Prevention

Letters to loved ones: please don’t bring HIV home
Kathryn Stam, David B. Elkins, Lynn R. Dole, & Boonchai Somboonsuk

Communities in rural North-East Thailand have developed, designed and distributed HIV prevention messages in the form of personal letters for family members and friends working elsewhere in the country and abroad.

How can HIV/AIDS prevention messages be communicated to migrant workers, who are often difficult to reach yet have a vital need for accurate information and support for behavioural change in order to avoid infection (1)? How can their personal awareness of the risk of HIV infection be heightened? How can communities be empowered to respond to this risk?

Away from the supportive social structures of their families and communities, migrant workers often engage in behaviour that puts them at increased risk of HIV infection, such as drug or alcohol use and sex with multiple partners or commercial sex workers. A significant proportion of the rural population of North-East Thailand work away from home in the country or abroad for at least part of the year, and this has contributed to the spread of HIV in the region (2). Concerned about this situation, women initiated a programme of writing letters to their loved ones working in other places, reminding them of the risks of HIV/AIDS and educating them about prevention. The “Letters to Loved Ones” programme and other AIDS prevention strategies which stemmed from the Multisectoral AIDS Prevention Strategy in North-East Thailand have given women opportunities to play increasingly important roles in sexual negotiation and health education for themselves, their families and their communities.

In rural North-East Thailand, modesty prohibits people from discussing sex openly, except in a jocular manner or in a context of drunkenness. Women do not talk about the subject because doing so would imply that they knew a lot about it, and chastity is an important ideal for Thai women of all ages. Men are regarded as the heads of family, and women are expected not to argue with them or openly
disapprove of their actions. Many women believe that their husbands might visit commercial sex workers in certain circumstances, for instance when they are away from home, drunk or under pressure from friends (3). Women do not, however, feel completely powerless, and believe that their words and actions can influence their husbands’ behaviour. This conviction contributed to the development of the “Letters to Loved Ones” activity.

Through the community consultation process of the Multisectoral AIDS Prevention Strategy (4), people in more than 450 villages in North-East Thailand met locally to discuss HIV hazards they perceived as affecting their communities and to suggest strategies for reducing the risks. In 74 of the 77 villages in a rural district of Nongbua Lamphu Province, family members who migrated outside the province for seasonal work were identified as being at particular risk for HIV infection. During community meetings held between June and October 1994, villagers pointed out that migrant workers were far from their homes and spouses, and that loneliness, peer pressure and the absence of traditional social support systems, combined with the availability of commercial sex, extra money and alcohol could induce them to engage in behaviour that was exceptionally risky. There was also a recognition that wives and families could be affected by the risky behaviour of husbands and others who provide for the family.

Having identified people who worked outside the community, the villagers considered ways of reaching them with risk reduction messages. Many felt empowered through their participation in the consultation process of the Multisectoral AIDS Prevention Strategy, and wanted to share their concern and understanding of HIV with family members outside the community.

Women suggested that a letter-writing campaign would be of value in reminding their loved ones about the importance of protecting themselves from HIV infection. The women considered that men had a difficult time when far from home and that advice from their families would help to ensure that they reduced the risk.

Although the literacy rate exceeds 90% in Thailand, some community members expressed a lack of confidence in their ability to communicate effectively. This led to the suggestion that those who wrote well should provide model letters that could be used by others. It was decided that a letter-writing competition should be held and that the letters best conveying the concerns and giving accurate information on the prevention of HIV/AIDS should be selected for general use. Organizational assistance was requested from the Multisectoral AIDS Prevention Strategy, government agencies and nongovernmental organizations.

**Competition**

The competition was organized by a committee comprising representatives of the provincial and district public health offices, the Women’s Health Volunteer Committee, the district hospital, the Multisectoral AIDS Prevention Strategy,
and PLAN International, a nongovernmental organization. Posters, banners and taped loudspeaker announcements were used to disseminate the rules of the competition.

