

# HIV/STD agent for change: community health worker training in Kiribati

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## Abstract

The aim of this study was to improve communication techniques among community health workers (CHW) to motivate I-Kiribati villages to adopt healthy preventive attitudes and behaviours related to HIV and STDs.

In September 1990, a 5-day training workshop on the main island of Tarawa was held. Thirty representatives from Village Councils and Village Welfare Groups participated in knowledge-enhancing and skill-building exercises. Teams of participants prepared prevention communications using techniques common to traditional custom, such as song, drama, demonstration, role play, story telling, and panel discussion. The communications were presented to villagers in the 'maneaba' (meeting hall), in North Tarawa.

As a result of the workshop improvements in communication skills among the CHW were evidenced by: the positive change from pre to post test scores, the accuracy of information in the creative communications and the proficiency of the village demonstrations. The local resource personnel improved their training skills. The Kiribati experience

resulted in a participatory training curriculum for use and adaptation in other Pacific countries.

## Introduction

In the history of modern medicine, the emphasis on health rather than on illness, has only recently begun to take priority. This brought a new dimension to the delivery of health services throughout the world and in 1978 the member states of the World Health Organization (WHO) proclaimed the Primary Health Care (PHC) approach to be the most effective way of achieving health for all by the year 2000. One of the guiding principles of Primary Health care is the utilization of community health workers (CHW) to "extend health services to the places where people live and work; support communities in identifying their own health needs; and help people solve their own health problems."

The HIV/AIDS pandemic is not simply a medical problem. Issues related to HIV/AIDS penetrate every aspect of society

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in all countries around the world. Even though a great deal is known about the ways in which HIV/AIDS is transmitted and how it can be prevented, there are few countries where HIV has not yet been detected. The PHC approach to prevent disease

and promote health has been seriously challenged by the HIV/AIDS pandemic. Because HIV/AIDS engenders a number of taboo and/or illegal topics, such as sex, death and drugs, all societies have been forced to examine, more closely than ever before, intimate behaviours and human relationships. Social and medical scientists have been forced to re-examine educational concepts and strategies to effectively influence, motivate and maintain responsible, intimate behaviour that does not expose people to HIV. Attitudes and behaviours among individuals have also been the target for change. Changes at the community level have also been affected in many countries by this re-examination.

The total population in the Republic of Kiribati according to the 1995 census was 77,658 compared to 72,298 at the time of the 1990 census. Approximately 40 percent of the population is under the age of 15. In 1990, thirty eight percent of the population resided in Tarawa, the capital

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**Table 1. Condom skills**

**Purpose:** Participants will be able to identify the proper way to use the condom to protect against STDs and HIV.

**Material:** Thirteen pieces of paper with messages written on them.

**Instructions:** Ask for thirteen volunteers to come to the front of the room. Pass out one message to each person. Explain to the volunteers that their task is to line up with their messages in the correct sequence to tell the audience about the proper use of the condom.

**Discussion:** The workshop participants should have time to discuss the proper use of the condom following the activity.

**Messages:**

- |                          |                               |
|--------------------------|-------------------------------|
| 1. Sexual attraction     | <i>Te nano ni kani botaki</i> |
| 2. Mutual consent        | <i>Boraoi n nano</i>          |
| 3. Get condoms           | <i>Karekea te raba</i>        |
| 4. Caress/Petting        | <i>Kaiango buaka</i>          |
| 5. Erection              | <i>Tori</i>                   |
| 6. Hold tip of condom    | <i>Taua tabon te raba</i>     |
| 7. Unroll condom         | <i>Kaeta te taba</i>          |
| 8. Water-based lubricant | <i>Tangauri</i>               |
| 9. Penetration           | <i>Karina to kabanga</i>      |
| 10. Ejaculation          | <i>E nako te tari</i>         |
| 11. Withdraw penis       | <i>Kaotinakoa te tabanga</i>  |
| 12. Remove condom        | <i>Buta te raba</i>           |
| 13. Throw condom away    | <i>Tenakoa te raba</i>        |

