YOUNG PEOPLE - Partners in HIV/AIDS Prevention
Hindi text on the cover page calls for an end to discrimination against people living with HIV/AIDS and urges support for them to live.
Every minute, five young people become infected with HIV/AIDS, through unprotected sex or sharing contaminated needles when injecting drugs. Strengthening young people’s ability to protect themselves and engaging them as a positive force in fighting HIV/AIDS are critical to turning the tide of the HIV/AIDS pandemic.

There is a gap between knowledge and practice. All too often, information alone is provided to young people. Interventions that centre on information and knowledge do not suffice in the face of deep-rooted values and peer pressure that increase young people’s vulnerability to HIV/AIDS. Lifeskills are a set of psychosocial competencies that enable young people to think critically about health risks, communicate effectively and make responsible decisions that impact on their health.

UNESCAP has been working with national partners to actively promote peer-to-peer life skills training under its project entitled “Integration of youth health concerns into non-formal education: focus on HIV/AIDS in Asia.” This project is a response to the HIV threat in the Asian and Pacific region which now accounts for one in every five new infections in the world. The epicentre of the HIV/AIDS pandemic is fast shifting from Africa to the ESCAP region.

Project experience confirms that young people are able and willing to learn both knowledge and life skills, and to share them with their peers. Peer education has been increasingly recognized as an effective tool to bring about positive change in attitudes, beliefs and behaviour.

Young People – Partners in HIV/AIDS Prevention aims to address two questions: Why life skills? And why peer education? It presents an overview of young people’s vulnerability to HIV/AIDS infection and illustrates how the life-skills approach could enhance young people’s competency in responsible decision-making to minimize high-risk behaviour. It also examines key elements that contribute to the success of peer education programmes.

Young People – Partners in HIV/AIDS Prevention is intended as a contribution to building a common understanding of life-skills and peer education approaches among policy makers, programme managers,
youth trainers and youth workers, who are in a position to support young people in their life skills development for HIV/AIDS prevention.

Case studies from Bangladesh, China, India, Nepal and Thailand underscore young people's effectiveness as peer educators, be they former drug users, trishaw drivers or students.

This publication serves as supplementary reading material under a new series of UNESCAP training materials related to youth-focused life skills for health and development: The Life Skills Training Guide for Young People: HIV/AIDS and Substance Use Prevention; Adolescent Substance Use: Risk and Protection; Young People and Substance Use: Prevention, Treatment and Rehabilitation; as well as Conflict Negotiation Skills for Youth.

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# Glossary of Selected Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>AIDS</td>
<td>acquired immunodeficiency syndrome</td>
</tr>
<tr>
<td>ESCAP</td>
<td>Economic and Social Commission for Asia and the Pacific</td>
</tr>
<tr>
<td>HIV</td>
<td>human immunodeficiency syndrome</td>
</tr>
<tr>
<td>IDUs</td>
<td>injecting drug users</td>
</tr>
<tr>
<td>STIs</td>
<td>sexually transmitted infections</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>UNODC</td>
<td>United Nations Office on Drugs and Crime</td>
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Chapter I
THE SCOURGE OF HIV/AIDS IN ASIA AND THE PACIFIC
Each day, nearly 6,000 young women and men around the world are falling prey to HIV, the virus that causes AIDS. Every day millions of people are living with increased threats of HIV/AIDS, except that they do not know it. The large majority remains ignorant of the virus’s grip.

By the end of 2002, there were more than 12 million young people aged between 15 and 24 living with HIV/AIDS around the world, including 2.6 million in Asia and the Pacific. And the number continues to climb.

More than half of all new HIV infections occur among children and young people. There are 1.3 billion young people aged 15-24 around the world, and some 60 per cent of them live in the developing countries of Asia and the Pacific.

In Thailand, approximately 60 per cent of all new infections occur among young men and young women. In the Philippines, 35 per cent of all recorded HIV infections are among those aged 29 years and younger. In Cambodia, HIV prevalence rates among sex workers younger than 20 years of age are significantly higher than those above 20 years.

The dominant route of HIV transmission in Asia and the Pacific is unprotected sex and injecting drug use. A growing number of Asian youth are turning to drugs and becoming sexually active before marriage.

**Figure I.1. New HIV infection in 2002, by age group**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 15</td>
<td>16%</td>
</tr>
<tr>
<td>15-24</td>
<td>42%</td>
</tr>
<tr>
<td>25 and over</td>
<td>42%</td>
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</tbody>
</table>

Injecting drug use is also fuelling the spread of HIV/AIDS in many Asian countries, including China, India, Indonesia, Iran, Malaysia, Myanmar, Nepal, Thailand and Viet Nam.

A 1998 survey among married adolescents in rural Maharashtra, India, reported that 48 per cent of the boys had had premarital sex. In China, more and more young people are having sex before marriage, and more and more will have several pre-marital sexual relationships. In fact, a study conducted in Shanghai several years ago showed that 17 per cent of male, and 18 per cent of female students reported they were sexually active during their university years (UNAIDS 2001).

Injecting drug use is also fuelling the spread of HIV/AIDS in many Asian countries, including China, India, Indonesia, Iran, Malaysia, Myanmar, Nepal, Thailand and Viet Nam.

In China, unofficial estimates place the number of drug users at close to 6 to 7 million with approximately half being injecting drug users (IDUs). In Indonesia, there could be 2 million drug users with half of those injecting. In Iran, there could be as many as 3.3 million drug users with an estimated 200,000 to 300,000 being IDUs. In Myanmar, an estimated 300,000 to 500,000 people use illicit drugs and up to half are injecting.

Two to three million drug users (nearly 5 per cent of the Thai population) are believed to exist in Thailand. In the Lao Peoples Democratic Republic, opium use remains widespread, and in some parts of the country, 5 per cent of the population above the age of 15 years are opiate users. In Pakistan, out of an estimated five million drug users, 50 per cent are addicted to heroin, and an increasing number are turning to injecting drug use (Reid and Costigan 2002).

In Indonesia, HIV prevalence measured in drug treatment centres rose from 15.4 per cent in 2000 to 40 per cent by mid-2001. In China, HIV prevalence among IDUs in some areas of Yunnan Province and Xinjiang Autonomous Region is higher than 70 per cent. Another 9 provinces in
China are possibly on the brink of similar HIV epidemics because of high rates of needle sharing.

In Nepal, HIV prevalence among IDUs shot up from 2.2 per cent in 1995 to nearly 50 per cent in 1998. Thereafter, a 2002 study revealed a 68 per cent HIV prevalence rate among male IDUs in Kathmandu. Half of the country’s drug users are in the age group of 16 to 25.
Chapter II
WHY ARE YOUNG PEOPLE VULNERABLE?
For young people, growing up in a rapidly changing environment is a tough challenge. Technological advancements, like television and the computer, that pave the way for global information sharing, offer young people new ways of thinking and living. These new ways are often in conflict with the values passed on by parents and grandparents.

New knowledge and discoveries bring with them values that are not always in tune with the expectations of elders. Yet the psychological need for building self-identity often draws adolescents and young people towards new trends, to keep up with the times. The media, the Internet, and peers each have a place in shaping a young person's self-image, along with the perception of parents. Juggling between what are at times conflicting demands, some are able to cope and excel, while some teeter on the edge. Yet others suffer confusion, self-doubt and even self-loathing.

The process of forming a self-identity is often accompanied by inner turmoil that leads to seemingly "contradictory" behaviours among adolescents. On the one hand, teenagers are trying to imitate adult behaviour, by attempting to explore the "forbidden areas" of life, which promise a sense of adventure and excitement. On the other hand, they resist and even resent "advice" from adults. Teenagers perceive adults as "them": alien to an adolescent world and unable to understand "me" or "us".

Experiments with sex and drugs against parental and teachers’ wishes add to the thrill of rebellion and adventurous forays into adulthood. Adolescents may experience their first rejection in love, and the setback could affect their self-image and breed negativity. Many teenagers in these circumstances sink into depression and some may even take up drinking and drugs to numb their emotional pain. The inability to cope with emotional pain and stress can result in school dropout, and often, street roaming where danger lurks: the seduction of drug use and casual sex.
Since childhood, boys and girls have been conditioned to follow different codes of conduct in gender relations. Adolescent boys are taught to display aggressiveness, masculinity and sexual prowess, in order to establish their status among peers. A study on rural Thai youth found that peer influence was one of the main motivations for engaging in the first premarital sexual experience (Zsarabhakdi 2000).

Adolescent girls however are moulded by society to have a passive and submissive disposition in their social relations with boys. Gender inequality is reinforced by the prevalent traditional expectation that females should remain docile and silent, even on matters that affect them. When physical intimacy develops as a result of increased affection, many girls find it difficult to raise with their partners issues of abstinence or use of condom. “Girls are not supposed to talk about these things,” is a common perception instilled in their minds. Also common is the belief that only “bad” girls talk about these things. Young women are often made to feel that they are not supposed to go against their partners’ wishes, and yielding to sexual demands is the only way to gain affection, love and commitment.

Sexual desires, silence about sex and sexual health, and unequal power relations between males and females, have provided fertile ground for unprotected sex among young people. Research shows that during unprotected sex, the risk of HIV infection is two to four times higher for women than men (Royce and others 1997). Girls and young women are even more vulnerable because of the tenderness of their still maturing reproductive tracts. Of the young people living with HIV/ AIDS, 62 per cent are young women (table II.1).

Adverse environmental factors such as poverty also make young people vulnerable to HIV infection. To look for better economic
opportunities, young men and women migrate from villages to the cities or other countries. Cut off from the social support system of their local community, they have to cope with loneliness, disorientation and boredom. Many turn to drinking, try drugs and have casual sex. They often do so along with their peers, to gain a sense of excitement and group belonging.

Girls from poor and marginalized communities are often targets for human trafficking. Once sold or seduced into the sex industry, most victims are enslaved by brothel owners with little means of escape. Many sex workers are also IDUs (injecting drug users), who choose that lethal way to drown out their misery. In Viet Nam, surveys have found the prevalence of injecting drug use among commercial sex workers to range from 10 per cent to 50 per cent.

Studies have found that IDUs are likely to be associated with the sex industry, and engaged in high-risk sexual activities. Female IDUs are increasingly involved in commercial sex work, with this trend emerging in Bangladesh, China, India, Indonesia, Nepal, Pakistan, the Philippines, Sri Lanka and Viet Nam.

HIV/AIDS risk among drug abusers does not arise only from injecting drugs. Many types of psychoactive substances, whether through injection or not, including alcohol, place the individual at risk because they affect the ability to make safe decisions about sexual behaviour.
HIV/AIDS risk among drug abusers does not arise only from injecting drugs. Many types of psychoactive substances, whether through injection or not, including alcohol, place the individual at risk because they affect the ability to make safe decisions about sexual behaviour. In the US, crack-cocaine abusers account for an increasing proportion of HIV/AIDS infection cases (UNODC 2000).

Throughout the Asian and Pacific region, surveys show that the age of initiation into drug use is becoming lower. Among drug users, rates of unemployment and levels of involvement in unskilled work are high. Drug users tend to be poorly educated, sexually active, and infrequent users of condoms.

Peer pressure, conflicts with parents, failure in love relationships, anxiety about the future, and the overpowering influence of disadvantaged social and economic conditions - all conspire to push young people onto the perilous path of high-risk behaviour.
Why are Young People Vulnerable?
Chapter III
LIFE SKILLS AND PREVENTION OF RISK BEHAVIOUR
Health-related behaviour is determined by a multitude of factors, including knowledge, attitude, the ability to act, and external factors, such as access to health services, as well as and social and economic conditions.

While environmental factors also have an impact on people's behaviour, this chapter focuses, however, on examining internal factors that determine individuals' health behaviour.

When the information we receive is consistent with our attitude, values and beliefs, there is a greater likelihood that we will adopt the suggested behaviours. A straightforward example is that we brush our teeth because we know it protects our teeth and prevents toothache.

However, if the information is in conflict with our deep-rooted values and beliefs and if the discrepancies are not reconciled, we are unlikely to change habitual behaviours. For instance, a young man is told that using condoms consistently can protect him from HIV infection and he is taught how to use one. But, he feels using a condom reduces sexual pleasure, so he continues to have unprotected sex even after hearing the message. The information he receives does not lead to behavioural change because his belief – that using a condom reduces sexual pleasure—is unchanged.

**Figure III.1. Factors that influence health-related behaviours**

![Diagram showing factors influencing health-related behaviours]

**Source:** ESCAP (Bangkok, 2003)
Research has shown that the pull of information is not strong enough to prevent risky behaviour among young people. Knowledge should be provided to young people, together with essential life skills that enable them to think critically about health risks, and take effective action to protect themselves.

A. **WHAT ARE LIFE SKILLS?**

A host of experts, practitioners and organizations have been making efforts to define and enrich the evolving concept of life skills. Based on the WHO/UNICEF working definition, life skills are a set of psychosocial competencies and interpersonal skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathize with others, and manage their lives in a healthy and productive way.

In general, core life skills can be grouped into three inter-related categories:

![Figure III.2. Life skills](source: ESCAP (Bangkok, 2003))
1. Decision-making and problem solving

Problems are part of life and no one can escape them. Attempting to avoid problems, or pretending they do not exist, may lead to mental stress and health hazards. Problem solving entails the ability to analyze the causes of the problem, find out different options to tackle these causes, and take effective actions.

Decision-making is an integral part of problem solving – evaluating the pros and cons of available options. Critical thinking skills are essential to the decision-making process. They help young people assess information, opinions and viewpoints coming from various sources before they are able to determine ‘what is good for me.”

