

CHAPTER IV

RESEARCH FINDINGS

Since the aim of the research is to assess the effectiveness of the training programmes, it is necessary to compare untrained youths with trained youths. It is also a concern of the research to ascertain whether differences in economic and social environment had a bearing on effectiveness. Hence youths in the two different localities need to be compared in terms of cognitive, attitudinal and behavioural changes that resulted from the training, with reasons for any differences found.

4.1 Knowledge of HIV/AIDS among trained and untrained youths

As a control group to compare with trained youths, focus group discussions were held with 10 and 20 untrained young people in Thaton and Kyimyindine Townships respectively. It was found that while one-third of the untrained out-of-school young people responded having heard of HIV/AIDS disease from their elders or in the market or from family members or from school before being dropped out, the other two-third have not heard of it at all. None could respond how the disease was transmitted and how it could be prevented. Some untrained young people especially from Kyimyindine Township have in fact seen some patients dying of AIDS. However, upon checking whether they knew how the disease was transmitted and how to prevent it, none of them could express anything. They lacked knowledge of it. For instance,

“I heard about AIDS in the market but I don’t know how the disease is transmitted or how to prevent it.” (Thin Thin Maw (F), 14 years, untrained youth, Thayetaw Village, Kyimyindine Township)

“I have seen an AIDS patient but I don’t know how the disease is transmitted or how to prevent it.” (Soe Moe San (F), 14 years, untrained youth, Ngazin Village, Kyimyindine Township)

This was in contrast with the response obtained from all of the 47 trained out-of-school youths interviewed. Despite differences in environment making for vulnerability, it was found that all the 47 trained youths interviewed have some degree

of empowerment in terms of acquiring positive cognitive, attitudinal and behavioural changes for the prevention of HIV/AIDS.

The responses can be grouped accordingly as follows:

4.2 Cognitive Changes

Cognitive changes in terms of awareness of HIV/AIDS transmission, awareness of HIV/AIDS prevention methods, and use of condom were as follows:

4.2.1 Awareness of HIV/AIDS Transmission

All the trained out-of-school young people seemed to be aware of what HIV/AIDS was. Those trained correctly stated that HIV/AIDS is a transmittable disease; and that it was transmittable through blood contact and through sexual relationships or having fun, that is by having multiple sexual partners or through blood contact. But only 50% could correctly express that this means by using the same syringe for drug injection, the same needle for tattooing, and the same razor blade for shaving already used by HIV-infected person, and blood transfusion before screening the blood. Some of the interview responses are as follows:

“HIV virus stays in a person’s body. It is not curable but its disease can be transmitted by sexual relationship with someone who has HIV especially when condom is not used for multiple sexual partners, through blood transfusion of HIV-infected blood, and use of used syringe or razor blade by HIV-infected person, and from mother to child transmission.”
(Zaw Win Naing (M), 13 years, Thayetaw Village, Thaton Township)

“HIV is a virus and AIDS is an immune deficiency disease (syndrome). There is not a cure for it but it can be transmitted through sexual relationship, and by using contaminated (used) syringe and tattoo needle.” (Ngu Wah Wah Khine (F), 15 years, Alettchaung Village Kyimyindine Township)

“HIV/AIDS can be transmitted through having sexual relationship with multiple partners hence from HIV-infected man’s fluid from his body to women, through blood transfusion, and through blood-infected razor

blade.” (Chit Chit Moe (F), 13 years, Theyetaw Village, Thaton Township)

It is found that among the young people who recently attended the training in 2004-2005, 95% of these could remember that the virus is transmitted through sexual and blood contact yet only 60% were able to state correctly all the methods of transmission and its prevention.

