CHAPTER NINE

9.0 SUMMARY, FINDINGS, RECOMMENDATION AND CONCLUSIONS

In concluding this research, we are interested in re-capitulating with utmost brevity what we had discussed and analyzed in the preceding chapters. Our concern is in three fold: first, we are interested in bringing out the salient element of this research; second, a closer view of the problems thrown up by this research will be undertaken. Finally recommendation will be made on how to solve these problems

9.1 SUMMARY

The purpose of this research has been to examine the issue of monitoring and evaluation of HIV/AIDS health education and promotion in Kuala Lumpur as it relates to awareness of HIV/AIDS as social health problem. This is seen against the background that HIV/AIDS has become a dilemma not only to Malaysians but also to the world in general. Hence this study derives from the conviction that a clear general perception of HIV/AIDS threat to life and development will provide the necessary format on which a formal study of HIV/AIDS health education and promotion can be effectively undertaken

Towards this end, two different types of questionnaires were formulated, one focused on the students while another focused on the staff of voluntary organization. The research had been both descriptive and analytical, prescription if any, had not occupied any central role. In conducting the research, and as we have seen in chapter one and two; many literature,

journals, magazines, newspapers, etc were consulted, collected and used to a great extent. In a research of this nature that uses a multi-dimensional approach, extreme carefulness is important because one runs the risk of over-generalizing, distortion, falsification and at worst bias. I have tried to minimize these by quoting from the relevant books and documents

In chapter, the research discuses various HIV/Associated virus human immune system, Social Etiology of disease and agencies major report on HIV/AIDS spread with particular reference to regions in different continents of the world, join by this question why is AIDS still spreading? ASEAN summit/ declaration on HIV/AIDS were highlighted, followed by Malaysia first discovery of HIV/AIDS to early responses. Malaysia AIDS council (MAC) up to date statistics of HIV/AIDS. Malaysia government future plans action against AIDS in Malaysia including organizing the fight against HIV/AIDS and lastly Social mobilization of the masses.

Chapter four started with brief introduction of philosophy in relation to philosophy of health education. In the interim, philosophy is a humanistic discipline that attempts to obtain an informal understanding of reality, relating to philosophy of health education, philosophy of health education entails a philosophic examination of the discipline itself a systematic investigation into the whole of the discipline, its concepts, its nature, its fundamental character and its goal. The essential nature or fundamental character of health education revealed the underlying professional thought with certain assumptions, hypothesis and beliefs about the meaning of ideas which form the philosophic base of a profession. At 1978 Bethesda conference entitled commonalities in the operation of health education, a lot of suggestions were made with regard to the work of health educators and the environment to which health education operates and it was reflected in this research as well as mission and

goals of health education. Health education, youth and community were discussed, including health investment and purpose of health care. The concept of health promotion, monitoring and evaluation remain the last discourse on chapter four.

While in chapter five, data were collected from different respondents, presented here, supported with tables, analyzed and discussed. The data presented here deal with questionnaires distributed and realized from the respondents responses in a randomly chose institutions in Kuala Lumpur

Judging from the data analyzed, it could be adduced that there were constant indications that the records received from those who answered 'Yes' were more favorable to our research than those who answered 'No' however, the positive ness 'Yes' of these analysis confirm that personnel training is a sine-qua-non for organizational performance, and high productivity. The researches also confirm that Malaysians are aware of HIV/AIDS as social health problem, and health education as teaching about disease prevention and safety.

9.2 FINDINGS

This research has unfolded the origin/history of AIDS and also the history of health education tracing its beginning with the very foundation of civilization, graduating from evolution of superstition into scientific fact, reflecting the role of shamans into what we call teachers, doctors, and other health specialists comprises the history of health education. The earliest traces of the history of health was found among paleontologic relics. They are composed of wall paintings, artifacts, and trephine skulls. The oldest written documents related to health are the Smith papyri dating from 1600 BC which describe various surgical techniques." It

described forty-eight cases in clinical surgery, from cranial fractures to injuries of the spine.

Each case is related in logical order. Under the heads of provisional diagnosis, examination sociology, diagnosis, prognosis, treatment and glosses are the terms used.

