CHAPTER I

INTRODUCTION

1.1 Background of the Study

Myanmar is situated in the South East Asian region bordering Thailand in the south-east, and Laos in the east, China in the north and north-east, and India and Bangladesh in the west. It has a population of 52.2 million as of 2002 (UNICEF: 2005) and is made up of at least 135 ethnic groups and sub-groups. Some of the predominant ethnicities are Kachin, Kayah, Kachin, Chin, Shan, Rakhine and Mon.

Before the Second World War, Burma, as Myanmar was known then, was a prosperous country for its richness in natural resources and hence recognized worldwide as a leading exporter of rice, timber, lead, silver, manganese and tungsten. However, governed by the British, local people lacked political freedoms, and had very little say in decision-making. A majority remained poor, discontented, and voiceless in an otherwise richly endowed country.

After independence from British colonial rule in 1948, Myanmar enjoyed parliamentary democracy from 1948-1962, except for a brief period of 16 months from October 1958 to February 1960, when a caretaker military government was in charge. In 1962, the caretaker government led a military coup and isolated Myanmar from the outside world. In 1988, Myanmar ended its self-imposed isolation and the "Burmese Way to Socialism", and decided to move towards a market-oriented economy. While the national income increased, growth was unsustainable due to slow and patchy economic reform.

The official estimate of GDP growth for FY2004 (ended 31 March 2002) has been pegged at a reasonably good 12.6 percent. During the year strong agricultural growth was complemented with industrial growth too. Economists however continue to harbour doubts. Macroeconomic imbalances persist and problems at the structural level continue to dog the economy even as the country faces a complex development agenda. Fiscal deficit and expenditure priorities need to be addressed along with liberalization in the agricultural sector. The budget deficit is estimated to be 6.6 per cent GDP, compared to 8.4 percent in FY2000. The improvement in the deficit

position has been largely attributed to a reduction in expenditure. Military expenditure and inefficient state-owned enterprises that receive direct budgetary support have traditionally fuelled the fiscal deficit in Myanmar. (UNDP: 2005)

In addition, though the Government's health care system has been expanded, its quality declined due to poorly trained staff, inadequate equipment and facilities, lack of essential drugs and insufficient funds including foreign exchange contribute to incapability of the public health system in the provision of basic health care. Public expenditure on health and education as a percentage of GDP is extremely low. Public expenditure on health is just about 0.4 per cent of GDP. Life expectancy at birth for both sexes is 61, for female is 64 and male is 59 according to the FRHS (Fertility and Reproductive Health Survey) 2001 jointly conducted by the Department of Population and UNFPA. The overall literacy rate is 71% (male-75% and female-67%). (UN Working Group: 1998)

A comprehensive assessment of the socio-economic situation in Myanmar is extremely difficult as current figures and statistics are hard to come by. Therefore it is difficult to measure the percentage of the population living below the poverty line or even the unemployment rate in the country.

Hence economic difficulties in the country have led some of the Myanmar population to cross the border for supposedly greener pastures. While some of the young girls who have good connections end up in having decent jobs, some can be trafficked into neighbouring countries as prostitutes. Men, young or adult, who fail to find them may feel isolated and hence may frequent brothels for entertainment, thereby becoming vulnerable to contracting from HIV/AIDS. According to UNAIDS 2004 report, as of 2003 there are registered 7,600 children aged 0-14 living with HIV/AIDS, and adults and child AIDS deaths (ages 0-49) are 20,000. In the capital Yangon, HIV prevalence of sex workers is median 26% while injecting drug users are median 37.1%. (UNAIDS: 2004)

The HIV/AIDS pandemic has important implications for economic and social development as it generally affects people during their most productive years: investments in training and educating a cadre of workers are lost, the cost of providing health services increases and the rate of production suffers.(Brown: 2001).

1.2 Statement of the Research Problem

Even though Myanmar's primary education is compulsory and free from school fees, some poor families do not send their children to school because of the opportunity costs incurred by keeping them for sending there. Among other reasons are poor conditions in many schools, language barriers, and/or a shortage of qualified teachers as well as materials and equipment. For instance, in some rural areas children have to help their parents in the seasonal paddy cultivation resulting in their irregular school attendance. This can make them prone to become disinterested and unable to cope with their studies. Thus it may have led to withdrawals from school so as to earn a living.

