

The international newsletter on HIV/AIDS prevention and care

AIDS action

*ASIA-PACIFIC EDITION*Issue 48
July-September
2000


Talking About SAFER SEX

Giving people information about HIV and the risks of unsafe sex is an important start. But even when we know the risks of unsafe sex and want to practise safer sex, we often find it difficult. Some barriers that stop people practising safer sex come from the wider environment, for example, social and economic inequalities that lead to lack of access to sexual health information and services, including condoms, negative cultural or religious ideas about sex and sexuality, lack of money, and laws that stop some people from getting the information and services they need. Some come from attitudes about gender that affect people's ability to be in control of sex. *AIDS Action* 29 gave an overview of some of these wider barriers and examples of projects that helped overcome them.

This issue of *AIDS Action* looks at some practical approaches and activities that can help people practise safer sex. These include building people's knowledge and skills so that they feel more confident to discuss safer sex and addressing local and community barriers that make it difficult for people to have safer sex.

It is important to remember that most people are sexually active. People may have different

sexual health needs, for example, old and young people, men and women, people with physical and mental disabilities and people with HIV. Because we are all different, so are our health needs different, such as people who are attracted to people of the same sex, couples where one partner has HIV, people who are sterilised and people who want to get pregnant. Different groups might need quite different approaches.

Since different people have different needs, a drop-in centre known as Youth Zone offers a personalised package of services to each client. Youth Zone's innovative approaches, such as its strategic location in a shopping mall and the use of the Internet for reproductive health messages, are presented in this issue. In Thailand, folk media such as songs and drama have been used for conveying reproductive health messages. 

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Published by

Health Action Information
Network PHILIPPINES



Having Safer Sex

should do. This can mean we fail to admit to ourselves what we are doing, such as having sex outside marriage, and therefore do not protect ourselves and our sexual partners, for example by using condoms. Exercises that help us see how we might be vulnerable to getting HIV/STIs or might be a risk to others can help (for example, the 'Wildfire' exercise in *AIDS Action* 27).

HAVING SAFER SEX

Each time we have sex it is different. The context in which we have sex can make it harder or easier to negotiate safer sex. For example, do I have privacy? Is my partner violent? How well do I know my partner? Do I trust him or her? Am I financially or emotionally dependent on him or her? Do I have access to condoms and STI treatment? Is it acceptable for me to use condoms? Can women talk about sex in this community?

Even when a person knows and trusts their sexual partner, it can still be difficult to agree to have safer sex. It is important to pick a safe time. Activities that can help include:

Practising skills in private or in safe groups. For example, in Senegal members of two traditional women's associations were trained to recognise STIs and use condoms. One woman said 'My husband returned from a trip and during the erotic play that I had learned from the other women, I looked at his penis. I saw a small pimple on it. I did not say anything to him and I continued to excite him until he came without penetrating me. After that I led him into a discussion of his extramarital affairs, STIs, the need for him to seek care, and told him that in the meantime he needed to use a condom.'

Improving communication skills and assertiveness can help us feel more comfortable talking to our partner about sex, and what safer sex practices we would enjoy. This can mean practising using clear statements of feelings, such as 'I do not like it when I am asked to...' or using role play to practise saying no. One way to start talking about safer sex might be to suggest five safe sex activities you would like to do and five you would not like to do, ask your partner to do the same and then share these with each other.

HIV and other serious infections can be transmitted sexually. If your sex partner has HIV, the virus can pass from their blood, semen or vaginal fluids into your blood stream through the mucous membranes lining the inside of the vagina, penis, rectum or mouth. This is why some HIV prevention messages include 'abstain from sex' or 'delay the start of sexual relations'. As most people would find it very difficult not to have sex at all, another crucial HIV prevention message is 'practise safer sex'.

