

**Report on Evaluation of the effectiveness of HIV/AIDS Peer**

**Education programme**

(FINAL DRAFT)

**China-United Nations International Children's Emergency Fund (UNICEF)**



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#### Education programme

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## Summary report

### Section 1: Background, objective and methods of the evaluation

#### 1. Background

Since 2003, with support from UNICEF Communication section, China Children's Press and Publication Group (CCPPG) implemented the peer education programme of "Red Ribbon Youth Action" on HIV/AIDS prevention (HIV/AIDS Peer Education programme). In the past three years, more than 1,000 schools in 11 provinces of China have taken part in the project, a total of over 600 students aged 11-17 have been trained as peer educators and more than 3 million students participated in the project, which covered Beijing, Shanghai, Henan, Jiangsu, Zhejiang, Yunnan, Shaanxi, Hubei, Sichuan, Guangzhou and Liaoning provinces. The overall objective of the project has been to equip a group of young people with information and skills they need to educate other students on the basic facts of HIV/AIDS, including the channels of transmission, so that young people can be empowered to protect themselves from the epidemic. The project has strong linkages therefore with HIV/AIDS prevention, a priority of the current and the upcoming UNICEF Country Programmes. The peer education project also seeks to address the AIDS stigma and discrimination issue which international experience also confirms can be most effectively addressed by working with young people.

#### 2. Goal/Objective

The main objective of this evaluation is to review the effectiveness of "Red Ribbon Youth Action" peer education project on HIV/AIDS prevention and the impact of peer education. The evaluation covers training material, training methodology and training process, which may shed light the way forward in the new country programme (2006-2010) of UNICEF.

The three main questions asked in the evaluation are:

- How effective is the peer training in providing children with the correct information they need to protect themselves against HIV/AIDS and to what extent is this being effectively integrated with an anti-stigma and discrimination message. How much have the knowledge and attitude changed in project schools compared to non-project schools?
- How has peer education experience affected the peer educators themselves? What are some of the greatest challenges they have encountered, and how have they overcome them? Are there any significant differences in perceptions between male and female peer educators in these respects? What have been their sources of satisfaction and/or frustration within the project? In what areas do the participating peer educators feel the project could be improved in the future?
- How do the parents of peer educators and teachers assess the project in its usefulness and effectiveness? What differences exist in this regard as between schools which are within the project and those which are not? Has the project encouraged interpersonal communication about HIV/AIDS issues among students, parents and teachers—has the issue become desensitized in the perceptions of these three groups?

### **3. Evaluation methodology and strategy**

#### **3.1 Desk review on the current data**

##### **3.1.1 Data type**

Including PPA, PAP and summary report of the program; training manual for peer educators (draft); the material and PowerPoint of the peer educators; other relevant materials of propaganda (pictures and board and etc.)

##### **3.1.1 Evaluation contents and indicators**

- General status of the project execution from 2003 to 2005,
- The major methods, characteristics and effects of peer education of “Red Ribbon Youth Action” on HIV/AIDS prevention.

#### **3.2 Field Survey**

According to the technical plan of this project, five cities/counties were chosen randomly as evaluation locations, including Beijing, Wuhan of Hubei province, Nanjing of Jiangsu province, Fufeng county of Shanxi province and Shenzheng of Guangdong province. Totally 9 project and 9 non-project schools were investigated and interviewed.

##### **3.2.1 The quantitative research**

###### **(1) Questionnaire survey among student and their parents**

To evaluate the impact of the project on HIV/AIDS KAP, target group questionnaire survey was conducted among 2122 students and 670 parents between project and non-project schools. The contents of questionnaires are attached in the appendix 1 and appendix 2.

###### **(2) Questionnaire survey among peer educators**

To assess the usefulness and effectiveness of peer educator training including training material, methods and pattern, major problems and difficulty of the peer education in the program, questionnaire survey was conducted among 22 peer educators in project schools. The contents of questionnaire were attached in appendix 4.

##### **3.2.3 The qualitative research**

###### **(1) In depth individual interview with national trainer of peer educator training**

2 trainers in Beijing were interviewed about training contents and models. The outline of interview was attached in appendix 3

###### **(2) The group interview with peer educators in project schools**

7 group of interviews were conducted in the study, among which 1 group in Shenzhen (grade 5 to 6 students in primary school), 1 group in Wuhan (grade 5 to 6 students in primary school), 1 group in Nanjing (grade 5 to 6 students in primary school), 2 groups in Shangxi (1 group of grade 5 to 6 students in primary school, 1 group in grade 11 students in senior high school) 2 groups in Beijing (1 group in grade 8 students in junior high school, 1 group in grade 11 students in senior high school). Totally 38 students were interviewed, among which 16 boys, 22 girls, students age

were from 10 to 17 years olds. 5-6 students were in each group and one group interview lasted 40 to 60 minutes. The content is about their feeling to the whole program, individual development and the problems and suggestions, the outline of interview was attached in appendix 5.

(3) In depth individual interview with the organizers of the peer educators' training and school teachers

16 organizers and teachers in 5 cities were interviewed on effects of the project and the implementation in schools, the outline of interview was attached in appendix 6.

### 3.2.4 Data analysis

Data were input using EPI DATA (version 3.1) and analyzed using SPSS (version 11.5.0; SPSS Inc.)

### 3.3 The selection of the evaluation fields

Five cities/counties were chosen randomly as evaluation locations, including Beijing, Wuhan of Hubei province, Nanjing of Jiangsu province, Fufeng county of Shanxi province and Shenzheng of Guangdong province. Totally 9 project and 9 non-project schools were investigated and interviewed (Table 1).

**Table1. The distribution of the evaluation area and selective schools (number)**

Province	City	Project schools	*Non-project	Total
Beijing	Beijing	2	3	5
Hubei	Wuhan	2	2	4
Jiangsu	Nanjing	2	2	4
Shanxi	Fufeng county	2	2	4
Guangdong	Shenzheng	1	---	1
Total		9	9	18

\*Note: The non-project schools should try to be the schools without fund coming from any other HIV/AIDS program organization.

#### 3.3.1 The field trip arrangement

- 2005.12.8-2005.12.9 Shenzheng, Guangdong
- 2005.12.12-2005.12.14 Nanjing city of Jiangsu province
- 2005.12.15-2005.12-16 Wuhan city of Hubei province
- 2005.12.19-2005.12.21 Fufeng county of Shanxi province
- 2005.12.22-2005.12.29 Beijing

#### 3.3.2 The list of the schools involved in the investigations (Table 2)

**Table2. The list of the schools involved in the investigation**

Provinces and cities	Schools	Types of schools*
Shenzheng city of Guangdong	XiangNan elementary school of Nanshan district	Project schools

Nanjing city of Jiangsu province	No.1 experimental elementary school of Xiaozhuang academy	Project schools
	Hanzhongmen elementary school	
	Chaotiangong ethnologic elementary school	Non- project schools
	Shigulu elementary school	
Wuhan city of Hubei province	The experimental elementary school of foreign language	Project schools
	Guanghua Road elementary school	
	Wuhan elementary school	Non- project schools
	Changchunjie elementary school	
Fufeng county of Shanxi province	Xiguan Yifu elementary school	Project schools
	Fufeng senior high school	
	The Chengguan center elementary school in north street	Non- project schools
	The Chengguan secondary school	
Beijing city	Xicheng experimental secondary school	Project schools
	No.109 secondary school of Chongwen district	
	No.27 secondary school in Dongcheng district	
	No.165 secondary school in Dongcheng district	Non- project schools
	Niulanshan No.1 junior high school, Shunyi district	

\*Note: The project schools are the schools that carry out peer education project of “Red Ribbon Youth Action”.

The non-project schools should try to be the schools without fund coming from any other HIV/AIDS program from other organization.

#### 4. The members of the project

##### 3.1 Investigation of the locale

- Yinghua Ma, Institute of Child and Adolescent Health, Peking University, professor
- Chao Wang, Institute of Child and Adolescent Health, Peking University, graduate student
- Suqin Ding, Institute of Child and Adolescent Health, Peking University, graduate student
- Ying Wang, Institute of Child and Adolescent Health, Peking University, docent
- Hong Ji, Institute of Child and Adolescent Health, Peking University, docent

##### 3.2 Entry and analysis of the data

- Haihong He, Department of Maternal and Child Health, Peking University, graduate student
- Dandan Li, Department of Maternal and Child Health, Peking University, graduate student
- Yinghui Luo, Department of Toxicology, Peking University, graduate student
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##### 3.3 Translations

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- Wenyuan Zhou, Department of Epidemiology, Peking University, graduate student
- Yinghui Luo, Department of Toxicology, Peking University, graduate student
- Da Yu, Department of Epidemiology, Peking University, graduate student

## **Section 2: Results of the evaluation**

### **1. Effectiveness of peer educator training, including training material, training methods and training pattern**

We investigated 6 organizers from 5 provinces and cities, 1 trainer of peer training in Beijing and 38 peer educators. A questionnaire survey was conducted among 22 peer educators, among which, 11 boys and 11 girls; 7 elementary school students, 3 middle school students and 12 high school students; 7 from Shanxi, 11 from Beijing, 4 from Wuhan. The detail results of questionnaires survey was attached in **part report 4**.

#### **1.1 The whole picture to the peer training effect**

The peer educators showed that they had good impression to the whole training effect. They thought through the “peer education”, they knew more and went deep into “peer education”. It mainly included: the definition of peer education, peer education had strengthened the health and development of the adolescents, how to carry out the activity more meaning. Through the peer education, the peer educators knew more and went deep into the knowledge about AIDS. It mainly included: the prevalent current of AIDS in China, basic knowledge about AIDS, caring for the children affected by AIDS and etc.

The teachers of peer education of Beijing expressed: from the feedback of the training scene, peer education in Beijing had obtained the expectable objective. After training, most peer educators could have lectures in the individual mode according to their understanding of the knowledge. Most peer educators of other provinces and cities expressed that the expectable objective had been obtained, but some individual students said the training did not obtain the objective. For example, they didn't go deep into the knowledge about AIDS and peer education, and can not help the students who had questions, and were not sure about some details.

#### **1.2 training material, content and methods**

The training handbook of peer educators (draft) had come out before the end of 2005 and the training in Beijing had been carried out according to the handbook. The content of training handbook and training methods were fitful for the middle and elementary school students on the whole, the contents included the following 4 aspects: the basic knowledge about AIDS (pathogenesis, prevalent current and etc.), the usual methods of peer education (the means of games); the relevant contents on sexual education and life skills, the relevant contents of red silk ribbon (origin, symptom meaning, duty and etc.) The training adopts the mode of participation. And the participant can take part, so the feeling of “teaching” and “studying” was not strong. The atmosphere of the spot was mobilized, and in the game the students master the essential knowledge and skills.

The other provinces and cities didn't have uniform training handbook, so the training teachers, training content and training methods was decided by themselves.

The peer educators took up suggestions on the training content and methods: deepen the content, widen the understanding of the AIDS, adopted more forum and debate contest; the mode of teaching should be more relaxed, have more fun, and the word should not be too special;

enumerate some real cases in the Internet, understand the voice of AIDS patient much better; offer more pictures; enumerate more cases; prepare teaching aid such as some books, cards, let people know AIDS more and more; the activity should be more infected; offer more materials helpful to investigate and research; strengthen the degree of the participation of the member, strengthen the mutual mobilization between the teachers and the students.

### **1.3 Schedule of training**

Most peer educators thought the training time was too short, and some content was not explained in detail, so the students can not fully understand the relevant knowledge about AIDS; They thought we didn't consider much about how to carry out activity after going back to school; And they cannot make up plans of activity with the help of the teachers. So students suggested the training time should be prolonged to let people understand AIDS better, be familiar with the work mode and hope to have much more such training.

### **1.4 The impression to the peer educators**

The organizers of 5 provinces and cities and the teachers of peer education of Beijing express: most participants of the training project were the elites of the middle and elementary school students, and had some ability of communication and harmony, full of love, had some recognition of AIDS, basically fitted for the need of peer educators.

## 2. The favorable approach in the prevention of HIV/AIDS education in the schools.

The result of 2122 questionnaire from 5 provinces and cities including Beijing showed: the channel of obtaining knowledge about AIDS was in the following table. The table showed: in project schools the most acceptable approach was inviting experts to have lectures and consultation (41.4%), watching video and films (40.7%) and opening regular course at school (38.1%), while in non-project schools the most acceptable approach was inviting experts to have lectures and consultation (39.3%), opening regular course at school (38.4%) and Internet (37.9%). In project schools, 31.7% students selected “hope to obtain knowledge of prevention of AIDS through peer education”, and were the fourth, while in non-project schools, the proportion of the selection was only 14.1%, and was the ninth. So “Red Ribbon Youth Action” let the project school students know and accept peer education, and be the method they hope to adopt, while non-project schools didn't carry out such activity, so they didn't have much recognition and experience about peer education.

About the “regular courses”, both project school students and non-project school students thought that it was an important channel (the third and the second). This showed that all the investigated students hoped to obtain knowledge of prevention of AIDS through regular courses at school, it was their common need, and regular course was also the most effective method of helping student's mastery essential knowledge of prevention of AIDS.

