Hiv-Aids prevention through a life-skills school based program in Bandung, west java, Indonesia: evidence of empowerment and partnership in education

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Abstract

Increasing numbers of young people with HIV ask for sustainable, comprehensive and effective prevention programs. Since the targets are junior high school students, a school-based HIV prevention curriculum was developed to increase knowledge and to develop life-skills to prevent HIV infection through drug use and risky sexual behaviour. Teachers and schools were involved in the planning and implementation to improve the design of the intervention, and to increase ownership. Advocacy to local government and educational authority as well as to school management, students and parents and the involvement of religious and community leaders during the development and implementation process proved to be the key of success of this HIV prevention school program.

Keywords: HIV-AIDS; school based; life skill, adolescent; advocacy; drugs education, sexual reproductive health, teachers

1. Background

Indonesia has a fast growing HIV-AIDS epidemic. According to national data, up to June 2010, the number of cases reached 21.770 which are twice from the number in 2007. It is estimated that the number of people living with HIV-AIDS will reach 500.000 people by the year 2014. West Java province is after Jakarta the province with the largest numbers of HIV cases: 5.536 HIV patients up to June 2010. More than half of these patients are 20-29 years old. The main risk behaviours are: unprotected hetero sex (49, 3%) and injecting drug use (40, 4%) (UNAIDS, 2010). West Java has an estimated 22,000 IDUs, of which over 50% are HIV-positive and 20% are incarcerated (UNGASS, 2008). Drug use starts relatively early in adolescence: 4% of junior high school students were involved in drug use, while every 1 out of 1000 of junior high school students has consumed drugs (National Survey on Drug Abuse and Drug Traffic among School Students and College Students, 2006). Students started with smoking and alcohol and experimenting with drugs and sex from 14 years onwards (Pinxten et al., 2007). According to a survey in four big cities in Indonesia 16% of the youth have their first sexual experience at age 13-15 years, 44% at 16-18 years old and 32% at 19-21 years old (Behavioural Surveillance, 2005). Needle sharing by injecting drug users (IDUs) a very effective way of spreading HIV infection, showed an eightfold increase from 1997 to 2003. This is believed to have contributed to the steep increase of the HIV prevalence among IDU: from 16% in 1999, 41% in 2000 to 48% in 2008 (Pisani, et al., 2003).

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A survey on the knowledge of sexual and reproductive health, drugs and sexual risk behaviour among high school students in urban Indonesia revealed that only 18% in Jakarta and 30% of the students in Surabaya were exposed to sexual and reproductive health education at school. Of these students, 99% had heard about HIV/AIDS: mostly through media and about 95% through television, 73% through newspapers and only 49% through teachers in both cities. Around 70% of all students in both cities were aware that condom use during sexual intercourse could prevent HIV transmission. In Jakarta 16% and in Surabaya 8% of the male students and about 5% of female students had sexual intercourse in the previous year, while 2% of the male students had sex with sex workers in the year preceding the survey (Behavioural Surveillance, 2005). All of this data framed the scene that young people are at risk to HIV-AIDS.

1.1. West Java

Bandung, the capital city of West Java Province in particular, has the biggest number of HIV patients in West Java: 3,123 cases. When this is an iceberg phenomenon, we may expect that the real number to be about 8-10 times higher. Young people in Bandung, students in particular, are the potential group to be engaged in risk behavior. Especially their curiosity and their possible identity crisis put them at health risk. A survey of junior high-school students in Bandung revealed that adolescents who have a positive attitude toward drug use, often caused by peer pressure, do not have clear and comprehensive information about bad effect of drugs. Students who have a negative attitude towards drugs use, because they follow what parents and teachers tell them and/or because they have a good knowledge about the effect and danger of drugs use. Lack of communication and negotiating/refusal skills make it difficult for students to deal with peer pressure. Therefore, relevant research indicates that education should support the development of appropriate understanding about drugs; the effect and consequences, as well as the learning of communication, assertiveness and decision making skills. This education should also help to build self confidence and self efficacy in youth in order to enhance their ability to make the right and responsible decisions when they have to (Riyanti, et al, 2009).

Talking about school intervention, the role of teachers and school management should not be separated from the discussion. Their support and involvement may lead to sustainability of a school-based HIV prevention program. However, there are some obstacles that hinder the teachers and school management to take part in HIV prevention actions targeting risky drugs and sexual risk activities. Major obstacles are the sensitivity of the topics like drugs and sex in a Muslim society and the lack of knowledge and skills of teachers to teach these topics. Though most teachers have high intention to teach the students about these topics and they also believe they will take part in HIV prevention program if there is support and permission from school management, parents and also instructions from the government (Hinduan, et al., 2007). Therefore, it is an essential requirement to develop teacher’s capability and skills to be able to deliver such information and facilitate students to learn, while create better environment and gain support from the stakeholder especially the decision makers.

