

path

Program for Appropriate Technology in Health

PD-ABN-090

90927

**FINAL NARRATIVE REPORT
PVO CO-FINANCING GRANT**

**AIDS PREVENTION IN LOW
INCOME AREAS OF THAILAND**

JUNE 1, 1991 - DECEMBER 31, 1991

Submitted to:

USAID/Thailand

By:

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**PVO CO-FINANCING FINAL REPORT
AIDS PREVENTION IN LOW-INCOME, URBAN AREAS OF THAILAND
JUNE 1, 1991 - DECEMBER 31, 1991**

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Project background:

Program Objectives:

Major project objectives as cited in the project proposal were:

1. To expand delivery of AIDS education messages to people at risk of infection to the places where they live and work.

(Target audiences as identified in the project documents are defined as: IV drug users; their sex partners; brothel-based commercial sex workers; women in slum communities; out-of-school adolescents; and factory-based young adults.)

2. To design and produce appropriate AIDS prevention literature for these special audiences.

3. To help improve counseling and interpersonal interaction between service providers and groups at high risk of HIV infection in low-income areas by providing information on AIDS to service establishments.

4. To create a set of training materials that can be used by other institutions and in other cities of Thailand facing a drug abuse and AIDS problem, thereby making staff training on AIDS more consistent.

5. To seek to identify a suitable role for the media in the AIDS prevention effort in Thailand.

Timeframe:

This project ran from September 1989 to August 1991 and was granted a no-cost extension to December 1991.

Four Separate Interventions:

This project featured four separate subprojects, implemented by different indigenous groups, each of which was consistent with the overall theme of AIDS prevention in low-income areas of Thailand. The four subprojects are:

1. AIDS Prevention among Out-of-School Adolescents - Bangkok
2. AIDS/STD Education for Factory-based Young Adults - Hat Yai
3. AIDS Prevention in Slum Communities - Bangkok
4. AIDS Education Outreach for Brothel Prostitutes - Chiang Mai

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In addition to the four subprojects, PATH/Thailand took responsibility for Message and Media Development in the design, and production of a number of educational materials directed at the target groups covered by the project. Message and Media Development is reported on separately in this report.

Progress Prior to this Period:

Progress reports prior to this period detailed interim activities up to 31 May 1991. As subproject timetables varied, project activities were at different stages of completion at the time of the last report.

Progress this Period:

This report covers final subproject activities for all aspects of the project. However, it should be considered supplemental to the interim progress reports because it does not attempt to report on activities already contained in those reports except on a summary basis.

This report will provide end-of-project detail on two subprojects (Factory-based Adolescents - Hat Yai, and Urban Adolescents - Bangkok), update activities on one project (Low-income Communities - Bangkok), and on media materials development. One additional project (Brothel Sex Workers - Chiang Mai) was reported in final form in the interim report dated May 31, 1991.

Subproject Activities:

1. AIDS Prevention Among Out-of-School Adolescents in Bangkok

Implementing Agency: Urban Development Foundation

Overview: The Urban Development Foundation (UDF)

The Urban Development Foundation (UDF) is a local NGO working in nine slum areas of Bangkok. The mission of UDF is to assist with community development and to strengthen each community's potential and ability to create better living conditions. UDF conducts a variety of activities which serve the communities' interest. One of these activities is community youth development which focuses on out-of-school adolescents by offering music and sports classes for youth interested in these healthy forms of recreation. UDF has nine community development staff members who have experience working with the target communities.

UDF is concerned about AIDS in low-income communities, and determined to extend AIDS education messages to out-of-school adolescents in the areas it serves. This activity begins with the premise that school drop-outs have very limited exposure to AIDS information at a time they need it most -- as they come of age to become sexually active and are exposed to drugs. Therefore, this subproject has aimed to create AIDS knowledge and awareness among out-of-school adolescents and to establish adolescent networks that would sustain AIDS information dissemination among their peers.

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Nine UDF community development staff were trained on AIDS and prevention programming for three days by PATH at the beginning of the subproject. Three of them also observed the youth leader AIDS training which was held by BMA, in another subproject under this grant. Throughout project implementation, PATH provided communications technical assistance to UDF.

Activities:

The AIDS prevention program among out-of-school adolescents in this subproject was integrated into the existing youth development planning of the UDF. This meant that the AIDS education component was blended with existing activities for youth in the communities such as mobile music bands, music classes, and recreational programs. The integration involved three phases as follows:

- Phase I:** UDF staff organized an AIDS campaign at least once in each of nine communities using mobile music bands and exhibitions. The youth who became involved during the campaign were selected to be the peer leaders.
- Phase II:** Three-day AIDS education camps were offered by UDF to the selected peer leaders. A total 20 peer leaders from nine communities were trained to organize regular AIDS prevention activities such as organizing monthly video shows, small group AIDS discussions during/after music classes, distribution of AIDS education handouts, and one-on-one AIDS education to their friends.
- Phase III:** Two separate one-day courses of training on AIDS topics were managed during this phase. The 54 youth participants were the peer leaders and other youth who showed interest during the community AIDS activities. Community campaigns followed each training, and were organized by the trainees themselves.

Media materials used:

The following media materials were used in this subproject:

- The video, "Silent Danger" was shown during small group discussions on AIDS and after UDF music classes.
- A photonovella entitled "Only Once" was distributed. More than 1,500 copies were used in nine targeted communities.
- A leaflet, "Not Top Secret" was distributed to out-of-school adolescents. Approximately 2,000 copies were used by UDF.
- A flipchart, "You, Your Family, and AIDS" was used for regular activities, and in providing one-on-one AIDS education. Techniques for using the flipchart and a course on two-way communications were provided to the peer leaders during the AIDS education camps.

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- UDF published a monthly newsletter containing community activities, and featuring AIDS communications for each of the targeted communities. The objective of these newsletters was to prompt awareness of the community committees of AIDS prevention and to support the peer leaders in carrying out their AIDS activities.

Evaluation:

A self-administered questionnaire was handed out to 114 and 126 convenient samples of out-of-school adolescents from each of the nine slum communities, where the UDF conducted AIDS education activities before project commencement and after project completion. The questionnaire explores: knowledge of AIDS transmission; prevention; symptoms; blood testing; perceived self vs others risk; attitudes towards situations that put one at risk; acceptance of living with infected persons; practices of risk behaviors; condom use; intention for self-protection, and protection of others from AIDS.

Findings:

1. Intervention Exposure:

It was found at the post survey that;

- Over 60% knew about the Peer Education program of UDF. Sixty-three percent knew the peer leaders, although 55% had ever talked to those peers about AIDS. Almost half of those who had talked to the peer leaders about AIDS reported to have discussed it further with others.
- Fifty-two percent of the respondents at the post survey reported to have attended AIDS activities in the communities where they resided. The activities ranged from attending training, watching videos, joining question contests, attending music classes, organizing AIDS exhibitions, participating in the exhibition, and receiving education materials and condoms. These activities were rated and given scores to differentiate the level of intervention exposure in order to analyze the correlation with knowledge, perception, and practice and behavioral intention regarding AIDS which will be discussed later.
- About 54% of the respondents had received the pamphlet, "Not Top Secret". And 85% of those who had received the pamphlet read it. The content area recalled most from the pamphlet was on condom use instruction.
- Over 60% of the respondents reported ever receiving condoms through the peer leaders and field officers of the project.
- Almost 60% of the respondents had seen some of the AIDS videos shown by project officers or peer leaders. Among the videos shown, "Silent Danger" was identified as the AIDS video they liked most.

(Note: "Silent Danger" portrays a story of a young adventurous motorcycle taxi driver in a slum area who experimented with prostitutes and drugs because of peer pressure. Many of the hero's friends became infected with AIDS, but the hero did not, and changed his

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behavior in time to avoid infection. The life-style of the actors is similar to that of the respondents in low-income communities.)

2. Knowledge of AIDS, Comparison of Pre- and Post-Tests:

- Knowledge of AIDS in all aspects increased significantly after the project. Although the respondents seemed to have good basic knowledge on how HIV can be transmitted; symptoms when the disease develops to the symptomatic stage; and how to prevent transmission, there were some critical issues still missing from their understanding. For instance, their awareness that young people are most vulnerable; their understanding about the "window period" of the HIV blood test; and their understanding that people with HIV can live a normal life in society were still lower than expected.

Exposure to interventions

- Respondents who had more exposure to the intervention had significantly higher knowledge scores.
- Respondents who were exposed to the two-day training workshop had significantly higher knowledge scores than those who had not.
- Respondents who had personal contact with the peer leaders, who had been trained by the project, had higher knowledge scores than those who had no personal contact with the peer leaders, although not to a significant level.

Risk Perception and Sexual Practices

- Respondents who perceived themselves to be personally at risk of HIV infection had higher knowledge scores than those who were uncertain of self-risk, although the latter had a higher increase of knowledge scores since their pre-test score was lower. It should be noted that those who perceived no self-risk of AIDS had very little increase of knowledge scores, even when their pre-test score started as high as the group that perceived self-risk of AIDS. However, one should still be cautious about using risk-perception to predict or conclude that those with higher risk perception will be more careful about their behavior than those who perceive no self-risk.
- Results from this project evaluation show that knowledge of HIV does not have a significant correlation with condom use practice, even though those with experience using condoms had slightly higher knowledge increases than those who were sexually active but had no prior experience using condoms. It should be noted that sexually experienced non-condom users had particularly low scores on the questions concerned with beliefs that AIDS only affects certain risk groups.
- When comparing the knowledge scores between those who had experienced sex and those who had not experienced sex, it was found that the latter group had higher increases in knowledge scores over the former, although they started at the same score level at the pre-test survey. (Note: The data do not seem to have been confounded by age

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distribution, but may have been confounded by education level.) However, future studies with larger sample sizes may want to study this relationship in more depth and look at the question of whether or not those who already have experienced sex may be more resistant to AIDS information compared to those who are not already sexually active.

General Characteristics

- Respondents in the older age groups (cut-off point was 17 years old) did not have different knowledge scores at either the pre- or post-tests.
- Women had higher increase in scores than men, although they started at lower scores during the pre-test.
- Even through respondents with higher education had higher AIDS knowledge scores at the pre-test, the increased scores of those with lower education were higher and there was no difference in knowledge scores by education at the post-test.
- Experience of having passed the questionnaire at the pre-test may have, by itself, stimulated some increased scores, but this is not likely to account for the significantly different levels between the two tests. This result may help to further validate changes in before and after knowledge scores caused by the intervention.

3. Prevention Practices and Intention, Comparison of Pre- and Post- Survey:

Condom Use:

- AIDS and condoms have become more personalized issues than before since in the post survey it was found that there were increased numbers of respondents who had ever talked about AIDS and condoms with close friends, family members, and boy/girl friends, respectively. Moreover, there was a significant increase of respondents who reported giving advice to friends about using condoms.
- Since respondents seemed to be more comfortable discussing such issues with close friends than with family members or boy/girl friends, AIDS educators or program planners should emphasize the importance of using peer education for effective communication programs.
- There was a significant increase of reported condom use among male respondents at the post-test survey, even though the percentage of respondents who reported visiting prostitution during the previous month did not decrease. Over 60% of respondents had ever received free condoms at the time post-test as compared to 20% at the pre-test survey. In addition, 25% of respondents had ever bought condoms as compared to 18% at the pre-test survey. However, the percentage of respondents who reported using condoms at the time of last intercourse was still lower than 30%.

Intention to Practice Prevention Behaviors

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- There was a significant increase in number of respondents who intended to have a blood test for HIV after the intervention was conducted.
- Almost 40% of respondents at the post-test survey thought that they would always keep condoms in their pockets while only 13% thought so at the pre-test survey.
- There was only a slight change in the number of respondents, who said after the intervention that they avoided situations where they would be alone with their boy/girl friend, or would spend an overnight trip together. However, there was a significant change among male respondents after the intervention, 50% of whom said they would refuse to go to prostitutes the next time they were asked, while only 30% thought so in the pre-test survey.
- There were significant changes when respondents were asked whether they agreed to ask their sex partner(s) to use condoms, and whether they would advise their closest friend to use condoms with his/her sex partner. A total of 56% and 66% agreed with the idea after the intervention as compared to 33% and 40% at the pre-test survey.

Exposure to Intervention

- The percentage of respondents intending to use condoms was significantly higher for those who had a high level of contact with the intervention or had experienced personal contacts with peer leaders. This was true both of those intending to use condoms with boy/girl friends, and concerning willingness to advise close friends who had sex experience to be checked for HIV.

3. Risk Perception:

- A greater number of respondents at the post-test survey perceived themselves to be at risk of getting AIDS as compared to the pre-test survey, although this was not significant.
- Respondents who had higher levels of intervention exposure or experienced personal contacts with the peer leaders do not differ significantly in self-risk perception as compared to those who were less exposed to the intervention.

4. Attitudes towards Sex, Condoms, and AIDS:

- There was no significant difference in the percentage of respondents at the pre- and post-test surveys towards sexual attitudes in terms of masturbation, premarital sex, necessity for men to have sexual experience, and advising friends to delay the onset of sexual experimentation. However, there seemed to be a slight increase at the post-test survey on the opinion toward approval of pre-marital sex.
- Attitudes towards condoms had changed significantly in the post-test survey. Over 70% of the respondents in the post-test survey as compared with less than 60% at the pre-test survey agreed that condoms are necessary for young people who have an active lifestyle. Sixty percent of the respondents at the post-test survey agreed that condoms should be

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prepared in advance when going out-of-town, or for an overnight trip with boy/girl friends, compared to less than 40% at the pre-test survey.

- Although 50% of the respondents at the post-test survey agreed that alcohol tends to enhance the possibility of not using a condom with prostitutes, 40% believe that it makes one braver in trying new sexual experiences.

It should be noted that still as high as 60% at the pre-test and 70% at the post-test that male respondents agreed with the statement that "One who would like to try commercial sex should not be afraid of getting diseases." This may reflect a desire, rather than an attitude. Perhaps respondents were actually responding to the question, "One who would like to try commercial sex should not (have) to be afraid of getting diseases."

- Education levels, age differences, and different self-risk perceptions did not make any significant difference on attitude scores towards sexual decision making, condoms, or AIDS at both pre- and post-test surveys.

Attitude VS. Sexual Experience:

- A significantly higher number of respondents who had prior sexual experience approved of pre-marital sex among the young as compared to those who had no sex experience. However, those who had no sex experience had a significantly more positive attitude score towards condom use as compared to had none.
- Those respondents who had experienced condom use had a better attitude score, although not significantly, towards condom use as compared to those who had never used condoms.
- Women increased their attitude score towards condom use significantly at the post-test survey, while men showed only a slight increase. In fact, women had higher attitude scores towards condoms compared to men.

Attitude VS. Intervention Exposure

- Respondents who attended the training did not have significant differences in attitude scores towards the decision to initiate sex, but had slightly higher attitude scores towards condoms, although not to a significant level.
- Respondents who had a higher level of exposure to the intervention had significantly higher attitude scores towards condoms, although there was no difference in terms of making the decision to initiate sex.

2. AIDS/STDs Education for Factory-based Young Adults

Implementing Agency: Faculty of Medicine, Prince of Songkhla University

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Objectives/Target Groups:

Objectives of this interventions study were:

1. To develop effective STD/AIDS prevention information dissemination strategies to be replicated in the work place.
2. To introduce to the factory-based adolescents and young adults the "adolescent clinic", an extension service of Prince of Songkla University.
3. To share the results of the project with public and related organizations in order to bring adolescent problems to their attention and to foster cooperation in the search for AIDS prevention measures for adolescents in the work place.

Target Groups:

Adolescents and young adults working in medium- sized factories with 50-100 workers each were the primary target groups for this subproject. A total of 328 individuals participated in project activities.

Outreach Strategies:

In reaching factory owners several methods were used with varying degrees of success, these included: a formal letter (0/30); telephone (18/30); and appointment (12/26). The initial goal was to entice factory owners, managers, personnel managers, or supervisory-level personnel to attend an ideas-selling/brainstorming session.

In reaching the target adolescent worker population, peer counseling was decided upon. Selected individuals received intensive training on counselling and communication for AIDS prevention in one to two day sessions.

Subproject Activities/Coverage:

Two primary activities of this subproject included an exhibition in factories, and group education. In addition, individual counseling, audiovisual showing, and internal broadcasting were employed.

Message Development/Media Used:

Messages included: increasing individual understanding of HIV transmission, the HIV antibody test, importance and use of condoms.

Media used in the project included exhibitions, comic books, brochures, posters, flipcharts, comic books, video and slide presentations.

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Evaluation:

The project was evaluated using the following methods:

- Subjective approaches: Focus Groups Discussion
- Base-line and follow-up survey to obtain KAP data
- Analytical techniques: cross tabulations and analysis of significance

Recommendations/Lessons Learned:

1. Adolescent problems among young factory workers other than AIDS that deserve attention include STD infections, appropriate contraceptive choice, and unplanned pregnancy.
2. Interventions should be sharpened and somewhat tailored for each factory environment because problems and conditions vary.
3. Owners and administrators play an import role in promoting or resisting intervention programs. Clarification of program goals with owners/managers is vital.
4. Most unskilled factory workers have low-education levels and the training must be adjusted allow for this.
5. Peer counsellors often have low levels of confidence, and are unable to perform counseling and communications tasks.
6. Intervention should fit in with the work flow of the factory.
7. Tired workers may have poor concentration.
8. Persons of status (doctors as opposed to nurses) are preferred as educators because they are more respected.
9. Sex education is appropriate in conjunction with AIDS education.
10. Workers have time limits placed on them by their employers.

3. AIDS Prevention Among IVDUs, Families and Adolescents in Slum Communities

Implementing Agency: The Bangkok Metropolitan Administration

Rationale:

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In this AIDS Prevention project, the intention was to develop sustainable AIDS prevention strategies for IVDUs, potential IVDUs (low-income adolescents), and the sex partners and families of IVDUs. The primary focus was on individual communication through community and peer outreach, and the use of AIDS educational materials in support of one-on-one and group communications.

Objectives:

1) To provide AIDS education, condoms, and information on AIDS prevention to IVDUs in both BMA detoxification clinics and the community via IVDU outreach workers in order to (1) increase their level of AIDS awareness, and (2) provide condoms and condom usage information, and to (3) advise them on appropriate prevention measures necessary to control the spread of the virus.

2) To provide education and practical advice to IVDU partners and family members to (1) help them understand their risk of infection with the AIDS virus, and to (2) convey correct knowledge and skills in transmission prevention, as well as to (3) instill a positive attitude and understanding about AIDS in support both infected and not-yet-infected partners or family members. This was to be carried out by using selected community health volunteers.

3) To provide AIDS education for out-of-school-adolescents who live in the low-income communities of the catchment areas served by the BMA drug abuse treatment and prevention centers in order to (1) raise their level of awareness and (2) equip them with AIDS and drug abuse prevention skills. This was to be done by recruiting and training selected adolescent peer counsellors from the community.

In this AIDS prevention sub-project, the overall intervention objective was to develop sustainable AIDS prevention strategies for IVDUs, potential IVDUs (adolescent) and the sex partners of IVDUs. The general subproject objective was to provide AIDS education, condoms, and information to increase levels of awareness, i.e.: understanding personal risk of HIV infection, and to instill prevention skills for AIDS and drug abuse prevention, such as condom use skills, among the identified target groups.

The BMA coordinated three separate types of AIDS prevention outreach under this sub-project among: 1) intravenous drug users (IVDUs); 2) sex-partners of IVDUs and slum women at risk; and 3) out-of-school adolescents.

A major component of BMA sub-project responsibilities was the recruitment, training and supervision of outreach workers. PATH was responsible for coordinating overall project development; for providing suitable training courses to BMA supervisors and staff, and for production of AIDS educational materials for each target population.

BMA Supervisor Training:

BMA social workers were assigned to train and oversee the outreach workers (ORWs) recruited from project communities. They met every month with the ORWs to provide training and

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supervision throughout this period. There were three courses of training provided to BMA supervisors in order to help them monitor ORW activities.

The training courses for IVDUs supervisors were organized together with training for supervisors of IVDU sex partner ORWs in May 1990, October 1990 and in January 1991. The training courses provided necessary supervisory skills and prepared the supervisors to train their ORWs for approaching, interacting with, and monitoring target groups. PATH also provided the supervisors with specific skills training on:

- Outreach management
- Transaction analysis
- Two-way communications
- Stress and burn-out reduction for counselors

Outreach Workers:

The three groups of ORWs were selected and trained as the follows:

A. Intravenous Drug User (IVDU) ORWs

Five ORWs were recruited from among ex-IVDUs in each of 15 detoxification clinics and trained by the BMA social workers on topics of: AIDS knowledge; how to approach the target population; on condom use; and on syringe & needle cleaning. Moreover the BMA supervisors conducted monthly meetings and maintained an average of five ORWs in each clinic allowing for attrition due to drop out or relapse. PATH developed scripts of proposed dialogue to help the supervisors conduct the meeting.