Local public health officials helped to collect the entries. The 189 letters submitted were judged on content, creativity and legibility. Many entries did not fall into any of the categories established for judging purposes. Some letters were written to actual family members and others to imaginary recipients. Letters considered discriminatory, insensitive or medically incorrect were eliminated, as were those containing excessive information about HIV/AIDS and its symptoms expressed in scientific jargon or the English language.

The winners were invited to an awards ceremony coinciding with the opening of a new subdistrict primary health care station, attended by high-ranking government officials. Thirty-three cash prizes ranging in value from US$20 to $80 were awarded for letters to parents, children, spouses, other relatives and friends.

Campaign

The winning entries were reproduced on coloured stationery in preparation for the letter-writing campaign. Every village was visited by a team composed of a local public health official, a staff member of the Multisectoral AIDS Prevention Strategy, and a photographer from PLAN International. Village leaders and village health volunteers helped to promote the activity, linking the letter-writing campaign to other components of the community-based AIDS prevention strategy.

Community members took the addresses of husbands, children, parents, other relatives and friends working outside the community to village meetings. The activity was explained by village leaders, village health volunteers, and Multisectoral AIDS Prevention Strategy personnel, and the persons who chose to participate selected the letters they wanted to send and had their photographs taken. Family members were encouraged to send letters written by themselves as well as the winning letters, with a view to reinforcing the personal message and explaining to the recipients why they were receiving HIV/AIDS information.

A photograph of the senders was attached to each letter in such a way that the AIDS prevention message framed it. The photograph added to the emotional value of the message and also ensured that the letter would be kept for a long time, linking the message of safe behaviour with the long-term health of the family and the community. The photographs were developed overnight, and follow-up meetings were held the next day to complete the mailings. Each envelope sent contained a winning letter with an attached photograph, other letters or messages chosen by the senders, and a prepaid postcard requesting a reply. All the envelopes were dispatched from the district hospital. The cost was covered by the Multisectoral AIDS Prevention Strategy, PLAN International and the public health authority.

Of the 1180 letters sent, 841 went to addresses in Thailand, where the most common destinations were Bangkok and the major resort towns in Chonburi and Rayong Provinces, and 339 went abroad, predominantly to China (Taiwan), Israel, Saudi Arabia, and Singapore.
The winning letter in the wife/husband category

To my darling husband whom I miss and worry so much about,

You have been working in Rayong for three months already. I am missing you so much. I have received the money you sent both times. I was very happy and was able to buy the things we need, such as rice, clothes and medicine for our daughter Daeng, who has a cold now. I saved some of the money for the future and for the rice-planting season. Whenever you send money I'll try to save it for our lives together so that we don't have to go to the moneylender. I know you have to work hard to get the money you send.

For the past several months I've heard a great deal of news about AIDS from volunteer health workers and the loudspeaker in the village. They say that there are many HIV-infected people in our district. Many of them get infected while working in other provinces or abroad. Then they give the virus to their wives and children. Some of them are young men. I am afraid that maybe you are going to be the next one. After hearing this, I was very startled. I began to think that maybe you might be one of those people who brings AIDS back to his family.

Dear husband, now I am about three months pregnant with our second child. What will happen if you bring the disease back to us? What will our family be like then? And what will happen to Daeng, our daughter born at the beginning of this year? Every time I think of it, I worry more. We are far from each other. I am afraid that you might forget or let your friends bring you to prostitutes as other people do sometimes.

If you go to prostitutes, I want you to think carefully. I want you to protect yourself by buying condoms. But even if you use condoms, they might not protect you completely. They are not totally safe. If you cannot keep yourself from going, please take a week off and come back to our village. It is better to come home than to bring AIDS back to the village. Once you have full-blown AIDS, you will just have to wait for your death. Give up one week of income to come home, and then you can go back to work. That is much better than risking just for fun, and getting AIDS while you are at it. It's not worth the money you are making.

