KEMENTERIAN KESIHATAN MALAYSIA

AIDS

series

A GUIDE TO AIDS EDUCATION PROGRAMME

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AIDS/STDs Section
Ministry of Health Malaysia
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PREFACE

This guide has been developed by staff of the Ministry of Health Malaysia on the basis of recommendations and meetings held by the various experts in this country. Health Education Officers from around the country have provided substantial input, and special mention needs to be addressed to Mr. Edmund Ewe, Mr. K. Manimaran and Mrs. Suraiya bt. Syed Mohamed.

This guide is intended for all the staff of the Ministry of Health and to those who give health education to those who are infected or affected by the HIV Infection. It is hoped that its reference will be useful as a tool to promote consistency in the field of health education on HIV Infection for the Malaysian public.

The Secretariat assistance of the AIDS/STDs Unit, Ministry of Health in the production of this guide is gratefully acknowledged.

CONTENTS

CHAPTER 1

1. INTRODUCTION

Since it was first reported in 1981 in USA, AIDS has become a pandemic affecting almost every country in the world including Malaysia. The first AIDS case in Malaysia was reported in 1986 and since then more than 7,000 HIV infections and almost 100 AIDS cases have been detected by late 1993. The statistics show that more than 90% of Malaysians infected with HIV are male and aged between 16 - 40. The majority of HIV carriers are intravenous drug users. Besides injecting drugs, other risky behaviours implicated in the transmission of HIV are promiscuity (having may sex partners), engaging in paid sex and having unprotected sex with persons whose HIV status in unknown.

Currently in the absence of a vaccine or an effective cure for AIDS, the major weapon in the prevention and control of AIDS is education. AIDS is essentially a disease of lifestyle affecting those who engage in risky behaviours and activities which permit the exchange of body fluids. As such, there is a need to educate the general public, particularly those engaging in risky lifestyle, to modify or change their behaviour and take precautions to prevent infection. We know that AIDS is a preventable disease although it take a lot of effort to change the attitudes and lifestyle of those affected. Simple measures such as abstinence from sex, being mutually faithful, use of condoms, avoiding sharing of needles and cleaning needles and syringes with bleach and clean water are known to prevent HIV infections. However these harm reduction measures are not acceptable or practised by all segments of society.

CHAPTER 2

2. ISSUES IN AIDS EDUCATION

AIDS education must take into account the socio-cultural, religious, moral and psychological norms of society. These norms will determine what can be implemented. However we must recognise that not every person in our society subscribes to all these norms because there are subcultures within any society.

A number of issues have emerged when dealing with prevention and control of AIDS. These include :-

a. Religious and moral sensitivities which do not condone open discussion of sex and sexual behaviour in the mass media and school curriculum, promotion of condom, non-acceptance of homosexuality and prostitution, and rejection of drug use.

b. Socio-cultural norms and values which prohibit the use of drugs, discriminate against HIV carriers and AIDS patients, accord a lower status to women and upholds fidelity in marriage.

c. Psychological issues such as denial, blaming others for spreading HIV/AIDS and refusing to understand that AIDS can only be spread by certain specific ways. They also include AIDS-related anxiety, irrational behaviour and apathy/negative attitudes towards AIDS prevention and control.

Any AIDS education programme that is planned should assess and identify the issues relevant to the target group. The planner should discuss the issues with the target group and find acceptable ways to surmount these issues so that they will not be a barrier to the educational programme. The planner can also utilise some of the these issues (e.g. moral values and religious beliefs) to facilitate and reinforce behaviour change to avoid HIV infection.

CHAPTER 3

3. INITIAL ASSESSMENT

Before any AIDS education program can be planned, relevant information is needed. This includes:-

a. The local HIV/AIDS epidemiological situation.

b. Knowledge, attitudes, beliefs and practices relating to AIDS among the general public and specific target audiences included in the national AIDS prevention and control plan (for example health care workers, adolescents, pregnant women, IVDUS, sex workers and their clients etc.).

c. Communication channels and resource materials available to the programme.

d. The health and social support services available (e.g. counselling services, family planning services, HIV testing and drug rehabilitation services).

e. The sources of expertise and manpower available to implement the AIDS education programme (health, non-health and NGOs).