For example, when discussing safer sex, boys could be guided to examine their beliefs about condom use, peer influence on their attitude toward sex, and their values about responsible relationships. Girls could be encouraged to think about gender equality and rights, about social biases, and how these biases affect their decisions. Such exercises on value-clarification help remove mental barriers and make it easier for young people to learn how to refuse sexual advances or negotiate safer sex, and how to be assertive in a risky situation.

Creative thinking skills enable young people to think “out of the box”, to look beyond the options on the surface, and search for better solutions. It enhances young people’s problem-solving capability, cultivates a positive outlook, and builds their confidence to make changes in their own lives.

2. Communication and interpersonal relationship skills

Effective communication is about our willingness and ability to share our views and feelings with others, and relate to others positively to cultivate a healthy interpersonal relationship.
Effective communication is also about seeking timely advice and help, especially when faced with an “embarrassing” issue or taboo topics such as sex.

Effective communication is vital when young people are making a responsible choice that might invoke resistance from others who are important to them. The ability to persuade and convince the other party will help them carry out their decision.

Here is a case that shows how communication contributes to responsible decision-making. Lily and Minh are both students who have been in love for about two years. Lily decides to practise abstinence before marriage, but her boyfriend, Minh, has hinted to her many times his desire for sex. Each time he drops such hints, Lily would divert the subject by talking about something else. But lately Lily senses Minh is getting irritated, and she fears she may not be able to brush it off next time.

Lily decides to have a heart-to-heart talk with Minh one evening. It is not easy to broach the topic because feelings and love tend to be expressed more through body language than words. Determined to break the silence, Lily overcomes her shyness and brings up the issue with him.

Lily shares her concern about getting pregnant and how it would affect their studies and their future. Lily helps Minh understand what is considered a responsible relationship, and what is in their own best interest. Minh is relieved when Lily tells him she loves him. He says, “Actually I thought you do not want to have sex because you do not love me enough.” After that conversation, they both decided to postpone sex.
until marriage and concentrate on their studies. And their relationship is no longer disrupted by “noises” that arise from unmet desire, false assumptions and suspicions.

3. Self-management skills

Negative events or stressful circumstances can throw us off balance, making it difficult for us to concentrate on our work or studies. Self-management skills strengthen our resolve to deal with negative emotions and stressful situations. Specific stress-management skills include time management and relaxation techniques.

We cannot control external events, but we can take control of our own minds. The way we perceive ourselves influences the way we deal with others. If we have belief in ourselves, that is, self-efficacy, we are more likely to manage the demands of others, and maintain inner poise in the face of criticism and setback.

Human beings have certain basic emotions: happiness, disgust, surprise, sadness, anger and fear. Positive emotions, such as happiness, are conducive to health. Negative emotions, such as anger and fear are detrimental to our mind, body and spirit.

It takes conscious effort, especially in self-examination, to turn attention away from others, and direct it toward oneself. Becoming aware of our actual emotions, such as fear or anxiety, and their causes, can illuminate the path of liberating ourselves from negative feelings and thoughts.

Self-awareness is the ability to understand our strengths, weaknesses, values, character, needs, desires and aspirations. Critical thinking enables us to question the validity of existing values, evaluate our experiences, and assess the factors that influence the way we think and act.

Self-awareness and critical thinking allow young people to see themselves in a positive light, assess their strengths and weaknesses.
realistically, and avoid the pitfall of developing low self-esteem, when they are insulted or ridiculed.

For instance, 19-year old Dajian not only refuses to try “Ecstasy” offered to him by his friends, but also asks his friend not to touch it. But his reaction has invited ridicule. He is called a sissy and “chicken”. He is treated as an outcast, and cut off from group activities. The pressure is weighing Dajian down. He has to cope with rejection and loneliness. Dajian struggles within himself and wavers on his earlier decision not to take drugs.

On further reflection, Dajian decides the he has made the right choice and hopes that his friends will come to their senses one day. Self-reflection takes Dajian out of his unpalatable situation. He is not afraid of being abandoned by his friends, and is, in fact, thinking ahead: how can I help my friends get out of this trap?

The examples of Lily and Dajian show that decision-making is a dynamic process. Without communication and self-management skills, our decisions may not be sustained under strong social pressure. A young person equipped with core life skills will be better able to analyze the risks to health, make a responsible choice, communicate with others about decisions made, and cope with the negative emotions and stress that arise from resistance and pressure to conform.

The development of a life skills-based intervention is built on the foundation of several key theories about how human beings, particularly, children and adolescents, acquire knowledge and develop attitudes and behaviours.

B. DEVELOPMENT OF THE LIFE-SKILLS APPROACH

The development of a life skills-based intervention is built on the foundation of several key theories about how human beings, particularly, children and adolescents, acquire knowledge and develop attitudes and behaviours. Among them are the Social Learning Theory and the Constructivist Psychology Theory.
The Social Learning Theory asserts that children learn to behave through observation and social interaction, in addition to verbal instruction. Self-efficacy, i.e., confidence in one’s abilities to take action in diverse situations, is important to learning and maintaining positive health behaviours, especially in the face of social pressure to behave differently. Thus skills development not only becomes a question of outward behaviour, but of internal qualities (such as self-efficacy) that support those behaviours (Bandura 1997).

The Social Learning Theory has two profound influences on the development of life skills programmes. One is the need to provide children and adolescents with the skills to cope with internal aspects of social life, including stress reduction, self-control and decision-making. The second is for life and social skills programmes to replicate the natural process by which children learn behaviour, such as observation, role-play, and peer education, in order to be effective.

The Constructivist Psychology Theory argues that individual development, including higher mental functioning, is rooted in social sources, and developed through interaction with other people and with the environment. The constructive perspective underscores three aspects of life-skills approach:

- The significance of peer collaboration as the basis for learning skills, especially problem-solving skills.

- The importance of the cultural context in infusing any life skills curriculum with meaning; adolescents themselves co-create the content through the interaction of factual information with a particular cultural environment.

- The development of skills through the interaction of the individual with the social environment that can influence both...
the learners and the environment (Pan American Health Organization 2001).

L.S. Vygotsky asserts that “Learning awakens a variety of internal developmental processes that are able to operate only when the child is interacting with people in his environment and with his peers” (Vygotsky 1978).

Traditionally, school teaching focused on literacy and numerical skills. Few schools provided learning opportunities on developing psycho-social competencies. Young people generally fumble for answers to questions such as: “What should I do when I am dumped by my friend?

Or, “how do I resolve a conflict with my parents? How can I successfully take a stand when under pressure from friends to do things harmful to my health?”

In recent years, the international community has started to work closely with national governments to integrate life skills into school curricula for the prevention of HIV/ AIDS, early pregnancy and substance abuse, along with the promotion of hygiene and sanitation. Teachers in some countries in the Asian and Pacific region have been trained to use participatory methods, such as role-play, case study, essay writing, and games, to enhance life skills learning among students. Life skills-based education is most ideal when it can be introduced to every child as part of quality education at school.

Street children, substance users, young migrant workers and sex workers often drop out of school at an early age or do not have education at all. Faced with greater difficulties and health risks in their daily survival, they are most in need of opportunity to learn life skills in non-formal settings, especially through peer education.

Life skills strengthen young people’s confidence and ability to deal with peer pressure, negotiating for abstinence or safer sex, managing conflict, and developing responsible relationships. Equipping young people with both knowledge and life skills is recognized as one of the most effective approaches to HIV prevention.
Sixteen-year-old Li Lei served a four-year sentence after he was convicted of robbery in Kunming, the capital city of Yunnan Province, China. It has been two years since he was released, but the shadow of heroin lingers on.

In the hope of beginning a new life, he started a transport business with a van bought for him by his mother. But, among his new clients, there were some drug peddlers who tried to lure him back. Li Lei was initially able to resist the temptation. One day, however, he had a quarrel with his mother and the emotional upset was too much to bear. He went to a peddler who readily supplied the drugs he needed to numb his pain. His van was soon sold to pay for the heroin he injected daily.

In desperation, Li Lei’s mother turned to Deng Kai, a former drug user, who had become a peer educator. Deng Kai worked at Sunshine Homeland – a project initiated by the Yunnan/ Australia Red Cross in Kunming to prevent relapse and reduce HIV infection among drug users.

Deng Kai went to Li Lei’s home. He stayed with Li Lei day and night, helping him cope with the excruciating withdrawal symptoms. After a week of torment, Li Lei walked out of the shadow and followed Deng Kai into the Sunshine Homeland to join a two-day training programme on HIV/AIDS and another 15 days of training on livelihood skills.

In China, there are an estimated 6 to 7 million drug users (Burnet Institute 2002). In Yunnan, a transit point for drug trafficking, many young people have fallen prey to drugs. A number of drug users have gone through compulsory or voluntary rehabilitation, but the relapse rates are as high as 90 per cent. A 2001 report from the Yunnan Provincial Health Bureau revealed that, an estimated 80 to 90 percent of drug users were injecting drugs, and among them, HIV prevalence was between 50 to 80 per cent.

The Yunnan/ Australia Red Cross Youth Peer Education for HIV/AIDS Prevention Project started in 1996, targeting students. Gradually it shifted its focus to drug users, commercial sex workers and people living with HIV/AIDS. Between 1998 and 2002, youth peer educators affiliated with the Yunnan/ Australia Red Cross Project...
AIDS Project staff to rethink their peer education strategy.

The solution was the Sunshine Homeland Project, born in October 2002 with a two-pronged strategy of recruiting former drug users as peer educators and introducing livelihood skills training (computer and electrical appliance repair and maintenance, hairdressing), in addition to HIV education.

Reports from China’s compulsory rehabilitation centres (January-September 2000) showed that 60 percent of drug users were unemployed. (Burnet Institute 2002). Substance abusers need extraordinary support with re-integration into the workforce and society after rehabilitation. However, stigmatization and emotional isolation often drive former drug users back to drug use for consolation.

A series of “family days” was organized to introduce the Project to the families of drug users and to provide them with information about HIV/AIDS and harm reduction. Red Cross staff members also travelled throughout Kunming prefecture to talk to county and community leaders to gain their support for the Project.

Gradually, Sunshine Homeland won the acceptance and trust of former substance users, their families and local communities. In less than one year, it had trained a total of 29 facilitators. Like Deng Kai, 11 of them became active peer educators. Those peer educators, supported by Kunming Red Cross project staff members, conducted training for 1,180 young people on the prevention of drugs and HIV at six drug treatment centres, three schools and a number of community centres.

Deng Kai used a combination of lecture, games, songs, discussion and other participatory methods to help drug users understand the risk of HIV infection, including needle sharing and casual sex. Participants were also asked to practise communication and decision-making skills to resist peer pressure.
Li Lei looked up to Deng Kai, who had himself undergone compulsory drug treatment four times. “I’m inspired by Brother Deng and feel I can do well just like him,” said Li Lei. “Before I came here, I thought it would be risky to be surrounded by people who had all taken drugs, but I realized I was wrong. There’s a positive team spirit here. Everyone is working toward the same goal, encouraging each other to quit drugs.”

“I’m not just helping others. I’m helping myself,” Deng Kai reflected. “I do not crave drugs any more. There is a power coming from within.” Deng was paid 50 Yuan (about six US dollars) per day for conducting training courses for drug users. This income was barely sufficient. “But this job, as a peer educator, helped me get on my feet. I don’t want to do anything else,” he added.

Participatory decision-making was key to the day-to-day running of the Sunshine Homeland. Regular focus group discussions were held with volunteers and facilitators to discuss strategic direction. High-level involvement motivated peer educators to perform, and as a result, there was an increasing demand for training from drug rehabilitation centres and communities.

The sense of belonging and responsibility resulted in a number of positive initiatives. With the unanimous support of other peer educators, Deng Kai started a self-help group for drug users in Kunming.

“First we have to gain the trust of drug users and their families. We will spend one to two weeks holding their hands, day and night, and help them quit drugs,” said Deng. The plan is that once clients have quit, they are introduced to the Sunshine Homeland for training. Meanwhile, their families are in close contact with self-help group members to monitor their condition.

Deng Kai proudly revealed the blue print of his future plans. “As a next step, we are thinking of starting a farm to grow vegetables and breed chickens, ducks and other animals. All of the self-help members can join us as volunteers. If their performance is good, they will be hired as farm workers. When they gain greater confidence in themselves, they can leave the farm any time to find other jobs.”

Xiaodong, a former drug user and a skilful hairdresser, has been training his peers in hairdressing but his apprentices did not have the opportunity to practice their newly-acquired skills. They approached a local hospital for permission to provide free hairdressing services to patients. It was a great success.

In pursuit of a sustainable approach, Yunnan/Australia Red Cross began to explore the possibility of providing revolving funds to the project volunteers for small businesses, such as laundries or hairdresser shops. This would generate a steady income for the Sunshine Homeland and support long-term peer education activities.
Sunshine Homeland has shown great promise and wishes to expand its activities. A “Positive Space” is an initiative on the premises of Sunshine Homeland to create a programme of self-care workshops, monthly lunches and family meetings for building a social support network for people living with HIV/AIDS, will soon be created.

In its efforts to fight stigma and discrimination, Sunshine Homeland has brought hope and strength to those who walked into it.

