CHAPTER III

PROPOSAL

School-based HIV/AIDS Peer Education Program in School Youth in Yangon, Myanmar

3.1 Introduction

HIV epidemic started in Myanmar among injecting drugs users who shared injecting paraphernalia without improper sterilization. Following this, HIV spread was found to be increasing among commercial sex workers and STD patients (Htoon M.T., et al., 1994). Along with the growing epidemic, more AIDS cases have been reported from different parts of the country. Gradual increase in HIV sero-prevalence rates have also been observed among new military recruits and pregnant women attending antenatal clinics in the sentinel surveillance sites (AIDS Prevention and Control Programme, 1998). These are the strong evidences that HIV is spreading towards general population through heterosexual mode of transmission.

HIV situation in Myanmar is monitored by conducting sentinel surveillance among population groups with different level of risk in different parts of the country. Regular AIDS case reporting system has been introduced to the public health care setting. Based on these findings, prevention and care programs have been planned and implemented. Intervention programs for persons with risk behavior including sex workers and migrant workers have been launched in major cities and border towns (STD Control Program, 1998). Although no study has been done on sero-prevalence status of school youths, some reports indicated that youths in Myanmar have some risk exposure to a certain extent (Thu T.M., et al.,1998). Hence, school youths, out-of-youths and youths in the workplace and farms should have access to HIV/AIDS information in order to protect themselves from getting STDs and HIV infection.

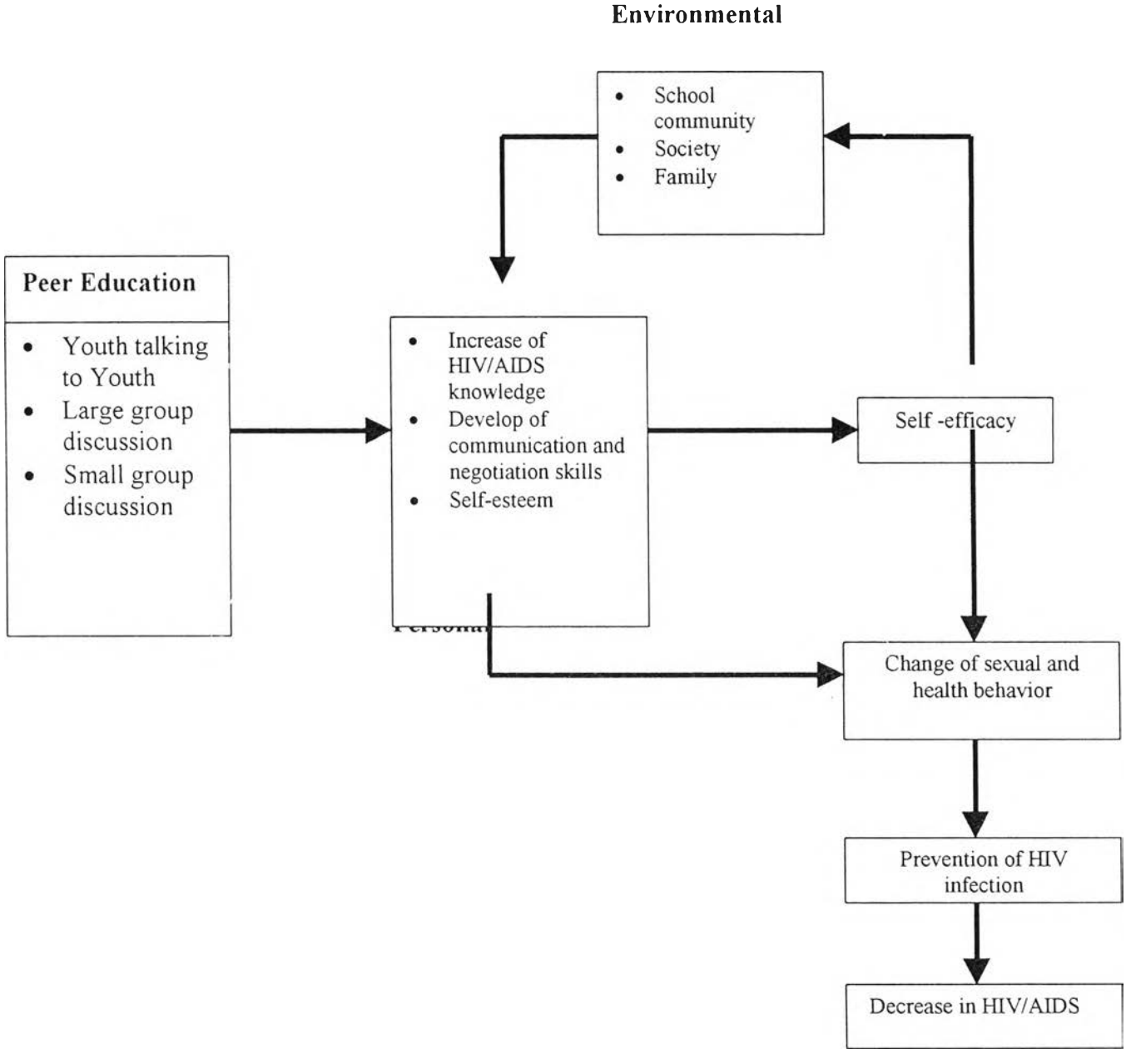
Since the start of prevention and control activities in Myanmar in 1989, the responsible division under the Department of Health such as AIDS/STDs program, Health Education Bureau and School Health Divisions have tried to educate youths and adolescents in schools in collaboration with the Ministry of Education. There is a consensus to develop proper education materials for students at different levels. Before the development of a school curriculum for AIDS education, the content and magnitude of education messages were varied widely. In order to establish an effective AIDS education for school youths, meetings and workshops have been conducted with the participation of national and international experts on school curriculum and AIDS/STD issues. Finally, a curriculum has been developed to educate school children from second grade to ninth grade aiming at increasing awareness, having proper infection including important life-skills for health (Department of Basic Education, 1998).