**Note:** The instructions were given in the Kiribati language by the local facilitator.

island. By the 1995 census, that proportion had increased to 41 percent. At the time of the CHW training workshop discussed in this paper, the WHO Western Pacific Regional Office had received official government reports of only two local HIV-infections in Kiribati. By 1997, sixteen HIV/AIDS cases, including three AIDS deaths, had been reported.<sup>2</sup> The unofficial number of HIV/AIDS cases in 1998 is 26 with 7 deaths.<sup>3</sup> The number of reported cases of clinically diagnosed sexually transmitted diseases (STDs) is unreliable. There is very little tourism in Kiribati. Government officials, students, and approximately 2,000 seamen trained locally routinely travel abroad.

## The role of the CHW

From 1987 to 1996, the Global Programme on AIDS, (GPA), WHO provided technical assistance to almost all member states to develop National AIDS Prevention and Control programs. All programmes provided for training of professional health care workers. Most national programmes in Pacific countries included training of community health workers. These programmes, in turn, relied heavily on the countries' medical and primary health care infrastructures to implement their prevention and control activities and to

achieve the process and outcome objectives. The CHW plays an important role in achieving public health goals and objectives through the PHC infrastructure. This is particularly true in most Pacific countries. The CHW therefore, has had an important role to play in HIV/AIDS prevention.

The role of the CHW is essentially to promote community involvement in health (CIH) as the way of practising health care. The CHW fulfil's this role by providing actual health care services in extension to those available from health workers. Even more important is the CHW's role as communicator, advocate, agent of change, whose major concern is developing peoples' abilities to understand and maintain health and being involved in health development at the local level.<sup>4</sup> CHW is the bearer of information and the transformer of information into practice.

In Kiribati, the National AIDS Prevention and Control Programme began in 1989. Recognizing the vital role of the CHW, the staff of HIV/AIDS prevention in the Ministry of Health, Family Planning and Social Welfare (MHFPSW), prioritized the involvement of CHW's from rural and urban villages to disseminate information about HIV transmission and prevention. In September 1990, the MHFPSW tested a pilot five day training workshop in the Kiribati language for 30 urban and rural community health workers.

Since the adoption of the PHC approach advocated in the 1982-1986 National Health Plan, an infrastructure of 120 Village Welfare Groups (VWGs) comprised of local villagers, has been established. The VWGs built and maintain health clinics that are staffed by locally trained public health nurses, medical assistants and nursing aides. The VWGs have been the cornerstone of the primary health care infrastructure in Kiribati but in recent years anecdotal reports indicate that this infrastructure may be weakening. In Kiribati, the CHWs are selected from among the VWGs. Traditionally, it has been both an honour and a responsibility to be selected as a CHW. The age and gender of the CHW varies from village to village. Few have completed primary school education and in general, they do not speak English well. All serve in a voluntary capacity.

## Training methods

The CHW training approach evolved as a process with the full involvement of the local resource personnel and the workshop participants. This orientation had the implicit intent of role-modelling active participation as a process by which local resources can be mobilized in health development. As a process, participation is dynamic, intrinsically unpredictable and potentially radical and reformist. In the case of this CHW training program, the explicit emphasis in content and practice was on individual and group discovery of indigenous communication customs to convey effective AIDS prevention messages. If recent unofficial reports are true and the VWG infrastructure in Kiribati is weakening, it

**Table 2. AIDS prevention communications**

Five teams of six workshop participants each prepared an "original" communication to convey HIV transmission and prevention information. Each team, assisted by the DPNA facilitators, developed and practiced its communication. The five communications were then performed before an audience of approximately 60 men, women and children in the rural village of Kainaba, North Tarawa. The following is a summary of the presentations.

