Multisectoral strategy for AIDS prevention at community level

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In north-east Thailand a five-act drama is broadcast on the village sound system to catalyse involvement in planning and carrying out AIDS prevention activities. Each community's own suggestions for an effective strategy are presented to the relevant government and nongovernmental agencies for endorsement and support.

AIDS poses problems which go far beyond those traditionally faced by public health personnel (1). In particular, AIDS prevention involves the modification of sexual activity, which raises sensitive social and cultural issues. Also, during the early stages of the epidemic, when prevention is crucial, it is necessary to enhance the public's perception of risk with regard to a disease which is virtually invisible but confronts everyone with difficult questions about infection, illness and death. Pointing out the medical realities alone does not create the necessary awareness, and often leaves people with the illusion that self-protection against AIDS is necessary for others but not for themselves (2).

The demand for a multisectoral strategy

This, together with the realization that AIDS can rapidly cut into hard won gains in economic, social and health development, has led many countries to spread the responsibility for AIDS prevention to other government sectors and nongovernmental organizations. The wisdom of this is easy to see, but building a cohesive strategy for sectors that do not usually work together has proved to be challenging, particularly when it involves community implementation and empowerment.

Multisectoral AIDS programmes aimed at changing sexual behaviour are based on two premises: first that individual and community behaviour patterns mutually define each other, second that change in behaviour happens in many stages and in many different ways. Thus interventions need to be interactive and flexible, responding to the particular needs of the community at any given time.

Application in Thailand

The multisectoral AIDS prevention strategy (MAPS) involves carrying out community-defined initiatives by means of integrated government and nongovernmental services. Thailand has a highly developed infrastructure for health, education and social welfare and is therefore in a good position to implement a strategy of this sort on a large scale.
At present the multisectoral strategy is being used in four provinces of north-eastern Thailand.

The work began with the coordination of communities within a tambon (subdistrict—the lowest administrative level) to prepare a unified strategy for AIDS prevention. Such a strategy can include requests and recommendations to the government and to nongovernmental organizations (NGOs), thus giving them an opportunity to coordinate their efforts in responding to the community’s needs. A series of meetings provides a forum through which this kind of cooperation between government, NGOs and the community can be established.

Communication media are used to publicize data obtained from research and stimulate awareness of AIDS, encouraging discussion and participation in the design of a strategy. The main medium used to introduce the multisectoral strategy at community level is drama. This is particularly appropriate in Thailand, where travelling shows are an important part of traditional and contemporary cultural life. Performances are often didactic, and present parodies of Thai life in areas such as male and female roles and husband-wife relations.

An audio-drama was designed on the basis of data gathered in the north-eastern region. It represents some of the risks, precautions, local beliefs and modes of personal interaction involved in preventing the spread of AIDS (3). The drama is used as a springboard to launch the following activities:

- discussion of the drama’s main points in the light of local community life and the impact AIDS could have on it;
- design of activities which demonstrate commitment to AIDS prevention and encourage people to adopt less risky behaviour;
- preparation of subdistrict-level initiatives based on strategies formulated by the community;
- finding the local resources needed to carry out community and subdistrict strategies.

Before the programme started, meetings were held between MAPS staff and representatives of the district and local government and NGOs to explain its objectives and request permission to proceed. Participants included members of the provincial AIDS prevention and control committees of the Department of Health, and representatives from the Departments of Education and Community Development. Officials endorsed the project and made suggestions on how to coordinate it. Provincial officials also wrote letters requesting cooperation from district and subdistrict government personnel.

The MAPS programme is carried out in five stages: a pre-drama subdistrict meeting; a drama week in the communities; a post-drama community meeting to discuss a community AIDS strategy; a post-drama subdistrict meeting to present and consolidate the strategy; and implementation of the strategy.

**Pre-drama subdistrict meeting**

The meeting is aimed at preparing community leaders such as the village head, volunteer health workers and women’s representatives to conduct the programme in coordination with project staff and subdistrict officials from the departments of public health, education and social development. The meeting also provides a forum in which practical decisions and arrangements can be made for conducting the drama in the communities. The main points of the drama are reviewed, and instructions are given on how to present it. The objectives of the community meeting...
after the drama are also reviewed. Practical details to be covered include setting the time of day for playing the tape of the drama, deciding where to place the posters about it, ensuring that the community sound system is in working order, and scheduling the post-drama subdistrict meeting. Community leaders are invited to sign an agreement outlining the steps and responsibilities each of them and the project team are to take. This meeting thus begins the collaborative process of planning and carrying out the MAPS programme.

