilitator: Ms Mary Debus |                   |

| Group IV Hospitality Girls | STD Clinic, Pasay City Health Dept. | Dr Mangonon |
| Members:                   |                                        |             |
| 1. Mr Jin Woong Moon - Republic of Korea |                                       |
| 2. Nan Jun-hua - China |                                        |
| 3. Mr Barry Telford - Australia |                                     |
| 4. Dr Tran Quang Trung - Viet Nam |                                |
| 5. Facilitator: Ms T. Bagasao |                                       |
Annex 3

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<th>Masseuse</th>
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<th>Dr Ureta</th>
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<th>Pasay City Health Dept.</th>
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<td>- China</td>
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<td>- Lao P.D.R.</td>
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<td>Dr Soroku Yamagata</td>
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<th>Beata Health Centre</th>
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<td>Mr Augustine Chen</td>
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<td>Mr Choi Jin-Su</td>
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GROUP REPORTS

GROUP I

FOCUS GROUP ON POLICEMEN

1. Eight persons - 5 policemen
   3 safety wards

2. Areas of discussion:
   - Knowledge about the disease
   - Attitudes and values towards AIDS
   - Sexual behaviour
   - Area of fear or concern
     - personally
     - professionally
   - Motivation to change risky behaviour

3. Guideline questions:
   - Have you heard about AIDS?
   - Where did you get the information?
   - Who gets AIDS/How do people get AIDS?
   - How does one protect oneself from getting AIDS?
   - Are you afraid of getting AIDS? Why?
   - If you realize you are involved in risky behaviour, would you be able to change your behaviour? How?
   - What kind of things do you think would be most useful to target groups in terms of words/image/others?

4. Information obtained (media, newspaper and TV)
   a. General knowledge is fairly good
      - They know what the immunity system is
      - They know that AIDS can be transmitted sexually and by blood and blood products
      - They can point out some symptoms
   b. Concerning modes of transmission of the disease, there are some misconceptions, namely:
      a. AIDS can be transmitted by persistent casual contacts (for instance shaking hands) with people infected.
      b. Common use of plates/glasses and other objects can be dangerous.
c. Air-conditioned rooms can facilitate the transmission due to bacteria existing in the air.

d. If the girl you are having sex with comes from a good family/if she is well-educated, the risk is not so high.

e. If you are having relations with expensive prostitutes the risk is lower than those who are paid lower.

5. Concerning modes of prevention, they said:

a. Abstain from sexual encounters with homosexuals.

b. Have limited contact with the red district areas to pick up girls.

c. Use condoms - "They are less than two evils".

d. Take antibiotics prior to sexual encounter.

e. Know your partner.

d. Stick to only one partner.


a. Through media as the most important.

b. Affixation of boards in the red district areas ("People would think twice before having a sexual encounter").

c. About condoms - "we are 90% Catholic. big posters would not be accepted."

7. Materials proposed to the pre-testing group

a. Posters:

1. "Condoms prevent AIDS antibiotics don't."
2. "Avoid AIDS - Use me."
3. "Avoid AIDS"
4. Play it safe - Use condoms".
5. "Think of your family - AVOID AIDS."
6. "If you play night basketball leave your clothes on".
7. Misconceptions
3. Reaction to the materials:

1. **Condoms prevent AIDS/Antibiotics don't.**
   - They like the poster.
   - Useful in the station because many policemen think like this.
   - Understandable for the academic level of the policemen but not for the general public (they do not know what antibiotics are).
   - Morality is good - good idea using the letters, the presence of the condom is not shocking.

   **Suggestions on modification:**
   - DON'T is too big.
   - Condom is too small.
   - Condom and Antibiotics should be bigger and the rest smaller.

2. **Avoid AIDS/Use Me**
   - It is easily understood.
   - It is abstractly done but flatly.
   - The "face" and attitude of the condom is clearly that of happiness/glory/satisfaction/approval.
   - This poster can be more easily understood than the first one.

   **Suggestions on modification:**
   - The colour of the condom should be changed. Not transparent but colourful; joyful
   - Suggested colour: yellow or red

3. **Avoid AIDS**
   - Disagreement with the poster.
   - It is more persuasive to be used in nightclubs.
   - Negative poster - it is a warning poster directed specifically to hospitality girls (the fingernails).
   - The municipality would not allow this poster.

4. **Play safe - Use condoms**
   - People generally said that this poster is better than the third one, but must be modified.
Annex 4

Suggestions on modification:

- Take out the word "play" (husband and wife do not play, they make love).
- The man must be taller than the woman.
- The forms are awkward.
- Press them up.

5. Think of your family - AVOID AIDS

- Yes, it is good. My family is paramount to me.
- General agreement with the idea.
- The poster represents the family faced with the danger of AIDS.

The father is the head of the family so he is responsible and must take precautions.

- This fits the Pilipino way of thinking.
- If you have strong family ties this is good.
- There is an appeal on emotions and this is important.

Suggestions on modification:

- The man should be taller than the woman.
- She should have long hair.
- They should have more children.
- The clothes and the house should represent local tradition.

6. If you play night basketball leave your clothes on.

- It is not good.
- It is too long.
- This is not common language, the correct one will be having a good time.
- Policemen would understand but must read it twice.
- The message is not clear.
- Must put in simpler words.
- Negative effect - leave your clothes on

(This is a typical example of misunderstanding of the local use of languages made by the health education team.)
GROUP II

FOCUS INTERVIEW

Teachers at local high school

Group members:

1. Ms Pat Prince - New Zealand
2. Mr Vu Hai - Viet Nam
3. Dr Pham Si Nghien - Viet Nam
4. Mr Vince Calcina - New Zealand
5. Dr Saroj S. Jha: Facilitator

Our group had an initial meeting to design a focus group questionnaire. We did this by brainstorming.

We considered the broad areas of
- knowledge and
- attitudes

In the knowledge area, we wanted to find out:

- what the teachers knew about AIDS.
- What they knew about risk activities.
- What they knew about the incidence of STDs in school children, also - drug abuse
  - alcoholism
  - homosexuality

We also wished to discover the teachers' attitudes to:

- Teaching about AIDS and other sexual matters.
- The perceived attitudes of children, parents, the church, the school, the community, towards sex education.

Our group prepared an outline of questions using progressive steps that would be used to lead the discussion towards the topic of AIDS.

Questions began with those asking about the teachers' areas of responsibility and this led to health and other related matters.

We then moved to the health of the children and to the problems being experienced within the school.