Methods of obtaining information

a. Planners need to know how widespread HIV infection is (prevalence) and how rapidly the infection is spreading (incidence). Information about the local epidemiology of HIV helps determine which group needs to be addressed first. This information can be obtained from the epidemiologist or Medical Officer working at the local level.

b. With regard to the knowledge, attitudes, beliefs and practices relating to AIDS, methods which can be used to obtain information include :-

i. surveys
ii. interview
iii. focus group discussion
iv. documentary research

c. Community diagnosis can be done to determine communication channels, such as mass media and local communication networks, facilities and public amenities and education materials available, which can be used to communicate information about AIDS to the target population. The community diagnosis can be done through observation, interviews, surveys, and examination of records. Community leaders (formal and informal) and staff of local government agencies can be approached to obtain information.

d. To obtain the information about the health and social support services available, the planner can carry out surveys, interviews, observation as well study records of the services provided.

e. The planner can hold meetings and discussions with the local health department, other health-related government agencies and NGOs to assess and identify which expertise and manpower are available to implement and monitor the AIDS education programme.

CHAPTER 4

4. OBJECTIVES

One important aspect of programme planning is to set objectives. Objectives describe the end result of the programme and will answer questions such as who will change in which way by how much and by when.

Objectives should be specific, realistic and measurable, either quantitatively or qualitatively. Objectives set out targets for the programme. Whenever possible, members of the target audiences should be engaged in the process of defining objectives and targets so that they are appropriate and realistic.

For planning an AIDS education programme we have to set 4 kinds of objectives.

a. General objectives

General objectives should be similar to the objectives of the overall AIDS prevention and control programme. These objectives should seek to promote the health of the general public through the prevention or reduction in the transmission of HIV.

b. Programme objectives

Programme objectives are more specific and relate to particular target groups, geographical area, time and purpose. Programme objectives should spell out who are the people that the programme is directed to, what is to be achieved (example the reduction in incidence of HIV), how much is to be achieved and when it should be achieved.

c. Behavioural objectives

The purpose of any health education programme is to change behaviour. In order to determine whether the health education programme is successful, we have to set behavioural objectives. Behavioural objectives describe the specific behaviours which we are targeting. (For example, to reduce the number of sex

partners). AIDS education can target people with high risk behaviours and persuade them to change or modify these behaviours. As in the case of programme objectives, behavioural objectives should also spell out who, where, what, when and how much.

d. Learning objectives

Learning objectives should be developed to contribute towards the achievement of behavioural objectives. Learning objectives focus on knowledge, attitudes and skills which predispose to behavioural change.

It is important that all the objectives stated above should be specific and measurable. This is because evaluation of programme is based on these objectives.

CHAPTER 5

5. TARGET GROUPS

AIDS affects everyone although not everyone will be infected by the virus. As such, AIDS education programmes should cover all segments of the population. No one can afford to be ignorant about AIDS and its transmission because ignorance can be fatal or even lead to anti-social behaviour such as discrimination and stigmatization of innocent victims. Generally there are 4 broad target groups :-

i. general public
ii. people with high risk behaviours
iii. people with AIDS (PWA's) and HIV infected persons
iv. resource persons

For details about these target groups please refer to Appendix 1.

CHAPTER 6

6. STRATEGIES

Strategies are the ways and means by which the programme objectives can be achieved. The development of strategies should be based on information derived from the initial assessment. Strategies should also take into consideration the sensitivities, felt needs and perception of target audience.