Team	Communication Method	Communication Message
1	<i>Song/Music</i>	The original song composition presents ways in which HIV is transmitted and how it can be prevented.
2	<i>Panel Discussions</i>	Members of the panel summarised the major cognitive material covered in the workshop, i.e. Primary Health Care principles, the role of health promotion, the transmission and prevention of STDs and HIV, education strategies.
3	<i>Drama</i>	The dramatisation depicted the dilemma and choices faced by a young man who frequents the night clubs, abuses alcohol, goes with different women and finds himself with STD symptoms.
4	<i>Demonstration</i>	This team demonstrated different approaches for teaching young people about HIV. First, the grandparents are shown struggling with the difficult and taboo issues posed by HIV out of concern for their grandchildren. They discuss the matter with their married children who then speak to their son and daughter. Finally, classroom teaching techniques were modelled using one of the small group activities about risk behaviours, from the training workshop.
	<i>Role Play</i>	A seaman and his wife model negotiation skills regarding condom use within and outside the marriage to keep themselves free from HIV.

may be time to revitalise CHW training utilising the participatory methods employed during the 1990 health communication workshop.

While general guidelines were provided for small group activities to ensure the acquisition of certain HIV and AIDS facts, the communication strategies and content were created by the workshop teams and their respective nurse facilitators. The participative process was further extended into the community, when the workshop participants field-tested their communications in a real-life situation with members of a rural village.

Participation generates influence and involvement from the grassroots level to the top. Participation is not simply a cost-effective method for rapidly improving the availability and accessibility of health services. Participation also has the potential for bringing about change at the institutional level.<sup>6</sup> After such a CHW workshop each CHW practiced similar participation-in-communication techniques in his/her own home village and the trial village 'imitated' the participation processes. In addition it resulted in the Ministry adopting the participation process approach in other health promotion and disease prevention efforts.

Thus, the principles of community involvement in health (CIH) can become a fundamental part of the formal health care practice and a guiding principle for all development activity, both in industrialized and in Third World countries. The CIH principle, parts of which are characterized in the

CHW training program, and certainly embodied in the PHC approach, has natural affinities with education for transformation as envisioned by social development and education theorists.

The ultimate goal of the workshop was to motivate villagers to maintain or adopt healthy behaviours to promote family health and prevent STDs and HIV. The main objectives of the workshop were:

1. to review PHC principles and the role of health promotion,
2. to learn about the transmission and prevention of STDs and HIV, and
3. to develop and strengthen communication methods and skills.

One Nurse Tutor, 5 District Principal Nursing Officers (DPNOs), 3 Health Education Staff and 3 doctors served as local resource personnel, assisted by one who aids Health Education specialist. Knowledge-enhancing, values-exploration, skill-building and experiential teaching methods included:

- didactic presentations with transparencies, handouts and demonstrations,
- small and large group participatory activities,
- the creation of five original prevention communications (eg. song, drama, panel discussion, role play, and demonstration), and
- field practice of communication skills in a rural village.

Table 1 gives an example of a small group activity, while Table 2 summarises the five communications. Table 3 is the lyrics of the song composed by one of the teams and taught to members of the village in the 'maneaba' or meeting hall, during the field practice.

## Training outcome

Three target audiences were assessed for positive changes in knowledge and attitudes and for improvements in communication skills;

1. the local resource personnel/trainers,
2. the workshop participants/community health workers, and
3. the men, women and children of Kainaba village in North Tarawa.

The assessment methods and selected results are presented in Table 4. A combination of written and observational assessment techniques was used with all three groups. These included self-assessment and peer-assessment methods. All written assessment tools were in Kiribati language, such as the pre and post test, the workshop evaluation, and the listening test. Observational assessments were interpreted from Kiribati into English by the Nurse Tutor of Chief Medical Officer.