This in turn led to a discussion on drugs and alcohol abuse. With no guidance on our part, the teachers introduced the topic of STDs and AIDS.
Annex 4

Those teachers (4 out of the group of 5) said they talked about it within the context of their areas - health, reproduction, family health, science.

They admitted openly not having a great deal of knowledge or information on the subject. But wanted it badly.

Quotes:
- We do not have materials.
- We are concerned about drugs and AIDS.
- We do not have much information - even us teachers.
- Yes, we need something.
- We need resources for teachers.
- Sometimes teachers need information.
- We need resources for teachers as well as for students.
- A poster would be needed.

At this stage, we showed them a poster which had been prepared by health educators in Manila.

Quotes:
- Yes we could use that.
Question: Would parents mind?
- They would be supportive.
- (Language teacher) There is no problem with translation. I can translate (the poster was in English).
- In the provinces it would have to be translated.
- There will be a contest to write our own - maybe for a slogan.

Question: If you had to introduce AIDS education, would there be a problem?
Quote: No problems (consensus).
We need materials.

Question: What type?
Quote: Posters - like this perhaps.
Books and slides.
Films would be of value.
A book for teachers with information.

Question: If the material contains information about condoms, is there any problem?
Quote: No problem. We talk about the subject in health.
Annex 4

The church suggests rhythm method - but as teachers we are not quite so dedicated. We are concerned about our health. (This was immediately supported by the rest of the teachers).

We need films. We need the term AIDS explained. How is it caused? Teachers need information. A poster like this would be okay. But teachers need materials. Yes, the poster is okay. But pamphlets. Even better - a resource person. A bigger poster (they all agreed). Yes, bigger. What about a TV series (all agreed). Yes, I think it's good for the whole nation - not just schools. This is a high risk area - because many of our pupils live in this area. Yes, we need posters, anything.

The teachers expressed great interest in the poster and asked for copies.

The next focus group meeting decided to produce a large poster, which we hoped would generate awareness. The intent was to show graphically what the word AIDS means.

And because of the teachers' desire for information, we also decided to prepare an information pamphlet to be used in conjunction with the poster.

The artist prepared roughs of two posters based on ideas from our group. These were intended to raise interest among teachers and also to be used as part of the teaching material we would also consider.

Our group then prepared a set of pretest questions (see Appendix 1).

Rather than re-invent the wheel, we adapted an existing information pamphlet to trial with the teachers.

We made a number of photocopies of this for all the members of the teachers' group.

A pretest questionnaire was also prepared to accompany this (see Appendix 2).

We met again with the teachers. Unfortunately, only two of the original group were available.
Annex 4

We displayed the two posters. Calling them A and B.

The teachers were given the questionnaire and asked to record their comments.

We then discussed each of the questions - encouraging teachers to clarify and amplify their comments.

The teachers with one exception liked poster A - but some expressed confusion over the aspects of the design.

All could identify "the means of transmission" but there was confusion (in one instance) over the illustration showing the mother and child. The other teachers quickly informed this respondent that the virus could be passed from mother to child.

There was also some confusion about the viruses and the body. The teachers wondered if this was confusing and suggested the viruses should be shown in the body.

The teachers wanted posters with plenty of colour - they said they felt colour attracts interest.

They liked the colour red - it suggested danger.

They liked the sexual transmission picture. The abstract illustration was acceptable.

The arrows should be penetrating the body, said two of the teachers.

All the teachers knew that syndrome means signs.

Other comments were:

- The third part shows signs but the black person is wrong or wrong colour.

- The figures should be shown in proportion.

- We could use this poster in health education - reproduction.

- Yes, for students to talk about.

We asked the teachers if there is a need for more or less words. They said they thought more words - a title or leader - were needed to catch attention.

Quote: Beware!

Do you know what would happen (if you get AIDS).
The agreement was – that if the poster was for teachers – or to be used by teachers as a tool – then it was okay.

One teacher gave a demonstration on how she (a health teacher) could introduce the poster to a class that was studying reproduction or STDs.

The group was then given the pamphlet to read and members of the focus group sat among them and discussed their feelings about it. The focus group used a questionnaire.

Some changes, deletions or alterations were required to make it more acceptable. They asked for more information to be included and they thought diagrams would be helpful.

A revised poster was produced, and notes were made of alterations and additions to the pamphlet.
Annex 4

GROUP III

The group is composed of the following:

Mr Lionel Keasberry - Moderator
Mr Edmund Ewe Thean Teik
Dr Toshinobu Sato - Recorders
Ms Aida Soldevilla - Rapporteur
Ms Mary Debus - Facilitator

The group was assigned to conduct a focus interview among high school students at the Araullo High School. However, because of the typhoon classes were suspended and the target audience was changed to school janitors (workers in charge of maintaining cleanliness in schools).

Planning the focused group interview:

The group discussed the different stages of the interview, namely, the introduction, the warm-up, the body, and the closure. A set of guide questions were formulated. The group did a role play of how the different stages of the focus group interview will be conducted.

Conduct of the focused group interview:

The focus group interview was conducted in the office of the school principal and lasted for one hour and twenty minutes. It was felt that the venue as well as the heterogenous characteristics (wide age range) of the respondents served as barriers to the conduct of the interview.

Target audience profile:

High school janitors
Age 26 - 56
D and E income
Marital status:
1 single
2 widower
4 married
Tagalog speaking.

These men are not a priority risk group:
- no money for prostitute
- professed monogamy
- not drug users
- seemed "obsessed" with cleanliness
- they had no gay inclinations
- they were conservative
Initial focus group findings:

- Aware of AIDS
- Knew very little about AIDS
  - AIDS kills
  - No cure
  - Spread through sexual intercourse and donated blood
- Know very little about transmission
- They had very little experience with condoms
- Thought AIDS was a disease of hospitality girls and their customers are foreigners and sailors
- Thought AIDS would be a big problem in the Philippines
- Felt threatened by AIDS due to misconceptions about transmission

Key point:

Since the target audience didn't know what they can do to protect themselves from AIDS, they felt threatened and had a feeling of helplessness and anxiety about AIDS.

Strategy:

To reduce the sense of helplessness and anxiety regarding AIDS by clearing up misconceptions and telling them what they can do.

Three-part format:

1. Thematic
2. Prevention
3. Misconception

More detailed information was felt to be too complex for the target audience.

Creative approaches:

1. Lighthouse

Use the symbol of a lighthouse as a "beacon of hope" with the theme line "there is hope because you can do something to prevent AIDS".
Annex 4

2. **Monster**

Depict AIDS as a monster held behind bars... in a locked cage... where knowledge is the key to prevention.