In general there are 3 types of strategies that can be used in an AIDS education programme :-

a. communication strategies
b. organization strategies
c. training strategies

a. Communication Strategies

These strategies are used to create awareness and disseminate information to target audience. A variety of communication media can be used such as :-

a. Electronic media (e.g. T.V. & Radio)
b. Print media (e.g. Newspaper and magazine)
c. Educational media/materials (e.g. poster, pamphlet, booklet, exhibits, slides, transparencies, films, and videos)
d. Folk media (e.g. drama, songs, stage-show, puppet show, boria, dikir barat, etc)
e. Out-door media (e.g. billboards, bus panels, taxi and bus shelters)

Planners must understand the media characteristics such as frequency, reach, impact, repeatability, cost effectiveness, etc. and also audience media preference. As such, to ensure that this communication strategy is used effectively, the planner must select the appropriate media and develop a media mix.

b. Organisation Strategies

These strategies will facilitate the adoption of targeted behaviour and also provide social support to sustain and reinforce behaviour change. To implement this strategy the planner must be able to identify and involve relevant local organisations both government and non-government.

The involvement of peer-groups in the programme will also provide social support for behaviour change. The local organizations should be involved in the planning process, implementation and monitoring of activities. This is to ensure that the programme is socially acceptable, relevant to their needs and supported by the community itself.

c. Training Strategies

Training strategies are used to impart skills and develop competency. Training is directed at the resource persons (health staff, staff of other government agencies, community leaders, and peer educators). To enable them to plan, conduct, and monitor AIDS education activities, the contents of training will include:-

a. Knowledge of AIDS, including its epidemiology
b. AIDS prevention methods (safer sex guidelines and harm reduction measures)
c. Principles of health education
d. Health education methods and media
e. Counselling techniques

Training methods will include:-

i. Workshops and seminar
ii. Lecture
iii. Group discussion
iv. Role play
v. Demonstration

CHAPTER 7

7. METHODOLOGY

The methodology in AIDS education covers approaches and education activities. The approach adopted is related to the size of the target groups. The type of activities selected also depends on the size of target group and learning objectives to be achieved.

In general there are 3 approaches:-

a. Large group

This refer to a group size of more than 20 persons. Large groups can be found in public places, schools, workplace, shopping complexes, prisons, drug rehabilitation centres, places of worship etc. When working with large groups the focus is on creating awareness and disseminating information.

b. Small groups

Normally small groups consist of between 8 - 20 persons. Small groups are useful for influencing attitudes, clarifying values, norms and misconceptions, for promoting adoption of behaviours and supporting behaviour change. For groups to be effective they must be homogeneous i.e. possessing the same characteristics like age, sex, socio-cultural background and literacy level.

c. Individual approach

Individual approach provides a very intense encounter between the educator and the learner. It provides an opportunity for two way-communications, further clarification of attitudes and values, skills development, problem solving and facilitating behaviour adoption.

Educational activities that are suitable for each of the approaches are as follows:-

Approach	Activities	Outcome
1. Large Group	Lecture, Public forum Dialogue, Video/film show Drama/sketch Multi-media Presentation Talk Exhibition Debate	- Increased awareness - Increased knowledge - Motivation - Sensitization
2. Small Group	Group discussion Demonstration Role Play Workshop Slide/video show Group therapy	- Adoption of behaviour - Decision making - Clarification of values and misconceptions - Motivation - Attitude change - Increased knowledge
3. Individual approach	Counselling Discussion Individual instruction	- Decision making - Clarifying values - Behaviour change - Skills development

CHAPTER 8

8. MEDIA AND MESSAGES

A variety of media can be used to support the AIDS education programmes. These media can be used for the following purposes:

a. To create awareness

b. Provide information on AIDS to a large number of people quickly

c. To remind people about the need for AIDS prevention

d. To provide detailed information about AIDS and its prevention

e. To be used as teaching/training aids

The types of media such as mass media, folk media, educational media and outdoor media have been described in the chapter on strategies. The use of media is closely related to the approach and education activity. The table below identifies the appropriate media to be used under different situations.