Outreach activities targeting IVDUs in this subproject operated for 12 months during the period July 1990 to June 1991. Approximately four IVDUs per one ORW was contacted and educated every month. In communities where there were few IVDUs, ORWs were able to reach the same IVDUs more than once to repeat the message. Though the turnover rate of IVDU ORWs was quite high, there were still about 60 IVDU ORWs (out of a potential 75) still working during the last month of the project activities. The reason for this was that the BMA supervisors maintained the workers by replacement and training of new ORWs.

B. The sex partners of IVDUs and slum woman at risk

A total of 172 female ORWs were recruited from among Village Health Volunteers (VHVs) from the communities around 15 detoxification clinics. They were separated into two groups and worked during different periods of six months each. The first group began their work in June 1990 and ended on November 1990, the second group performed from November 1990 to May 1991. Two one-day training courses were provided to the female ORWs, one in May 1990 and the second in November 1991, prior to the onset of outreach activities. The topics included in the training were 1) AIDS knowledge, 2) the role of the outreach worker, and 3) skills in approaching target groups.

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During the last 12 months of the project outreach activities reached slum women (58.2%) and people in the communities (33.3%). A minority of those contacted were IVDU sex partners (7.7%) and/or IVDUs themselves. Most of the information communicated was on AIDS prevention (52.7%), and condom use (36.9%). Some family planning content was also conveyed to the target group (9.9%). The other 0.5% of information provided was on needle cleaning.

BMA supervisors held monthly meetings with ORWs working in their catchment areas to review progress and discuss problems that have arisen. PATH also prepared a series of scripts, similar to those used by IVDUs supervisors, to help the supervisors conduct their monthly meetings.

On the last month of project ORW activities, PATH and BMA organized wrap-up meetings to repeat AIDS knowledge training for the workers and to recognize them for their work. In addition, the meeting intended to stimulate them to continue providing AIDS communication in their communities.

C. Out-of-School Adolescents

A primary target for AIDS prevention activities has been to aim at adolescents who have dropped out of school and are living in the catchment areas of the BMA prevention units. This subproject was designed to recruit 6-8 peer adolescents from BMA slum communities in each catchment area. Altogether, 56 youth leaders from 12 communities were selected, trained, and separated into two groups to work as peer educators for six months after training. In addition to outreach activities, the peer educators also helped the BMA supervisors from the community prevention units to coordinate community activities and assisted with AIDS materials distribution (booklets & pamphlets) during anti-AIDS campaigns.

The first 24 youth leaders were trained in June 1990 and functioned between June and November 1990. The second group of 32 peer educators were trained in November 1990 and functioned to the end of May 1991. During the two - six month operational periods, the supervisors provided community adolescents with news-letters containing AIDS prevention messages and progress reports on the AIDS campaign among target communities. Six issues of the newsletter was distributed during the subproject period.

At least three AIDS campaigns were organized in the communities during the project. There were showings of the 16 mm movie (Silent Danger) and a mobile AIDS exhibition was prepared for display. Not less than 300 persons per community were involved with the activities

Evaluation

Activities for all three outreach efforts were completely in sequence during the period May to July 1991. A process-type evaluation was conducted throughout the project life, which included the monthly collection of volunteer activity reports, and supplies distribution. Program effectiveness was evaluated out in the form of a pre- and post- KAP survey during August to December 1991. This KAP survey included coverage evaluation from among project beneficiaries, and was organized by BMA. A brainstorming session was held among outreach supervisors (BMA detoxification clinic social workers) about the results of the survey.

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Outreach Results:

Altogether, an estimated 7,734 persons were reached in the housewife outreach program by outreach workers with AIDS information in 44 slum communities, this includes 4,502 housewives, 594 IVDU spouses, and 59 IVDUs. In distributing supplies, the outreach teams report that they distributed 27,746 condoms; 13,457 pamphlets; and 485 posters. While the target population of housewives received very high coverage (99.4%) with AIDS information, a significant increase in reported condom usage could not be measured.

In the IVDU outreach program, 4,166 persons were contacted, including 3,108 IVDUs, 32 IVDU spouses, and 75 women in the community. The target set for IVDU outreach was the total estimated population of 2,250 IVDUs. The numbers contacted (3,108) represent 138.3% of the estimated population. In distributing supplies, the outreach workers reported handing out 13,263 condoms; 6,943 pamphlets; 5,284 bleach sets (not paid for by USAID); and 98 posters. IVDUs not formerly in treatment who were interviewed reported a decrease in needle sharing (from 61.8% to 39.4%) after the start of the program, and a modest increase in condom usage with regular sex partners (from 38.9% to 52.2%) but a stronger increase for sex with irregular sex partners (from 35.5% to 75%). IVDUs who had ever bleached their needles reported an increase in bleach use (77.4% to 100%), however IVDUs who had not bleached before did not take up bleach use.

Recommendations:

1. The one-day training for female outreach workers was not adequate to establish condom education skills to women unfamiliar and uncomfortable with condoms. Additional skills training is indicated.
2. Follow-up with people exhibiting risk behaviors is needed.
3. IVDUs respond well to pamphlets, posters and demonstrations.
4. Additional studies on housewife attitudes toward condoms is needed, and attention will have to be given to methods that also motivate their husbands.
5. Incentives to outreach supervisors help to keep them motivated.

4. AIDS Education Outreach for Brothel-based Commercial Sex Workers

Implementing Agency: Chiang Mai Provincial Health Office

Capsule Summary:

This subproject was reported in final form in the interim report submitted to USAID in May 1991. Below is a capsule summary:

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From November 1989 to January 1991, 14 teams of health personnel (60 persons total) from 6 health institutions in Chiang Mai conducted four training workshops for over 2,000 prostitutes in 109 brothels. The four workshops were conducted each three months in rounds and were designed to build on one another with successive messages on 1) basic AIDS knowledge, 2) strategies for convincing customers to use condoms, 3) self-risk assessment, and 4) sharing the message on AIDS with other prostitutes. In addition to the workshops, outreach was carried out to the brothels to distribute condoms, and encourage "100 % condom use", which was a campaign conducted with window stickers, and through education of brothel owners. A flipchart with accompanying cassette tape, entitled "Just Want to Let You Know" was developed especially for low-income brothel-based prostitutes.

Outcomes:

This project launched what has now become a model used in many provinces in Thailand -- 100% condom-use brothels. The Chiang Mai Provincial Health Office was the first to experiment with this approach. It showed that by combining prostitute AIDS education with a direct appeal to the brothel owners and managers, it was possible to move condom compliance from low levels to relatively high levels. During the course of this project, condom used as measured in three different ways, (self-reports, "secret shoppers", and a cohort study), increased dramatically from as low as 19% to somewhere between 88% and 95%. A total of 387,209 condoms were distributed during the course of the project. STD rates also fell during project implementation confirming that condom compliance had increased. For a full report on this project please see the interim progress report.

5. Message and Media Development

Implementing Agency: PATH/Thailand

Materials Developed

PATH was responsible for coordinating the materials development for all subprojects. PATH organized a communications materials working group made up of BMA representatives and PATH staff. The group worked together to develop the AIDS education materials to be used for all three populations.

Seven different kinds of materials were developed, designed, and pretested before distribution to the target groups. The evaluation of media materials used was carried out by sending a short questionnaire to the materials users and by obtaining verbal feedback from discussions with BMA staff. The video "Sinking Love Boat" was evaluated in a separate project by AIDSTECH to assess its suitability for use with other audiences.

Details of the media materials used and user feedback are as follows:

16 mm. film "Silent Danger"

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(Target Audience: Low-income Adolescents)

A 16mm film named "Silent Danger" was produced by the project team in close coordination with a film director and crew from Thamassat University. Four copies were distributed to the BMA drug abuse prevention section, to display in 11 communities where the youth leaders were trained. Before the film was shown, the leaders organized the neighborhood audiences and after the show, distributed copies of a companion material in the form of a photo novella entitled "One Once". Approximately two to three film showings per community were arranged.

The BMA also arranged to show the film to other low-income communities in Bangkok. The BMA mobile film unit staff reported that between September 1990 and April 1991, there were over 50 film showings in low-income areas of Bangkok.

In June, 1991 the film "Silent Danger" was converted into video format. A total of 50 copies were provided to 15 BMA detoxification clinics in order to show the movie to IVDUs attending methadone treatment at the clinics. Other video copies were used for presentation in the communities in conjunction with small group education.

PATH also distributed another 150 video copies of "Silent Danger" to the health sections of various government offices. Please see the materials distribution list, attached, for details.)

Photonovella, "Only Once"

(Target Audience: Out-of-work slum adolescents)

A 40 page photonovella "Only Once" was developed which uses black and white, still photographs and script from the film "Silent Danger" to tell the same AIDS prevention story in a short comic book format. "Only Once" was distributed not only in target areas but also widely in low-income areas of Bangkok. The comic book format has proved to be popular in AIDS prevention programs aimed at youth, and at students in vocational and secondary schools.

Flip Chart for Prostitutes "Just Want to Let You Know"

(Target Audience: Low-income Brothel-based Prostitutes)

A 12-page flip chart was developed for female commercial sex-workers (CSWs) that contains general information on AIDS in the first seven pages, with the last five pages emphasizing specific messages on AIDS prevention for CSWs. These messages include: how to convince the customer to use condoms; common misunderstandings CSWs' have about AIDS prevention; and how CSWs can achieve their dreams of a better future by protecting against HIV infection. Most of the content for the flip chart came from Focus Group Discussions (FGDs) conducted among 15 CSWs in Chiang Mai carried out by PATH. Please see the flip chart script attached.

The Media center, a non-government organization, coordinated design and printing of the flip chart with PATH. The flip chart was pretested extensively by PATH before the art work was finalized. The main changes after conducting audience research were that the design of the flip chart should be in a giant booklet format which can be used by members of the target audience to read by themselves and share information with each other. Some of the wording used in the flip

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chart was clarified and some additional pictures were suggested by the target CSWs. The final design was based on pretest results.

The first 200 copies of "Just Want to Let You Know" were printed and primarily distributed for use in the Chiang Mai subproject. The health officials formed into 15 two-three person teams trained the CSWs to use the flip chart during the fourth round of training. "Just Want to Let You Know" was used by peer prostitutes to teach friends and newly-arrived CSWs. Some sex-establishments placed the flip chart in a central room so that the prostitutes could read it whenever they had available time.

Additional copies were produced and provided to Provincial health offices under the Ministry of Public Health and to NGOs working with prostitutes. More than 1,000 copies of "Just Want to Let You Know" were duplicated by the public health department who conducted AIDS education projects among CSWs. Another reprinting was requested by World Vision, and this flipchart was translated into the Shan language for a project in Chiang Rai Province.

Cassette Tape "Just Want to Let You Know" (Target Audience: Low-income, Brothel-based Prostitutes)

A cassette tape "Just Want to Let You Know" was developed to serve as a companion piece to the flip chart for CSWs, and was left in brothels for playing throughout the day. The tape contains pop songs and a popular DJ giving AIDS information in a radio show type format. The female DJ presents the information as if she were an elder sister talking with her younger sisters. Grammy Entertainment, Ltd. permitted free use of popular songs used to make the cassette. The contents complimented the flip chart.

Before planning to develop the cassette, PATH designed a short questionnaire to be administered among about 80 CSWs in order to better understand how they normally received new information, and which information sources they most trusted. The conclusion was that they preferred to listen to music, and liked the radio format, therefore, a cassette tape format with popular music was selected. The cassette tape prototype was pre-tested with CSWs before production. Adaptations were made to the dialogue which was not completely clear in the initial prototype, and in the sequencing of the messages. The cassette was developed in both Thai and Thai Yai (Shan) dialect. Two to three copies were distributed to each of the 109 brothels participating in the Chiang Mai subproject. Please see the script of the cassette tape, attached.

Flip Chart for Housewives "You Your Family and AIDS" (Target Audience: Low-income Housewives)

A four color flip chart format for slum women entitled, "You, Your Family and AIDS" was produced by using the first seven pages of AIDS information developed for the CSW flipchart "Just Want to Let You Know". The final four pages contained messages for housewives on how to talk with their husbands about AIDS. The ideas for these messages were suggested by housewives during the pre-tests of the flip chart.

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One hundred packages of the flip chart were produced. The ORWs, village health volunteers, used the flip chart for providing information on AIDS during their outreach activities. A training session in the use of the flip chart for the ORWs was arranged during monthly BMA staff meetings by the BMA supervisors who were trained by PATH in two-way communications.

Altogether, more than 1,000 copies of this flip chart were reproduced and widely distributed by the government officials during the project. This flip chart was distributed to every district in Payao Province and training was provided by PATH using funding from AIDSTECH. A group in Mae Hong Sorn Province sought permission and advice from PATH on producing versions of the flip chart in several hilltribe languages -- Karen, Lauhu, and Akha.

Booklet for Housewives " You Your Family and AIDS" (Target Audience: Low-income Housewives)

A four color booklet in a small pocket book format was also entitled "You, Your Family and AIDS" and was developed to be used together with the flip chart of the same name. The ORWs distributed the booklet after the education sessions where the flip chart was used. The purpose was to give slum women materials to use as a tool for stimulating discussion with their husbands.

An extra 10,000 copies of booklet were reproduced with support from one of the condom companies for distribution on World AIDS Day on December 1, 1991. This event was organized by the NGOs against AIDS Coalition in Thailand.

Pamphlet for Adolescents, "Not Top-Secret" (Target Audience: Low-income Adolescents)

A pamphlet called "Not Top-Secret" was developed in a pocket size for distribution to out-of-school adolescents in Bangkok. These pamphlets were also used in the UDF and Had Yai subprojects. The four color pamphlet contains specific prevention messages for the youth. More than 10,000 copies were distributed by ORWs, and at community centers in the target areas.

Video "Sinking Love Boat" (Target Audience: Factory-based Young Adults, and Out-of-school Adolescents)

A 30-minute video entitled Rak Ruua Lom, "The Sinking Love Boat", were produced for promotion of condom use among out-of-school adolescents and young working adults by presenting a young fisherman who believed that condoms are only necessary for use with commercial sex workers. The hero contracts HIV from his girl friend, who had been infected by a previous boy friend. The video was designed to promote a good attitude toward condoms. This original video was completed in August 1991.

Rak Ruua Lom was distributed not only in the BMA adolescent target group, but also to the UDF and Had Yai subprojects. PATH was asked to duplicate this video for all vocational schools in

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Thailand, and has distributed the video to other programs dealing with adolescents. A distribution list appears in the attachments.

A) Evaluation of Rak Ruua Lom - an AIDS-Prevention video for Thai Urban Adolescents

The most prominent message in the Thai AIDS prevention media is that commercial sex spreads HIV. This may represent over-emphasis on the role of commercial sex and could lead some men and women to view casual, non-commercial sex as safe. A 30-minute video was produced to counter complacency among Thai urban adolescents aged 15 to 25. The video is a dramatization of a love affair which leads to HIV transmission among to supposedly "low-risk" partners. To assess its effectiveness in combatting complacency, an evaluation was conducted with three different groups of Bangkok adolescents: vocational students, factory workers, and out-of-school slum residents.

Over 100 adolescents saw the video, and then joined focus groups to discuss the content and their reactions. Pre- and post-view questionnaires were also administered to assess the immediate impact of the video.

The results clearly showed an increase in self-risk perception and perception of other risks, i.e.: STDs. Male and female viewers had opposite changes in attitude toward commercial sex. Attitudes toward condoms changed favorably as did intentions to wear them. The results also confirm that using actors and lifestyles that closely resemble the target audience will have a greater impact when compared to the impact on other viewers. This video seems to have more impact on workers (for whom it was designed) as compared to vocational school adolescents and slum residents.

Additional Materials Used During the Project:

- A comic book "The Value of Life" developed from a previous project, entitled AIDS interventions among IVDUs in Bangkok. A total of 10,000 copies were duplicated using the BMA budget to distribute to the IVDUs in this subproject
- A video "Boon Teng" was produced together with the comic book "The Value of Life" (see above), and was used with IVDUs in detoxification clinics.
- A BMA pamphlet addressing HIV infection
- A poster entitled, "Circulating Needles"
- A condom pocket developed by BMA
- Six issues of a project newsletter published by the BMA

6. Lessons Learned and Recommendations

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A. Collaboration and Technical Transfer:

A critical lesson learned in the implementation of this project is that full participation of subproject collaborators is critical in carrying-out effective programs. The Chiang Mai subproject proved to be very successful in terms of full local participation with technical guidance from PATH. The local teams absorbed and utilized the PATH technical assistance (TA) well. For example, PATH staff conducted focus group discussions (FGDs) with prostitutes along with the local staff at the beginning of the program to gain information in order to develop appropriate materials for the program. At the time of the second round of training before conducting outreach education, the Chiang Mai Provincial Public Health (PPH) staff conducted their own focus group discussion sessions with prostitutes to identify how to appropriately convey messages on safe sex practices and condom negotiations with customers. In the Hat Yai subproject, where there was fewer technical inputs provided due to delays in the start-up of the project and less TA needs expressed by the local team, the result of educational activities appeared to be less effective.

Given the large, complex, and highly bureaucratic structure of the Bangkok Metropolitan Administration (BMA), PATH considers the work accomplished on interventions to be a qualified success since several activities, were implemented much more effectively than would otherwise have been the case. In addition, several educational materials produced in the course of this project were reproduced using BMA budgets and continue to be supplied by the BMA.

It was not as easy to train BMA staff on the job as it was in the Chiang Mai and UDF subprojects. The BMA organizational structure is much more centralized and is more resistant to outside involvement such as in the composition of working groups to implement project activities. The morale of BMA employees is quite low compared to other government offices, making it harder to motivate staff to make extra efforts in conducting effective educational interventions. Despite these difficulties, skills transfers to the BMA in planning and project management including the use of information from target groups to plan education activities was accomplished to a certain extent.

PATH was not in a position to conduct its own evaluation of the BMA subproject which made it harder to compare results with the UDF project, also conducted among low-income areas of Bangkok. More importantly, PATH did not have control of how the evaluation was conducted because the costs of the BMA evaluation did not come from this project. BMA applied funds granted to it separately from the USAID Mission to conduct this evaluation. In the evaluation report submitted by the BMA results are somewhat vague on the BMA project. Despite having some access to the data, it was difficult to draw conclusions from the data since the design was not well understood from the beginning. There was less fine-tuning of the program as it went along due to the shortage of feedback information.

B. Sustainability:

The Chiang Mai PPH did a fine job of involving other local institutions to form over twenty teams of AIDS outreach educators in implementing outreach AIDS education at sex establishments. Through this effort, a local network was established and has been sustained. Outreach education to sex establishments throughout Chiang Mai have been continued, although with less frequency, using combined funds from the Royal Thai Government and support from other donors. The project also provided a forum for local groups to communicate their AIDS activities on a regular

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basis. A number of meetings and workshops among those involved in this project in particular, and in AIDS work in Chiang Mai in general have been organized since the beginning of this project and have led to several new initiatives on AIDS in Chiang Mai.

In comparing work with an NGO like UDF and a government agency like the BMA the short-term impact of the NGO program yields better results as this report has shown. However, without continued donor funding, it is likely that NGO AIDS activities in low-income communities will slow down as the NGO is forced to turn to other issues in response to available funding. This doesn't mean that there would be no long-term effect from an NGO AIDS education program. For those adolescents who have experienced participation in an effective AIDS education program, particularly at the period when they are young and impressionable, there is an excellent chance that the person will continue to avoid high-risk behaviors. In the case of the government agency, there is an opposite potential effect. Even if short-term results are less than optimal because of relative inefficiency, interventions if institutionalized, can have long-term impact, and can even improve over time in the hands of dedicated personnel and with additional technical inputs. It may sometimes be necessary to mobilize government and/or NGO staff to work extra hours to effectively reach individuals in communities at other than working hours. This will invariably involve incentives, or supplemental payments.

C. Overall Project:

AIDS outreach education program in sex establishments should be repeated on a regular basis because of high turn-over rates, especially among brothel sex workers (up to 30% per month). However, messages must be developed based on the dynamics of a changing situation. The current reality in each particular locale should be taken into account in order to create specific AIDS prevention messages that are appropriate and relevant to the target audience.