**Table3. The channel favored by the students to obtain knowledge of AIDS ( % )**

Obtained channel	Project schools		Non-project schools		Total	
	Percentage	Order	Percentage	Order	Percentage	Order
Lecture	41.4	1	39.3	1	40.6	1
Video and films	40.7	2	37.4	5	39.5	2
Regular courses	38.1	3	38.4	2	38.2	3
Internet	31.7	4	37.9	3	34.0	4
Broadcast and TV	30.1	6	37.6	4	32.9	5
Peer education	31.7	4	14.1	9	25.2	6
Books and newspaper	23.7	7	27.7	6	25.2	7
Visitation and exhibition	21.9	8	24.5	7	22.8	8
Parental education	19.4	9	24.3	8	21.2	9
Hot line consultation	6.1	11	9.5	10	7.3	10
Self study	6.4	10	7.1	11	6.6	11

### **3. The major questions and difficulties that peer educators met with during the process of peer educational activity**

We carried out the questionnaire and interview in 22 peer educators (11 boys and 11 girls). And we read 112 requisitions of one-star-peer educators (39 girls and 23 boys); the major result was as following:

#### **3.1 People lack good understanding of HIV/AIDS**

- ✧ *Some people did not realize that: besides the path of sex, mother-to-child and blood, there was still other way to transmit AIDS. So some people didn't approve our work, even hamper our work, it puzzled us and we must try our best to persuade them.*
- ✧ *People still had the opinion: the AIDS patients were few, and people around had not been infected, and we would not infect.*
- ✧ *Some people had an ambiguity understanding of AIDS and reject to the relevant education.*
- ✧ *Some people's knowledge was too old and they couldn't understand AIDS, consider themselves healthy, and so no use knowing AIDS, while some people cooperation well with our work.*
- ✧ *Some people's knowledge was too old and couldn't understand the AIDS, and they consider themselves healthy, and will never infect such disease.*
- ✧ *Many people didn't have strong consciousness on AIDS, considered themselves far away apart from AIDS and did not need to understand relevant knowledge.*
- ✧ *People still had such opinion – “ AIDS patients were few, we would not be infected” . AIDS patients felt pained and despaired, and we felt sad.*

#### **3.2 People around didn't understand our work**

- ✧ *We were not understood by people*
- ✧ *Some people didn't understand our work and AIDS*
- ✧ *Most people didn't understand us, laughed at us, they believed it had no relation to them and we felt depressed.*
- ✧ *Many people didn't think much of the activity and considered themselves far away from AIDS.*
- ✧ *People didn't understand our action, and considered we were transmitting AIDS, and some people thought we were disturbing the social stabilization.*
- ✧ *Suffering from offence, and the friendship between my classmates and me was almost broken.*
- ✧ *Many people had no consciousness and laughed at AIDS patients, we felt sad*
- ✧ *People around didn't understand and wasn't hospitable to AIDS patients.*
- ✧ *Some people didn't understand and scorn at us, considered AIDS far away from them; some people threw away the propaganda sheet.*
- ✧ *Relatives and friends didn't understand me, and I did not have enough experience*
- ✧ *As a peer educator, the families didn't understand and support*
- ✧ *Suffering from rejection and scolding from people who didn't understand AIDS*
- ✧ *Misunderstood and looked down by people and I cannot work with people's support*
- ✧ *Many people didn't understand, friends and classmates were far away, but I believed: my work could affect every one, and they would participate in the activity.*

### **3.3 Discrimination to HIV/AIDS patients**

- ✧ *Some people didn't understand AIDS patients' life, didn't approach them actively, and didn't encourage them; some people even rejected to AIDS patients in daily life.*
- ✧ *Many people didn't accept AIDS patients and didn't give a hand to AIDS patients*
- ✧ *People around kept away themselves from AIDS patients, and would not give a hand to AIDS patients*
- ✧ *People discriminated, didn't understand and say some oppressive words.*
- ✧ *Many people in such society didn't understand, would not give a hand to AIDS patients, and refuse to live with them.*

### **3.4 Lack work methods and skills in the project**

- ✧ *Be shy on answering such question as sexually transmitted disease.*
- ✧ *Because of high pressure of study and limited time in high school, students didn't have enthusiasm; so we needed more way and patience.*
- ✧ *Lack effective way, and sometimes we can't express us well, so the students cannot understand, and some students worried about it will waste much time.*
- ✧ *Many students didn't have such consciousness; they believed " AIDS is not far away from us" .*
- ✧ *Too few materials*
- ✧ *It was difficult to organize the activity and couldn't understand some questions and it was difficult to handle with.*
- ✧ *Parents didn't support the activity and consider study most important, such activity would affect study.*

### **3.5 The reasons for boys and girls to become into peer educators**

- ✧ *The reasons for girls to become into peer educators: understand more relevant knowledge about AIDS, and let people know more about on AIDS, summon more people to care for AIDS patients, cherish and help them.*
- ✧ *The reasons for boys to become into peer educators: contribute to the society and let more people understand AIDS, let people care and cherish AIDS patients so to let the patients build up the life confidence and make life better, thus to let the healthy people far away from AIDS, improve their ability and contribute to society, strengthen the consciousness of the citizen.*

### **3.6 Joys and sorrows of male and female peer-educators meeting with**

- ✧ *Girls: misunderstanding of people around, no support, far away from classmates and friends. People lack relevant knowledge of AIDS; their consciousness of the harm of AIDS is not strong. They thought they were healthy and didn't need to learn relevant knowledge.*
- ✧ *Boys: people didn't understand AIDS patients and refused to accept them. We were refused, not understood, people around are inhospitable, and people's conception was too old. They considered AIDS far away from them, and we lacked experience. We were happy that we experienced the duty that citizens must fulfill, and believed that we can do the things well. We experience the enjoyment in practice when we were growing up.*

**The result above showed: as a peer educator, children brought out the difficulty that they encountered in the process of work, but more children were proud of the achievements and proud of being as a peer educator.**

#### **4. Impact of the project upon students on AIDS knowledge, attitude and behavior**

In this evaluation, we collected 2122 questionnaires from 5 provinces and cities including Beijing, and it can represent the whole condition of “Red Ribbon Youth Action” , the detailed result was in **part report 2**. Here we report it briefly.

##### **4.1 The project of “Red Ribbon Youth Action” improved students’ knowledge and attitude of prevention of AIDS**

The investigation showed: on the aspect of knowledge mastered and relevant questions about AIDS positive attitude, the program students were relatively better than the non-program students. For example, 68.1% project school students considered AIDS as an important healthy problem for our country and city, while in non-project schools; only 50.2% students had the opinion. To the questions of the main transmission route of AIDS and non-transmission route, the right means of prevention of AIDS, indicators of UNGASS (United Nations General Assembly Special Session on HIV/AIDS) and etc. the proportion of project school students was higher than that of non-project school students in making right answer. And the difference was significant. In the attitude, the program students were more against discrimination and caring for than non-project school students, and took relatively active part in the relevant activity of prevention of AIDS.

As a whole, peer education project of “Red Ribbon Youth Action” on HIV/AIDS prevention had improved knowledge of prevention of AIDS and attitude of program students. Through the form of peer education to propagandize knowledge of prevention of AIDS, the students’ positivity of prevention of AIDS had been improved, at the same time, it cultivated students’ discrimination against and caring attitude and the effect was good.

##### **4.2 The activity of ‘Red Ribbon Youth Action’ promoted the communication between students and parents, friends and schoolmates**

Among the students investigated, fifty one percent students in project schools had discussed with parents about the topic of AIDS and AIDS virus infection, thirty one point seven percent students in non-project schools had discussed with parents about the topic of AIDS and AIDS virus infection, sixty one point three percent students in project schools had discussed with friends about the topic of AIDS and AIDS virus infection, while thirty eight point six percent students in non-project schools had discussed with friends about the topic of AIDS and AIDS virus infection. Whatever discussing with parents or friends, students who had participated in the project of “Red Ribbon Youth Action” have a higher proportion than that of the comparative group students. The project of “Red Ribbon Youth Action” promoted the communication between students and parents, friends and classmates. And through the trained students’ passing knowledge to their parents, friends and the crowds around, it took up the effect of radiation.

##### **4.3 The project of “Red Ribbon Youth Action” should help to improve the students’ refusal skills**

The investigation showed, during the process of participating in the project of “Red Ribbon Youth Action”, student’s **refusal skills** did not improve evidently, and they had deficiency in it. It also reminded the organizer that during the training of peer education, it should not only improve the

knowledge, change attitude, but also pay much attention to the training methods, adopt the methods of Students Centered and Problem Centered, improve communication between teachers and students. On the base of knowledge mastering and attitude changing, we should help them improve the ability of life skills like critical and creative thinking, problems solving and decision making. These skills can help them preventing from HIV/AIDS infection.

#### **4.4 The project of “Red Ribbon Youth Action” reflected the real educational requirements of students.**

In the investigation, we found that the project schools were more colorful than non-project schools in the educational activity of prevention of AIDS. At the same time, there was difference in requirement between the project schools and non-project schools. 31.7% of the project schools hoped to learn knowledge of prevention of AIDS through peer education, while in the non-project schools, the proportion was 14.1%. This showed, the attitude of project school students was supportive to utilize peer education to prevent AIDS, and they took active attitude in carrying out peer education, and also they took active attitude in carrying out activities of peer education.

#### **4.5 The project of “Red Ribbon Youth Action” on HIV/AIDS prevention needed to be put up on the base of regular course.**

The investigation showed: the project school students were better than non-program students in the HIV/AIDS knowledge, attitude, but their behavior and skills needed to be improved. At the same time, the students showed that they wished to learn knowledge of prevention of AIDS through lecture (41.4%), video and films (40.7%), and regular course (38.1%). All this showed: though the project of “Red Ribbon Youth Action” can take active part in the prevention of AIDS in the students, it needed to be supported by the regular course of the schools. If the schools carried out regular course, students had available channel of obtaining knowledge, only this can promote the project of “Red Ribbon Youth Action” to continue to be carried out.

## 5. Impact the project upon parents on HIV/AIDS knowledge, attitude and behavior

The external evaluation also included the questionnaires of the parents, and there were altogether 670 questionnaire from parents, in it, 312 (46.6%) come from project schools, and 358 ( 53.4% ) come from non-project schools. And the parents come from 5 provinces, including Shenzheng, Nanjing, Wuhan, Shanxi, and Beijing.

### 5.1 The comments of the project school parents in the questionnaire survey

Some parents made remarks in the questionnaires, this showed the project of peer education of “Red Ribbon Youth Action” on HIV/AIDS prevention got the support of the parents; the following were some comments of the parents.

Mei Wu, from Wuhan, his parent remarked in the questionnaire: “It was essential to educate them preventive knowledge and attitude of AIDS when they were young, thanks for the hard work of the schools, and we hoped you can strengthen the visitation and lectures of other health education.”

Another parent remarked: “ It was essential for the schools to carry out prevention of disease, propagandize healthy knowledge, and the parents had the duty of cooperation. But I thought at the time of carrying out such educational activity, the schools should accord with the character of grow ing step, step by step and reasonably , not entirely carry out without differentiating. ”

Fang Dai, from Wuhan, his parent says: “I thought it was essential for the students to accept the regular course of AIDS, we had to face the question even if they were very young. It was essential to know how to prevent, self-respect and self-love.”

### 5.2 The result of qualitative part of the questionnaire

The detailed result was in **part report 3** . Here we report it briefly.

◇ To some extent, project of ‘Red Ribbon Youth Action’ improved the level of relevant knowledge of the parents.

The investigation showed: the project schools were higher than non-project schools in the proportion of making right answer of the basic knowledge of AIDS, specially the proportion of making right answer of all the 7 questions, it was 29.9% for the project schools, and 22.4% for the non-project schools, and the difference was significant; About the understanding of 5 indicators of UNGASS, it was 33.2% for project schools and 25.8% for non -project schools, and the difference was significant. This showed: to some extent, project of “Red Ribbon Youth Action” improved the level of relevant knowledge of the parents.

◇ Ripple effect to the families and communities of the project of ‘Red Ribbon Youth Action’ had not been embodied.

The investigation showed, there was not significant difference between project school parents and non-project school parents in the relevant topic of AIDS between children and parents.

On some issues of attitudes, parents' attitude had no relation to the belonging of the school or gender of children, for example, there was no significant statistic difference between the project schools and the non-project schools in the attitude toward the AIDS, AIDS patients and caring for the children affected by AIDS. Also, there was no significant difference in the attitude whether parents were supporting children to accept the AIDS-prevention education and to become a peer educator. So, up to now, Ripple effect to the families and communities of the project of "Red Ribbon Youth Action" had not been embodied.

◇ Project of "Red Ribbon Youth Action" had not been widely accepted by parents.

When asked "which educational mode is the favorite way accepted by parents", regular course opened by school accounts for 61.5%, while peer education accounted for 16.1%, left behind that of parents education (32.9%), is the no.8. This showed, regular course opened by school was parents hoped most, after all, the regular course can help students master all-sided knowledge. While on the other hand, though shown in the investigation, students especially from project schools liked the form of peer education, the parents didn't agree with, perhaps because they didn't know much about the form and content of the peer education. The fact has shown, the form and content of peer education was helpful for the students to master knowledge, it needed the parents and students to communicate, and let parents know the active part of the peer education project of "Red Ribbon Youth Action", and then the parents would agree with and accept.

### 5.3 The result of quantitative part of the investigation

About the attitude toward the questions "whether agree with the children to accept education of AIDS" and "whether agree with the children to take part in the activity of the peer education", we made up some open questions, the questions were summarized as follows:

◇ Whether agree with the children to accept education of AIDS?

**The reason of agreeing with students to accept education of prevention of AIDS:**

"Study and solve puzzles, and people who know nothing are brave, and understanding knowledge will help them grow and healthy"

"Schools should carry out education of AIDS to the children. Let the children know the seriousness of the result of AIDS. Preventing must be before happening. " Let the children know AIDS, this can help them prevent and care for AIDS patients. This would be helpful to the individuals and the families."

"Improve the recognition of AIDS, strengthen the consciousness of prevention. Let the children know how to defend them. More understanding can defend oneself better"

"Recognize right of AIDS, prevent and teach scientifically."

"Such knowledge would be helpful for the children, and the school should put up with such lessons."

"Understanding relevant knowledge is the basic method to prevent AIDS, and is the fundamentality of getting well along with AIDS patient."

The reasons of **not liking children to accept the education of prevention of AIDS:**

**“The children are too young, and such education should be carried out in the children more than 10 years of age”  
(suggest peer education put up in grade 5 or grade 6.)**

- ✧ Whether agreeing with your children to take part in the commonweal propaganda activity of prevention of AIDS?

**The reasons of willing:**

“It is helpful for the people and individuals and society. More commonweal activity can serve others and also can improve their knowledge. And let more people know the harm of AIDS.”

“As long as the children’s willing, let him know it himself. Helping others can help children have love heart”

“Agree with completely. He should study relevant knowledge,” and take part in many activities of love heart. Love others, love the world, cultivate his ability of commonweal activity, and let him have nice quality. Help her have love heart for the society, and this is helpful for her body and mind.”

“Mobilize the whole society to serve the human’s health, popularize education of health, this is not only the things of the government, the schools organizing children to take part is helpful for the society.”

“I wish my child be a fine, with love heart person. And she herself is willing to take part in the commonweal activity.”

“Strengthening the recognition of harm of AIDS, strengthen the consciousness of keeping away and self-defending. In addition, cultivate children’s good habit of health.”

● **What is called, the reasons:**

*“The study of the children is intense, and whether taking part in is decided by whether the schools organize” “We should not propagandize the things too much in the children”*

*“If it does not impact the study, he should take part in some commonweal activity”*

● **Don't like, the reasons**

*“The children don't know much about AIDS, it is the duty of the experts to propagandize through the media” “Don't like .It is the duty of the adults. Transmitting is a complex social question, and the children don't understand it at all.”*

- ✧ If the children were chosen as the peer educators of the prevention of AIDS, and to propagandize relevant knowledge in the school and community, what was your attitude?