The modest document is followed by the code of Hammurabi, which contains the earliest medical free-schedule and serves as proof of the existence of an organized system of medicine 4000 years ago. Also are Ancient writings particularly those of Homer credit, the good Asclepius with superior knowledge and ability in medicine. Legend slowly developed around the great healer. The cult of Asclepius gradually spread throughout Greece until more than 200 temples or Asclepia were known, visitors to the Asclepia includes the sick, healthy persons also came to worship in Asclepia in order to ensure good health. Members of the cult of Asclepius believed in maintaining health and in curing illness. For the Asclepia, the great healers began to emerge like thus: Susruta (the first of many great Indian physicians) Hippo crates (the father of modern medicine) Galen (the first great anatomist) Rhazes (the first to write about the disease of children) Vesalius (the father of modern anatomy) and Roger of salerno (the father of hygiene) who laid down his gemimen sanitas or rules of healthful living, which served as the beginnings of the science of hygiene. The temples cult of Asclepius (500BC to 500 AD) has left their symbol as a permanent reminder of the past—the staff and serpent of the physician are known as the caduceus

The dark ages were replaced with vitality and dynamism of the renaissance. The renaissance also have gradually lost its vitality and was replaced by an era of religious reformation. As the reformation ended, medical science and health care began an age of discovery and innovation more than anything else, this era after 1650 was characterized by the dominance of science and replacement of superstition with the analysis of cause and

effect. The latter half of the seventeenth century also saw the emergence of leaders in medicine like Anton van Leeuwenhoek (developer of the microscope) and was a man whose single minded dedication to discovery opened a window, albeit a window as tiny as eyepiece of a microscope, through which others like Morgagni (father of pathology) and Malpighi (discoverer of the function of capillaries could see.

During the eighteenth century John hunter (father of modern surgery initiated a more orderly explanation of the workings of the human body. His work eventually resulted in a systematic assault on chronic disease. Philippe panel (an early supporter of the humane treatment of the emotionally disturbed. He fostered the recognition that abnormal behaviour is an illness that can be cured. During the mid-nineteenth century, European philosophers were re-examining the essays of eighteenth century philosophers such as Diderot, Lock, Rousseau and Voltaire etc all of whom promoted the worth of human life and the importance of individual health for the well being of society, other peoples such as Pasteur, Lister and Roch are associated with the germ theory of disease. Their scientific studies helped to change the nature of morbidity, mortality and medical technique, thus, medicine and philosophy combine to improve the health of society and plant the seeds of a new profession known as health education. In addition, Oxford Medical Dictionary describe health education as persuasive methods used to encourage people(either individually or collectively) to adopt lifestyles that the educators believe will improve health and to reject habits regarded as harmful to health or likely to shorten life expectancy. The term is also used in a broader sense to include instruction about bodily function etc so that the public is better informed about health issues HIV is said to be part of a family or group of viruses called lent viruses. Lent viruses other than HIV have been found in a wide range of non-human primates. These lent viruses are known collectively as simian monkey viruses (SIV) where a subscript is used to denote their species of origin

It was accepted that HIV is a descendant of simian immune deficiency viruses bearing a very close resemblance to HIV-1 and HIV-2, the two types of HIV for example HIV-2 corresponds to a simian immune deficiency virus found in the 'sooty Mangabey monkey' (SIV) sometimes known as the green monkey which originates from Western Africa .The more virulent strain of HIV, namely HIV-1, was until 1999 the closet counterpart that had been identified was Simian (Monkey) immune deficiency virus that was known to infect chimpanzees (SIV CP2) but this virus had significant differences between it and HIV .In February 1999, it was announced that a group of researchers from the University of Alabama had studied frozen tissue from a Chimpanzee and found that the simian viruses carried (SIVCP2) was almost identical to HIV-1. The Chimpanzees came from a sub-group of chimpanzees known as pan troglodytes which were once common in West-central Africa These researchers shows that chimpanzees were the sources of HIV-1 and that the viruses at some point crossed species from chimpanzees to human. However, it is not necessary clear those chimpanzees are the original reservoir for HIV-1 because chimpanzees are only rarely infected with SIV CP2. It is therefore possible that both chimpanzees and humans have been infected from a third, and yet unidentified primate species. It has been known for a long time that certain viruses can pass from animals to humans and this process is referred to as zoonosis. They suggested that HIV could have crossed over from chimpanzee as a result of a human killing a chimpanzee and eating it.