3. **Basketball player**

To depict AIDS as a basketball that is in the hands of an excellent player who can keep the disease in control.

Use a popular basketball player to endorse AIDS information; act as a model.

He was felt to have a "clean image".

**Key messages**

**Prevention**

Three simple messages were provided:

1. Avoid hospitality girls
2. Stick to one partner
3. Avoid sex with strangers

Condoms were purposely omitted as inappropriate for the target audience.

**Misconceptions**

Five myths were presented:

1. mosquitoes
2. toilet bowls
3. kissing
4. hugging
5. swimming pools

**Tone**

The tone of all three creative approaches should be positive and hopeful, not threatening or scary.

**Language**

It was clearly necessary to use Tagalog to reach the target audience.
GROUP IV

Respondents: Sauna girls

Members:
1. Mr Jin Woong Moon - Republic of Korea
2. Mr Nan Jun-hua - China
3. Mr Barry Telford - Australia
4. Dr Tran Quang Trung - Viet Nam
5. Ms Xiang Hong-qin - China

FOCUS GROUP DISCUSSION

- Subject was women who worked in massage parlours.
- We talked with 10 women.
- All worked in the sauna rooms but sex with customer was something each woman decided herself.
- The women had been working in this area between 3 months and 5 years.
- All but two of the women were married with children.

OBJECTIVE:

To increase condom usage among sauna parlours.

TOPIC GUIDE:

Unstructured questions were used under the following:

* General health concerns
* Sexually transmitted diseases (STD)
* WHAT IS AIDS

- how transmitted - blood
  (relevant to bar ) - sex
  - IV drug use

- how to protect yourself
  o condoms - Filipinos
  - Foreigners

- Risk to them? (Are you afraid of getting AIDS?)
  o concern
  o effects - themselves
  - customers
Annex 4

- Cost of prevention to ?

How do I get info on Health/AIDS issues?

WHAT HAPPENED AT THE DISCUSSIONS

- All the women spoke in Tagalog.
- The discussions lasted for about an hour.
- The women were frank and open about their work.
- The venue was the STD Clinic at Pasay City Hall and was quite cramped and noisy.

OBSERVATIONS:

- There was considerable difficulty with language both within the group and when talking to the women.
- The need to have a moderator of the appropriate sex and cultural background was obvious in this sensitive area (males and foreigners).
- The women were very frank and open and this allowed us to get to the important areas of concern.
- The main concern of the women was their husbands or family finding out what their job was and the fear of AIDS and their family being left without support.
- There was high usage of condoms which was mainly for prevention of STDs and pregnancy. However, they did have customers who did not wear condoms. The women bought their own condoms when necessary.
- There was some knowledge of AIDS but little understanding of HIV infection.
- The information they had obtained through newspapers and talking amongst themselves and friends.
- Had regular STD check up - two AIDS tests. Lost 3 days of work with STD, therefore important to keep "clean".
- No IV drug user among this group. Supervisors provided condoms for use of women, so we picked up a concern for employers by the supervisor.
- Knew no one with AIDS.
- Need for detailed information on AIDS/HIV in leaflet form (did not concentrate on this - one exists).
PRETEST

Introduction

- The group decided to focus on breaking the bridge between customer or husband/partner.
- Evoke concern for family to achieve behaviour change.

The group took along three concepts for testing:

1. Making connections between "Sauna Girl" and "Mother" for increased condom use.
2. Having both customer and sauna girl consider their actions.
3. Appealing to parlour owner/supervisor.

FINDINGS:

We are confident with these results as we split the group into two and did two tests which achieved similar results.

Poster 1 - Promoted a feeling of guilt and sadness among the women and was not liked by them.

Poster 2 - Was well accepted and they thought should be displayed in massage parlours for women and customers. Some problems were experienced with the "thought balloon" and possible confusions with family planning.

Poster 3 - Was thought to be a good idea but because of the illegal nature of their work and the presence of the military in many of the parlours, some of the women were fearful of its consequences. Also they thought that some owners would not be happy with it and it may turn customers away.

IMPLICATIONS:

- The importance of non-verbals was bought home as some messages were obvious despite language difficulties.
- We were conscious of the effect/impact of our test on these women especially the feeling of guilt and sorrow.
- The extent of this effect was obviously related to our ability to get to the critical and vulnerable issues in the focus group discussions.

CONCLUSIONS:

Poster 2 could be used with minor modifications but Poster 3 needed further work and testing with the correct focus group.
2.7 However, with regard to the knowledge level of the causes, symptoms and transmission of AIDS they had very little or no knowledge at all, they also had many misconceptions about AIDS, such as catching AIDS through swimming pools, kissing, movie houses, crowded places, toilet seats and AIDS patients' clothing.

2.8 As to where people could catch AIDS, they mentioned from prostitutes, homosexuals, husband to wife especially husband who has worked or travelled abroad and from mother to child.

2.9 On the question who should teach sex education to children, they said schools are currently providing sex education. However, they felt it is also the responsibility of mothers to talk about sex to their children.

2.10 On whether mothers would recommend their children to use condoms they pointed out it was better they abstain from premarital sex than encouraging them to use condom as a protection against AIDS. Moreover, they abhorred the idea of encouraging their teenage children to use condoms. It was culturally not acceptable.

2.11 As to what they needed for education on AIDS, they pointed out they needed more training in terms of seminar and slide shows. They wanted comic books for educating their clients on AIDS and also leaflets on AIDS. These materials should be in English as there are 82 dialects.

2.12 The focus group interview was considered successful even though there were some language barrier/problem.

3. RECOMMENDATIONS

3.1 It was considered that the most appropriate response would be the development of curriculum guidelines and resource materials. However, due to workshop time constraints, more limited activities were set.

3.2 Based on the findings of the focus group interview it was agreed to prepare a pamphlet for the village health workers' use to increase their knowledge and correct misperception about AIDS.

3.2 In view of the difficulty in producing a comic book within the preparation time, it was decided to prepare a message that can be inserted in popular comic books in the country. The idea of producing a comic book on AIDS should be pursued either by the Philippine Information Agency or the Department of Health.
GROUP V

GROUP REPORT ON FOCUS GROUP INTERVIEW

Masseuses at Alpina Sauna Bath

1. GROUP MEMBERS:

1. Mr Tom Carter - Australia - Observer
2. Dr Ngan Chung-ming - Hong Kong - Rapporteur
3. Dr Dae Kyu-Oh - Republic of Korea - Observer
4. Ms M.L. Orazca - Philippines
   Facilitator: Mr Iain McLellan (WHO Headquarters)
   Artist: Bojie P. Ofrias (P.I.A.)