Approach	Activities	Media
1. Large Group	Lecture Public forum Dialogue Video/film show Drama/sketch Presentation of folk Media Exhibition Debate	Slide Transparencies Video Movie films Folk media Exhibits Booklets/ Pamphlets Posters Collaterals (e.g. T-Shirts button badge. key chains. stickers etc)
2. Small Group	Group discussion Demonstration Role Play Workshop Slide/video show Group therapy	Slide Video Film Flip-chart Transparency Model Specimen Booklet/pamphlet Collaterals (e.g. as above)
3. Individual Approach	Counselling Individual instruction Discussion Interview	Flash - cards Flip - charts Booklet, pamphlet Model Computer game

The messages or contents can be conveyed through the media. Messages should address all 3 domains of learning:-

a. Cognitive (knowledge)
b. Affective (attitudes, values and beliefs)
c. Psychomotor (skills)

The development of messages should take into consideration the existing knowledge, attitudes, beliefs and practices of the target group which was determined through the initial assessment. As such the messages are very closely related to learning objectives.

The messages that are developed should include the following elements:-

a. What benefits will the target audience obtain in following the programme message.
b. Supporting information to make these benefits credible to the audience.
c. Emotional tone (e.g. concern, love, happiness, etc) this is relevant or acceptable to the target audience.

Messages have to be pre-tested with the target audience together with the media in which the message appeared. This is to ensure that the messages and media are acceptable, relevant, practical, attractive and easily understood.

Examples of messages which have been developed to provide information, clarify attitudes and motivate behaviour change are given in Appendix 2.

CHAPTER 9

9. EVALUATION

Evaluation is carried out to obtain information about the progress, achievements and effectiveness of AIDS education programmes. Evaluation also includes assessing problems, defects, limitations and unintended side effects of the programme for the purpose of improving and strengthening future programmes. Evaluation is a continuous process and should be carried out during all the stages of the programme.

There are two types of evaluation:-

a. Process evaluation
b. Outcome evaluation

Process evaluation is carried out to monitor the implementation of programme activities to find out whether programme activities are carried out as planned. Process evaluation also seeks to identify potential causes of success and failure.

Information that is collected through process evaluation must be timely, relevant and reliable so that feedback can be obtained to improve programme implementation. Process evaluation will find out about a number of things such as:-

a. The number of education activities carried out.
b. Whether the activities were carried outs as planned, that is at the right time, place and by the right persons.
c. What problems of limitations were encountered in the implementation of activities.
d. What quantities of educational materials were produced
e. Were the educational materials distributed and used as planned.
f. Were the health staff able to carry out the educational activities effectively as planned.

Outcome evaluation is carried out at the completion of the programme and measures the extent to which the programme objectives, behavioural objectives and learning objectives have been achieved.

This type evaluation is concerned about the effectiveness and impact of the programme. Effectiveness usually refers to how the education activities have influenced the knowledge, attitudes, beliefs and practices of the target audience and their health status. Among the things measured by outcome evaluation are:

a. How many people were reached by the messages.
b. How many people understood the messages.
c. Have the people increased their knowledge about the disease.
d. How much attitude change has been achieved.
e. How many people have changed their behaviour in the intended direction at the end of the programme.

Process evaluation can be carried out by a number of ways such as:-

a. Observation
b. Check list
c. Survey
d. Interviews
e. Group discussion

Outcome evaluation can be carried out through the following ways:-

a. Survey (pre and post test)
b. Interview
c. Focus group discussion
d. Examination of medical records
e. Check list

CHAPTER 10

10. AIDS EDUCATION IN SPECIFIC SETTING

10.1 AIDS EDUCATION IN THE WORKPLACE

1. Introduction

The majority of HIV infection occurs among people in the sexually active and economically productive age group of 20 - 45 years. Almost all of these people are employed in the workforce. Most of the people who are infected are not ill and can continue to work as productive and valued workers for some time. However every business organisation and employer should be prepared when an employee learns he/she has HIV infection or becomes ill with AIDS.