Community meetings after the drama

The broadcasting of the drama is followed by a community-wide meeting. Depending on the wishes of the community leaders, the project staff provide whatever help is needed to plan and facilitate the discussion or actually conduct the meeting. The participants are encouraged to raise questions and concerns about AIDS transmission, identify areas of risk in their community, and discuss ideas about how to reduce the risk of infection. A list of ideas for possible activities is provided to help stimulate discussion. Information produced by these meetings is used to formulate a “community AIDS strategy”.

Drama week

A week-long programme is conducted in each community. It consists of an audio-drama entitled On the brink in five acts (one cassette for each act) which are broadcast, one a day, from Monday to Friday over the community public address system (which most rural Thai communities have). Two posters, illustrating characters and interesting topics from each act, are put up each day at a common meeting place (10 posters in all). The posters include questions aimed at arousing interest and encouraging discussion of the major points of the drama.

The drama is focused on the needs of married women in rural north-east Thailand in relation to AIDS prevention, and shows how men and rural people in general are involved. It reflects local lifestyles and risk scenarios, using data obtained earlier from surveys on knowledge, action, beliefs and practices, and group discussions held in 18 randomly selected communities in Khon Kaen Province (3). In the last scene, the main characters realize that AIDS is a problem for the community as a whole and that residents should work together to reduce risky behaviour.
made. Recommended activities can be for individual communities or groups of them, and may require support from local health centres, district hospitals, local schools, and development agencies.

**Implementing the strategy**

Three teams are formed to carry out the multisectoral AIDS prevention strategy and maintain momentum:

- Team 1 (province level) consists of senior personnel who involve the relevant district and provincial authorities in setting up the project and acting on the subdistrict working document.

- Team 2 (subdistrict level) carries out the meetings before and after the drama to unify and motivate local leaders, organize the distribution of the cassettes and posters, facilitate the community meetings, and ensure that the subdistrict produces a document that can be acted on.

- Team 3 (community level) coordinates and documents AIDS prevention activities arising from the meetings, encourages the community to carry them out, and evaluates implementation on the basis of participation level, number of activities carried out and their impact in terms of behaviour change.

**Implementation**

To prepare the meetings for the subdistrict leaders, MAPS staff visited all 43 communities in the four subdistricts. Leaders were invited to the pre-drama subdistrict meeting and given a document outlining the steps involved in participation, the process and the expected outcome of the programme. A MAPS technician then visited every community in the subdistrict to prepare the sound system for the drama week.

The subdistrict meetings were well attended by district health, education and development officials, community leaders, members of the newly formed AIDS control committees, and NGO staff. The heads of all 43 communities gave permission to proceed, and signed a formal agreement to participate in the programme.

Most of the community meetings after the drama were held in the evening and lasted for about 90 minutes. They were conducted in the local Lao-Thai dialect and followed a standard format, opening with games and a quiz on AIDS with small prizes, to encourage participation in the discussions, which took place in large and small groups. The turnout was encouraging, ranging from 60 to 220 people per meeting, and participation was lively. Many of the meetings were attended by staff members of Plan International, an NGO focused on the needs of children. Information on the sources of risk and proposed activities was recorded on large sheets of paper as the suggestions were made. After the meetings, field facilitators supplemented this information by means of informal discussions with younger adults and those in sections of the community whose views had not yet been expressed.

The staff then analysed and summarized the data they had collected from the meetings and other discussions, and prepared a document

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indicating the local HIV risk situations and preventive activities that had been suggested. Community members had named brothels and cattle auctions, and certain festivals at which commercial sex work took place, as
well as instances of intravenous drug use among young men. Their willingness to point out these potential sources of HIV infection was seen as an indication that they understood how serious the problem was and were willing to do something about it. Initially, the document was distributed to community leaders, district officials, field staff of Plan International, and representatives of the district AIDS Prevention Committees.

The document was then used in the second meeting of subdistrict leaders, where community leaders reported on local risks and prevention strategies. These planning meetings were well attended by the relevant officials and representatives. In all subdistricts, improvement in the distribution of condoms was seen as the first priority. Open and free availability was recommended. The leaders felt that the presence of commercial sex workers at festivals could not be stopped in the short term, but that the danger of this practice could be publicized and condoms made easily accessible at these times. They also felt that women with partners who travelled should have ready access to condoms and be given help in developing sexual negotiation skills.

Government representatives agreed to work with subdistrict leaders to improve the condom distribution and supply service. Instead of the current practice of making condoms available free of charge but only during government office hours, the planning groups suggested making them available wherever alcohol was sold. At the end of the subdistrict meetings, an AIDS implementation committee was elected, to coordinate the AIDS prevention activities carried out by government and NGO staff in the subdistrict.

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References