1.2 IMPACT program

As one of the stakeholders in the HIV-AIDS issue, the Faculty of Medicine Universitas Padjadjaran (UNPAD) through its Health Research Unit, developed a university collaboration program called IMPACT (integrated management for prevention and control & treatment of HIV-AIDS). IMPACT is a 5-year program based in West-Java, Indonesia. IMPACT uses a multidisciplinary approach and is implemented by an international university partnership. The partners are UNPAD and 3 European universities: Maastricht and Radboud University in The Netherlands and Antwerp University in Belgium. IMPACT uses an evidence-based program approach, combining research and program implementation which builds on internal commitment, shared ownership, control and implementation to develop a model comprehensive and integrated HIV-prevention and treatment program. IMPACT program objectives are: 1) to reduce HIV-related risk behaviour through gender-sensitive, evidence-based prevention programs in young adolescents, inside and outside school, 2) to establish comprehensive and evidence-based prevention and care of HIV/AIDS in IDU in Bandung and 3) to establish capacity in order to conduct, replicate, scale-up, scientifically evaluate and sustain activities. IMPACT’s activities take place in the community, schools, hospital and the drugs prison. To reach objective number 1, IMPACT formed a working group called Health Promotion at school working group, a group that works to develop a prevention school-based program for HIV-AIDS among junior high school students.

Many intervention activities targeting young people have been conducted, especially in Bandung, many institution and organizations disseminate information about HIV-AIDS to the student through lectures, events,
training and media. However these activities are all knowledge oriented, initiated by school outsiders, not implemented on a regular base and rarely evaluated and probably not effective in changing risk behaviour at all. Hence we cannot be sure about sustainability effects on behaviour of students of these kinds of activities. That is why sustainable, regular and effective activities focussing on behaviour change are needed to make sure that students receive comprehensive and balance information on HIV-AIDS, drugs and sexual reproductive health and know how to responds when faced with drugs and sex issues. In order to fulfil that need, a life-skill junior high schools-based curriculum is develop and implement in order to reduce risky behaviours among youth and prevent HIV transmission as well as empower teacher to deliver and develop this program.

2. Purpose of the school program

An important step in the prevention of the further spread of HIV is to educate the groups at special risk about HIV and provide them with basic information on how it is transmitted and how it can be prevented. One way to reduce HIV prevalence, arguably one of the most efficient ways in the long run, are school based interventions. School based prevention program proved to be effective and give positive results to reduce risky behaviour. Two thirds of the school-based intervention programs significantly improved one or more sexual behaviours’. There is strong evidence that programs do not hasten or increase sexual behaviours but, instead, some programs delay or decrease sexual behaviours or increase condom or contraceptive use (Kirby, et al., 2007). Schools are believed to be an effective place to disseminate information, create attitude and develop skills. Students spend one third of their daily times at school and almost 80% of the population age 13-15 years old are still having their education in school. That number is the amount of young people reached if we can implement a school-based intervention.

One should not only pay attention to the content of the education. It should not only give the student knowledge, but also enhance their skills, the life skill particularly. The World Health Organization has defined life skills as, "the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life". As identified before, most of the student already knows the information about drugs, HIV-AIDS and risky sexual behaviour, but they do not have proper skill to use that knowledge to protect them. We also realize due to the sensitivity of this issue it is very important to socialize, giving overview and inform all stakeholder in this school intervention program. We believe that, stakeholders’ involvement from the beginning leads to a strong sense of belonging and sustainability. Therefore, the second purpose of this school-based HIV prevention program is to raise awareness and to gain commitment from the government, religious/community leaders, school management, teachers and students on the implementation. This school program will aim 8th grade student in junior high school aged 13-14 years old, boys and girls. As part of the social marketing and put an appropriate name on the curriculum, we called this life-skill HIV-AIDS related curriculum as Hebat, an Indonesian word for saying great, excellent or wonderful, but also an acronym for Hidup Sehat Bersama Sahabat (healthy living with friends).

3. Methods

With the consideration that HIV-AIDS is caused by two main risk behaviours, being drug use and unprotected sex, therefore the curriculum is divided into 2 sections: the drugs education and the sexual reproductive health education. After receiving information through this education, students are expected to be able to perform the objectives of drugs education, which are: abstinence from smoking and using drugs; quit smoking and do not become a regular drug user. The objectives for sexual reproductive health are: abstinence from sexual activities and delay onset of sexual intercourse. The next step is to break down these objectives into topics for each curriculum. The topics were offered to the students by using participatory learning methods to enhance student’s skills in self-management, interpersonal and cognitive as well as increasing their knowledge, develop positive attitudes and behaviour related to HIV prevention.

3.1. The approach

This program is developed from a health promotion perspective. According to the WHO, there are 3 main strategies in health promotion, a) Advocacy, an effort to convince, gain support and commitment from the government, decision and policy makers, b) Social support, in order to make sure this program is well accepted in
the community, and people tend to feel that the problem is also theirs, c) Empowerment, to increase the community’s ability to do the program and to ensure sustainability (WHO, 1994). The working group is also divided into 2 sub groups, the curriculum group, responsible for the development of the evidence-based curriculum and the advocacy group for the development of a strong partnership with stakeholders in order to gain support and commitment in the implementation of the curriculum. In other words, the curriculum group prepared the tools, and the advocacy group prepared the field.

