

## **CHAPTER SEVEN**

### **7.0 HIV/AIDS HEALTH EDUCATION AND PROMOTION IN MALAYSIA**

The health (AIDS) education and health promotion program is the main strategy for the prevention and control of HIV transmission. The thrust of the program is to prevent transmission amongst the uninfected individuals. The program needs maximum coverage and to be carried out rapidly. At the national level, the Division of Health Education and the AID/STD section are responsible for planning and implementation of the program. While at the state level, the state of Health Education Officer together with the State AIDS Officer is responsible to oversee the implementation of AIDS education in the state.<sup>2</sup>

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

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<sup>2</sup> Kementerian Kesihatan Malaysia AIDS Series 2, A guide to AIDS Education Program, Published by the Ministry of Health Malaysia. P.4-5

## 7.1 ORGANIZATION STRATEGIES/AIDS EDUCATION IN WORKPLACE

These strategies will facilitate the adoption of targeted behavior and also provide social support to sustain and reinforce behavior change. To implement this strategy the planner must be able to identify and involve relevant local organizations both government and non-government. The involvement of peer-groups in the program will also provide social support for behavior change. The local organizations should be involved in the planning process, implementation and monitoring of activities. This is to ensure that the program is socially acceptable, relevant to their needs and supported by the community itself.

Training strategies are used to impart skills and develop competency. Training is directed at the resource persons (health staff, staff of other government agencies, community leaders, and peer educators). To enable them to plan, conduct, and monitor AIDS education activities, the contents of training will include: Knowledge of AIDS, including its epidemiology; AIDS prevention methods (safer sex guidelines and harm reduction measures), Principles of health education and Health education methods and media Counseling techniques. Training methods will include workshops and seminars, lectures, group discussions and role-play demonstrations. The majority of HIV infections occur among people in the sexually active and economically productive age group of 20-45 years. Almost all of these people are employed in the workforce. Most of the people who are infected are not ill and can continue to work as productive and valued workers for some time. However every business organization and employer should be prepared when an employee learns he/she has HIV infection or becomes ill with AIDS. There are many compelling reasons why employers should take the initiative to provide AIDS education in the workplace

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

In the normal workplace setting, HIV is not transmissible. This is based on what we know about the specific modes of HIV transmission and on research disproving other ways of spreading the HIV. HIV cannot be spread through normal social contact such as working together. The majority of workers are at minimal risk of acquiring HIV infection at work; Only workers exposed to blood or body fluids could be at risks which can be minimized through proper education and training of the employers, with the involvement of employees, unions and the local health department, have a responsibility to institute workplace education programs on HIV which complement the public AIDS education program. Workplace education programs should address the following issues:

Emphasize that under ordinary circumstances there is no risk from working with a person with HIV. Myths, misconceptions and unwarranted fears about HV/AIDS should be clarified and resolved with the employees. In some unfortunate instance, these misconceptions and irrational fears have led to discrimination and rejection by workers and

unwarranted termination by employers. A sound workplace policy on AIDS which spelt out the rights on responsibilities of the employers, infected employees and uninfected employees. There is no reason why an HIV-infected person should stop working as long as he/she is able to carry out his/her duties. Even when people become ill with HIV and are no longer able to perform their regular duties, they can still be productive employees if certain accommodations are made or their duties altered.

HIV testing before or during employment is not necessary. However, HIV-infected employees have a responsibility to inform their supervisors of their condition when they cannot perform their duties for medical reasons. Confidentiality under normal circumstances, it is not necessary for any employer to know that an employee has HIV. Where the employer has been informed or has this knowledge the employer must keep this information strictly confidential. Normal disclosure serves no useful purpose and can create serious problems for the infected employee and disruption in the workplace. Before any AIDS education program in the workplace can be planned, relevant information must be obtained. Information is needed about: The local epidemiology of HIV infection and AIDS including the nature and extent of the problem among workers. Knowledge, attitudes, beliefs, and practices relating to HIV infection (AIDS among) the employees. Communication channels available to the program in the workplace e.g. monthly bulletin, staff meeting, union meeting, club meeting etc. The health and social support services available in the workplace (e.g. clinic, counseling services and fitness program), the costs of the AIDS education program, the sources of expertise and manpower available to implement the AIDS education program (health, non health, and voluntary association in the workplace). In a workplace, the relevant information for planning a health education program can be obtained by various ways and

means, such as: Survey; Interview; Employees medical records and reports; Medical office in the workplace; Observation and Checklist.

