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A participatory approach to promoting AIDS awareness in Thailand

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· Introduction

An educational war on AIDS has been declared. Sort of. Newspapers, radio stations, and television channels have been bombarding the public daily with frequent slogans and statements on AIDS. It is difficult not to be subjected to such ubiquitous slogans as *"AIDS is incurable; once you have AIDS, you?re bound to die"* and *"AIDS can be transmitted in 3 ways: through sexual contacts, sharing needles, and from mother to baby"*. People from all walks of life, including schoolchildren and rural folks, can recite these slogans, correctly and proudly. As in the case of parrots, however, the head is not really registering what the mouth is reciting, and the heart is far from feeling moved.

The problem with the AIDS prevention and control campaign in Thailand, as we see it, is not that people do not know about AIDS. It is that people do not feel personally involved. Yes, AIDS is incurable, and it can be transmitted in three ways. But it is somebody else who is at risk. It is somebody else's problem. So let it be somebody else to do something about it. It is this none-of-my-business attitude that seems to be prevalent, despite the enormous amounts of money already spent on trying to educate the public about AIDS.

· Critical principles for addressing AIDS

We have learned that in order to have an effective AIDS educational campaign, it is important and necessary to adopt different approaches and techniques, based on different concepts and principles. Some of the concepts and principles we have found to be critical in addressing the AIDS issue are as follows:

- That AIDS is not a medical problem that can be solved through medical measures complete with medical facts and figures. Rather, it is a social problem that needs to be tackled with a good understanding of its socio-cultural dimensions and implications.

- That AIDS is not only a global or national problem. The important thing is that, in our local community, there are now people who are infected or who are dying of AIDS, and there will be AIDS babies and orphaned children whose parents will have died of AIDS. Therefore, AIDS is a local problem that is very real and that we cannot run away from. And efforts must be made to bring the problem to a local level.

- That AIDS can be contracted by anybody, not just the so-called risk groups such as homosexuals, prostitutes, and intravenous drug users. Hence, it is imperative to personalise the AIDS problem, to convince people that each one of them can be at risk in one way or other.

- That people learn less from listening passively to an expert's lecture, and learn more from being actively involved in their own learning, investigating the problem, searching for alternatives, and planning for action. Therefore, AIDS education must be highly participatory in its approach and process.

Source: PLA Notes (1995), Issue 23, pp.66–68, IIED London

- That people learn best in a group situation, where data and information can be discussed and validated, problems and experiences can be shared, solidarity and support can be counted on. A good group process not only promotes intense individual learning but also a powerful group learning that can lead to significant action;

- That people have to know they are not passive victims of the AIDS problem, but there are things that they can do to prevent, control, and live with, AIDS. It is of utmost importance that an AIDS education campaign be an empowering process, with a stress on the positive, and a focus on action.

With these concepts and principles in mind, we have found PRA to be a useful tool for creating AIDS awareness. Using PRA to promote AIDS awareness is still quite new, but it holds considerable promise. During the past few years, in various AIDS-related projects funded by Redd Barna-Thailand, we have tried it with different target groups in different contexts, including rural and urban school children, young people in urban slum communities, migrant construction workers, and housewives in rural villages. It has always worked.

Using PRA to promote AIDS awareness: techniques and outcomes

A PRA AIDS awareness session is usually conducted with a group of between 8 to 12 people. Members of the group may be of the same gender (such as an all-woman group), age bracket (such as youth members), social status (such as community leaders or health volunteers), or marital status (such as housewives or male heads of households); or the group may consist of members of different sub-groups. Members of the group should be familiar and on friendly terms with each other, as well as with the PRA facilitator(s).

PRA sessions are conducted, ideally, with participants sitting in a circle, on the ground or floor, with the facilitator sitting on the same level, to help establish an atmosphere of equality and mutual respect. Materials used consist of various kinds and sizes of seeds and beans, leaves and sticks, stones and pebbles, paper and markers. In brief, items that are available locally and that participants are familiar with.

