

Lifeskills and HIV/AIDS education for Mekong youth

Robert Bennoun and Prudence Borthwick, UNICEF-EAPRO, Bangkok

Mekong school kids skill up in Kunming

Picture a generic conference room in a generic hotel in downtown Kunming. Tables have been pushed back to leave the centre of the room free for a bunch of excited teenage kids, who are forming a circle, then leaning back, then leaning back some more, then getting into a sitting position, then forming themselves into a big sitting circle, each sitting on the knee of the person behind them who is sitting on the knee of the person behind them who is sitting on the – then 25 kids collapse in laughter on the floor. You got it – it's an energiser activity, feared by adults, loved by kids. But it's not all fun and games at the Mekong Regional Children's Forum. The kids are getting ready to put in some hard work.

What's the Vietnamese for lifeskills? What's the Lao? What's the Chinese? What's the Thai? The young people repeat the phrases loudly. 'Lifeskills' is an instructional approach to behavioural change that combines social and thinking skills, developed by social scientists over the last three decades. This approach has been widely promoted by UNICEF and other agencies as an alternative to the knowledge-based educational programmes used in the early years of the AIDS epidemic. The knowledge-based approach was demonstrated to be ineffective in changing risk behaviour, while lifeskills had been used successful in a number of areas, such as youth violence and substance abuse. Over the past few years, a great deal of work has gone into using lifeskills in HIV prevention programmes, often in combination with peer education.

Lifeskills training programmes

In Southeast Asia, lifeskills training has been widely used by organisations like the Thai Red Cross and observed to have a positive effect on young people engaging in risk activities. Through UNICEF support, lifeskills programmes have been developed in many of the Mekong countries, like Vietnam, Myanmar and Lao People's Democratic Republic. In Thailand, the Ministry of Education maintains that a lifeskills approach has now been integrated across curricula as part of educational reforms aimed at bringing about child-centred learning. As the forum revealed, scaling up lifeskills programmes is not without problems. Lifeskills training may be affected by the attitudes and beliefs of the trainers and of the organisations within which they work. Timing, duration and follow-up of instruction are also an issue. Education departments in developing countries are naturally concerned to address basic issues of literacy and numeracy before psychosocial skills. One of the challenges in scaling-up is to retain quality and depth in instruction. And, while it is important to move beyond

reciting AIDS facts parrot-style, it is also important to retain a focus on HIV/AIDS.

In an alcove at the back is an exhibition of the peer education work from each of the four participating countries. The Chinese kids have done a lot of health promotion around smoking, the Vietnamese have drawn large scary posters on AIDS, and the Lao kids display their drawings and the UNICEF Lao textbooks and posters on HIV/AIDS and lifeskills. The Thai kids have a fine photo display of school activities on drugs and HIV: stage performances, marches, sporting events, visiting people with HIV, and participating in overnight camps on drug prevention themes.

Mekong Forum

The Mekong Regional Children's Forum for Students in Border Areas has been organised by the Yunnan School-based Health Education Programme Office with the Health Minority Group, Yunnan PRA Network, funded by AusAID with assistance from UNICEF. Participants are from China, Thailand, Laos and Vietnam. Each country team has a leader from the national/provincial education department, a resource person, two core teachers and/or trainers and six middle-school students, selected by the education department from schools in border areas. Mandarin interpreters accompany each delegation.

The aim of the forum is for student peer educators and core trainers to share, learn and exchange strategies, methods and activities developed in various school health education environments, particularly in areas of HIV/AIDS, sexually transmitted infections (STIs) and drug prevention. Drugs emerge as a major theme for the forum, but whether this is because of personal experience or omnipresent media campaigns on drug abuse is not clear. HIV is there too, usually rated second in importance to drugs. Over the duration of the workshop I try to assess the level of their understanding of HIV. On the first day, the kids do an information, education and communication (IEC) workshop with me. Their homework is to write or illustrate stories on HIV or drugs.

The Chinese kids tend to dramatic love stories where plots develop with rapidity: 'Meilin became depressed [after her boyfriend dumps her for no reason]. She began to drink and smoke and use drugs. She contracted HIV. Her boyfriend met her again: "I will always love you and want to be your friend".' In their stories, truanting leads to drug use, waitressing leads to sex work and any kind of sex leads to HIV.

The Lao kids are into relationships and are very strong on realistic dialogue:

Pon (F): 'So, if you want to go drinking, you can go on your own.'

Sak (M): 'Don't tell me what to do, or I might just as well go and drink with those bar girls!'

Pon: 'Go then! It's all over! Over between us!'

Sak: 'Fine! That's just fine because I've been wanting to break up with you for ages anyway! You're no fun and you never want to do the things I want to do.'

But the young Lao story writers are weak on HIV transmission. Sak turns up again, fully symptomatic, having contracted HIV from a bar girl but a few months ago. So much for that symptom-free period...

The Vietnamese kids are strong on reproductive health. In an exercise on transmission, their list of body fluids is the only one to include vaginal fluids. They know that a person with HIV can be non-symptomatic for five to ten years. But their poster uses the Grim Reaper, back after an absence of some 13 years, when he was briefly launched on Australian television screens. Fear tactics of this sort have been abandoned throughout the region as policy makers have come to understand the negative impact of such campaigns on both prevention and care goals. Unfortunately, everyone from ad campaign directors to village headmen seems to fall into the fear trap initially. Again, lessons learnt need to be shared between government ministries as much as anywhere else. While health departments tend to be in the forefront in recognising and implementing effective health promotion strategies, education departments can lag behind in this area.