### 7.3 Objectives of AIDS Education in the Workplace

**General objective:** to prevent the spread of HIV and reduce the incidence of new HIV infection in the workplace (Program objective). To disseminate factual information about the nature of AIDS and its prevention. To reduce discrimination and rejecting HIV-infected workers/employees. To motivate and promote the adoption of healthy lifestyle and universal precautions that can prevent HIV infection among the workers/employees.

**Behavioral objectives:** The employees/workers will accept/support fellow workers who are known to be infected. The employees/workers will refrain from risky activities like having sex with persons other than their spouses/partners, paid sex or injecting drugs. The employees/workers will practice universal precautions, if and when necessary.

**Learning objectives:** The employees/workers will be able to differentiate between HIV infection and AIDS. The employees/workers will be able to state AIDS-related risks (if any) associated with their jobs or work situation, acknowledging that there is no risk associated with normal casual contact. The employees/workers will agree that HIV-infected fellow employees need their empathy, acceptance and support and have a right to continue working as long as they are able to. The employees/workers will be able to describe the methods of preventing HIV infection, including universal precautions.<sup>4</sup>

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<sup>4</sup> Kementerian Kesihatan Malaysia AIDS Series 2. A guide to AIDS Education Program. Published by the Ministry of Health Malaysia. P.8-9

#### 7.4 The Target Groups

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

In general, 3 types of strategies can be used in for an AIDS educational program in the workplace. First is the use of communication strategy. This strategy is used to create awareness, inform and clarify issues regarding AIDS. This involves the planning and implementation of educational activities such as information session utilizing guest speakers, or panel discussion, seminars, small shows, exhibitions, distribution of printed educational materials like pamphlets and booklets and display of posters. This strategy is also useful to obtain the support and participation of all relevant parties in the program such as the management, union and other organizations, which are found in the workplace. The end result, this strategy develops commitment and collaboration between all the parties concerned in all stage of the program---AIDS educational activities will be planned, executed and monitored by the management and the employees.

Where possible, AIDS education activities should be integrated into other existing activities of the workplace such as Family Day, Workers Day, and Sports Day etc. This will be used to develop skills and desired practices. This strategy can be used to develop resource

person and peer educators from among the management personnel and employees. Resource persons can serve as counselors as well as health educators.

Training activities such as workshops and seminars can be conducted with the assistance of local health personnel and NGOs involved in AIDS education. The topics covered during the training workshop should include basic information on HIV/AIDS, adult education, basic counseling skills, and development and utilization of educational materials.

AIDS education program in their workplace should be evaluated to determine the effectiveness and achievements of the program. Evaluation should be carried out as the program is implemented and when the program is completed. Process evaluation is carried out continuously to monitor the implementation of program activities and to detect any problem or shortcomings arising from it. This type of evaluation also assesses whether an activity has been carried out as planned or otherwise. Outcome evaluation is concerned with the achievements of the program, whether the program objectives have been achieved. This is carried out at the conclusion of the program. Evaluation provides valuable information, which can be used to strengthen or improve future programs. Evaluation can be carried out by number of ways such as:

- Observation
- Checklist
- Survey
- Interview
- Focus group discussions
- Examination of staff, and
- medical records

Young people are an important target group for the prevention of HIV infections and sexually transmitted diseases (STD) because about 30% of the world's population is between 10 and 24 years of age. In some countries many adolescents aged 15-19 years have had sexual experience. In addition, at least one-fifth of all people with AIDS are in their twenties, and most likely to have become infected with HIV as adolescents. Because at present there is no cure for HIV infection, primary prevention through education must be the major aim of any public health program. A large number of young people throughout the world attend school or are in contact with those who do. Information, values and skills covered in schools can thus have a considerable impact in their lives. Education systems should fully inform young people about HIV infection, transmission and means of prevention and help them to develop the skills to act on their knowledge and communicate it to others. Specifically, programs must help them to maintain healthy behavior and change or avoid behavior that put themselves or others at risk. Education on HIV/AIDS must be presented within a school curriculum that provides a broad understanding of communicable diseases, community health, human relationships, reproductive health, drug use and other relevant issues, within the context of local cultural values and beliefs<sup>5</sup>.