Safer sex means:

- ☞ non-penetrative sexual activity, such as masturbation, thigh sex (where the penis does not enter the vagina or rectum), stroking, massage or kissing
- ☞ using a barrier, such as a male or female condom, during vaginal or anal sex to stop HIV entering the blood. This is known as protected sex.
- ☞ only having unprotected sex when both partners know that they have no STIs (and are not at risk of infection through infected blood, for example, from injecting drug use)

Even when we do practise safer sex it can be very difficult to practise it for every single sexual act. It is still important to try. It can help if we:

Know more about our bodies Each person's sexuality and sexual behaviour is influenced by how much we know about how our bodies work and what we feel about our bodies. Exploring sex and sexuality in safe discussion groups can give us more information about our own bodies and our sexual and reproductive health (see page 5). It can help people explore the joys of non-penetrative sex.

Listen to our emotions Our emotions affect our sexual behaviour. In Puerto Rico, the group 'Our Voices Against HIV/AIDS' works with young heterosexual women to address emotions that are barriers to safer sex, such as fear and anxiety, and emotions that make it easier to negotiate safer sex, such as trust and confidence.

Look honestly at our sexual behaviour Outside influences, such as family, community, culture, religion and friends, give us strong messages about how we should behave sexually. What we find ourselves doing sexually is often different from what we think we

Agreeing to have safer sex —an example

Maria wants Juan to use a condom when they have sex. He refuses. Maria may try different ways to get Juan to use a condom. She may beg him or confront him, even threaten him. Or she may offer him something he wants if he agrees to use a condom. She may, for instance, agree to have sex with the light on, give him a massage, or practise oral sex. Perhaps she has not done these things before but she will accept to do them if he also accepts using a condom. If they reach an agreement, they have negotiated safer sex.

Increasing self-esteem and confidence can help us negotiate safer sex. In Chile, many women do not see themselves as independent sexual beings and they see their male partners as responsible for their own sexual behaviour. The Chile AIDS Prevention Council runs safer sex workshops for university women that encourage the women to see that they are in control of their sexual behaviour and give women practical tools to help them discuss and have safer sex.

ADDRESSING SOCIAL BARRIERS

Group work can highlight social barriers that make it difficult for people to discuss safer sex, such as sexual violence (see box). It can also be used to address these issues.

Improving access to treatment of STIs and appropriate condoms sometimes means developing specialised services. In South Asia, Naz Foundation is developing projects for *kothis* (feminised men who have sex with men) in order to reach them together with other men who have sex with men. The projects provide sexual health information and social services, improve access to condoms and

SEXUAL VIOLENCE

Sexual violence or fear of violence stops many people, especially women, practising safer sex. Research in South Africa has shown that adolescent sexual relationships are often violent. In one study over half the teenage girls had been hit, beaten with objects or stabbed to force them to have sex. Men and boys use violence, including rape, to force girls to have sex with them, to make girls go out with them, and to stop their girlfriends ending the relationship or going out with other people. The participatory training programme Stepping Stones is being used to help young people and their communities to raise issues such as gender relations and gender violence.

Sex after HIV

'The relationship I have now with Richard who is also living with HIV, has shown me sex is not the most important component in love. Understanding, support, caring and the desire to live meaningful and respectful lives are even more important.' Beatrice, Uganda

'HIV is the best thing that ever happened to our marriage. He never used to come home and we only had sex when he was drunk. Now we actually talk and safer sex has opened new things for me sexually like touching each others bodies.' Tatenda, Zimbabwe

lubricants, ensure safe spaces for men who have sex with men to socialise, as well as increase access to sympathetic STI treatment.

Improving opportunities for income generation for people who have little access to money and who have to have sex in return for goods or services when they do not want to is another important issue.

Addressing religious barriers Some Christian organisations, which for religious reasons have not wanted to promote condoms, are acknowledging the reality of people's sexual behaviour. As one organisation in Zimbabwe puts it, 'The Ten Commandments are God's plan A. But we need to have a plan B too!'

With thanks to Cheikh I. Niang, Cheikh Anta Diop University, Senegal; Tim Frasca, the Chile AIDS Prevention Council, Santiago, Chile; the Latin American Caribbean Women's Health Network, Santiago, Chile; Linnea Renton ActionAid, UK; Rachel Jewkes, Medical Research Council, South Africa, and Shivananda Khan, NAZ Foundation, UK.