There are many compelling reasons why employers should take the initiative to provide AIDS education in the workplace even before any employee is infected. AIDS is a big and real threat to the workplace because it reduces the size morale and productivity of the workforce. It can cause work disruption and increase costs due to recruiting and retaining of new staff, insurance and medical-care costs, and lower productivity. Effective AIDS education can decrease fears and concerns about the disease, foster compassion and empathy for those infected and reduces discrimination and sterilisation of infected co-workers. Equally important, AIDS education can protect the health of employees by providing factual information to reduce their risk of infection in their personal lives. It should also cover universal precautions and simple first aid procedures so that staff is familiar with low to deal with bleeding injuries and body fluids in the workplace without getting infected.

2. Issues

In the normal workplace setting, HIV is not transmissible. This is based on what we know about the specific modes of HIV transmission and on research disproving other ways of spreading the HIV. HIV cannot be spread through normal social contact such as working together. The majority of workers are at minimal risk of acquiring HIV infection at work. Only workers exposed to blood or body fluids could be at risk but these risks can be minimized through proper education and training.

Employers, with the involvement of employees, unions and the local health department, have a responsibility to institute workplace education programmes on HIV which complement the public AIDS education programme.

Workplace education programmes should address the following issues:-

a. Emphasize that under ordinary circumstances there is no risk from working with a person with HIV.

b. Myths, misconceptions and unwarranted fears about HIV/ AIDS should be clarified and resolved with the employees. In some unfortunate instance, these misconceptions and irrational fears have lead to discrimination and rejection in by co-workers and unwarranted termination by employers.

c. A sound workplace policy on AIDS which spells out the rights on responsibilities of the employers, infected employees and uninfected employees.

d. The right to work. There is no reason why an HIV-infected person should stop working as long as he/she is able to carry out his/her duties. Even when people become ill with HIV and are no longer able to perform their regular duties, they can still be productive employees if certain accommodations are made or their duties altered.

e. HIV testing. HIV testing before or during employment is not necessary. However HIV-infected employees have a responsibility to inform their supervisors of their condition when they cannot perform their duties for medical reasons.

f. Confidentiality. Under normal circumstances it is not necessary for any employer to know that an employee has HIV. Where the employer has been informed or has this knowledge the employer must keep this information strictly confidential. Normal disclosure serves no useful purpose and can create serious problems for the infected employee and disruption in the workplace.

3. Initial Assessment

Before any AIDS education programme in the workplace can be planned, relevant information must be obtained. Information is needed about:

a. The local epidemiology of HIV infection and AIDS including the nature and extent of the problem among workers.

b. Knowledge, attitudes, beliefs, and practices relating to HIV infection (AIDS among) The employees

c. Communication channels available to the programme in the workplace e.g. monthly bulletin, staff meeting, union meeting, club meeting etc.

d. The health and social support services available in the workplace (e.g. clinic, counselling services and fitness programme).

e. The costs of the AIDS education programme.

f. The sources of expertise and manpower available to implement the AIDS education programme (health, non health, and voluntary association in the workplace).

4. Methods of obtaining Information

In a workplace, the relevant information for planning a health education programme can be obtained by various ways and means, such as:-

i. Survey
ii. Interview
iii. Employees medical records and reports
iv. Medical officer in the workplace
v. Observation
vi. Checklist

5. Objectives of AIDS Education in the Workplace

5.1 General objective

To prevent the spread of HIV and reduce the incidence of new HIV infection in the workplace.

5.2 Programme objective

5.2.1 To disseminate factual information about the nature of AIDS and its prevention.

5.2.2 To reduce discrimination and rejecting HIV - infected workers/employees.

5.2.3 To motivate and promote the adoption of healthy lifestyle and universal precautions that can prevent HIV infection among the workers/employees.