**Support, the reasons:**

*“Society is mutual society. Let more people know AIDS, and contribute to AIDS prevention.”*

*“It is helpful for the children's growth, and helpful to improve his social ability. And the peer children should know prevention of AIDS.”*

*“I am proud, because he knows how to prevent AIDS, and can make corresponding propaganda.”*

*“Culture his comprehensive ability, and culture his communicating ability.”*

*“AIDS is a serious healthy problems in our country, let everyone act up, and defend our nation, educate them when they are young.”*

*“Educate others, and improve them.”*

*“If it does not affect the study, he should do more commonweal things.”*

*“It is a good thing for human health, but we worry about it will affect study.”*

**Don't support, the reasons:**

*“The children are so young, and just now know the word of “AIDS”, and the consciousness of self-defending is not strong.”*

*“Let us do the things, and the primary school students are so young, the children should concentrate on studying. They cannot self-defend well.”*

✧ AIDS was the thing of the adults, and it was too dangerous for the children.

**Don't agree with the opinion, the reasons:**

“She is one member of the society, and has countless ties with the world.”

“AIDS is the public enemy of the whole human. And the threat of AIDS to human will not divide adults and children. Not understanding AIDS is more dangerous.”

“If the virus enters into the low age people, the aftereffect of ignorance cannot be estimated.”

“The channel of the transmitting of the disease is colorful, and the children also have the chance.”

“From the transmitting path of AIDS, we can see everyone has the duty of prevention of AIDS.”

“AIDS is a danger to the human, the ignorance will be more dangerous, and the children are too young, and they lack the ability of self-defending.”

“The children should know and learn relevant knowledge, he/she possibly knows how to defend themselves, so not to infect with AIDS.”

“The children are the next generation of the country, and they have the relation of the country's future.”

“The infection doesn't distinguish ages.”

**The reasons of agreeing with the opinions:**

*“He won't meet with the crowd.”*

*“If the blood does not come from mum, and outer blood won't infect commonly”*

*“The children wont infect with the disease.”*

## **6. Exhibition of peer education project of the project schools made by “Red Ribbon Youth Action”**

Peer education project of “Red Ribbon Youth Action” began in 2003; first they carry out popularizing knowledge about AIDS in the 100 thousand children, coming from Beijing, Shanghai and HeNan. Taking advantage of CCPPG, sponsored by the <Chinese Teenagers News> and <China High School Student>, the young pressmen carry out investigation, propaganda interview and forum of “Red Ribbon Youth Action” in the above 3 cities. To 2005, the 3 provinces and cities of 2003 has spread to more than 1000 schools of 11 provinces and cities (Beijing, Shanghai, Nanjing in Jiangsu, Hangzhou in Zhejiang, Lancang in Yunnan, Baoji in Shanxi, Fufeng in Shanxi, Wuhan in Hubei, Chengdu in Sichuan, Shenzhen in Guangdong). Altogether more than 3 million middle and elementary school students took part. And the program has gained great effect. And representatives from project schools of provinces and cities took part in the exhibition of “Red Ribbon Youth Action” organized by the CCPPG in 2003, 2004, 2005. The children coming from the provinces and cities exhibited their gaining and fruit through lecture, poem, picture, drama and songs and etc. The subject is surrounding “I am peer educator”. Eight children affected by AIDS, coming from Shangcai and Yuzhi county of Henan province took part in the exhibition of 2005. The details of the activity are in the appendix 7(CD-exhibition of peer education).

## **7. The excellent case study of peer educators**

### **7.1 The first batch of peer educators of Beijing “Red Ribbon Youth Action” (reporter of China Middle School News)—Chenyu Guo**

**Chenyu Guo**

**Reporter of China Middle School News**

**The first batch of peer educators of Beijing (2003)**

Graduated from: Beijing Hujialou middle school

He took part in the first peer educational activity of “Red Ribbon Youth Action” of Beijing in 2003. Then he went back to his school. Combining with his experience in the training and the interview, he launched the activity in his school (Hujialou middle school). He graduated from the high school in 2005, and entered Nanguang Academy of Communication University of China. After he entered university, he did not stop propagandizing prevention of AIDS. He organized the activity of donating, and the people who were helped were children living in Sunlight Family in Kaifeng, Henan province. They were orphans because of AIDS. In the activity, he got donation of 1723 Yuan RMB, and bought 100 pieces of gloves, 50 batches of rulers, 50 batches of pens, 50 notebooks, and 50 storybooks. Students took active part in the activity, and many students would like to take part in the activity of being against AIDS. In addition, he suggested organizing a team similar to the team of “Red Ribbon Youth Action”, because comparative with the middle school students, the undergraduate can take more effect in the propaganda.

### **7.2 Secondary batch of peer educators of Beijing “Red Ribbon Youth Action” (reporter of <Your Intimate Sister> magazine) --- Yujie Guo**

**Yujie Guo**

**Reporter of <Your Intimate Sister> magazine**

**Secondary batch of peer educators of Beijing (2004)**

November 2004, he accepted the interview of Grand Windmill of CCTV (China Central Television), there he introduced the interview in the village of AIDS and the nonprofit web of “Red Ribbon Youth Action” .

November 2004, he reported the nonprofit web of “Red Ribbon Youth Action” in <China High School Student>

January 2005, he recorded the tape of “voice of youth” exhibited on the Pan-Pacific and Asia-Pacific Minister Conference, and he took up the question of children affected by AIDS.

2004-now, he has developed more than 100 peer educators.

From 2004 to now, he has published series of report on HIV/AIDS village more than six thousands words; win the prize of “National Top 100 Little Reporters of 2005” by the article of “Chinese Little Reporter’s First Visit to AIDS Village”.

On September 2004, Yujie Guo became a member of the secondary peer educator of Beijing “Red Ribbon Youth Action” . After the education, he felt deeply and brought forward the idea of propagandizing the knowledge of prevention of AIDS better and effectively through the advantage of the Internet. With the help of the teachers, he set up the nonprofit web of “Red Ribbon Youth Action” to introduce the peer education activity, knowledge of prevention of AIDS, and the memorable experience that he visited the AIDS Village. Though the pressure and the difficulty of building up the web and maintaining the web were huge, he never gave up efforts.

December 1, 2004, Yujie Guo introduced peer education to the classroom, with the great help of the leaders of the school; he had lectures to 60 classes of students in the multimedia classroom. Then, organized by the school, all the students carried out the activity of donating to the AIDS Village. In the end, more than three thousands batches of stationery and two thousands pieces of clothes were successfully mailed to the league member committee in ZhuMaDian city of Henan province. Then the committee distributed them to sixteen primary and high schools affected by AIDS. In February 2005, he had lecture of peer education to the students twice, and the time is two courses. One for two hundred students in grade 1, the other is for the teachers.

**In his summary, Yujie Guo wrote “I gained more than I paid for on the prevention of AIDS, with the help of peers, I am also helping myself, they brought me so much affection, and their simple moved me much deeply.”**

## **8. The effect program got**

### **8.1 The peer educators report children in the eye of children, and affect children in the opinion of children.**

The peer educators of all around entered AIDS village many times, and communicate with the AIDS orphans in the way of "hand in hand". They carry out many interviews, and write many news reports. The relative articles are published in the <Chinese Teenagers News>, <China High School Student >, <Your Intimate Sister> and the Internet and etc. Through the passing warm activity of "Red Ribbon Youth Action", the children involved in know and help the children affected by AIDS. More social people know their living conditions, and to some extent this helps to wipe off the estrangement of the children's attitude.

### **8.2 The influence of peer education project of "Red Ribbon Youth Action" on HIV/AIDS prevention in Wuhan**

Peer education project of "Red Ribbon Youth Action" on HIV/AIDS prevention in Wuhan City has big influence in Wuhan Sanzhen. Combining with the actual conditions of the school, all the project schools did a good job. Through Internet and news, some non-project schools knew the peer education project the "Red Ribbon Youth Action" on HIV/AIDS prevention in Wuhan city, and they implemented the activities in their schools initiatively. Although students in non-project schools did not take part in the training organized by the League Member of City Committee, they looked for the materials initiatively and trained the students. As long as the form of activity is good, the response of the school is active. Peer education project of "Red Ribbon Youth Action" on HIV/AIDS prevention in Wuhan City had good influence, aroused the enthusiasm of the schools, and deepened into every school.

## **9. Implementation results in 5 investigated regions from 2003 to 2005**

### **9.1 Shenzheng, Guangdong province**

#### **The actual implementation:**

In Shenzheng city of Guangdong province, only Nanshan elementary school carried out the peer education project of “Red Ribbon Youth Action” in 2003. Considering that the difficulty of mastering knowledge of low-grade students, we carried out our project mainly in grade 2 to grade 6. With the help of pioneers leading along, we organized the teachers in charge of the classes to teach them the content of peer education and knowledge about HIV/AIDS. In addition, the pioneers organized the corresponding activities such as: watching video, sodality with some children affected by HIV/AIDS in Henan per year, donating money, donating clothes and etc. Help them master the basic knowledge about HIV/AIDS prevention, change attitude of “HIV/AIDS is far away from us” and not to discriminate infectors and patients.

#### **Characters:**

- Make use of the class meeting and other out-of- class time to carry out the project
- Carry out sodality with some children affected by HIV/AIDS in Henan per year, donating money, donating clothes and etc
- The atmosphere of the program in the school is good, and more, the project got great help from the parents.
- The emphasis of carrying out peer education is not only teaching students not to discriminate infectors and patients, but more important to let them know how to self-defend.

#### **The brief evaluation:**

##### ➤ **The personnel training:**

The assistant of the pioneer obtained relevant knowledge from the Internet, without the training from experts. And the teachers in charge of the classes carried out the activities. But the teachers in charge of the class got the training from the assistant of the pioneer. Neither of them has got the guidance of the corresponding teaching content and methods of activities.

##### ➤ **The effect of the education:**

Most of the students know AIDS. They have the consciousness of “The HIV/AIDS is not far away from us” . They have some tendency not to discriminate the infectors and patients, and have the crisis of prevention of HIV/AIDS. But they lack systemic knowledge. About the question: “ whether biting of mosquito and insects, sharing with one cup can transmit HIV”, they are not very sure.

##### ➤ **The teaching materials:**

There are not uniform teaching materials. The materials come mainly from the Internet of “Red Ribbon Youth Action”. And the content of peer education is relatively scattered, lack of system. The teaching materials fit for the schools are absent. And the schools don’t have the channels to obtain relevant knowledge of carrying out the education of HIV/AIDS.

##### ➤ **Teaching contents:**

The content for each grade is similar. And they don’t carry out emphasis according to the grades. For example, the content for grade 2 and grade 3 is similar to that of grade 5 and grade 6. And they don’t emphasize contents according to different age.

## 9.2 Nanjing , Jiangsu province

### **The actual implementation:**

The “Red Ribbon Youth Action” in Nanjing city of Jiangsu province was carried out by the Students and Adolescents Department of League Member of City Committee. Since 2003, it has been carried out mainly in elementary schools. Every year, between May-July, two students and one assistant of the pioneer from one school are trained by two voluntary undergraduates. The activity is organized by the league member of city committee. They download the relevant teaching materials from the Internet of “Red Ribbon Youth Action” , and then prepare the lessons according to the actual condition as a whole, and then they have lectures. Normally, the training time is half a day.

Each peer educators would pass the knowledge about HIV/AIDS to the others in a form of card “Red Ribbon Youth Action” after they come back school. In each school, the activity is mainly carried out among grade 3 to grade 6, and the teaching content of each grade is basically the same.

### **Characters:**

- Use the voluntary undergrads to train the students, their age is close to the students’ age, so the operation and acceptance of the education is relatively nice.
- The form of card of “Red Ribbon Youth Action” to pass knowledge of HIV/AIDS prevention is good, but the knowledge is relatively simple and not comprehensive.
- Encourage and organize the students to propagandize in the community, and the people there like this very much.

### **Brief evaluation:**

#### ➤ **The personnel training:**

League member of Nanjing city committee organize the assistants of elementary school and students, then train them uniformly, the trainers are voluntary undergrads. After the peer educators come back school, they make cards of “Red Ribbon Youth Action” , and write some knowledge about HIV/AIDS, then pass the cards to the students around, if students can make right answer, they can sign their name in the cards, and keep the cards. They are the secondary peer educators, and continue to pass the knowledge to the students around. The form is acceptable, but the knowledge in the cards is relatively simple and not comprehensive.

#### ➤ **Effect of education:**

Most of the students can make right cognition of AIDS, and have the cognition of “AIDS is not far away from us” . They have the crisis of prevention of AIDS, but they lack systemic knowledge, such as biting of insects and mosquito and sharing with one cup. And the critical ability of understanding daily non -transmission route is not strong.

#### ➤ **Teaching materials:**

They lack uniform teaching materials of peer education, and the content is relatively scattered and not systemic. The teaching materials fit for the schools are absent. And the schools don’t have channels to obtain the relevant knowledge of carrying out such education.

#### ➤ **Teaching contents:**

The activity is mainly carried through among grade 3 to grade 6. The content of each grade is similar. And they don’t carry out emphasis according to the grades. For example, the content for grade 2 and grade 3 is similar to that of grade 5 and grade 6. And they don’t emphasize contents according to different age. Relevant teachers think some teaching materials are not fit for the

elementary school.

### **9.3 Wuhan, Hubei province**

#### **The actual implementation:**

The “Red Ribbon Youth Action” in Nanjing city of Jiangsu province was carried out by the Students and Adolescents Department of League Member of City Committee. Since 2003, it has been carried out mainly in elementary schools. They train the assistant of pioneer of each school and 5 students, and organize activities. The League Member of City Committees invites the experts from CDC of Wuhan to have lectures. After the peer educators come back school, they carry out activities fit for the peer education, according to the character of school and the actual conditions. Then they develop more secondary peer educators.

#### **Characters:**

- The League Member of City Committee carries out uniform systemic training.
- There is much advantage of carrying out peer education in the elementary schools, and the students like passing knowledge to the others.

#### **Brief evaluation:**

##### **➤ Personnel training:**

The assistant of pioneer and primary peer educators accept the training from the experts. And the training is organized by League Member of Wuhan City Committee. They invite the experts from the CDC of Wuhan. And before training, they make communication about training content and training form. They choose one school from each district, 5 students and one assistant of pioneer from each school will accept the training. The teachers prepare the teaching materials, and the content includes: basic knowledge of AIDS, pathogenesis, clinical symptom, treatment and prevention. The concept of peer education is introduced by the people from League Member of City Committee, and the training time is one and half an hour.

##### **➤ Effect of education:**

They make relatively right recognition of AIDS, and the consciousness of “AIDS is not far away from us” is strong, and they can make right judgments about the daily safe behavior. They have sympathies on the patients of AIDS, and the attitude of nondiscrimination is basically built up. They have crisis of prevention of AIDS, and pay much attention to the development of AIDS. They have the enthusiasm of passing knowledge of prevention of AIDS to the peers, and they can make critical consideration about the daily behavior, but to some questions close to daily life such as biting of insects and mosquitoes, sharing with one cup, they still feel puzzled. In addition, comparative with caring for others and not discriminating others, the consciousness of self-defending is not strong, such as helping people with nose bleeding.

##### **➤ Teaching materials:**

They lack uniform teaching materials of peer education, and the content is relatively scattered and not systemic.