Activity

Exploring barriers to HIV/STI prevention

AIM To identify barriers to safer sex and identify practical solutions.

PARTICIPANTS A few people with similar concerns e.g. married women

(1) A member of the group draws a circle on the floor and divides it up into segments. As a group, the women label each segment by writing or drawing one thing that they feel would help protect them from HIV/STIs, such as:

- being able to discuss sex with their partners
- using condoms for birth spacing and not just disease prevention

(2) After discussing what is in the segment, the group shades it. The more shading, the easier the group feels it is for them to achieve.

(3) The group then explores the reasons why some ways of prevention are more difficult to achieve such as:

- women's reluctance to go to hospital for STI treatment
- sex workers' difficulty in persuading clients and partners to use condoms.

Then the group explores possible solutions, such as:

- offering childcare so women can attend hospital for treatment
- promoting condom use to soldiers and policemen

(4) The group then draws up an action plan. AFD helps each group to carry out its action plan, to find resources and where necessary to get help to influence other sections of the community.

Shopping for ADOLESCENT REPRODUCTIVE HEALTH

In the major cities of the Philippines, shopping malls are quite popular, especially among adolescents and youth. Young people go to the malls to shop, watch movies and hang out with friends.

The popularity of the shopping malls was seen as an opportunity by the Remedios AIDS Foundation (RAF), an NGO based in Manila. After careful planning, RAF launched the mall-based Youth Zone (YZ) Project, which includes a drop-in centre for adolescent reproductive health.

The young people served by the YZ are those who regularly hang out in the mall, as well as those who live in the communities surrounding the mall. YZ is located in a bustling commercial district in Manila, where people flock because of bargains and low prices. Aside from being a commercial area, it is also a densely-populated working-class community.

In developing and promoting the YZ project, the following important steps were taken:

- ☞ Training of core staff and youth facilitators
- ☞ Participatory project planning and development with the youth
- ☞ Networking with the community, local officials, and the private sector
- ☞ Development of a youth-friendly program
- ☞ Community outreach and mobilisation

Developing a youth-friendly program was quite a challenge. Through the active involvement of young people, the following services and activities were drawn up and offered by YZ:

- ☞ film showings, followed by small group discussions
- ☞ group dynamics
- ☞ art therapy sessions
- ☞ story-telling sessions
- ☞ youth resource centre
- ☞ youth peer facilitation workshops

MORE THAN SAFER SEX

In the Philippines, YZ has pioneered the use of information technology (IT) for conveying reproductive health messages. Since use of the internet is very popular among the youth, YZ set up an online chatroom discussion called #YOUTHZONE. Online chatters are assured of anonymity and confidentiality, which enables them to freely discuss matters regarding safer sex, premarital sex, homosexuality, as well as other topics like parent-child relationships, current events, movies, music and dance. An average of 10-15 chatters participate in the online discussions which have a particular theme for each day.

In promoting adolescent reproductive health, YZ encourages an honest and straightforward discussion about safer sex and other issues. The concept of safer sex is linked with a sense of responsibility. YZ promotes the concept of responsibility even if it does not yet apply to sexual concerns. For example, children who play with the toys at the drop-in centre are taught to be responsible for putting the toys back in their proper place after using them. As the young clients grow older, they will be able to apply this sense of responsibility to their sexual relations.

YZ provides services to a wide range of youth who have different family backgrounds, experiences, and needs. A number of YZ clients are not yet sexually active, and their main interests are their studies, pop music, poetry, and others. There are also youth in difficult situations, such as teen-age single mothers or youth dealing with substance abuse. In many cases, these youth do not have access to counselling and other health services. To serve the varying needs of their clients, YZ offers a different package of services to each client. Although providing personalised services and messages is time and labour intensive, YZ staff and peer facilitators have found it an effective way to respond to their clients' needs.

YZ also encourages the development of life skills such as negotiation skills, assertiveness, self-esteem, and team building. Empowerment skills are particularly useful for youth in difficult situations. These skills also prepare the other YZ clients for the challenges and situations they may encounter in the future.

