

## CHAPTER V

### CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Conclusions

This study aimed to identify the nature of the problems faced in the implementation of the rights-based approach to development on youths in Myanmar with special reference to HIV/AIDS prevention.

The rights-based approach to development is designed to be people-centred, particularly in the area of gender equality and the empowerment of women, youths and the prevention of HIV/AIDS. This empowerment means the mobilization of people to demand their own freedoms and entitlements, as needs-based approach has failed to tackle the fundamental causes of exploitation, abuse and poverty. Since a citizen connotes someone with rights rather than someone receiving welfare or buying services, rights-based approach focuses on those groups of people most excluded in society in order that through empowerment they realize their rights, become agents and subjects, rather than objects, of their own development and are able to participate in the decisions that affect their lives.

The rights-based approach to development emphasizes accountability, empowerment, participation, and non-discrimination of vulnerable groups. In the context of this thesis, accountability means young people assuming greater roles and responsibilities for their development; empowerment means they increased self-esteem, self-confidence in that they possess the ability to resist peer pressure; participation, in decision-making in matters that affect their lives and non-discrimination more attention given to youths who are in the category of vulnerable groups.

Furthermore, rights theories claim that in order to realize the rights of each individual, both claim-holders and duty-holders are accountable, by right, for the youths to become empowered with the power, capacities, capabilities and to access services needed to change their own lives, improve their own communities and influence their own destinies, and to be in active participation in the development process.

Moreover, the UN Convention on the Rights of Child states that every child has the right to obtain and make known information, which is consistent with moral well-

being and knowledge and understanding among people, and which respects the child's cultural background. Therefore, with regard to HIV/AIDS prevention, it is youth's right to be able to access to education, and also information to services, in order to protect themselves against HIV/AIDS.

Hence, this study sets out to assess how effectively life-skills training programmes using the rights-based approach to youth development through life-skills training is being implemented under the present social and economic conditions in Myanmar in enabling youths to empower themselves for self-prevention from HIV/AIDS infection; whether communities are supportive of youths in order for them to exercise their rights in terms of HIV/AIDS prevention; and whether parents and youths have sufficient and appropriate information in order to realize youths' rights to health, education, protection and participation.

The hypothesis of this research is that the implementation of rights-based approaches to youth development is not effective in enabling youths in Myanmar to empower themselves for self-prevention from HIV/AIDS infection because:

- 1) Under the present social and economic conditions it is not be feasible to implement rights-based approach;
- 2) Communities are not supportive of youths in exercising their rights in terms HIV/AIDS prevention;
- 3) Parents and youths do not have sufficient and appropriate information in order to realize youths' rights to health, education, protection and participation due to limited awareness promotion and ineffective training methods.

In order to verify this hypothesis, my research was undertaken on two sites in Myanmar with different characteristics for 3 weeks in June and 5 days in August 2005. Interviews using a prepared list of open-ended questions and focus group discussions with 47 youths who had undertaken life skills training and focus group discussions with 30 untrained youths from Kyimyindine Township of Yangon Division and Thaton Township of Mon State were carried out. The questions sought to assess their knowledge of HIV/AIDS transmission and prevention, to find out whether they were able to obtain the support from the communities from their respective townships in order to exercise their right in terms of HIV/AIDS prevention,

and whether they have sufficient and appropriate information in order to realize youths' rights to health, education, protection and participation.

The study found that, under the not-so-favourable social and economic conditions in Myanmar, some of the young people who face extreme poverty at the grassroots level were vulnerable and at risk to HIV/AIDS. They have been raised in an environment where some adults and a few parents are ready to exploit them by making them become prostitutes or to allure them to visit brothels, where abusive language is common, and where parents are exploiting their children's labour. Therefore, they grow up in a surrounding where HIV/AIDS is contracted by girls/women due to prostitution and boys/men due to promiscuity.

Nevertheless, one can see from the study's findings that life skills training has had a positive impact in terms of imparting knowledge to youths in the prevention of HIV/AIDS and inculcating in youths, self-control, self-esteem, and self-confidence. There were positive changes in knowledge, attitudes and to a lesser degree in behaviour. The trained young people came to possess a certain degree of empowerment since they improved their social skills and practiced safer behaviour for the prevention of HIV/AIDS such that they could, to an extent, resist the temptation and could abstain from sexual relationships before marriage.

Even if the trainees have become aware of HIV/AIDS transmission and its prevention, they could not recall all of the methods of transmission and prevention. This is because their heavy workload meant that they have no time to themselves to give attention to thinking about HIV/AIDS or for social or community work. In addition, none of them were aware of how to access the services such as blood screening and availability of condom for the prevention of HIV/AIDS, of which they had learned from the training.

Quite a number of young girls who attended the training the year earlier already have some boyfriends while some have already eloped with them. Even though they stated that they would tell their boyfriends or girlfriends to test their blood or use condom before marriage, but since they are not aware of where and how to access these services, they are still vulnerable and at risk.

With regard to compassion and care, only one trained girl has extended compassion and care to a prostitute who was suffering from AIDS before she died. Even though most said they would be compassionate and extend care if they come across any HIV/AIDS patient, those who have witnessed an AIDS patient said they would avoid them despite being taught in the training to be compassionate. This could be because they were simply afraid of being passed on AIDS or else they judged AIDS sufferers as sinners since most of the HIV/AIDS patients they had witnessed contracted the disease by being prostitutes or promiscuous, that is it was due to their own bad behaviour and not through receiving blood transfusion or through mother-to-child transmission.