The teaching materials fit for the schools are absent. And the schools don't have the channels to obtain the relevant knowledge of carrying out such education.

##### **➤ Teaching contents:**

The content of each grade is similar. And they don't carry out emphasis according to the grades. For example, the content for grade 2 and grade 3 is similar to that of grade 5 and grade 6. And they don't emphasize contents according to different age.

#### **9.4 Fufeng county, Shanxi province**

##### **The actual implementation:**

The “Red Ribbon Youth Action” in Fufeng county, Shanxi province was carried out by the League Member of County Committee in 2004. Since 2004, it has been carried out mainly in Fufeng high school and Xiguan YiFu elementary school. After carrying out the project in the two above schools successfully, they bring along other schools around. The training of peer education is organized by the League Member of County Committee and trained by a doctor from county hospital and an assistant of pioneers from XiGuan YiFu elementary school, the training time is two days. Because of the limited training material after training, most materials that students needed are downloaded from the Internet after they come back school. They carried out series of educational activities surrounding “AIDS DAY”, “Six One” and “626 Day against Drug Abuse”. Normally, it is carried out twice a year.

##### **Characters:**

- The “Red Ribbon Youth Action” activity is brought into the schools’ series of moral and social practical activities; thus the time and continuity of the project can be ensured.
- Set the Fufeng high school as the window of Fufeng County, and radiate to the surrounding regions.

##### **Brief evaluation:**

###### **➤ Personnel training:**

The training of peer educators was organized by the League Member of County Committee, a doctor from county hospital and an assistant of the pioneers from XiGuan YiFu elementary school take charge of the training of other school students and assistants of the pioneers. The training pivoted on FengFu high school and Xiguan Yifu elementary school, and the schools around also take part.

###### **➤ Effect of education:**

They make relatively right recognition about AIDS, and have the consciousness of “AIDS is not far away from us”. They have the crisis of prevention of AIDS, and have the consciousness of self-defending, but the knowledge comes mainly from the Internet and the short-term training, lack of system. The activity has great help to the students’ comprehensive ability, there were more communication among students, their oral expression was improved, their own activity was mobilized and right attitude toward HIV/AIDS was built up.

###### **➤ Teaching materials:**

Teaching materials are scarce, because the trainers reject to give the teaching materials to training educators, peer-educators’ teaching materials mainly come from the Internet after they come back school. Lacking systemic peer educational materials, peer educational contents specially fit for middle school students does not accord with the teaching guidance made by ministry of education, it is relatively scattered, lack of system. Teaching pictures and teaching materials are scarce. Teaching data fit for school activities and education is also scarce.

###### **➤ Teaching contents:**

The “Red Ribbon Youth Action” activity was only carried out in a primary and middle school in Fufeng county and only carried out in grade 5 and grade 6 in elementary school, grade 1 and grade 2 in high school. The teaching contents are similar in different grade. They do not make difference in the teaching contents according to different grades, neither to students’ age. Some teachers also

response that most teaching contents do not fit elementary school.

## **9.5 Beijing**

### **The actual implementation:**

The “Red Ribbon Youth Action” activity in Beijing City was organized by China Children’s Press and Publication Group (CCPPG). Since 2003, it has been carried out mainly in middle school. The experts from Peking University Health Science Center train the peer educators in the project; one teacher and 4 to 6 students of each school were trained once as a whole. The training time is half a day. The training adopts participant teaching mode. When peer educators from different schools return to the school, they carry out suitable peer educational activities according to the actual conditions of different school, and develop more two-star peer educators.

### **Characters:**

- The acceptance and effect of peer educational activity of middle school is better than that of elementary schools.
- The methods of “students teach, teachers consummate and answer” are feasible during the educational course of condom.

### **Brief evaluation:**

#### **➤ Personnel training:**

The teachers and primary peer educators from different schools were trained by experts. The training organized by China Children’s Press and Publication Group (CCPPG) invites experts from Peking University Health Science Center. The experts are teachers major in health education and peer education, and have experience in participant education. In each school 1 teacher and 4 to 6 students participate in the training. The training teachers prepare the teaching materials, and the content includes: basic knowledge on HIV/AIDS, pathogenesis, clinic symptom, treatment and prevention. The training lasted 2 days in 2003, 1 day in 2004, half a day in 2005. The training methods combine teaching with discussion and activity.

#### **➤ Effect of education:**

They make relatively right recognition about AIDS, and the consciousness of “AIDS is not far away from us” is strong. They could make right judgment on daily safe activities, have sympathy on the patients with AIDS, build up the nondiscriminatory attitudes, have crisis of prevention of AIDS, pay much attention to the development of AIDS, have the passion to pass the knowledge of AIDS prevention to the peers, and have the critical consideration about daily activity.

#### **➤ Teaching materials:**

Peer educational materials are being made up, and the peer educational contents are systematic. The contents include the following 3 aspects: basic knowledge of AIDS (pathogenesis, prevalence and trend and etc), usual peer educational methods (in the way of game), and relative content of Red Silk Ribbon (origin, symbol signification, duty and etc.).

#### **➤ Teaching contents:**

The project of “Red Ribbon Youth Action” was carried out in middle school, and students’ ability of accepting and cooperating was relatively strong, so the contents of each grade were basically same, and acceptable. To the question of condom, part schools didn’t explain it in detail in the class; only helped the students if they were puzzled after the class. And the children didn’t have many questions about condom. The model of “The students explain, and the teachers complement and answer questions” was feasible.

### **Section 3: Lessons learned**

Peer education project of “Red Ribbon Youth Action” on HIV/AIDS prevention is cooperated with UNICEF and League Member Center “Leading committee of propaganda and education of adolescents on AIDS” (legal of League Member Center). The central peer education is charged with Peking University Health Science Center, and peer education of program provinces and cities is charged with the local CDC and etc.

#### **1. Producing positive social influence**

Since 2003, peer education project of “Red Ribbon Youth Action” on HIV/AIDS prevention has become into an activity with social influence, has formed into the unique mode, and has special commonweal Internet of “Red Ribbon Youth Action” originated by children.

It takes advantage of “peer education”, and let children sparkplug children, and let children educate children. In 2003, CCPPG carry out an activity of popularizing knowledge about AIDS in the 100 thousand children (middle school students) coming from Beijing, Shanghai and Henan. Taking advantage of CCPPG, and initiated by <Chinese Teenagers News>, <China High School Student>, and the young reporters carry out investigation, propaganda, interview and forum of “Red Ribbon Youth Action” in the 3 provinces and cities. In part regions of the 3 program provinces and cities, we organize the local young reporters and old reporters to carry out the interviews, and report children in the eye of children, and affect children in the opinion of children.

Taking advantage of CCPPG in 2004, we expand the range of the project, and strengthen the power of project. And in 2003, the project covered 3 provinces and cities, in 2004 it has covered more than 1000 schools of 10 provinces and cities, and more than 3000 thousand middle and elementary school students took part. We carried out the questionnaires of investigation of “Red Ribbon Youth Action”, and composed the report of <the thought of the most effective educational mode and attitude>. In addition, we carried out the passing warm activity and series of activity to propagandize “Red Ribbon Youth Action” including forum, lecture, training, communication, contest. We put up 34 thousand large propaganda pictures of “Red Ribbon Youth Action”, and made out silk ribbon and badge to send out everywhere. And we choose excellent children as “seed player” of “peer education”, and we hire the teachers from the local university and CDC and other relevant organization as training teachers. Through the form of teaching, games, communicating forum and etc, the children learn the knowledge of prevention of AIDS. Then we let the children carry out “peer education” in the schools, families, and community. Still, we carry out other colorful activities such as signature, questionnaires of investigation, knowledge contest, group training, scene play, composition and propaganda pictures, poems and etc.

Peer education project of “Red Ribbon Youth Action” on HIV/AIDS prevention attempted to constitute “3 stars of training”, and obtained fine effect. The called “3 stars of training” is divided into three stars, and the first star peer educators only have to propagandize knowledge of prevention of AIDS to 10 people, and organize them to take part in the knowledge contest, and the objective is to let every person take part, and everyone propagandize knowledge of prevention of AIDS. And the second star peer educators have to take part in the local elite training of “peer educators”, and become the leader of the social peer education, and organize the training work of

the schools and relevant activities. The third star peer educators are the soul people of the “peer educators” of the area and cities, in charge of the organization and propaganda of the local peer education and in charge of the connective work of “hand in hand” of the high prevalent area. From everyone taking part to becoming into the elite power, the children continually become into the soul power of the “Red Ribbon Youth Action”, and promote the depth and width of the training. Now, a handbook of “Red Ribbon Youth Action” on HIV/AIDS prevention composed by the experts from many domains, children also joining in, is to come out. And the children can carry out peer education activities of “Red Ribbon Youth Action” on HIV/AIDS prevention through reading the handbooks.

## **2. Promote the comprehensive development of the peer educators**

Many investigated teachers and peer educators thought: peer education project of “Red Ribbon Youth Action” on HIV/AIDS prevention is a good channel of school education, and it has power, and can let the knowledge send out in short time, and the number of the referring students increases in geometric series. And it can mobilize the activity of the students. It can be summarized as---“experts leading, students helping each other”. On the one hand, it lets them master some basic knowledge of defending as soon as possible, and wipe off some wrong opinions; it is helpful to defend the invasion of the AIDS. On the other hand, the form of peer education not only exercise their ability of communication, but also helpful for the consciousness of team, and this all is necessary for their growth. In summary, introducing peer education to the propaganda of prevention of AIDS in the schools is a meaningful attempt.

The peer educators told the most important gaining in the activity: the experiences of peer educators promote their own development and improve the mutual relation and communicative skills. They say:

“The oral ability is improved, and we make many friends who are interest in AIDS. We have the common topic, and the communication expands the range of mutual communication.”

“ Strengthen my own ability. And I am more confident than before.”

“The ability of organizing is improved, and I can take it easy organizing some activities in the schools”

“ Exercise my own ability of expression. I was nervous of speaking in front of people before. ”

The most important gaining:

“ Improve my own knowledge and ability (speaking in front of many people, and teach one to one)”

“ Understand fully the knowledge, and can let the peer students understand and prevent AIDS much better.”

## Section 4: limitation and Suggestions

### 1. Limitations of the project

#### 1.1 About the training of peer educator

##### Question1-limitation of time

Lacking the health education of the prevention on the HIV/AIDS in some primary and high school, students have little storage of knowledge, so with the development of the peer education, the pressure of popularizing corresponding knowledge is relatively hard. Most peer educators complain the limitation of time. So they can't explain some content in detail, and peer educators cannot fully understand some knowledge of AIDS. They didn't fully consider how to carry out the education in the school, and they cannot work out the plan with the instruction of training teacher.

**Suggestions:** Prolong the training time, and let people fully understand HIV/AIDS, be familiar with the methods of peer education and participate in more similar training. If the training is continuous, it will be better. Assign an exercise after the training, let them carry out the activity after going back school, then in the next training, they can discuss and communicate. After series of training step by step, the system is forming, this will be better. Many times of training will exercise their team spirit and cooperation. And by communication and improvement, their ability is improved. The competition in the process is not fierce, the aim is to form the team, and make progress together, for example, training once per week, and lasting 2-3 hours once will be better.

##### Question2-Training contents and methods lack pertinence

The project involved the elementary schools, middle schools and high schools, so the pertinence of the training and educational contents cannot be guaranteed. Some medical items may be too hard for elementary school students, while some questions may be too simple for high school students.

**Suggestions:** Assign two classes for elementary and high school peer educators respectively, adjusting the training contents and methods according to different training objects, to fit for the characters of the students, especially pay attention to the teaching method, such as how to explain the sex, it should be in the way the students can understand. If necessary it could be taught by the experienced teachers from primary and middle school.

Center on the question during the training, and help the students go along with critical thought of daily behavior, resolve the puzzlement relevant to daily life, such as the question "whether biting and sharing with one cup can infect HIV etc". In addition, educate the students to strengthen the self-protective consciousness when help others, such as help nose bleeding people. Help them improve the ability of analyzing and solving questions, so as to shape into healthy custom and prevent HIV/AIDS.

##### Question3-Teaching material is not uniform, and the training quality is difficult to control

Teaching material is not uniform, and the training quality is difficult to control. Training teachers are from different domains, (some are the undergraduate from medical college, some are people from CDC, and some are hospital doctors.) During the process of training, different people emphasize different training contents; this will have uncertain effect to training effect.

**Suggestions:** The handbook of peer education of “Red Ribbon Youth Action” on HIV/AIDS prevention composed by CCPPG/UNICEF is coming out, and the training teachers can carry out systemic and uniform training with the help of the book, thus the quality of the training of peer education can be ensured. And the peer educators can carry out the activities of “peer education” more systemically with the help of the books.

## **1.2 About the activities of peer education in schools**

### **Problems 1 -Lack materials of propaganda**

Because peer educators lack uniform training materials and handbook, in the course of the project, the peer educators lack relatively uniform, systemic and suitable educational materials fit for the schools. The propaganda should be comprehensive and scientific, if only propagandize the danger of AIDS, the students will be dread with AIDS.

Suggestions: Provide the handbook of peer education of “Red Ribbon Youth Action” on HIV/AIDS prevention composed by CCPPG/UNICEF and teaching materials (teaching films, pictures and teaching books) for the project schools, and offer support for the peer education.

### **Problems 2 -The participation of the educational department is not enough. .**

CCPPG organized the activity cooperation with League Member Center “ leading committee of propaganda and education of adolescent of AIDS” (legal of League Member Center). Except for the educational department of Wuhan and Shanxi Fufeng County, most other regions lie on the league member committee and assistant of pioneers to work, without the help of the educational department.

**Suggestion:** Strengthen the cooperation with educational department, and combination with subject of prevention of AIDS of the school made by educational department, making full use of the teaching power and other recourses of prevention of AIDS of the school. And the main teacher of the peer education should be relatively fixed, thus the continuity of the project can be ensured.

### **Problems 3 -The radiation to the families is not enough**

On the one hand, we encourage “small hand in small hand” to let the activity carry out in the students, on the other hand, we wish “small hand in big hand” , let students radiate to the community and parents so as to let the activity have deep influence. And from the result of the current evaluation, the radiation of “Red Ribbon Youth Action” to the families and the community has not been embodied enough. The main representation: Parents didn't participate well and the communication between the parents and children is not enough, and the activity has not been admitted and accepted by the parents.

**Suggestions:** The school leaders and teachers take part in the mobilization of the parents, and

communicate with parents, tell them prevention of AIDS is similar to traffic and sudden harm, and explain the reasons, and the parents would understand. In addition, the schools should encourage the students to propagandize in the community.