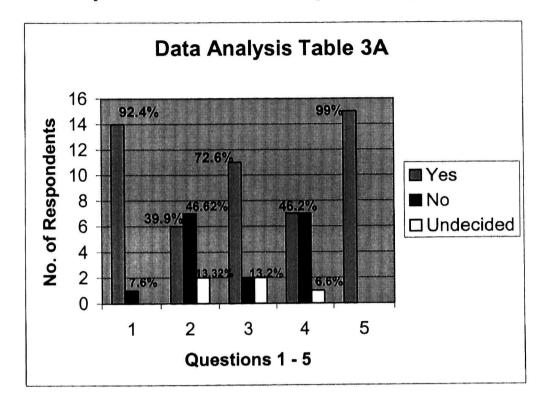
In chapter three we discovered that HIV is a small tiny organism even tinier than the bacteria that causes tuberculosis. HIV virus infects living things and uses them to make

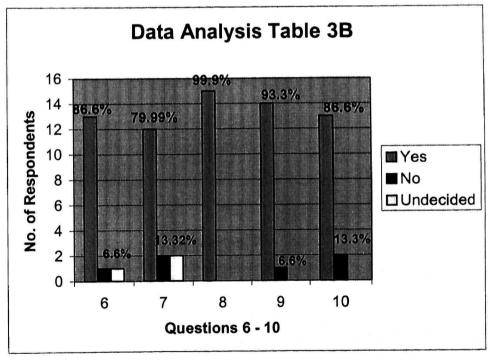
copies of itself. HIV causes AIDS. AIDS is a group of diseases that occur when HIV damages a person's immune system. Most people with HIV feel healthy for the first few years after getting the virus, but later they become sick with AIDS. Sociologist points to social and behavioral factor as responsible for the spread of infectious disease with human population. Also, we found out that Malaysia's' first cases of HIV dates back to 1986, discovered through intravenous drug users and fisher men

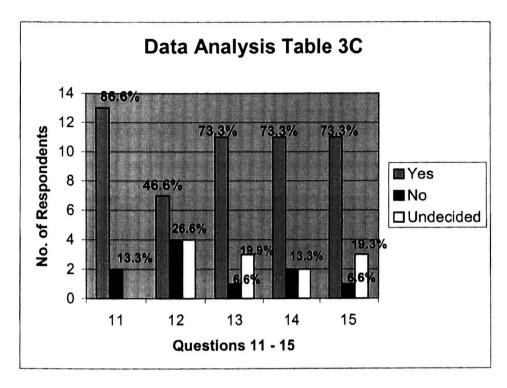
Whereas chapter four espouses the idea of health education as having philosophic meaning, philosophy of health education entails a philosophic examination of the discipline itself a systematic investigation into the whole of the discipline, its concepts, its nature, its fundamental character and its goal. The essential nature or fundamental character of health education revealed the underlying professional thought with certain assumptions, hypothesis and beliefs about the meaning of ideas which form the philosophic base of health education profession

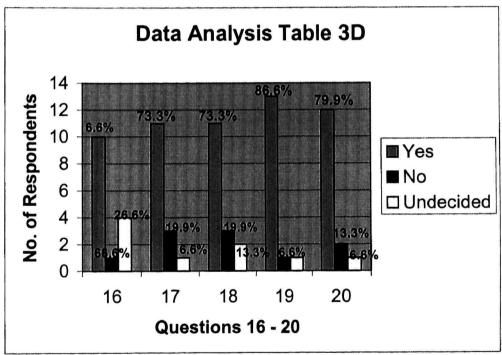
Chapter Five, data were presented and treated vis-à-vis analysis and discussion. The data as noted here deal with questionnaires distributed and realized from the respondent responses in randomly chosen institutions in Kuala Lumpur. The respondents who responded to the questionnaire showed tremendous enthusiasm in responding to these two categories of questionnaires (questions) structured and administered to them. The interpretation of the percentage points represented on the graph are thus: the tallest pillar is in gray co lour which has the % Yes, The taller is in black co lour and it has the % No, while the tall is in white co lour with the % of Undecided.