Therefore, in response to my first hypothesis, it is only feasible to implement rights-based approach to youth development in Myanmar to the extent that, according to their right to knowledge for HIV/AIDS prevention, the youths have acquired improved knowledge on HIV/AIDS prevention from the training. In the application of rights-based approach to youth development for the prevention of HIV/AIDS, it is found that youths can realize their rights only partially because they cannot claim for their rights fully. In a country where young people are deprived of their right to access the services for the prevention of HIV/AIDS, they are still vulnerable and are at risk to contracting HIV/AIDS until and unless they can access to these services.

However, in a country where social and economic rights cannot be fully realized, it can also be seen that through the life skills training they came to be aware of the consequences of contracting HIV/AIDS and to acquire a certain degree of empowerment. As their right, they learned how to express their opinion, have gained critical thinking skills to enable them to make decisions in matters that affect their lives, and they are capable of making good judgments. The capacities they acquired from the training have empowered them, and this in turn will make them tend towards becoming agents and subjects of their own development for the prevention of HIV/AIDS. Yet, they fall short of making demands on the governmental authorities to provide them real access to the necessary services or to improve their economic and social environments.

In response to my second hypothesis that communities are not supportive of youths in exercising their rights in terms of HIV/AIDS prevention, the formation of SHAPE

Plus circles among the community elders has enabled the youths to realize their right to acquire the knowledge on HIV/AIDS prevention. However, in an effort to create a safe and healthier environment and for the protection of HIV/AIDS where brothels are ubiquitous in Kyimyindine Township across Hlaing river, community leaders are powerless as this depends on the actions by higher authorities in the government. As this thesis is being written, in the Government's campaign, the new township authority figure in Kyimyindine Township transferred in recently is taking serious action to tackle the crime rate in his township as prostitution is illegal in Myanmar. How effective this is remains to be seen.

While some community elders are supportive of their youths in the exercise of their right to HIV/AIDS prevention, some are not, as they felt powerless in making the environment safe and supportive. This could also be due to the fact that in Kyimyindine Township is made up of mobile population and is thus not conducive to unity among the community members.

My third hypothesis is that parents and youths do not have sufficient and appropriate information on HIV/AIDS prevention in order to realize youth's right to health, education, protection and participation. It was found that parents in Thaton Township have allowed their children to attend lifeskills training. However, in the face of extreme poverty, some parents in Kyimyindine Township are not ready to let their children to attend the training to acquire knowledge of HIV/AIDS preferring to put them to work to alleviate the family's extreme poverty and also because they themselves are unaware of the consequences. Nonetheless, a by-product of the training programme was that some of the trained youths' parents came to learn about HIV/AIDS transmission and prevention from their children.

Hence, in terms of their right to education, the youths have become knowledgeable of HIV/AIDS prevention, but they are not able to realize their right to health in terms of access to services. In terms of their right to protection, while some parents are exploiting their children to become prostitutes, other parents are protective of their children. Hence some are able to realize their right to protection. With regards to their right to participation, through life skills training they are beginning to be able to participate in matters that affect their lives through decision-making techniques which they learned from the training.

In comparing the environment of the two research sites, it is found that young people in Kyimyindine Township are more vulnerable to HIV/AIDS. Even though, young people in both research sites are working young people, those in Thaton Township could retain the information on HIV/AIDS transmission better than those in Kyimyindine Township. Those living in Seikkyi and Ngazin Villages of Kyimyindine Township are especially vulnerable because of the existence of brothels, pimps and prostitutes in that area, and some parents exploiting their children's labour. Therefore, even if people in both sites are poor and the differences in social norms as seen in the environments account for differences in their abilities to retain and make use of knowledge acquired from the training.

In sum, it was found that there are some successes in the implementation of youths' rights to health, education, protection and participation with regard to HIV/AIDS prevention by which they acquired a certain degree of empowerment such as self-control, self-esteem, self-confidence with positive change in attitude and behaviour through life-skills training programme. Nevertheless, there are also failures as they could not access to the services for the prevention of HIV/AIDS and the communities are powerless in supporting the youths to realize their rights hence more effort is needed for increased empowerment of youths for the prevention of HIV/AIDS disease.

In conclusion, the knowledge and coping skills they have gained from the training is making young people more ready to become responsible citizens if and when the political environment should change towards more democracy wherein its citizens are able to realize their rights more fully.

## **5.2 Recommendations**

The following recommendations are made in order that rights-based approach to youth development for the prevention of HIV/AIDS can be realized:

- 1) As their right, young people should be informed how and where to access the services for HIV/AIDS prevention during the training such as technicalities about putting on condoms.

- 2) All the trainees should meet monthly or bi-monthly to set up a group for social action in the community such as for peer to peer education and to discuss and share among themselves their experiences for HIV/AIDS prevention with the help of the facilitators, for HIV/AIDS prevention knowledge to be sustainable.
- 3) In the absence of the realization of their right to appropriate services for the prevention of HIV/AIDS, appropriate empowerment messages such as the ability to inform and explain their boyfriends on the consequences of HIV/AIDS infection or inform their boyfriends where to access the services should also be incorporated in the training course.
- 4) Community elders as well as parents should also be made aware of compassion and care for HIV/AIDS patients in order that their children will also become compassionate. This is because the elders themselves are not showing a good example because whenever somebody in the village develops full-blown AIDS, the patient is segregated from the villagers by community elders.
- 5) Some parents who do not work should be persuaded to volunteer in the training in rotation in addition to SHAPE Plus Circle members so that they will also benefit from the training, even if indirectly.
- 6) It would be beneficial if training in skills that could be used to supplement their income would be given to villagers to enable them to alleviate their poverty and to further enhance their sense of confidence.