Also, I've received knowledge about other matters from the volunteer health workers in the village. When you are getting shaved, please don't share razors with other people. You have a thick beard and used razors might have other people's blood on them. Please buy a new razor, it costs only two baht. Also, if you think you want to help friends who have accidents and are bloody, try to use rubber gloves. Don't let other people's blood get on you. The doctor has told us that you can get AIDS by injecting blood or by getting blood on open wounds. I'm warning you like this because I know you like to help your friends in all situations. I believe that you are a good person and won't bring AIDS back to your family.

Finally, I want you to take care of your health. Please think of us every day, and remember that your mother, father and children are waiting for you. I hope the Buddha protects you and brings you safety and happiness. I also hope you return home with some savings and a healthy body free of the AIDS virus.

Sawadeeka, From your dear wife who loves you so much her heart is breaking, Lampung.
Content

The winning letter in the wife/husband category is presented here in its entirety because it was the one most commonly sent and is fairly representative. All the letters were written in a combination of Thai and the Isaan dialect.

Although little direction was provided about which aspects of AIDS prevention to cover, the letters were surprisingly similar. Following a greeting and enquiries about the relatives or friends and their work situations, the writers expressed concern about the threat of AIDS, and referred to information on the modes of transmission.

Practical advice about ways in which family members or friends could protect themselves from HIV infection was the centrepiece of the letters. The following words from a mother to her son were typical: "I want you to be patient and not go to prostitutes, and all your hard work won't be wasted ... Whatever happens, if you cannot keep yourself from sleeping with prostitutes, please protect yourself by using condoms. They can help you to protect yourself, but it's better not to go at all".

The letters also served to personalize the risk of HIV by reminding the migrant worker to think about his family. "Father, before you do anything, for example, going to prostitutes or having sex with other women, please think of mum and us kids at home. Our family is made up of only the four of us. You are the head of the family. You are the one we look up to and depend on. If you accidentally get a deadly disease, who can we look to for support?" The boy who wrote these words went on to explain: "This situation doesn't only happen in movies, but also in real life in our own village". He recounted the illness of a neighbour, and concluded: "After seeing this happen, how could I not be worried about my father?"

Another letter, from a boy to his elder brother, referred to the influence of peer pressure: "These days, AIDS is spreading rapidly ... You must be careful. You should not go looking for it. That will be the best answer ... I have read in the news that in the first stages of AIDS you cannot tell who has it and who doesn't. You must think carefully about this, and not hang around with friends who might invite you to do dangerous things, such as intravenous drugs, because that can be another cause of AIDS".

The letters revealed how the senders were thinking about the threat of HIV and methods of prevention. They felt that by stressing the importance of the family they would help their loved ones to avoid taking risks. The letters urged the migrant workers to take care of their health, to avoid alcohol, drugs, commercial sex workers and the negative influences of peer pressure, and to use condoms.

"Father, the Ministry of Public Health is doing an AIDS prevention campaign. The reason I bring up this subject is that I don't want you to get AIDS. The teachers at school tell us to go home and tell our parents that AIDS is scary and doesn't have a cure, but it can be prevented. You can keep from getting it by not being promiscuous and not sharing needles with people who use addictive drugs."
Evaluation

Assessment was based on the level of community participation in all aspects of the programme, on the postcard responses, on interviews with migrant workers and their relatives, and on feedback from government officials and representatives of nongovernmental organizations. Staff of the Multisectoral AIDS Prevention Strategy were consulted about ways of improving the activity for future programmes in other provinces.

About 100 of the prepaid postcards were returned to the district public health office or directly to families. The responses were very positive: the migrant workers thanked their families, the Multisectoral AIDS Prevention Strategy, and the public health office for reminding them of the dangers of AIDS and for thinking of their health and well-being. Some responses came from unexpected places: for instance, a man who was in jail in another province wrote to say that he was touched that his family was still concerned about his health. Many migrant workers sent reassurances that they were not engaging in risk behaviour or were taking positive action to prevent HIV infection: “You don’t have to worry about your son. I’m fine and I haven’t gone to prostitutes at all”. The letters brought about a dialogue between workers and families. One recipient sent the following message back: “I got your letter. Thank you very much for reminding me. I think I can protect myself. And you? You should be careful too”. Many of the migrant workers commented that they would share the information with others: “Thank you very much for telling me about AIDS and how to protect myself. I’ll tell the other workers about the dangers of AIDS and how to protect themselves. I want them all to know about how to prevent AIDS. Respectfully yours, Tukta”.