AIDS education programs in work places should be given more weight in trying to gain acceptability and in creating a sense of program ownership from business owners and executives. A special education package for this group should be designed and carefully implemented to achieve a permanent place for AIDS education activities at the employee level of private-sector companies. Without the active participation of senior management, it is likely that any AIDS education efforts in the work place will have only short-term effects and there may be little or no reinforcement or follow-up from the initial efforts

Two possible approaches to conducting AIDS education programs among adolescents in low-income communities have been explored here -- the campaign approach (Government agency) and an interpersonal approach (NGO). If the aim is for community-wide information coverage, interventions can be carried-out effectively with campaign-type efforts. This is particularly true if applied through the regular program of a government agency. Programs that aim to reach individuals and expect changes in attitude and behavior are more likely to be successful if an interpersonal communications approach is applied through the extensive efforts of community-based NGOs. Whether the campaign or interpersonal approach is more cost-effective in terms of achieving long-term behavior change remains a question to be explored in more depth.

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Attachment List :

1. Subproject report:
AIDS/STDs Prevention Education for Factory-based Adolescents
Evaluation of AIDS Outreach Program in Bangkok
2. Photographs of project activities
3. Distribution list of AIDS Education Materials
4. Audiotape scrip
5. Video script
6. Supervisor scripts - BMA subproject
7. BMA newsletter
8. BMA subproject organizational chart
9. Sample materials

ATTACHMENT 1

**AIDS/STDs Prevention Education for
Factory-based Adolescents**

**Department of Obstetrics
and Gynecology**

**Faculty of Medicine
Prince of Songkla University
Hat Yai, Songkla
THAILAND**

**AIDS/STDs Prevention Education
for Factory-based Adolescents**

Bibliography ISBN 974-603-455-4

First published by Department of Obstetrics and Gynecology,

Faculty of Medicine, Prince of Songkla University, 1991

300 copies

Printed at the Allied Press,

Hat Yai, Songkla, Thailand

**AIDS/STDs Prevention Education for
Factory-based Adolescents**

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**Faculty of Medicine
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THAILAND**

December, 1991

ACKNOWLEDGEMENTS

The study of "AIDS/STDs prevention education for factory-based adolescent " is financially supported by the PATH Thailand. This study has been conducted during August, 1990 to July 1991.

The project team would like to express their gratitude to various government and non-government services, and individuals who made the success of this project possible to providing great collaboration and cooperation assistances.

We would like to extend our appreciation to Prof.Dr.Tada Yipintsoi, Dean of Faculty of Medicine, Prince of Songkla University for his effective and kindly efforts which greatly contribute to the success of this project.

Special thanks to Ms. Pawana Wienrawee, the program officer communication of the PATH Thailand for her valuable suggestions and assistants on coordination and cooperation of the project.

Lastly, we would like to express our gratitude to the PATH Thailand for the financial support of the project.

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Supplementary Data

- Annex 1** General information of the factories which have partial and total response to the project (18 in 30 selected factories)
- Annex 2.** The opinions of the local policies makers for the possible activities that will be suited with their factories (14 in 18 positive response factory), and the obstacles
- Annex 3** The opinions of peer counsellors to the obstacle of the intervention
- Annex 4** The desirable for the adolescent counselling clinic in Songklanagarind hospital (university hospital).
- Annex 5** The knowledge about contraceptive methods among the workers before and after contraceptive education

Annex 6 Comparative the knowledge about contraceptive methods between the exhibition group and group education after education

Annex 7 The miscellaneous opinions among the workers

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Annex 9 Knowledge participation of educative intervention of the project

Annex 10 The opinions to benefit of this project among exhibition group

Annex 11 The opinions to benefit of this project among group education

Annex 12 The opinions of the workers to possible intervention that suit with the factory

AIDS/STDs Prevention Education for Factory-based Adolescents

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Introduction

Because of an increasing prevalence of human deficiency virus (HIV) infection in the population, and until September, 1991 the Ministry of Public Health of Thailand reported 34,354 cases of HIV infection.¹ Adolescents are at risk for contracting Acquired Immunodeficiency Syndrome (AIDS), and engage in high-risk sexual and drug use behavior.^{2,3}

Adolescents both in and out of school are young peoples who are in the age of physical, mental, emotional and social development. Their lives are at a turning point in which they must adjust themselves to their environment and begin to change their behavior to that of responsible adults. The adolescents faces various problems in adapting their transitional status to the realistic situation in the society. One of the demanding of these change is learning how to associate with opposite sex and social adjustments. The factory-based adolescents are quite different from other adolescents. The pattern of their living are similar to the adults; because they can earn their money. In contrast, they are similar to other adolescents in age, nature, lifestyle.

Especially male adolescents who are sexually active, slightly over 60% indicated their sexual partners were prostitutes.⁴⁻⁶ Information on the use of condoms among male students (age 19 or less) whose partners were prostitutes is also available, three-quarters and two-thirds of students attending teacher and commercial colleges did not use condoms. Among males students (age 20 or older), two-thirds of teacher college students, and half of commercial college students, did not use condoms when they visited prostitutes.

The rather high proportions of male students who are sexually active and who visit prostitutes combined with the relatively low proportions who use condoms would appear to be an ideal set of circumstances for the exposure and spreading of AIDS among the adolescent and young adult population. Hence, it is extremely important to raise the level of awareness, concern and preventive behaviors regarding AIDS within the factory-based adolescents; the unique group of the adolescents

Hat Yai, the largest district of Songkla province located 947kilometers south of Bangkok, is a bustling young business town which owes much of its prosperity to trade (especially in tin and rubber) and tourism, mostly from nearby Malaysia. There is a very active nightlife. Massage par-

lors, bars, brothels, and escort agencies are parts of this entertainment business. Of different forms of prostitutes that exist in Thailand the low-income prostitutes are the most numerous. Recent data from the Ministry of Public Health indicates that there might be as many as 80,000 prostitutes of this category throughout the nation, and in Songkla province there are about 4,000-5,000 prostitutes who were registered with the VD center, region 12.⁷ By estimation, this figure may be a half of the factual numbers.

In the absence of a cure or vaccine for AIDS, health information and education is the most important mechanism for the prevention and control of the disease. The objective, therefore of the present study is the assessment of the possible implementation that are intervention program on HIV prevention can be introduced into the industrial factories and approach the workers.

This article will describe the demographic background and the level of health behavior change continuum about AIDS, and the positive and negative lessons of education intervention for HIV prevention among the factory-based adolescents. We concluded that we lacked sufficient information related to this population to make an adequate behavioral and educational diagnosis.

In part, this lack of information was indicative of the appropriated interventions that are compatible with the industrial factories. There are some gaps in the availability of descriptive data related to the health beliefs, attitudes and preventive practices of minorities in general. Although health education is seen by many as the most viable approach contributing to the prevention and control of AIDS. However, there are unique barriers confronting health educators who attempt to translate health education theory into effective strategies around this critical public health problem.⁸

Methods

The study goal is to increase level of awareness, concern, knowledge, attitudes and intention to change or reduce risk behavior that put the factory-based adolescents at risk of AIDS and STD. The objectives in this study include as the followings:

1. to develop effective STDs/AIDS prevention information dissemination strategies to be replicated in other work place.
2. to introduce to the factory-based adolescents the "adolescent clinic", an extension service of the counselling unit of the medical school, Prince of Songkla University as a referral unit to seek information and support in STD and AIDS prevention.
3. to share the results of the project with public and other related organizations in order to bring to their attention the problems and to foster cooperate in the search for AIDS prevention measures for adolescents in the work place.

The implementation plan is characterized by various sets of interrelated activities and administrations:

Target group

Thirty medium-sized factories with 50-100 workers each were selected via the provincial labor office. Initial contact we use formal letter from our university to the managers or directors of the factories with enclosure of the project, we offer to provide the educative interventions in the workplace. After two week, we received no reply from any factories. The second contact we communicated by telephone; 4 in 30 had strongly negative response, 8 in 30 have partial response but refused to join the project because the owners or managers had no concern about the benefit of the project in compare with the loss of working wastage, and 18 in 30 had total response and asked for further details.

Among the partial and total response factory, we took an appointment for visits of our investigators. We explained the details of the project and discuss for the conditions which might be specific and suitable to their factories. Of twenty-six factories, most of them did not pay much attention to the project and expressed their unfavorable attitudes to the intervention which might interfere with their workings. However, the contact by the government organization, they are aware of the coordination between government officers and their factories in the future. They requested us to avoid the group education and interview during the official hours as much as possible. About half of them, 12 in 26 agreed to send the representatives; general manager, personnel manager, supervisor, chief division, and worker to attend the brain storming conference, and group education about AIDS and family life education. We conducted the meeting on 29-30 September, 1990 to seek the second opinions from the various representatives.

Peer counsellor

We proposed the concept of peer counsellors in the brain storming conference, and the response were quite enthusiastic manner. The representatives agreed to take part in the peer counsellor training, and cooperated in encouragement their workers to enter the meeting.

The person selected received intensive training in the art of counselling and communication on AIDS prevention and control; one or two day training. Upon successful completion of training the peer counsellors will conduct the following activities:

(1) will be an important source for investigating basic sexual-related problems among adolescents in order to feed the information in to planning management of the project. The data received will be in-depth, and probably unexpected data because peers often hear the truth that is not often told to health care providers. Besides, as most research confirmed, peer are most able to influence adolescents in adopting certain advice.^{9,10}

(2) after having an intensive training the peer counsellors will have potential to be a good motivator for behavioral changes among adolescents.

The training for these peers included:

Anatomy and physiology

Common problems of reproductive system
Sexually Transmitted Diseases
Acquired immunodeficiency syndrome
Unwanted pregnancy
Family Planning

Group education

We proposed the group education which will be conducted initially with the workers at the workplaces. Each group will contain 20-30 workers, and take time approximately 1 1/2 hours. The meeting conducted by the research project staffs will utilize video and slide presentations, and cartoon graphic booklets to educate the workers on AIDS prevention and control. Each presentation will be followed by group discussion to clarify any items of misunderstanding. The goals of the group education are as follows: to increase individual knowledge about the transmission, incubation period, and spectrum of clinical diseases related to HIV; to increase individual understanding of the relative HIV transmission risk associated with specific sexual practices; to educate participants about interpreting HIV antibody tests; and to instruct participants in the appropriate use of condoms.

Small group skill training

The project provided education materials which include exhibition sets, books, brochures, posters, flapped chart, etc. In addition, we set up the small group skill training for peer counsellors about how to appropriately use the education material among their friends.

Counselling clinic

The department of Obstetrics and Gynecology had established the counselling clinic, and the unit was located at the family planning division of the Songklanagarind hospital. The clinic functioned as a referral linkage, where the peer counsellors may refer their friends who higher level of assistance. The clinic was also available for the worker who took in the educative program and sought addible individual education and counselling.

Project team

The project team consists of physicians, nurses and social workers who base at counselling unit, Department of Obstetrics and Gynecology, Faculty of Medicine, Prince of Songkla University. The officers act as "STD/AIDS educators" and "peer Supervisors", and visit regularly the workplace in the study.

Evaluation

The subjective data learned from the approaches to factory-based adolescents were summarized in descriptive manners. Baseline and follow-up data were collected using KAP survey into two groups; one was exposed to exhibition set, and another was exposed to the group education. Both group also had the peer counsellors in their factories. The focus group discussion is intended to encourage participants to disclose behavior and opinions that they might not otherwise reveal in more formalized individual interview situations. The focus group discussion and questionnaire preparation were performed on November, 1990.

Baseline survey

During December, 1990 to January, 1991 the interview has enrolled 328 workers of 6 factories in a baseline study of the knowledge, attitudes, and practice about STD and AIDS. All participants complete the questionnaire about the level of health behavior change continuum; (1) awareness and concern (2) knowledge about biomedical fact (3) true-false attitude (6) preventive behavior. In addition, a number of questions were asked about demographic information.

For the assessment, subjects were asked to response "Yes", "No", or "not sure" as the followings; 4 items for awareness and concern, 8 items for knowledge, 6 items for true-false attitude, 6 items for preventive behavior.

Follow-up Survey

The follow-up survey was conducted at the end of the six months intervention program. The information collected will be identical to the information collected in the baseline survey, so that data sets can be compared and changes in knowledge, beliefs, attitudes and practice behavior can be assessed.

Analytical techniques

Initially simple cross-tabulations between the independent and dependent variables were conducted at both baseline and follow-up, and the differences in proportions in the dependent variables between the surveys were calculated. This will allow comparisons to be made between the changes in the exhibition group, and group education. Analysis of significance of differences in these changes were done by using Chi-Square. Additional analyses were conducted which will utilize the independent variables at the time of baseline as predictors to assess whether or not the various programs exert an effect upon levels of knowledge, belief, attitudes, and practice behavior at follow-up set of the effects.

Results

The owners or executive board usually were foreign investors or investors from Bangkok which seldom came to see their business. The working team at the workplace consists of the manager, supervisors, chief division whose only take in the arrangements or suggestions from the owners or the executive board. The approaches by letter gained a little act of responding, the concept or detail of the project usually delayed or hindered for a period of time, and in process of considerations by the owners or the committees. The negative responses were often be found because of lacking the direct communication with the real authorized person.

Most of the workers were daily employees, they usually work eight-hour or twelve-hour period. Some factories had two period of working, some had three period of working, and some had one period. In the day time, the workers one hour leaves for lunch. After finished their jobs, they rushed to go home immediately, for one period factories they were closed in the evening and did not permit anyone to be in the factories because of the reason of the securities. The group education were not compatible with the factories for the explanation of the restrained timing. For the night period factories they did not suit to our research team to visit the factories. The factories also have limited facilities for the group education; meeting room which separated from the working factories. The work managers had some reluctant to allow the workers to join the group education while the other personnel are working, they were afraid of the comparison between the workers. And if they allow a large number of the workers, they worried about the effectiveness of the work capacities.

The exhibition seemed to be satisfactory with the factories more than group education, we set up the two way exhibition boards which had the question box. The workers could write a letter to the investigator team for any question about AIDS/STDs or various matters of reproductive health. The workers had been made known that the answer would be replied within a week, and presented it on the exhibition board. However, the response from the workers were less than expectation, we received only a few letters. By our idea the two way communication would give more profits, and would be a another linkage between the investigators and the workers. The exhibition could arouse the worker in some levels, but the improvement might be managed for better two way communication.

The owners of the factories did not give any compensations to the workers who join the peer counsellor training, they just allowed the workers to enter the meeting. Most of the workers came together because it was their willings to take part. We did not prefer to give money for the incentive gain, it would be better to provide them in the appropriated form; the self-esteem of social assistants, the atmosphere of living together. In addition, the various educative media are the instruments that made them proud in their responsibilities to improve their friends about AIDS/STD prevention and risk reduction.

The small group skill training was the addible part to learn together with the investigators on how to use the various media. The evaluating of the media gave the things that resulted the peer counsellors to make clear with the misunderstanding, the acceptabilities, the attention of the recipients. Unfortunately, we conducted the small group skill training nearly the end of the project. If

the training started early, the effectiveness of the intervention would be improved in value more than this.

Of the 328 individuals contacted through December, 1990; 174 workers were the exhibition group and 154 were group education. They accepted the invitation to participate in an interview prior to the intervention program. Table 1 shows comparative sociodemographic data on these two groups at baseline. There were statistical differences between both groups in some items.

Table 1. Comparative sociodemographic data

Variable	Exhibition group (N=174) number (%)	Group Education (N=154) number (%)	P value
Age (years)			
less than 15	4 (2.2)	2 (1.2)	NS
15-20	71 (40.8)	41 (26.6)	S
21-25	65 (37.3)	35 (22.7)	S
more than 25	33 (18.9)	75 (48.7)	S
Marital status			
single	143 (82.1)	75 (48.7)	S
couple	27 (15.5)	72 (46.7)	S
divorced	1 (0.5)	1 (0.5)	NS
widow	2 (1.1)	2 (1.2)	NS
not specify	1 (0.5)	4 (2.5)	NS
Religion			
Buddhist	133 (76.4)	144 (93.5)	S
Muslim	40 (22.9)	10 (6.4)	S
Christian	1 (0.5)	-	NS
Province born			
north	-	3 (1.9)	NS
north-east	5 (2.8)	26 (16.8)	S
middle	1 (0.5)	3 (1.9)	NS
south	168 (96.5)	118 (76.6)	S
Previous occupation			
agriculture	35 (20.1)	54 (35.0)	S
laborers	28 (16.0)	52 (33.7)	S
small trading	9 (5.1)	5 (3.2)	NS
house keepers	3 (1.7)	1 (0.6)	NS
students	28 (16.0)	5 (3.2)	S
other	3 (1.7)	9 (18.1)	NS
not specify	68 (39.0)	28 (18.1)	S

Variable	Exhibition group	Group Education	P value
	(N=174) number (%)	(N=154) number (%)	
Education level			
illiterate	-	-	NS
elementary school 1-4 years	15 (8.6)	56 (36.3)	S
elementary school 5-6 years	70 (40.2)	52 (33.7)	NS
secondary school 1-3 years	43 (24.7)	16 (10.3)	S
secondary school 4-6 years	18 (10.3)	7 (4.5)	S
certificate (vocational)	25 (14.3)	18 (11.6)	NS
bachelor degree	1 (0.5)	1 (0.5)	NS
not specify	2 (1.1)	4 (2.5)	NS
Duration of worker (months)			
1 - 6	9 (5.1)	22 (14.2)	S
7 - 12	28 (16.0)	16 (10.3)	NS
13 - 18	16 (9.1)	5 (3.2)	S
19 - 24	24 (13.7)	16 (10.3)	NS
more than 24	71 (40.8)	82 (53.2)	S
not specify	26 (14.9)	13 (8.4)	NS
Income (Bahts per day, 25 Bahts = 1 US\$)			
less than 51	2 (1.1)	3 (1.9)	NS
51 - 75	125 (71.8)	73 (47.4)	S
76 - 100	22 (12.6)	46 (29.8)	S
more than 100	7 (4.0)	3 (1.9)	NS
not specify	18 (10.3)	29 (18.8)	S
Domicile			
living with parent	72 (41.3)	62 (40.2)	NS
living with relatives	17 (9.7)	11 (7.1)	NS
living in factories	7 (4.0)	43 (27.9)	S
living alone	67 (38.5)	13 (8.4)	S
other	11 (6.3)	25 (16.2)	S
Parents' marital status			
living together	118 (57.8)	98 (63.5)	NS
new marriage	4 (2.2)	5 (3.2)	NS
divorced or separate	13 (7.4)	5 (3.2)	NS
father or mother was death	37 (21.2)	45 (29.2)	NS
not specify	2 (1.1)	1 (0.6)	NS

The behavior of the workers when they had the abnormal symptoms related to genital organ or reproductive system is reported in Table 2. Most of them consulted the doctors for their problems, and combined with other behaviors.

Table 2. Pre-intervention and post-intervention behavior among the worker when they had symptoms related to reproductive system

behavior	baseline (N=311) No. (%)	follow-up (N=235) No. (%)	P value
consult the doctor	288 (92.6)	216 (91.9)	NS
prescribe the drug by themselves	17 (5.4)	14 (10.2)	NS
consult the pharmacist or non-pharmacist at drug store	41 (13.1)	24 (10.2)	NS
consult their parents	45 (14.4)	22 (9.3)	NS
consult their friends	40 (12.8)	14 (5.9)	S
consult their old teachers	8 (2.5)	6 (2.5)	NS
wait and observe the progression	23 (7.3)	15 (6.3)	NS

The general knowledge about various STD in both groups is summarized in Table 3. There were statistical significant changes in every items among the exhibition group, and some items among the group education. However, the general knowledges of STD at baseline survey were rather low in both group; less than half of them understood the STD, except the group education more than half of them (63.8%) perceived directly to non-gonococcal urethritis.

Table 3. Pre-intervention and post-intervention general knowledge about STD among both groups

item	baseline No. (%)	follow-up No.(%)	P value
Exhibition group			
syphilis	19/162 (11.7)	27/130 (20.8)	S
gonorrhoea	42/167 (25.1)	50/134 (37.3)	S
non-gonococcal urethritis	17/158 (10.7)	29/130 (22.3)	S
herpes genitalis	15/157 (9.5)	29/129 (22.5)	S
chancroid	16/158 (10.1)	30/128 (23.4)	S
condyloma accuminata	15/156 (9.6)	28/129 (21.7)	S
molluscum contagiosum	8/156 (5.1)	16/129 (12.4)	S
lymphogranuloma venereum	27/162 (16.7)	36/129 (27.9)	S
Group education			
syphilis	20/142 (14.1)	10/103 (9.7)	NS
gonorrhoea	64/149 (43.0)	49/105 (46.7)	NS
non-gonococcal urethritis	30/47 (63.8)	23/104 (22.1)	S
herpes genitalis	13/141 (9.2)	18/104 (17.3)	S
chancroid	20/141 (14.2)	21/103 (20.4)	NS
condyloma accuminata	30/141 (21.3)	30/104 (28.8)	NS
molluscum contagiosum	4/142 (2.8)	6/77 (7.8)	S
lymphogranuloma venereum	56/145 (38.6)	36/104 (34.6)	NS

Note: exhibition group; baseline N=174, follow-up N=135
group education; baseline N= 154, follow-up N=106

The workers' awareness and concern about AIDS is reported in Table 4. Most of the workers were already aware and concern about AIDS in many items and in high proportion. After the intervention the awareness and concern had significant change ($p < 0.05$) among the exhibition group in two items; heard AIDS from mass media, and seeking information about AIDS. In contrast with the group education had significant change in one item; AIDS is a fatal condition. The different educative intervention had made different changes in awareness and concern.