## **2. Suggestions for the project**

We wish the project of “Red Ribbon Youth Action” can continue to be carried out, and continue to expand the range, it should put emphasis on the villages and far away regions. The content should emphasize on the propagandizing methods of prevention of AIDS. Make use of winter and summer vacation to carry out activities in non-project schools, and help to train peer educators. The detailed suggestions are as follows:

**2.1** Communicate with educational department, and combine the activity with the activity of middle and elementary school prescribed by the ministry of education, so to let it have system, and agility and infection. The project of “Red Ribbon Youth Action” should be supported by the regular courses of the school. If the school carries out regular courses of AIDS, the students have the available channels of acquainting knowledge, and the activity of “Red Ribbon Youth Action” can be carried out continually.

**2.2** Make use of <outline of HIV/AIDS education among primary and secondary school > made by the ministry of education (MOE) and materials of propaganda and teaching (such as pictures, teaching films, media and teaching books), and send out the relevant materials to the project schools, and provide full support for the project schools to carry out activities.

**2.3** In the training of the peer educators, each school should ensure the participation of relevant teachers, thus can ensure the teachers to guide the work of the peer education in the school after they come back school, and can be in charge independently or assist the healthy teachers (or doctors of the school) to put into effect of the educational content set by the ministry of education and the local department of education thus can ensure the science, antilogy and continuity of the education.

**2.4** Study the teaching content, teaching method and teaching principle for the high-grade students of the elementary school, and we should master the “degree” of propaganda. Because the elementary schools didn't have the guideline of the ministry of education, the high grade can refer to the teaching materials of middle school, but for the grade lower than 4, we should combine with the fact, step by step, and have emphasis. We can have different important content for different grade, and adjust according to different regions. And the education for lower grade should be colorful. But we should put emphasis on the self-defending ability.

**2.5** Let the peer educators of all around have the uniform national teaching materials. And build up a team of experts (including the students), and let them guide the training and activity of the schools. The teams of experts should embody the working mechanism and principles of mutual cooperation, should include experts from health, education and League Member Center and etc.

**2.6** After different graded peer educators accept the training, when they carry out activities, the form should be emphasized. According to the students' age, the elementary school should emphasize on mutual communication, middle school should emphasize on organizing the class activities, and the high school should emphasize on the lectures and large activities.

# Report 1: Results of the students' questionnaire survey

## 1. Basic information

### 1.1 The number and distribution of the students who participated in our study

In our external evaluation, 2122 questionnaires for students were collected, which were from 18 schools in five cities or provinces, including Beijing, Nanjing, Shenzhen, Wuhan and Shanxi Province. 1007 of them were from 9 project schools, and 1115 of them were from the non-project schools. The following table (Table 1) showed the distribution of the adolescents being investigated from the five provinces.

**Table1. The distribution of the adolescents being investigated in five provinces**

City /Province	The number of adolescents		
	project schools	non-project schools	Total
Shenzhen/GuangDong	172	---	172
NanJing/JiangSu	206	176	382
Wuhan/HuBei	187	194	381
Fufeng/Shanxi	256	218	474
Beijing	186	527	713
<b>Total</b>	1007	1115	2122

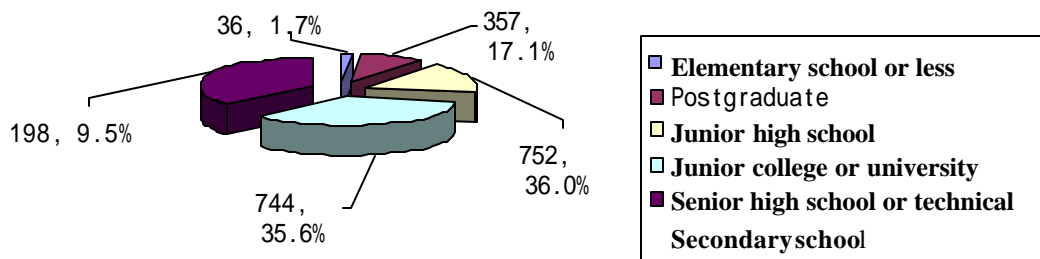
### 1.2 Age, schooling and gender distribution

Among the adolescents we investigated, there were 1082 adolescents aged below 12, which accounted for 51.4 percent, 702 adolescents (33.4%) aged between 13 to 15, 320 adolescents (15.2%) aged 16 or above. 1334 (62.9%) students were from Elementary school, 574 (27.1%) were from junior high school, and 214 (10.0%) were from senior high school. About half of the adolescents (n=1080, 51.1%) were boys, the others (n=1034, 48.9%) were girls. 37.2 percent of the adolescents we investigated had been trained during the Peer education project. In project schools, the percent was 57.7.

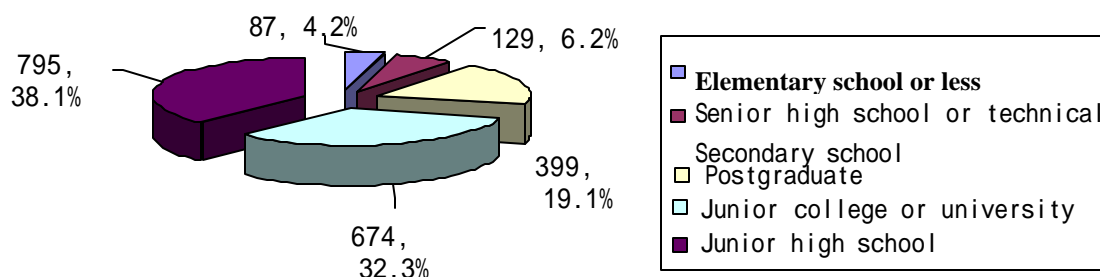
### 1.3 Schooling of the adolescents' parents

The schooling of the adolescents' parents is shown in Graph1 and Graph2.

Graph 1. The schooling of the adolescents' father



Graph 2. The schooling of the adolescents' mother



## 2. Main Results

### 2.1 General knowledge of AIDS

Among the 2122 investigated adolescents, 87.7 percent of them had heard of AIDS for “more than one year”, 11.8 percent of them had heard of AIDS in “the recent one year”; 54.0 percent of them thought “AIDS is very close to us”, 4.3 percent of them thought “AIDS is very far away from us”, 41.7 percent of them had no idea about how far AIDS was from them. 82.1 percent of them thought there was no national boundaries during HIV transmission, but 7.7 percent of them didn't agree with the viewpoint, as well as 10.1 percent of them had no idea about the question.

58.7 percent of the adolescents thought AIDS as “the main health problem in our country or city”, 27.7 percent of them thought reversely, 13.6 percent of them had no viewpoints over the question; 48.6 percent of them thought “Most of my peers have enough knowledge about AIDS”, 32.0 percent of them thought reversely, and 19.5 percent of them hadn't thought about the question; 40.1 percent of them thought they know little about “the threats of AIDS”. 52.8 percent thought they had enough understanding about the threats of AIDS, 6.9 percent hadn't thought about the question.

Statistics analyses on General knowledge of AIDS between project and non-project schools were shown in table 2.

**Table 2. General knowledge of AIDS between project and non-project schools ( % )**

Relative question	Project schools			Non-project schools		
	Yes	No	Don't know	Yes	No	Don't know
HIV is not the main health problem in our country or city **	214 ( 21.6% )	674 ( 68.1% )	101 ( 10.2% )	364 ( 33.1% )	552 ( 50.2% )	183 ( 16.7% )
Most of my peers have enough information about HIV **	552 ( 55.6% )	317 ( 31.9% )	124 ( 12.5% )	468 ( 42.3% )	354 ( 32.0% )	285 ( 25.7% )
I am rarely on to the harm HIV act on us **	355 ( 36.0% )	586 ( 59.4% )	46 ( 4.7% )	484 ( 43.8% )	519 ( 47.0% )	101 ( 9.1% )

Note : \*\* P<0.01.

From Table 2, 68.1 percent of the adolescents in project schools thought, “AIDS is the main health problem in our country or city”, 54.9 percent of them thought they had enough information about the threats of AIDS. But the percentage over the two questions in non-project schools was only

50.2% and 47.0% respectively. The results were significantly different ( $p < 0.01$ ). It is reflected that the adolescents in project schools have more General knowledge on AIDS, such as the threats of AIDS, than the adolescents in non-project schools.

**Table 3. General knowledge of AIDS between boys and girls ( % )**

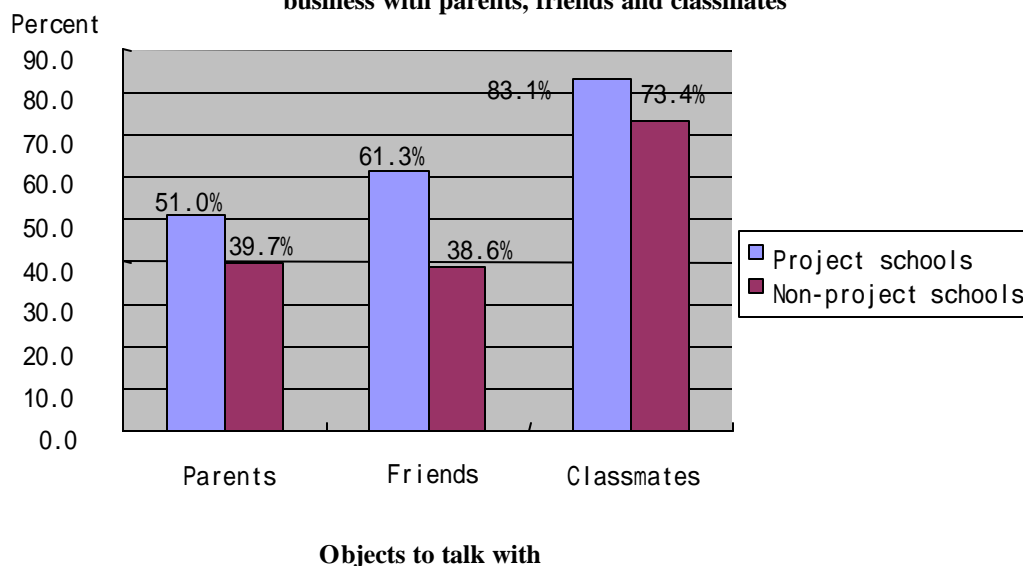
Relative question	Boys			Girls		
	Yes	No	Don't know	Yes	No	Don't know
HIV is not the main health problem in our country or city	305 ( 28.8% )	595 ( 56.2% )	158 ( 14.9% )	271 ( 26.5% )	626 ( 61.2% )	126 ( 12.3% )
Most of my peers have enough information about HIV	511 ( 48.0% )	338 ( 31.7% )	216 ( 20.3% )	505 ( 49.1% )	331 ( 32.2% )	192 ( 18.7% )
I am rarely on to the harm HIV act on us	416 ( 39.3% )	560 ( 52.9% )	83 ( 7.8% )	422 ( 41.2% )	540 ( 52.7% )	63 ( 6.1% )

Table 3 showed that there was no significant difference between boys and girls on the general knowledge of AIDS.

### 2.2 Communication with parents, friends and classmates

Among the 2122 investigated adolescents , 45.0 percent of them had talked about AIDS or the infection of HIV with their parents or other adults in family. 30.3 percent hadn't, and 24.6 percent wanted to talk about but didn't know how to start. 49.3 percent had talked about AIDS and related business with their friends, 35.5 percent hadn't, 15.2 percent wanted to talk about but didn't know how to start. 15.7 percent of the adolescents often talked about AIDS and related business with their classmates, most of them, 79.5 percent talked about AIDS and related business once in a while. There were also 20.5 percent of them had never talked about this topic. The proportions of the talks with parents, classmates between project and non-project schools are shown in Graph 3.

**Graph3. The percentage in different schools talking about HIV and related business with parents, friends and classmates**



It was shown the proportions that the adolescents talked with parents, friends or classmates, the percentage of project schools were higher than non-project schools in graph3. There were significant difference between the project and non-project schools (  $p < 0.01$  ). It indicates that the “Red Ribbon Youth Action” activity promoted the communication among adolescents, their parents, friends and classmates about AIDS and related business.

**Table 4. Communication with parents, friends and classmates between boys and girls ( % )**

Objects to talk	Boys	Girls	Total
Parents or other elderships in the family **	434 ( 40.8% )	511 ( 49.7% )	945 ( 45.0% )
Friends	514 ( 48.2% )	519 ( 50.6% )	1033 ( 49.3% )
Classmates	637 ( 78.1% )	607 ( 80.9% )	1244 ( 79.5% )

Note : \*\* $P < 0.01$ .

Table 4 showed that : There were significant difference between boys and girls in which the proportion that they talked with their parents, friends or classmates about the AIDS. The girls' proportion was higher than the boys'. Comparing with the boys', the proportion that the girls talked with parents or other elderships was higher, which had significant difference (  $P < 0.01$  ). It indicated that girls were more communicable with adults about this related business.

## 2.3 Knowledge about AIDS

### 2.3.1 The information of correct answer to AIDS

9 questions about AIDS were designed in this investigation, including ( 1 )The abbreviation of the virus of AIDS, ( 2 )AIDS belongs to a type of infectious disease, ( 3 )the whole name of AIDS, ( 4 )A healthy -looking person can have HIV, ( 5 ) At present, we cannot prevent AIDS availablely by vaccination, ( 6 )the route of HIV transmission, ( 7 )the route of HIV non-transmission, ( 8 ) availability of the AIDS prevention, ( 9 ) we can do a blood test to diagnose a person with HIV or not. The answers to these questions among project and non-project schools are shown in Table 5.