Graph 1-4 Shows Non Government Organization Responses





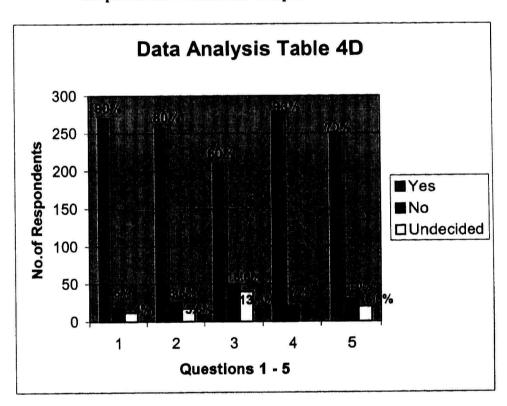




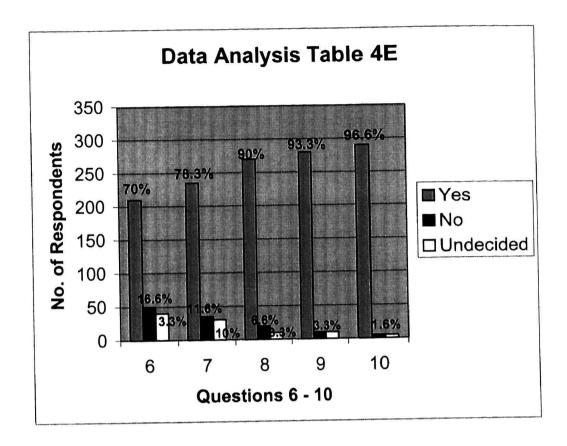
Judging from the graph data analyzed in chapter five, it could be adduced that there were constant indications that the records received from those who answered 'Yes' were more favorable to our research than those who answered 'No'. However, the positive ness 'yes' of

those analyses confirms our survey that a personnel training is a sine-qua-non for organizational performance, and high productivity.

The continuum of chapter five, the data analyzed here based on the graph representation of our respondent's responses actually shows the trends of Malaysian students awareness of the number of questions put across to them, in relation to HIV/AIDS, Health Education and Promotion.



Graph 1-2 Shows Students Responses



On the same note, the responses from students were high, hence, the positive ness 'Yes' of the questionnaires analyzed confirm that Malaysians are aware of HIV/AIDS as social health problem and that health education teaches about disease prevention and safety.

The result obtained from Non government organization on HIV/AIDS health education and promotion intervention program in Malaysia shows that health education and promotion program is well and on course. However, all of our respondents believe that health education and promotion teaches about empowerment of the individual, family, and community to take care of their health. But the setback is lack of qualified staff in the area of health education, which is the major problem of most AIDS organization today.

Personnel, funding, and mobility in relation to Non organizational responses. Their reactions show that lack of funding; inadequate personnel and mobility are the factors hindering effective campaign in mass mobilization of the public against HIV/AIDS. Personnel recruitment is tied with organizational development; quality staff as a benchmark or indices for high performance necessitates an organizational development need. The training of staff in health related matters will as well boost the quality and wanted staff. Most of the staff that responded to our questions was of the answer that reaching the grassroots can only be possible where adequate transportation is available. So funding is the basic factor that needed to be addressed and it will unfold other area of need for Non governmental organization to get move on; as to reach the target audience and the general public

Addressing HIV/AIDS health education and promotion intervention programs in Malaysia as recorded from our respondent's responses, it shows that Malaysian's students were truly informed of the purpose of health education and what it is teaching about, especially with regards to individuals, community and national empowerments in the ambit of disease prevention and control of communicable and none communicable diseases. Based on the positive reactions from our respondents, the governments of Malaysia could integrate health education program into the national school curriculum.

The opinions recorded from different levels of Rumah Pengasih staff equally shows that with adequate finance, personnel and mobility, reaching the grassroots in the campaign against HIV/AIDS will not pose problems. Each staff through response unanimously agreed that funding, qualified staff and transportation is the major obstacle facing the organization.

9.3 CONCLUSION

Considering the problem of HIV/AIDS in our society, it is fundamentally necessary to go all out to educate the people on the prevailing dangers of being infected. This is important as to arm them with health knowledge, and skill gamut to healthful living, then to cope with the potential threat pose by this disease Health education as a program of study stand between the individual and HIV/AIDS. It would look naïve to under-value health education as what it could do especially as achieving significant result towards changing the individual behavior. Some countries like the United States, health education has contributed immensely in the development of specific knowledge and skill. Health education is well accepted in the US. After several conferences, committees and bureau finally agreed on the positron and role of this field of study.

In the pursuit of HIV/AIDS problems, voluntary organization if they have in their workforce, qualified health education personnel and social administration officers, such personnel could play a more constructive role through aggressive public education campaign down the grassroots. Accordingly, institutions of higher learning, secondary and primary schools ought to assist in this campaign to bequeath the people the much-expected knowledge for maintenance of own health. In recognition of the fact that social health problems have bedeviled the society, therefore, every facet of health care provision should be mobilized for the purpose of achieving health objective and goal.

The central goal of health education must be precise about what can be accomplished by the people. The more appropriate mission is to promote health supportive behaviors and to fortify the already existing health knowledge, in order to prevent them from deteriorating into health threatening behavior. The health behavior change which health education stand to offer, as it best be described as a process of reciprocal determinism, which aligned itself with environmental knowledge in relation to personal factors which interact to determine an individual's behavior. This factor is necessary to helping in managing individual and HIV/AIDS as social concern. The operators should recognize the complexity of this task and also help the people at all levels to resist the internal and external influences that causes people to adopt behavior detrimental to their health

In Kuala Lumpur, there are HIV/AIDS voluntary agencies, although some of them with too few staff to be noticed as to attract government influence might be doing noble job in this regard. Hence, massive HIV/AIDS health education through multi sector response is a decisive panacea to eradicate the virus. The response from Malaysia government and the Ministry of health is well appreciated. There is the probability, with foresight and diligence that the challenges posed by HIV/AIDS would be met in no distant future.