Some of these children can become commercial sex workers or child labourers vulnerable to abuse, with the additional risk of exposure to drug abuse and HIV/AIDS. These tend to come from broken families or ones living at the subsistence level, with no one to provide them with adequate support. Myanmar is regarded as one of the worst performers in primary education as its net primary enrolment has declined from 99 per cent in 1990/91 to 82 per cent in 2001/02. (UNDP: 2005)

In addition, even though there is no hard data on the numbers of out-of-school youths, it is suspected that the majority of children tend to drop out by the 1st and 2nd year of primary schooling. This problem is also compounded by the lack of secondary schools; those who manage to complete the primary school cycle have very few opportunities to continue their education and risk relapsing into illiteracy.

Therefore, many young people may not be directly forced into prostitution but the lack of alternative opportunities and severe socio-economic pressures are often "forces" behind their participation in the sex trade. Lack of economic opportunity is therefore a contributor to HIV-related vulnerability (UNICEF, EAPRO: 2003). At present, prevalence of HIV disease in Myanmar is 1.2 per cent for ages 15-49 as at 2003, ranging from 0.6 to 2.2. (UNDP: 2004)

The government of Myanmar has taken a series of measures to set up a good HIV surveillance system, despite its stand that the HIV/AIDS problem in the country is not as gloomy as portrayed by the international community. The HIV/AIDS surveillance

system came into being in 1985 and biannual sentinel surveillance began in 1992 at nine sites. By the year 2000, the system was expanded to cover 27 sites across all States and Divisions. Behavioral surveillance was introduced in 1997. The National AIDS Committee (NAC), created in 1989, consisting of members from various governmental agencies and NGOs, and chaired by the Minister of Health, oversees the National AIDS Programme of Myanmar under the guidance of National Health Committee. (UNDP: April 2005)

In 2001, NAC started to carry out prevention and care interventions. The National Health Committee with ministers from various ministries as members and chaired by the Prime Minister provides policy guidelines. In practice, however, government response has been limited by a severe shortage in human, technical and financial resources. There was also reluctance about promotion of condom use and an inclination for moralistic pronouncements. The denial syndrome of the early days is evidently undergoing change and is reflected in the formulation of the National Health Plan, which sets the agenda for four- year periods. (UNDP: 2005)

The Plan now ranks HIV/AIDS as the nation's third most important health challenge after malaria and tuberculosis (TB). As part of the decentralization initiative, AIDS committees have been formed at the State/Division and township levels. Awareness drives and prevention is slowly gaining centre stage. A programme for prevention of mother to child transmission was started in 2000 and 32 townships and it has now covered up to 2003. A school based healthy living and AIDS prevention education (SHAPE) project is in place. This initiative covers 1.5 million school children in 50 townships. A pilot 100 percent condom use programme has been started in two townships since 2000 and 58 townships have been covered right now (UNDP: 2005).

Nevertheless, the majority of youths can be exposed to different types of risk in their lives. In the face of limited or non-existent employment prospects they may engage in illegal activities such as drug trafficking, violent crime or gang warfare. Poor economic prospects may also contribute to anti-social behaviour, including exposing others to the spread of HIV/AIDS though the practice of unsafe sex. Therefore, these young people are amongst those vulnerable to abuse if the provision of safety nets in prevention, training, healthcare and protection is not adequate, the situation will be more serious.

Hence there is an urgent need to address this issue of inadequate health and educational provision which adversely affects youths, the future generation. Their changing behaviour while they are exposed to the risk of HIV/AIDS transmission will have important implications for the development of Myanmar. Since the first diagnosis of HIV/AIDS patient in Myanmar in the eighties, information on HIV/AIDS disease and its consequences has been disseminated to the people. However, this was not effective. Therefore, needs-based approach is no longer adequate in the prevention of HIV/AIDS, as the provision of information on the disease alone does not help them to change their behaviour. Needs-based approach accepts charity as the driving motivation for meeting needs without empowerment. In addition, needs-based approach focuses on manifestations and immediate causes of problems only.

Therefore, it is necessary to adopt Rights-based Approaches to development as it enables youths to become empowered. Their potential would be realized if they have the right to express themselves and be listened to and the right to information in decision-making in matters that affect their lives. Rights-based Approaches focuses on structural causes of problems, as well as manifestations and immediate causes of problems and it deems charity to be insufficient motivation for meeting needs. With this approach, youths would acquire critical thinking skills, self-esteem and self-confidence such that they could contribute to their own development and protection.

This thesis examines the training programme for youths vulnerable to HIV/AIDS that are being conducted in Myanmar according to the rights-based approach. Such programmes aim to empower them in the prevention of HIV/AIDS disease as well as give them the necessary skills for decision-making that affects their lives.

