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Special Features

Need Assessment of an Alcohol and HIV Prevention Education Program for Youth in North Western Himalayas

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The present study was conducted to identify educational, socio-cultural and demographic factors in order to develop a preventative educational program regarding substance abuse and HIV infection for adolescents. Little literature exists on formative research to create or develop this type of educational program. Thirty two participants attended one of the three focus group discussions (FGD). The focus groups were conducted using a semi-structured moderator's guide. The participants identified numerous factors that need to be addressed in order to develop culture-specific preventative educational program. Age and grade appropriateness, program content, role of parents, family, teachers, peers and media were described as major factors. In addition, the findings suggest, demographic and typical geo-social factors that undermine the efforts to improve the basic health behavior of the target population must be addressed.

Significance

Globally, the epidemics of alcohol abuse and HIV/AIDS are increasingly singled out as major areas of concern for adolescent health. Alcohol is the most common substance used and abused by adolescents. About 5% of all deaths of young people between the ages of 15 and 29 are attributable to alcohol use (FACT SHEET, School Health and Youth Health Promotion – WHO, 2001). AIDS remains a leading cause of death worldwide among people ages 15-24 (KFF, 2002; Malow, Devieux, Jennings, Lucenko, & Kalichman, 2001). Literature suggests that HIV prevention programmes for youth should also focus on alcohol abuse and other drug abuse as well as sexual risk behavior (Fuller, Vlahov, Ompad, Shah, Arria, & Strathdee 2002). Many studies propose that use and abuse of alcohol is a solid predictor of risky sexual behavior (Dingle & Oei, 1997; Coleman & Cater, 2005). Post-drinking self-reported sexual Behavior characterizes alcohol use with lowered sexual inhibitions (Wilsnack, Wilsnack, & Klassen, 1984) and intercourse during adolescence (Cooper & Orcutt, 1997; Coleman & Cater, 2005). Behavior linked with drug abuse has been identified as the single most significant factor in the spread of HIV infection among adolescents. Multi-focused programmes offer an effective method to address the common and contributing factors that place adolescents at risk for alcohol, drug abuse and acquisition of HIV/AIDS. Given the accessibility of adolescents in school settings, School-based education programmes focused on HIV prevention have been identified in the literature

as an important tool for educating adolescents (DiClemente, 1990).

Country Profile

The HIV/AIDS epidemic is now about two decades old in India and within this short period it has emerged as one of the most serious public health problem in the country. Currently, India has the largest HIV/AIDS epidemic rates in the South Asian Subcontinent (Jain, John, & Keusch, 1994; FHI 2001; WHO 2001; NACO 2001; Reid & Costingan, 2002). India is predicted to experience significantly more infection than any other country in the world, raising tremendous concern about the future health of the Indian population and capacity of existing resources to meet long term health care needs. According to the United Nations, India is considered a high-risk country (UNAIDS, 2002). According to NACO (Annual Report, 2004), the current infection rate in India for those between 15 - 49 years is estimated to be 0.98 percent. The predominant path of transmission of HIV in India is through heterosexual contact (85.69%). The majority of HIV infections (87.7%) are in the age group of 15-44 years (NACO, Annual report, 2004).

Approximately one quarter of total population of India (about 280 million) are young people and more than 35% of all reported AIDS cases in India occur among young people in the age group of 15-24 years (NACO, Annual report, 2004). This indicates that adolescents are a highly vulnerable group. Adolescents are not well informed about their health, sexuality or physical well-being. Knowledge is incomplete and confusing regarding the issues of health and sexuality. A survey conducted by Family Planning Association reported that among school children, the main sources of information regarding sex were TV, movies and magazines rather than families or school (Anand, 1993; Poddar, Poddar & Mandal, 1996; Aggarwal, Sharma, & Chhabra, 2000). Aggarwal, et al. (2000) reported that youth tend to reach out to friends, peers, books and mass media for sex-related information more often than to immediate family members and/or teachers. The religious and traditional beliefs in the Indian settings create a barrier in communication of sexual issues between parents and children. (Selvan, Ross, & Parker, 2005).

Alcohol intake has been connected with risky sexual behavior (Sharma & Chaubey, 1996). An absence or a reduction in alcohol use is associated with a decrease in high risk sexual behaviors and sexually transmitted diseases (Ambawani & Gilada, 1998; Chandra, Bengal, Ramkrishna, & Krishna 1999; MMWR Weekly, 2000). The observed association between alcohol use and sexual risk taking during specific encounters suggest a direct influence of alcohol on such behavior (Coleman & Cater, 2005). Given the fact that the majority of HIV infections in India are attributed to heterosexual sex combined with the relationship between alcohol and sexual activities, HIV prevention programmes in India must place specific emphasis on alcohol, distinct from other aspects of substance abuse.