2. TARGET GROUP:

Massage girls working in sauna bath institutes

3. THE GOAL OF THE EXERCISE

Design material to motivate people to change behaviour. In this case, we need to come up with materials to help massage girls (who may be engaging in high risk behaviour) adopt healthy behaviour.

4. OBJECTIVES:

We formulated four objectives to guide our interview:

4.1 To ask them about AIDS facts - knowledge
4.2 To get their feelings, attitudes, beliefs, opinions, emotions and misconceptions - attitude
4.3 To know their current practices - behaviour
4.4 To study what motivates them for behaviour change - motivation

5. TARGET ANALYSIS:

Age range: 13-25 years of age

Education background: Mostly primary school, some are illiterate

Economic status: lower social economic class

Job nature: Primarily massage
   On request would have sex with customers
Annex 4

Training: All have two weeks' training on massage and prevention of STDs including AIDS.

Health checks: Regular checks are provided for them once every month.

Licensing: They all need to obtain a proper licence to practice massage. Certain criteria need to be met to get the licence.

Population: Thought to be in the region of some 20,000.

6. ACTION GUIDE: issues need to be addressed.

Discussion points adopted:

6.1 As introduction, please tell us something about yourself (personal data and background).

6.2 Tell us about your job (Is it risky?).


6.4 How do you feel about AIDS? Why you feel that way?

6.5 Tell us what you know about AIDS (facts and myths)

6.6 What is your current behaviour/practice? Are you safe? Why? Are you careful? Why?

6.7 If we are going to do something for you, what do you think will be good for you? How we should do it? Why?

7. THE FOCUS GROUP INTERVIEW

The first interview

Date: 8 November 1988
Venue: VIP Room, Alpina Sauna House
Participants: Our Group members
12 sauna girls
Time taken: about 2 hours
Topics covered:

7.1 Their background:

- All married and separated
- All have family
- Most have children
- They work for money to raise their families
- They have to support themselves

7.2 They all know about AIDS

- It's deadly
- It's communicable
- Sex could transmit AIDS virus
- No cure
- No vaccine

7.3 They are afraid of AIDS because they need to stay healthy and alive to support their family. They care and love their kids very much.

7.4 They use condoms most of the time. They know the proper way of putting on and they want to use it all the time. But if "the price is right" they would go along without using condoms.

7.5 They would like to have posters and pamphlets that could help them to explain AIDS to their customers so safe sex could be practised.

8. ACTION TAKEN

8.1 The group met alone to discuss ideas and designs about posters/pamphlets.

8.2 We came up with 5 poster ideas

8.2.1 A girl at work being congratulated for using a condom and being requested to teach her customer how to use a condom

8.2.2 An older girl talking to a younger girl caring for her. Tell her that condom is protective for her

8.2.3 Men in all walks of life: which one of these men is an AIDS carrier

8.2.4 Good looking guys could carry AIDS virus too

8.2.5 Protect yourself and the ones you love. Use condom all the time

8.3 We would give them a stack of AIDS pamphlets for them to choose in teaching their customers.
Annex 4

9. THE SECOND INTERVIEW

Date: 9 November 1988
Venue: VIP Room, Alpina Sauna House
Participants: Our group members
same 12 girls as last time
Pretesting of 5 posters

9.1 They all liked the No. 5 poster, that is the one portraying a
tender loving mother with 3 children with the caption:
"PROTECT YOURSELF AND THOSE YOU LOVE, USE CONDOM ALL THE
TIME".

9.2 They don't want the word "condom" on. We then changed it to
read "PROTECT YOURSELF AND THOSE YOU LOVE FROM AIDS".

9.3 They like the "TWO GIRLS" portrait expressing love and
concern about one another.

9.4 For "GOOD LOOKING GUYS", they don't like the caption "PROTECT
YOURSELF, USE CONDOM EVERY TIME" written on the counter which
could drive their customers away. So we made changes and
have those same caption overlay on the two figures' feet.

9.5 For "WHICH ONE IS A CARRIER" they liked to have older figures
appear instead of all boyish faces.

9.6 We let them choose pamphlets. They picked up a colourful
booklet written in KOREAN! There is also a fact sheet
written in English. They like this more than the pamphlet
written in Tagalog.

9.7 We even pre-tested an explicit poster on "HOW TO PUT ON A
CONDOM". To our surprise, they didn't feel being offended.
They would use it if it is a small sized pamphlet instead of
poster.

10. CONCLUSION

The focus group interview did turn out to be a very good
process of formulating health education activities and materials.

In this exercise, we learned a lot about our target clients
and their specific needs so that we can plan effective health
education programmes and resources for them.

However, it should be noted that the process of doing focus
group is just as important as the outcome of the exercise itself.
As health educators, we could not afford to be detached from the
very clients that we set out to serve.
GROUP VI

FOCUS GROUP INTERVIEW

Group VI: Health Professionals, Pasay City Health Department

Members:

1. Mrs Fatmah Jamil - Brunei - Moderator
2. Dr Zhu Qi - China - Sub-rapporteur
3. Dr P. Phrasithideth - Lao P.D.R. - Observer
4. Dr Soroku Yamagata - Japan - Rapporteur
5. Ms Flor Cordero - Facilitator

Dealing with the health professional, it was realized that there are 2 choices: to target them as the "agents of change" who have the responsibility in educating the public (secondary audience) or as being primary audience who are expected to adopt a recommended practice.

I. PREPARATION OF QUESTIONS:
(to draw out points for discussions)

- of the topics to be covered, assessing the attitude, knowledge, role, etc.) the questions were as follows:

1. What are the main health problems among the group people (age 15-45 years) which you have encountered in your work?
2. Have you come across some materials on AIDS?
3. Where did you get them?
4. How does AIDS spread?
5. How can it be prevented?
6. What do you think is your role in AIDS prevention?
7. How can you implement it?
8. What do you think this material should contain?
9. When you find an AIDS patient what do you do?
10. Do you know where the HIV testing is available?
11. What do you think about condoms?
II. GROUP INTERVIEWS:

The health professionals were made up of 6 physicians, 2 dentists and 2 nurses.

After self introduction - start discussion with a general topic.

1. What are the main health problems that you encounter in the course of your work?

The main health problems are:

a. Respiratory tract infection
b. Diarrhoea
c. Pre-natal and post-natal problems
d. Family planning
e. STD
f. Adolescent pregnancies - among 1 year old age group.

2. Do you think STD will lead to other diseases?

Yes. It can lead to other complications like damage to the other organs, if not treated.