Table 4. Pre-intervention and post-intervention awareness and concern change

item	baseline No. (%)	follow-up No.(%)	P value
exhibition group			
heard AIDS from mass media	106/168 (63.1)	113/129 (87.5)	S
AIDS can be communicable	153/165 (92.7)	121/129 (93.1)	NS
AIDS is a fatal condition	141/167 (84.4)	114/129 (88.4)	NS
seeking information about AIDS	74/165 (44.8)	82/125 (65.6)	S
group education			
heard AIDS from mass media	110/152 (72.4)	79/104 (76.0)	NS
AIDS can be communicable	135/151 (89.4)	92/103 (89.3)	NS
AIDS is a fatal condition	108/149 (72.5)	88/104 (84.6)	S
seeking information about AIDS	83/150 (55.3)	55/103 (53.4)	NS

Note: exhibition group; baseline N=174, follow-up N=135
 group education; baseline N= 154, follow-up N=106

The knowledge about biomedical fact were summarized in Table 5. The most of the workers were already aware and concern about AIDS in many items and in high proportion. After the intervention the awareness and concern had significant change ($p < 0.05$) among the exhibition group in three items; AIDS is immunodeficient condition, infected person can not be identified by general appearance, and most infected person may have no symptoms and sign of AIDS. However, the group education only had significant change in increasing the knowledge about transmission by oral sex. The different educative interventions also had made different changes in knowledge about biomedical fact. Many items had no significant changes in both groups, it expressed indirectly that the changes depend were based on other interventions.

Table 5. Pre-intervention and post-intervention knowledge about biomedical fact

item	baseline No. (%)	follow-up No.(%)	P value
exhibition group			
AIDS is immunodeficient condition	130/165 (78.8)	117/128 (91.4)	S
infected person can not be identified by general appearance	99/162 (61.1)	98/127 (77.2)	S
most infected person may have no symptoms and sign of AIDS	45/161 (28.0)	53/126 (42.1)	S
heterosexual transmission by vaginal intercourse	157/159 (98.7)	124/131 (94.7)	NS
transmission by oral sex	57/163 (35.0)	50/127 (39.4)	NS
transmission by anal sex	107/164 (65.2)	85/128 (66.4)	NS
use of contaminated needle in drug abuse	70/163 (42.9)	50/128 (39.1)	NS
vertical transmission from infected mother to her baby	148/164 (90.2)	121/131 (92.4)	NS
group education			
AIDS is immunodeficient condition	114/149 (76.5)	86/103 (83.5)	NS
infected person can not be identified by general appearance	85/151 (56.3)	66/103 (64.1)	NS
most infected person may have no symptoms and sign of AIDS	45/152 (29.5)	43/104 (41.3)	NS
heterosexual transmission by vaginal intercourse	143/149 (96.0)	98/106 (92.5)	NS
transmission by oral sex	84/148 (56.8)	40/101 (39.6)	S
transmission by anal sex	91/147 (61.9)	57/101 (56.4)	NS
use of contaminated needle in drug abuse	46/147 (31.3)	31/103 (30.1)	NS
vertical transmission from infected mother to her baby	132/149 (88.6)	98/105 (93.3)	NS

Note: exhibition group; baseline N=174, follow-up N=135
group education; baseline N= 154, follow-up N=106

The false attitudes were summarized in Table 6. The group education had significant changed in true-false attitudes of four items; get AIDS from mosquitoes, social contact through food preparation and eating utensils, can get AIDS by using the toilet, and contact through the air such as cough or sneeze. The group education gave more advantage than exhibition group.

Table 6. Pre-intervention and post-intervention true-false attitude change

item	baseline No. (%)	follow-up No.(%)	P value
exhibition group			
get AIDS from mosquitoes	77/163 (47.2)	41/127 (32.3)	S
social contact through food preparation and eating utensils	29/164 (17.6)	13/128 (10.1)	NS
can get AIDS by using the toilet	39/165 (23.6)	15/128 (11.7)	S
contact through the air such as cough or sneeze	20/165 (12.1)	16/128 (12.5)	NS
casual contact such as hugging or grasping hand	6/166 (3.6)	4/129 (3.1)	NS
contact through secretion to unopened skin	80/162 (49.4)	64/127 (50.4)	NS
group education			
get AIDS from mosquitoes	75/147 (51.0)	27/103 (26.2)	S
social contact through food preparation and eating utensils	32/146 (21.9)	8/100 (8.0)	S
can get AIDS by using the toilet	29/147 (19.7)	11/101 (10.8)	S
contact through the air such as cough or sneeze	19/143 (13.2)	6/101 (5.9)	S
casual contact such as hugging or grasping hand	8/142 (5.6)	5/102 (4.9)	NS
contact through secretion to unopened skin	48/147 (32.7)	41/101 (40.6)	NS

Note: exhibition group; baseline N=174, follow-up N=135
group education; baseline N= 154, follow-up N=106

As seen in Table 7, the exhibition group and group education had no significant changes, except the select only the prostitutes who had had routine check up for STD and AIDS. It disposed and gave the tendency that the preventive behavior change were the series of willingness and actions, which were influenced by many things that had an effect.

Table 7. Pre-intervention and post-intervention preventive behavior change about AIDS

item	baseline No. (%)	follow-up No.(%)	P value
exhibition group			
willing to avoid sharing needle	158/165 (95.8)	127/132 (96.2)	NS
willing to use condom in every sexual intercourse	163/166 (98.2)	132/132 (100)	NS
willing to avoid sexual contact with the prostitutes	73/160 (45.6)	66/129 (51.2)	NS
select only semi-professional prostitutes	13/158 (8.2)	10/128 (7.8)	NS
select only high-class prostitutes	5/161 (3.1)	10/128 (7.8)	NS
select only the prostitutes who had routine check up for STD & AIDS	36/160 (22.5)	46/127 (36.2)	S
group education			
willing to avoid sharing needle	136/150 (90.7)	94/105 (89.5)	NS
willing to use condom in every sexual intercourse	134/151 (88.7)	100/106 (94.3)	NS
willing to avoid sexual contact with the prostitutes	61/149 (40.9)	39/104 (37.5)	NS
select only semi-professional prostitutes	22/147 (14.9)	18/103 (17.5)	NS
select only high-class prostitutes	19/147 (12.9)	14/103 (13.6)	NS
select only the prostitutes who had routine check up for STD & AIDS	44/149 (29.5)	35/100 (35.0)	NS

Note: exhibition group; baseline N=174, follow-up N=135
group education; baseline N= 154, follow-up N=106

Table 8 showed the possible responses of the worker in the assumable condition that if they have got AIDS. The worker had significant change in willing to take care themselves and avoid to spread the disease. However, the reversed direction had significant change in consultation the doctor or health officer for the specific service, that expressed indirectly that the trust and credit of the health service among the workers were less degree.

Table 8. Pre-intervention and post-intervention possible responses in the as sumable condition that if they have got AIDS

behavior	baseline (N=323) No. (%)	follow-up (N=233) No.(%)	P value
suicide	12 (3.7)	9 (3.9)	NS
consult the specific service; doctor or health officer	276 (85.4)	171 (73.4)	S
consult their friends	-	-	NS
do nothing, make life easy	7 (2.2)	11 (4.7)	NS
take care themselves, and avoid to spread the diseases	28 (8.7)	42 (18.0)	S

Table 9 showed the possible responses of the worker in the assumable condition that if their friends have got AIDS. There was a significant change in decreasing discrimination the AIDS victims to specific hospital.

Table 9. Pre-intervention and post-intervention possible responses in the assumable condition that if their friends have got AIDS

behavior	baseline (N=323) No. (%)	follow-up (N=233) No.(%)	P value
send them to specific hospital	159/322 (49.4)	92/231 (39.8)	S
send them to AIDS community	10/322 (3.1)	13/232 (5.6)	NS
let them live together and under preventive supervision	111/322 (34.5)	88/231 (38.1)	NS
let them live together and willing to give the advice	34/322 (10.6)	35/230 (15.2)	NS
ignore because of fear	3/322 (0.9)	1/233 (0.4)	NS

Overall, the exhibition group and group education had some significant change in the level of health behavior change continuum; The exhibition group had some significant change more than group education in awareness and concern, and knowledge. However, the group education had some significant change more than the exhibition group in the true-false attitudes.

The pre-intervention and post-intervention evaluations had many different among many items of the levels of health behavior change continuum between both exhibition group and group education. However, the tendencies indicated that the exhibition group was slightly significant outcome in some items and some levels of health behavior change continuum more than the group education.

Discussion

Current researches indicate that the acquisition of knowledge through educational materials is not, in itself, sufficient to produce behavior change in many of the individuals whose behaviors place them at risk of acquiring or transmitting HIV infection.

In Thailand, the Ministry of Education's strategy was originally to urge the students to learn more about AIDS via the school curriculum. However the non-school adolescents do not included in this program. This study showed that the possibilities of the educative intervention into the factory-based adolescent had various obstacles, and we learned both positive and negative lessons from these approaches.

The exhibition group and group education have the positive response of health behavior change continuum about AIDS in some items. Thus the further intervention should use the planned variations in messages, programs, and campaign. For behavior to change, information is necessary but often insufficient by itself to effect behavioral change. Becker and Joseph postulate that there may be a "threshold" effect: beyond the certain level, increases in knowledge or changes in attitude may not increase changes in behavior.¹¹

The exhibition group and group education with the addition of peer counsellor to influenced the level of health behavior change continuum in some positives ways. It may be a suggestion that this type of intervention may be effective in enabling the workers to adopt some low-risk sexual and preventive activities, but it should be modified and sharpened to suit with the target population.

Therefore, it is important to utilize the other educational program in addition to this intervention; the small group skill training about safer sex or the entire program of adolescent education in implementing AIDS risk reduction program for the students. The contents which are important to the students to reach the health consciousness of AIDS prevention should be as the followings: the anatomy and physiology of the male and female reproductive system, the common adolescent medical problems, the choice of contraceptions, the unplanned pregnancy, Sexually Transmitted Diseases, AIDS, the sexual responses, the sexual dysfunction, how to choose their boy or girl friends, planned to be the parents, the psychology of the adolescents, the techniques of counselling etc. And the plan for evaluating the comparative success of the variation should be critical component.

Community approaches to prevent HIV infection provide information, skill training, and social environment that supports and sustains individual behavioral changes. In this efforts to change health-related behaviors, community program bring together a number of diverse program components. They can also direct intervention strategies and groups, thus influencing a broader audience than would be reached by more individual efforts.

The analysis of awareness and concern about AIDS of the two groups prior to intervention demonstrated the extraordinary high level of awareness and concern. This may indicate that for the workers, the mass media and other sources of information about AIDS had promoted adequate

perception. However, these interventions had some significant change in awareness and concern. The different educative intervention had made different changes in awareness and concern. It must be recognized that the designed education program for minority group may be limited by lower levels of educational achievement and limited capacity to comprehend message.

There were some significant change was detected in the some aspects of the levels of health behavior change continuum between two groups; knowledge, attitudes, and preventive behavior. Although it is possible that this intervention program is not capable of influencing all of these levels, this is likely since significant positive change was not achieved in all other areas surveys. An explanation may be that the workers who incapable of reducing or unwilling to reduce their sexual behavior and preventive behavior have not already done so as a result of the unpredictable mass behavior.

The failure to act to prevent the acquisition or spread of HIV infection cannot be blamed exclusively on individual. Communication problems, culture and religious barriers, poor access to health apathy, and misunderstanding have been contributed to spread of HIV among specific target group.

The AIDS prevention project is ongoing; in the future, an additional intervention program is planned, one that has a skills training component in addition to the group educational session. This will enable an evaluation of the differential efficacy of each component. The difficulty of developing valid measures of the level of behavior change was highlighted by the feed back obtained from the participants in focus group in which the measure were piloted. The significant positive correlations among the level of behavior change after the intervention suggest that tap into the educational model. Belief and behavior change are thought to require much more extensive intervention, including the examination of the social context in which the workers are exploring their sexuality. Social and behavioral research on the sexual practices and beliefs. for example is highly sensitive, culturally speaking. Yet it is vital to design of effective prevention strategies for specific target populations. Finally, these results demonstrate the importance and appropriateness of applying existing health promotion theory and research findings to the field of AIDS risk reduction. The health education and media strategies that used, and the factors unique to the workers that need to be considered.

Thailand is one of the few places in the world which has gone through the transition from agricultural to industrialized country. In present-day, where social values are changing rapidly, the transition taking place in sexual values is no exception. Unfortunately, however, sex education is still not generally accepted and assimilated in this society. Although when comparing the present circumstances with those of fifteen years ago, it is clear that definite if slow progress has been made.

Attitudes towards sexual behavior were also affected by the changes taking place, which in turn resulted in changes in the sexual consciousness and activities of young people. The traditional morality was no longer valid in this new society, and more and more people were calling for the establishment of "sex education". The integral adolescent program also need to identify the persons interested in sex education and began to act to create an organization that would fill this void.

Other concern is confidentiality in regards to adolescents. Adolescents need confidentiality when seeking any medical counselling; confidentiality is even more important when sexual issues are involved. And the questions continue to be raised about the provision of adolescent reproductive health services without the notification to their employers or their relations.

The rapid changes taking place in regard to sexual attitudes and morals in society today are trends occurring not only in Thailand, but the world over. Under these circumstances, the gap between youth and adults in regard to sexual consciousness and sexual activity is great. There has however been no central source around which a dialogue could take place in order to promote a common understanding.

Most recently, and certainly not unrelated to tourism, the AIDS scare has drawn greater attention to adolescent sexuality issues.¹² Unfortunately, in the context of a deadly disease closely associated with homosexuality and intravenous drug use, the issue tends to be cast in a framework of behavioral deviance and associated health risks, rather than the normal developmental issues of adolescence. There is a danger here of seriously misdirected research priorities on adolescent sexuality. Still, AIDS is a disease with an etiology dominated by behavioral choices. This means that due to the concern over AIDS additional funds should come on line for research into behavioral aspects of adolescent sexuality.

The first major survey of youth sexuality in 1982¹³ dealt with STDs in detail. A new national survey was recently reported on¹⁴ and in this new study AIDS is a central issue along with other STDs. The government has been opposed to dramatic public discussion of AIDS, because of its fears that tourism would be effected. but it has not been opposed to research on AIDS, and has encouraged efforts to inform those engaged in commercial sex.

Asian governments are faced with a number of general issues as they move toward policies in the arena of adolescent sexuality. One is the general public concern in many countries that provision of services only encourages youth to engage in sexual activity. Another is the dilemma in some countries whether to move toward a common stance toward all ethnic and religious groups, or to distinguish cultures within the society. Another is how to approve commerce in sex and those engaged in it. Whatever the directions taken on these and other issues, our claims are that "family policy" centered on the young is emerging. How, then, do we see Asian society in the comparative context of the economically advanced countries. Unfortunately, the most common approach to classifying countries in regard to the prevalence and pattern of adolescent sexuality is unidimensional, with countries classified as traditional, modern, or somewhere in between. For example, Senderowitz and Paxman¹⁵ suggest such a three way classification scheme. Their first type involves early marriage, with premarital sex disallowed; premarital pregnancy is "infrequent or likely to lead to socially sanctioned sensuous unions" (as in Latin America and sub-Saharan Africa). Type two, found in the developed countries, frequently involves the onset of sexual activity often before marriage, in the mid to late-teens, often without contraceptive protection, with much unintended pregnancy, and not uncommon, abortion. Type three is intermediate between these and results from socioeconomic development acting against the "traditional restraints". Here, premarital sexual activity and pregnancy are increasing, and the use of abortion is also. However, contraception use is growing and teen fertility rates are falling.

This classification fails, we believe, because it is unilineal, evolutionary. It posits traditional pattern and a post-transitional one, with problems arising in between. Yet close examination of national settings indicates a far more complex, multidimensional reality. Within the Asian region, for example, Southeast Asia exhibits high levels of premarital sexual activity, and as in Latin America this reflects complexity in definitions of marriage and the marriage process. Also, premarital sex (recreational; experimental) is a growing phenomenon in developing country urban areas.

In present day, Thailand, where social values are changing rapidly, the transition taking place in sexual value is no exception. Attitudes towards sexual behavior were also affected by the changes taking place, which in turn resulted in changes in the sexual consciousness and activities of young people. The traditional morality was no longer valid in this new society, and more and more people were calling for the establishment of "sex education". Surveys include "survey on the sexual activity of youth" also need to identify the sexual behavior among the youth; students and non students. The sex viewpoints (sexual indicators) can be measured and are used to identify the standard sexual life-styles of the adolescents. We expected to develop criteria sets or control strategies for heterosexual transmission of AIDS among the youths from these sexual indicators.

The owners of the factories whose nature are European or other Western countries do agree and express willingness to join the quality of life program more than countries from Asia; Thailand, Japan, Taiwan, Malaysia etc. This program does not start with the consensus of the concerned person; owners, managers, supervisors, chiefs, and workers. The descriptive data of the factories was reported in Annex 1. The brain storming meeting gave the impression that the planned interventions are rather received and offered by the representatives of the factories. Although the meeting did not obtain the consensus for intervention, there were some differences in the opinion; how the quality of the intervention, extent of the program (Annex 2). In spite of that, they initially develop ideas about how to bring the AIDS education program into their factories.

Obstacles to the feasibilities of the program were the followings; Did they attend the program? Did they pay attention? Did they understand the message correctly? Did they believe and accept it? Did they thereafter use condoms?, Did they benefit from that behavior? The extent and severity of the obstacles arose because of the structures of the factories. The organization of the factories were profit-based purposes, so the nonparticipation of the owners or managers should be considered. This study is a pilot test, and to improve in planning programs we believe that the management by participation with the policy makers of the factories would be rethought and rejustified. The approaches to the policy makers will sharpened and formulate the appropriated program that suit and meet the needs of each factory. Our opinion, AIDS/STD only may not being an essential requirements. Their requests included the various parts of the family life education.

Oversights and problems are inevitable. The occurrence of some imperfections, If something does wrong, evaluation may allow an understanding of how and why the problem occurred. This meaning in turn can enable a change or adjustment that may forestall similar error in the future. An alternative coordination or cooperation is the implementation of AIDS/STD program via the Office of Provincial Social Welfare who took responsibilities of economic and medical well being for the workers. Nevertheless, more remains to be done.

We hope that this report will not only provide a foundation for the discussion of health education strategies for reducing the risk of AIDS, but will also prove useful information to local, regional, and national organization in developing the intervention programs among the workers.

Summary

The exhibition group and group education had some significant change in the level of health behavior change continuum; The exhibition group had some significant change more than group education in awareness and concern, and knowledge. However, the group education had some significant change more than the exhibition group in the true-false attitudes.

The pre-intervention and post-intervention evaluations had many different among many items of the levels of health behavior change continuum between both exhibition group and group education. However, the tendencies indicated that the exhibition group was slightly significant outcome in some items and some levels of health behavior change continuum more than the group education.

Overall, the exhibition group and group education had some significant change in the some levels and some items of health behavior change continuum, the approaches in the future should include information, skill training, and social environment that combined together with diversification of the program may be the alternative choice for the supports and sustains individual behavioral changes.

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Supplemental data

Annex 1. General information of the factories which have partial and total response to the project (18 in 30 selected factories)

Factory	type	No.of workers	Employment
1. Siam Wood Note: most are female; 80% muslim	rubber wood furnitures	~500	daily wage two round per day
2. Chotivat Note: most are female	frozen sea food	~800	daily wage two round per day
3. Star Con Note: Male > female	concrete block	~100	daily wage one round per day monthly wage
4. Tropical Note: 80% are female	canning seafood	~3,000	daily wage three round per day
5. Man A Frozen Note: new factory is in process of construction	frozen sea food	-	-
6. Songkla marine Note: most are female	animal food	~150	four round per day
7. C.M.B. Packaging Note: Male ~ female	tin can	~70	daily wage monthly wage
8. C.P. Note: most are male	animal food	~300	daily wage three round per day monthly wage
9. Thaisan rubber Note: 70% are female	rubber product	~300	daily work monthly wage

Factory	type	No.of workers	Employment
10.King Fisher	canning seafood	~700	daily wage monthly wage
Note: most are female and Muslim			
11.Plapon Karntaksin	animal food	~100	daily wage
12.Yangthai	rubber product	~200	daily wage
13.Thaworn Rubber	rubber product	~300	daily work monthly wage
14.Sritrang Anglo	rubber product	~200	daily wage two round per day monthly wage
Note: most are female			

Remarks: another 4 factories which have initial positive response do not take in the approval of the executive board to join the project.