Alcohol, tobacco and drug related problems in India are rising (Ray 1998; Gajalakshmi, Jha, Ranson, & Nguyen, 2000; WHO, 2001). According to a general population survey conducted by Mohan and Desai (1993) in New Delhi, the use of tobacco or alcohol under the age of 15 years was reported as 0.2 – 0.3 percent. However, there was a significant increase in the reported use of either of these substances between the ages of 15-20 years (2.5 – 3.4%). Another study of undergraduate medical students in their late teens reported a prevalence of total and current substance abuse as 48.9% and 27.9% respectively. The maximum prevalence of substance abuse was reported in the age group between 25-29 years (84.5%). The prevalence among boys (58.4%) was significantly higher than among girls (25.9%). Kishore, Singh, Grewal, Singh, & Roy (1999) in their study on rural and urban

adolescents found that adolescents living in rural areas consumed less alcohol as compared to their urban counterparts. However, a higher number of rural adolescents smoked tobacco (49%) compared to urban adolescents (25%). The researchers further corroborated that prevalence of risky behavior in adolescents, including consuming alcohol and unprotected sexual intercourse, is more or less similar in India to that of adolescents living in the other parts of the world.

The State of Himachal Pradesh

Based on the surveillance reports, the States in India are categorized as high, moderate or low prevalence States. Himachal Pradesh (H.P.) is a low prevalence but a 'highly vulnerable' state as recognized by the National AIDS Control Organization (NACO). Situated in the North Western Himalayas, the State of Himachal Pradesh is a small mountainous state of India, inhabited by a population of 6.2 million partly tribal and mostly rural inhabitants. Due to the topography of the region and the harsh terrain of the state, the local people have not made much socio-economic progress and awareness regarding HIV/AIDS is still quite low. Owing to the lack of job opportunities and economic resources the youth of this state are compelled to leave their home town for larger cities and metropolises in the neighboring states in search of a better and brighter future, thereby making them and their partner an important risk group for STI and HIV infection.

It has now been more than a decade since the first case of AIDS was diagnosed in H.P. Approximately 282 cases have been diagnosed with AIDS and 1400 have been diagnosed as HIV positive (cumulative data of VCTC till June 2005)*. However, cumulative AIDS diagnosis statistics can obscure current trends in new infection incidence. It has been observed that incidence of HIV infection occurring annually in the state is among the younger population. Although in comparison to other states the numbers of HIV victims remain substantially low, the threat of statistics blowing out of proportion is a constant threat.

In view of the above mentioned research evidence, this article will report results in form of basic theme areas identified through focus group discussions held among different populations (e.g. with community members, teachers and research students). The study will also explore how community populations in Himachal Pradesh perceive the risk and need of educating children regarding alcohol, drugs and HIV/AIDS. The goal is to identify major theme areas in order to develop an effective educational programme and utilize relevant intervention strategies to teach adolescents in a school setting about the interrelated epidemics of substance abuse and HIV/AIDS.

Method

Sample

Utilizing focus group techniques, the data was collected from participants at various locations within the Shimla district in Himachal Pradesh. The three groups consisted of community members (n=8), school teachers (n=11) and university graduate students (n=13). Given the traditional society value system in the State, it is not surprising to note that all voluntary participants for these focus groups were adult males ranging in age from 24 to 56 years. A demographic profile describing participants from the groups is summarized in the Table-I.

Procedure

Eight to thirteen participants attended each focus group session. Each focus group was led by two moderators. Both moderators had a PhD. and were professionals experienced in working with similar group formats. Each session lasted about 2 hours. The group discussions were organized by utilizing a semi-structured list of questions as the moderators' guide to conduct these discussions. These semi-structured questions addressed key