As a trainee and volunteer of Sunshine said, “Long dependence on drugs alienates drug users from society. They’re alone and often not accepted by their families and friends”. He continues by saying, “Even if they want to quit, they cannot do it without emotional, moral and physical support. Sunshine Homeland has helped us in all these ways. After all, after the rain comes sunshine.”
The drum rolls as the young crier calls out, “Come and hear our story, come and see our play.” Just outside Malad station in the western suburbs of Mumbai, India the crowded street closes into a semi-circle formed by students holding banners. “Once there were two friends who got into bad company... they took drugs, visited brothels... then one friend told the other...” The ninth-standard students of the Children’s Academy, a private high school in Mumbai, were out on the streets performing a play telling people about AIDS.

The 15 students, all aged 14 to 15, were giving the message on their project entitled “Goal-oriented adolescent life skills (GOAL).” Teachers from the school attended the AIDS Prevention Education Programme (APEP) sponsored by the Brihanmumbai Municipal Corporation (BMC), Mumbai District AIDS Control (MDACs) and UNICEF. Nafisa Bhinderwala, one of the teachers trained in the Nodal Teachers Training Workshop says about the Family Life Education Programme, “The first module is about growing up, adolescence, sex education, and reproduction; the second is about HIV/AIDS and the third about life skills. Our emphasis is on abstinence, although the children sometimes bring up the subject of condoms.”

Before the introduction of the programme, a seminar for teachers and parents is held to ensure their participation. “I can now speak to my father, maybe not about sex, but about life. Earlier there was no communication between us”, one of the students said.

The programme took a natural step forward on World AIDS Day when students decided to perform a street play about AIDS. “We were apprehensive initially”, Rohan Bhat, principal of the school added, “but the parents’ and the students’ fears were unfounded.”

This year the students will perform a play about two adolescents who are curious about sex and go to a brothel. One of them gets AIDS. His doctor tells them how he contracted it and how he must look after himself from then onwards.

The play is interspersed with music from films with AIDS messages and songs from popular commercials. The actors thoroughly enjoy themselves and so does the audience. The students answer questions from the crowds, “A lot of them tell us we should perform the play in more places. Some ask us if we have condoms.”

GOAL ORIENTED ADOLESCENT LIFE SKILLS (GOALS) - A CASE STUDY FROM MUMBAI, INDIA
The “peer educators club,” as the young students call themselves, were subsequently selected to be part of the MTV AIDS Music Summit held in Mumbai on 15 November 2003. “We had to wear T-shirts saying, ‘If you have any questions...’ and had to answer questions from students there. We knew the answers to most of the questions and we also had a book to guide us.”

One of the students, 15-year old Ariffa, read about the travails of a young AIDS patient and wrote a 5-minute “soliloquy” about the young girl who gets AIDS through a blood transfusion and is thrown out of her home and job when she is diagnosed. “I can fight AIDS, but it is society that will kill me,” she cries as the curtain closes. Fifteen-year old Ariffa was called to perform the play at several schools and the BBC (British Broadcasting Corporation) filmed it.

The success of the day-school education programme of APEP led to the GOALS project in night schools. The students of night schools are radically different from those in day schools. The night-school students, mostly young boys aged 14 to 19, have neither parent nor community support, they have no financial access and are independent and street-smart. Most have to work during the day to support themselves.

GOALS is a pilot study with night-school students in Mumbai, India. The study has been implemented in phases. In the first phase, formative research was carried out with these students. A series of focus group discussions were held in March 2002 with the night-school students and information regarding risk behaviours and contextual factors was obtained. Based on the findings and an extensive literature review, the second phase of the study was planned. It was implemented from June 2002 to April 2003. In phase two, peer educators from night schools were recruited and trained in APEP intervention sessions. The peer educators subsequently conducted sessions for students in the night schools.

Santosh Naik, one of the peer educators says, “Night-school students are young boys in their teens who work during the day as newspaper vendors at traffic points, as domestic help or anything they can find. At night they attend school for two hours. Initially, the night-school students need peer educators because they have more respect for their peers than for their teachers.” At the Bhau Patel Night-school, the class has 80 mainly irregular students. Of these, 19 volunteered and were trained as peer educators. They talked with students at other night schools, to their communities in the slums about HIV AIDS, safe sex and negotiation skills, but Naik points out, “It is difficult to contact these peer educators as they are always on the move and they have no permanent address or work place.”

The outcomes in terms of change in knowledge, attitudes and high-risk behaviour in the night-school students were measured and the effectiveness of the peer educator as compared with the teacher as the interventionist was evaluated.
Dr. Sanjana Bhardwaj who designed the GOALS project says: “Peer education as a behaviour change strategy is based on both individual cognitive as well as group empowerment and collective action theories. In the GOALS study, constructs from the social learning theory, theory of Reasoned Action and the theory of Diffusion of Innovation were used in the design of the programme”.

A total of 20 peer educators were trained in a three-day workshop in June 2002; 19 peers were from the ninth grade in night schools while one was a community peer, older in age to the ninth graders.

Supervisors from the AIDS Prevention Education Programme, Mumbai, India acted as the support for the peer educators and a medical doctor from the APEP supervised each session of the peer educator.

A feedback meeting with the peer educators was organized in November 2003. This helped to identify challenges faced and overcome, as well as needs. Several of the peer educators were involved in community outreach programmes. Testimonials from the peers about the impact of the training and intervention were shared.

The GOALS study showed a powerful impact on the night school peer educators lives, while in the day schools, the “Peer Educators Club” of standard nine students at the Children’s Academy is determined that they will continue giving the message “to anyone who will listen”.
Chapter IV
PEER EDUCATION
When a child enters adolescence, parental influence fades away to be replaced by peer influence. Many adolescents share with their peers, whom they feel understand them, their innermost secrets, which they do not tell their parents. Peers tend to share similar values, dress in the same style and spend most of their time together.

For those who are out of school and on the street, peers have an even greater influence. As most school dropouts come from low-income families or broken homes, they tend to rely on themselves for a livelihood. But with insufficient education, it is very difficult to find jobs. So the peer network becomes the source of financial and emotional support. Peers may fight, but they also protect each other in confronting mainstream society that often discriminates against them.

Peer influence is a natural part of young people’s lives. It is always there, whether good or bad. The key question is “how can we strengthen positive peer influence to crowd out the negative ones?”

The term ‘peer’ refers to “one that is of equal standing with another; one belonging to the same societal group, especially based on age, grade or status” (UNAIDS 1999).

Peer education usually involves training and supporting members of a given group to effect change among members of the same group. Peer education is commonly used to effect change in knowledge, attitudes, beliefs, and behaviour at the individual level. However, peer education may also create change at the group or societal level by modifying norms and stimulating collective action that contributes to changes in policies and programmes (Population Council 2003).

Can a young person be an effective educator and facilitator of learning for another young person?

A study carried out in Bangladesh compares the knowledge and teaching skills of adult teachers with secondary school students trained in peer education. The results show that trained students remember the contents of training materials and information booklets significantly
better than adult teachers, although the latter have the edge where methodology is concerned. More importantly, adolescents retain knowledge much better when taught by students than by adult teachers.

Following the study, over 5,000 unmarried young women (average age 17) have been trained as frontline workers of the Adolescent Peer Organized Network (APON) to carry out peer education at 6,500 reading centres in Bangladesh. In two years, about 200,000 adolescent girls have attended APON training courses where they learn about sex, sexuality and how to increase social skills and self-confidence (UNICEF 2003).

One question that usually arises is, “Can peer education on reproductive health lead to increased sexual activity among young people?” Empirical evidence from peer education programmes around the world shows that, in reality it helps reduce the incidence of casual sex.

A study in Uganda shows increased sexual abstinence among in-school adolescents as a result of school health education that uses a child-to-child approach and participatory learning methods. The percentage of students who state that they have been sexually active fell from 43 per cent to 11 per cent in the intervention group, while no significant change was recorded in the control group.

Interestingly, students in the intervention group tend to speak to peers and teachers more often about sexual matters. Reasons given by students for abstaining from sex over the study period are associated with rational decision-making rather than the fear of punishment (Babishangire and others 1999).

In most countries, sex is a taboo topic that cannot be learned from regular channels. Young people pick up partial or inaccurate information on sex through hearsays (often from peers). Peer education programmes provide young people with an opportunity to acquire correct information about sex and sexuality, and the skills for self-protection. The most
effective programme on HIV prevention involving peers covers both knowledge and skills so that young people are able to translate knowledge into effective actions. After training, these young people become reliable sources from whom youngsters can learn how to resist peer pressure on sex and drugs, and how to negotiate for safer sex.

What are the elements that ensure the success of a peer education programme?

A. SELECTION AND RECRUITMENT OF PEER EDUCATORS

The selection and training of peer educators is crucial to the quality of peer education. Ideally, peer educators should be chosen from the target group, so that they are not only similar in terms of age, but share a similar social and economic background. When a young person from a broken home talks to his peer with a similar experience, it is much easier for them to relate with each other and build trust. A college student can usually communicate with fellow students better than with those of a different background and experience, such as factory workers, and vice versa.

Young people who live on the street, who are drug users, and whose livelihood involves selling sex, are often the target of the police and objects of discrimination. Having developed mistrust of outsiders, they may resist “advice” and “help” from someone of a different background. A former injecting drug user (IDU) is more likely to be accepted by IDUs, and to speak more convincingly about the risk of needle-sharing and how to quit drugs, than a non-IDU.

However, if peer educators are socially different from their target groups, they need to make greater effort to understand target group needs, so that they are able to discuss the issues in the relevant context.

B. TRAINING OF PEER EDUCATORS

In many programmes on training peer educators, volunteers are provided with the facts of an issue, but not sufficiently trained on how to impart essential life skills such as self-awareness, communication, critical thinking and decision-making to their peers. Peer educators should be provided with opportunities to learn and practise how to teach
Partners in HIV/AIDS Prevention

Peer educators themselves are important resources in developing and improving training curricula and curricula. Experiences show that involving peer educators in programme design, implementation and evaluation can build a sense of ownership among peer educators.

their peers both knowledge and skills for self-protection. They should be able to use participatory learning methods, such as role-play, story telling, songs, art, games and group work to enhance learning.

Even when every skill is covered in the initial training, refresher training should be planned, to address the knowledge and skill gap identified by trainers and peer educators themselves after a period of practice in real life. It is important for trainers to closely monitor the performance of peer educators, by observing their training, and schedule regular (weekly, fortnightly or monthly) meetings for feedback and programme refinement.

Peer educators themselves are important resources in developing and improving training curricula and curricula. Experiences show that involving peer educators in programme design, implementation and evaluation can build a sense of ownership among peer educators. The high-level participation of peer educators ensures that the programme meets both their own needs and those of the target youth groups.

C. Sustaining Interest and Motivation

A major difficulty confronting peer education programmes is how to sustain the interest of peer educators. The following factors are considered essential:

1. Compensation

A modest honorarium paid to peer educators helps build a sense of accountability and maintain continuity. For young people from low-income families that expect them to engage in activities to help support
their families, compensation is a means of winning parental support. For girls, the ability to generate an income raises their status at home and in their community.

In an AIDSCAP study of 21 peer education programmes, three provided “salaries” to peer educators. More than three-quarters of the peer educators surveyed received compensation in the form of travel or food allowances. Nearly 60 per cent of the peer educators stated that financial incentives would make their job easier.

2. Recognition and personal development

Most peer educators are volunteers who receive a modest honorarium. Feeling good by helping others is one of the main motivating factors for those who participate in voluntary services. Developing a sense of pride and gaining respect from the local community are crucial to sustaining the interest of the peer educators. Providing T-shirts, caps or badges is one way of building identity of peer educators in a local community.

Peer educators may encounter all kinds of problems, including derision, mistrust, resistance and hostility from the community. Most youth peer educators are likely to experience periods of self-doubt and uncertainty, as adolescence is a period characterized by a fragile sense of self. Affirmation from trainers and a social support network are vital to building the peer educator’s confidence in tackling difficult situations.

Creating a network among peer educators can facilitate the exchange of ideas and experiences, allowing peer educators to draw courage and wisdom from each other.

Programmes that include the personal development of peer educators’ tend to be more successful. Many peer educators from disadvantaged communities face a practical question, “How do I support myself (and my family) in the future?” If they are able to acquire skills that increase their chances of finding a means of financial support, they are more likely to stay longer with the programme.

Affirmation from trainers and a social support network are vital to building the peer educator’s confidence in tackling difficult situations.
In recent years, youth-friendly health services have emerged to provide better services to young people. Increasingly there are awareness and training to support staff members of clinics to be sensitive to the needs of their young clients.

D. Linkage with other programmes and services

Peer education on HIV prevention is likely to increase the demand for condoms, voluntary counselling and testing (VCT) services, and treatment for sexually transmitted infections (STIs).

When young people learn how to use condoms, they need easy access to condoms. And when young people suspect that they have contracted sexually-transmitted infections (STIs), they need access to clinics that can offer counselling and treatment without branding them as “bad” boys or girls. When such services are inaccessible and confidentiality cannot be guaranteed, young people are likely to choose to hide their infections until it is too late.

Around half of the 333 million new STI cases per year are among young people under 25 (UNAIDS 1998). While most STIs can be cured with antibiotics, young people are reluctant to seek treatment for fear of the negative consequences of their sexual behaviour becoming public knowledge. Having an untreated STI greatly increases the risk of getting or passing on HIV to one’s sex partner(s).