Annex 2. The opinions of the local policies makers for the possible activities that will be suited with their factories (14 in 18 positive response factory), and the obstacles

Factory	Possible activities	Obstacles
1. Siam Wood	* large group education 15-30 minute in the morning before work * small group education * individual counselling	* most workers are Muslim, the topics related to birth control should be careful
2. Chotivat	* small group education * audio-visual * exhibition board * individual counselling	* have not enough time for group education; but can be done in Saturday * poor educated workers
3. Star Con	* audio-visual * internal broadcasting * group education	* the policy did not point to the laborer, but the officers

Factory	Possible activities	Obstacles
4. Tropical	* various media; audio-visual, poster, exhibition, internal broadcasting etc.	* time constraint
5. Man A Frozen	* small group education * various media	* can be done only short period
Note: the factory is in the process of construction		
6. Songkla marine	* group education * intensive training for AIDS	* no space for teaching
7. C.M.B. Packaging	* various media * group education * individual counselling	* time constraint and have many round of work
8. C.P.	* various media * group education	* local administrators pay less attention about AIDS and STDs * local administrators were afraid of the decreasing of product * the laborers work so tired, the local administrators should give them other recreations
9. Thaisan rubber	* audio-visual	* poor educated workers usually may not interested
10. King Fisher	* various media * additional topics of the sexual problems	* time constraint * most workers are Muslim, the topics related to birth control should be careful
11. Plapon Karntaksin	* audio-visual * other media	* time constraint * Video is convenient in night time * poor educated workers usually may not interested

Factory	Possible activities	Obstacles
12. Yangthai	* various media * group education * individual counselling	* there have some gaps between the administrators and the workers * the owners are Chinese and pay no attention about quality of life
13. Thaworn Rubber	* more interested in family planning	* AIDS is not urgent problem
14. Sritrang Anglo	* more interested in family planning	* time constraint

Annex 3 The opinions of peer counsellors to the obstacle of the interventions

By interview, the peer counsellors give additional opinions to the obstacles and some suggestions of the intervention in the factories as the followings:

1. There were many problems related to adolescent education in the factories, not only HIV infection but also the other Sexually Transmitted Diseases, contraceptive methods, unplanned pregnancy, pre-marital sex etc.
2. The interventions should be sharpened and implemented for each factory independently, because the problems or related issues were different among various factories.
3. The owners or the local administrators play the important roles in promote or retard the intervention programs, the clarification of the programs with the owners or the local administrators was necessary.
4. Most of the workers were low educated group, the educative models should be modified and suited with them.
5. The peer counsellors themselves have low confidence to conduct the individual counselling and education.
6. The peer counsellors were failed in fear that they could not make positive favors among the workers.
7. The interventions should be corresponded with the administration or activities of each factory.
8. They believed that the various programs of the adolescent education will improve the quality of life among the workers, because most of the workers were in adolescent period and lacked the fundamental knowledge about the related problems.
9. The workers were so fatigue during or after work, they have poor concentration about the interventions.
10. The peer workers prefer to have the doctors to give the education programs, because in Thai society the people trusted the doctors more than nurses, health educators or the peer counsellors.
11. They proposed that the education about sex or related matters will be helpful and

- supply to the need of the workers.
12. The Muslim workers had no aware about the family planning or the related issues with sex, they could not accept due to it was against with the beliefs of their religion.
 13. The announcement for making known in publicity will be of assistance in the concern about the interventions.
 14. The worker had time limit for the educative interventions.

Annex 4 The desirable for the adolescent counselling clinic in Songklanagarind hospital (university hospital)

level of concern	before intervention N=308	after interetnion N=226	P value
interested	266 (86.4)	214 (94.7)	S
not interested	12 (3.9)	3 (1.3)	NS
not sure	30 (9.7)	9 (4.0)	S

The level of concern increased significantly after the intervention, and the proportion of not sure had significant change in the positive way.

Annex 5 The knowledge about contraceptive methods among the workers before and after contraceptive education

items	baseline No. (%)	follow-up No. (%)	P value
exhibition group			
condom	53/167 (31.7)	73/131 (55.7)	S
combined pills	53/124 (42.7)	53/130 (40.8)	NS
DMPA	33/165 (20.0)	30/126 (23.8)	NS
IUD	17/160 (10.6)	19/129 (14.7)	NS
safety period	38/157 (24.2)	51/126 (40.5)	S
tubal sterilization	27/157 (17.2)	35/125 (28.0)	S
Norplant	12/162 (7.4)	12/126 (9.5)	NS
group education			
condom	84/143 (58.7)	70/103 (68.0)	NS
combined pills	71/142 (50.0)	64/103 (62.1)	NS
DMPA	55/143 (38.5)	40/101 (39.6)	NS
IUD	29/140 (20.7)	23/101 (22.8)	NS
safety period	27/135 (20.0)	24/100 (24.0)	NS
tubal sterilization	62/139 (44.6)	48/102 (47.1)	NS
Norplant	15/137 (10.9)	16/100 (16.0)	NS

Note: exhibition group; baseline N=174, follow-up N=135
group education; baseline N=154, follow-up N=106

Annex 6 Comparative the knowledge about contraceptive methods between the exhibition group and group education after education

items	exhibition group	group education	P value
	N=135 No. (%)	N=106 No. (%)	
condom	73/131 (55.7)	70/103 (68.0)	NS
combined pills	53/130 (40.8)	64/103 (62.1)	S
DMPA	30/126 (23.8)	40/101 (39.6)	S
IUD	19/129 (14.7)	23/101 (22.8)	NS
safety period	51/126 (40.5)	24/100 (24.0)	S
tubal sterilization	35/125 (28.0)	48/102 (47.1)	S
Norplant	12/126 (9.5)	16/100 (16.0)	NS

Annex 7 The miscellaneous opinions among the workers

items	Number (%)
opinions to unplanned pregnancy	N=310
marry immediately	76 (24.5)
illegal abortion	11 (3.5)
consult their parents	142 (45.8)
consult the doctors	79 (25.4)
attempted abortion by drug from drug store	2 (0.6)
opinion to male who have pre-marital sex	N=295
agree	85 (28.8)
not agree	154 (52.2)
not sure	56 (19.0)
opinions to female who have pre-marital sex	N=295
agree	19 (6.4)
not agree	234 (79.3)
not sure	42 (14.2)
opinion to condom use when have sex	N=124
not use	12 (9.7)
use sometime	16 (12.9)
use anytime	96 (77.4)

Annex 8 The willing behavior of contraceptive choice among the workers

Methods	Number (%)
	N=423
none	22 (5.2)
condom sometime	18 (4.2)
condom anytime	131 (30.9)
coitus interruptus	24 (5.6)
pills	148 (34.9)
safety period	21 (4.9)
other	21 (4.9)
not specify	38 (8.9)

Annex 9 Knowledge participation of educative intervention of the project

level of participation	Number (%)
	N=1,246
no participation at all	4 (0.3)
attend exhibition	315 (25.2)
attend group education	121 (9.7)
attend the intensive course	18 (1.4)
receive verbally from the peer counsellor	229 (18.3)
receive from flapped chart (from peer)	257 (20.6)
receive from various media from the project team	302 (24.2)

Annex 10 The opinions to benefit of this project among exhibition group

items (N=180)	agree	not agree	not sure
1. to be necessary to produce this project to the factories	177 (98.3)	1 (0.5)	2 (1.1)
2. to notify that the workers discussion together about AIDS	152 (84.4)	12 (6.6)	16 (8.8)
3. yourself begin to discuss about AIDS with your friend or relatives	151 (83.8)	20 (11.1)	9 (5.0)
4. after this project you yourself entrusted to take part in AIDS prevention program	144 (80.0)	17 (9.4)	19 (10.5)
5. you yourself play role in distribution the knowledge about AIDS to your friends or relatives	142 (78.8)	26 (14.4)	12 (6.6)
6. you express willingness to use condom when have sex with prostitutes or not well-known partners	176 (97.7)	3 (1.6)	1 (0.5)
7. If you are not confident that you or your sexual partners have AIDS or STDs, you will use the condom	138 (76.6)	25 (13.8)	16 (8.8)
8. the pictures of full blown AIDS look terrible, so should not disclose to the publics	18 (10.0)	159 (88.3)	3 (1.6)

Annex 11 The opinions to benefit of this project among group education

items (N=164)	agree	not agree	not sure
1. to be necessary to produce this project to the factories	152 (92.6)	6 (3.6)	6 (3.6)
2. to notify that the workers discussion together about AIDS	142 (86.5)	11 (6.7)	10 (6.0)
3. yourself begin to discuss about AIDS with your friend or relatives	120 (73.1)	29 (17.6)	14 (8.5)
4. after this project you yourself entrusted to take part in AIDS prevention program	114 (69.5)	15 (9.1)	34 (20.7)
5. you yourself play role in distribution the knowledge about AIDS to your friends or relatives	116 (70.7)	21 (12.8)	26 (15.8)
6. you express willingness to use condom when have sex with prostitutes or not well-known partners	141 (85.9)	8 (4.8)	14 (8.5)
7. If you are not confident that you or your sexual partners have AIDS or STDs, you will use the condom	96 (58.5)	56 (34.1)	11 (6.7)
8. the pictures of full blown AIDS look terrible, so should not disclose to the publics	35 (21.3)	119 (72.5)	9 (5.4)

Annex 12 The opinions of the workers to possible intervention that suit with the factory

items	Number (%) N=1,090
1. exhibitions include posters	213 (19.5)
2. pamphlet, booklet, and other printed materials	218 (20.0)
3. Audio-visual, video tape	225 (20.6)
4. group education by educators	188 (17.2)
5. group education by peer	74 (6.7)
6. representatives from each factory to have intensive course training, and to be peer counsellors for the workers	172 (15.7)

ATTACHMENT 1.1

Evaluation of AIDS Outreach Programme in Bangkok

Rational of the Programme

The explosion of HIV infection among intravenous drug users (IDUs) in Bangkok was revealed by the first sero prevalence survey conducted by Drug Abuse Prevention and Treatment Division of Bangkok Metropolitan Health Department during early 1988. The second sero prevalence survey done about 6 months interval revealed the abrupt rising of HIV prevalence rate (from 15.6 % in the 1st to 42.7 % in the 2nd). Intervention efforts were put in immediately in the treatment population of drug addicts in the 17 Narcotics Clinics of Bangkok Metropolitan Administration (BMA). But there were a number of drug addicts who were not attending the clinics. In order to control the HIV spread among the drug addicts as well as the spread by sexual transmission to their spouses, these people who do not want to make appearance at the clinics have to be reached out and provided with information, education and supplies.

Meanwhile the HIV sero prevalence rate among female commercial sex workers (CSW) was found to be increasing since early 1989. The congested community housewives are mostly low educated and then susceptible to HIV transmitted by their husbands who are the customers of the CSW. So in addition to AIDS information by mass media, they should be individually informed and educated by outreach workers.

Objective of the Programme

1. To provide AIDS knowledge to IDUs not in treatment clinics and their spouses and housewives in the congested communities, inform them to know how protect themselves from HIV
2. To distribute condoms and clorox as well as materials
3. To reduce risk behaviors.

The AIDS Outreach Programme

Structure of the Programme

Executive Board of the Programme

- Director General of Bangkok Metropolitan Health Department (BMHD)
- PATH Thailand Representative
- Deputy Director General of BMHD
- Director of Drug Abuse Prevention and Treatment Division

Material Message Development Sub-committee	Housewives Outreach Sub-committee <ul style="list-style-type: none">- Health Centre Director- Clinic staffs- PATH Staffs	IDUs Outreach Sub-committee <ul style="list-style-type: none">- Health Centre Director- Clinic staffs- PATH Staffs	Training for adolescent sub-committee <ul style="list-style-type: none">- Drug Prevention sub-division staffs
<ul style="list-style-type: none">- Health Centre Director- Division's staffs- PATH Staffs			

Results

Outreach to housewives programme

The AIDS information covered 99.4 % of target population which was increasing by 15.1 %. Those who should use condom had been enough supplied (32/6 months). Even they had gained knowledge and attitude, there was no increase condom use.

Outreach to IDUs programme

The AIDS information covered 138.3 % of target population which was increasing by 64.3 %, more accessed of pamphlets / posters distributed, low access of condoms and clorox. There were increasing of reduction of risk behaviors : - less sharing of injection equipment and smaller number of persons persons shared the equipment, increased bleaching and increase condom use.

Comments

More success of condom use of male to make advice nevertheless the advice by female to female to use male condom should be tried by longer period of training to the out reach workers and together with reaching to male. Incentives given to supervisors might gain more achievement.

Method of the programme

1. Selection of outreach volunteers for housewives : by selection of congested communities near the Narcotics Clinics and select about 4 volunteers from each community by criterias as follows.

- 1) Being female aged more than 20 years.
- 2) Being health volunteers of the Health Centres on Communities' committee's leaders or popular in the communities.
- 3) Voluntary to work.
- 4) In capacity to read and write.

One day Pre-service training with the following contents:

- 1) Objective and method of the programme.
- 2) AIDS knowledge.
- 3) Drugs and behavior of drug addicts and relation of drugs and AIDS.
- 4) Skills training in approaching, giving information, condom advice and referral.
- 5) Delegation of the roles with monthly target, appointment and follow up and reporting.
- 6) Evaluation of the training programme by pre and post test.

The Pre service training was followed by implementation and monthly review and in service training for a half day and small incentive paid by their supervisors who were the narcotics clinics staffs.

Roles of the outreach volunteers to housewives

1. Identify IDUs' homes to reach their spouses make acquaintance, inform them about AIDS situation, transmission and how to prevent, with emphasis in safe sex with high risk groups, condom advice and distribution.
2. Approach housewives in the communities and make acquaintance and inform them as to the IDUs' spouses.
3. Refer those in need for drug treatment in family planning.
4. Submit monthly report, meeting and cooperate with the clinic staffs (supervisors).

2. Selection of outreach volunteers for IDUs.

They were selected by each clinics' staffs among the IDUs attending or had been the attending clinics by following criterias: good behavior, responsible and willing to volunteer. They all been informed, educated and counseled continuously in the clinic, so they only had to pass the test of AIDS knowledge, information, demonstration of bleaching and using condom correctly.

After implementation they had to meet the staff for in service training, review and had small incentives paid and submitted monthly report.

Roles of outreach volunteers for IDUs

1. Reach the IDUs in the slum communities especially those not attending the clinic.
2. Motivate them to apply for treatment.
3. Inform AIDS knowledge and interventions : have their own syringes and needles, not to share the injection equipment, demonstrate bleaching and how to use condom correctly.

4. Distribution of condoms, clorox and materials.
5. Refer for treatment
6. Submit monthly report, meeting and cooperate with the clinic staffs (supervisors.)

Roles of Supervisors

The were in each narcotics clinics 2 supervisors, one supervised outreach workers to housewives, another supervised the outreach workers to IDUs. Their roles were as follows.

1. Provision of condoms, clorox and materials.
2. Provision of technical advice.
3. Follow up, review, collect report and pay small incentives.

Method of Evaluation

Process evaluation was conducted by collecting the monthly report of activities of the volunteers to the supervisors including the number of target population received advice and education and supplies distribution; questionnaire given to assess increase proportion of each of channel of information; assesing total target population to determine coverage rate.

Effectiveness evaluation is conducted by pre and post survey of the programme by trained temporary employed graduates in the same target population in the same slum communities by simple random sampling with questionnaire to assess proportion of knowledge and practice gained in the target population.

Results of the Programmes

A Outreach Housewives Programme

The programme launched in 44 slum communities during May 1990 to May 1991 by 172 outreach volunteers.

Table 1 Number of those accessed to AIDS information reached by the volunteers.

Target categories	No.access
IDUs spouses	594
Housewives	4,502
IDVs	59
Others	2,579
Total	7,734

There were totally 4526 household in 44 slum communities. The outreach workers were able to reach 4502, covered 99.4 % of the target group.

Table 2 Topics of AIDS Information

Topics	No.access
General AIDS knowledge	7,553
Condom	5,301
To have own self's needles and syringes	50
Family planning	1,428
Refer for treatment	17
Total	14,449

Table 3 Supplies distribution

Supplies	No.
Pamphlets	13,457
Posters	485 sets.
Condom	27,746

There were 317 housewives including 27 IDUs' spouses in 11 slum communities randomly sampled for interview before the programme started and 308 housewives including 30 IDUs' spouses in 11 slum communities after the programme.

Table 4 Had AIDS Information Before and After Launching the Programme

	ever (%)	never (%)
Before launching the programme	82.6	17.4
After launching the programme	97.7	2.3

Table 5 Channels of Information

Channels	before(%)	after(%)	increased(%)
Television	93.1	95.8	2.7
Newspaper	53.8	73.7	19.9
Radio	56.9	77.9	21.0

Channels	before(%)	after(%)	increased(%)
Exhibitions	22.5	29.5	7.0
Pamphlets/Posters	32.8	50.3	17.5
Medical personals	17.2	24.0	7.2
Narcotic clinic staff	14.9	27.3	12.4
Family members	24.4	49.4	25.0
Volunteers in slum communities	25.2	57.1	31.9
Mobile Drug Prevention teams	11.5	12.0	1.0

Table 6 Attitude to use condom regularly with spouses who were known to have sex with CSWs

	attitude to use(%)
Before the programme started	94.0
After the programme started	99.4

There was significant different of this attitude by z test (at 95 % CL)

Table 7 Accessed of condom supplies during the past 3 months

	ever(%)	never(%)
Before the programme started	10.3	89.3
After the programme started	29.9	70.1

There were 37 % of the housewives who knew and were not sure that their husbands ever had sex with CSWs

Table 8 Condom use during last sex in the housewives who knew and were not sure that their husbands ever had sex with CSWs

	use condom (%)	not using (%)
Before the programme started	45.4	54.6
After the programme started	40.9	59.1

Table 9 Condom use during last sex in IDUs' spouses

	using condom(%)	not using(%)
Before the programme started	29.6	70.4
After the programme started	29.6	70.4

Even those who had been informed by the volunteers had no different rate of condoms usage before and after the programme (at 95 % CL by z test)

Table 10 Family planning practice in IDUs' family

	practice(%)	not practice(%)
Before the programme started	63.0	37.0
After the programme started	36.7	63.3

B. Outreach IDUs Programme

The programme was launched during July 1990 to may 1991 by 75 selected IDUs in the treatment programme to outreach their peers in the slum communities

Table 1 Number of those accessed to AIDS information reached by the volunteers

Target categories	No.access
IDUs	3,108
IDUs' spouses	32
Housewives	75
Other groups	951
Total	4,166

In each slum community, there were average of 30 IDUs resided, or 2250 IDUs in the 75 slum communities. So the outreach workers had covered more than expected target (3108 IDUs) or 138.3 %

Table 2 Topics of AIDS Information

Topics	No.access
General AIDS knowledge	3,631
To have own self's needles and syringes	2,661
Condoms	3,041

Topics	No. access
Bleaching the injection equipment	1,279
Family planning	752
Refer for treatment	245
Total	11,609

Table 3 Supplies Distribution

Supplies	No. access
Pamphlets	6,943
Posters	98 sets
Condom	13,263
Clorox	5,284

There were 117 IDUs in 9 slum communities randomly sampled for interviewed before the programme started and 126 IDUs in 8 slum communities after the programme.