Table 1: Demographic Characteristics of the Participants in three FGDs

Variables	Group 1(n=8)	Group 2(n=11)	Group 3(n=13)
Age			
Range	30-56	28-50	24-34
Mean (SD)	39.4 (8.12)	37.5 (6.99)	27.9 (2.84)
Marital Status			
Married	7 (87.5%)	11 (100%)	2 (15.4%)
Single	1 (12.5%)	0 (0.0%)	11 (84.6%)
Education			
High School	2 (25.0%)		
3 yr College	4 (50.0%)	6 (54.5%)	
PG/ Professional	2 (25.0%)	5 (45.5%)	13 (100%)
Religion			
Hindu	6 (75.0%)	11 (100%)	12 (92.3%)
Sikh	1 (12.5%)	0 (0.0%)	0 (0.0%)
Islam	0 (0.0%)	0 (0.0%)	1 (7.7%)
Other	1 (12.5%)	0 (0.0%)	0 (0.0%)
Occupation			
Business	4 (50.0%)	-	-
Teacher/Prof	-	8 (72.7%)	-
Govt. Service	2 (25.0%)	2 (18.2%)	-
Student/ Research	-	1 (9.1%)	13 (100%)
Other		2 (25.0%)	- -

areas on alcohol/drug use and HIV/AIDS. The same format was used for all three groups so that it could be used as a basis for comparison. Before discussing views on these issues participants were provided with a brief description of an educational programme to give them an idea of a currently available programme for children in schools (A manualized School-based Education Programme (STEP) focusing on Alcohol and HIV prevention being held in Mumbai for 8th and 9th graders (Chhabra et al, 2003). Moderators aimed to be as neutral as possible, providing only facts and descriptions of the course. Discussion about current education of these issues and views on the design and delivery of education were also encouraged in order to establish whether any particular method of teaching would be more or less preferable to facilitate effective learning. All sessions were transcribed verbatim. Common themes were developed from all three groups.

Results

Focus group discussions were analyzed separately, however, in order to highlight the many similarities or overlap between the views and ideas across the groups the results were summarized under the key themes derived from the analysis (Table-2).

Table 2: Key Themes Identified Through Focused Group Discussion of Community, Population

Sl No	Key Themes
1.	Age and Grade Appropriateness
2.	Programme Content
3.	Role of Parents/Families
4.	Role of Peers
5.	Role of Media

Feedback received on developing a school based education programme on preventing substance abuse and HIV infection yielded the following results.

I - Age and Grade Appropriateness

Given the unique population distribution of Himachal Pradesh, participants form rural and urban areas agreed that the information regarding alcohol, drugs and HIV/AIDS should start when children go through developmental changes and start to expand their capacity for thinking and understanding. This age group was defined as being between 10-14 years of age. The participants were of the view that basic health education should start between the ages of 10 and 12 years. More focused education regarding substance abuse and HIV/AIDS should begin around 13-14 years of age or around 6th grade level. The participants were of the opinion that around 6th grade level children expand their horizon and, therefore, focused information on substance abuse and HIV/AIDS would be well received and have a better effect. Participant groups however differentiated among themselves regarding imparting education on alcohol, drugs and HIV/AIDS in terms of age as related to gender and the demographic background. The participants from the urban and semi-urban areas suggested the relatively early age of 11-12 years as compared to rural areas recommendation of 12-14 years to commence education on substance abuse and HIV/AIDS. The reason perceived for this difference was explained as early exposure of urban children to these issues through different mediums (e.g. TV, colleagues, internet, literature etc.) contrary to their rural counterparts who might not have access to these mediums as easily. However, all the participants (rural and urban) agreed that girls should be given such education separately and earlier than boys.

II - Programme Content

Regarding programme content all the participants agreed that education on substance abuse and HIV/AIDS should not come as a surprise and it should be blended with health education and teaching of science. The programme content must be designed according to the need and understanding level of the students based on age and grade utilizing age appropriate language. The participants expressed reservations about providing information in advance to the level of understanding of the children as it may lead to earlier sexual practice. Such information may prove counterproductive. The participants suggested knowledge on substance abuse and HIV/AIDS should systematically be introduced and gradually increased in depth as per the level of understanding of the children.

III - Role of Parents/Families

The information from the focus groups emphasized the need for developing an ongoing teaching programme for the teachers and the parents about communicating sensitive issues like sex and substance abuse with children. All the groups agreed that there is an enormous need to involve and educate parents/teachers before and after the programme so that they can continue sharing and expanding information about alcohol, drugs and HIV/AIDS with children through their years of growth and development. The participants also opined that awareness of these issues is low among the adults.

Both urban and rural participants made the important observation that due to the busy lives

most people lead, parents are often too busy supervising the studies of the children and, therefore, have little time to answer questions that do not relate to their studies. As a result, the focus remains on book related education. There is hardly any education given on substance abuse and sex education at home or school level. Sex education is limited to the basic biological facts about reproduction while education on substance abuse is altogether ignored. The participants stated that children obtain most of their information about substance abuse and sex from their friends, movies, magazines and romance novels, which might be lacking in providing accurate and/or complete information. In India, parents are conspicuously absent in educating children on such issues. The participants, many being parents themselves, stated that their culture "forbids" them to talk on these issues. However, all the participants were of the view that parents can impart good values and teach decision-making skills to their children that can help them in making the right decisions about unsafe or risky behavior. Another important aspect raised by participants was that parents themselves create faulty modeling for their children as they, on one hand advise their children to refrain from smoking, drugs and alcohol and, on the other hand, consume all these in front of them. Children learn what they see at home through 'modeling'. Parents serve as a child's first role model.