Nevertheless, those who also undertook the training last year in 2003-2004 had forgotten all the details of how HIV/AIDS disease was transmitted or how it could be prevented. It was found that they were briefed again by the facilitator before the interview. They explained their inability to retain the contents of the lessons on HIV/AIDS disease as follows:

“Actually, I have forgotten about HIV disease. But we were briefed again by our facilitator about this HIV disease knowing that we were going to be interviewed.” (Mar Mar Khine (F), 16 years, Seikkyi Village, Kyimyindine Township)

“I have started to work; so I have forgotten about this HIV/AIDS disease. We need to have this training repeatedly so that we do not forget about the disease and its consequences.” (One boy from Focus Group Discussion, Seikkyi Village, Kyimyindine Township)

“I did attend the training last year about HIV/AIDS but because I have started working I am all confused. I learnt so many things in the training but I don’t remember anything. I know HIV/AIDS disease cannot be cured and it can be transmitted by visiting prostitutes and through blood contact.” (Zaw Ko Chit (M), 14 years, Seikkyi Village, Kyimyindine Township)

This is because all of them have taken up new jobs and have become absorbed in their daily work from morning until evening with little time to give their attention to thinking about HIV/AIDS or for community or social work.



4.2.2 Awareness of HIV/AIDS Prevention Methods

All of the young trained people are aware of HIV/AIDS prevention. They all say even though not all may be able to express clearly on how the disease can be prevented. About 65% mentioned that in order to avoid contracting from HIV/AIDS disease, one must avoid multiple sexual partners or use condoms if one cannot resist, use disposable syringes, disposable needles, disposable razors, and screen blood before blood transfusions. Typical answers were:

“HIV/AIDS can be prevented by avoiding multiple sexual partners, use condom if one cannot resist, avoid drug injection, and use disposable syringe.” (Ei Ei Thwe (F), 14 years, Ngazin Village, Kyimyindine Township)

“HIV/AIDS can be prevented by using condom when having multiple sexual partners and by using disposable syringe.” (Moe Kyaw Aung (M), 12 years, Alettchaung Village, Kyimyindine Township)

About 60% of the trained youths responded that they cannot differentiate between an HIV-infected person and a healthy person. Only when the patient has full-blown AIDS can they differentiate as the patient will become thin and look unhealthy.

4.2.3 Use of Condom

Even though 95% of them could state that using condom is one of the methods preventive of transmission of HIV/AIDS, 80% had no knowledge of what it is or what it looks like.

“I don't know what a condom is or what a sexual relationship is. But if I am to get married, I must ask my boyfriend to test his blood. If he has HIV, then I cannot marry him.” (Aye Aye Moe (F), 14 years, Seikkyi Township, Kyimindine Township)

About 20% have seen a condom at home, while one girl said she observed a condom in the video show called “Karate Kids” during the training session and could describe it very well even though they all said they had not been shown a real one during the training.

“I have seen a condom of my family member.” (Nan Than Than Myint (F), 13 years, Thayetaw Village, Thaton Township)

“I have seen a condom in the Karate Kids movie.” (Thuzar Win (F), 13 years, Ngazin Village, Kyimyindine Township)

Hence, even though youths were taught about the use of condom, in the event that it was not shown during the training, youths will not know how to use it if the need arises.

4.3 Attitudinal changes

Evidence of attitudinal changes is here presented under the headings of self-control, self-esteem and self-confidence.

4.3.1 Self-Control

One can notice positive changes in the attitudes as a result of the training. The trainees who live in an environment where use of abusive language is common say they cease to use such language. To quote what one boy said:

“I used to use abusive language when I had arguments with my friends. Now, even if they use it, I don’t use that language anymore. I try to control myself. I think critically before rebutting them by not using the same language.” (Ye Min Naing (M), 13 years, Alettchaung Village, Kyimyindine Township)

One girl responded that the training has transformed her way of thinking:

“Before, when my mother shouted at me, I often thought of running away. But after attending this training, I became more tolerant because if I run away I came to know of the negative consequences.” (May Thu Lwin (F), 18 years, Seikkyi Village, Kyimyindine Township)

Because of the training, they came to learn about the ability to control oneself, of dangers that can come from strangers and from running away from home. They know that by staying with the mother they are less likely to be exploited and less vulnerable to HIV/AIDS infection. Hence, we could see some of the impact of the training as it has given them a more positive outlook.