**Table 5. The correct answers about AIDS between project and non-project schools**

No.	Questions	Project schools			Non-project schools		
		True	False	Don't know	True	False	Don't know
1.	The abbreviation of the virus of AIDS**	382 ( 39.7% )	570 ( 59.2% )	11 ( 1.1% )	57 ( 10.2% )	500 ( 77.4% )	69 ( 12.4% )
2.	AIDS belongs to a type of infectious disease*	933 ( 96.2% )	37 ( 3.1% )	7 ( 0.7% )	1034 ( 94.0% )	39 ( 3.5% )	27 ( 2.5% )
3.	The whole name of AIDS**	792 ( 83.7% )	98 ( 10.4% )	59 ( 5.9% )	309 ( 56.7% )	92 ( 16.9% )	144 ( 26.4% )
4.	A healthy -looking person can have HIV**	863 ( 86.6% )	70 ( 7.0% )	63 ( 6.3% )	819 ( 74.0% )	89 ( 8.0% )	199 ( 18.0% )
5.	At present, we can not prevent AIDS availablely by vaccination**	651 ( 65.8% )	251 ( 25.4% )	87 ( 8.8% )	543 ( 49.1% )	311 ( 28.1% )	251 ( 22.7% )

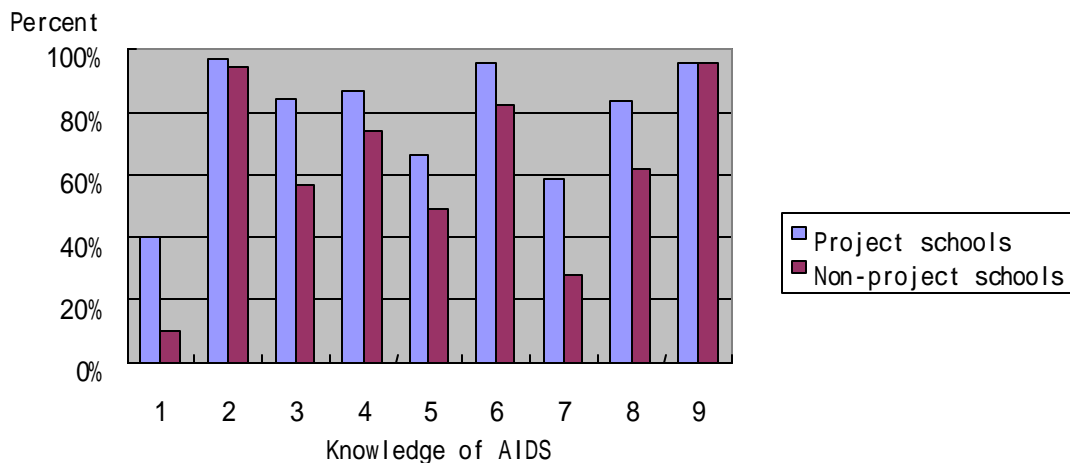
6.	The route of HIV transmission **	942 (95.3%)	33 ( 3.4% )	13 ( 1.3% )	905 ( 82.4% )	152 ( 13.9% )	41 ( 3.7% )
7.	The route of HIV non-transmission **	535 ( 58.2% )	360 ( 39.1% )	23 ( 2.7% )	295 ( 27.8% )	685 ( 64.5% )	82 ( 7.7% )
8.	Availability of the AIDS prevention **	804 ( 83.4% )	141 ( 14.6% )	19 ( 2.0% )	651 ( 61.8% )	353 ( 33.5% )	50 ( 4.7% )
9.	We can do a blood test to diagnose a person with HIV or not	943 ( 95.1% )	49 ( 3.4% )	13 ( 1.5% )	1045 ( 95.4% )	50 ( 2.8% )	20 ( 1.8% )

Note : \*P<0.05 , \*\*P<0.01.

From Table 5, the adolescents in project schools had more knowledge about AIDS than the adolescents in non-project schools. Such as the question “the route of HIV transmission”, the percentage of correct answer to the question in project schools and non-project schools were 95.3%, 82.4% respectively. For the question “availability of the AIDS prevention” the rates in project and non-project schools were 83.4%, 61.8% respectively. There were significant differences for both questions above.

Graph4 showed the differences about the knowledge of AIDS between project and non-project schools.

**Graph 4. The information of correct answer about AIDS between project and non-project schools**



Note : Nine questions in Graph 4

1. The abbreviation of the virus of AIDS ;
2. AIDS is belong to infectious disease ;
3. The medical term of AIDS ;
4. A healthy-looking person can have HIV ;
5. At present, we cannot prevent AIDS available by vaccination ;
6. The route of HIV transmission ;
7. The route of HIV non-transmission ;
8. Availability of the AIDS prevention ;
9. We can do a blood test to diagnose a person infected HIV or not.

From Graph 4, for all the nine questions, the adolescents in project schools got more correct answers than the one in non-project schools. The “Red Ribbon Youth Action” activity indeed promoted the adolescents’ level of knowledge of AIDS.

Evaluating each question above, 1 score for “true”, 0 score for “ false” and “ do not know” , the total score is 9. The score of all the adolescents who were investigated was  $5.89 \pm 1.862$ . the boys’ and girls’ score was  $5.84 \pm 1.869$ ,  $5.95 \pm 1.842$  respectively, which had no significant difference. There was significant difference between the scores of the project and non-project schools, which was  $6.80 \pm 1.660$ ,  $5.07 \pm 1.645$  respectively (  $P < 0.01$  ) . It can be concluded that the adolescents in project schools had more general knowledge of AIDS than the one in non-project schools.

### 2.3.2 The adolescents’ answers to the UNGASS indicators

In this investigation, we also used the UNGASS indicators to evaluate the adolescents in project and non-project schools. The adolescents’ answers to the UNGASS indicators were shown in Table 5 and Graph 5.

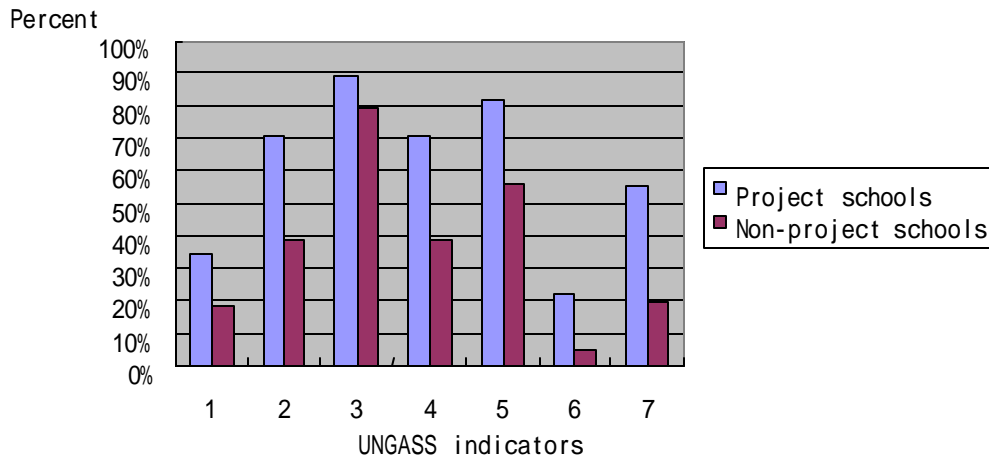
**Table5. The answers to the UNGASS indicators between project and non-project schools**

UNGASS indicators	Project schools	Non-project schools	Total
1. HIV can be avoided by having sex with only one faithful, uninfected partner**	341 ( 34.5% )	202 ( 18.4% )	543 ( 26.0% )
2. HIV can be avoided by using condoms **	702 ( 70.8% )	426 ( 38.6% )	1128 ( 53.9% )
3. A healthy -looking person can have HIV **	883 ( 88.8% )	876 ( 79.3% )	1759 ( 83.8% )
4. A person can get HIV from mosquito bites **	703 ( 70.8% )	428 ( 38.6% )	1131 ( 53.8% )
5. A person can get HIV by sharing a meal with someone who is infected**	823 ( 82.3% )	620 ( 56.1% )	1443 ( 68.5% )
<b>6. Answer all the five questions correctly</b>	210 ( 21.9% )	53 ( 4.9% )	263 ( 12.9% )
<b>7. Answer at least four questions correctly</b>	530 ( 55.3% )	214 ( 19.8% )	744 ( 35.1% )

Note : \*\* $P < 0.01$ .

From Table 5, the adolescents from project schools, who answered all questions correctly( 21.9% ) were more than those from non-project schools ( 4.9% ) , especially for question 1,2 and 4. The proportions of right answers in the project schools were almost two times than those in the non-project schools. Evaluating the questions above, 1 score for “true”, 0 score for “false” and “do not know” The total score is 5. The mean of all the investigated adolescents’ score was  $2.83 \pm 1.400$ . The boys’ score was a little higher than the girls’, which  $2.86 \pm 1.409$ ,  $2.79 \pm 1.383$  respectively, was but there were no significant differences. The score of the project and non-project schools was  $3.43 \pm 1.241$ ,  $2.29 \pm 1.312$  respectively. The score of the project schools was higher than that of the non-project schools, which had a significant difference ( $P < 0.01$ ).

Graph 5. **The answers to the UNGASS indicators in schools**



Note :

1. HIV can be avoided by having sex with only one faithful, uninfected partner.
2. HIV can be avoided by using condoms.
3. A healthy-looking person can have HIV.
4. A person can get HIV from mosquito bites.
5. A person can get HIV by sharing a meal with someone who is infected.
6. Answer all the five questions correctly.
7. Answer four questions or above correctly.

Graph 5 showed that the project schools answered better in every question and all the UNGASS indicators than the non-project schools.

#### 2.4 Attitudes towards AIDS-related issues

74.7 percent of the respondents reported that if their classmates got HIV, they would take care of them. The percent of respondents in project and non-project schools was 79.4%, 70.4% respectively. There was significant difference,  $P < 0.01$ .

76.1 percent of the respondents answered that no matter how they got HIV, while the people with HIV were innocent. The percent of respondents in project and non-project schools was 79.3%, 73.3% respectively. There was significant difference,  $P < 0.01$ .

In this investigation, 5 questions were designed about attitudes towards AIDS-related issues : (1) Although AIDS is terrible, I think only the adult will get it except the young people ; ( 2 ) I have enough information and skills to prevent getting AIDS ; ( 3 ) I can demand doctors use one-off needles and syringes when you have an injection in hospital ; ( 4 ) I like to build my general awareness and knowledge of the AIDS prevention or take apart in some activity about AIDS prevention in school ; ( 5 ) keeping away from drug and preventing AIDS are important actions for life right and health right's. The proportion of the attitudes towards AIDS-related issues above is shown in Table 6.

**Table 6. Attitudes towards AIDS-related issues between project and non-project schools (%)**

Relative questions	Completely agree	Agree	Anything is ok	Disagree	Completely disagree
<b>Project schools</b>					
Although AIDS is terrible, I think only the adult will get it except the young people *	9 ( 0.9% )	15 ( 1.5% )	5 ( 0.5% )	435 ( 44.3% )	517 ( 52.7% )
I have enough information and skills to prevent getting AIDS**	180 ( 18.4% )	404 ( 41.2% )	22 ( 2.2% )	308 ( 31.4% )	66 ( 6.7% )
I can demand doctors use one-off needles and syringes when you have an injection in hospital. *	727 ( 73.5% )	172 ( 17.4% )	17 ( 1.7% )	23 ( 2.3% )	50 ( 5.1% )
I like to build my general awareness and knowledge of the AIDS prevention or take apart in some activity about AIDS prevention in school **	669 ( 67.9% )	250 ( 25.4% )	40 ( 4.1% )	15 ( 1.5% )	11 ( 1.1% )
Keeping away from drug and preventing AIDS are important actions for life right and health right's. *	641 ( 65.5% )	281 ( 28.7% )	26 ( 2.7% )	19 ( 1.9% )	12 ( 1.2% )
<b>Non-project schools</b>					
Although AIDS is terrible, I think only the adult will get it except the young people	14 ( 2.4% )	11 ( 1.9% )	8 ( 1.4% )	263 ( 45.4% )	283 ( 48.9% )
I have enough information and skills to prevent getting AIDS	157 ( 27.4% )	168 ( 29.3% )	25 ( 4.4% )	167 ( 29.1% )	57 ( 9.9% )
I can demand doctors use one-off needles and syringes when you have an injection in hospital.	427 ( 73.5% )	118 ( 20.3% )	8 ( 1.4% )	16 ( 2.8% )	12 ( 2.1% )
I like to build my general awareness and knowledge of the AIDS prevention or take apart in some activity about AIDS prevention in school.	353 ( 32.0% )	518 ( 47.0% )	186 ( 16.9% )	36 ( 3.3% )	9 ( 0.8% )
Keeping away from drug and preventing AIDS are important actions for life right and health right's.	368 ( 64.0% )	136 ( 23.7% )	28 ( 4.9% )	27 ( 4.7% )	16 ( 2.8% )

Note : \*P<0.05 , \*\*P<0.01.

Evaluating each question above, we make the positive attitude questions ( question2, 3, 4, 5) +2,+1,the negative ones ( question1) -1,-2, according to different levels. The attitude “anything is OK” is “ zero” . The highest score is +10, and the lowest score is -10. The mean score of these questions from all the respondents investigated was  $6.37 \pm 2.541$ , with the highest score +10, and the lowest score -6. The boys' and the girls' mean score was  $6.28 \pm 2.655$ ,  $6.45 \pm 2.417$  respectively. The girls' attitude was more positive than the boys' , but there was no significant difference. The mean score of the project and non-project schools was  $6.47 \pm 2.465$ ,  $6.19 \pm 2.657$  respectively. The

attitude of the respondents from project schools was more positive than that from non-project schools, which had significant difference. (  $P < 0.05$  )

## 2.5 life skills and behaviors

To evaluate the life skills of the adolescents in this project, 3 scenes were designed :

- ( 1 ) If you don't want to go to the playroom when your friend call you , what will you do?
- ( 2 ) When a stranger give you a cigarette, what will you do?
- ( 3 ) If your schoolmate familiar with you give you a cigarette, what will you do?

The adolescents analyzed the three scenes above, and then made decisions. The result was shown in Table 7. When being asked “If you don't want to go to the playroom when your friend call you, what will you do” , 67.8 percent of them chose “ find another excuse , tactfully but firmly refuse him” , 26.4 percent of them chose “don't find excuses , firmly refuse him”, 5.9 percent of them chose “don't think about it”.

When being asked “When a stranger give you a cigarette, what will you do”, 80.8 percent of them chose “told him politely that I will not smoke” , 17.9 percent of them chose “ make no response, go away”.

When being asked, “ If your schoolmate familiar with you give you a cigarette, what will you do”, 54.4 percent of them chose “ find some excuses , tactfully but firmly refuse him”, 40.2 percent of them chose “ don't find excuses , firmly refuse him”.

**Table 7. The adolescents' life skills and behaviors in genders and schools ( % )**

Skills and behaviors	Project schools	Non-project schools	Boys	Girls	Total
<b>If you don't want to go to the playroom when your friends call you, what will you do?</b>					
1. Find another excuse , tactfully but firmly refuse him	635 ( 63.7% )	792 ( 71.4% )	700 ( 65.3% )	723 ( 70.3% )	1427 ( 67.8% )
2. Don't find excuses , firmly refuse him	307 ( 30.8% )	248 ( 22.4% )	308 ( 28.7% )	246 ( 23.9% )	555 ( 26.4% )
3. Don't think about it	55 ( 5.5% )	69 ( 6.2% )	64 ( 6.0% )	60 ( 5.8% )	124 ( 5.9% )
<b>When a stranger gave you a cigarette, what will you do?</b>					
1. Told him politely that I will not smoke	772 ( 77.7% )	923 ( 83.5% )	827 ( 77.5% )	864 ( 84.1% )	1695 ( 80.8% )
2. Make no response , go away	208 ( 20.9% )	168 ( 15.2% )	224 ( 21.0% )	152 ( 14.8% )	376 ( 17.9% )
3. Don't know how to deal with it	14 ( 1.4% )	14 ( 1.3% )	16 ( 1.5% )	11 ( 1.1% )	28 ( 1.3% )
<b>If your schoolmate familiar with you gave you a cigarette, what would you do?</b>					
1. Accept, very gladly	19 ( 1.9% )	16 ( 1.4% )	26 ( 2.4% )	1 ( 0.9% )	35 ( 1.7% )
2. Accept, not gladly	35 ( 3.5% )	28 ( 2.5% )	30 ( 2.8% )	30 ( 2.9% )	63 ( 3.0% )
3. Find some excuses , gentle but firmly refuse him	525 ( 52.9% )	618 ( 55.7% )	575 ( 53.8% )	566 ( 55.1% )	1143 ( 54.4% )
4. Don't find excuses , firmly refuse him	404 ( 40.7% )	442 ( 39.8% )	424 ( 39.7% )	420 ( 40.9% )	846 ( 40.2% )
5. Don't know how to deal with it	10 ( 1.0% )	6 ( 0.5% )	13 ( 1.2% )	3 ( 0.3% )	16 ( 0.8% )

From Table 7, there was no significant difference in the adolescents' life skills and behaviors in genders and schools; it showed deficiency of the "Red Ribbon Youth Action" activity in helping adolescents to analyze the risk scenes and refusal ability. Promotions should be made in these areas.