1.3 Objectives of Research

The research focuses on 10-18 year-old youths. In Myanmar, children refer to those from 0-16 years and youths to those between 16-18 years. For the purposes of this research which has to do with sexual disease, the ages of 10-18 years, 12 being the onset of puberty. It is also a period where physical, cognitive and social emotional changes take place. This is not a stage in life which is valued or recognized in its own right, but simply as a journey towards a more desired state of adulthood. However, it

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is the period when physical, cognitive and social emotional changes take place the most. Therefore, one can understand some of the difficulties youths face.

Despite all the problems they are prone to encounter, youths can be a driving force for the future if they can get the support and opportunities from their families and communities to feel safe, cared for, valued, useful, and spiritually grounded. They will then be able to build the essential skills and competencies needed for their journey to adulthood. With this, they will become socially empowered by becoming self-reliant with a strong sense of independence and autonomy. Confident with high self-esteem, they change from recipients of society's services to contributors to the development of the country.

Therefore, the traditional way of viewing youths as trouble makers will have to be changed by adopting a different approach in order that they become valuable contributors to the society and the country. This is the reason why rights-based approaches to youth development have been tried in Myanmar in accordance with the idea of the right to development espoused in the UN Declaration of 1986. The right to development is an essential component of the youth development process. The value of adopting rights-based participatory approaches to youth development programmes is evidenced in the benefits within the wider development field. Thus 'investing in youth' is worth the investment as they can contribute towards economic growth and development. (Landsdown: 2004).

Helping youths make decisions that will positively affect their health and their prospects for the future is a challenge for communicators and educators. There must be ways to reach young people, who as a category have diverse characteristics as they have had a wide range of experiences and have different needs and lifestyles. (Palmer: 2002). Health information and knowledge about diseases, about bodily conditions and functions need to be provided as they are evident determinants of health status and outcomes. Life skills are also needed to enable them to adapt and behave positively so as to be able to deal effectively with the demands and challenges of everyday life. (WHO: 1997). Once equipped with informed decision-making skills, youths will possess the ability to negotiate and exercise good judgment, to maintain self-esteem and to handle pressure.

Furthermore, Myanmar acceded to the Convention on the Rights of the Child (CRC) in 1991 and have since laid policies and programmes for youths. In cooperation with UN, INGOs and NGOs, the programmes for HIV prevention for youths include:

1) Development and introduction of life skills programme in new school curriculum called SHAPE (School-based Healthy Living and HIV/AIDS Prevention Education) in primary schools and SHAPE plus for out-of-school youths for the application of rights-based reproductive health education that will build opportunities for young people, especially the marginalized to access information and become empowered to undertake life-skills training for good decision-making such as negotiation and communication;
2) Training of facilitators/trainers to carry out community education activities among women and youth through life skills training promoting healthy sexual behaviours and reproductive health;
3) Training of community youth volunteers as health promoters especially for HIV/AIDS information and prevention in peer education;

There is a need to examine whether life skills programmes for youths in the prevention of HIV/AIDS disease in Myanmar enable them to become socially empowered and less vulnerable so that they can realize their own potential and at the same time contribute to the betterment of their own society towards economic and social development. It is worth evaluating the impact of the rights-based approaches to youth development, whether there are obstacles in applying these approaches and whether there are successes.

Therefore, the objectives are to study:

(1) how effective are the right-based approaches to youth development in the prevention of HIV/AIDS disease under the present social and economic conditions;
(2) how effectively have youth peer education programmes been carried out;
(3) how effective are life-skills training programmes being conducted in formal school system in terms of increasing knowledge;

(4) how effective are life-skills training programme for out-of-school youths in terms of acquiring knowledge for positive attitudes and practicing safer behaviour among youths;

(5) the extent of dissemination of sufficient information to communities in order to realize youths' rights to health, education, protection and participation in limited awareness promotion capacity.

1.4 Research Questions

(1) How effective are programmes using rights-based approaches for youth development being implemented in Myanmar to enable youths to become empowered in order to combat the HIV/AIDS epidemic?

(2) What degree of empowerment of youths has the application of rights-based approaches contributed to youth development?

(3) Are there both success and failure cases in the implementation of youths' rights to health, education, protection and participation with regard to HIV/AIDS as it affects their lives?

1.5 Hypothesis

Therefore, the hypothesis of this research is that implementing rights-based approaches to youth development is not effective in enabling youths in Myanmar to empower themselves for self-prevention from HIV/AIDS infection because:

1) Under the present social and economic conditions it is not be feasible to implement rights-based approaches;
2) Communities are not supportive of youths in exercising their rights in terms HIV/AIDS prevention;
3) Parents and youths do not have sufficient and appropriate information in order to realize youths' rights to health, education, protection and participation due to limited awareness promotion and ineffective training methods.