COMPLEMENTARY SERVICES

A year after establishing YZ, RAF set up a youth-oriented clinic called Kalusugan@com (K@C). While the clinic's name might seem like an Internet website, the name actually means "health at the community level." K@C was envisioned to complement the YZ services, so that the project could provide a full range of services for the youth. K@C is located in the same shopping mall as YZ.

Although K@C was originally envisioned as an adolescent reproductive health clinic, it had been initially promoted as a family welfare clinic. This strategy was adopted to broaden the scope of services and thus attract a larger clientele. There was also a need to be sensitive to the very conservative views of some local government officials.

CHALLENGES

Initially, only a few clients went to the K@C clinic for consultation. The clinic used a number of strategies to promote its services, such as posting the cost of the consultation fee (which was lower than the usual fee), providing monthly promotional services such as free circumcision and pap smear.

While YZ's mission is serving the needs of the youth, working with their young clients also provided quite a challenge. According to the YZ staff, having an open mind and being "young at heart", as well as continuous dialogue with the youth were some of the strategies they used in dealing with this challenge.

Counselling the Youth as Well as Parents: A Case Study

Rita, a woman with three teen-aged children, heard about the Youth Zone (YZ) when the YZ counsellors visited her community. Rita told the counsellors that she was concerned about her eldest daughter, Jenny, who was a 16-year-old high school student. Jenny was pregnant, and her boyfriend had refused to marry her. Both Rita and Jenny were considering an abortion, although this was against their religious convictions. The YZ staff then invited Rita and Jenny to the drop-in centre for counselling. Mother and daughter were at first counselled individually, then were counselled together on the fifth session.

Through counselling, both Rita and Jenny were able to identify their problems and fears. Rita was concerned about the disgrace to the family and possible rejection and discrimination from the community. Jenny was worried that her pregnancy would force her to stop schooling, and she was also concerned about the economic responsibilities of having a baby. After the counselling sessions, Jenny realised that even if she did not have a husband, she was capable of bringing up her child. They were also referred to support groups for unwed mothers.

The counsellors helped mother and daughter to identify their available options, and the advantages and disadvantages of each. The counsellors also encouraged Jenny to think of how she would deal with her future relationships, and options for safer sex were discussed. They also talked about the risks of teen-age pregnancy.

Jenny decided not to have an abortion, and gave birth to a baby boy. Rita, Jenny and her baby live together and provide support to each other. Jenny was able to continue with her studies after giving birth. The YZ counsellors keep in touch with the family through community outreach activities, and Rita invited the counsellors to a recent family celebration.



D. Curtis

The Youth Zone drop-in centre provides educational and recreational activities for its young clients.

FRUITFUL PARTNERSHIPS

The YZ project serves as a good example of private sector involvement. The management of Tutuban Mall, where YZ and K@C are located, has been very supportive. Even before the youth centre and clinic were set up, Tutuban Mall had already served as the venue for a number of advocacy activities such as the AIDS Candlelight Memorial and World AIDS Day. Since the establishment of YZ, there have been more opportunities for partnership with the private sector. The different commercial establishments within the mall have also contributed to the success of YZ activities. For example, a popular

hamburger outlet provides sandwiches and drinks during YZ activities, and the company's "mascots" help to entertain the crowd during advocacy activities.

Young people need a place where they can feel safe, and YZ has provided them with such a place. Replication of the YZ project is being envisioned, as YZ clients plan to set up "satellite youth zones" in their own neighbourhoods. Equipped with life skills and prepared for ownership of their youth health programs, the young people are now working towards expansions and sustainability, so that young people can have more places where they feel safe and secure.