4.3.2 Self-Esteem

About 40% of the trained youths have become aware of the dangers of going elsewhere to look for jobs and of vulnerable situations. Some of the responses are something like this:

“Even if I were offered a job with a better salary at a faraway place I will not go as I have seen on TV about girls being trafficked and the training has taught me to be content with what I have.” (Aye Aye Aung (F), 12 years, Ngazin Village, Kyimyindine Township)

One girl now values herself by staying away from her prostitute friends as she came to learn that prostitution, which is illegal in the country, can lead to HIV/AIDS infection:

“I used to make friends with prostitutes. Now I don’t mix with them anymore. Instead, I give my attention more in my work.” (Mi Nge Ma (F), 13 years, Seikkyi Village, Kyimyindine Township)

One can say then that trained youths’ self-esteem has been raised by having gone through the training.

“If I hadn’t attended this training, my family would have been in a disaster as I would have become a prostitute. I used to go around with my friends who have become prostitutes. I now tell them of the consequences and they told me that if this training had taken place earlier they would not have become like this.” (Mar Mar Khine (F), 16 years, Seikkyi Village, Kyimyindine Township, in tears)

The fact that they had gone through the training has made them feel that they have a role of influencing others to mend their ways so that they would not become vulnerable to HIV/AIDS.

4.3.3 Self-confidence

They have also come to gain self-confidence as they become more assertive and are able to resist pressure. To quote what one boy said:

“I used to mix with bad girls not knowing their background and people used to accuse me that I am a bad boy also. I never denied it even if I am not. Now I become more assertive by saying: “Have you seen me with your own eyes?” Now, I think critically and check my friends’ background and select my friends.” (Zaw Ko Chit (M), 14 years, Seikkyi Village, Kyimyindine Township)

While a girl volunteered this information:

“Before the training, I used to go around and visit my friends’ houses. My mother would grumble and compare me with those prostitutes in the village saying that I would become like them. Now that I know the consequences of becoming a prostitute, I tell my mother not to compare me with them. I have also started work.” (Ei Ei Zaw (F), 16 years, Seikkyi Village, Kyimyindine Township)

Another girl mentioned that she became more confident in speaking up when the need arises:

“By attending this training, I became more assertive. When my mother had arguments with other ladies over the money owed to her, I used to stay quiet. I now become assertive by assisting my mother.” (Mi Nge Ma (F), 13 years, Seikkyi Village, Kyimyindine Township)

After attending the training, they became bolder in that they will be able to resist the influence of others, making them less vulnerable to abuse and exploitation by others.

4.4 Behavioural changes

Positive behavioural changes such as changes in routine behaviour in their daily life, in the ability to make good judgment, in negotiation skills, and in compassion and care for the AIDS patients of the trainees are also evidenced as follows:

4.4.1 Changes in Routine Behaviour

There have been positive changes in the behaviour of the trainees by becoming useful members of their households, as a result of the training. Three interview responses demonstrate this:

“I used to play football a lot and never listened to my mother. The training has taught me not to be ignorant, so now I regularly help my mother by feeding the pig we raise. Also I don’t pretend not to hear when my mother talks. I also come to respect elders now.” (Zaw Zaw Htun (M), 14 years, Alettchaung Village, Kyimyindine Township)

“I used to be very untidy. I would wear the same clothes for a week. Now I bathe myself, comb my hair, and change my clothes everyday, so I become more hygienic. Also, if I see things in disorder at home, I don’t look idly. I just put things back in order without being told to do so.” (Tin Su Maw (F), 15 years, Seikkyi Village, Kyimyindine Township)

“I used to be very dirty and would eat everything that was sold at school. But now I become more health conscious. I noticed that I became healthier also.” (The The Htwe (F), Alettchaung Village, Kyimyindine Township)

One could see that the training had made them to pay more attention to their parents and become more conscientious, assuming more responsibilities at home and for self-care.

4.4.2 Ability to Make Good Judgment

Trained youths have also become more confident that they could make good judgments. About 80% of them responded that they decide on their own in matters that affect them while they consult their family members for important decisions. An interesting response was:

“If somebody asks me to accompany her somewhere in the neighbourhood, I will decide on my own while for important matters such as taking up new jobs, I will consult my family.” (Chit Chit Moe (F), 13 years, Thayetaw Village, Thaton Township)

A young boy in fact now thinks critically and makes good judgment in selecting his friends:

“I used to think that if a boy mixes with girls, he is a bad boy. I now think critically and checked his background, and I found that he is not what I had thought. Most of those whom I thought were bad were bad. I now make friend with only one guy whom I think is good.” (Zaw Ko Chit (M), 14 years, Seikkyi Village, Kyimyindine Township)

While the girl is rational by taking into consideration different perspectives and views from others on her taking up a new job which she thinks is important for her future career as decent job opportunities are scarce for those with her qualification, the boy stated that he was able to decide some matters on his own as it affects him and his reputation.