This workshop resulted in a number of unanticipated outcomes. First, the Ministry of Health committed itself to exploring the use of the participative approach, the use of communication methods based on traditional custom, and the local language to promote the prevention of other public health problems such as hypertension, diabetes and vitamin A deficiency. Furthermore, the social and educational role of entertainment was recognized. In 1991, a local drama group was begun, the Itibwerere Drama Group. The group is sponsored by the Department of International Development. Currently, the group has 16 active members, many of whom were trained in Vanuatu by One Small Bag, the oldest and most successful theatre group in the Pacific. Itibwerere performs in the maneabas and at public functions. The themes of their performances and of their scriptwriting are tailored to the specific requests. Most of their performances, however, have been devoted to health and environment issues and concerns. In the last year, they performed a total of 57 plays.

Second, a training workbook entitled "The Community Health Worker Our Key to AIDS and STD Prevention in the Pacific" was compiled by the WHO AIDS Health Education Specialist based in Suva, Fiji. By January 1992, Tuvaluan health educators had translated the workbook and trained CHWs from all outer islands. The Department of Health in Western Samoa used the workbook to train members of non-governmental organizations as trainers. The Fiji Red Cross, an active member of the National Advisory Committee on AIDS in Fiji, adapted the workbook for its national

### Table 3. AIDS Song

(Kiribati language with English translation)

Aio te rongorongo e kananokawaki  
Bwa ngaia bon taeken te aoraki as te AIDS  
Bwa e a butinako n te aonnaba  
E bon tirtiri n nakea katokana

This is the news, the sad news  
It is all about the disease called AIDS  
Which is spreading all over the world  
It kills and it has no cure

Ai kahnanoangara ngko ngkana ko ewekaki  
Bwa akea taekam bwa bon ti te mate  
Mangaia are keiaki n totokoia  
Bwa to Kabaia ibukin Kitbati

It is sad if you get the disease  
Because the only hope you have is death  
So try and prevent it  
For the benefit of Kiribati

Aio arona ae ti na taekinna  
Tai wono ni bure n aki akaka  
Ko na tiku ma raom ae ti temanna  
Uringa te raba n am tai ni bure

This is how it goes  
Don't have sex with just anyone  
Stick to one partner  
And remember the condom during sex

Ti na totokoia, ti na bane n totokoia  
We will prevent it Let us all prevent it.

CHW training programme. The workbook was also distributed by the WHO Western Pacific Regional Office in at least five Asian countries for field testing.

Finally, the local resource team, the workshop participants and the villagers, all struggled with a certain amount of discomfort and even conflict, to discover the strength and public health value of HIV/AIDS prevention messages in their own mother tongue.

## Conclusions

Clearly, the global spread of HIV has serious ramifications for all sectors in society, and especially for education or

Table 4. HIV knowledge and communication skills

Target Audience	Assessment Methods	Selected Results
Trainers/Local Resource Personnel: 1 Nursing Tutor, 5 District Principal, Nursing Officers, (DPNOs), 3 Health. Ed. staff	<i>Workshop Evaluation</i> (14 questions, 30 participants) 3 point-scale: "good", "poor", NR)	100% GOOD - Usefulness of activity 93% GOOD - Presentation by res
	<i>Peer Observations</i>	"Bernadette and Marutake were well "Boti did a great job on the condom
	<i>Self Assessments</i>	I feel comfortable teaching AIDS
	<i>Pre and Post Knowledge and Attitude Test</i> (21 True/False statements)	8% increase in average CORRE
	<i>Self-Administered Listening Test</i> (10 behaviours; "always", "usually", "never" for listening score)	71% AVERAGE listening score 29% WASH YOUR EARS OUT
Participants: 30 male and female community health workers	<i>Facilitator comments</i>	The old men and young men in my The old man believes in tradition it out and agreed on our team's com
	<i>Village Feedback</i>	"The talks are excellent, very profess "We appreciate the honesty of the
	<i>Workshop Evaluation</i>	90% GOOD-Effective team work 76% GOOD-My participation in 90% GOOD-Understand my role 100% GOOD-Understand HIV tra 83% GOOD-Developed new teach
	<i>Oral Quiz</i> (10 open-ended and yes/no questions)	100% CORRECT "What will you do in your village to Educate our children. Use condoms
Villagers Kainaiba Village	<i>Self-assessments by Village Elders</i>	"We have learned so much. You ha our own language to promote AIDS "We understand why we have to talk" "I am a teacher and I now know how