Table 4 Had AIDS Informations

	ever(%)	never(%)
Before the programme started	33.3	66.7
After the programme started	97.6	2.4

Table 5 Channels of Information

Channels	before(%)	after(%)	increased(%)
Television	87.2	95.2	8.0
Newspapers	60.7	69.8	9.1
Radio	66.7	69.8	3.1
Exhibition	22.2	30.2	8.0
Pamphlets/Posters	47.0	75.4	28.4
Medical personals	11.1	23.8	12.7
Family members.	23.1	23.8	0.7
Narcotics Clinics Staff	26.5	29.4	2.9
Volunteers in the communities	35.9	54.0	18.1
Peers in the clinics	13.7	18.3	4.6
Peers in the communities	40.2	27.8	-12.4
Mobile Drug Prevention teams	11.1	11.1	0

Table 6 Evertreated in BMA's Narcotics Clinics

	ever(%)	never(%)
Before programme started	41.0	59.0
After programme started	47.6	52.4

There were no different of rate of ever treated clinic before and after the programme even in those who were informed by the outreach workers (at 95 % CL)

Table 7 Being treated in BMA's Narcotics Clinics at present.

	yes(%)	No(%)
Before programme started	24.8	75.2
After programme started	31.7	68.3

Table 8 Source of advice to apply for treatment during the past 3 months.

	advice before(%)	advice after(%)
From no one	248	19.0
Narcotics clinics' staff	27.2	14.4
peers	37.4	31.1
volunteers	53.3	54.1
materials	5.7	0.8

Table 9 Sources of advice not to share the injection equipment

	advice before(%)	advice after(%)
From no one	27.4	19.1
Narcotics clinics staff	41.4	29.5
peers	34.4	19.9
volunteers	48.5	50.9
materials	6.0	6.4

Table 10 Sources of demonstration of bleaching

	advice before(%)	advice after(%)
From no one	38.5	40.5
Narcotics clinics staff	43.2	19.1
peers	32.4	25.4
volunteers	40.9	39.7
materials	4.2	-

Table 11 Sources of clorox supply

	supplied before (%)	supplied after(%)
From no one	65.0	38.1
Narcotics clinics staff	41.5	27.8
peers	26.9	1.6
volunteers	56.2	37.4

Table 12 Sources of condom supply

	supplied before (%)	supplied after(%)
From no one	47.0	30.2
Narcotics clinics staff	43.5	22.3
peers	16.2	2.4
volunteers	43.6	43.7

Table 13 Number of partners sharing the injection equipment in all IDUs interviewed.

No. sharing person	before(%)	after(%)
0	39.3	48.4
1 - 2	22.2	30.9
3 - 4	32.5	19.1
5 - 6	6.0	1.6

Table 14 Number of partners sharing the injection equipment in those never entered treatment.

No. sharing person	before(%)	after(%)
0	33.8	40.9
1 - 2	22.0	28.8
3 - 4	36.8	27.3
5 - 6	7.4	3.0

Table 15 Sharing injection equipment during last injection in all IDUs interviewed

	before(%)	after(%)
yes	53.9	34.9
No	46.1	65.1

The rate of sharing injection equipment had decrease after the programme started (at 95 % CL)

Table 16 Sharing injection equipment during last injection in those never entered treatment

	before(%)	after(%)
yes	61.8	39.4
No	38.2	60.6

Table 17 Cleaning by bleaching the injection equipment before the last sharing them

	before(%)	after(%)
Bleach	77.4	100
Not bleach	22.6	0

Table 18 Sex abstinence during the past 6 months.

	before(%)	after(%)
sex abstinence	29.1	31.3
had sex	70.9	68.7

Table 19 Condom use during the last sex with regular sex partners in all IDUs interviewed

	before(%)	after(%)
used	38.9	52.2
not used	61.1	46.3
No answer	-	.5

The was no different of condon use rate before and after the programme (at 95 % CL)

Table 20 Condom use during the last sex with regular sex partners in those never entered treatment

	before(%)	after(%)
used	35.5	75
not used	64.5	25
No answer	-	-

Table 21 Condom use during the last sex with irregular sex partners in all IDUs interviewed

	before(%)	after(%)
used	39.4	75.0
not used	60.6	25.0

For the effectiveness of the programme the result of the implementation showed no increased in condom use. In addition it showed that even they had knowledge and attitude, they did not practice. This kind of behavior change is very difficult to practice even in those who should do.

AIDS Outreach Programme to IDUs

There were 4166 persons and 3108 IDUs in the congested slum communities informed and educated by 75 outreach volunteers (average of total 56 persons/a volunteer and 41 IDUs/a volunteer in 6 months)

Altogether the AIDS information and education gained in IDUs during the programme increased from 33.3 to 97.6 % (by 64.3 %) the main increasing channel were from pamphlets/posters (by 28.4%) medical personnels (by 12.7 %) and from peers and volunteers (by 10.3 %) in which there were decreasing information from peers in the communities. No rate from advice to apply for treatment, not to share injection equipment and how to bleach the injection equipments.

They had distributed 13,263 condoms to 4166 persons or average of 3 condoms per persons in 6 months, 5284 packages of clorox to 3108 IDUs or average of 1-2 / IDU in 6 month. So the target group had not increased access to the supplies of condoms or clorox during the programme.

However there had been increasing rate of not sharing of injection equipment by 9.1 % to 48.4 % and decreasing the large number of share persons and increasing bleaching of those who share the equipment to 100 %

Sex abstinence did not seem to increase but condom use with the regular partners seemed to be increasing by 38.9 % to 52.2 % but not significant increasing and with irregular sex partners there was significant increasing by 39.4 % to 75.0 %. This pattern of condom use in IDUs is consistent to the study of the 6th sero prevalence survey during January 1991.

Conclusion

This AIDS Outreach Programmes were begun for the target population on May 1990 (6 months for each slum) , 2 years after the explosion of epidemic of HIV in Thailand. Since mid 1988 the AIDS education by mass media began. To make sure that all of the high risk groups get AIDS information varieties of channels had to reach them, especially sex matters with housewives and drugs behavior had to be personally contacted.

AIDS Outreach Programmes to housewives.

There were 7734 persons in the congested slum communities informed by 172 outreach volunteers (average of total 45 persons/a volunteer and 30 housewives/a volunteer per 6 months)

Altogether, the AIDS information gained during the programme increased from 82.6 % to 97.7 % (by 15.1 %). The main increasing channels were from volunteers in slum community (31.9 %), family members (25 %), radio (21 %), newspaper (19.9 %), pamphlets and posters (17.5 %)

They had distributed 27,746 condoms to 7,734 persons or average of 4 condoms per person per 6 month, but more than enough for those who should use (32/6 month)

However they had increased accessed of condom supplies by 19.2 % to 29.9 % but had not covered all the the 37 % of the housewives whose husbands had probable been customers of CSWs so the condom use rate among this high risk group had not increased, only 41-45 % of housewives used condoms and even less in the spouse of IDUs (29.6 %) who had not increased the rate either.

For the process of this programme, the target population were fairly accessed to the AIDS information, which was confirmed by 99.4 % covered rate and pamphlets/posters distribution but not enough condom distribution.

For the process of this programme, the coverage rate was more than expected (138.3 %). The target population was fairly access to the information by pamphlets/posters, but low access of supplies : - condom and clorox.

For the effectiveness of the programme, there were increasing of reduction of risk behavior : - less sharing of injection equipment and smaller number of persons shared the injection equipment, increased bleaching and increased condom use.

However, the programmes had increased AIDS knowledge in the people in the slum communities, increased attitude to use condom. The volunteers of in both programmes had been provided with AIDS knowledge, technics of approaching and advice the target. The supervisors had learned to developpe training course and known how to improve the course, also learned the problems in the slum communities, how to mobilise resources.

Comments

1. In Thai culture, sex matters are not usually discussed among female. The training for outreach volunteers to motivate condom use has to be of longer period than one day, with more skill training.

2. More follow up visits have to be made for high risks for condom use.

3. IDUs outreach are effective for pamphlet / poster distribution and demonstration to have own injection equipment and equipment bleach.

4. More study of attitude of condom among housewives is needed.

5. Incentives should be given to supervisors as well in order to gain more achievement.

6. Motivation to use condom to female only may not succeed unless the male are also motivated.

Abstract

Two programmes of outreach workers were to be evaluated. One was the programme of which volunteer outreach workers who resided in the 44 slum communities reached out the intravenous drug users' (IDUs') spouses and all housewives in each of Thai neighborhoods to provide them with AIDS information and advice those high risk to use condom, advice for family planning practice and distribute condom and poster/pamphlets. These volunteers had one-day training by supervisors and PATH. The Narcotics Clinics staff were their supervisors and called for meeting each of 6 month for paying incentive, collecting report and supplied them with advice, condom and posters / pamphlets.

Another was the programme of which selected 75 drug abusers attending the clinic, worked as outreach workers to reach out their peers who appeared in each of their neighborhoods to provide them with AIDS knowledge, advice them for treatment and detoxification, use only their own injection equipment, demonstrate bleaching of the equipment and distribute clorox, condoms, pamphlets / posters. They had been repeated by educated and counseled during attending the clinics.

Method of Evaluation

Process evaluation is done by collecting monthly report of activities of the outreach workers.

Effective evaluation is done by pre and post programme surveys in the same population of slum communities by simple random sampling.

ATTACHMENT 2

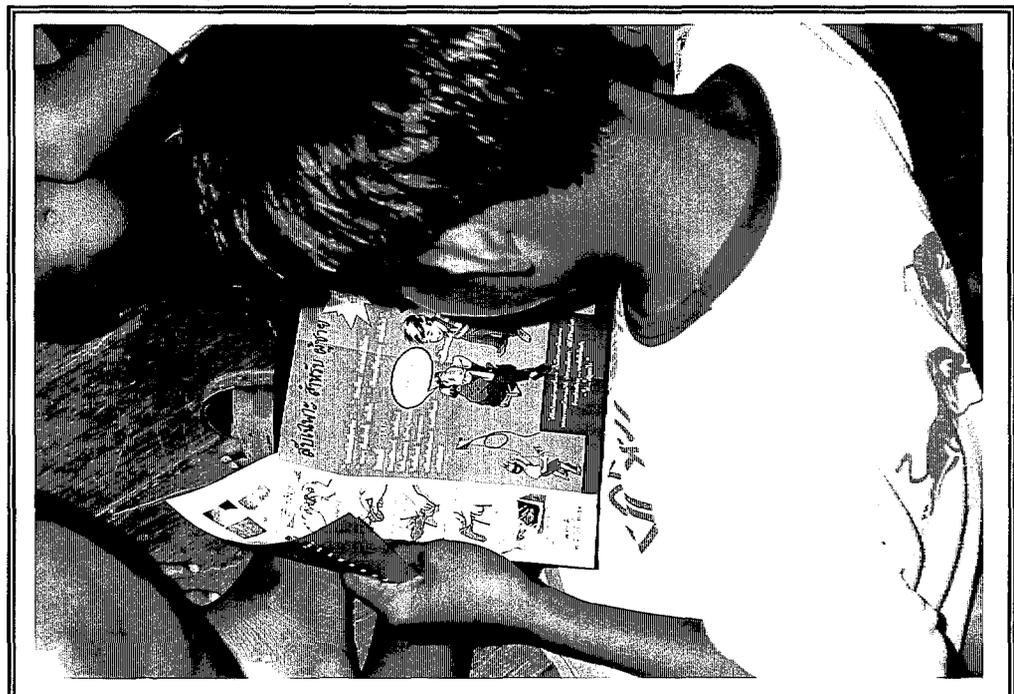
SELECTIVE PHOTOGRAPHS ON AIDS ACTIVITIES IN THE PROJECT

AIDS Activities conducted by Out-of-school Adolescent volunteers in one BKK slum area under the Urban Development Foundation (UDF)

1. Volunteer teenagers together with their Community's committee arranged "Music show" and AIDS Education activities.



2. AIDS Materials distributed to young audience plus Quiz-answer game about AIDS knowledge.



3. In local atmosphere, actors were waiting in a shop, which portrayed a gather-place for fisherman.



AIDS EDUCATION MATERIALS :

Booklets for housewives and photo-novellas for out-of-school adolescents distributed in World AIDS Day' 91 Fair at Lumpini Park

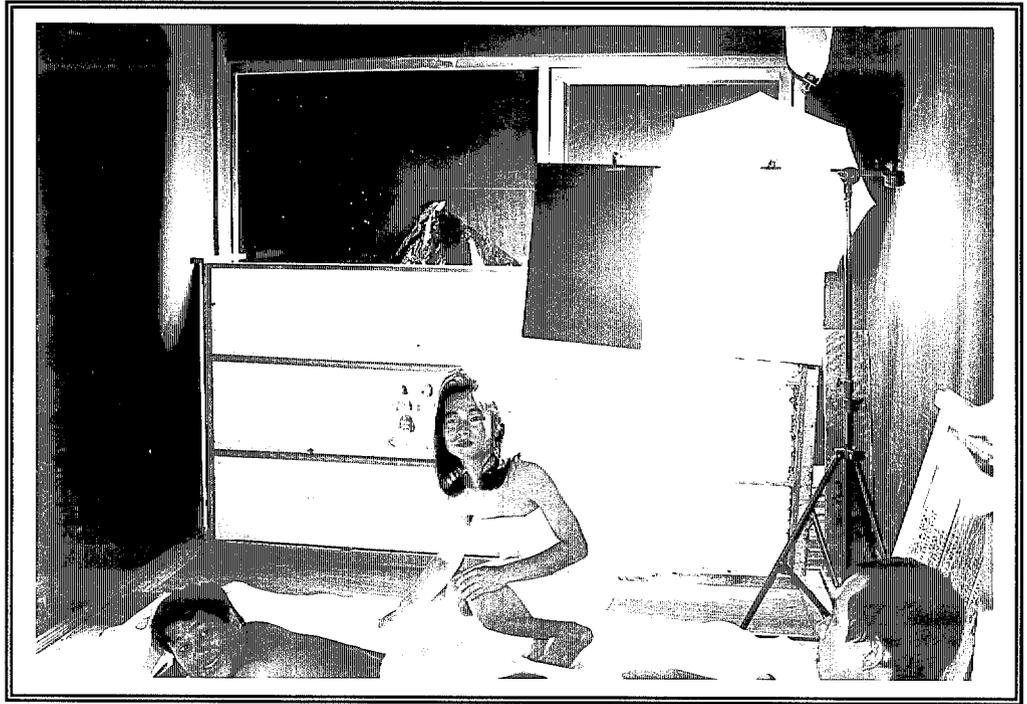
1. PATH's booth provided a package of materials in addition to knowledge and demonstration on condom's quality and usage.



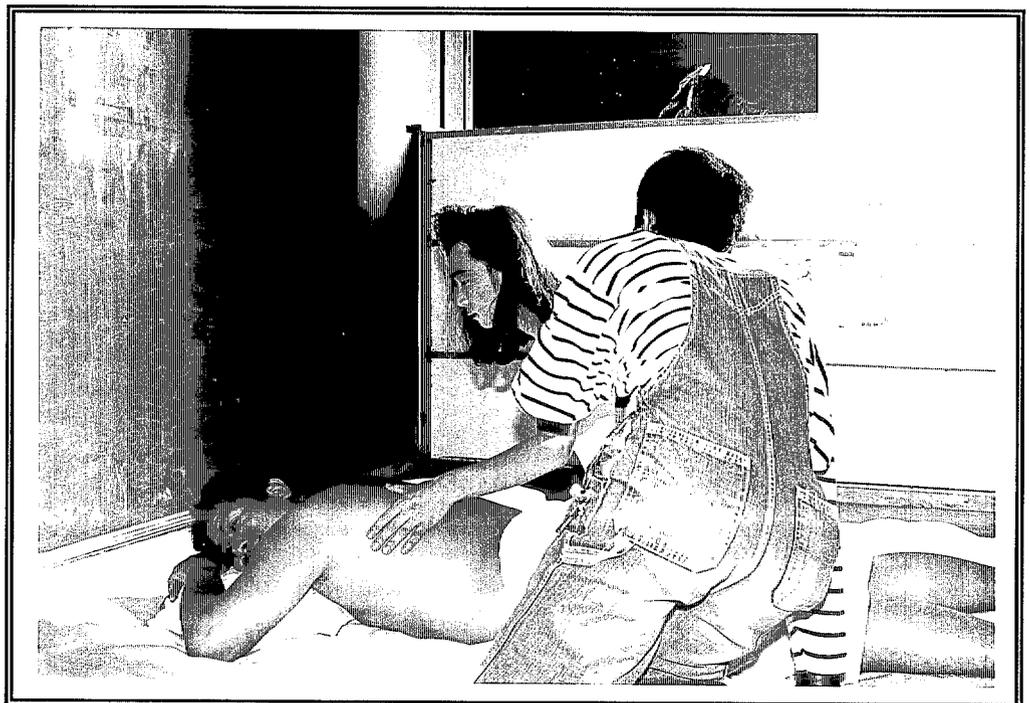
2. Relaxed with AIDS materials



PRODUCTION OF AN AIDS BOOKLET FOR HOUSEWIVES



Preparing & Posing the actor and actress before shooting.



PRODUCTION OF AN AIDS VIDEO FOR OUT-OF SCHOOL ADOLESCENTS

1. This old man, acting as the drugstore owner, had to practise wearing condom on a bottle before demonstrating to the customers in the scene.



2. Besides good cooperation, the Sataheep Hospital staff also appeared in a hospital scene.



ATTACHMENT 3

MATERIALS DISTRIBUTION

Materials	No. of copies
For Out-of-school Adolescents	
<u>16 mm Film "Silent Danger"</u>	
BMA	4
Other Govt. agencies	3
(Non-formal Education Center, Ministry of Education dubbed these films on its own budget)	
<u>Video "Silent Danger"</u>	
BMA	25
Other Govt. Agencies	60
Universities & NGOs	100
TOTAL	185
TOTAL Produced	200
<u>Video "Sinking Love Boat"</u>	
BMA	35
Hat Yai Subproject	6
Other Govt. agencies	52
Universities & NGOs	111
TOTAL	204
TOTAL Produced	210
<u>Photonovella "Only You"</u>	
BMA	3,300
UDF	1,200
Hat Yai Subproject	1,000
Other Govt. Agencies	6,000
Universities & NGOs	11,000
TOTAL	22,500
TOTAL Produced	23,000
<u>Leaflet "Non-secret"</u>	
BMA	10,000
UDF	2,000
Hat Yai Subproject	1,000
Other Govt. Agencies	6,200
Universities & NGOs	10,300
TOTAL	29,500
TOTAL Produced	30,000

MATERIALS DISTRIBUTION

Materials	No. of copies
For Housewives	
<u>Flip Chart "You... Your Family and AIDS"</u>	
BMA	170
UDF	10
Other Govt. Agencies	10
Universities & NGOs	10
TOTAL	200
TOTAL Produced	200

<u>Booklet "You... Your Family and AIDS"</u>	
BMA	5,000
Other Govt. Agencies	4,000
Universities & NGOs	9,000
TOTAL	18,000
TOTAL Produced	20,000
(1st printing was done on Project's budget 2nd printing was supported by DUO to be distributed on World AIDS Day' 91)	

For Commercial Sex Workers	
<u>Flip Chart "Just Want to Let You Know"</u>	
Chiang Mai Subproject	130
Other Govt. Agencies	113
Universities & NGOs	50
TOTAL	293
TOTAL Produced	300
<u>Tape Cassette "Just Want to Let You Know"</u>	
Chiang Mai Subproject	500
Other Govt. Agencies	550
Universities & NGOs	200
TOTAL	1,250
TOTAL Produced	1,300

ATTACHMENT 4

path

Program for Appropriate Technology in Health

SCRIPT : Audio Cassette Tape for Prostitutes

PROJECT: AIDS Prevention in Low Income Areas
 of Thailand

TARGET: Low Income Prostitutes in Chiangmai

DURATION: 60 Minutes

IMPLEMENTING: Program for Appropriate Technology
AGENCY in Health (PATH)

DONOR: U.S. Agency for International
 Development - Thailand Mission

37 Petchburi 15 (Somprasong 3) • Petchburi Road • Bangkok 10400 Thailand
Tel. (02) 2517338-9 • Cable: PATH • Telex: 87058 RPS TH • Fax: (662) 253-9171



Fade in: Title SongWinatee (Seconds)

Hi, sisters. This "Just want to let you know" Program now presents you with beautiful music and essential knowledge on health. I am..... your D.J. The program is organized by the Chiangmai Provincial Public Health Office in collaboration with the Program for Appropriate Technology in Health (PATH). Let's make ourselves comfortable and listen to "Sabai, Sabai" by Bird now!

Fade in: "Sabai, Sabai" (Relax, Get Comfortable)

O.K..... do you feel relaxed now? The work you are doing is not as easy as others may think. You meet lots of people with different moods and tempers. Moreover, you can scarcely select your own clients. Some of them look clean but leave us with diseases and some are so demanding to please. Some even want to extend their time, right?

Fade in: "Tau Wela" (Extending Time)

Extending our time in a good way like the song would be fantastic.... but extending time for service is sometimes unbearable and it puts us at greater risk of being infected by various kinds of diseases. Some of you might argue that "I take care of my health and see the doctor regularly". But, don't forget, vaginal tests and blood tests cannot prevent us from becoming infected with AIDS. Before getting to know more about AIDS, let's listen to the song, "Boomerang".