5.3 Behavioural objectives

5.3.1 The employees/works will accept/support fellow workers who are known to be infected.

5.3.2 The employees/workers will refrain from risky activities like having sex with persons other than their spouses/partners, paid sex or injecting dadah.

5.3.3 The employees/workers will practise universal precautions, if and when necessary.

5.4 Learning objective

5.4.1 The employees/workers will be able to differentiate between HIV infection and AIDS.

5.4.2 The employees/workers will be able to state AIDS - related risks (if any) associated with their jobs or work situation, acknowledging that there is no risk associated with normal casual contact.

5.4.3 The employees/workers will agree that HIV-infected fellow employees need their empathy, acceptance and support and have a right to continue working as long as they are able to.

5.4.4 The employees/workers will be able to describe the methods of preventing HIV infection, including universal precautions.

6. Target groups

Employers, with the full support and participation of the health department, employees and unions have a responsibility to institute AIDS education programmes in the workplace which complement the public education programmes. This programme should target both the management and staff. Frontline supervisors and critical targets for education since they will be the first management personnel to identify and deal with problems related to HIV infection.

7. Strategies and activities

In general, 3 types of strategies can be used in for an AIDS educational programme in the workplace.

7.1 Communication strategy

This strategy is used to create awareness, inform and clarify issues regarding AIDS. This involves the planning and implementation of educational activities such as:-

- information session utilizing guest speakers, or panel discussion, seminar
- small shows
- exhibitions

- distribution of printed educational materials like pamphlets and booklets
- display of posters

7.2 Organization strategy

This strategy is used to obtain the support and participation of all relevant parties in the programme such as the management, unions and other organisations which are found in the workplace. This strategy develops commitment and collaboration between all the parties concerned in all stages of the programme, AIDS educational activities will be planned, executed and monitored by the management and the employees. Where possible, AIDS educational activities should be integrated into other existing activities of the workplace such as Family Day, Workers Day, Sport Day etc.

7.3 Training Strategy

This will be used to develop skills and desired practices. This strategy can be used to develop resource persons and peer educators from among the management personnel and employees. Resource persons can serve as counsellors as well as health educators. Training activities such as workshops and seminars can be conducted with the assistance of local health personnel and NGOs involved in AIDS education. The topics covered during the training workshop should include basic information on HIV/AIDS, adult education, basic counselling skills, and development and utilisation of educational materials.

8. Evaluation

AIDS education programme in their workplace should be evaluated to determine the effectiveness and achievements of the programme.

Evaluation should be carried out as the programme is implemented and when the programme is completed.

Process evaluation is carried out continuously to monitor the implementation of programme activities and to detect any problem or shortcomings arising from it. This type of evaluation also assesses whether an activity has been carried out as planned or otherwise.

Outcome evaluation is concerned with the achievements of the programme, whether the programme objectives have been achieved. This is carried out at the conclusion of the programme.

Evaluation provides valuable information which can be used to strengthen or improve future programmes.

Evaluation can be carried out by number of ways such as:-

a. observation
b. checklist
c. survey
d. interview
e. focus group discussion
f. examination of staff medical records

10.2 SCHOOL AIDS EDUCATION

1. Introduction

Young people are an important target group for the prevention of HIV infections and sexually transmitted diseases (STD) because about 30% of the world's population is between 10 and 24 years of age. In some countries many adolescents aged 15 - 19 years have had sexual experience. In addition, at least one-fifth of all people with

AIDS are in their twenties, and most likely to have become infected with HIV as adolescents. Because at present there is no cure for HIV infection, primary prevention through education must be the major aim of any public health programme.

A large number of young people throughout the world attend school or are in contact with those who do. Information, values and skills covered in schools can thus have a considerable impact in their lives. Education systems should fully inform young people about HIV infection, transmission and means of prevention and help them to develop the skills to act on their knowledge and communicate it to others. Specifically, programmes must help them to maintain healthy behaviour and change or avoid behaviour that put themselves or others at risk. Education on HIV/AIDS must be presented within a school curriculum that provides a broad understanding of communicable diseases, community health, human relationships, reproductive health, drug use and other relevant issues, within the context of local cultural values and beliefs.