Only one negative response was recorded. It came from a man working in Israel who said he did not want to receive any more such letters for fear that his employer would misunderstand the message and think that he was HIV-positive. This problem could be solved in future by means of a detailed explanation of the letters and their role in a district-wide prevention programme.

When migrant workers returned home for the traditional Thai New Year (Songkran) holiday, many of them and their families were interviewed about the responses to the letters. Almost all the interviewees thought the programme should continue. Only people whose letters had gone astray were less enthusiastic. Some letters had been posted on walls in the workers’ dormitories or houses at their workplaces or had been brought back to their villages, where they were discussed with family members. In one case a police academy instructor photocopied a letter and distributed it to his students.

The letter-writing campaign was also adapted to create a pen pal project in a local school. Students wrote personal messages and sent them to students at another school. This provided the students with an opportunity to discuss HIV risks and prevention with their peers. A student in a high school wrote: “To my new friend, Chatchai. I got your letter. Thank you very much for thinking of me and your concern about the health of me and my friends. We know how to protect ourselves from AIDS. But we will tell our friends so that they will know about it too. That way our world will not have
AIDS. Thank you very much for worrying.”

The government agencies involved in the activity reported that the programme, although time-consuming and onerous, was worthwhile because of the positive response from the communities. The district’s reputation for AIDS prevention work was enhanced by the programme, which attracted the interest of the local media and public health colleagues elsewhere.

In addition to the awareness it generated, the campaign was extremely valuable in establishing networks for future AIDS activities. Human, financial and informational resources became more accessible to participating communities. “Letters to Loved Ones” was the first of a series of AIDS prevention strategies that were implemented in the same district in similar ways, opening the door to improved communication and understanding between programme participants at all levels.

By using the structures and resources of government organizations and nongovernmental organizations, access to health programmes and involvement in them became possible and costs were kept low. Structural and procedural differences between the two kinds of organization caused some conflicts, but there were no problems of coordination with community members, who were leading elements in making the programme successful.

The letter-writing campaign provided a powerful learning experience for people in the community. Although they already had considerable knowledge of HIV, the communication of their concerns to their loved ones helped to personalize the risk for both writers and recipients. Community members felt empowered to take action to reduce their own risk by expressing their concerns to family members working away from home.

The strengths of interpersonal communication were used to reach a population that often escapes conventional HIV prevention efforts.
This approach is particularly well suited to HIV prevention but could also be used in other health promotion campaigns, strengthening ties between migrant populations and their home communities. Health communication media developed by communities can be viewed in the context of Freire’s empowerment education philosophy, where “participant involvement ensures that the themes are relevant, allows the material to represent the health issue from the point of view of the learners, carries the authenticity of the learner/authors, and can lead to further involvement” (5).

The community members felt a strong sense of ownership of the activity, having initiated it in response to needs they had identified, obtained resources to realize their goals, and developed and distributed the media and the messages. The “Letters to Loved Ones” activity led to increased communication about HIV/AIDS risk and prevention in the community, and empowered community members as decision-makers and creators of their own media. The use of family networks was an effective way of communicating HIV prevention messages to people at high risk of infection who would otherwise have been difficult to reach.

Acknowledgements
Research reported in the present article was supported through grants provided by PLAN International, Thailand, AusAID, and the United Nations Development Programme. The assistance of Dr Melissa Haswell-Elkins and Dr Eleanor Maticka-Tyndale in much appreciated. Thanks are also due to the community members in Suwannakuha District and the staff of the Multisectoral AIDS Prevention Strategy.

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