Mercedes B. Apilado, HAIN 🐼

Morlum & Drama:

OLD MEDIA IN A NEW CONTEXT



Dancing to Reproductive Health

The village loudspeaker blares out a lively song: ♪... I would like to propose some messages to let you understand, don't argue, listen and remember... First, sexual and reproductive health problems are getting worse and worse these days... ♪

The song goes on to talk about reproductive health problems, as well as what people can do. Excerpts from the song: ♪... those who have white discharge and abdominal pain, and what about cervical cancer, women, these are serious problems that can make you die. You must seek appropriate treatment from qualified doctors and get a pap smear once a year. ♪

Secondly, for husbands and wives who have sexual relations everyday, these days, the government has emphasised the epidemic of HIV/AIDS. Men who have sex outside their homes must be careful.

♪ You must think about using condoms before you have sex. Everything that you hear from us, think about it and if you think that anything we say is good, you should remember and take the messages as guides for your practises. ♪

Third, when you are sick, do not buy drugs from the itinerant drug sellers, stop buying pain killer drugs and package drugs. "We may be unlucky enough to die from this inappropriate drug use behaviour..."

Villagers watch, tapping their feet, tempted to dance to the song. The tune is, after all, typically *morlum*, folk songs popular in northeastern Thailand. But the lyrics have been changed to talk about reproductive health problems.

The excerpts we gave are from a song written by Mr. Baworn and Mr. Supon Lunwong, both of whom are reproductive health volunteers in Rakchart Village, Boayai sub-district, Nampong District, Khon Kaen Province. In 1999, The Center for Health Policy Studies, Mahidol University in collaboration with Khon Kaen Provincial Health Office selected Rakchart Village as a site to pilot and test a community-

based integrated reproductive health care programme for the rural population. The project was financially supported by the Ford Foundation. Rakchart Village was selected to be the research site because in that village

there is one volunteer who had just received an award for being the best volunteer in town and there were a few other strong civic groups, including a women's group and a volunteer group. Ten men and nine women were recruited and trained in anatomy and physiology, the sexual and reproductive health system, the concept of sexual and reproductive health and rights, how to prevent reproductive tract infection and practise appropriate early self care, urinary tract infection, reproductive cancer, sexual communication between couples etc. These people are called reproductive health volunteers who deliver knowledge and life skills training to all couples, as well as to single men and women between 15 and 59 years old.

Their strategies and forms of delivering the knowledge and messages to their neighbours include group training under a big tree or backyard of one's house, village meetings, exhibitions, delivering pamphlets, counselling during everyday life work in the rice field together with their neighbours, and using the *morlum*.

The songs talk about signs and symptoms of reproductive tract infections, as well as the need for such measures as safer sex, Pap smears, appropriate use of medicines, etc. The *Morlum* songs promote the appropriate suggestions as well as stimulate and remind villagers about appropriate sexual and reproductive health practises. The messages address some of the villagers' concerns, assuring them, for example, about the gynecological examination: "During the internal exam performed by the health staff, they are concerned about your privacy and will have a cloth to cover the lower part of your body..." On condom use, one *morlum* has this challenging message: "To be a modern man these days is to wear a condom when you go out..."

The *morlum* are more popular among villagers aged 30 and over but not among younger Thais. To get to young people, youth leaders together with the research team members from Mahidol University

and the Ministry of Health are identifying other more culturally appropriate methods for the youth target group.

Drama as a vaccine

Among the alternative forms of folk health education, drama has been identified as useful. One group called "Makampom" performs a drama called *Malaikumlung* to raise awareness about HIV in schools. An interactive discussion follows each presentation.

The reason that the group Makampom has chosen the story of Pra Malai and uses it for the show is because it is a religious story. Thai people use Buddhism as the guide in their everyday lives. Besides, the group views the urgent need for sex education that is practical for the youth's real life.

Mr. Pradith Prasarttong, the head of the group, has pointed out that "we are a drama group and drama is an art and cultural show. We use our culture as the media to educate and inform our audience. We hope to use drama to be the vaccine for preventing them from doing harmful things. . . But we do not hope that the drama can influence a change in people's behavior in a short period of time. We are the agent to open the door for their positive understanding."

For sixty minutes of the show, the drama as well as the singing and dancing from the teenagers has amused the youth audience many times. At times, though, the audience was very quiet because of the impact of the drama which reflects real life situations: a father who has a minor wife, a mother who sells her daughter in order to get money, a father who brings up his children by giving them money rather than his time and attention.