In Himachal some drugs like cannabis are available in abundance in the wild and its consumption at religious and social functions was acceptable in the past. Some participants stated that due to the extremely cold climate in one's house alcohol production and consumption is also socially accepted. However, recently the use of brand names associated with alcohol consumption both in private settings and at public social occasions have become a status symbol for the consumer and the provider. This has increased alcohol abuse among adolescents and young adults. All the participants emphasized the need to educate children about the menace of substance abuse specifically, alcohol. The participants from the urban areas stated that a more severe form of substance abuse prevails in cities due to absence of adult interaction at home. More exposure to media and Internet makes them vulnerable to these evils. Easy accessibility due to financial freedom and less parental supervision perpetuates these issues.

IV - Role of Peers

The consensus was that most children/ youth learn about alcohol, drugs and sex from peers with whom they spend a lot of time. Within the rural settings of Himachal Pradesh, there is a big age gap among children within the same grade as children start school at different ages based on the opportunity of getting to school and/or their failure in the same grade. The older group is a neglected lot and least interested in studies and indulges in smoking, drugs, alcohol and unsafe sexual activities. Gradually, they drop out of school. Further, in rural areas, children have to walk many miles with their peers before they reach school or return back home. The children at a very early age in company of their seniors or older peers, start smoking and abusing drugs (mainly charas, which is readily available in the wild) as they have access to these through their companions.

In Himachal Pradesh particularly the education and training in schools in rural setting is no match for the urban setting. Students living in rural areas find it hard to compete with their urban counterparts in state and national level exams and eventually are left out of the race which causes frustration. The move to the urban areas for higher education also creates unsuccessful situations for rural children as they are not equipped with enough educational and social skills to compete with their urban counterparts. The most damaging route of dealing with failure

leads to alcohol and drug abuse. Many times, failure forces these youngsters to return to their villages where they become role models to the rural population in terms of their life styles and ways of dealing with frustration. Others remain in the cities and struggle to make their way. Insecurity, pressure and threat of survival can lead the frustration within them to alcohol, drugs and unsafe sexual relations. All groups agreed that these adolescents from rural settings need counseling at the stage of tenth grade onwards in order to succeed.

V - Role of Media

This was considered the most influential factor other than parents. India in general has the biggest movie industry in the world which produces hundred of movies per year. Curiosity is part and parcel of adolescence. Media, mostly movies and TV, feed this curiosity with unreal situations, people and acts. Smoking, abusing alcohol, drugs and premarital sexual intimacy are glorified in movies, on TV and all over other media sources for children to look at and learn from. Participants from the urban areas talked in detail about "*Kanta Laga Culture*" (a famous remix video album) which shows scantily dressed women dancing with men, drinking, smoking and alluding to sexual activities which affects youth dramatically. This effect is mostly negative and shows the glamorous side of life that is not real but can only be depicted in movies. A participant put this concept in his words as "*sex is a glamorous concept for a child without understanding the actual medical side of it*". With their hormones driving youth in directions they are unable to understand or control at this age, the focus towards experiencing similar situations in real life often leads to unhealthy risky behavior and future lifestyle.

Children whose families can afford computers feel that it is a good educational and recreation tool for their children, but without parental monitoring, children access x-rated sites and chat rooms and are exposed to issues, information and topics that their parents do not know about or cannot control. As one participant put it in his words, "*Globalization and information technology does affect negatively as well.*"

Participants from the rural areas consented that influence of electronic media greatly impacts the socio-cultural setting of rural areas. TV viewing in the absence of adults is having an adverse effect on children as they are usually interested in watching channels meant for an adult audience. By and large all the participants agreed that media has a significant impact on adolescents of both rural and urban settings.

Many comments and suggestions were made for making a focused education programme positive, interactive and successful.

Programme Strategies Offered

I – Parent/Teacher Education

The most important strategy identified was education of parents and teachers before working with children. Many participants agreed that prevention programme should be community focused and have the community's participation to make it successful. As one participant pointed out, "*It's a collective effort, responsibility should be put on the teachers as well as on the parents.*" Involving teachers in the programme might be difficult because of time and work constraints, but most participants agreed that the effort to involve teachers was a worthy cause.