Evaluating the three questions above, "1" for "be able to refuse the risk scene and unhealthy behavior", "0" for "cannot analyze the risk scene and refuse the unhealthy behavior". The total score is 3. The mean of all the adolescents' score was  $2.19 \pm 0.857$ . The boys' and girls' mean were  $2.16 \pm 0.859$ ,  $2.21 \pm 0.855$  respectively, which didn't show significant difference. The mean of the project and non-project schools were  $2.16 \pm 0.868$ ,  $2.23 \pm 0.837$  respectively, which didn't show promotion of the behaviors in project schools.

## 2.6 The demand for AIDS Education.

### 2.6.1 The educational activities of the AIDS prevention.

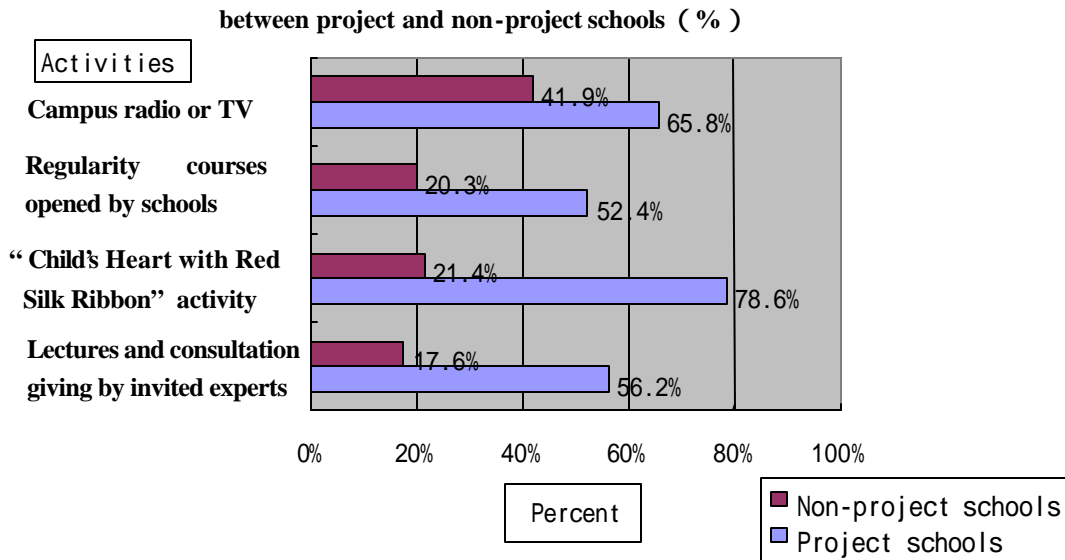
The educational activities of the AIDS prevention in the investigated schools were shown in Table 8 and Graph 6. The schools which took the "Red Ribbon Youth Action" activity had more educational activities about AIDS than the non-project schools, and in more ways. That is, the "Red Ribbon Youth Action" activity can promote the schools' activities about AIDS, teach students more knowledge about AIDS, and increase the chances of participating in activities.

**Table8. The educational activities of the AIDS prevention  
between project and non-project schools ( % )**

<b>The educational activities of the AIDS prevention</b>	<b>Project schools</b>	<b>Non-project schools</b>	<b>Total</b>
Lectures and consultation giving by invited experts**	565 ( 56.2% )	196 ( 17.6% )	761 ( 35.9% )
"Red Ribbon Youth Action" activity**	791 ( 78.6% )	239 ( 21.4% )	1030 ( 48.6% )
Regularity courses opened by schools **	527 ( 52.4% )	226 ( 20.3% )	753 ( 35.5% )
Campus radio or TV **	662 ( 65.8% )	467 ( 41.9% )	1129 ( 53.2% )

Note : \*\*P<0.01.

**Graph 6. The educational activities of the AIDS prevention**



**2.6.2 The approaches the students wanted to get the AIDS information through**

The approaches the respondents most wanted to get the information of AIDS through were shown in Table 9. From Table 9, the major approaches that the adolescents in project schools most liked were “lectures and consultation giving by invited expert” ( 41.4% ), “watching video or movies” ( 40.7% ), “regularity courses opened by schools”( 38.1% ), While the adolescents in non-project schools most wanted to learn the knowledge through “lectures and consultation giving by invited expert” ( 39.3% ), “ regularity courses opened by schools” ( 38.4% ), and the “ web” ( 37.9% ). 31.7 percent of adolescents from project schools chose peer education ( between classmates or schoolmates ) to get knowledge about AIDS. The number was 4. But there were only 14.1 percent of adolescents in non-project schools chose peer education. The “Red Ribbon Youth Action” activities were acceptable by the adolescents in project schools and became a form wanted by them to utilize. Because of no such activities in non -project schools, the adolescents in non -project had no much knowledge about peer education.

About “regularity courses opened by schools” , both the adolescents in project and non-project schools thought it as important method ( the number was 3, 2 respectively ) . It was obvious that all the respondents hoped to get knowledge of AIDS through regularity courses opened by schools. It’s their demand and also an effective method to help them getting knowledge and skills about AIDS.

**Table 9. The approaches they wanted to get the information about AIDS prevention ( % )**

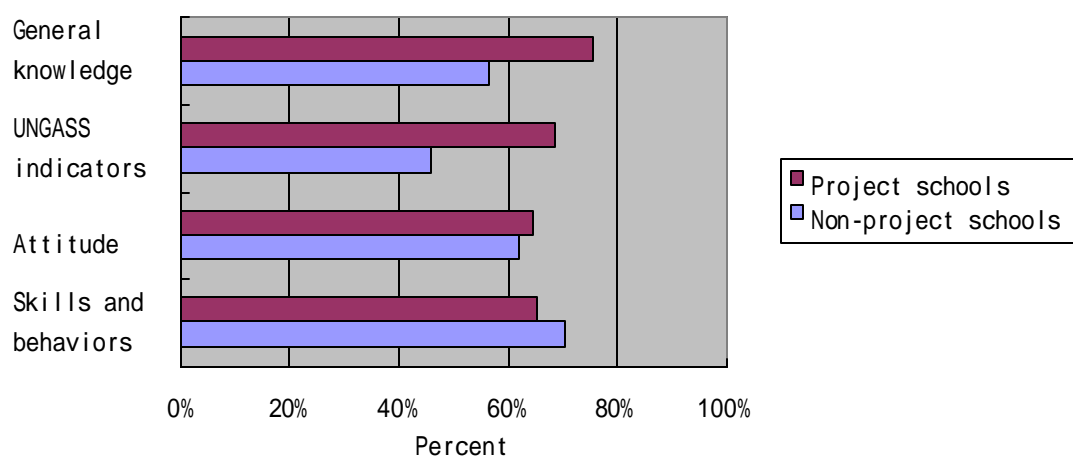
Approaches	Project schools		Non-project schools		Total	
	Percent	Order	Percent	Order	Percent	Order
Lectures and consultation giving by invited expert	41.4	1	39.3	1	40.6	1
Watch movie or video	40.7	2	37.4	5	39.5	2

Regularity courses opened by schools	38.1	3	38.4	2	38.2	3
Webs	31.7	4	37.9	3	34.0	4
Broadcast , TV	30.1	6	37.6	4	32.9	5
Peer education	31.7	4	14.1	9	25.2	6
Reading books or newspaper	23.7	7	27.7	6	25.2	7
Visiting exhibitions	21.9	8	24.5	7	22.8	8
Education by parents	19.4	9	24.3	8	21.2	9
Consultation by phone	6.1	11	9.5	10	7.3	10
Self-study	6.4	10	7.1	11	6.6	11

### 2.7 Knowledge, attitude and skills about AIDS and related-issue.

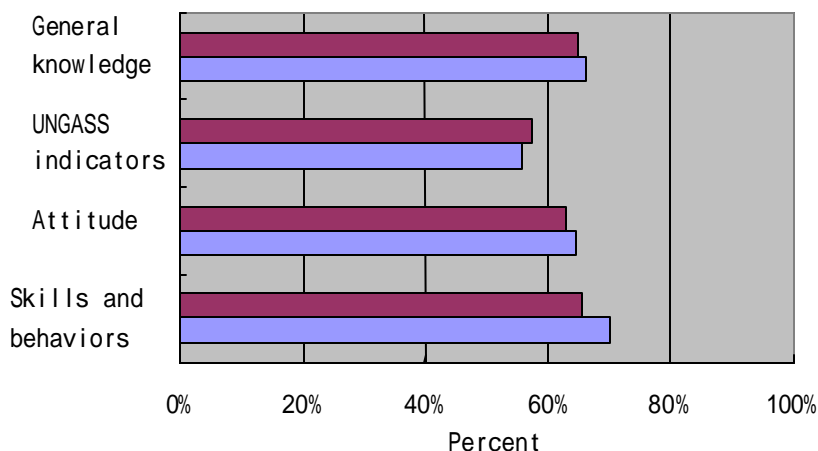
Standardize the knowledge, attitude, skills and behaviors about AIDS prevention, the results are shown in Graph 7 and Graph 8.

Graph 7. the relative knowledge, attitude and skill about AIDS in schools (%)



From Graph 7 , through the “Red Ribbon Youth Action” activity, the adolescents in project schools did better than those in non-project schools in general knowledge of AIDS prevention, UNGASS indicators and the attitudes towards AIDS, but they did not do as well as in skills and behaviors than the adolescents in non-project schools. There were significant differences between them. It indicated that the present activities played a positive role in the AIDS prevention and attitude transition, but had not got the ideal effects in skills and behaviors.

Graph 8. The knowledge, attitude, skill and behavior of AIDS between boys and girls



From Graph 8 ,boys did not do as well as girls in general knowledge, attitude, skills and behaviors about AIDS prevention, but there was no significant difference between them. So there was not much difference in general knowledge, skill, attitude and behavior among genders.

### 7. Conclusion and suggestion

In this investigation, 2122 questionnaires were collected from five provinces such as Beijing .etc, which could represent the whole condition of the “Red Ribbon Youth Action” activity.

#### 7.1 Peer education project of “Red Ribbon Youth Action” on HIV/AIDS prevention promoted the adolescents’ knowledge, attitude about AIDS prevention.

The investigation results showed that the adolescents in project schools did better than those in non-project schools in knowledge of AIDS prevention and they had more positive attitude towards AIDS and relative questions. For example, 68.1 percent of the adolescents in project schools thought “AIDS is the main health problem in our country or city” , while the percentage of the adolescents in non-project schools was 50.2%. On the questions “the route of HIV transmission”, “ the route of HIV non-transmission”, “availability of the AIDS prevention” , and “ UNGASS indicators, the proportion for correct answers of the adolescents in project schools were higher than that of the non-project schools, there were significant differences. About attitudes towards AIDS-related issues, the adolescents in project schools showed more anti-discrimination and care than those from non-project schools, and they were also more active in participating in the activities about AIDS prevention.

We can concluded that Peer education project of “Red Ribbon Youth Action” on HIV/AIDS prevention improve the adolescents’ knowledge and attitude about AIDS in project schools. It also has promoted the enthusiasm of learning the knowledge about AIDS prevention, and trained the adolescents to show more anti-discrimination and care, which had got good learning effects.

#### 7.2 The “Red Ribbon Youth Action” activity promotes the communication among adolescents, parents, friends and classmates.

Among the adolescents investigated , 51.0 percent of them in project schools had talked about

AIDS or the infection of HIV with their parents or other adults ( other elderships ) in the family. The percentage of the non -project schools was 39.7%. The percentage of the adolescents in project schools talking with their friends (61.3%) is higher than that of the non-project schools (38.6%). No matter with parents, friends or classmates , the adolescents who had taken part in the “Red Ribbon Youth Action” activity talked more about AIDS than the adolescents from non-project schools. The “Red Ribbon Youth Action” activities promoted the communication among adolescents, parents, friends and classmates. The adolescents who had been trained by the activity can spread knowledge about AIDS to their parents and friends. Its radioactive effects were obvious.

### **7.3 The “Red Ribbon Youth Action” activity should enhance the adolescents’ ability to refuse in the future.**

From this investigation, the effect of refusal skills is not distinct for the adolescents who had taken part in the “Red Ribbon Youth Action” activity. It should be promoted in the future. During the training of the peer education, we should not only increase the educators’ knowledge level, attitude transmission but also the approach of training. Student-centered, question-instructed, interactive approach should be popularized. On the basis of improving knowledge and attitude, we should help the adolescents to promote the ability to analyze problems, to form health behavior, and to prevent the AIDS ultimately.

### **7.4 The “Red Ribbon Youth Action” activity reflects the real demands of education.**

The investigation indicates, the educational activities about AIDS prevention were richer and more colorful in project schools than those in non-project schools. The demand of project and non-project schools was different. 31.7 percent of adolescents in project schools hoped to get knowledge about AIDS through peer education, while the percent of non-project schools was 14.1 percent. We can see that the adolescents in project schools were affirmative to the peer education as the form of AIDS prevention education, and showed positive and enthusiastic attitude to the peer education.

### **7.5 The “Red Ribbon Youth Action” activity should base on the normal education of AIDS prevention in the schools.**

According to the results of the investigation, the adolescents in project schools did better than those in non-project schools in knowledge and attitude of AIDS prevention, but they should still be promoted in behavior and skills. In the demand aspects, the adolescents hope to learn knowledge about AIDS prevention through ‘lectures and consultation giving by invited experts (41.4%)’ , “ watch movie or video (40.7%)” , “regularity courses opened by schools (38.1%)” . All of these showed that although the “Red Ribbon Youth Action” activity had positive effect on the AIDS prevention, it yet needed the support of the normal education. Just after the schools developed the normal education of AIDS prevention and provide the students credible methods to grasp AIDS knowledge, the “Red Ribbon Youth Action” activity can continue sustainably.