3.2 Rationale

On reviewing the global epidemic of HIV/AIDS and STD, the most effective age groups are the working age groups particularly the sexually active young age population groups exposed to risk factors and have had unsafe practices (Fortenberry, J.D., 1997; Walter, H.J et al., 1992; Celentano, D.D. et al., 1995; Walter, H.J., 1994; Holtzman, D. et al., 1995). Risk behaviors in high school students, university students and youths in the general population have been studied in different countries and the results varied according to socio-cultural settings, presence of intensive interdisciplinary programs for youths, commitment of decision makers, etc (Strauss, R.P.et al., 1992; Stanton, Bonita, F. et al., 1993; Johnson, Timothy, P. et al., 1996). Different models have been developed for AIDS education for school children and youths (Trad P.V, 1994; Sellers, D.E. et al., 1994). Assessments of success

and drawbacks have also been determined for these programs. (Aplasca, M.R.A., et al., 1995; Mackie, W.E, 1995).

Figure 3.1: Conceptual Model: School-based HIV/AIDS Peer Education in school youths (Modified from the Social Cognitive Theory: Bandura 1977,1986)



In Myanmar, the National AIDS Program is trying to find appropriate measures to educate youths in the general population and the school children particularly the high school students. Some cultural constraints have been identified in educating people about prevention of sexual transmission. It is more difficult to educate adolescents on reproductive issues especially in the schools where parents and teacher resist talking about sex, contraception, condoms and genital health.

One high school in Yangon division selected by the Ministry of Education. We will be described a school-based program in which volunteer student peer educators will be trained to enter regularly scheduled classrooms, to make presentation on the causes, prevention and treatment of human immunodeficiency virous (HIV) disease.

This program is an attempt to fulfill the gap of knowledge on baseline information and response to intervention in introducing school AIDS education in Myanmar. Further expansion of education to other schools will be more successful after refining existing system and methodology based on findings of this program. Although it is not a nation wide study, taking representative samples from schools with HIV/AIDS peer education will provide informative recommendations for the future plans to prevent HIV infection among youths in Myanmar.

Peer education aims to use this influence in positive way, by promoting of norms, attitudes and behavior that reduce risk of HIV infection. Young people often question the attitudes and values held by adults. They may feel they have most in common with other young people, and their peer group becomes an important source of support. Peer education uses the positive aspects of this process. Many young people say they prefer to learn about sex and sexual development from their peers.

Education is the only viable tool in the fight against AIDS at the present time, and this education should focus not only on knowledge but also on belief and attitudes that may influence behavior (Chandara, P.C., Conlon, F., Noh, S. & Field, V.A., 1990).