It is not surprising that the Thai kids have the deepest understanding of HIV. For some of them, HIV has been lived, not learnt. Two of them are from Thailand's most heavily affected areas, where nearly one in three of their school friends have lost parents or other family members to AIDS. One Year 9 student describes herself as 'HIV affected': she has lost both parents to AIDS. Care and support of people with HIV is an issue to which they are all deeply committed, but the impact of living through the epidemic shows in their understanding of prevention. As well, the schools they attended were part of UNICEF's Child Friendly Schools Program, with specially targeted activities for areas of high HIV/AIDS prevalence, such as camps for HIV-affected families, counselling training for teachers (including grief and loss counselling) and lifeskills training for kids.

In the Thai stories, the focus is not on the moment of transmission but the moment of testing. They show the risk situations – getting drunk, commercial sex – but anyone depicted as testing positive is noted to have had this behaviour for a long time, for years. One story is about payday for construction workers. Another is one of the few verging on autobiographical, with a bunch of teenagers sneaking off to go to a karaoke bar behind their parent's backs. The girls are spotted at the last minute by relatives and have to go home but the two boys go in. Later, one of the boys' best friends tests positive and he is scared enough to want to be tested too.

The interesting thing about this story is that it posits the kids as potentially sexually active themselves, with their peers, just school kids, village kids together. What if they had not been interrupted? What if they had gone to the pub together as a foursome? Might they have had sex? This is certainly the current trend in the sexual behaviour of Thai youth. Casual sex now is with friends, not sex workers. HIV education has to reorient itself to this new reality.

The forum programme is intense: the kids go from sessions on determinants for behaviour change to how to carry out peer education on drugs, HIV and STIs. One problem is that, in most of their schools, sex education is still not completely accepted. The children can learn how to discuss condom use with their friends, but back in school they will not be able to distribute condoms and may have difficulty even in 'promoting' condom use without being seen as encouraging promiscuity.

Schools in the region (and beyond) generally employ a 'moralistic' approach to sexual activity in school-aged children. Moralism was a problem in the workshop in terms of pre-empting the lifeskills approach. Instead of weighing up the pros and cons of certain behaviours and making a rational decision, a 'just say no' attitude prevailed. This meant that the lifeskills 'package' being offered did not fully incorporate harm reduction strategies.

One resource team considered it unacceptable to do a transmission exercise listing various forms of sexual activities, in order to select the ones in which body fluids containing HIV were transmitted. They could only accept an exercise where all body fluids were listed and the fluids that transmitted HIV identified. Another person thought that passing round a condom for the students to handle and examine was too controversial at this time.

Components of lifeskills training programmes

For lifeskills education to have an impact in reducing HIV infection among young people, it must incorporate practical harm reduction measures regarding condom use and safe needle/drug/substance use. This needs to be addressed in the future, in terms of advocating the acceptance of a minimum level of harm reduction (for example, teachers supporting kids knowing at least where and how to get condoms, what they look like and how they are used), possibly through involvement of national AIDS committees.

Another feature of the training given by teachers was that they used scenarios which pitted the individual student against his/her friends, which, given the importance of peers to adolescents, may be difficult to sustain. A greater focus on exercises for changing students' collective group behaviour/ thinking/ norms would be helpful for the future. *Snooker*, the interactive Cambodian video for young men, is a good example of this group approach.

Future challenges

Much of the running on HIV has been done by health departments. It is only recently that education departments have shown a similar level of interest and investigation. Yunnan Provincial Education Commission has taken a big step forward in organising the forum. More work needs to be done to bring education departments and schools on board, to make sure that the lifeskills they teach really are the ones that save lives. It is to be hoped that the forum is a step in that direction, one supported by the advocacy efforts of national AIDS committees, health departments and multilateral agencies.

Another challenge is that, for the kids from Laos, Vietnam and China, knowledge of real people with HIV is extremely limited, due to the low visibility of the epidemic in their communities. The resourceful Dr Liu Wei managed to secure four video players so that the kids could watch 'With Hope and Help' videos from Laos, Vietnam, Thailand and China. This meant that each kid was able to watch and hear HIV-positive people from his/her own country speak about their experiences. The preliminary evaluation results suggest that the videos' message was one of the most memorable: that people with HIV/AIDS are not bad people, they're just people.

Conclusion

There is no doubt that the young people learnt a lot. They were skilled up as lifeskills peer educators. Many of them appeared to gain in confidence during the course of the workshop. While

initially only a few took part and the teachers and resource people ran many of the games and exercises, by the end of the forum many more young people were leading group activities. By the end, they were able to design peer education projects for their schools. The Thai students designed one on truancy reduction, while the Lao, Chinese and Vietnamese students designed HIV and drug use prevention projects. The sophistication of their approach was apparent in that the projects began with risk assessment of their schoolmates' behaviour in relation to drugs and HIV.

But the proof of the pudding is in the eating. On their return home, they are to implement projects: to assess needs and conduct one-to-one 'counselling' and learning activities to educate their peers. In some cases, they may need more training themselves, on reproductive health and the details of HIV transmission and progression. To do this, they need the support of their schools and their education departments. They may also benefit from continuing to exchange ideas and share problems with their new friends across the borders.

All sorts of ideas were shared in the final sessions, including a small grants programme for local student-run school activities, supported by a regional network of schools with bilateral country cooperation (Laos/Thailand, China/Vietnam) and with, eventually, maybe another regional meeting to review progress. So, if you live in Udomxay, Bo Keo, Chiengrai, Chiangmai, Sipsong Panna, Quang Ha or Lang Son, look for signs of activity at your local school. Peer educators will be at large in the neighbourhood.