1.6 Research Methodology

The study employs qualitative methods involving:

1) Documentary research into sources on concepts, social and economic conditions, HIV/AIDS, the youth training programme and related studies, done in libraries in

Thailand and Myanmar and through websites as well as on documents obtained from the UN, NGOs and faith-based organizations conducting the training programme.
2) In-depth interviews with youths who have attended life-skills training and with community leaders and monitors and facilitators of the training programme to ascertain if there are cognitive, attitudinal and behavioural changes to youths as a result of the training for the prevention of HIV/AIDS.
3) Focus group discussions with untrained youths for comparison.

It attempts to assess how much trained youths have been empowered in the prevention of HIV/AIDS as a result of these training programmes.

1.7 Uses of the Study. Expected Results

Expected results are:

(1) The extent to which it is feasible to implement the rights-based approaches in Myanmar with regard to HIV/AIDS prevention under the present social and economic conditions;

(2) The extent to which communities are supportive of youths in exercising their rights to health, education, protection and participation in terms of HIV/AIDS prevention;

(3) The extent to which parents and youths do have sufficient and appropriate information in order to realize youth's rights to health, education, protection and participation due to limited awareness promotion and training methods.

Uses of the Study are:

My research thesis "Problems in Implementing Rights-based Approaches to Youth Development in Myanmar: A Case Study of HIV/AIDS Prevention" will be useful to researchers, local NGOs, INGOs and those who are working in the international development field in implementing HIV/AIDS prevention programmes for youths at the grassroots level through the application of rights-based approaches.

1.8 Ethical Issues

The in-depth interviews and focus group discussions for my research were undertaken on those consented. Data were collected from UN, INGOs, NGOs, faith-based organizations and are incorporated in my research with their permission.

1.9 Scope of Research

It was intended that the research would evaluate the programmes for the period 2000 to 2004 in terms of rights-based approaches to youth development and participation in the field of HIV/AIDS awareness through access to formal and informal education for informed decision-making skills, and community health education for youths as Myanmar acceded to CRC in 1991. Research would be conducted on SHAPE programme (for youths in formal school) and SHAPE plus (for out-of-school youths) in Kyimyindaing Township of Yangon Division and Myanaung Township of Ayeyarwaddy Divisions, and HIV/AIDS prevention programme in Yangon of Yangon Division and Pathein Township of Ayeyarwaddy Division, and also peer-to-peer education training in the communities in Yangon Division and Mon State. However, as described in Limitations of my Research, my research would now be conducted on SHAPE Plus (for out-of-school youths) in Kyimyindine Township of Yangon Division and Thaton Township of Mon State. Shape Plus training programme started in 2003 to-date. The intention was also to analyse the existing policies and programmes being conducted, how it could be enhanced further by creating opportunities to realize the potential of the rights holders such as youth's rights to health, education, protection and participation in the field of HIV/AIDS viewed from the rights-based approaches to programming.

1.10 Significance of Research

The study attests as to whether rights-based approaches empower the marginalized and vulnerable young people in order to alleviate the spread of HIV/AIDS and thereby contribute towards lessening economic and social burdens of the country. The thesis "Problems in implementing Rights-based Approaches to Youth Development in Myanmar: The Case Study of HIV/AIDS Prevention" stands to contribute towards identifying successes and failures in programmes for youths at the grassroots level through the application of Rights-based Approaches in order that

researchers, local NGOs, INGOs and those who are working in the international development field are assisted in finding the best approach for youth in terms of social empowerment even in the face of poverty.

1.11 Limitations

Though one of the Objectives of this Research was to evaluate the impact of HIV prevention taught in SHAPE (School-based Healthy Living and HIV/AIDS Prevention Education) programme in primary schools and SHAPE plus for out-of-school youths in the application of rights-based reproductive health education, and training of community youth volunteers as health promoters in peer education, problems were encountered in actual fieldwork.

I had discussed about my research with the project managers of UNICEF who work on SHAPE programme run by the Government in formal schools, and of peer education training programme run by Myanmar Red Cross Society, a Government-sponsored NGO. Later, I was informed by the project managers of UNICEF to submit an application formally to the Ministry of Education and the Ministry of Health in order that they can process my application for the research. Nevertheless, both project managers discouraged me when the project managers themselves found out that the Government would not give permission to conduct surveys on these programmes to a student of a foreign university, even though I was a Myanmar national. Therefore, the study was carried out only on SHAPE Plus training programme emphasizing on life skills and HIV prevention for out-of-school youths run by a local NGO called Pyinnya Tazaung, a community-based organization, in Kyinmyindine Township of Yangon Division and Thaton Township of Mon State.