In recent years, youth-friendly health services have emerged to provide better services to young people. Increasingly there are awareness and training to support staff members of clinics to be sensitive to the needs of their young clients. Clinics will be even more effective if peer educators are recruited to provide counselling and condoms to those who come to the clinic. Peer educators can help young clients pass the initial hurdle of opening up, and refer them to medical staff for attention.
Peer education projects can be linked to social marketing programmes, pharmacies, and clinics in the community to ensure easy access to condoms and youth-friendly services.

In a consultation with 30 organizations from different countries, 23 reported that they had integrated peer education with other activities, such as condom distribution or social marketing, psychological counselling, STI/ HIV testing and support services, and home and hospice care for people living with HIV/ AIDS (UNAIDS 1999).
THAI YOUTH AIDS PREVENTION PROJECT IN
NORTHERN THAILAND

There is a hustle and bustle to the office that fills it with youthful energy. There are students busy painting placards for their next campaign, a group of young volunteers in animated discussion over strategy, a row of staff members huddle over research data and a stream of people constantly going in and out of the premises.

Welcome to the headquarters of the Thai Youth AIDS Prevention Project (TYAP). It is one of Thailand’s most dynamic non-governmental organizations engaged in peer education for HIV/AIDS prevention among young people.

TYAP was established in 1995 in the northern Thai city of Chiang Mai. Over the years, it has used a variety of means to achieve a single goal – to engage young people in social change activities that lead to creative and powerful solutions to combat the spread of HIV/AIDS. With this as its guiding vision, TYAP implements a peer outreach programme, a youth centre, a training-of-trainers programme, a youth leadership and advocacy programme, a peer education research project, a youth media project and a harm reduction project.

“TYAP believes that unless youth are given the power to make their own decisions, there will be few changes in rates of infections and levels of discrimination,” says Amporn Bootan, the Executive Director of TYAP. For many young people, making the right decision is often a matter of changing attitudes and of accessing relevant information. TYAP activities focus precisely on building these skills.

Through its AIDS Educator Training Programme, for example, TYAP conducts outreach to students aged 16 to 24 who are studying in vocational schools and universities in the Chiang Mai District, to find those who are interested in becoming peer leaders. These students receive a semester-long training on HIV/AIDS prevention, risk behaviour, gender and sexuality, confronting stigma and discrimination, decision-making and group facilitation skills.

Each year TYAP staff members train 60 volunteers to be peer leaders (30 each semester). After training, students are encouraged to join TYAP’s on-going peer education projects as peer educators. Throughout their service, these students continue to receive training on a weekly basis.

“Trained youth are most effective in teaching other youth about HIV/AIDS,” says Nuntakorn Kesorn, 24, a TYAP staff member. A graduate in education from Chiang Mai University, Nuntakorn is a typical product of TYAP’s peer education strategy.
Currently, Nuntakorn is the coordinator of the TYAP’s “Right to Know” project, sponsored by UNICEF, which involves conducting participatory research among youth on issues of HIV/AIDS prevention. “Before I got involved with TYAP, I was not interested in knowing anything about HIV prevention at all. In fact, I was afraid of people living with HIV/AIDS,” recalls Nuntakorn.

Recent HIV/AIDS statistics show that every year 70 per cent of newly-infected Thais are young people between the aged between 15 and 24.

Based on her experience in working with youth, Nuntakorn points out that, “Providing information by itself is not enough because many young people, due to fear or prejudice, either think they don’t need any information or ‘switch off’ when it comes to the subject of HIV/AIDS.” According to Nuntakorn, “Peer educators are crucial to the process of involving young people in HIV prevention activities.”

At the X Vocational School (real name withheld), located on the outskirts of Chiang Mai, TYAP volunteers have successfully trained a dozen peer educators in the past year. These educators, in turn, distributed information to students and organized HIV prevention activities. Their work reached over 600 students out of a total student population of 1600 in the school. Typical activities among students included the regular dissemination of literature on HIV prevention, the demonstration of safer sex techniques, the distribution of condoms and the use of games and other recreational methods, such as music concerts, to break taboos on discussing issues of sexual health.

“TYAP’s interventions have improved awareness among students on various aspects of HIV/AIDS and resulted in a substantial increase in the use of condoms,” says Soisirin Phrommala, a second-year student at the Vocational School, who has trained to be a peer educator. She acknowledges that, in addition to the education she received on HIV prevention, getting involved in TYAP activities has also given her greater self-confidence and improved her organizational and leadership skills.

At X Vocational School, many of the students are from areas of northern Thailand that border Myanmar and the Lao People’s Democratic Republic. In this area, there is considerable trafficking in and use of narcotics.

Consequently, substance use is a major problem among students. Under the influence of drugs, despite being theoretically aware of the dangers, students often indulge in high-risk sexual behaviour. Recognition that substance use poses problems for HIV prevention work led to the creation of a TYAP-sponsored harm reduction project in 2001. It was designed to combat substance abuse and related problems among Thai youth. As part of this project, TYAP conducts outreach to students in vocational schools, as well as young people at risk of substance use.
Often, students who have attended the TYAP harm reduction training are interested in volunteering with TYAP and becoming youth leaders. Their aim is to teach other youth about substance use and HIV/AIDS prevention. TYAP organizes a three-day workshop to train these students on peer education and workshop facilitation.

“Friends are very influential - for both good and bad things, because when you are in school they are your constant companions,” says Yodlak, a former substance user currently working as a TYAP volunteer. He is helping other youth protect themselves from HIV and drugs.

TYAP’s activities also involve children. TYAP currently serves as the regional coordination centre for the Northern Child and Youth Network. It was established in 1996 by the NGO Coalition on AIDS to bring together youth groups from Chiang Mai, Chiang Rai, Lamphun and Phayao from provinces in northern Thailand to address HIV/AIDS issues in their communities.

Currently, there are more than 200 youth groups and 22 non-governmental organizations involved in the Network that have a presence in nine northern provinces of Thailand.

Given the variety of social and economic influences that youth typically encounter, TYAP trainers also attempt to incorporate issues, such as consumerism and the impact of globalization, into their programmes. The aim is to help their constituents understand the link between HIV infection and indulging in high-risk behaviour in order to raise money to buy goods.

One method TYAP employs to encourage youth involvement in Thai society is through the media. The goal is to bring youth issues into the public arena. TYAP hosts a weekly radio programme which enables members of the youth population to further explore issues that are relevant to their lives while sharing their experiences and knowledge with the general public.

“We measure the success of our work by observing behavioural change among young people we interact with,” says Amporn. Amporn believes that, “Thai youth are very shy and reserved when it comes to discussions on sexual health, but through patient explanation and involvement in activities they become proactive, and even assertive, in taking steps to protect themselves and their friends.”

Summarizing TYAP’s extensive experience in working with Thai youth, Amporn identifies the following principles as being extremely valuable to any group, anywhere, and for peer education work on HIV prevention among young people:

- The most effective approach to HIV/AIDS prevention and care is long-term, interactive education that incorporates life skills. Directly addressing attitudes, beliefs and issues of gender equality and sexuality
could help bring about behaviour change and strengthen social support for people living with HIV/AIDS.

- HIV/AIDS education should begin from each person’s existing level of knowledge and behaviour.
- Young people who have benefited from training are effective in teaching other young people about HIV/AIDS.
- Young people should be informed about, and involved in, effecting policy change.
- Effective HIV/AIDS education requires cooperation with people living with HIV/AIDS in focus communities.
MESSENGERS ON THE RIGHT `TRACK’

The train was full, like it was every day, every week. People from all walks of life and all ages thronged the doors, and the aisles. Bored and tense, their ears perked up as the sound of a popular song wafted through the air. Tambourines jangled in the air. As the sound grew louder, the commuters strained their ears to hear the lyrics. They were not the lyrics they were used to, but they were sung so well it could not be a singing beggar.

A young man carrying a harmonium was singing songs about a disease some knew about. Another young man played the tambourine and gave away pamphlets. As the song ended in the tightly-packed compartment, some people started to ask questions, a few pushed their way to the young man to talk to him.

The young man and his companion were part of a unique project to create awareness about AIDS, the counselling centres and the clinics available. The Humsafar Trust (HST) in Mumbai put music, lyrics and travellers together in this pioneer project in Mumbai, India.

The Humsafar Trust, set up in 1994, is a male sexual health agency and support group that networks with public health facilities and private practitioners in the western and central suburbs. It works with HIV positive people’s groups in Mumbai and other cities.

The city of Mumbai is home to 14 million Mumbaities, with an average of 5 million people commuting on the local trains every single day. The HST designed and implemented the Train Project to reach the greatest number of people and sensitize the general population travelling in these trains about HIV/AIDS.

A significant cross-section of the population use local commuter trains to travel to work or study. The travellers include executives, housewives, middle-class workers, labourers, salesmen and students.

The number of people living with HIV/AIDS in India is estimated to be about 4.97 million (according to a 2002 Population Foundation of India study). The project envisaged creating awareness and sensitizing suburban travellers to HIV/AIDS issues including the implications of being infected by the virus, messages
and information about safer sex practices, testing, and care and support facilities available in primary health care settings.

Initially, the Avert Society painted AIDS slogans on one local train. Since the same train makes at least a dozen journeys to and from its destinations, it is seen by a majority of commuters on the platforms and those on the roads.

With the cooperation of the Avert Society, the train slogan campaign and the pilot project “Messengers on the Local” were launched. It was a large affair attended by a host of dignitaries at Churchgate Station, Mumbai, on 1 December 2002. The dignitaries included the Maharashtra State Health Minister and the Mayor of Mumbai.

The HST trained six outreach workers (ORWs) to sing HIV/AIDS messages set to the tune of famous Bollywood (Hindi film industry) tunes to attract attention to the issue and distribute pamphlets, flyers and information material regarding HIV/AIDS. They also provided information regarding the voluntary counselling & Training Centre (VCTC) in the city. The ORWs were trained to sing in the tradition and style of wandering minstrels and carried bags full of IEC (information, education and communication) and behaviour change communication (BCC) material on HIV/AIDS and safer sex made available by the HST, Avert Society and the MDACS (Mumbai District AIDS Control Society). The ORW explained the issues and distributed pamphlets before moving on to the next compartment.

The ORW chose the popular tune of Jooth Bole Kaua Kate (The crow bites when you lie) from legendary film maker, Raj Kapoor’s Hindi film “Bobby”. The lyrics of the song read: “We have a small message, beware of AIDS, together we’ll get rid of it, you can say/ when you go to the doctor, you let him check you; when you want to have sex, let us tell you/ You can save yourself from this disease…We have a small message….” They also sang Pardesi Pardesi jaana nahin (“Stranger, don’t go away”) from the film “Raja Hindustani”.

The singer and tambourine player team were able to reach out to 1500 passengers during each trip. A total of three round trips were made every day.
The minstrels, working in six-hour shifts, six days a week for a period of two months, were able to sensitize around 9,000 people every day. A total of 54,000 people heard the songs every week, approximately reaching 432,000 people during the project’s duration.

In terms of raising awareness levels and sensitizing the target population, the impact of the project was measured on the basis of the following indicators:

- Total number of IEC/ BCC materials distributed: 22,950.
- Number of people who made inquiries during the awareness campaign: 1920.
- Number of people referred to health-care centres: 584.

The ORW’s were six young men ranging from 21 to 25 years of age and one man was 29 years.

The project continued for two months. One of the ORWs said, “The suburban passengers exhibited a gamut of expressions, from applause and appreciation, to being outrightly indifferent towards this initiative. This did not deter our determination; in fact, it only added to our zeal to step up our efforts to fight the pandemic.”
Mann se nahi
dono.

Jeevan do.
Chapter V
BEYOND PEER EDUCATION
Creative, energetic, enthusiastic, young people are sometimes perceived as “trouble makers.” However, when these young people are respected and entrusted with greater responsibilities, their abundant energy can be channelled into big causes. Around the world, young people have proven that they are not only effective facilitators of learning, but also passionate advocates and energetic mobilizers. Young people are increasingly being recognized as a positive force for change in HIV prevention efforts.

Apart from peer education, young people have demonstrated that they are able to make a difference through youth networking, political advocacy, and partnerships with the media.

A. YOUNG PEOPLE’S NETWORK

A youth group or club or a network for social support is often an effective means of peer learning and outreach to a larger target group. Young people understand each other’s problems and can offer solutions to their peers. Discussion among group members will reinforce the learning from peer educators, and sustain positive behaviour. The youth network is therefore an effective mechanism for young people to continuously be in touch with their peer groups.

Such support groups can strengthen adolescent girls’ confidence in changing entrenched gender biases, which are often barriers to safer sex. A study conducted in rural Zimbabwe demonstrated that participating in a well-run community youth group reduces the risk of young women acquiring HIV infection (UNAIDS 2002).

Self-support groups are of great importance to vulnerable youth groups, including injecting drug users and sex workers, who have limited opportunities to access information, education, and health care services.

HIV transmission among injecting drug users can be prevented and the epidemic can be contained and even reversed in some cases. Peer
outreach activities that have shown an impact on HIV prevalence and risk behaviour include HIV/AIDS education, access to condoms and clean injecting equipment, counselling and drug abuse treatment.

Self-help groups are an important means of providing emotional support to young people living with HIV/AIDS who have to cope with fear, anxiety, depression and declining health and stigma. Learning from their peers on how to maintain health and fight discrimination has encouraged many to live on and become productive citizens.

Youth groups are also a forum to develop a collective voice to influence policies, laws and services that matter to their health, education and employment.

In Northern Thailand, over 200 youth groups and 22 NGOs formed a Northern Child and Youth Network. This network coordinates youth groups and collaborates with government offices and NGOs in each province to promote public awareness of all the issues affecting youth, and advocate for policies to address them. Youth groups in Thailand also select their representatives to join a national committee responsible for developing national health insurance policies.