II – Interactive Activities for Children

All groups agreed that just providing written or lecture form education in prevention programme would not have sustainable and long term effects. Children tend to learn more from activities than just reading, therefore school discussions about prevention issues along with interactive tools such as CD's, quiz's, games, photographs, videos and paintings should be utilized. Children are more visually

oriented and respond to visual material better than just written. The school education system should be focused on awareness and not only with academic values as children need to learn through activities of interest.

III – Community Driven Activity Programmes

The most effective factors for having a positive influence on children are activity corners, family or community driven games and involving parents as participants in the programme. The move should be made towards group organization through school settings. This technique was especially recommended for children who were school drop-outs. By hosting activity corners and street plays in community areas (other than schools), more children/youth will have an opportunity to get involved and learn about being healthy. This would encourage all children/youth, including those who have dropped out of school for various personal or social reasons and even those who do not or are unable to attend school. Participants suggested that if parents are able to participate in the programme along with their children, this might enhance their communication abilities on sensitive issues and help them develop closer relationships and better understand the needs of their children.

IV – Active Participation of Children

At the school level, a recommendation for involving children in plays and related activities was suggested because children tend to learn more from participation rather than simply being spectators. Any prevention education programme should include "*learning and entertainment in which children are main participants*."

V – Integration of Skills

The participants recommended that besides providing knowledge based education the programme should also integrate other issues such as learning life skills to make decisions, resisting peer pressure and questioning stereotypes. The participants were particularly cautious about making a programme which is culturally sensitive and sustainable.

Discussion

Based on our review of literature, this is the first study of its kind in Himachal Pradesh to assess the need for developing a school based educational programme for adolescents on substance abuse and HIV/AIDS. Some important themes emerged out of focus group discussions (FGD) concerting prevention education on substance abuse and HIV among children. Valuable suggestions were made regarding design and strategies to implement such programmes. Using qualitative discussion group methodology, this study explored how the community in Himachal Pradesh, perceive educating children about the risk of alcohol, drugs and HIV/AIDS.

Besides suggesting an appropriate age and content of educational programmes, the participants highlighted the need for conceptual education and the teaching of life skills as a necessary approach to prevent substance abuse and HIV infection among young people. In the wake of growing industrialization in Himachal Pradesh and a population marginalized by race, caste, socio-economic divisions and influx of a migratory labour population such programmes become increasingly essential as the combination of these factors may make a target population i.e., children and adolescents, more susceptible to substance abuse and unsafe risky behavior which could lead to HIV infection. The prevention strategies especially targeting the adolescents at schools are needed to effectively combat the pandemic. Schools are important intervention sites as they provide on optimum opportunity to reach numerous young people and are important vehicles for disseminating information related to substance abuse and HIV in the surrounding community (Perez & Dabis, 2003).

One of the findings of the study was that participants were skeptical about imparting sex education to children as they believed it may have a counter productive effect in the sense that children may indulge in exploratory sexual behavior and prepone sexual activity. However, studies indicate that sex education

does not lead to earlier or increased sexual practice, in contrast to what is commonly believed (Wellings, Wadsworth, Johnson, Field, Whitaker & Field, 1995; Selvan, Ross, & Parker, 2005). Furthermore, specific characteristics of school programmes such as education on biological topics, basic concepts of HIV/AIDS and life skills have been associated with the later initiation of sexual relationship among adolescents (Peersman & Levy, 1998).

Another finding of the FGD suggested that adolescents need more practical education about substance abuse, sexuality and relationships. Parents and teachers face deep-rooted cultural constraints in discussing these issues with children. Systematic training of teachers and parents on developing communication skills to discuss culturally sensitive topics with adolescents should be included in the programmes. Open interaction with children within the parameters of cultural norms can instill strong values and develop social skills which in turn can minimize their risk of abusing drugs or contracting HIV/AIDS.

Finally, the findings also indicate that these issues cannot be looked at in isolation from the demographic and typical geo-social conditions of this area. In the transition phase of on going social change in this hilly region and conflict between "traditional" and "modern" values media was found to play a vital role. Exposure to media in the absence of adult presence/guidance was found to further increase this conflict and leave the adolescents at a crossroads.Together these finding underscore the need for developing a comprehensive preventive educational programme for adolescents, keeping in mind the areas identified in the present study.

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(Footnotes)

* VCTC – Voluntary Counseling and Testing Centre run by State AIDS Control Society, H.P.

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