Mr. Pradith said, "We expect to raise awareness of the audience to think positively about themselves. Although many people make mistakes, they should not punish themselves, but think rationally and positively, and encourage and support each other."

The picture of the audience who concentrates on watching the drama and the fun the villagers have from the *morlum* dance in Rakchart Village have convinced us the power of the use of folk media in modifying unhealthy behaviour. It also reflects the local wisdom of the artist and community members who choose to pick up this folk media and use it to deliver health educational messages to their own people.

This is art for a healthy society... Do you agree?

Pimpawun Boonmongkon, Pradhana Chandharuphan and Surangrat Bussaban, Center for Health Policy Studies, Mahidol University, Thailand

Communities Working Together

Talking together in small groups can help people develop the skills and confidence to discuss safer sex. It can also help address community barriers to safer sex.

Cambodia has a rapidly growing HIV epidemic. Part of the Khmer HIV/AIDS NGO Alliance (Khana) programme is to work with local NGOs and community groups to look at what are the barriers to HIV prevention and how to overcome these. One local NGO, the Association for Farmers Development (AFD) works near the border with Vietnam. Some of the main concerns it sees are:

- ☞ Women are not supposed to know about sex, so they are not involved in decisions about issues that affect their sexual health.
- ☞ It is acceptable for single and married men to have many sexual partners.
- ☞ In many areas, abortion is the main form of contraception.
- ☞ Where people know about condoms, they associate them with commercial sex.
- ☞ People do not know very much about STIs and some people do not believe HIV/AIDS exists.

GROUP WORK

AFD works with small groups of about 10 young married women. Group members are invited to join by house visits and informal invitations. AFD arranges a first meeting for anyone who is interested. After this groups decide when and where they want to meet, making sure that they have some privacy. AFD makes a special effort to include women who are poor or marginalised, such as informal sex workers. When these women are not comfortable working in groups, staff work with them individually.

GROUP ACTIVITIES

The women talk together to understand how their bodies work, communicate comfortably about sex, learn about HIV/STIs and help each other find ways to negotiate condom use with their partners. Body mapping (where people draw pictures of how they think the body works) is used to discuss sexual health and sexuality. Role plays are used to practise communication and negotiation. Resource mapping (where people draw maps of their community and mark useful 'resources' that they know of) are used to see where STIs can be treated, possible places to distribute condoms, where influential people live and work and so on.

AFD found it was important to give plenty of time for activities so the women could build their confidence.

The HIV wheel is used to explore barriers to HIV/STD prevention (see activity box). If the women feel comfortable they also discuss more sensitive issues, such as masturbation and STIs. Often they are too embarrassed or do not have the money to seek treatment and AFD treats them syndromically.

AFD also provides practical support, such as care during childbirth. It works directly with men to encourage them to have safer sex and seek treatment for STIs. The incidence of domestic violence in the villages has decreased. There are also fewer abortions.

Kov Pisey, AFD and Tilley Sellers, advisor to Khana, c/o Khana, PO Box 2311, Phnom Penh 3, Cambodia. E-mail: khana@bigpond.com.kh

RESOURCE LIST

A Positive woman's survival kit has been produced by and for HIV-positive women. It includes information on relationships, sex and sexuality. Available free in English, French and Spanish from the International Community of Women Living with HIV/AIDS, 2c Leroy House, 436 Essex Road, London N1 3QP, UK. icw@gn.apc.org

AIDS and men: taking risks or taking responsibility? Looks at how men's risky behaviour makes them and their sexual partners vulnerable to HIV. A limited number of copies are available free to NGOs in developing countries from AIDS Programme, Panos Institute, 9 White Lion Street, London N1 9PD, UK. aids@panoslondon.org.uk

Much more than information: AIDS Action 29 looks at barriers to behaviour change and provides examples of successful projects that have helped people adopt safer sexual behaviour. Available from HAIN.