4.4.3 Negotiation Skills

Upon being questioned how they would negotiate with their boyfriends on the latter's HIV status before marriage, 90% stated that they would check their backgrounds first and have them blood tested.

“If I have found a boyfriend, I will consult my parents first before deciding to get married. To ensure that he is not infected with HIV, I will have him test his blood and also check his background.” (Chit Chit Moe (F), 13 years, Thayetaw Village, Thaton Township)

“If I am not sure of my boyfriend, I will ask him to have his blood tested. To make sure that he really tests his blood, I will also accompany him to the clinic.” (Thuzar Win (F), 13 years, Ngazin Village, Kyimyindine Township)

“If I am not sure of my fiancé, I will test her blood and if it is not positive, I will ask her to test again. Before receiving the final test result, I will use condom when I want to have sexual relationship. (Zaw Zaw Tun (M), 14 years, Alettchaung Village, Kyimyindine Township)

Here, 90% of the trained youths say that they will ask their boy/girl-friends to test their blood to be certain that their fiancé is not infected with HIV. Some of the responses from the girls are:

“I have a boyfriend but I don’t trust him from the beginning because he mixes with girls. We met when we went to fetch water at the well but my parents do not know about it as yet. I haven’t told him about HIV/AIDS as yet. (May Thu Lwin (F), 18 years, Seikkyi Village, Kyimyindine Township)

“I have a boyfriend now. He used to accompany those prostitutes from this village and he gets paid for accompanying them. I told him that he must test his blood if he really loves me. But he hasn’t shown me the test result as yet. (Tin Su Maw (F), 15 years, Seikkyi Village, Kyimyindine Township)

Here we find that even though more girls are given the training for empowerment due to their vulnerability to being exploited as prostitutes, they are still vulnerable as it is still uncertain if they could change the behaviour of their boyfriends who live in the same environment where they are prone to HIV/AIDS transmission.

Hence, in the event that they have truly found a boy friend, it will be difficult to ascertain if they can truly ask their boy friends to test their blood. This is because they are unsure where to access the services. This will become clearer from the information given in a later section on access to services.

4.4.4 Compassion and Care for AIDS patients

With regard to compassion and care, among all the trained interviewees, only one young girl have practiced compassion and care by becoming sensitive to the needs of others and could communicate empathy by taking care of AIDS patient before she died.

“All I can remember about the training is that when someone has AIDS, we must encourage her/her since this disease is not curable. I remember vividly. When Mon Ma, a prostitute from our village was dying of AIDS, she wanted to have some soft drinks so I bought two bottles of soft drinks with my own money for her even though my mother did not have money at the time. This lady thanked me and also told me to tell about her to those

who are not aware of this disease so that they can prevent themselves from having the disease like her.” (Tin Su Maw (F), 15 years, Seikkyi Village, Kyimyindine Township)

About 70% of the respondents who had seen and those had never seen an AIDS patient also said that they would take care of them if they come across one.

“If I come across an AIDS patient, I will not stay away from them as I know the disease cannot be transmitted easily.” (Khin Sabai (F), 16 years, Alettchaung Village, Kyimyindine Township)

“I have not seen HIV/AIDS patients but if I came across one, I would encourage them and would not stigmatize them either.” (Myo Zarni Zaw (M), 12 years, Thayetaw Village, Thaton Township)

Nonetheless, 30% of the trainees stated that they were afraid to shake hands or to use gloves if they had to shake hands with full-blown AIDS patients.