Through a process of discussion and validation, the participants divide members of their community into as many groups as possible. These groups, typically identified as housewives, male heads of households, young people, babies, schoolchildren, pre-school children, the elderly, and community leaders, will be further categorised into smaller sub-groups. For example, 'young people' may be divided further into such sub-groups as teenage boys studying in school, young men working as hired hands during the day, young men working night shifts at the local slaughterhouse, young intravenous drug users, young girls commuting to work in town, and so on. Likewise, 'housewives' may be divided into such sub-groups as fun-loving and promiscuous wives, bingo-playing housewives, housewives working in factories, etc., and 'male heads of households' may be divided into such sub-groups as men patronising prostitutes, men working night shifts, long-distance truckers, day labourers, etc. Participants are encouraged to formulate their own definitions and criteria for creating groups and sub-groups based on specific realities of their community contexts.

When all the participants are satisfied with the categories of groups and sub-groups they have created, they are asked to rate and rank these groups and sub-groups in terms of degree of risk for contracting the HIV virus. This usually involves a lively session of discussion and debate on who may be at risk, through what means, who is more at risk than whom, and why. The degree of risk perceived for each sub-group is indicated by the number of seeds (beans, pebbles, or whatever is used) allocated to it. Thus the sub-groups with the most seeds are perceived to be at most risk. All the sub-groups are then ranked by the number of seeds allocated, to see which sub-group is perceived to be at the most risk, and so forth. The participants will look again at the finished rank-order, to make sure that it is acceptable to them. Any objections will be settled through more discussion and debate.

It is interesting to note that, at this point, participants of all PRA AIDS awareness sessions we have conducted have arrived at

Source: PLA Notes (1995), Issue 23, pp.66–68, IIED London

typically the same pattern of ranking. Highest on the list, thus perceived to be at highest risk, are always the prostitutes, the young gay men, the intravenous drug users (both young men and male heads of households). These are followed by men who patronise prostitutes, promiscuous housewives and men, long-distance truckers (who are said to drink and frequent brothels en route), young men and young women who go to work in town, and practically all others who are highly mobile (who are said to be more involved in risk situations). Ranked lowest on the list, on the other hand, are always the housewives who stay at home, the babies, the pre-school children, the schoolchildren in early grades of primary schools, and the elderly (who are said to be *"too old for that kind of thing"*). These sub-groups are perceived to be at no risk or at very low risk for contracting the HIV virus, because they do not practise risk behaviours at all.

This pattern typically changes, however, in the next exercise, when participants are encouraged to take another look at the sub-groups and try to make connections between and among them. Lines are drawn to denote relationships between the various sub-groups. As participants start to see more and more lines connecting different high-risk sub-groups of men with 'housewives who stay at home' and young women, and then on to babies and pre-school children, it gradually dawns on them that even the sub-groups who are not engaged in any risk behaviours at all are not risk-free. The housewives/young women are likely to contract the HIV virus from their roaming husbands/boyfriends and probably pass it on to their babies. Even the pre-school children and schoolchildren who do not contract the virus will most likely become orphans if both their parents have AIDS. The exercise typically ends with the startled realisation that practically everybody is at risk, and that actually everybody will be affected by the AIDS problem. Including himself or herself.

· Conclusion

Such is a basic PRA AIDS awareness session. Other variations and improvisations have also been tried on various occasions. We have tried shifting the focus to assessing risk situations and risk behaviours in the local community, or assessing the potentials of different groups and sub-groups in managing the community's AIDS prevention, control, and/or living-with-AIDS campaigns. We have also tried to combine using PRA with other media and activities, thus turning the basic awareness session into a complete learning process, by adding the use of flipcharts to provide more knowledge and information on AIDS, showing a selected AIDS video-drama to induce more emotional response, demonstrating how to use condoms properly and having the participants take turn practising, and distributing easy-to-read and simple-to-understand leaflets on AIDS for future reference. We have also combined PRA with other participatory techniques, to involve the participants in prioritising and planning the action to be taken in their own community regarding the AIDS problem. It is believed that there are countless possibilities for using PRA in AIDS education.

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