health communication. Because there is no cure nor an effective vaccine and because the most personal, intimate human behaviours are involved, education and communication are seriously implicated. Education, according to the social development theorists, is the key to achieving the global ethic, consciousness and personal transformation. Paulo Friere, best known as a 'learning' or 'education' theorists, articulates his belief in the ability of all human beings to act upon and transform the dominant, paternalistic systems to obtain a life that is richer for individuals as well as for collective communities<sup>5</sup>.

In his book, *Pedagogy of the Oppressed*, Paulo Friere focuses attention on obtaining freedom from paternalism via individual and societal literacy when the educational (or communication) process is 'dialogical and problem-posing'. By 'dialogical', Friere simply means that the student and the educator become partners. Together, they participate in

the learning and the thinking processes in their efforts to achieve humanity.<sup>5</sup> This is the kind of education/communication, according to Freire, that can transform the 'culture of silence' which is characterized by ignorance and lethargy, both products of paternalistic political, social, economic and educational systems. The concept of participation as a process is as integral to Paulo Freire's notion of humanizing education as it is to the principle of community involvement for health development.

Implicit in Freire's dialogical education towards liberation is the importance of language and communication. Likewise, an examination of HIV/AIDS education issues necessarily includes consideration of communication styles and language between partners and within small groups regarding intimate behaviour because of the ways in which the virus is transmitted. HIV/AIDS language is a challenge because intimate words in many languages and cultures

either do not exist, are considered 'naughty' or 'should not' be spoken between members of the opposite sex.

For these reasons, the language of HIV/AIDS prevention has repeatedly generated significant controversy in all part of the world.<sup>6</sup> Educators and communicators, including CHW, are intimately involved in the controversy. They and their professional tools are the critical elements in the dialogue. Health educators constantly test their messages and methods with target populations before carrying out educational interventions. Little work has been done to understand how models for influencing behaviour change interact with language and the meanings of words in different cultural-linguistic environments to enhance the effectiveness of AIDS prevention approaches.

If Paulo Friere were a health educator, he would also focus on good health as a means for achieving freedom; freedom from pain, freedom from the threat of crippling medical expenses, freedom from dependency, freedom from premature death. He most certainly recognized that much of what is perceived to be individual behaviour is, in fact, the product of interaction within the community or the environment where individuals live. Education and communication, if they are to be effective tools toward transformation, must take place in the community.

The approach taken in "The Community Health Worker: Our Key to AIDS and STD Prevention in the Pacific" training program incorporates several key concepts and practices for motivating awareness and ultimately mobilizing change, at the village level and at the level of the Ministry. These educational concepts and practices include; participation as a process, partnership between educator and student, creative communication based in local custom and local language to identify and 'name' both the problem and the solution. Lessons learned from this training approach are equally applicable to combating other health problems, such as the resurgence of tuberculosis.

If these concepts continue to be promoted in global HIV/AIDS prevention efforts and community involvement in health development continues to mobilize a more radical and widespread process of collective organization, the resultant changes in health care systems should contribute to the movement towards the broader social development and transformation. In the Pacific, broader social development and transformation are possible in the context of the Healthy Islands vision adopted by all Ministry's of Health since the Yanuca Declaration in 1995.<sup>7</sup> Healthy Islands now provides the unifying theme for health promotion and health protection and has the potential to be rigorous and effective in tackling a range of local health priorities through the Health Promoting Communities approach.<sup>6</sup> To be successful, Health Promoting Communities need to rejuvenate and rely on the expertise and contributions of the community health worker as the key health communication agent for change.

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No sex without responsibility.  
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