Furthermore, as a recent pilot program on AIDS education at the elementary level concluded "Intervention will have to begin at a young age before the initiation of behaviors that place children at risk of infection with human immunodeficiency virus (HIV)" (Schonfeld, D.J., O'Hare, L.L., Perrin, E.C., Quakenbush, M., Showalterand, D.R., Cicchetti, D.V., 1995).

Adolescence and young adulthood mark the onset of sexual activity and experimentation with substance use. This age group is important to target for health education to prevent and control spread of AIDS. Therefore study of knowledge and attitudes in adolescents and evaluations of pilot educational program is a useful step in developing comprehensive educational program for HIV/AIDS. The main purpose of this proposal will be evaluated the effect of health education pertaining to HIV/AIDS in high-school- aged youths.

3.3 Objective

3.3.1 General objective

- To promote behaviors that prevents the transmission of HIV/AIDS among School youths.

3.3.2 Specific objectives

- To increase HIV/AIDS related knowledge in school youths.
- To determine base line indicators of knowledge and perception on AIDS and HIV related risk behavior among school youths.
- To develop decision-making and communication skills in school youths.
- To measure increase in knowledge for AIDS/STD prevention and observe change in behavior prevention of HIV/AIDS in school youths.

3.4 Method

3.4.1 Type of study

Before and after study with introduction of School HIV/AIDS peer education as an intervention School. (The National AIDS Control Program is taking responsibility to train peer students, to give HIV/AIDS education materials and other requirements). The study design is a before and after study without randomization of schools to provide AIDS peer education. Pre-intervention and post-intervention findings will be compared for the school with intervention. Comparison of finding from school with before and after intervention will also be done to observe the extent of change in knowledge, attitudes and practices in the areas.

3.4.2 Place

Random selection of one high school from Yangon division (where school AIDS education has been introduced) to ask Department of Health Education. We will be selected randomly without AIDS education school in Yangon division.

3.4.3 Time frame

Three months for preparing of necessary documents, obtaining approval and making arrangements.

One academic year for intervention. (Usually, an academic year starts in June and ends in February the next year.)

3.4.4 Study population

High school students (9^{th} and 10^{th} grade) from randomly selected school. In Myanmar, high-school students are between 15-19 age group.

3.5 Peer education program

A Peer Education Program will be set in Myanmar during one year (2000-01). A multidisciplinary committee will be formed with representatives from various government ministries and non-governmental organizations. A training of trainer's workshop will be conducted for 3 days to train 10 trainers from Health Department and Education Department so that they can train peer educators in the country.

The program will be delivered in three stages: Peer educator selection, Peer educator training and intervention implementation. A process evaluation will be conducted to describe program implementation, staff and students ratings of program effects, and confidentially. The three stages are described below.

3.5.1 Peer educator selection

Announcement to recruit peer educators will be made in a school-wide assembly and in individual classrooms. Students are self-selected by the teachers and administrators and are interviewed by a panel of students in a guidance counselor. To assess attitudes, experience, confidence, and commitment, the interview panel asked students how they would respond to situations involving STD/AIDS infection and prevention issues. Students completed a questionnaire asking about their special interests, school attendance record, time availability,

agreement to maintain confidentiality, and attitude toward helping others. Consent procedures will be reviewed and approved by the school administrative Board. Parents or guardians will be informed about content and schedule of training and their permission is received prior to their child's participation in this program. We will select twenty students to be peer educators from the intervention school.

3.5.2 Peer educator training

Peer education training will be conducted one week and consisted of five classroom sessions, two retreats held at the National AIDS Control Center and a field trip to a hospital. Session content for training will be adopted from social influence curricula topics and STDs/HIV myths and realities, decision-making, communication and negotiation skills and peer resistance (Hansen, W.B., Johnson, C.A., Flay, B.R., Granam, J.W., Sobel, J., 1988; Perry, C.L., Kelder, S.H., 1992). Medical Officers and Health Education Officers will lead the sessions. Training for peer educators will be provided for four days and the training sessions will include information on HIV/AIDS, why teens are at risk, risk reduction skills demonstration, including video presentations and practice, role-plays, prevention of HIV/AIDS and communication skills. Through role plays and interactive exercises, such as use of speakerphones when contacting hotlines and community resources, students will be trained in listening, counseling and referral skills. Students will visit a hospital AIDS unit and also talk with a young HIV positive woman and man about how they became infected and what it was like to live with HIV. Visit to the STD clinic and health department focused on confidentiality procedures and peer referral. Students will receive certification as a Peer Educator based on attending training sessions, passing knowledge-based test, and completing homework assignments.