3. Have you heard about AIDS?

AIDS scare came about when the American movie star Rock Hudson died of AIDS.

He (young doctor) learned about AIDS as it is being taught in medical schools.

The dentist learned from an article from WHO, seminars, newspaper reports.

The Pasay City Health Department sent them several materials on AIDS.

AIDS awareness in the Philippines, especially in Metro Manila is already in its adolescent stage.

The video tape on AIDS shown in the Helen Vela TV programme is very effective because it informs and scares. The actors are popular and people relate to them.
Although they have general information about AIDS, they feel that they need more training and more up-to-date information materials on high level/specialize topic management of AIDS. They need more scientific journals, gazettes, newsletter, etc.

4. What is your role in AIDS prevention?

Their roles include health education on various topics, including AIDS which they do in the health centre, community assembly (with Barangay leaders), Barangay volunteers, health campaigns.

5. They feel that they can discuss sex and condoms with their clients openly as they also run family planning clinics when they distribute condoms for free.

III. OBSERVATIONS:

1. The health professionals interviewed have a high level of knowledge on AIDS.

2. All of them are very enthusiastic and cooperative.

3. All members of the focus group interviewed participated actively during the discussion.

4. They were all very friendly.

5. They were aware of their health education responsibilities and they carried them out as part of their routine programme. There is need for health education materials on AIDS.

6. Although they have general knowledge about AIDS, there is need for them to be informed about up-to-date materials and specialize topics on AIDS and in the management of AIDS patients.

IV. MESSAGE AND MATERIALS DEVELOPMENT

1. Prepare materials for the health professional to be used in their health education work.

*Flip chart* is chosen; they can use it when giving talks to patients and ante-natal mothers and they can take it to the community assembly for barangay leaders and barangay health volunteers.

2. Objective

To prevent AIDS through sexual transmission by portraying a happy family life - fidelity prevents AIDS.
Annex 4

The chart contents: How AIDS patient could become and Facts about AIDS.

These can be supported by pamphlets to be distributed to them.

V. PRETESTING OF MATERIALS

The content of the flip-chart was discussed with the focus group.

They agree with the general content of the chart and it is practical for their health education material. However, there is one area they would like to include, i.e. signs and symptoms of AIDS. But, after the group discussion, we found this unnecessary because of the complication in the subject matter.

The message "AIDS is nothing but healthy behaviour is everything" seem to be misleading to them. Even though nothing and everything rhymes. It was changed to "AIDS is deadly: Don't be naughty; Stay healthy".

The cover of the flip-chart was improved in order to separate the words "AIDS" and "Health Family". The message is conflicting.

VI. CONCLUSION

As health professionals, it is very important that they know about AIDS not just in general but in depth; as they are the agent of change to disseminate information to the public. Therefore, there is a need for continuous teaching and dissemination of up-to-date information on AIDS. At the same time, they also need health education materials for their use.
GROUP VII

FOCUS GROUP DISCUSSION

Target audience: Village health workers

1. INTRODUCTION

1.1. Members of the group:

1. Ms Mel Miller - Australia
2. Mr Augustine Chen - Malaysia
3. Ms Xiang Hong-qin - China
4. Facilitator: Dr Dora Tiglao
5. Artist: Noemi Alfonso

1.2 Mel Miller was elected as the group moderator and the rapporteur was Augustine Chen. Our Chinese participant has to move to another group to act as translator.

A Korean member failed to arrive and on the second day of the exercise, the Australian participant fell ill.

1.3 During the meeting of the group before the actual focus group interview, it was decided that the objective of the focus group interview was:

"to assess training needs of village health workers on the prevention and control of HIV and AIDS infection as a basis for designing training materials."

1.4 Some guide questions were prepared and the process of group focus interview was discussed.

1.5 A framework to help in the formulation of the key questions was outlined.

The guide questions included the following:

1. What are the important problems you have to deal with in your work?
2. Have you heard of AIDS?
   a. If yes, what do you know about AIDS?
   b. Where did you get the information?
3. How do you think your clients can catch the disease?
4. How do your clients feel about the disease?
Annex 4

5. Whose role is it to prevent/control AIDS?

6. How do you see your role in the prevention of AIDS?

7. Who can comfortably talk about sex and drug use in your community?

2. ACTUAL FOCUS GROUP INTERVIEW

The focus group discussion was conducted at Beata Health Centre. Ten village health workers participated in the interview.

2.1 The discussion was carried out according to the focus group interview technique. The moderator started off the session by introducing herself and the other members of the group also introduced themselves. The moderator explained the purpose of the discussion.

2.2 The participants were asked what they do as village health workers as a form of warming up to start the interview. They were made to feel relaxed.

2.3 In reply, they said they did part-time voluntary work to assist the health centre staff on their outreach work. Each volunteer has to visit about 20 families under the operational area of the health centre. They did follow-up activities on tuberculosis, conducting nutrition education, etc. and also referred patients to the health centre or the hospital.

2.4 The participants were asked what are the important problems they have to deal with in their work. They mentioned problems such as diarrhoea, fever and lack of medicine. There was also drug abuse by youngsters who take illegal drugs, glue sniffing and taking of cough syrups, etc. The most important problem is unemployment and financial shortage. The participants were asked whether they have any problem with regard to sexually transmitted disease (STD) which they said was not a problem.

2.5 The participants were then asked whether they had heard of AIDS. If yes, from what source.

2.6 They replied that they had attended seminars on AIDS, had seen some slides related to the disease, have read from newspapers, magazines and from radio and television.
GROUP VIII
FOCUS GROUP DISCUSSION

1. INTRODUCTION

Members:

1. Mrs P. Poynter - New Zealand
2. Dr Hj. Ramlee - Malaysia (Moderator)
3. Dr Antonio Isidoro - Macao (Moderator)
4. Dr B. Vaithanathan - Singapore (Rapporteur)
5. Dr D. Shrestha: Facilitator

Target group: Medical technologists (laboratory technicians) from the Philippine General Hospital

Preparation for focus group interview

Group VIII comprises a good mix of doctors and health educators with one participant who has had considerable laboratory experience. All have had no direct experience with focus groups. All participated well. A set of questions was prepared.

Focus group interview

The focus group comprises 6 females and 1 male. They did not know beforehand that the topic in question was AIDS. They were lively and responsive, took a very short time to warm up and answered questions openly. Only one was rather quiet, but on direct questioning, answered readily.