Most countries in the world have established a national HIV/AIDS programme to help make and implement policies on HIV prevention, treatment and care. To ensure that young people's interests are given sufficient attention in the national HIV/AIDS strategy, representatives from youth networks can participate in high-level government debates and deliberations on HIV/AIDS policies.

The Ministry of Education in many countries is revising school curricula to incorporate knowledge and skills on HIV prevention. Young
people can participate in curricula development and help educators understand better the mindset and needs of their peers and high-risk situations that young people could help to avoid or to deal with. Young people can provide scenarios, stories, cases, and solutions to enrich learning content with real-life examples.

B. PARTNERSHIP WITH THE MEDIA

The mass media have a powerful influence on public opinion. Effective use of the media will lend a bigger voice to young people and ensure that their needs and interests become more visible to the public. Youth participation in major events, such as the United Nations General Assembly and the Asia-Pacific Economic Cooperation (APEC), is an effective strategy to gain the attention of journalists and better coverage of youth issues.

Young people can also build partnership with media networks to produce quality media programmes that cater to their age group. In Nepal, a group of young people aged 18 to 25 have been trained to run and produce a weekly radio programme called “Chatting with My Best Friend”, broadcast nationwide by Radio Nepal. The hourly edutainment programme addresses the issues that matter to young people, such as of love, sex, pregnancy, marriage, drug abuse, HIV/AIDS, study and career development. When the programme went on air in 2001, it instantly became a hit and attracted 400 to 700 letters per month from teenagers who poured out their problems to the young hosts. The programme has served not only as a peer support network on air, but also inspired a network of listeners’ clubs on the ground. Over 500 listeners’ clubs have sprung up in 62 districts (out of a total of 75 districts in Nepal), giving young people a chance to discuss their problems and find solutions from among themselves.
C. EDUCATING PARENTS AND THE COMMUNITY

Young people can contribute to the development of education materials, not only for other young people, but also for adults, (particularly parents), to enhance understanding of their specific biological, emotional and social needs. Parents are a key part of the community where young people live, and a source of emotional and financial support for their daily activities.

Many parents are often unaware that their children are not well prepared to manage in the outside world and that they need more encouragement and support than scolding. Research with young people in the Pacific highlighted their appeal for communication and connection with parents. As a young Samoan put it, “Parents and kids just don’t know each other. They don’t know what they’re like. They don’t know their habits. They don’t know when they’re hurt.”

Parents’ empathy for their children will help reduce conflict and better prepare adolescents for the turbulent period of growth. Through teachers and community leaders, whom parents usually respect, young people can influence parents’ attitude and behaviour. Young people can also create opportunities for dialogue with parents at home, or use street theatre and festival events to draw attention to specific issues of concern to them.


**STICKERS ON EASY RIDERS**

If you see a sticker on a trishaw in Yaan, Sichuan Province, China and you ask the young trishaw driver about it, he will tell stories that talk about safe sex and its importance. Young trishaw drivers have been found to be the most vulnerable to STIs (sexually transmitted infections) and HIV and many are now part of a volunteer training programme in Yaan, Sichuan Province, China, that is implemented by the Volunteer Team of Self-Employed Trishaw Drivers in Yaan, People’s Republic of China.

A study by Peer-based HIV prevention education has become increasingly popular in China. This study examined the diffusion of sexual health messages delivered by 150 volunteers (directly trained), to 705 peers (indirectly trained). The findings presented here of a peer-led demonstration project with self-employed trishaw drivers in Yaan, Sichuan Province, China, show that it works. A key finding was that success in diffusing sexual health messages to drivers’ attachment to their subculture — rather than to the traditional approach of “official-led” peer education with its uniform prescription of officially sanctioned printed materials.

Earlier studies in Sichuan Province, China provide evidence that the vulnerability of this group to HIV and other STIs is largely associated with sexual interactions within the network.

In this part of the world, there is a tendency for moralistic and punitive messages to dominate the public response to HIV. However, mainstream messages about STI and HIV prevention, within official health programmes, are rarely developed for peers by peers and seldom penetrate communication channels used by self-employed young people.

The major aim of the Yaan project was to develop a sub-cultural, peer-based communication intervention model to reduce HIV-related sexual risk-taking practices among self-employed trishaw drivers. The Yaan trishaw driver HIV peer education programme was implemented by an informal association of Yaan self-employed trishaw drivers that organizes business promotion and recreational activities without official registration. Its informal nature means that members may organize activities without having to seek prior sanctions. However, a consultative and coordination group of leaders, key stakeholders and “gatekeepers” from various official departments and local institutes garners support to ensure continuation of the HIV education programme.

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1 This case study is a summary of information taken from Shuguang Wang’s PhD study, “Development of a Cross-Cultural Strategy for Promoting HIV Prevention in Different Ethnic and Cultural Groups in Sichuan, P. R. China”.
Four hundred and fifty self-employed male participants, aged between 18 and 38, were selected from target communities in three different socio-geographic areas and formed into three groups: 150 each into group A was the direct education group, B was the indirect peer education group and C was the control group. Each group contained 50 participants from each socio-geographic area.

Group A was pre-tested, given a direct intervention programme (participants received direct training as peer education volunteers), tested immediately after the completion of the intervention, and tested again approximately five months later.

Group B was pre-tested, given an indirect intervention programme (participants received educational messages from peer volunteers), tested again after an interval equivalent to the duration of the intervention programme, and tested again approximately five months later.

Group C was pre-tested, received no particular intervention, tested again after an interval equivalent to the duration of the intervention programme, and tested again approximately five months later.

The outcomes of the intervention programme were assessed through questionnaires given to the participants. Analyses of differences between those exposed, and those unexposed to the intervention programme were used to assess the programme effectiveness.

Safe sex role-model stories were the major educational materials used. The prime focus was on developing peer negotiation skills to promote condom use among self-employed trishaw drivers.

Four role-model stories, covering different situations applicable to the target group and their sexual practice, were generated. Volunteer trishaw drivers were involved in the development of the stories in special workshops, as well as at the pilot stage. The stories emphasized positive information on developing HIV-related knowledge, intentions regarding condom use, making decisions to have safe sex, and maintaining safe sex practices. To support the story-base, a training programme in communication skills for volunteers, a drop-in centre for counselling and support, and peer outreach programmes were added.

A small sticker listing key points from the role-model stories and the address and hours of the drop-in centre were pasted on the front of a new volunteer’s trishaw after he had been told all the stories and instructed on how to communicate them to others.
The process evaluation showed that:

- Health messages spread quickly and efficiently from volunteers to their peers: 705 peer trishaw drivers received the sexual health messages from 150 volunteers within a one-week period. The numbers increased to 1112 within two months, and swelled to 2106 (an estimated 93% of the target population) by the end of six months. At the end of the intervention, most trishaws in the target communities displayed the small sticker.

- Before the intervention most trishaw drivers had had quite low levels of knowledge on safe sex practices. By the end of the intervention, however, levels of knowledge had increased significantly and increased understanding of unsafe practices was also evident.

- A key goal of this intervention was to increase rates of condom use during vaginal intercourse with sex partners. This was evidenced by a significant increase in the use of condoms with regular and casual sex partners.

The intervention programme provided evidence that improvements in the tricycle workers’ awareness, attitudes and practices regarding safe sex were largely dependent on peer communication.

The success of the Yaan project augurs well for the development of HIV peer education among self-employed young people in China.
This is an example of how the knowledge, skills and attitudes relevant for the prevention of HIV/AIDS may be mainstreamed into the existing infrastructure and activities of an organization.

The Dhaka Ahsania Mission (DAM) is one of the leading non-governmental organizations in Bangladesh. Khanbahadur Ahsanulla, an eminent educator and social reformer, founded the organization in 1958. Since then, DAM has been active in the fields of non-formal education, including adult and continuing education; income generation and poverty reduction; the empowerment of women; and drug and tobacco use prevention.

More recently, DAM started work on HIV/AIDS prevention. In this regard, DAM’s work arose from its partnership with ESCAP in a six-country project on HIV/AIDS prevention among young people in vulnerable settings. The project focus is on developing young people as peer educators to combat the spread of HIV/AIDS.

DAM has been successful in incorporating the objectives and activities of its ESCAP-supported project into its existing programmes and activities with young people. This success is noteworthy as a good practice.

To understand DAM’s achievement, it is important to acquire insight into the key mechanism used for the purpose. This mechanism, in Bangla, is called “Ganokendra”, which in English means “community learning centre”.

The first Ganokendra was established in 1992 to provide literacy support to neo-literate groups of villagers. With the passage of time and gradual addition of sectoral services, such as income-generation programmes for women and micro credit groups, Ganokendras have evolved as an approach to life-long learning and community development.

Ganokendras are established in villages or clusters of villages where DAM has completed its nine-month basic literacy course.

Prior to the course, a survey is undertaken to establish the poorest households and illiterate persons in the village (or cluster of villages).

The primary target group is illiterate and poor people. The secondary target group includes people who may be educated and who could help towards the running of the centre by contributing donations and tapping into resources contained in the linked services of the Government and other non-governmental...
organizations (NGOs). On an average, each Ganokendra has a membership of 100 to 120 families. Only two people per family can become members of a Ganokendra.

An executive committee, comprising of 7 to 8 members from the primary target group, manages each Ganokendra. These members are selected at a village meeting.

There is an advisory group comprising of members from the secondary target group. The members of this group are also selected in a village meeting.

In both cases, the members have to be re-selected after 2 years. The community, however, can remove any member at any time if s/he is found to be unsuitable for the membership in a committee.

Each Ganokendra has one male and one female community worker. They are recruited from the community and are responsible for initiating activities and running the Ganokendra on a daily basis.

The physical structure for a Ganokendra is built largely with community contributions. DAM usually contributes up to 20 per cent of the total building cost. The member families pay a subscription fee of 1 Taka per month.

The organization starts its withdrawal from a Ganokendra after 7 to 8 years as part of the process to enable the community to take complete ownership of the centre. The Ganokendra is then registered with the Ministry of Welfare, Bangladesh, as a community organization.

Currently, DAM has over 800 functioning Ganokendas in Bangladesh. A network of Ganokendas of a compact area, such as an union council, is currently in the process of being organized as a community resource centre. This is expected to go a long way in enabling the Ganokendas to be more sustainable and community driven.

The Ganokendra is accessible to all people in the area where it is located. It is not limited only to the neo-literates from literacy centres. Illiterate villagers, out-of-school children, people with limited reading skills, local school students and youth can participate in the activities of a Ganokendra.

The literacy support provided is not time bound. It addresses the learning needs of the participants for an indefinite period and offers scope for life-long learning.

The members and other local agencies use Ganokendas as training venues and as places for issue-based discussion and activities. These Ganokendas also serve as information centres where local people can have access to newspapers,
periodicals, newsletters and other information communicated by the Government and government agencies.

Many government departments, such as the health department and the education department, use Ganokendras for their extension activities. International and local NGOs also use the Ganokendras for their community-based activities and training programmes.

Sheelmondi is a small village accessible from Dhaka. Getting there from Dhaka involves 5 hours of surface travel, depending on the state of the traffic enroute and the water level of the river that must be crossed before the village can be reached.

Sheelmondi is pleasantly clean and well-organized. The “kuttcha” (unpaved) streets are well maintained and the men and women gather for a meeting without too much coaxing. It is said that this had not always been the case. Progress has evolved over time due to the efforts of the young people who run the Ganokendra in the village.

The Ganokendra is a fascinating entity. It is a rectangular structure, built of bamboo and tin. Its inner walls are covered with posters on topics, such as drug prevention, the bad effects of tobacco use, women’s rights, and the prevention of HIV/AIDS. The sides are lined with racks of newspapers, magazines, books and an assortment of learning and reading material for neo-literates.

The floor, covered with a brightly-coloured rug, is the space for all its activities – meetings, training programmes, play practice, singing sessions, rally

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**In Pursuit of Excellence**

Samsun Nahar is driven by her search for excellence in the field of community work. She devotes 4 to 5 hours every day to the activities of the Ganokendra. She is also pursuing her education and is currently enrolled in a M.A. course offered by the Bangladesh Open University.

Her father is employed in Saudi Arabia and of late is pressuring her to get married. She is very involved with the group of adolescent girls who come to the centre to learn about reproductive health, HIV/AIDS and many other issues relevant to girls and young women, such as early marriage, registration of marriage and drug abuse.

She says, “I always wanted to do something for the women of my village and this is my opportunity”.
preparations and planning for activities aimed at improving the life of poor and marginalized people in the village.

This Ganokendra was started 5 years ago. It bustles with activity and maintains a well-organized look, all due to the efforts of Samsun Nahar, the 25-year-old community worker.

Ganokendras are engaged in providing services to the new literates and to autonomous learners, to further enhance their literacy skills. Ganokendras provide physical facilities to impart basic education to illiterate adults and adolescents, including unschooled children.

Ganokendras also provide the following services:

- Encourage parents to send their children to formal schools.
- Arrange skills training.
- Promote reading habits for increasing knowledge and skills for human development.
- Create opportunities for further training/retraining in areas which meet the felt needs of the community or the members.
- Promote other community development activities by addressing issues such as environmental conservation, health awareness, water and sanitation, gender sensitization, and income generation.
- Promote sports and cultural activities among members.
- Develop a spirit of collective effort for change.