3.2. Intervention Mapping

The steps in Intervention Mapping were adopted in developing the curriculum, which are: (a) Involvement of relevant stakeholders, (b) Need Assessment or situation analysis, (c) Objectives, (d) Evidence based intervention design (e) Adoption and Implementation, (f) Monitoring and Evaluation (Bartholomew et.al. 2006). Based on the situation in the field, the order of the steps was re-arranged and started with a need assessment and a situation analysis. Results from the need assessment were shared with major stakeholders and their comments were gathered. Based on the results of the need assessment, the stakeholders comments and the fact that risk behaviour starts before the age of 14 years, it was decided to develop the Bandung life-skill school based intervention for junior high school students.

During the first stakeholders contact, it was concluded that one of the main key players in our program is the Guidance and Counselling teacher. These teachers are responsible to handle students’ problems in the schools as they are also taking part as school’s counsellor. They deal with students’ problems like: smoking, drugs use, adolescents’ delinquency, and sexual behaviour. A good partnership with these professionals through the Guidance and Counselling’s Teachers Association was developed. This partnership turned out to be very helpful for program planning and implementation, especially because these professionals can assist the working group to advocate to the schools management, parent associations as well as to the educational authority. All the produced materials were reviewed by a team of Guidance and Counselling teachers.

3.3. Progress to date

The main purpose of advocacy in the IMPACT school-based HIV prevention program was to get substantial support from the key stakeholders; especially from those who have the power in educational management in Bandung city. This approach was to make sure those teachers and schools who agreed to implement the program, were supported by their superiors. Several stakeholders meetings were conducted to build ownership and collaboration to start the advocacy to the higher civil leaders, such as the Mayor of Bandung city. These advocacy efforts resulted in a letter of recommendation from the Bandung Mayor to all government related institutions to support and collaborate with IMPACT in developing and implementing the prevention program. This kind of support shows the municipality government’s commitment on the fight against AIDS and as an effort to reach MDG’s goals. Before starting the pilot phase, this partnership was legalized by signing a letter of agreement between IMPACT (Faculty of Medicine) and the Bandung educational office to implement, monitor and evaluate the program as part of the development of the curriculum.

Involvement and contribution of community leaders, religious leaders, experts, professionals like physicians and psychologists, organizations concerned with adolescents, drugs and sexual reproductive health, were also present in the program planning, implementation and evaluation, in the form of an advisory board for the curriculum development and implementation. A regular meeting was held to accommodate advice and input from them.

Fig 1 Health promotion strategies
Up to December 2010 the Bandung school program activities were at the end of the pilot phase. So far, 15 trained Guidance and Counselling teachers taught Hebat in a 40 minutes session, every week to 1.752 students aged 13-14 years old from 5 piloting high-schools in Bandung. The drugs education sections were implemented in the current (December 2010) semester, and the sexual reproductive health curriculum will be implemented in the coming semester. Teachers were provided with a guiding module for activities in each session, including background information and reading material. Display tools to explain the information were developed and shared as well. Students were provided with extra reading material to complement class room teaching. Activities in the class were delivered by using participatory learning methods. Teachers played the role of facilitators to help students to understand the topics and to train them the life-skills. Activities like discussion, role play, debating, writing, presentations and games were done in the classroom. All these strategies aim at enhancing student’s skills in self-management, interpersonal and cognitive as well as increasing their knowledge, develop positive attitudes and behaviours related to HIV prevention. Students were very pleased, because this kind of method is new for them and different from the way other topics are taught to them at schools. Students showed positive response and looked forward to the time this topic comes to their class. Teachers admitted that they are happy, feel developed and this program helps them to increase their ability to teach, increase their knowledge and the most important thing it has opened their mind about this sensitive issue. The feedback of the teachers indicated that empowering them, resulted in an increased awareness about the problems and urged them to continue the implementation of this program.

Fortunately, the implementation of the Hebat program faced no significant obstacles. A successful advocacy approach to the local government and educational authority lead to direct instructions to all appointed pilot schools. And, since the IMPACT program will end by the end of next year (2011), the issue of sustainability and adoption will be set on the local governments’ and the educational office coming agenda.

4. Conclusions and Recommendations

Identification of specific day-to-day drugs and sexual behaviour issues were the base for the program and using these issues to advocate specific particular stakeholders that might collaborate in the development and implementation of the program. Advocacy to the highest policy level as well as to the field level (teachers, school directors, students and parents) is needed order to develop and implement the educational program to develop and strengthen students’ knowledge and life skills regarding HIV, Drugs Education and Sexual Reproductive Health issues. Early involvement of key stakeholders, advocacy at all levels and involvement of religious and community leaders during the process will prove to be the key success of this HIV prevention school program.

References


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