All of these laboratory technicians (2 worked in bacteriology, 2 in biochemistry and 2 in the blood bank) were involved with blood taking and working with blood and body fluid samples. They had no pre-service or in-service education on AIDS. We asked about laboratory procedures and discovered that there was much room for education. Gloves were almost never worn, and said to be in short supply, or available in the "wrong sizes" and therefore uncomfortable and inconvenient. Even when they had cuts on their hands and were dealing with blood they rarely wore gloves. Needles were always recapped before disposal (this is not desirable). Disposal of needles and other "sharps" was by way of throwing into the general waste bin which was at one end of the laboratory. Spillages were cleaned with lysol. Mechanical mouth pipetting was performed. Their knowledge of AIDS and its transmission/prevention was limited and they were not confident about what they knew. Knowledge was obtained from newspapers and general publicity, not from their superiors or the hospital. They started hearing about AIDS two years ago. They did not perceive any great risk to themselves. They felt that "anyone" with AIDS won't come here. They will be sent to the San Lazaro hospital. Also, "it's only foreigners" and "doctors will label their case
records if patients have AIDS. They were more concerned and motivated about their risk of hepatitis B because they know that it was more prevalent in the population. Commodities were scarce i.e. they were continually being told there was no budget for gloves or better instruments and equipment. However, doctors were said to have enough gloves. As for support, they had asked for lectures/teaching on hepatitis B but were told there is no time/budget. They had also asked for more gloves and to be immunized against hepatitis B and had been given the same reply.

As for materials, they wanted to know more about hepatitis B and felt that materials would be better appreciated by them if they were about hepatitis B as well as AIDS. They would put up a poster or chart on their laboratory walls, were keen to have a leaflet on AIDS and guidelines on laboratory procedures to protect themselves from hepatitis B and AIDS. As far as they know, they had no manual or guidelines yet. Blood was not routinely being tested for HIV.

At the end of the session, we spent about half an hour answering their questions about AIDS and were able to give them much information and suggestions to protect themselves.

Decision on materials required

The group decided to produce (i) a leaflet with some general information on AIDS but mainly on how to protect themselves from risk of contracting HB and AIDS in the laboratory, (ii) a poster for the lab on HB and AIDS, focusing on the use of gloves in appropriate situations and (iii) guidelines on laboratory procedures e.g. handling blood and body fluid specimens, sharp handling and disposal, spillages, etc. to prevent transmission of hepatitis B and AIDS. This would be for the lab supervisors and management as well.

Preparation of materials

Materials (only main headings for guidelines) were produced. The leaflet was in simple language and 2 versions of the poster were produced for pretesting.

Pretest

One member of the focus group was not present and was replaced by 2 new members. Discussion was lively and spontaneous and the group put much effort into giving their ideas for improvement. They felt the materials were relevant and would attract attention/be read. For the poster they wanted a continuation of some of the visuals from one version in the captions "Protect Yourself from Hepatitis B and AIDS", "Always Wear Gloves while Working with Blood and Body Fluid" was best. The leaflet language proved to be too simple and was altered through discussion. The main headings of the guidelines were felt to be appropriate and necessary. Some comments were "It is very
clear that the poster is telling us to use gloves in the situations shown", "strong, clear message", "to avoid contact with blood, etc., can be achieved by using gloves". The poster and leaflet were said to be easy to understand. They liked the poster's visual and message and the layout/mix of test and illustrations of the leaflet. The poster would prompt the correct action. They felt other technicians in the lab would be very interested in the materials and find them informative.

At the end of the session, the group gave the laboratory technicians 10 copies each of WHO pamphlets and one New Zealand pamphlet on AIDS. Two copies of the New Zealand Guidelines on laboratory procedures to prevent transmission of AIDS were also given to them.

CONCLUSION

The materials were altered by the group according to the recommendations by the pretest group, as these were felt to be appropriate.

In general, the group felt that:

(a) preparation for the focus group interview should be made at least one day before the actual interview, not on the same day.

(b) the focus group interview proved that our prior assumptions about the target group's knowledge, perception of risks work procedures, access to education and support/commodities could be very incorrect.

(c) it was easier to do a focus group interview than we anticipated.

(d) the focus group was more interested and cooperative than we expected.

(e) the pretest was useful and brought to our attention many necessary issues.

(f) the pretest group was capable of making many changes to our draft, which were clearly improvements.

(g) it was not difficult nor very time-consuming to achieve a useful pretesting.

This exercise has contributed greatly in convincing us of the usefulness and simplicity of focus group interviewing and pretesting of materials.
COUNTRY STRATEGIES REPORT
GROUP I - VIET NAM/LAOS

Group Members: Dr Tran Quang Trung, Viet Nam
Dr Pham Si Nghien, Viet Nam
Dr D. Pharasti, Lao P.D.R.

Facilitators: Mr I. McLellan
Ms M. Miller

The group worked efficiently and well together despite significant language difficulties. There were no significant differences between the approaches necessary for the target group in the different countries.

What follows is the detail of the completed planning matrix.

STRATEGY PLANNING

Target Audience:

Nationals who work outside the country and return home (Foreign workers).

Objective:

To reduce the transmission of HIV from "foreign workers" to the general population.

Programme Target:

Raising their awareness of risk behaviours and the preventive risk behaviour necessary to avoid infection while they are out of the country.