Fade in: "Boomerang"

Fade under: Soft background music while speaking

Yes.... if we want the clients to return, we must look after our health, and at the same time give the clients good service, isn't that right? Now.... let's talk about AIDS. What do you know about AIDS? Do you think it is something similar to cancer? How is it transmitted? AIDS is an epidemic disease caused by one kind of virus. When this virus gets into the body, it will take several years to incubate without showing any symptoms at all. At a certain stage, the amount of the virus expands until it is capable of destroying the immune system of the body. Finally, our body will not be able to fight off diseases and consequently we may come down with diarrhoea, skin diseases, swelling lymph glands or other unpleasant conditions. The symptoms will be increasingly severe in a short period of time. I'd like you to know all about this so that you can protect yourselves from it.

Fade out: Soft accompanying music

Fade across: "Siang Pen Siang Gun" (Take A Risk)

How do you like this song, "Siang Pen Siang Gun" (Take A Risk) by Mai Charoenpura? Now, let's continue on AIDS. You wouldn't risk your life with this disease, would you? If you follow the news closely you will find increasing numbers of people infected with AIDS, particularly in Thailand, where there are thousands of infected people reported at present. What a disease that spreads so rapidly! AIDS can be transmitted by blood, semen, and vaginal discharge including menses. But not much is found in tears, saliva, phlegm, or breast milk. Before discussing AIDS further, let's hear Pi Wan's song.

Fade out: Soft accompanying music

Fade in: "Fah Yang Me Fon"
 (Still Rain In The Sky - there is still hope)

There are 3 possible ways to get AIDS:

1. From sexual intercourse with someone who has AIDS; either between man and woman, or between man and man.
2. From blood, and blood transfusions, for example: Sharing needles with an AIDS carrier, receiving blood from an AIDS carrier, or by coming into contact with an open wound or blood from an infected person.
3. From a pregnant woman who can give AIDS to her baby.

Fade in: Soft accompanying music..... Winatee (Seconds)

Fade in: "Nang Nual" (Sea-Gull)

Wish I were "Nang Nual"..... Here is the part I like most, "You're confident that even if it's far away, you'll find something nice at the far edge of the sky". How about you, sister, where is your destination? I believe that the goal of most women is to have a family and kids, right? We can accomplish our goal or dream, starting right now by looking after our health so that we do not have to contact these frightening diseases transmitted through sexual intercourse. Better to use preventive measures before it's too late!

Fade in: "Tay Rak Kuen Pai" (Take Back Your Love)

Yes.... now we know that there are many diseases that can be transmitted through sexual intercourse; and especially one that cannot be cured AIDS. The simple way to prevent this disease at low cost is to always use a condom. The belief that cleaning the vagina by douching with vinegar, washing-soda, toothpaste, or antiseptic solution, is not effective in preventing AIDS or other diseases. These practices can even cause irritation to the genital area and make us more susceptible to the AIDS virus. After using a condom, just water and soap is good enough. Furthermore, do not service the clients during the menstrual period because the genital area will be open to diseases. The only measure available to prevent AIDS or other sexually-transmitted disease is to USE CONDOMS, but..... if the client refuses to use it, what shall we do?

Fade in: "Koo Kat" (The Biting Couple)

It's great if they easily agree to use a condom! But in case it's a negative response, what shall we do? In the song, "you are a tiger, I am a lion..." Well.....let's pretend to be a tame cat for our own health's sake. We may say:

"Please use a condom, brother! Safety first is better"
(Pleading tone!)

"Let's use a condom, it's more fun. You'll like it"
(A bit challenging!)

"Let's use a condom, brother! We'll rub some lubrication on it, then it won't hurt and I can do it spontaneously for you" (An interesting offer!)

This lubrication is KY water-based lubricant sold in a tube at general drugstores. One tube can be used for months. You should try it. Definitely do not use oil or lotions because they can cause a condom to break. But.... if the client firmly refuses to use a condom, what should you do? Some friends suggest that you return the money to the client for our health's sake. If you were in this situation, which method will you use?

Fade in: "Khong Dee Dee" (Good Things)

True! true!.. Khong Dee Dee Ja Ow Free Dai Ngai (how could good things be given out free) by Wan, Titima Sootsonthorn. As we now know, you must use a condom every time to prevent AIDS or else masturbate the client with no penetration. That is to use your hands to help them climax because sexual intercourse just once with an AIDS infected person can give you the disease. We must learn to properly use the condom! Many of us may have the experience of tearing a condom in the middle of intercourse. The main cause could possibly be carelessness when putting on the condom: The condom can easily be torn because air is not removed by pinching the tip of the condom before putting it on, or because it is scratched by your fingernails, or because it is old. It's better that you be the one to put it on for the client. In this case, you can be assured that it's properly done and moreover the client will be pleased... But, if it does break, and you know it, just reach for another one before continuing.

Fade in: "Rueng Mun Jumpen" (It's Necessary)

Do you appreciate the importance of condoms now? This is vital because just once without it, and you can be infected with AIDS. Oh yes, absolutely do not use expired condoms because there could be breakage that make it ineffective to prevent any disease. Moreover, just because a person looks healthy or attractive doesn't imply that he does not have AIDS. Who knows, he may already have AIDS! Because AIDS symptoms might not show for years. If you meet a client who says he's clean and so does not need a condom, please DO NOT AGREE. There is only one way to detect AIDS, and that is to have a blood test.

Fade in: Soft accompanying music

Fade under: "Jing Jai Wai Gone" (Be Sincere First)

I hope you all have a correct knowledge and understanding about health now. I explain all of this to you because "I JUST WANT YOU TO KNOW" so that you know how to avoid contracting this fatal disease. Please bear in mind that there is no medicine to cure AIDS yet! However, even when we are infected with AIDS we can still associate with others in a normal way. But we must take special care of ourselves to always be in a good health: No smoking or drinking; and especially discontinue service to the clients in order not to be exposed to other diseases, use a condom each time you have intercourse. This way, the AIDS-infected person can maintain a healthy state and avoid getting ill as long as possible. If a medicine is found one day in the future, this unfortunate person can be cured.

Fade up: "Fak Jai Wai" (Leave My Heart With You)

Fade out:

If you need to be counseled or wish to have an AIDS examination, you can contact all government and public hospitals, regional VD centers or provincial public health offices. I hope you are all healthy; remember to set your goals for the future, be determined to save as much money as you can so that you can step out of this occupation as quickly as possible, to start that new life that you have dreamed of and settle with a warm family and lovely kids. Good luck everybody and goodbye.... Swasdee Ka!

Fade across: "Duay Rak Lae Pook Pan" (With Love and Concern)

ATTACHMENT 5

path

Program for Appropriate Technology in Health

SCRIPT

THE SINKING LOVE BOAT

(Rak Rua Lom)

***A video for young adults about AIDS transmission
and the dangers of unprotected casual sex***

Produced by:

***The Program for Appropriate Technology in Health
(PATH)/Thailand Office***

THE SINKING LOVE BOAT

(Rak Rua Lom)

***A video for young adults about AIDS transmission
and the dangers of unprotected casual sex***

Opening Scene: Young fishermen at a fishing pier:

Chao: Hey guys, hurry up. It's getting late. Gang, get away, let me do it.

Yen: *(Looking at a girl)*

Chao: Yen, hurry up Yen!!

Chao: Hey guys, come and get your money. Here is yours...yours.... Yen, here is yours.

Yen: Thank you Brother Chao.

They all are walking from the fishing pier.

Gang: Even, with plenty of money, I still feel unhappy.

Jin: I know Brother Gang wants to drink, right?

Gang: Act as if you know it.... I want to ..*(whispering)*

Jin: Yeah, yeah... I don't understand what you're saying.

(Gang is getting angry.)

Gang: I want to go to heaven!!

Jin: Oh..oh.. that is what I guessed. I think people like you are more likely to be dropped to hell.

Gang: Are you asking for a thrashing?
Chao, would you like to go to a brothel with me?

Chao: *(Widely smiling)* Would you like to go with us, Yen?

Yen: I..er...I'd better not go.

Chao: How about you Oui, would you like to go?

Oui: No, Brother Chao. This evening I will go to play football at the field in front of the school over there. Another thing, right now, AIDS is prevailing. Brother Gui, my neighbor, got it. It's terrifying. He is in the hospital and is just waiting for death. That's because he went to brothels.

Yen: What is AIDS?

(Gang interrupts.)

Gang: Come on Oui! You are going to detract our attention from this matter, aren't you? If you don't want to go, you shouldn't talk others from going.

Oui: Brother Gang, I just warn with good intention.

Gang: Jin, what do you think?

Jin: I think...

Gang: You are scared as well, right? Don't be scared. I have been there several times and always wear condoms. Nothing happens.

Jin: Wear condoms..Brother Gang, is it really good?
(He obviously doesn't believe condoms can be good)

Gang: Oh yeah! Actually, I also fear of this disease but I don't have to worry if I wear condoms.

Jin: No need to worry?

Yen: Can condoms prevent AIDS?

Gang: Surely. Condoms can prevent everything. Only if you don't worry about it, you can still reach a climax.

Jin: Can you really have a climax (with condoms)?

Gang: For this kind of thing, you have to try by yourself.

Jin: Brother, if we don't wear condoms, what will happen?

Gang: You will be infected by that damned disease.

(Everyone looks at each other, but they still aren't quite convinced.)

All the guys go to buy condoms at a drug store:

Chao: What's good about condom?

Gang: It prevents us from getting infected when we go to the brothel. Don't you worry. Here's the store where we can buy condoms. Hello, brother!

Druggist: Hi.. so we meet again.

Gang: Brother, one pack of condom, please.

Druggist: Is this your new companion?

Gang: Yes. I am taking him to have his first sex lesson tonight.

Yen: What is AIDS?

Chao: Yes, Brother, what is AIDS actually?

Druggist: It's a condition where our body doesn't have immunity to fight against any diseases. The disease can enter our body and we will become sick. Even the rich, earning a lot of money, still die from this disease. Right now there is still no treatment.

Chao: How can we protect ourselves from AIDS, then?

Druggist: AIDS infection can occur several ways. The first way is through blood transfusions; the second way is by having unprotected sexual relationships; and the last way is by sharing hypodermic needles among drug addicts. But for you guys, you don't have to worry. *(pointing to condoms)* Using these when you go to brothels. It is the best for AIDS prevention.

Along the street, Jin is walking with Oui:

Jin: Then see you tomorrow. *(Waiving his hand and walking by himself. He stops to look at a sexy picture of a woman in front of another drug store.)*

At the second drug store in front of a condom display:

Druggist: What would you like to have?

Jin: Er..ah..it means..er..want...I..er...not..er.. That is I don't want to buy anything. *(walking away)*

Back at the first drug store:

Druggist: You all are healthy guys, you should know how to protect yourselves. Do you know how to choose condoms? There are thin and regular types. Check to see whether it's already expired. Remember to select good condoms, when you touch the outside of the package, it should be dry. If there is wet oil on the outside, the pack has leaked and you shouldn't use it. When opening it, the inside should have lubricating oil. *(Then he shows them some unusual condoms with texture and odd shapes.)* You shouldn't use these strange condoms. Don't ever apply body lotion or hair cream made from oil, as these will cause condoms to break easily.

(While the druggist provides information about condoms; the young fishermen pay close attention.)

Druggist: I will show you the correct way of using condoms. Suppose this bottle is a penis.

(The druggist picks up a pack of condom and a bottle.)

Druggist: First step, squeeze the air out of the tip as the air can make the condom break and then put it on like this *(the owner pulls the condom down)*. Easy, easy. When everything is finished, take it off immediately by holding the condom's rim like this. If you want to have another sexual session, use a new condom.

Nowadays, there are many kinds of (sexual transmitted) diseases. When you go to a brothel, you'd better use condoms, there is no need to take a risk there.

Chao & Gang: It's true, Brother.

Chao: It's safe and no worries.

At a restaurant, music is playing. Three fishermen are drinking:

Jin: Everything's alright, we'll have some drinks first... Hey Gang, slow down, you drink like you never drank before. You're going to be loaded.

(Chao is coming from the other side of the road, and walks up to the table.)

Chao: I just gave money to my mom and then I borrowed a few hundred baht from Yen, I really respect his kindness.

Jin: Brother Gang, I haven't brought a condom yet.

Gang: It's a small issue, don't be scared. We can buy them at the brothel. Take it easy, don't worry.

Jin: Excellent.. excellent. Ah... where is Yen?
There!! Yen is coming. He is looking at someone, not us.

Gang: I think he's looking at a girl.

(Gang sticks his foot out on Yen's way; Yen stumbles and bumps into the girl; her food package spills all over both of them; everyone laughs.)

(Yen is very shy.)

Yen: I am terribly sorry.

(Yen is cleaning his shirt, the woman (named Som-gleng) helps. Their hands touch accidentally.)

Som-gleng: Brother, you're all wet.

Yen: It doesn't matter.

Som-gleng: Brother, I'm sorry.

Yen: It's me who must beg for your pardon. I am not careful ... clumsy.

(Gang comes to interrupt.)

Gang: Because you only stare at her.

Yen: Ah...I ...

Som-gleng: You guys persecuted him. I saw it.

Gang: No, I didn't.

(Yen only stares at Som-gleng until she dares not to look at him.)

Yen: Ah... it doesn't matter. But you...what about you...

Som-gleng: I'm... Som-gleng. *(She is shy.)*

Yen: Ah...Som-gleng, are you alright? I'm Yen.

Gang: Now you are really as cold as your name. (Yen means cool in Thai)

(Ann, Som-gleng's friend, comes.)

Ann: Som-gleng, Som-gleng... shall we go?

(Yen is mumbling her name: "Som-gleng..Som-gleng".)

(Ann sees that Som-gleng and Yen are looking at each other, she takes Som-gleng's hand.)

Ann: Let's go. Don't get involved with these fishing guys.

Gang: Sister, how do you know that we are working on boats.
Yen, we have an appointment.

(Turning back to Ann and Som-gleng)

Sister, brother and this handsome, Yen, have an appointment to go to... *(Yen closes Gang's mouth.)*

Chao: Yen, you must be very attractive. Where is this girl from?

(Yen looks at Som-gleng and Air walking away.)

Yen: I just got to know her a moment ago. Her name is Som-gleng.

Gang: You must thank me that you can flirt her because it was my foot that tripped you.

Chao: That's true.

Gang: Shall we go now?

Chao: Sure! Let's go.

At a brothel, Jin, Gang, Jao and Chao have chosen girls, only Yen hasn't decide:

(In a room, Gang is with a prostitute and he pretends to talk to a female nude picture on the wall.)

Gang: Sister... don't just sit still, come on and let's have fun.

Prostitute: I am coming. The real thing is here, better than a poster.
Hold on brother, did you forget anything?

Gang: What did I forget?

Prostitute: The Condom!!

Gang: Why? Must I wear it. Will we have fun if I have it on?

Prostitute: Brother, having fun or not depends on your mind. If you wear it, you don't have to fear anything. You'll feel happy and I will too. It creates a good mood.

Gang: Ok. I'm already prepared.

Prostitute: My Brother, you're really smart, always well prepared.

(In a room, Jin is with a prostitute.)

Prostitute: Handsome Brother, what's your name?

Jin: I don't have ... a condom, Sister...

Prostitute: Don't worry, I have plenty. Which one does Brother like? *(She pulls a long strip of various kinds of condoms from her bra, Jin feels dizzy as he can't choose and lays back on the bed.)* Wait a moment, Brother, which one do you want?

(Jin pushes them away.)

Jin: Better not to use it. It won't be fun.

At the brothel's common room.

Chao: Yen, haven't you gone to the room yet?

Yen: Not yet.

Chao: Hurry up. I am going up.

(Yen smiles and picks up the condom.)

Yen: Condom.

Chao: Be brave, you'll have a bright future. Don't be scared.

(In a room, Yen is with a prostitute.)

Prostitute: Brother, what's your name?

Yen: Yen.

Prostitute: Will you be as cold as your name? What are you picking up?

(Yen shows her the condom)

Prostitute: You are very careful.

(Yen tears the condom's pack.)

Prostitute: It's going to be safe.

All the guys are walking home.

Gang: Wait, wait a moment. Let me put out my cigarette.

Chao: Being robbed ten times can't compare to only one time burning.

Yen turns on the light in the room.

Gang: Going out like this spoils my reputation. Jin, how are you, exhausted? Did you use a condom? Are you asleep already? Wake up, wake up? Oh well, I will sleep, too.

(Yen shakes his head and smiles.)

A few days later, early morning at the pier, Yen, Chao and Gang are energetically loading fish from the ship.

Gang: Tonight, we are free. Thinking of that night, I am still enamored with my girl.

Chao: You want to go back again, right?

Gang: Or you don't want to? Even Jin, he was carried out from the brothel. We don't even know if he's gone to heaven.

(Gang and Chao are laughing.)

Gang: See Oui... It's such a fun, don't you want to try?

Oui: No, I don't want to waste my money. Thank you for asking me. Actually, I used to go to brothels before, and was infected (with an STD). Once is enough. I have had my lesson, no more for me.

Gang: Uh... you used to be spoiled, I see. Yen, and you?

Yen: I want to go back again; but, it happens that this evening I have something to do.

Gang: Why is everyone busy?
Jin, how are you? You look so pale.

Jin: I don't know. I don't feel well. This morning I felt an itch when I urinated. Got infected too. I doubt I will...

Gang: On that day, did you use a condom?

Jin: No.

Gang: So you finally got infected.

Oui: You didn't believe me. Wasted your money and got a disease. Jin, we should go to see a doctor. Better stop going to brothels. Playing sports or doing something else is better. What do you think?

In front of a factory, Som-gleng is walking with Ann:

Ann: Som-gleng, today my boyfriend will come to pick me up here.

Som-gleng: So we separate here, Ann. I think I will go to buy something at the market.

Ann: Ok.

(Som-gleng is taking leave.)

Yen: Som-gleng, Som-gleng.

Som-gleng: Oops... Yen. How can you be here?

Yen: I want to meet you.

Som-gleng: You want to meet me? What's up?

Yen: I ... I would like to talk to Som-gleng. Are you free?

Som-gleng: I think... I am going to buy something at the market. If there is anything to discuss, we can do it after buying, before we go home.

Yen: O.K.

Yen and Som-gleng are walking to the market.

Yen: Som-gleng, are you tired?

Som-gleng: I am not.

Yen: Som-gleng, are you hungry?

Som-gleng: I am. Shall we find something to eat?

(Som-gleng buys something and Yen helps carry them.)

Later, at the factory, Som-gleng is busy with her work. Ann walks up to Som-gleng.

Ann: Som-gleng, thank you for taking care of my work yesterday.

Som-gleng: You're welcome.

Ann: Som-gleng, how are you? You look inattentive.

Som-gleng: It's nothing.

Ann: I know you are thinking of Yen, right? Falling in love with him already? Are you going to be serious with him?

Som-gleng: I don't know. I'm still scared of it.

Ann: Your last boyfriend... That guy can't be called a boyfriend. He just deceived you. That kind of guy has deceived lots of girls before. You should forget him. But this new guy looks good, honest and polite.

Som-gleng: Um...

Ann: But for fishermen, though becoming our boyfriend, we still can't completely trust them. I .. er.. I was also infected (with STD) from my boyfriend.

Som-gleng: You are crazy...I haven't thought that far.

Ann: To be his girlfriend ... to sleep with him ... we must know how to protect ourselves. Safety first.

Som-gleng: You're crazy!!

Ann: I warn you in the long run... but Yen seems to be a good guy and seems to be a good match with Som-gleng.

Near the sea, Som-gleng and Yen are holding each other's hands and sitting by the beach.

(No conversation.)

Near the sea, Som-gleng and Yen are holding each other's hands and sitting by the beach.

(No conversation.)

At the fishing pier at night:

Yen: Tonight, the sky is beautiful.

Som-gleng: Um...

Yen: Som-gleng..

Som-gleng: What?

Yen: I met Som-gleng here. Since then, I have been unable to forget Som-gleng. I am very happy to get a chance to meet Som-gleng again.

Som-gleng: Me too.

(Yen holds Som-gleng's hand.)

Yen: If Som-gleng doesn't have anyone else yet....

Som-gleng: I have no one.

Yen: If then, Som-gleng... Som-gleng.

Som-gleng: But... you should know that I used to have a boyfriend. Now, he has left me. I hope you don't mind.

Yen: I don't mind.

(Both are quiet.)

Yen: Som-gleng, you haven't told me whether you like me.

Som-gleng: (She nods her head.)

Yen: Then can you stay with me tonight?