A group of women state with pride that the Ganokendra gives them the space for learning new things, such as the rules for the registration of marriage, making pickles and craft items for income generation, as also reproductive health issues.

Most of the young adult women in the village have acquired basic literacy skills through the course offered by the Ganokendra. The young adolescent girls use the centre to acquire literacy and to enroll into the mainstream educational system. They also learn to sew, embroider and become aware of the physical changes in their bodies. Reproductive health is discussed and taught systematically and the young women appreciate this effort. They say, “Here we can discuss things that no one else would discuss with us.”

Similar activities are also undertaken with young men in the village but in the evenings, as the morning hours are more suited to the women.

The HIV/AIDS prevention project has been integrated with the on-going programme of DAM. It focuses on the issues faced by rural-based adolescents. The male and female community workers, who keep the Ganokendra alive, have
been trained as master peer educators on reproductive health, sexually transmitted infections, and the prevention of substance use and HIV/ AIDS.

A training handbook detailing these topics and composed of 23 modules has been prepared by DAM and provided to the community workers. Every week, they cover one module with the groups of young men and women in the community. The entire course is expected to be completed in 23 weeks. At the time of writing, the community involved in the HIV/ AIDS prevention project had completed 14 modules of the course.

Twenty adolescent girls gather every week for 2 to 3 hours to learn about reproduction, HIV/ AIDS, drug abuse and issues such as nutrition during pregnancy, and registration of marriage.

On being asked, they said, “We find this subject very interesting and we can be open about many issues such as sex. We cannot talk about these issues at home so here we are very open and can discuss every thing.”

Some of these girls are school dropouts, while others have enrolled in school to further their education.

On the next page, there is a time line prepared by the group of adolescent girls to share the things that they learnt by being a part of a Ganokendra. This is an English language version of the time line that had originally been prepared in Bangla.
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2000</td>
<td>Shonali Ganokendra was started.</td>
</tr>
<tr>
<td>25 July 2000</td>
<td>We learnt how to keep our homes clean.</td>
</tr>
<tr>
<td>2 August 2000</td>
<td>We came to know how to oppose child marriage.</td>
</tr>
<tr>
<td>20 August 2000</td>
<td>We became aware that there are advantages of registering a marriage.</td>
</tr>
<tr>
<td>15 October 2000</td>
<td>We came to know that birth registration has to be done immediately after the birth of a child.</td>
</tr>
<tr>
<td>December 2000</td>
<td>We came to know that women and men of all ages can start education at any time, and that people who cannot read and write can learn to do so even if they are old.</td>
</tr>
<tr>
<td>March 2001</td>
<td>We came to know how to protect ourselves from arsenic poisoning.</td>
</tr>
<tr>
<td>May 2001</td>
<td>We came to know that pregnant women should receive nutritious food, vaccinations and rest.</td>
</tr>
<tr>
<td>March 2002</td>
<td>We came to know how substance abuse is destroying young people in our country.</td>
</tr>
<tr>
<td>May 2002</td>
<td>We came to know about sanitary toilets.</td>
</tr>
<tr>
<td>July 2002</td>
<td>We came to know how social environment can be developed and how society can be made terror free.</td>
</tr>
<tr>
<td>17 July 2003</td>
<td>We learnt what is HIV and AIDS. We learnt how to keep ourselves and Bangladesh free of HIV/ AIDS. We learnt about the relationship between HIV and AIDS. We learnt about the effects of HIV/ AIDS on human lives. We learnt about the incidence of HIV/ AIDS in Bangladesh and neighbouring countries. We learnt about the current incidence of STIs in Bangladesh. We came to know about the ways in which HIV infection occurs. We came to know through what kind of interaction HIV spreads. We learnt about the need for blood testing and what a condom is. We learnt about the correct use of a condom and the rules for correct condom use. We came to know about STIs and the effect of STIs. We learnt about the treatment and prevention of STIs.</td>
</tr>
</tbody>
</table>

**Participants:** Nahima, Rooni, Shilpi, Masuda, Salma, Majma, Manira, Saheeda, Lipi, Sultana, Ruma, Sikuli, Farela, Parul, Nasreen, Roopa, Hosanara, Fatima, Fajeela and Nahida.
The following table illustrates the DAM approach to mainstreaming HIV/AIDS in its existing projects and activities.

<table>
<thead>
<tr>
<th><strong>1. Who</strong> are the peer educators?</th>
<th>1 male community worker and 1 female community worker from each of the 10 Ganokendras (community learning centres) in one district, namely, Narshingdi. These community workers had earlier been trained as teachers to impart literacy skills to illiterate people in their area of operation. They underwent a 5-day training of trainers (ToT) course for developing themselves as peer educators. They were provided with a 23-module training manual which would be covered by them over a 23-week period (one module per week).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2. What</strong> are the peer educators expected to do?</td>
<td>The peer educators are expected to train the target group – young men and women of the villages where the Ganokendras are located.</td>
</tr>
<tr>
<td><strong>3. Where</strong> are they expected to conduct the training sessions?</td>
<td>Each peer educator is expected to train 20 adolescent girls and 20 adolescent boys of the families that reside in the villages where the Ganokendras are located. The Ganokendras are used as training venues and are places where the community members gather for capacity building.</td>
</tr>
<tr>
<td><strong>4. When</strong> are they expected to undertake the training?</td>
<td>The peer educators are expected to facilitate one session (2-3 hours) every week for 23 weeks in order to cover the course in the training manual.</td>
</tr>
<tr>
<td><strong>5. On what basis</strong> are the peer educators expected to conduct the training?</td>
<td>The peer educators are expected to follow the modules provided in the training manual. The reading and learning materials are available in the Ganokendras. The training coordinator and the adolescent girls’ programme coordinator provide support and guidance as and when required.</td>
</tr>
</tbody>
</table>
DAM offers the necessary material and technical support to the Ganokendras. It also provides financial support, if and when necessary. All the reading and other materials, as well as training for the members, are provided by DAM. DAM also gives the facilitators appropriate training. In addition to these, DAM also helps in improving the physical facilities of the Ganokendras so as to facilitate and ensure a good learning environment.

A peer group education programme has a better chance of success when it is fostered by a mentoring institution, such as DAM, which has a mandate to be in the field of capacity building. DAM has the mandate to work on education and capacity building across Bangladesh. It has a well-established department for making learner-centred teaching and reading materials. Its Ganokendras are aimed at increasing community capacities in multiple fields.

Peer group educators need support to continue their “mission.” Such support, at the minimum, could be in the form of a supply of learning-teaching materials. DAM provides continued support in this area.

Peer group educators need refresher courses and upgradation of their knowledge and skill base. This needs to be built into the programme. Otherwise, the skill and knowledge transfer could run the risk of being dated. DAM provides this as part of its regular programme on building the capacities of its staff members and youth leaders in the communities that it serves.

The efficiency of the peer educators increases where the learners have an inherent interest to come to the training venue. Of their own volition, the Ganokendras have become hubs of community activities in the villages where they have been established. Both older persons and young people participate in the activities.

The chances of success of peer education are enhanced where the peer educator can meet his/her peers at a fixed place, over a long period of time. The Ganokendras provide the infrastructure for such interaction and are therefore well suited for a peer education-based approach to the prevention of HIV/AIDS.

As one DAM official said,

“The peer education programme undertaken with the rural youth is a novelty in Bangladesh, as most other organizations concentrate their efforts on working with special groups, such as sex workers or men who have sex with men (MSM) in the area of HIV/AIDS prevention and care. Therefore, this integrated approach, as piloted by DAM in partnership with ESCAP, has great potential for replication in Bangladesh.”
Annexes

GOVERNMENT AND YOUTH COMMITMENTS
In June 2001, a historic special session of the United Nations General Assembly on HIV/AIDS adopted the Declaration of Commitment on HIV/AIDS. The Declaration established time-bound national targets to achieve the internationally agreed goal of reducing HIV prevalence by 25 per cent among young men and women aged 15 to 24 in the most affected countries by 2005, and by 25 per cent globally by 2010.

The Declaration pledged to "by 2005, ensure that at least 90 per cent, and by 2010, at least 95 per cent of young men and women aged 15-24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, families, educators and health-care providers".

Member States were also committed to "expanding good-quality, youth-friendly information and sexual health education and counselling services; strengthening reproductive and sexual health programmes; and involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programmes, to the extent possible."

During the General Assembly special session on HIV/AIDS in June 2001, 62 youth participants representing 26 countries presented to world leaders a youth position paper on the Declaration of Commitment. The following is an extract:

"Young people are and will remain at the front lines of combating the global AIDS pandemic, however, we can and must do more. We must be bold and assume leadership in breaking the conspiracy of silence and shame that drives AIDS underground and stigmatizes [people living with HIV/AIDS].

Youth commitments:

- We agree to assume leadership responsibilities in our communities, in full partnership with families, schools, faith-based groups, advocates and grassroots organizations.

- We further agree to play a dual role of both direct service provision and engaging in broader processes to advocate, lead, inform and mobilize communities to demand action on AIDS where enough is not being done.

- We commit ourselves to ensuring that young people living with HIV/AIDS assume key leadership positions in youth organizations and are an integral component of our collective efforts to end the epidemic."
• At the national level we pledge to hold governments accountable for their commitments at global and regional level – words are no longer enough.

• We will work with youth organizations globally to monitor governments’ progress in ensuring that the rights of young [people living with HIV/AIDS] are respected, by using networks and calling to attention the violation of young people’s human rights wherever they come under attack” (UNICEF 2002).
ANNEX I

CONCEPT OF YOUTH PARTICIPATION

A. WHY YOUTH PARTICIPATION?

It is generally agreed that youth is a transitory phase between childhood and adulthood. There is, however, a considerable variation in the official age range for youth across the Asian and Pacific region.

<table>
<thead>
<tr>
<th>Country</th>
<th>Age Range (Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>15-25</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>15-30</td>
</tr>
<tr>
<td>Brunei Darussalam</td>
<td>15-25</td>
</tr>
<tr>
<td>China</td>
<td>14-28</td>
</tr>
<tr>
<td>India</td>
<td>13-35</td>
</tr>
<tr>
<td>Malaysia</td>
<td>15-40</td>
</tr>
<tr>
<td>Maldives</td>
<td>16-35</td>
</tr>
<tr>
<td>Micronesian Federation of States</td>
<td>6-35</td>
</tr>
<tr>
<td>New Zealand</td>
<td>15-24</td>
</tr>
<tr>
<td>Pakistan</td>
<td>15-29</td>
</tr>
<tr>
<td>Papua-New Guinea</td>
<td>12-35</td>
</tr>
<tr>
<td>Philippines</td>
<td>15-30</td>
</tr>
<tr>
<td>Republic of Korea</td>
<td>9-24</td>
</tr>
<tr>
<td>Samoa</td>
<td>15-35</td>
</tr>
<tr>
<td>Singapore</td>
<td>15-29</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>15-29</td>
</tr>
<tr>
<td>Thailand</td>
<td>15-24</td>
</tr>
<tr>
<td>Tonga</td>
<td>12-25</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>15-24</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>15-35</td>
</tr>
</tbody>
</table>

The United Nations definition of youth (15 to 24 years) has been adopted for the purposes of this publication. However, regardless of the age definition of a country, youth should be recognized as a distinct group with specific needs and potential. The needs of young people should be taken into account in policies, programmes and projects that affect youth. Furthermore, members of the youth population should participate in developing and implementation of policies programmes and projects. However, in many cases young people do not have enough opportunity to provide significant inputs. In most countries, national policy on areas such as education, welfare, defence, health, environment and justice are formulated and implemented without any consultation with or input from youth.
1. Success of youth programmes

In order to ensure that the actual needs and interests of youth are effectively addressed in the programmes that affect youth, youth participation is crucial at every level of the process: consultation, formulation, design, implementation and evaluation. In forming youth and youth-related policy, stakeholder analyses highlight the need for youth participation. The World Bank advocates the use of stakeholder analysis in planning participatory activities and provides guidelines on how to identify and involve stakeholders (World Bank 1996).

Asking the following questions can help identify the appropriate stakeholders:

- Who might be affected (positively or negatively) by the development concerns to be addressed?
- Who are the “voiceless” for whom special efforts may have to be made?
- Who are the representatives of those likely to be affected?
- Who is responsible for what needs to be done?
- Who can make a desired outcome happen more effectively through participation? Whose non-participation or opposition could make it less effective?
- Who can contribute financial resources?
- Who can contribute technical resources?
- Who can contribute other types of in-kind resources?
- Whose behaviour has to change for the effort to succeed?

The premise for stakeholder analysis is to determine the degree of influence by a certain party (e.g., youth) on policy. Influence why can be determined from the extent of the party’s its participation in forming the policy. Youth should gain the most from any youth policy, as they are the primary stakeholders, or the beneficiaries.

The interest of secondary stakeholders, which can include government agencies, non-governmental organizations (NGOs), professionals or the community at large, should be indirect. However, since influence on policy depends largely on the extent of the party’s participation, and youth participation is minimal, if any, the influence of secondary stakeholders is generally greater than that of primary stakeholders. This stresses the need to increase the influence of primary stakeholders, i.e., increasing youth participation.

Programmes and services for young people function better with young people’s participation. This ensures that youth will have a stake in the policy rather than being dictated by adults. A lack of consultation with and participation of young people in decisions can result in inappropriate policies, programmes and projects for young people. Young people should help generate, share and analyze information so that they use their own voice to appropriately and effectively mould their own youth policy.
2. Definition

**Youth Participation**: A process through which youth influence and share control over initiatives and the decisions and resources that affect them.