However, whatever form of voluntary-personnel involved in public HIV/AIDS education, there can be no substitutes for qualified staff in mobilizing the people. It behoove on the body concern to recognize that staff of high level of training with integrity, who are really dedicated and efficient cannot be produced over night, but effort should be made to achieve this objective through recruiting quality officials. There should be sufficient purpose

and drive in the promotion of health education through staff development programs for the uplifting of community health.

Strictly adhering to the principles and tenets of educating the public through the application of health education, perhaps, the problems faced by the society especially the social stigma, the question of sexuality, intravenous drug use, prostitution, which have been identified as the inroad and possible root of HIV/ADS transmission would be thing of the past, if the government also chose to aid all the parties concern in this struggle.

9.4 RECOMMENDATION

No nation whether micro or macro i.e. small or big will achieve greatness without concern and due consideration to welfare, growth and development of her youths or citizens. In the same like manner, no organization, no matter how minute or colossus its service might be to the public, for they're to remain effective and achieve consistency via progressive development require human and material resources well harnessed to ensure its goal attainment.

On this basis therefore, it is hoped and believed that the recommendation to be enumerated in this research work should be considered and implemented in the light of creating a heightened public awareness in fight against HIV/AIDS. The government engages qualified personnel especially health educators and social administration officers, to work with these voluntary agencies. As adequate knowledge is acquired through training, this will trigger well-understanding of HIV/AIDS education among the general public.

Monitoring and evaluation of HIV/AIDS health and promotion is our central topic, efficiency and effectiveness cannot be de-emphasized on staff development against the background for which the general public is in dire need of solution to HIV/AIDS problem, hence, health education and promotion is set to assist as panacea to this disease prevention. In this guise, voluntary organizations discharging the service-role of health personnel should made to understand that quasi experience cannot be equated with several curricular of training experience. There is no way the system should encourage charlatan volunteer health personnel, chosen for public health education

But where their service is found to meet the standard required i.e. their services were found to be genuine with good intention with the right personnel, the government should encourage such organization through financial support and other incentives. Above all, the government could provide these organizations training programs, through sending health personnel from Ministry of health on secondment to assist in training officers in these organizations. Since human resources is a life blood of an organization, it touches all aspect of planning and services, cardinal to the success of anticipated services which voluntary organization render to the society. It is essential to bear in mind that the program of qualified staff for teaching health education, inline with HIV/AIDS, should be closely tied to a predetermined, planned-personnel recruitment and selection. The government should be able to define the role and duties of voluntary and non-voluntary organization, the quality of staff because the success of mobilizing the community depends on how effective and successful these organization shoulder responsibilities

In as much as personnel requirement is indeed an obvious factor in achieving the end goal of fighting HIV/AIDS. The general publics which youths are a part are more prone to HIV/AIDS infection. Moreover, the youths are the nation, to prepare them now will help them to face the future. We know that from primary to secondary schools and tertiary institutions they represent a large number that can be mobilizes. To achieve this goal health education must be the main stay of the national response; the infected or affected by HIV/AIDS would mutually reinforce elements of an effective response and must be integrated in a comprehensive approach to combat the spread

However, the student knowledge of behavior that prone to risk is important to health education; it will be well helpful to the students to consolidate their understanding of social health problem. The government should introduce curriculum of health education in both primary and post primary institutions in the country. Apparently, the effect of health education was found to be positive in changing behavior or lifestyle. Helping these youths to acquire the knowledge of health education will help them to become responsible citizens.

The government in this context should recruit qualified teachers to get start-off, the teaching of health education once the enabling environment is created. The social administration officers should also be made to play a complementary role in the education of the students and publics on the social problem of HIV/AIDS. It is the social administrators who will help to tap the resources of the local community to be mobilized in this struggle especially the important personalities in accomplishing this task.

Finally, both social administrators and health educators should be recruited from the Universities. In doing so, the job of educating the public for HIV/AIDS education will be easier and also help the voluntary organizations in more effective-qualified manner of disseminating information to the public. To decisively combat HIV/AIDS, remain our sustained efforts through well trained social health administrators and health educators by carrying out what has being recommended her. When everyone is aware of HIV/AIDS, the dilemma it posed to the society will be the thing of the past.