Later, at Yen's house they are in bed together, but still clothed:

Yen: Som-gleng, I love you? I think of you all the time. Please be mine, I promise to be responsible everything.

Som-gleng: I ... I ... I think Yen should wear a condom. Not using a condom is not good.

Yen: Are you scared? I have never had any diseases.

Som-gleng: But.. I fear pregnancy.

Yen: Don't be afraid. I love Som-gleng. I will be responsible for everything.

Six months later, out at the sea, the ship is sailing.

Chao: What's wrong with you, Yen?

Yen: I feel pain in my abdomen. This morning, when I urinated, it itched.

Oui: So you got it too, right? No doubt because you go to the brothels. Diseases only come from those places. You should stop going.

Yen: I went there a long time ago and I wore condom.

Chao: Stop arguing, guys. Yen.. let's go to see the doctor.

Oui: Let me go along... I'm worried about Yen.

At the hospital, Chao and Oui are talking in the waiting room:

Oui: I don't know what's happening to Yen. He's been in there for a long time.

Chao: Nothing serious. Only venereal disease.

Oui: Brother, you shouldn't have asked him to go. It spoiled him.

Chao: Man !!!

Oui: I am just concerned.

In the diagnostic room:

Doctor: Do you frequently go to brothels?

Yen: Only once, but I wore a condom...doctor.

Doctor: Did you wear the condom throughout the sexual session?

Yen: Yes.

Doctor: If that is the case, it shouldn't be a venereal disease, maybe only a urinary tract infection. Let me check first.

(Yen sees AIDS pamphlet.)

Doctor: Do you know anything about "AIDS"?

Yen: I know just little. If one has AIDS, there is no cure.

Doctor: It's a terrifying disease. One can have the AIDS virus which might not immediately show any reactions. Disease may take 3 to 5 years to appear.

Yen: During the non-reaction period, how do we know?

Doctor: A blood test is the method to check if we have AIDS virus in our body. I will diagnose first. Come this way.

Doctor and Yen come back to the table.

- Doctor: I have checked your symptoms, it's just a normal infection. Don't worry. Take pills for a few days and you'll recover.
Eh... but you used to go to brothels, you should have a blood test.
- Yen: But you said that wearing a condom can prevent AIDS.
- Doctor: Are you sure that you wear condoms every time you have sexual relations with every female you sleep with?
- Yen: Having blood test seems like a good idea, doctor.
- Doctor: Ok. I will check it for you. In 2 weeks you can come to hear the test result.

Yen is sitting inattentively by the sea.

Doctor's Voice: I've checked your blood and found that ... (*Doctor's face shows up.*) you have AIDS in your body.

(Yen is thinking of his past life, and a series of flashback appear.)

Image: *His fisherman friends were walking together.*
"Hey Yen, go with us."
"No, thanks."

Image: *When meeting with Som-gleng.*
"I am sorry."
"Brother, you are all wet."

Image: *In the brothel.*
"You are very careful."

Image: *Yen with Som-gleng.*
"I think Yen should wear a condom. Not using a condom isn't good."
"I don't have any disease."
"But I fear of pregnancy."
"Don't be scared. I love you. I will be responsible for everything."

Doctor's voice: "I have already checked your blood and found that you have AIDS virus in your body."

Yen is carrying his sea bag and walking away, a narrator reads a letter:

"To Brother Chao and everyone:

I don't know what to say. Everything happens beyond my expectations. I went to see the doctor and had a blood test. Doctor said that I have AIDS. I...I don't want to blame anyone. But I don't know how I can live further. I would like to say goodbye and don't want anyone to worry about me. Please tell Som-gleng that I love and care for her very much.

Good bye everyone
Yen."

Subscript: (read by a narrator)

**"Most AIDS infected patients are unexpectedly infected.
To face life with the misery of an incurable disease is horrible enough.**

**Doctors confirm the fact that AIDS infected patients can lead a normal life,
and live safely with other people in the society.**

**If only we have sympathy and show no discrimination against them,
this can be a moral support for them to fight against AIDS."**

"AIDS prevention, start with you!!"

Produced by:

***The Program for Appropriate Technology in Health
(PATH)/Thailand Office
To support AIDS Education among Adolescents Project"***

Sponsored by:

***U.S. Agency for International Development (USAID)"
Thailand Mission***

Thanks:

Sataheep Hospital, Chonburi, Thailand

ATTACHMENT 6

Meeting Guideline

(Community Volunteer -- housewife)

Meeting 1 (November 1990)

Topics:

- I. Review of the objectives of having volunteers and their roles.
- II. Review of AIDS knowledge and reveal Pre- and Post- Test result from the training.
- III. Approaches to be used by volunteers to reach the target group:
 1. each volunteer lists five names of the target group that she will visit?
 2. the target group is housewife or sex partner?
 3. are volunteers familiar with the target group?
 4. what time of the day will the volunteer visit the target group? why?
 5. how to start the conversation?
- IV. Reporting system and supply distribution.
- V. Setting the date and topics to be discussed for the next meeting.

Meeting 2 (December 1990)

Topics:

- I. Report results and problems of the activities
- II. Share problem solving approaches
(If some misunderstanding occur, it should be corrected first.)
- III. Group discussion on
 - "The unclear information about AIDS"
 - "AIDS problems which frequently asked by the target group, correct information, and how to answer those problems"
- IV. Practice activity: "Using the material produced in the community: flipchart"
- V. Identify the target group that volunteer will visit within the next month. Each will meet ____ persons.
- VI. Monitor the report, supply request and distribution.
- VII. Setting the date and topics to be discussed for the next meeting.

Meeting 3 (January 1991)

Topics:

- I. Report results and problems of the activities
- II. Share problem solving approaches
(If some misunderstanding occur, it should be corrected first.)
- III. Report the progress on using materials in the community
- IV. Group discussion on "Problems and solutions in approaching drug addicts"
- V. Practice activity: "Situation Analysis and Problem Solving 1"
- VI. Identify the target group that volunteer will visit within the next month. Each will meet ____ persons.
- VII. Monitor the report, supply request and distribution.
- VIII. Setting the date and topics to be discussed for the next meeting.

Situation 1:

In your community, you have heard a story about Mrs. Sai, a seller in the market whom you know her superficially, that her husband might be one of drug addicts since the neighbors have always seen him associated with drug addict group which has suspicious behaviors.

You would like to provide AIDS counselling for Mrs. Sai, how will you start?

Meeting 4 (February 1991)

Topics:

- I. Report results and problems of the activities
- II. Share problem solving approaches
(If some misunderstanding occur, it should be corrected first.)
- III. Group discussion on "What volunteer should and shouldn't do"
- IV. Do the test (#2) to update AIDS knowledge
- V. Practice activity: "Using the material produced in the community: You..Family and AIDS brochure aimed at housewife"
- VI. Identify the target group that volunteer will visit within the next month. Each will meet ____ persons.

- VII. Monitor the report, supply request and distribution.
- VIII. Setting the date and topics to be discussed for the next meeting.

Meeting 5 (March 1991)

Topics:

- I. Report results and problems of the activities
- II. Share problem solving approaches
(If some misunderstanding occur, it should be corrected first.)
- III. Report the progress on using materials in the community
- IV. Group discussion on "Problems and solutions in suggesting housewife use condom"
- V. Practice activity: "Situation Analysis and Problem Solving 2"
- VI. Identify the target group that volunteer will visit within the next month. Each will meet ____ persons.
- VII. Monitor the report, supply request and distribution.
- VIII. Setting the date and topics to be discussed for the next meeting.

Situation 2:

Salee, a 23-year-old girl, works in the restaurant in Sapankwai area. Her neighbors said that she is also a commercial sex worker. Salee and Kasem, your neighbor, are always together. You know that Kasem was an IV drug user and used to get treatment from the clinic near your house. You do not know whether Kasem completely stops injecting drugs or not. Salee always shops at your store and talk to you very friendly.

What would be you plan in telling her about AIDS?

Meeting 6 (April 1991)

Topics:

- I. Report results and problems of the activities
- II. Share problem solving approaches
(If some misunderstanding occur, it should be corrected first.)
- III. Report the progress on using materials in the community

- IV. Do the test (#3) to update AIDS knowledge
- V. Practice activity: "Situation Analysis and Problem Solving 3"
- VI. Identify the target group that volunteer will visit within the next month. Each will meet _____ persons.
- VII. Monitor the report, supply request and distribution.
- VIII. Setting the date and topics to be discussed for the next meeting.

Situation 3:

Noi is nineteen years old living with her husband who, she believes, uses drugs. He does not accept while telling that he used to be addicted but had completely stopped. She is thinking of having children with him but is not so sure; so she comes to you for advice.

How will you suggest?

Meeting 7 (May 1991)

Topics:

- I. Report results and problems of the activities
- II. Share problem solving approaches
(If some misunderstanding occur, it should be corrected first.)
- III. Inform that this will be the last meeting. Although the project is ended, volunteers are able to continue giving knowledge whenever they have a chance because they have more knowledge about AIDS than others in the community.
- IV. Volunteers and supervisors discuss on the results of the implementation in the past 6 months in the following area:
 1. Giving AIDS knowledge
 2. What the community has gained from this project
 3. What volunteers has gained from implementing this project
 4. Other issues

(This discussion will also be summarized in the monthly report.)

ATTACHMENT 7

จดหมายข่าว "

วารสารนอก สักกนตีกษา



6 ส่วนอุรุษ
ชว้างก็งเสริม
งัดสี่งเสยสิด
พิจิตาโรดเฮดส์

ฉบับที่ 2 : ตุลาคม 2533

กิจกรรมชุมชนหลังวัดบูรพาราม

๖. หลังจากได้วางแผนการวัดกิจกรรม

ในเดือนกันยายน เนื่องจากชาวชุมชนต้อง
ขมกขมกันกับการสอนประจำภาค เราได้จัด
จัดกิจกรรมอีกครั้งหนึ่งในวันพฤหัสบดีที่ 25
ตุลาคม 2533 นี้ โดยจะจัดฉายภาพยนตร์
บุคคลนิรมเรื่อง "ปีศาจสีเทา" และฉาย
สไลด์ประกอบเสียงเรื่องโรคเอดส์ พร้อม
ทั้งมีของแถมของแถมฟรีอีกสาทุกชนิด
พี่น้องประชาชนในชุมชน

สิ่งที่เราจะเคยไปสักนิดแล้ว

สะดวกกับทุกคนที่ไม่ต้องเดินไกล

กิจกรรมชุมชนวัดม่วง

๗. ชุมชนวัดม่วง มีโปรแกรมว่า

จะจัดการประกวดวาดภาพเพื่อเผยแพร่
ภาพป้องกันโรคเอดส์ ถึงขนาดระดม
ชวนชุมชนอื่นๆ ที่สนใจ สนับสนุน
และช่วยได้ที่ ผดพี่น้องกันมาเล่นกีฬา
โพร! 4112432



กิจกรรมชุมชนวัดแจ้งศรีรัตนาราม

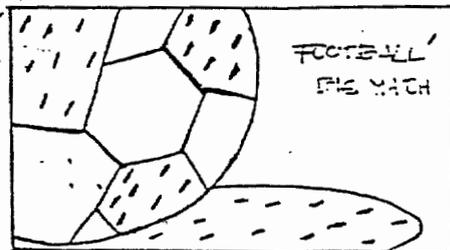
เมื่อวันที่ 30 กันยายน 2533

คณะเยาวชนวัดแจ้งศรีรัตนารามเพื่อ
เผยแพร่ความรู้ในการป้องกันเอดส์
โดยในวันงานนั้นมีการแข่งขันฟุตบอล
(ซึ่งตั้งรางวัลจากคณะกรรมการชุมชน)
สลับด้วยการเล่นเกมสลับละครสั้น
เรื่องโรคเอดส์ (อันนี้ที่ซึ่งรางวัลอีกสี่คน
กับชัย) การจัดกิจกรรมครั้งนี้มีผู้สนับสนุน
สละทรัพย์เงินของหลังจากหลายราย อาทิเช่น

เจ้าพ่อยอดสากสังคหสังเคราะห์นี้, คุณเจ้าบ
ร้านอาหารบ้านรัชชัญญ, คุณเจ้า นางนา,
คุณช่อ รุ่งทอง และคุณศิริวิภาไพฑูริ

โอบเนหา: คุณเอื้อและคุณแสง และลุงเผ่ง
เห็นผู้ประสานงานเรื่องเครื่องเสียง และที่ที่มี
เสียงไม่ได้อะไรเลย ผมขอขอบคุณชาวชุมชนวัดแจ้ง
และน้องโอบน ซึ่งจะเป็นรางวัลในการผลักดัน
ให้เกิดกิจกรรมนี้ขึ้นมา คณะผู้จัดทำกิจกรรม
จะใคร่ขอขอบคุณทุกท่านไว้ ณ

โอกาสนี้ด้วย (ขอปิดวง)



การคิด
กองป้องกันและท่าจอดเขาเสวยคิด

วันที่

น้อง ๆ ที่น่ารัก

หลังจากที่น้อง ๆ เยาวชนได้ผ่านการอบรมเยาวชนป้องกันเขาเสวยคิด
และเจดีย์ในชุมชน เมื่อวันที่ 1-3 มิถุนายน 2533 ณ. สนามกีฬาและศูนย์
เยาวชนพาณิชยการราชดำเนิน มาแล้ว น้อง ๆ ได้กลับไปทำกิจกรรมที่เข้ม
งวอดใจจนต่อชุมชนรอบน้องได้อย่างมากในการจัดกิจกรรมต่อต้านโรคเจดีย์ในชุมชน
ชีวิตแต่ละชุมชนก็ควรมีกิจกรรมที่แปลกต่าง กันออกไป . . . ใจให้ไหมจ๊ะ |

จากวันที่อบรมวันนั้น... มาถึงวันนี้ก็ผ่านแล้วสินะ น้อง ๆ บางคน
ดวงจากที่ระยิบระยับเหมือน ๆ ที่อบรมด้วยกันมา เพื่อขุดคุ้ยกันถึงผลงานที่
ทำไป และที่สำคัญยิ่ง ๆ ก็อยากจะทำใจอกสแจกว่าสมัยที่อบรมให้แก่ น้อง ๆ ด้วย

อ้อนั่นนี่ ๆ จึงอยากจะทำ งานขบประสังสรรค์ระหว่างน้อง ๆ ที่ได้รับ
การอบรมด้วยกัน คงในเร็ว ๆ นี้แหละ น้อง ๆ เยาวชนรุ่น 1 เปรื่องมั่ว
ไว้แล้วกันนะจ๊ะ พี่นงนุช . . . เราคงจะสนิทด้วยกันเหมือนน้องๆ อบรมใน
ครั้งนั้น ๆ ง่าย แล้วพี่ ๆ จะแจ้วกำหนดการณ์ที่แน่นอนให้ทราบนะจ๊ะ

ต่างรัก ♡
จากพี่ กยส. จ๊ะ

ไผ่ตงข่อย



ถ้าเราไผ่เป็นหมู่คณะในลุ่มหนึ่งก็ไผ่ตง

ไผ่ตงจะติดยอดสีเขียวไหม?

ไผ่ตง แม้เราจะไผ่เป็นหมู่คณะในลุ่ม

หนึ่ง ก็ไม่ควรประมาท เพราะอาจเกิด

อุบัติเหตุหรือสิ่งที่ไม่คาดคิดเกิดขึ้นได้

เมื่อเวลาบุคคลที่อยู่รอบข้างเราไผ่ตง

ได้ใช้วิธีนั้นหรืออย่างที่เราคิดเสมอ

บางคนที่พอเหตุการณ์ที่ซ่อนเร้นไผ่ตง

เช่น อาจมีขโมยผลไม้ อาจมีขโมย

ทรัพย์สิน หรือขโมยรถของเราก็ได้

ดังนั้น การศึกษาเวลาหรือ

กับเวลาและเมืองที่ตนเองอาศัย

เวลาเวลาหรือการมีทรัพย์สิน

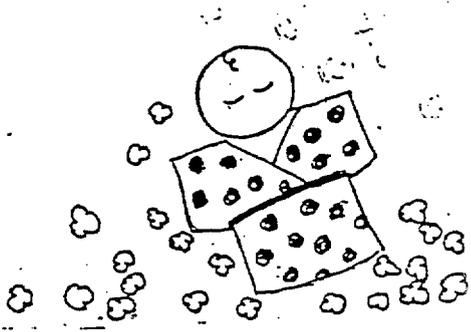
หรือตาม อย่าให้ถูกกับผลของ

การใช้สิ่งของอย่างอื่นกับคนที่

สัมพันธ์ด้วยทุกครั้ง

ประกันได้ดีกว่าที่เราจะ

ว่าในขณะนี้

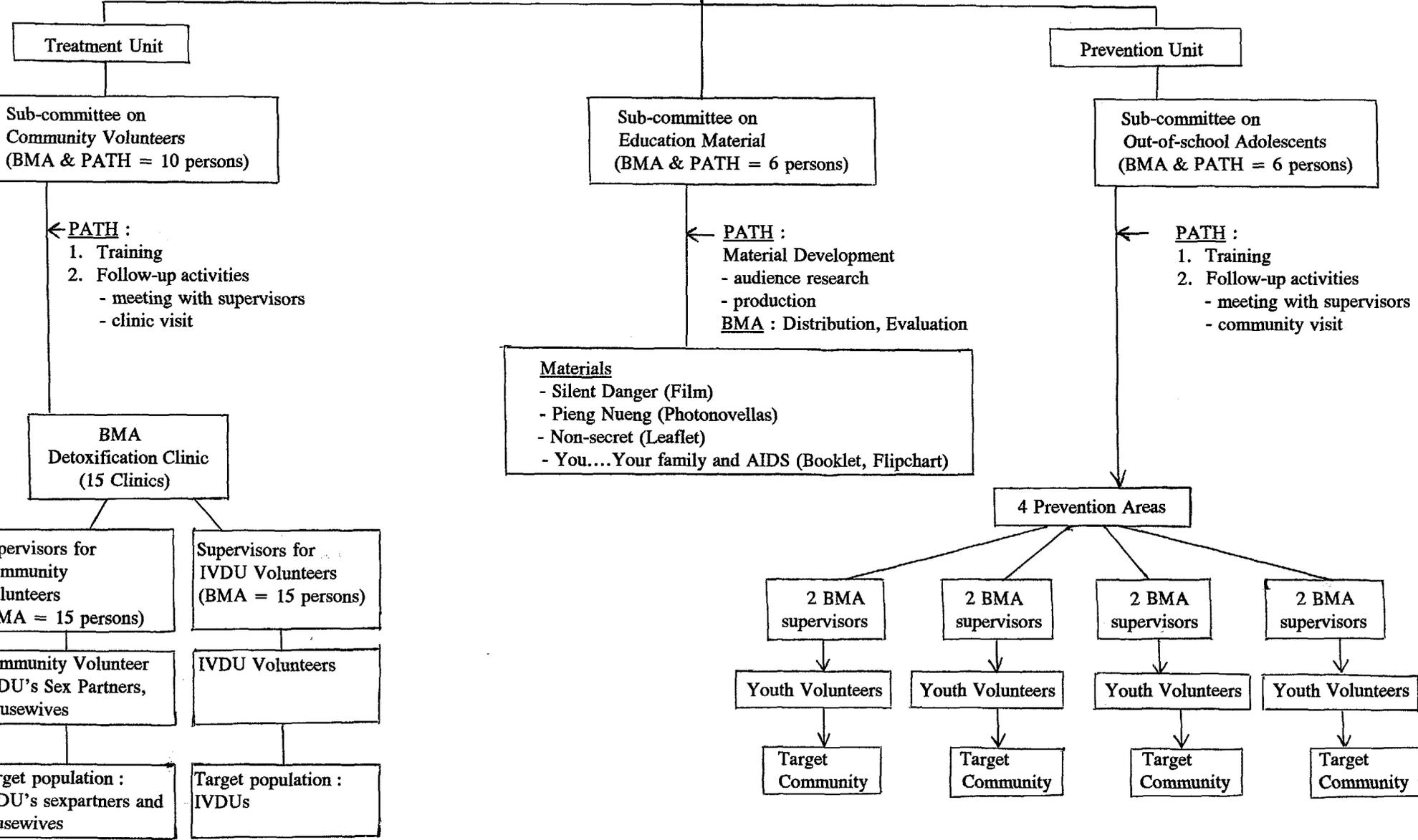


ATTACHMENT 8

BMA Subproject Organizational Chart

Department of Health (BMA)

Drug Prevention and Treatment Division



ATTACHMENT 9

Sample materials produced this period:

1. Booklet for Housewives,
"You, Your Family and AIDS"
2. Cassette Tape,
"Just Want to Let You Know"
3. Video,
"Sinking Love Boat"