Starting the discussion: steps to making sex safer is a guide to training activities on HIV prevention and safer sex. Available free to readers in developing countries from Healthlink Worldwide, Cityside, 40 Adler St., London E1 1EE, London, UK. publications@healthlink.org.uk

Reproductive health: a new perspective on men's participation, Population Reports, 26 (2), October 1996 looks at approaches to involve men in reproductive health. Available free to developing countries in English, French, Portuguese and Spanish from the Population Information Programme, Center for Communication Programs, The Johns Hopkins University School of Public Health, 111 Market Place, Suite 310, Baltimore, Maryland 21202-4012, USA.

Stepping stones is a training package designed to help facilitators run workshops with communities on HIV/AIDS, communication and relationship skills. Available for £16.50 in English, French, Luganda and Swahili from TALC, PO Box 49, St. Albans, Herts, AL1 4AX, UK. talculc@btinternet.com

Violence against women: a priority health issue suggests what health workers can do, and what World Health Organization (WHO) and NGOs are doing on violence against women. Available from WHO, CH-1211 Geneva 27, Switzerland or directly from their website www.who.ch

Dossier on female condoms and microbicides. A limited number of free copies are available from Healthlink Worldwide.

The context of safety: life stories and lifestyles of male sex workers in Pattaya, 1997, describes the history, lifestyles and some of the forces which shape the lives of male sex workers and what make them vulnerable to HIV infection. Presents recommendations on HIV-preventive interventions relevant to male sex workers. Available from Thai Red Cross Society, Programme on AIDS, Paribatra Bldg., Central Bureau, 1871 Rama IV Rd., Bangkok, Thailand 10330.

Facilitating sustainable behaviour change: a guidebook for designing HIV programmes is written for people who want to understand the HIV epidemic, it considers how the epidemic relates to their own lives, and helps them to work out effective responses in their own settings. This puts recent theories together in a framework that makes them accessible and suggests ways to proceed with programme design. Available free from Macfarlane Burnet Centre for Medical Research Ltd., CAN 007 349 984, Yarra Bend, Fairfield Victoria, Australia 3078

Gender-power relations and safer sex negotiation by BM Taylor considers the gender-power relations in heterosexual relationships and discusses the implications for women in attempting to negotiate safer sex behaviour. Available from HAIN.

UPDATES ON HIV AND RELIGION:

Sermons based on Buddhist precepts: a response to HIV/AIDS compilation of sermons written by monks based on the Buddhist precepts. Shows how the religious sector contributes in the prevention of HIV/AIDS. Available from UNDP South East Asia HIV and Development, UN Bldg., Rajdamnern Nok Ave., Bangkok 10200, Thailand. leenah.hsu@undp.org

Treasuring the gift: how to handle God's gift of sex includes activities for Christian and Islamic youth groups. Available from Project Concern International, Box 32320, Lusaka, Zambia. pci@zamnet.zm

Women and sexuality in Muslim societies ed. By P Ikkaracan brings together female researchers, academics, activists, authors, poets and caricaturists from different countries who illuminate various aspects of women's sexuality with analysis, research, literature and personal accounts. Available from Women for Women's Human Rights-New Ways, İnönü Cad. Saadet Apt. 37/6 80090 Gümüssuyu - Istanbul, Turkey. wwhrist@superonline.com

NEW FROM HEALTHLINK WORLDWIDE

HIV testing: a Practical Approach
(Revised version of *Practical issues in HIV testing*, published by Healthlink Worldwide in 1994)

Contains practical information on HIV testing and counselling services for use in developing countries. It is aimed at health workers who provide counselling, testing or laboratory services and NGOs that offer counselling and support programmes. Available free to readers in developing countries; £7.50/US\$15 elsewhere.

The international newsletter on HIV/AIDS prevention and care

AIDS action

AIDS Action is published quarterly in seven regional editions in English, French, Portuguese and Spanish. It has a worldwide circulation of 179,000.

The original edition of **AIDS Action** is produced and distributed by Healthlink in London.

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The Asia-Pacific edition of AIDS Action is supported by The Ford Foundation, CAFOD, and Christian Aid

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