Youth participation generally takes two main forms (De Winter 1995):

1. **Social participation**: influencing policy that directly affects daily life at the neighbourhood level or through education, work or health programmes.
2. **Political participation**: influencing the political decision-making process.

Young people are capable of transforming needs into policy, when there is an atmosphere of trust and respect. In a supportive environment, young people are in a better position to identify their own needs. When youth establish priorities, specify objectives and develop tactics, a sense of ownership is generated. This can provide more incentive to youth to provide fresh and meaningful insight on issues that affect them. With the collaboration of other stakeholders, this could lead to the creation of good practices and the adoption of institutional arrangements to address priorities. As a result, the youth policy formulated in this participatory and youth friendly manner is more likely to be relevant to youth needs.

Youth participation and empowerment has many benefits. These include the following (UNAIDS 1999):

1. **Voice and influence**: provide a level of influence and choice about types of youth-friendly services required; helps young people understand more clearly their own desires and needs.
2. **Child development**: explores young people's own potential
3. **Social and political education**: provides opportunities to acquire skills in debate, communication, negotiation, and individual or group decision-making, and to learn how individuals, groups, and national politics work
4. **Creators not consumers**: encourages young people to be active in creating the services they use, rather than being passive consumers of services provided for them and highlights that any such service must be an agent for social change and not for social control
5. **Updated services**: enhances services that reflect the interests and problems defined by young people
6. **Participation in wider society**: helps prepare young people to participate in wider societal decision-making
7. **Democracy**: promotes the use of transparency and accountability, which encourages respect for democratic principles

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Youth can certainly be a positive factor and as potential, rather than as a problem. The beneficiaries of youth participation include not only young people, but also programmes, policies, projects and society as a whole. This concept is at the heart of any argument for youth participation.

3. Main advantages in working with youth

Adults should be aware of the advantages of working with youth. The creation of a supportive environment will certainly encourage more genuine youth participation. Youth will be more receptive to working with supportive adults, when they realize of the pivotal role they can play in society. Therefore, it is important that youth work hand-in-hand with adults: “Capitalizing on this force for change calls for young people to work in partnership with adults who encourage their participation and are receptive to their ideas” (UNAIDS 1999).

Advantages in working with youth:

- Young people’s expertise on their own social and cultural conditions can be consulted.
- Young people can bring new perspectives, influencing outcomes in new and unexpected ways.
- Participatory mechanisms for services can be tailored to be more responsive, understanding and considerate of young people.
- Policies and programmes incorporating young people in their design and delivery are likely to be more efficient and effective.
- Active and productive youth involvement can improve the image of youth and challenge any negative stereotypes of young people perpetuated in the community.

Creating a supportive environment:

- Support young people’s right to participate in decisions affecting them.
- Assist young people in developing skills, confidence and awareness to enable them to take initiatives and tackle issues on their own.
- Create more awareness of young people’s broader rights to citizenship and participation in society.

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2 Adjusted from Australia Youth Foundation; http://www.ayf.org.au/resources/participation/

3 Ibid.
B. Youth Participation as a Foundation for Responsible Citizenship

Inter-country differences exist on the legal age for adulthood. In many countries, young people legally become adults at the age of 18, accountable and answerable for their own actions like any other adult. At this age, a young person’s status changes from that of a “child” to that of an “adult”. With the status change, the young person gains the right to vote, to start a business, to drive a car and to defend the country. However there is a lack of training for young people to adapt to the responsibilities of adulthood. Children have minimal rights and few legal responsibilities, a situation that changes dramatically upon reaching the legal age of adulthood. This legal transformation of status from being a non-adult to being an adult is sudden, and many young people are inadequately prepared for their new roles.

Participation can help children become more responsible adults and citizens by easing the transitory phase between childhood and adulthood. Two key functions of participation in the transitory phase between childhood and adulthood be may highlighted (De Winter 1995):

1. Participatory citizenship: This is instrumental in giving young people fuller opportunity to develop into competent, independent and responsible citizens.
2. Empowerment: This strengthens the self-confidence, skills and influence of power of young people as a social group.

In other words:

Participation by young people is not only a way of enlarging the influence on their own living situation and living environment, but also a way of shaping and strengthening their commitment to society (Evans 1995)

1. An Interpretation of Citizenship: Adulthood versus Citizenship

Two interpretations of citizenship are (Evans 1999):

1. Minimal citizenship:
   - Emphasizes civil and legal status, rights and responsibilities to society.
   - Citizenship is gained when civil and legal status is granted.
   - A good citizen is law-abiding, public-spirited and exercises political involvement through voting for representatives.

2. Maximal citizenship:
   - Consciousness of oneself as a member of a shared democratic culture.
   - Emphasizes a participatory approach to political involvement.
• Considers ways to overcome social disadvantages that undermine citizenship by denying people full participation in society.

Minimal citizenship thus focuses on adulthood. It envisages passive, well-behaved voters, who exercise their democratic rights only through voting. The concept of maximal citizenship incorporates all members of society. It encourages citizens to be active, participative and politically involved.

The concept of maximal citizenship has direct and important implications for any youth policy in all fields, including health, education, employment, media and leisure:

“Education for citizenship in its minimal interpretation requires only induction into basic knowledge of institutionalized rules concerning rights and obligations. Maximal interpretation requires education or training to develop critical and reflective abilities and capacities for self-determination and autonomy.”

Citizenship is often equated with adulthood: the rights, roles and responsibilities that adults take on upon reaching legal age. A distinction should be made, however, in order to highlight to young people that they have their own rights as citizens and therefore have responsibilities to society even before reaching the legal age of adulthood. Citizenship and adulthood can thus be distinguished in the following way:

If citizens are those of us with equal standing and protection within our community, with the right (and obligation) to vote, to stand for political office, to serve as part of jury and so on, then it becomes difficult to understand why citizenship should be viewed by young people as something that will happen ‘later.’ This view of citizenship necessarily pushes us towards redundant pedagogies that focus on training people for future roles, rather than equipping them with skills and understandings that can and must be given expression immediately. It reduces young people to either non-citizens or, at best, apprentice-citizens. Neither status is likely to provide an appropriate starting point for learning.

If, however, our concept of citizenship goes beyond the legal status and focuses on the array of roles that individuals can play in forming, maintaining and changing their communities, then young people are already valuable, and valued, citizens to the extent that they participate in those roles. This means recognizing that eligibility to vote, serve on a jury etc., derives not from citizenship, as such, but from a combination of citizenship and adulthood. We should still engage in debate about just what adulthood is and when it should apply, but this must not

4 Ibid
stand in the way of a recognition that young people must be treated as citizens (Owen 1996).

C. INCORPORATING EFFECTIVE YOUTH PARTICIPATION

These cornerstones of youth participation are:
(1) access and benefit; (2) ability to influence; and (3) equity.

To insure that youth participation is effectively incorporated in society, three fundamental foundations need to be recognized and established.

Access and benefit

- Recognizes that young people, as fellow citizens, have the right to participate fully in the social, cultural, political and economic spheres of their country.
- Emphasizes that services need to be accessible to young people to enable them to participate in such areas as education, training, employment and politics.
- Ensures that young people actually benefit from the services made available to them.
- Highlights that youth with special needs, such as young people with disabilities, should also have access to services and be enabled to participate in society.

Ability to influence

- Stresses the inclusion of young people in the decision-making processes for programmes and policies.
- Recognizes that programmes and policies should be designed to ensure young peoples full participation, including through advisory or management roles.
- Provides youth with the power to influence the outcome of different situations.

Equity

- Encourages the participation of all youth.
- Emphasizes equity for females and males, youth of varying levels of mental and physical abilities, and for all ethnic, national or religious groups.
- Highlights the fact that subgroups of youth that may require special attention are diverse and can range from rural youth, street children, and young women to young people with HIV/AIDS youth substance users.
• Recognizes the need to eliminate discriminatory laws and practices, for example regarding employment opportunities or access to food allocation.

D. YOUTH PARTICIPATION: AN EMPOWERMENT PROCESS

The key to providing an economic and social base for empowering youth is largely dependent on the availability, accessibility and quality of opportunities and services offered. It is crucial that youth have access to education, medical and social services, information, work and leisure activities. Furthermore, it is imperative that these opportunities and services reflect the interests and needs of youth. Incorporating genuine youth participation at all levels of society should effectively lead to youth empowerment.

1. Levels of Youth Participation:

Youth participation is a process whereby young people gradually increase control over their own environment and its impact on their lives. Drawing from diverse theories, the levels of youth participation may be categorized as follows:

Non-Participation
• Lack of information sharing.
• Adults are in full control and make no effort to change the situation.
• The adult agenda is prioritized over that of the youth.
• Adults define and implement policy without any youth input.
• Various nuances of this level are:
  ▪ Manipulation: Youth may be engaged only for the benefit of adults, and without understanding the implications of their engagements.
  ▪ Decoration: Youth may be called in just to embellish adult actions, for instance through song, dance and other entertaining activities. Adults acknowledge that these activities may not always be in the young peoples interest.

Passive Involvement
• Lack of information sharing.
• Minimum effort is made to inform and involve young people.
• Listening to young people is superficial.
• Tokenism: Youth may be given a voice merely to create a child-friendly image for adults.

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5 This section was integrated by Gerard de Kort from various existing youth participation theories, and draws heavily from Roger A. Hart’s levels of participation (Roger A. Hart: Children’s Participation: From Tokenism to Citizenship, UNICEF ICDS, 1992), as well as theories by Roger Holdsworth, manager of the Youth Research Centre in Australia, Gill Westhorp of the Youth Sector Training Council in Australia and the World Bank’s levels of community participation (The World Bank Participation Source Book, 1996).
Influence
• Information sharing is a two-way flow.
• Young people are consulted and involved; they are taken seriously.
• Youth have a sense of influence and subsequent ownership can develop.
• Sub-stages of this level are:
  ▪ Assigned but informed: Adults undertake an initiative to inform youth. Only after the young people understand the goals of the programme or project and their own role in it do they decide whether to become involved.
  ▪ Consulted and informed: Youth are extensively consulted on a programme or project designed and run by adults.

Partnership
• Collaboration: Youth have increasing control over decision-making.
• Adults make a concerned and structured effort for genuine youth participation.
• Adults and young people form a meaningful partnership with negotiation and delegation of tasks.
• Adult-initiated, decisions are shared with youth: in the case of projects concerning community development, initiators such as policymakers, community workers and local residents frequently involve various interest groups and age groups.

Self-Mobilization
• Empowerment: Transfer of control over decisions and resources to youth.
• Young people are in full control and may choose to seek adult assistance, if necessary and desired.
• Nuances of this stage are:
  ▪ Youth-initiated and directed: youth themselves conceive, organize and direct a programme without adult interference.
  ▪ Youth-initiated, decisions are shared with adults: influence is shared between youth and adults as the final goal of participation.

These levels can be useful in determining the extent to which a programme or policy utilizes and promotes youth participation.
Annex II
MANDATES ON YOUTH ISSUES

Dakar Youth Empowerment Strategy (2001)

The Dakar Youth Empowerment Strategy was formulated at the Fourth World Youth Forum in 2001. The Strategy is designed to strengthen, not replace, the Braga Youth Action Plan developed at the Third World Youth Forum in 1998.

The Strategy includes a special Annex on HIV/AIDS, which states that the responsibility lies not only with governments and civil society, but also with youth themselves:

Excerpt from the Dubai Youth Empowerment Strategy (2001): the responsibilities of youth:

- We take it upon ourselves to lead the fight against HIV/AIDS in our own communities and worldwide;
- We resolve to practice and promote sexual responsibility, including through the right to choose not to have sex, and if we choose to have sex, the use of condoms;
- We resolve to create and support programmes and projects to prevent the spread of HIV/AIDS, reduce stigma and discrimination related to HIV/AIDS, and support treatment, care and support of people living with HIV/AIDS;
- We resolve to organize and support North-South and South-South collaboration to share best practices and resources among youth organizations fighting HIV/AIDS;
- We resolve to encourage our governments and international institutions to mobilize sufficient resources, political will and appropriate policies to effectively combat HIV/AIDS, with participation of youth;
- We resolve to pressure our governments and global institutions to fulfil their commitments as outlined in the 2001 Declaration of Commitment on HIV/AIDS.

Asia-Pacific Youth Declaration

The Asia-Pacific Declaration was adopted at the Asia-Pacific Youth Forum of the United Nations System in Bangkok, June 2001. The Declaration was prepared for submission to the World Youth Forum held in Dakar in August 2001 (ESCAP 2002).
The Declaration acknowledges that problems and issues in relation to young people's health in the Asia-Pacific are widespread and on the rise. As such, the Declaration was prepared to affirm the collective responsibility of those gathered at the forum to promote sexual and reproductive health and to prevent substance abuse and HIV/AIDS.

The Declaration covers five key areas,
1. Sexual and reproductive health of young people.
2. Substance abuse.
3. The situation of HIV/AIDS among young people.
4. Sexual abuse and sexual exploitation of children and youth.
5. Other issues including education, human rights, people with disabilities and globalization.

The Declaration highlights for action the following lack of information, education and communication available with regard to issues of young people’s health:

- repression of young people’s voices through society and government, and inequalities within the socio-economic and political system;
- paucity of services for young people;
- socio-economic and cultural barriers that prevent comprehensive dissemination of information;
- social stigmatisation that prevents young people from expressing themselves freely.

Furthermore, the Declaration reiterates the commitment of the representatives present at the Asia-Pacific Youth Forum to ensuring young people are empowered to participate in human resource development.