“I have not seen an AIDS patient. If I came across an AIDS patient, I would not dare to go near the person because if I had a cut I might contract the disease. So, I would wear a glove and shake the person’s hands if I have to.” (Aung Min Oo (M), 13 years, Ngazin Village, Kyimyindine Township)

Therefore, even though they said they would take care of an AIDS patient, it would be difficult to prove until and unless they have come across one. Most of the AIDS patients in Kyimyindine Township are prostitutes and pimps. Furthermore, once they developed full-blown AIDS, these AIDS patients were segregated from others by the community elders outside the village probably due to their fear that HIV/AIDS would otherwise spread. It is thus unlikely that youths would meet full-blown AIDS patients unless they personally go and visit them. We now turn to the differences in the environment of the two research sites to ascertain their vulnerability to HIV/AIDS.

We now turn to the environment in order to explain the differences in the effectiveness of the training programmes as between the two research sites.

4.5 The Environment

It is found that the environment of youths in Kyimyindine Township is conducive to their contracting HIV/AIDS as they have to live in a surrounding where pimps, prostitutes, gays, and rapists are present.

4.5.1 Vulnerability to HIV/AIDS

Interview responses show that even though the youths have gained a certain degree of empowerment in terms of gaining assertiveness, good judgment, and negotiation skills, etc. as a result of the training for the prevention of HIV/AIDS, some of the trainees in Kyimyindine Township are still vulnerable and at risk due to their environment.

Focus group discussions in Kyimyindine Township revealed that their vulnerability and risks to HIV/AIDS infection are due to their environment, namely the lure of better economic prospects, some family members encouraging their children to become prostitutes, and also due to peer pressure as they observe some of their friends becoming prostitutes.

This is how some of them described how they saw their environment:

“We have so many prostitutes in our neighbourhood. There must be around 50 houses in our village and each house accommodates about 6 to 7 prostitutes. These prostitutes come from other areas. If pimps come across any girls wandering about, they will give them shelter and exploit them as prostitutes.”
(Focus Group Discussion, Seikkyi Village trainees, Kyimyindine Township)

“We have a lot of prostitutes in our ward. Even though they stay here they do not practice here. They go to the market across the river. Many men from our village visit them also.” (Tin Tin Htwe (F), 15 years, Seikkyi Village, Kyimyindine Township)

In addition, it is found that they are still vulnerable as some of them as young as 14 to 15 years old are getting married to boys who live in the same community where they

are vulnerable to HIV infection. It is difficult to ascertain if some of them are still at risk despite the training. Witness this response:

“My sister was married at 14. Her husband takes drugs and mixes with prostitutes in our neighbourhood. I told her about HIV and they are now separated after 5 years of marriage. I think she is now suffering from HIV as I start to see some lumps on her body.” (Mar Mar Khine (F), 16 years, Seikkyi Village, Kyimyindine Township)

A Circle committee member came up with this information:

“We have two girls, aged 15, who eloped as soon as they completed the training last year. One is now separated while the other still remains married.” (Focus Group Discussion, SHAPE Plus Circles community members, Ngazin Village, Kyimyindine Township)

Even though this happens in only one percent of trainees in Kyimyindine Township, because that these girls will get married one day, until and unless they and their boyfriends have some degree empowerment as such they remain faithful or to be able to access to the services they are still vulnerable to HIV/AIDS infection.

In contrast, those in Thaton Township felt that their vulnerability is due to not screening blood before transfusion, not using condom for sexual relationship and not using disposable syringes and razor blades or not testing their fiancé’s blood before getting married.

4.5.2 Support from Parents

In the face of extreme poverty for those in Kyimyindine Township living across the river, the environment is such that while a few parents are persuading their children to become prostitutes, some are exploiting their labour.

“Some of the parents are exploiting their children by making them prostitutes. Poor girls cannot refuse as they are still under their mothers’ influence.” (Focus Group Discussion, Circle committee member, Ngazin Village, Kyimyindine Township)

“One trainee called Myat Min, when he first came to this class; he was very rude and never listened to what we said. His father beats him if he cannot earn K3000 per day. He had to collect leftover vegetables from the wholesale market and sell at a retail price. Now he is very polite.” (Focus Group Discussion, Monitor and Facilitators, Kyimyindine Township)

However, there are many parents who are very protective of their children. Some parents keep them under their care by not allowing them to go beyond their vicinity. Those youths whose houses are distant from brothels said:

“My mother wouldn’t let me go and work even across the river.” (Khin Sabai (F), 16 years, Alettchaung Village, Kyimyindine Township)

“We have many prostitutes next to our lane. That’s why my mother told us not to go to that side.” (Thuzar Win (F), Ngazin Village, Kyimyindine Township)

These are the parents who are truly supportive of their children for the prevention of HIV/AIDS even though these children are living in an environment vulnerable to abuse and exploitation.