Characteristics of Foreign Workers:
- Both males (80%), females (20%) Age under 35, average 25, marital status 50% married
- Literacy high
- Education level - primary school
- Occupation - factory worker (most)
- Go abroad to find work and send money home
- Length of time away - average of 5 years
- Labour Ministry organizes the jobs and transport 200-300 people per exit. Government recruitment and selection
- In home country, live in big cities as well as villages i.e., geographically dispersed
- Channel of communication: Radio, T.V.(have good coverage, public and private), listening/reading group
Print: Newspapers, provincial
Specific: "Policy" press for special workers group
<table>
<thead>
<tr>
<th>ACTIVITY, CHANNEL, ETC.</th>
<th>COVERAGE</th>
<th>APPROACH/COMBINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little Media poster</td>
<td>all 250 000</td>
<td>Distribution at pre-departure briefing (5 days before departure)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medical Control</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Posters in transit centres</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pamphlets about visa (air/sea)</td>
</tr>
<tr>
<td>Institutional Network</td>
<td>50% workers</td>
<td>Nurses at Community Health Station do medical examination</td>
</tr>
<tr>
<td>Ministry of Health (Central Gov't)</td>
<td></td>
<td>Pamphlets and Counselling</td>
</tr>
<tr>
<td>Province</td>
<td></td>
<td></td>
</tr>
<tr>
<td>District</td>
<td>all workers</td>
<td></td>
</tr>
<tr>
<td>Community Health Center</td>
<td></td>
<td>Provincial doctors give lecture</td>
</tr>
<tr>
<td>Shipping Companies</td>
<td>Most workers</td>
<td>Pamphlet distribution</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Posters in cabins</td>
</tr>
<tr>
<td>Ministry of Labour</td>
<td>Potential workers</td>
<td>Recruiting officials</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Include AIDS into their recruitment meeting</td>
</tr>
<tr>
<td>Immigration Union</td>
<td>all workers</td>
<td>Pamphlet with visa</td>
</tr>
<tr>
<td></td>
<td>all workers</td>
<td>Lectures, pamphlets, doctor</td>
</tr>
<tr>
<td>Interpersonal channels service</td>
<td>see institutional</td>
<td>Encourage voluntary testing for HIV</td>
</tr>
<tr>
<td>HIV testing</td>
<td>network</td>
<td>Pamphlets about visa</td>
</tr>
<tr>
<td></td>
<td>all returnees</td>
<td>Poster, activities</td>
</tr>
<tr>
<td>Activities and Channel (entertainment)</td>
<td>all returnees</td>
<td>During 5 days reorientational on return</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Show film</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Slide/video</td>
</tr>
<tr>
<td>Mass Media - Radio - T.V. - Newspapers</td>
<td>Most workers, City</td>
<td>Weekly health programmes</td>
</tr>
<tr>
<td></td>
<td>workers, all literate</td>
<td>Union programmes</td>
</tr>
<tr>
<td></td>
<td>workers</td>
<td>Weekly news - weekly 1/2 hour health feature articles</td>
</tr>
</tbody>
</table>
GROUP II
BRUNEI/MALAYSIA/SINGAPORE

Resource Persons: Dr D. Shrestha
Mr B. Telford

1. **Target Audience:**

   Students studying abroad

2. **Objective:**

   To prevent them from contracting AIDS/HIV infection.

3. **Programme Target:**

   a. Raise awareness on AIDS
   b. Reinforce all behaviour which reduces risks of AIDS/HIV infection

4. **Activities, Channels, Institutions**

<table>
<thead>
<tr>
<th>Approach</th>
<th>Coverage</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Incorporate Health Education on AIDS into existing orientation programme for students going overseas</td>
<td>all students sponsored by the state and other agencies</td>
<td>Group activities - talks - seminars - book marks</td>
</tr>
<tr>
<td>4.2 Provide pre-HIV test counselling by trained staff of HIV test centres</td>
<td>all students going to countries requiring HIV testing</td>
<td>Individual: one-to-one counselling</td>
</tr>
<tr>
<td>4.3 Incorporate Health Education on AIDS during overseas education promotion programme by private educational agencies</td>
<td>students attending the promotion programme</td>
<td>Exhibition Slides Video Talks Seminars</td>
</tr>
<tr>
<td>4.4 Educational establishments preparing students for overseas study (e.g. TOEFL, SAT) to provide counselling advice on AIDS as well</td>
<td>students attending such courses</td>
<td>Training of counsellors Information Pamphlets</td>
</tr>
</tbody>
</table>
### Annex 5

#### Approach

<table>
<thead>
<tr>
<th>4.5 Encourage foreign academic institutes to include information on AIDS (including the availability of counselling services) in their prospectus</th>
</tr>
</thead>
</table>

#### Coverage

| students applying to these academic institutes |

#### Activity

| Information Sheet |

<table>
<thead>
<tr>
<th>4.6 Encourage the display and distribution of information on AIDS in the information section of foreign embassies here and in our embassies overseas</th>
</tr>
</thead>
</table>

| students seeking information about overseas education |

| Exhibition Posters, Pamphlets, Video, Stickers, Book-marks |

| Information Sheet |

### Activity

- Information Sheet
- Exhibition Posters
- Pamphlets
- Video
- Stickers
- Book-marks
## Annex 5

<table>
<thead>
<tr>
<th>Mass Media</th>
<th>Coverage</th>
<th>Approach/Combination</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Advertising on T.V.</td>
<td>National</td>
<td>Including public services announcement</td>
</tr>
<tr>
<td>b) T.V. program:</td>
<td>National 90%</td>
<td>Transmitted on 1 Dec and later in local TV</td>
</tr>
<tr>
<td>&quot;The Shadow of AIDS&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Radio - 2 youth radio stations</td>
<td>Cumulatively 100%</td>
<td>Specified youth radio station</td>
</tr>
<tr>
<td>d) China youth newspaper</td>
<td>80% of youth</td>
<td>Health columns sending appropriate message</td>
</tr>
<tr>
<td>e) Music video by Allan Tam with</td>
<td>Around 50% of the population</td>
<td>Transmission during during youth time (from 6-7 p.m.)</td>
</tr>
<tr>
<td>Anita Mui (rock video)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Jademan (comics)</td>
<td>90% (male)</td>
<td>Story featuring super-hero stating health behaviour</td>
</tr>
<tr>
<td>g) Idol magazine</td>
<td>60% (male/female)</td>
<td>Special issue on AIDS</td>
</tr>
<tr>
<td>h) China medical magazine</td>
<td>50%</td>
<td>Special issue on AIDS</td>
</tr>
</tbody>
</table>

### Services:

a) HIV testing if available as requested and in special conditions

b) Counselling

c) Condom distribution as appropriate
Q: Among 3 countries with seemingly different cultural background, how can they come together to work out AIDS prevention strategies?

A: In working out country strategies, we take special notice of our different needs and mentality. While our goals and objectives are the same, the target audience are totally different. Therefore, under the broad term of strategies, we would utilize different version of the same medium to suit our needs. A good example would be Xing Shing type of drama which is very popular in China and comparable to pop singer concert (Allan Tam in Concert, etc.) in Hong Kong.

Printed medium strategies will also have to be tailor made in 3 countries. For example, "China Youth Magazine" is utilized in China while "Idol Magazine" will be utilized in Hong Kong.

For Macau and Hong Kong, we share many common characteristics. Even our Radio and T.V. transmissions are shared. Macau can receive Hong Kong's T.V. programmes and radio programmes. The cultural influence on behaviour is much the same: Western!