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

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<sup>5</sup> *ibid*,p10-11



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

The teachers handle the AIDS issue carefully. Its relationship to sex education and sexual behavior and the fact that such topics are not generally discussed openly, even at home among family members, make AIDS a difficult topic to approach. AIDS education has to be delivered in a cautious and sensible manner because certain health promotion options, such as the use of condoms, do conflict with social cultural religious and philosophical principles of many Malaysians. The involvement and participation of religious and community leaders, teachers, parents and peers in AIDS education program help to define appropriate approaches that are generally acceptable in order to achieve the objectives of the program. An assessment of the student knowledge, attitude and behavior relating to AIDS can be conducted through certain methods, which include survey interview, focus group discussion and observation. Situational analysis can be done to determine communication channels that can be used to communicate information about HIV/AIDS to school children. Using the same methods as above, we can approach teachers, parents, and community leaders to obtain information from them. Meetings and discussions can be held with them to identify and mobilize the expertise and manpower that are available to implement and monitor the AIDS education program.

The general objective is to prevent the transmission of HIV among school children while the program objective is to promote behavior that prevents the transmission of HIV in schools. The behavioral objectives are the students will abstain from sex and avoid using or injecting

drugs. Students will be able to explain the nature and modes of transmission of AIDS as part of the learning objective of this program.

Students will be able to make decisions about personal and social behavior that reduces the risk of HIV transmission. Our target group will be secondary students who are on forms One to Six. In addition to this, other target groups will also include the teachers, parents and religious and community leaders.

### 7.5 Strategies/Methodology

Types of strategies will be used in AIDS education program for students.

**Communication Strategies:** To create awareness and disseminate information to target audience a variety of media can be used such as: Electronic media, Print media, Educational media, Folk media and Out-door media.

**Organisational Strategies:** The involvement of government and non-government organizations is very important in implementing this strategy. Parent-teacher associations (PTAs), and also peer-groups in schools provide social support for behavior change. They should be involved in every step of the AIDS education program so that the program is acceptable to their needs and supported by the community itself.<sup>6</sup>

**Training Strategies:** Training strategies are very useful to develop skills. Training can be directed to the resource persons such as health staff, teachers and peer-groups to train

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<sup>6</sup> Kementerian Kesihatan Malaysia AIDS Series 2. A guide to AIDS Education Program. Published by the Ministry OF health Malaysia. P.13-14

them, for example, on counseling techniques so that they will be able to conduct effective counseling sessions for students. Many adolescents are impressionable and like to imitate their idols and admire fellow peers. Leadership training should be given to student leaders such as school prefects and class monitors so that other students can look up to them as role models. Good values, habits and behaviors, which are relevant to AIDS education, are nurtured among students through these student leaders'. The AIDS program for schools would be ineffective if teachers are not trained to play their role accordingly and be committed to AIDS education. Courses should be conducted for in-service and trainee teachers to enable them to obtain correct information on AIDS and develop competency to plan and conduct AIDS educational activities in schools.

A variety of methods can be used for AIDS education program in schools. The content of AIDS curricula must encompass knowledge, skills and values. Some examples of possible contents are given below: -Knowledge of How is HIV transmitted / not transmitted who can become infected with HIV What AIDS prevention and control activities and services are available in the local community. Attitudes, beliefs and values. What can we do for people with AIDS? When and with whom it is culturally appropriate to discuss sexual matters or to talk about HIV/AIDS. What are the attitudes of those close to the students towards sexual behavior, drug injecting and other practices related to AIDS. Skill. How can students protect themselves and others from contracting or transmitting HIV? How can students act to counter discrimination and promote solidarity between those who are infected and those who are not? How do you talk to people about AIDS? Evaluation: Two types of evaluation will be carried out i.e. process evaluation (formative evaluation) and outcome evaluation (summative evaluation). Full and continuous evaluation should be an integral part of a school AIDS education program. Planning should allow for reassessment of the program at

stated intervals and provide an opportunity for planners to make such changes as are indicated by the evaluation. It is necessary to decide who is to evaluate the program because a trained evaluator must conduct it. Evaluator must also take into account a number of ethical considerations, including respect for each person's right to privacy and confidentiality because of the personal nature of education on AIDS and sexuality and the behavior it seeks to influence<sup>7</sup>

The program of Malaysia HIV/AIDS health education and promotion is comprehensive in view of its target objective. The nation-wide health education activities for the prevention and control AID are well designed. It is hoped that the general public or the population of Malaysia would benefit from this noble programs. The efficient and effective implementation will be earnestly pursued Today the relapse of program of health education in the area of AIDS has led many people in search of the way or solution to the problem. The Malaysia guideline for the implementation of health education and promotion program for the prevention and control of AIDS are well documented and comprehensively prepared to guide the masses for AIDS educational program.

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<sup>7</sup> Ibid. p.23-25