4.5.3 Support from Community leaders

Upon being asked, the monitor and facilitators in Kyimyindine Township revealed some difficulties of gathering young people to attend the training. The opportunity costs incurred when parents send their children there rather than having them assist at home. In addition, some parents think that this training is not beneficial for their children as it is not a literacy school. Nevertheless, in order to ensure that all young people benefit from attending the training, facilitators and SHAPE Plus circles offered to take care of their young siblings during the training session. Despite this, not all children listed could attend regularly.

Kyimyindine Township monitor and facilitators admitted:

“Some parents don’t want to send their children to this training, as they think it is unnecessary and it’s a waste of time as they want their children to earn income for them and to assist them at home. So, we had to ask our community

elders to persuade them to send their children.” (Focus Group Discussion, Monitor and Facilitators, Kyimyindine Township)

In contrast, Thaton Township did not face any difficulty in gathering children.

“We ensure that all the children are taught about HIV/AIDS disease and its transmission. So far, none of the children have gone to other places to work, and the parents are very understanding.” (Focus Group Discussion, SHAPE Plus Circles, Thayetaw Village, Thaton Township)

Hence, it is found that while communities in Thaton Township are more supportive of their children for the prevention of HIV/AIDS, communities in Kyimyindine Township give less support to their children. This is because in addition to extreme poverty they faced, they also have disunity among the community members as they are made up of mobile population.

SHAPE Plus Circle committee members ensure that young people can in fact attend the life skills training programme. They also assist in turns during the training sessions. Nevertheless, they are not empowered enough to take necessary action for the removal of brothels and prostitutes from their community as this depends on the concerned authorities.

“Just recently the new Township authority, in its campaign to reduce crime rate, have told the village authority not to renew guests’ stay for more than 3 days.” (SHAPE Plus Circle committee member, Ngazin Village, Kyimyindine Township)¹

Here community leaders in Kyimyindine Township who live across Hlaing River, do not have the authority or even have the courage to report to the concerned authorities on the existence of brothels in their community, as they are powerless. It is yet to be seen if the Township officer of Kyimyindine Township, in his drive to reduce crime rate, will be able to reduce the pace of prostitution or brothels in Kyimyindine

¹ In Myanmar, all guests have to report to the village authority to get permission for night-stay.

Township in order to make its environment safer and more secure and become less vulnerable to HIV/AIDS transmission.

It was found that between the two research sites, even though young people in both research sites face poverty, those in Kyimyidine Township face more hardship. While those who live in Thaton Township can survive as Thaton is situated en route from Yangon capital city to Thai-Burma border, where border trade thrives hence have benefited indirectly, those urban poor people living in Kyimyidine Township of capital city Yangon cannot find any other means of living for survival despite the rising cost of living. Apart from this economic difference, there was a difference in social norms. The community members in Kyimyidine Township mind their own business due to community disunity as they are mostly made up of mobile population. In other words, there is little community solidarity. However, in Thaton Township there is cohesiveness and mutual help among community members. Hence the environment is safer and more secure and youngsters are less vulnerable to HIV/AIDS transmission.

The following is a summary of the trained youths' knowledge on and the barriers to prevention of HIV/AIDS.

All the 12 trained youths interviewed that attended the training in 2003-2004 could not recall all the methods of HIV transmission and prevention due to their workload (some of them had taken up new jobs and had to work a whole day at their worksite, sometimes from morning 7 am until 11 p.m.). According to the facilitators, some of them had to bring along their younger siblings to take care of while undertaking the training, while some of them did not have the opportunity to attend all the 3 phases of the training due to their workload at home. In addition, they were taught about HIV/AIDS prevention only in the first phase and revision was not done in the next two phases, while those trained this year mentioned being taught on HIV/AIDS disease and its prevention in the first phase and revisions being done also in the next two phases.