As people frequently turn to friends or someone like themselves for information or support on AIDS, peer may be a more credible educator than professionals may. They are perceived to have a better understanding of the life experiences of the target population, since they have lived in similar settings. Peer educators are also less likely to be perceived as advancing a moral agenda from dominant culture. Peers will also contribute to the spread of new ideas, providing role models for behaviors and attitude that can protect against HIV infection. Peers can also provide reinforcement of behavior change, helping to prevent the relapse of a risky behavior.

Before, starting peer educators training, we will pre-test questionnaire to peer educators. The questions including Knowledge about HIV/AIDS, attitudes toward people with AIDS, beliefs and behavior patterns of adolescents.

After the peer educators training, we will be post-test again to peer educators. Before and after test questionnaire is same. Because of we want to know how about peer educators training activities improvement and requirement.

3.6 Intervention School

Once peer educators training is completed, peer educators will begin in the school-wide intervention. Four sessions will be conducted with activities developed around constructs of social influences shown effective in changing high-risk behavior- norms, values, and self-efficacy (Walter, H., Vaughan, R.D., 1993). In two large-group sessions, peer educators will introduce the programs and present factual information on STDs and HIV to the entire school. Two small-group sessions will be offered by peer educators as an opportunity to conduct activities and held discussion in an interactive and supportive group setting. School-wide

activities will be helped promote maintenance of HIV/AIDS awareness among the student population and concepts introduced in the program.

3.6.1 Large group session

Large group session will be conducted in an assembly format with all high-school students present. Its content will focus on the role of peer educators in school, information and attitude awareness about STD/HIV, and community health resources. Peer educators will introduce two guest speakers whom they have selected, a STD disease intervention specialist and Health Education Officer from the Department of Health. To foster youth empowerment, peer educators will be responsible for planning, introducing speakers and participating in activities of the large-group session. Peer educators will distribute brochures and AIDS ribbons as students entered the assembly hall.

3.6.2 Small-group sessions

Peer educators will be divided into groups of three or four and send into the school's language arts classes to lead activities designed around decision-making, communication skills, and negotiating prevention strategies against STD/HIV. Peer educators will lead role-plays, show video vignettes from AIDS and conduct activities that involved other students in the identification and classification of risk behaviors for STD/HIV transmission. Teachers will remain in the classrooms, although they will assume a nonconspicuous role. Peer educators will distribute "business card" to each student and advice peers on how and when to contact them as a source of support and information.

3.6.3 School-wide activities

After the large and small group sessions, activities will be planned to maintain student awareness of peer educators and AIDS prevention activities. Poster contests, AIDS awareness days, information sessions, and announcement of community events help create a school-wide social norm of AIDS prevention.

3.7 Monitoring

Monitoring can show how much progress is being made and how much more can be expected. It is important that feedback is given to the peer educators with regards to the implementation of the activities, responses of the target audience and the school community as a whole. If the peer educators get regular comments, they are likely to carry out activities and collect good information. During the peer education activities, medical officer and health education officer will observe and provide feedback to the Peer educators of their performances in school. On the other hand, teachers, medical officer, health education officer will discuss with peer educators how to support peer education activities weakness and requirements. We can be checked easily, such as numbers (for example, the number of condoms distributed or how much time discussion with students and focus groups to obtain student's opinions about peer education process in school.

3.8 Supervision

The purpose of supervision is to promote continuing improvement in the performance of peer educators. Monthly, in-house meeting for peer educators will be conducted where the peer educators will discuss their activities and problems to the program manager, medical

officer, and health education officer. Furthermore, the process of supervision will strengthen the coordination and co-operation in further activities.

3.9 Retraining

After the three months of the program of peer education activities, we will re-train the peer educators. This training will be led by Medical Officers and Health Education Officers. Two days training program will include group discussion, presentations and feed back for their peer education performance. The main objective of retraining program is for peer educators to get new idea, latest HIV/AIDS information, how to do better peer education activities and active participation in peer education program.