Although HIV cannot be transmitted in ordinary school setting, schools are often a focus of fear for parents, staff, young people and community when the facts about HIV transmission are not clearly understood. A comprehensive programme on the subject can facilitate understanding and prevent both fear and discrimination. Such a programme should emphasize not only the rights of HIV infected students from privacy and confidentiality, but also their right to participate in the school community.

2. Issues

A plural society like Malaysia has a wide range of cultures and marked differences between the urban and rural populations. Moral, cultural, religious and philosophical issues invariably affect the planning,

implementation and evaluation of AIDS education programme in schools.

The AIDS issue is handled carefully by the teachers. Its relationship to sex education and sexual behaviour and the fact that such topics are not generally discussed openly, even at home among family members, make AIDS a difficult topic to approach. AIDS education has to be delivered in a cautious and sensible manner because certain health promotion options, such as the use of condoms, do conflict with social cultural religious and philosophical principles of many Malaysians.

The involvement and participation of religious and community leaders, teachers, parents and peers in AIDS education programme help to define appropriate approaches that are generally acceptable in order to achieve the objectives of the programmes.

3. Initial assessment

An assessment of the student's knowledge, attitude and behaviour relating to AIDS can be conducted through certain methods which include:-

a. surveys
b. interview
c. focus group discussion
d. observation

Situational analysis can be done to determine communication channels that can be used to communicate information about HIV/AIDS to school children. Using the same methods as above, we can approach teachers, parents, and community leaders to obtain information from them. Meetings and discussions can be held with

them to identify and mobilise the expertise and manpower that are available to implement and monitor the AIDS education programme.

4. Objectives

General objective

To prevent the transmission of HIV among school children.

Programme objective

To promote behaviour that prevents the transmission of HIV in schools.

Behavioural objectives

i. Students will abstain from sex
ii. Students will avoid using or injecting drugs

Learning objectives

i. Students will be able to explain the nature and modes of transmission of HIV.
ii. Students will be able to make decisions about personal and social behaviour that reduces the risk of HIV transmission.

5. Target Groups

Our target group will be secondary students who are on Forms One to Six. In addition to this, other target groups will also include the teachers, parents and religious and community leaders.

6. Strategies

3 types of strategies will be used in AIDS education programme for students.

a. Communication strategies

To create awareness and disseminate information to target audience a variety of media can be used such as:-

i. electronic media
ii. print media
iii. educational media
iv. folk media
v. out-door media

b. Organisation strategies

The involvement of government and non-government organizations is very important in implementing this strategy. Parent-teacher associations (PTAs), and also peer-groups in schools provide social support for behaviour change. They should be involved in every step of the AIDS education programme so that the programme is acceptable to their needs and supported by the community itself.

c. Training strategies

Training strategies are very useful to develop skills. Training can be directed to the resource persons such as health staff, teachers and peer-groups to train them, for example, on counselling techniques so that they will be able to contact effective counselling sessions for students.

Many adolescents are impressionable and like to imitate their idols and admire fellow peers. Leadership training should be given to student leader such as school prefects and class monitors so that other students can look up to them as role models. Good values, habits and behaviours which are

relevant to AIDS education are nurtured among students through these students leaders.

The AIDS education programme for schools would be ineffective if teachers are not trained to play their role accordingly and be committed to AIDS education. Courses should be conducted for in-service and trainee teachers to enable them to obtain correct information on AIDS and develop competency to plan and conduct AIDS educational activities in schools.

7. Methodology

A variety of methods can be used for AIDS education programme is schools. *(please refer to the approaches and activities that have been mentioned earlier in this guide)*.