It was found that the trainees have gained some degree of empowerment in terms of acquiring self-esteem, self-confidence, improved knowledge in the prevention of HIV/AIDS, and having positive changes in attitudes and behaviour. They all have also

gained some critical thinking skills as they are not ready to believe in everything but to check first on whatever they have been told.

Knowledge of HIV transmission: All trained young people from Kyimyindine Township responded that HIV is transmitted through sexual relationship with prostitutes and through blood contact, but 50% had forgotten all the exact methods of transmission. This is because those all of those attended in the year 2003-2004 could not remember the methods properly.

All of the trained young people in Thaton Township could express all the methods of HIV transmission. About 90% could state that HIV is a virus that kills white blood cells and it cannot be cured but can be transmitted through sexual relationship, through blood transfusion without prior blood screening, by using HIV-blood tainted syringes, needles and blades, and from mother to child. They mentioned that they could not differentiate between a HIV-infected person and a healthy person unless a blood test was taken.

Knowledge of HIV/AIDS prevention: About 95% of all the trained young people in Kyimyindine and Thaton Townships stated that the use of condoms is one of preventive methods. However, about 80% out of 47 stated that they have not seen a condom. In addition, about 65% could correctly state that blood testing is also one of the preventive methods before having sexual relationships with partners besides blood screening before blood transfusion, using disposable syringes, razor blades, and needles.

About 70% of the trained interviewees in Thaton Township identified use of condoms for sexual intercourse, blood screening before blood transfusion, use of disposable syringes and razor blades, avoidance of tattooing, drug injection and multiple sexual partners as preventive methods against HIV/AIDS transmission. For Kyimyindine Township, 40% could state the above methods correctly while the rest could state only one of two methods of prevention. Nevertheless, they all are aware of the use of condom and use of disposable syringe or needle as prevention methods for HIV/AIDS prevention.

Hence it can be said that all trained young people have acquired a certain degree of empowerment to the extent that they have become aware of the transmission and prevention methods and presumably are able to protect themselves in the event of the spread of the HIV disease.

Barriers to knowledge of HIV/AIDS: The trained youths felt that a barrier to knowledge of HIV/AIDS is not attending the training. Non-attendance is due to the fact that parents are not aware of the HIV/AIDS transmission and its prevention methods and therefore are unable to tell them of the consequences.

Lastly, focus group discussions with the 4 trained groups were conducted after each individual interview sessions to ascertain whether the youths were aware of how and where to access HIV/AIDS protection services that should be provided as a right.

Access to services for HIV/AIDS prevention: All the youths stated that blood testing was available at hospitals even though they were not aware at which hospital. While all mentioned that blood testing was not easily available as it was expensive and unaffordable, a few responded that free service could be acquired by donating blood at a hospital. While condoms were available for purchasing at private clinics and drug stores, all the girls felt culturally constrained to access condoms as they were afraid of stigmatization and shame.

Even though young people in Thaton Township expressed knowledge of HIV/AIDS transmission and prevention methods, they all said that condoms were not easily available (as they are not aware of where to access) while disposable syringes could be bought easily from the market or from the drug stores or pharmacies. They also stated that while blood testing might be available at hospital, blood testing might not be easily accessible.

Hence, while the young people acquired the knowledge on HIV/AIDS transmission and prevention from the training, until and unless they are not denied their right to access the services, they are still vulnerable.

Right to Protection from HIV/AIDS infection: All young people in Kyimyindine Township stated that they were not living in a safe and secure environment and hence were risking HIV infection. They felt that, as their right, they deserved to be living in

a safer and healthier environment. They wanted their surrounding to be free from brothels and if possible, no brothels at all in their community.

Young people in Thaton Township said that they had not seen any AIDS patients nor had they witnessed cases of rape or violence in their community. They all did not feel that they were vulnerable to HIV/AIDS infection. Most of them said they were not willing to work abroad but to remain in their village even until they get old. If this should really be the case in practice they would be less vulnerable and less at risk to HIV/AIDS transmission.

Hence, in order that young people have the right to protection from HIV/AIDS infection, they must be able to live in a safe and protective environment. In addition, until and unless they know how and where to access the services mentioned in the training, they are still vulnerable to HIV/AIDS infection as their right to access the services are not realized.