Concurrently, the National AIDS control program manager will attend the training to provide any support requested by the peer educators. On the other hand, we will explain how it is important this program for the school youths and this achievement will be used for HIV/AIDS prevention education activities in whole country.

3.10 Instrumentation

To measure effects on the intervention, a pre-intervention survey will be distributed to students. The survey will be repeated at the end of post-intervention to determine change of knowledge, attitudes and practices in the students. The survey questionnaire will be constructed with 62 items, which followed the format of the Youth Risk behavior Survey (YRBS) (Morris, L., Warren, C.W., Aral, S.O.. 1993). Items measuring demographics characteristics, sexual behavior and drug use is taken directly from the YRBS.

3.11 Measurement

We will be measured the students from school before and after peer education program under the following indicators

- Socio-demographic information
- Knowledge on HIV/AIDS/STD transmission and prevention
- Prevalence of exposure to risk factors
- Behavior related to HIV/STD transmission
- Attitude towards change of behavior
- Change of practices towards prevention of HIV/STD
- Perception of students on AIDS education in schools

3.12 Evaluation

We will compare outcome before intervention and after intervention in school. First, before starting peer education in school, survey will be distributed to students during class time. The survey will be repeated at the end of post-intervention to determine changes that occurred in knowledge, attitudes and behavior around sexual risk. Questionnaire administrators are teachers who inform students that the questionnaire sought to assess risk as part of an STD/HIV prevention program. Students are asked not to sign their name on the questionnaires, but to use demographic variables to create unique respondent identifiers for purpose of the pre/post analysis. The questionnaire will be self-administered for all students. The same questionnaire will be used again in assessing improvement and change after one academic year of implementation of the peer education program. Questionnaires will be in

Myanmar language. Students will fill out a questionnaire during class time under the supervision of teachers.

The program will be evaluated by considering change in the following attributes:

(1) Knowledge about HIV/AIDS/STD (how HIV is transmitted and how it is not transmitted, whether there is a cure for AIDS, how AIDS can be prevented).

(2) Attitudes towards people with AIDS (whether students would accept someone with AIDS into their class).

(3) Belief about personal susceptibility to AIDS (concern about AIDS, whether they thought AIDS a problem, who is affected by AIDS).

(4) Intentions to use condoms and other plans in response to AIDS.

(5) Communication with peers and sexual partners about AIDS.

3.13 Data Analysis

Frequencies of socio-demographic determinants, level of knowledge on HIV/AIDS/STD, attitude towards HIV/AIDS prevention, behavior and practice related to HIV transmission and prevention of other infectious diseases, attitude towards behavior change, and perception of AIDS peer education will be calculated. Statistical association between socio-economic variables and other factors will be determined by using SPSS software version 7. Incomplete questionnaire will not include in the analysis.

Comparison of findings before and after intervention will be done to assess change in the value of variables in school. Comparison of finding from school will be done in order to find out magnitude of change in school youths.

3.14 Expected outcome of the study

It is envisaged that "youths talking to youths" will have a profound effect in promoting healthy behaviors and prevention high- risk behaviors such as illicit drug use and unprotected sexual exposures. The outcome measures of success of the program will be increase in knowledge in HIV/AIDS among the target population of youths in school and the change in attitudes and behaviors.

The following points will be determined after analyzing data collected during the study period.

- Knowledge level and risk behavior related to HIV/STD transmission of school youths
- Attitude and perception towards protective measures including school AIDS education
- Socio-demographic and cultural determinants related to HIV/AIDS/STD among youths
- Information on behavior change after systematic dissemination of preventive messages
- Success and weakness of the school HIV/AIDS peer education program

3.15 Limitations

The limitation of this study, before starting the peer education program in school, some of the students may be get HIV/AIDS related knowledge from radio, TV, newspapers and other resources.

During the peer education activities, some of the school youth may be get HIV/AIDS related information and knowledge from outside friends and their society. Another constraint,

some of the students may be transfer to another place or drop out school, because of their fathers and mothers job, economic situation.

3.16 Conclusion

In Myanmar, School peer education for HIV/AIDS prevention is one of the most important national strategies to control such diseases in the country. Nation wide school education program will be implemented in the following years so that assessment of base line information and evaluation of the pilot activities plays a vital role in the sustainability of the program. Youths and school children are the most valuable assets of our country. Provision of correct and appropriate knowledge to them in order to protect themselves, their family and their environment will be beneficial to improve the health status of Myanmar for now and future. The outcome of this study will be useful not only for the health sector but also for the education sector in improving health program in the future my country.