8. Contents

The content of AIDS curricula must encompass knowledge, skills and values. Some examples of possible contents are given below:-

a. Knowledge

- How is HIV transmitted/not transmitted
- Who can become infected with HIV
- What AIDS prevention and control activities and services are available in the local community

b. Attitudes, beliefs and values

- What can we do for people with AIDS
- When and with whom it is culturally appropriate to discuss sexual matters or to talk about HIV/AIDS

- What are the attitudes of those close to the students towards sexual behaviour, drug injecting and other practices related to AIDS.

c. Skill

- How can students protect themselves and others from contracting or transmitting HIV
- How can students act to counter discrimination and promote solidarity between those who are infected and those who are not
- How do you talk to people about AIDS

10. Evaluation

Two types of evaluation will be carried out i.e. process evaluation (formative evaluation) and outcome evaluation (summative evaluation). Full and continuous evaluation should be an integral part of a school AIDS education programme. Planning should allow for reassessment of the programme at stated intervals and provide an opportunity for planners to make such changes as are indicated by the evaluation.

It is necessary to decide who is to evaluate the programme because it must be conducted by a trained evaluator. Evaluator must also take into account a number of ethical considerations, including respect for each person's right to privacy and confidentiality because of the personal nature of education on AIDS and sexuality and the behaviour it seeks to influence.

10.3 OUTREACH PROGRAMME FOR PERSONS WITH RISKY BEHAVIOURS

1. Introduction

Currently in Malaysia, the HIV/AIDS epidemic mainly affects persons who inject drugs and commercial sex workers. It is estimated that the prevalence rate of HIV infection among drug addicts has reached 30% in some areas of the country. The number of sex workers who are detected as HIV positive is increasing rapidly.

There are 2 main types of risky behaviours implicated in the transmission of the HIV :-

a. sharing needled and syringes for drug taking

b. unprotected sex with an HIV - infected person. Because HIV infection and AIDS occur through such risky behaviours, prevention and control should focus on changing or modifying these behaviours.

2. Issues and Problems

Educating people with risky behaviours is not easy or straight forward. Certain difficulties or barriers are encountered such as:-

a. Denial and psychological resistance. Many drug injectors, prostitutes and their clients do not perceive themselves to be at risk to HIV infection.

b. Fear, distrust or dislike of authority, including health personnel.

c. Strong addiction to drugs and sex. These habits are difficult to avoid.

d. The need to discuss personal and sensitive issues like sex explicitly openly.

e. Stigmatisation of drug addicts and prostitutes. This may cause many health personnel to avoid associating or working with such people.

f. The need for development of skills in using condoms and cleaning needles and syringes. Condom use and cleaning needles and syringes are not condoned by society and the authorities.

g. Lack of alternative measures. Few drug addicts are willing to give up drugs easily. Many prostitutes do not want to give up their lucrative business.

h. The need to tackle other issues concerning employment, health, welfare, personal problems etc. of these people.

i. The difficulty in locating and maintaining contact with these people.

j. The low literacy level of some of these people.

3. Initial assessment

Studies have to be carried out before a programme can be conducted in order to obtain information about:

a. The epidemiology of AIDS among the target groups e.g. who are affected, where they are distributed, how they are infected, the prevalence rate etc.

b. The knowledge, misconceptions, attitudes, values, beliefs and practices of the target groups.

c. The biodata, communication channels, media preference, social network, facilities and sources of information of the target groups.

4. Objectives

The general objective of an AIDS education programme designed for persons with high risk behaviour is to prevent and control the transmission of HIV to them and from transmitting the disease to the general public.

The programme objectives would depend on the findings obtained from the initial assessment. The programme may focus on one or more of the following:-

a. To reduce the incidence of HIV infection among the target group by a certain percentage (%) by the end of the programme.

b. To reduce the incidence of STD among the target group by a certain % by the end of the programme.

c. To reduce the incidence of needle-sharing among the target group by a certain %.