**Target Audience:**

Young people 13 - 24 years

**Objectives:**

Raise knowledge about AIDS:

- For those who are already engaging in sexual activities
- For those who have not started engaging in sexual activities
### ACTIVITIES/CHANNELS

<table>
<thead>
<tr>
<th>ACTIVITIES/CHANNELS</th>
<th>COVERAGE</th>
<th>APPROACH/COMBINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Pop concert</td>
<td>National, including radio and T.V.</td>
<td>Announced by multi-media</td>
</tr>
<tr>
<td>b) Production of song</td>
<td>Record label</td>
<td>Promoted through a wide range of media</td>
</tr>
<tr>
<td>c) Boy scout jamborees</td>
<td>Potentially very high 20%</td>
<td>Having a St. George's Day</td>
</tr>
<tr>
<td>d) Ping-pong/football Tournaments</td>
<td>75%</td>
<td>Ping-pong competition week</td>
</tr>
<tr>
<td>e) Youth march</td>
<td>National/provincial</td>
<td>Organized by a national committee, supported by all kind of media</td>
</tr>
<tr>
<td>f) Stage drama</td>
<td>Very high</td>
<td>National - T.V., radio and so on</td>
</tr>
<tr>
<td>g) Shopping mall display, supported by a range of promotional activities</td>
<td>20%</td>
<td></td>
</tr>
</tbody>
</table>

**Interpersonal Channel:**

<table>
<thead>
<tr>
<th>Interpersonal Channel:</th>
<th>COVERAGE</th>
<th>APPROACH/COMBINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Questions and and answers - small group discussion</td>
<td>Small local areas</td>
<td>Organized by local organization</td>
</tr>
<tr>
<td>b) Male/female support group</td>
<td>Small local areas</td>
<td>Organized by local organization</td>
</tr>
<tr>
<td>c) Student counsellors</td>
<td>In all the secondary schools</td>
<td>Available as needed using resources as needed</td>
</tr>
</tbody>
</table>
Annex 5

GROUP IV
JAPAN/REPUBLIC OF KOREA

Resource Persons: Dr Vincent
Dr Saroj Jha
Ms Poynter

A. Introduction

Some distinctive characteristics in Korea and Japan.

1. The people in each country are homogenous.
2. The people in each country have some taboos about sex.

Number of AIDS and HIV Carrier

<table>
<thead>
<tr>
<th>Category</th>
<th>JAPAN</th>
<th>REPUBLIC OF KOREA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AIDS</td>
<td>Carrier</td>
</tr>
<tr>
<td>Homosexual</td>
<td>24</td>
<td>37</td>
</tr>
<tr>
<td>Heterosexual contact</td>
<td>11</td>
<td>27</td>
</tr>
<tr>
<td>Haemophiliacs</td>
<td>51</td>
<td>969</td>
</tr>
<tr>
<td>Unknown-Others</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>90</strong></td>
<td><strong>1 048</strong></td>
</tr>
</tbody>
</table>

Target audiences:

Sexually active general population

Objective:

Increased individual knowledge about AIDS transmission and its prevention.

Programme target:

To raise awareness of the global epidemic of AIDS and its relevance to Japan and Korea.

Activities and channels

- National AIDS Day
  - involving all urban and rural communities
  - public gatherings, competitions, seminars backed by mass media and little media
Interpersonal channels

Counselling with family physicians
- in selected communities
- collaboration with Medical Association

Counselling with trained volunteers
- in selected communities
- collaboration with government departments, NGO offices and services

Institutional networks

- Local authorities
- throughout provinces
- produce some kind of "Manual" for Health Professional
- Local Health Centers
- throughout the area
- collaboration with municipal authorities, family physicians, etc.

Mass Media nationwide

- T.V., radio
- daily spots, weekly features
- Newspapers nationwide
- regular column, new item

Little media

Posters
- thousands throughout the area
- displayed in public transport vehicles

T-Shirts (Dial-O-AIDS; xx - xxxx)
- tens of thousands
- through health centers and NGO offices

Services

Counselling
- ready to receive a thousand or more calls
- with family physicians, Health Professionals at Health Centers and NGO offices and services (through telephones)
GROUP V
PHILIPPINES COUNTRY STRATEGY

Members: Ms Aida Soldevilla
Ms Maria Luisa Orezca
Ms Remedios Lelis

Facilitators:
Dr T. Tiglao
Ms F. Cordero
Ms T. Bagasap
Ms P. Prince

Target audience
Hospitality girls

Objective:
To prevent HIV infection through safer sex practices.

Programme:
Increase the number of hospitality girls who practice safer sex:
- sales of condoms increased
- bars/sauna bath parlours/massage clinics where condoms are made available and affordable.
<table>
<thead>
<tr>
<th>Activity, Channel</th>
<th>Institutional Network</th>
<th>Coverage</th>
<th>Approach/Combination</th>
</tr>
</thead>
<tbody>
<tr>
<td>National AIDS Prevention Week (1-7 December 1988)</td>
<td>Institutional networks - selected government and non-government organizations, DLG, PIA, DSSD</td>
<td>(Primary target) all are areas where there are hospitality girls (Secondary targets) a. Seamen - both inter-island and foreign b. Tourists c. Overseas workers d. Sexually active males</td>
<td>- Press (TV and radio coverage) - Community theatre (indigenous plays)</td>
</tr>
<tr>
<td>Fun run for AIDS</td>
<td></td>
<td>major cities</td>
<td>- public gatherings involving movie stars and well known personalities backed by mass media</td>
</tr>
<tr>
<td>Counselling at STD/FP clinics and at selected venues</td>
<td></td>
<td>Health facilities offering STD/FP establishments with hospitality girls</td>
<td>- organizing classes by the local groups</td>
</tr>
<tr>
<td>Institutional networks - selected government and non-government organizations, DLG, PIA, DSSD</td>
<td></td>
<td>Selected government and non-government organizations (NGOs) in the areas where there are hospitality girls</td>
<td>- meetings/conferences</td>
</tr>
<tr>
<td>Mass media - Radio - TV - Newspapers - Video tapes - Promotional information shown in selected</td>
<td></td>
<td>Radio and TV stations with high patronage especially in key cities</td>
<td>- daily spots, health news, replays of available tapes on AIDS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>80% of hospitality girls and clients and the general public</td>
<td>- series of tapes to be areas</td>
</tr>
<tr>
<td>Little media - posters - pamphlets - stickers - T-shirts</td>
<td>Nationwide</td>
<td>- displayed in public buildings, hotels, hospitals, health centres and bars - distributed through organized groups - to be given away during the fun run</td>
<td></td>
</tr>
<tr>
<td>Services - HIV testing - Counselling - Condom distribution</td>
<td></td>
<td>- all hospitality girls - all hospitality girls' clients - public campaigns</td>
<td>- use of developed and printed IEC materials - use of institutional materials</td>
</tr>
</tbody>
</table>