Paragraphs 6 to 10 of the Declaration address the promotion of youth participation, and recommends that youth participation in decision-making processes of society be understood as a fundamental right, and that opportunities for formulating, implementing and evaluating programmes for reproductive health should be given to youth so as to understand their service needs according to their specific cultural and social contexts.
The Asia-Pacific Youth Declaration 2001 calls for action to address the following youth needs:

- There be adequate learning institutions using an integrated and interactive approach to learning and teaching;
- The private sector, civil society and governments uphold the rights of young people to secure their livelihood;
- There be greater participation of young people at every level of decision making within society;
- There be immediate action toward creating child-and-youth-friendly services that are adequately accessible and utilized;
- Young people’s issues be given greater priority;
- Marginalized young people be included in mainstream society and not discriminated against;
- There be more action-oriented research conducted to find out the extent of problems affecting young people that reasonable and practical approaches for needs-based services are developed.

World Programme of Action for Youth to the Year 2000 and Beyond (WPAY)

The World Programme of Action for Youth to the Year 2000 and Beyond (WPAY) was adopted by the United Nations General Assembly in 1995, the tenth anniversary of the International Youth Year, to provide a policy framework and practical guidelines for action to improve the situation of youth in society. The WPAY targets the global youth population of 1.03 billion people or 18 per cent of the world’s population. The 10 priority areas of WPAY are: education; employment; hunger and poverty; health; environment; drug abuse; juvenile delinquency; leisure time activities; girls and young women; and the full and effective participation of youth in the life of society and in decision-making (ESCAP 2003). In particular, the tenth area delineates the full and effective participation of youth in the life of society and in decision-making:

The capacity of each society to progress is based, among other elements, on its capacity to incorporate the contribution and responsibility of youth in the building and designing of its future. In addition to their intellectual contribution and ability to mobilize support, young people bring unique perspectives that need to be taken into account. Youth organizations can be important forums for helping young people to develop the skills necessary for effective youth participation in society.

1 The United Nations defines youth as individuals between the ages of 15 and 24
The Braga Youth Action Plan (BYAP) was adopted at the Third World Youth Forum of the United Nations, held from 2 to 7 August 1998 at Braga, Portugal. The BYAP highlights the importance of youth participation and provides a thorough list of youth policy recommendations that both incorporate and encourage such participation. It stresses a joint commitment to youth participation for human development made in partnership by youth non-governmental organizations, the United Nations system and other intergovernmental organizations.

In addition, it notes that real and sustainable solutions to social and economic problems that affect youth can be found at the global level through the development of new partnerships among all concerned parties.

The WPAY thus proposes action to:

- Develop and strengthen opportunities for youth to learn their rights and responsibilities;
- Promote the social, political, developmental and environmental participation of young people, and remove obstacles that affect their full contribution to society;
- Encourage youth associations and their activities through financial, educational and technical support;
- Foster national, regional and international cooperation and exchange between youth organizations; and
- Strengthen the involvement of young people in international forums, for example, by considering the inclusion of youth representatives in the national delegations to the United Nations General Assembly.
The Lisbon Declaration on Youth Policies and Programmes (LDYP) was adopted at the World Conference of Ministers Responsible for Youth, held in Lisbon from 8 to 12 August 1998. The World Conference of Ministers was the first global ministerial-level meeting on youth held since the founding of the United Nations in 1945. It was held as a follow-up to the World Programme of Action for Youth to the Year 2000 and Beyond and focused on strengthening national capacities regarding youth and increasing the quality and quantity of opportunities available to young people. Over 100 government leaders participating in the World Conference committed themselves to actions on the eight key areas affecting youth: national youth policy; participation; development; peace; education; employment; health; and drug and substance abuse.

The BPAY highlights the following youth participation requirements for human development to be achieved:

- Young people are adequately financed by both the government and private sector to become full and active partners in the development process;
- Young people’s inputs are recognized in the development process;
- Young men and women participate on equal terms;
- Young women are empowered;
- All young people are enabled to participate in the development process with no forms of social exclusion;
- Young people have a stance in the decisions today on tomorrow’s resources;
- Young people are a part of the political decision-making process at all levels and are enabled to organize themselves through various organizations or forums to fully participate in the political, economic, social and cultural life;
- Youth issues are addressed through a cross-sectoral approach.

Lisbon Declaration on Youth Policies and Programmes (LDYP)

The Lisbon Declaration on Youth Policies and Programmes (LDYP) was adopted at the World Conference of Ministers Responsible for Youth, held in Lisbon from 8 to 12 August 1998. The World Conference of Ministers was the first global ministerial-level meeting on youth held since the founding of the United Nations in 1945. It was held as a follow-up to the World Programme of Action for Youth to the Year 2000 and Beyond and focused on strengthening national capacities regarding youth and increasing the quality and quantity of opportunities available to young people. Over 100 government leaders participating in the World Conference committed themselves to actions on the eight key areas affecting youth: national youth policy; participation; development; peace; education; employment; health; and drug and substance abuse.
Under participation, government leaders committed themselves to the following seven key actions:

- Ensuring and encouraging the active participation of youth in all spheres of society and in decision-making processes at the national, regional and international levels;
- Promoting education and training in democratic processes, the spirit of citizenship and civic;
- Facilitating access by youth to legislative and policy-making bodies;
- Upholding and reinforcing policies that allow independent and democratic forms of associative life;
- Giving higher priority to marginalized, vulnerable and disadvantaged young women and young men;
- Giving priority to the building of communication channels with youth; and
- Encouraging youth volunteerism as an important form of youth participation.

Convention on the Rights of the Child

The Convention on the Rights of the Child (CRC) is the most widely ratified human rights treaty in history (UNICEF 2002). The Convention sets the minimum legal and moral standards for protecting children’s rights. The Convention is unique by being the first legally binding international instrument to incorporate the full range of human rights: civil and political rights, as well as economic, social and cultural rights.

The CRC highlights child and youth participation throughout its text. In the preamble, it is recognized that children will live as individuals in society and therefore need the appropriate circumstances to help them lead a life according to the ideals proclaimed in the Charter of the United Nations. Furthermore, Article 12 notes that children have the right to express their own views, especially on matters that affect them and that an appropriate forum that allows children to be heard shall be made available. Article 13 states that children are ensured of their freedom of expression in any form they choose to pursue, as long as it is respectful of the law and other people’s rights and does not jeopardize national security, public order, public health or morals. Lastly, Article 29 asserts that education should help children become responsible by espousing principles that encourage respect and a sense of ethics.

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2 Convention on the Rights of the Child, adopted by the General Assembly of the United Nations on 20 November 1989; Received legal status on 3 Sept 1990; (www.childhouse.uio.no/childwatch/cwi/convention)
Annex III

Resolution Adopted by the Commission at its Fifty-Ninth Session (Phase II)

59/1. Regional action in follow-up to the Declaration of Commitment on HIV/AIDS

The Economic and Social Commission for Asia and the Pacific,

Recalling General Assembly resolution 55/2 of 8 September 2000, by which the Assembly adopted the United Nations Millennium Declaration, in which it resolved, inter alia, to have halted by 2015, and begun to reverse, the spread of HIV/AIDS,

Recalling also General Assembly resolutions S-26/2 of 27 June 2001, by which the Assembly adopted the Declaration of Commitment on HIV/AIDS, calling for enhanced initiatives to fight HIV/AIDS at the regional level, and 57/299 of 20 December 2002 on follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS,

Recalling further Commission resolution 57/1 of 25 April 2001 containing a regional call for action to fight HIV/AIDS in Asia and the Pacific,

Taking note of the steps taken by leaders of the Asian and Pacific region since the twenty-sixth special session of the General Assembly to strengthen regional efforts to stop the spread of HIV/AIDS, including the solidarity demonstrated at the Asia-Pacific Ministerial Meeting on HIV/AIDS, held at Melbourne, Australia, in October 2001,

Recognizing HIV/AIDS as a major development challenge of our times, which could unravel many of the social and economic gains that the Asian and Pacific region has achieved,

Taking note of the need for a sustained multisectoral approach to addressing this development challenge,

Bearing in mind the need for political commitment to secure an expanded and comprehensive response to the HIV/AIDS pandemic in the ESCAP region, which is home to three of the world’s most populous countries, 62 per cent of the world’s population and over 600 million young people who are vulnerable to HIV/AIDS,

Noting with particular concern the continuing high rates of infection among young people and the urgent need for increased investment in and implementation of HIV prevention strategies for young people, including improved access to HIV preventive services and the promotion of respectful and responsible sexual behaviour,
1. Calls upon all members and associate members:

(a) To implement the Declaration of Commitment on HIV/AIDS adopted by the General Assembly at its twenty-sixth special session;

(b) To respond to the HIV/AIDS pandemic with political commitment at the highest decision-making levels, including by immediate action to develop more comprehensive and strategic national programmes and to strengthen their implementation;

(c) To mainstream HIV/AIDS into national economic and social development planning and increase the availability of human and financial resources to address the HIV/AIDS epidemic at the country level as an emergency development challenge;

(d) To generate adequate resources, both through domestic resource mobilization and by encouraging donors to make concrete efforts towards the target of 0.7 per cent of gross national product for official development assistance, and encouraging developing countries to ensure that such aid is used effectively to assist in closing the resource gap of an estimated US$ 7 billion required by 2007 for HIV/AIDS in the Asian and Pacific region;

(e) To consider maintaining a high level of investment to prevent the spread of the HIV/AIDS epidemic, even in low-prevalence countries, since in the absence of an early response, low prevalence today could translate into an epidemic in the near future;

(f) To promote policies that prevent the spread of HIV/AIDS through high-risk behaviour, such as casual sex, use of commercial sex services, injecting drug use, reuse of virus-contaminated equipment, and unsafe blood and blood products, reduce its multiplier effects on other communicable diseases, improve access to affordable care and treatment and scale up successful interventions, ensuring that a balance is maintained in the focus on, and allocation of resources for, the prevention of HIV infection, treatment of HIV/AIDS and care for people living with HIV/AIDS;

(g) To promote the implementation of comprehensive interventions for HIV prevention among drug users, together with drug abuse prevention strategies, especially among young people, and encourage members to administer laws in a way that does not inadvertently promote the transmission of HIV;

(h) To support action to address the gender-specific dimensions of the epidemic, including through efforts for the economic and social empowerment of women, as also greater gender responsiveness and equality to strengthen women's ability to protect themselves from HIV;

(i) To support action to reduce new infections among young people aged 15 to 24;

(j) To facilitate and improve with specific strategies prevention of the mother-to-child-transmission mode of HIV infection;
(k) To improve the accessibility by, and availability for, the poor of antiretroviral and other life-saving drugs as well as diagnostics deemed essential for enabling people living with HIV/AIDS to continue to live meaningful lives;

(l) To strengthen support for children living with HIV/AIDS, orphans of parents who have died of AIDS-related illnesses and older persons affected by the death of adult offspring as a result of HIV/AIDS, so that they do not suffer even more from discrimination and economic hardship;

(m) To encourage the corporate/private sector to play a stronger role in the HIV/AIDS response;

2. Urges donor Governments and agencies, regional and international financial institutions, members of the United Nations system and the private sector to join in advocacy for a comprehensive response to the HIV/AIDS pandemic as a major development challenge, including through promoting good practices, building enabling environments and supporting effective interventions in the Asian and Pacific region to prevent the rapid spread of HIV/AIDS;

3. Urges the Joint United Nations Programme on HIV/AIDS and its sponsors to intensify efforts to ensure that the targets in the Declaration of Commitment on HIV/AIDS are fulfilled in the Asian and Pacific region, especially those pertaining to young people aged 15 to 24;

4. Requests the Executive Secretary:

(a) To intensify, where gaps are identified, advocacy to promote the implementation of the political and resource commitments in the Declaration of Commitment on HIV/AIDS;

(b) To further strengthen United Nations regional coordination, under the auspices of ESCAP, and together with the Joint United Nations Programme on HIV/AIDS, to promote accelerated action and coordinate with other United Nations organizations in addressing issues of stigma and discrimination that are relevant to HIV/AIDS prevention and treatment and in ensuring the human dignity of persons living with HIV/AIDS;

(c) To support and cooperate with all subregional groupings, at their request, to strengthen subregional capability to deal with HIV/AIDS as a development challenge;

(d) To mainstream HIV/AIDS prevention, treatment, care and support into the programme of work of ESCAP, including intercountry and cross-border cooperation to mitigate the spread of HIV/AIDS among groups whose behaviour, age, gender, mobility and means of livelihood render them especially vulnerable to HIV/AIDS, and through modalities such as life-skills training to enhance the behavioural capability of vulnerable groups to better protect
themselves and others from fuelling the spread of HIV, and support for the strengthening of self-help groups of people living with HIV/AIDS;

(e) To initiate measures to build national capacity, upon the request of national Governments, to meet the challenge of HIV/AIDS effectively, including the capacity to deal with issues relating to intellectual property rights, as well as develop national strategic plans for tackling the pandemic, with road maps to achieve targets agreed upon, and the capacity of civil society and non-governmental organizations to participate in national responses;

5. Also requests the Executive Secretary:

(a) To provide technical assistance and other means of support for efforts to combat the spread of HIV/AIDS in countries and areas of the ESCAP region, particularly the developing and least developed countries;

(b) To report to the Commission at its sixty-first session on regional progress in the implementation of the present resolution.
Partners in HIV/AIDS Prevention

REFERENCES