Estimated Expenditure for the peer education program

1. Training of trainers workshop (3 days)		
-10 trainers x 250 kyats x 3 days	Kyats	7,500
- 4 facilitators x 250 kyats x 3 days	Kyats	3,000
- Incidental expenses (hiring of conference room, furniture, PA system, transportation, labour charges and stationaries)	Kyats	15,000
Total	**Kyats**	**25,500**
2. Training of peer educators (5 days)		
- 20 trainees x 250 kyats x 5 days	Kyats	25,000
- 5 facilitators x 250 kyats x 5 days	Kyats	6,250
- Incidental expenses (hiring of conference room, furniture, PA system, transportation, labour charges and stationaries)	Kyats	25,000
Total	**Kyats**	**56,250**
3. Production of training modules, education brouchers And Questionnaires		
- 20 training modules x 300 Kyats	Kyats	6,000
- Educational brochures 30 x 300 Kyats	Kyats	9,000
Total	**Kyats**	**15,000**
4. Preparation of study questionnaire for students		
- 500 students x 2 times x 30 kyset	Kyats	30,000
- Educational brochures 1000 x 10 kyats	Kyats	10,000
Total	**Kyats**	**40,000**

5. Retraining for peer educators (2days)

- 20 trainees x 250 kyats x 2 days	Kyats	10,000
- 5 facilitators x 250 kyats x 2 days	Kyats	2,500
- Incidental expenses(hiring of conference room, furniture, PA system, transportation, labour charges and stationaries)	Kyats	10,000
Total	Kyats	**22,500**

6. Large group session /small group session

- 1 day x 1 time x 5000 kyats (Large group session)	Kyats	5,000
- 1 day x 2 times x 2500 Kyats (Small group discussion) (Including PA system, Poster & stationary)	Kyats	2,500
Total	**Kyats**	**7,500**

7. Data Collection & Reporting

- Cost of data collection 1000K/day x 2 persons x 2 times	Kyats	2,000
- Data entry, data cleaning, and data analysis	Kyats	5,000
- Reporting writing & xeroxing	Kyats	5,000
Total	**Kyats**	**12,000**

US $ = 27,500	**Grand Total**	**Kyats**	**178,750**

Grant Chart

No	Activity	2000-2001												Responsible Person
		M 1	A 2	M 3	J 4	J 5	A 6	S 7	O 8	N 9	D 10	J 11	F 12	
1.	Submit proposal to Ministry of Health, UNDP,UNICEF, WHO	X												(NAP)
2.	Development and Pre/Post testing of questionnaires		X											NAP&HEB
3.	Drawing up a program for training of trainers and peer educators			X										NAP& HEB
	Formation of multidisciplinary			X										
4.	Committee for PEP			X										NAP&HEB
	Select one high school for PEP													
5.	Recruit 10 trainers and 20 peer													M u l t i -
6.	educators				X									d i s c i p l i n a r y
	Conduct training of trainer workshop													committee
7.	Conduct peer education training				X									NAP&HEB
	Baseline risk assessment in target													
8.	population and Pretest				X									NAP&HEB
	Implement PEP													
9.	Re-training program				X									NAP&HEB
10.	Post test questionnaire in two high-													NAP&HEB
11.	school								X					NAP&HEB
	Data collection & Data entry & Data													
12.	Analysis					←							X	NAP&HEB
	Final report writing & addition												→	NAP&HEB
13.	Submit report to Ministry of Health,												X	NAP&HEB
	UNDP,UNICEF, WHO													

No	Activity	2000-2001												Responsible Person
		M 1	A 2	M 3	J 4	J 5	A 6	S 7	O 8	N 9	D 10	J 11	F 12	
14.	Submit report to												X	NAP&HEB
	UNDP,UNICEF, WHO												X	NAP&HEB
15.	UNDP,UNICEF, WHO													

WHO = World Health Organization, Representative Office Yangon

UNDP = United Nations Development Program, Representative Office Yangon

UNICEF = United Nations Children's Fund

NAP = National AIDS Control Program

HEB = Health Education Bureau

PEP = Peer Education Program

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