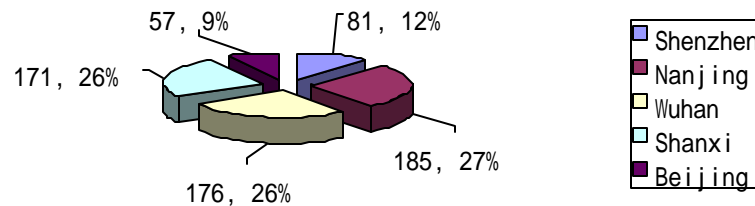
## Report 2: Results of parent's questionnaire survey

### 1. Basic information

#### 1.1 Number and distribution of the parents who participated in our study

In our research, 670 questionnaires were collected, and 312 (46.6%) of them were from the project schools, and 358 (53.4%) of them were from the non-project schools. The distribution of the parents included 5 provinces, which were Shenzhen, Nanjing, Wuhan, Shanxi and Beijing, and the proportions were 12.1%, 27.6%, 26.3%, 25.5% and 8.5%, respectively (shown in graph 1). 11 elementary schools and high schools were involved in this research.

Graph 1. location of the parents



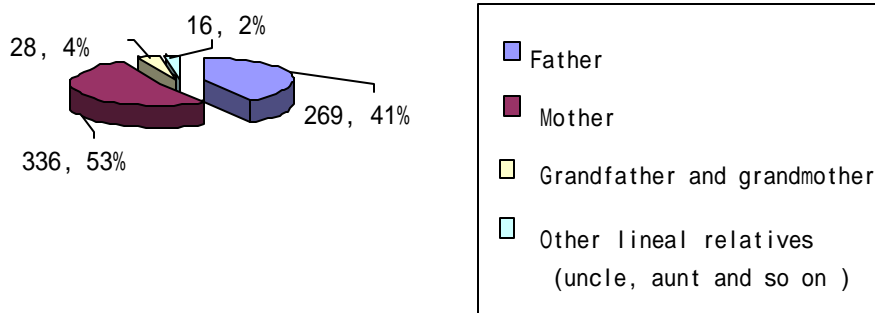
#### 1.2 Grade and gender of the parents' children

Parents whose children were in elementary school were 556 (84.6%) and in high school were 101 (15.4%). In project schools, those whose children were in elementary school were 252 (81.6%) and in high school were 57 (18.6%). In non-project schools, the parents were 304 (87.4%) and 44 (12.6%). All the parents had 338 boys and 312 girls, who accounted for 52.0% and 48.0%, and the ratio was 1.08. In project schools the parents who had boys accounted for 50.2% and girls accounted for 49.8%. In non-project schools the proportions were 53.6% and 46.4%, respectively. The children's grade and gender balanced between project schools and non-project schools.

#### 1.3 Role and education level of the parents

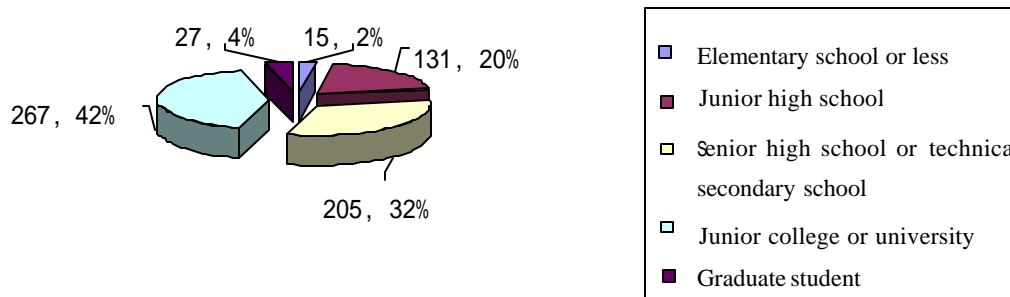
We can see from graph 2 that most of the respondents were fathers and mothers. Fathers and mothers were 269 (41.4%) and 336 (51.8%) respectively; the others were 44 (6.8%), which included grandfather, grandmother and other lineal relatives. In project schools, there were 112 (37.0%) fathers, 169 (55.8%) mothers and 7.3% other relatives. In non-project schools, there were 157 (45.4%) fathers, 167 (48.3%) mothers and 6.4% other relatives.

**Graph2. Role of the parents**



The education level of the parents was shown in graph 3. Most parents had junior college or university degree; the number was 267 (41.4%). The second was senior high school or technical secondary school degree, the number was 205 (31.8%). 131 (20.3%) of them got junior high school degree. The parents got elementary school or less and graduate student degrees were less than others, the proportions were 2.3% and 4.2% respectively. In project schools, 45.4% of the parents got junior college or university degree, 34.5% of them got senior high school degree or technical secondary school degree and 12.5% of them got junior high school degree. In non-project schools, the proportions were 37.8%, 29.3% and 27.3% respectively.

**Graph3.Education level of parents**



**2. Main results**

**2.1 Parents' general knowledge of AIDS**

From table 1, we can find that more than 99% of the parents had heard of AIDS, and most of them had heard of it one year before. However, when asked 'how far is HIV from us', only 52.7% of the parents thought it is very close, and the others thought it is very far or having no idea. There was no significant difference between project schools and non-project schools by statistic test. In project school, 47.4 percent of the parents thought that AIDS is the main health problem in our country or city, but in non-project schools, 58.0 percent of the parents thought so. Getting rid of

the parents who never thought about it, there was significant difference between project and non-project schools by chi-square test ( $\chi^2=10.434$ ,  $P=0.001$ ). It indicated that the perception of project schools was worse than that of non-project schools.

**Table1. Parents' general perception about AIDS ( % )**

Question or statement	Options	Project schools	Non-project schools	Total
Have you heard of AIDS before?	Never	3 ( 1.0 )	1 ( 0.3 )	4 ( 0.6 )
	Yes, in this year	18 ( 5.9 )	24 ( 6.8 )	42 ( 6.4 )
	Yes, a year before	285 ( 93.1 )	327 ( 92.9 )	612 ( 93.0 )
How far is the HIV from us in your opinion?	Very far	13 ( 4.2 )	14 ( 3.9 )	27 ( 4.1 )
	I have no idea	132 ( 42.7 )	155 ( 43.7 )	287 ( 43.2 )
	Very close	164 ( 53.1 )	186 ( 52.4 )	350 ( 52.7 )
HIV is not the main health problem in our country or city. *	Yes	120 ( 39.0 )	95 ( 27.1 )	215 ( 32.7 )
	No	146 ( 47.4 )	203 ( 58.0 )	349 ( 53.0 )
	I don't know	42 ( 13.6 )	52 ( 14.9 )	94 ( 14.3 )

\* $\chi^2=10.434$ ,  $P=0.001$

## 2.2 Parents' knowledge about AIDS

### 2.2.1 General knowledge about AIDS

Table 2 and graph 4 showed the answers to general knowledge about AIDS. We can find that most of the parents knew much about AIDS, and some of the questions were even known by all parents. But less than 70% of the parents correctly answered that 'at present we can not prevent AIDS available by vaccination.' and 'the non-transmitting route of HIV '. It showed that parents didn't master the knowledge across the aboard. We classified the parents as two groups, one was formed by those who correctly answered the question, and the other was formed by those who not (including wrong and don't know). Then chi-square test had been done. Results showed that there was significant difference between project and non-project schools in non-transmitting route ( $\chi^2=9.441$ ,  $P=0.002$ ), and parents in project schools mastered the non-transmitting route better than the one in non-project schools. The others had no significance.

**Table2. answers to general knowledge about AIDS ( % )**

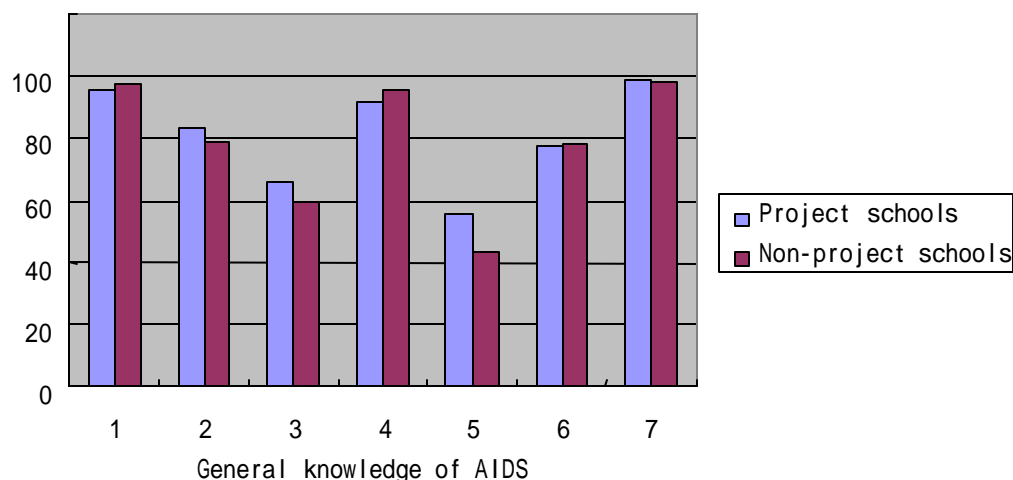
Question or statement	Project schools			Non-project schools			Total right
	Right	Wrong	I don't know	Right	Wrong	I don't know	
1. AIDS is a kind of infectious disease.	291 ( 95.1 )	9 ( 2.9 )	6 ( 2.0 )	344 ( 96.9 )	5 ( 1.4 )	6 ( 1.7 )	635 ( 96.1 )
2. A healthy-looking person can have HIV.	258 ( 83.2 )	21 ( 6.8 )	31 ( 10.0 )	279 ( 78.4 )	41 ( 11.5 )	36 ( 10.1 )	537 ( 80.6 )
3 At present we cannot prevent AIDS available by vaccination.	204 ( 65.8 )	44 ( 14.2 )	62 ( 20.0 )	208 ( 59.1 )	93 ( 26.4 )	51 ( 14.5 )	412 ( 62.2 )
4.the main transmitting route of HIV	278 ( 91.7 )	16 ( 5.3 )	9 ( 3.0 )	328 ( 95.3 )	12 ( 3.5 )	4 ( 1.2 )	606 ( 93.7 )

5.the non-transmitting route of HIV *	160 ( 55.6)	107 ( 37.2)	21( 7.3)	142 ( 43.2)	162 ( 49.2)	25( 7.6)	302 ( 48.9)
6.available approach of AIDS prevention	220 ( 77.2)	60 ( 21.1)	5 ( 1.8)	256 ( 77.6)	60 ( 18.2)	14( 4.2)	476 ( 77.4)
7. We can diagnose a person getting HIV by blood test.	303 ( 99.0)	3 ( 1.0)	0 ( 0)	348 ( 98.0)	7 ( 2.0)	0 ( 0)	651 ( 98.5)

\* $\chi^2=9.441$  , P=0.002

Graph 4. Rate of correct answer to general knowledge about AIDS\*

Percent(%)



\*The general knowledge about AIDS in graph 4 was:

1. AIDS is a kind of infectious disease.
2. A healthy -looking person can have HIV.
3. At present we can prevent AIDS availablely by vaccination.
4. The main transmitting route of HIV
5. The non-transmitting route of HIV
6. Available approach of AIDS prevention
7. We can diagnose a person getting HIV by blood test.

We evaluated the questions above: if correctly answered, it would get 1 score, but if not, it would get 0 score. Full mark was 7. The score acquired by parents was shown in table 3. As the score was partial distribution, Mann-Whitney rank sum test was used. ( $Z=-2.353$  ,  $P=0.019$ ). There was significance between schools, that is, the parents in project schools mastered the general knowledge about AIDS better than who in non -project schools did.

**Table3. Score acquired by parents in AIDS general knowledge**

Groups	$\bar{X}\pm S$	Median ( Quartile )	7score ( % )	5-6score (%)	=4score (%)
Project schools	5.51± 1.432	6 ( 5,7)	93 ( 29.9) *	149 ( 47.9)	69 ( 22.2)
Non-project schools	5.34± 1.361	6 ( 4,6)	80 ( 22.4 )	178 ( 49.9)	99 ( 27.7)

\*  $Z=-2.353$  ,  $P=0.019$

### 2.2.2 UNGASS indicators

Whether daily behaviors can transmit HIV or prevent HIV, the parents' answers to UNGASS indicators were shown in table 4 and graph 5. Compared with the general knowledge about AIDS, the parents who could correctly answer the questions were much fewer. It showed that the knowledge that parents mastered was not systematic and did not connect with daily behaviors. Use the same chi-square test, we found that the first and the second indicators had statistic significance, (1.  $\chi^2=25.371$  ,  $P<0.001$  ; 2.  $\chi^2=4.857$  ,  $P=0.028$  ) . It showed that parents in project schools mastered the knowledge about AIDS in sex transmission better than those in non-project schools did.

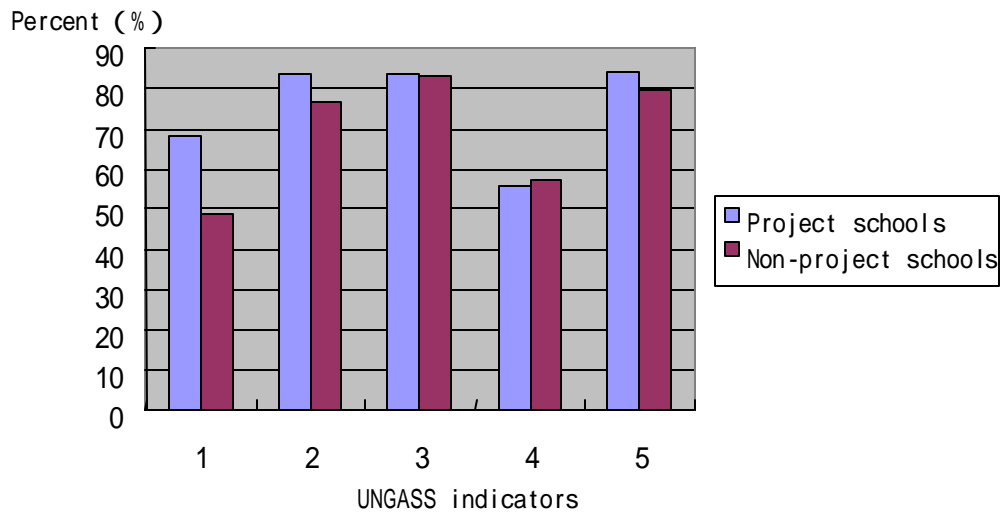
**Table 4. Answers to UNGASS indicators (%)**

Question or statement	Project schools			Non-project schools			Total right
	Right	Wrong	I don't know	Right	Wrong	I don't know	
1. HIV can be avoided by having sex with only one faithful, uninfected partner * <sup>1</sup>	209 (68.3)	60 (19.6)	37 (12.1)	172 (48.9)	126 (35.8)	54 (15.3)	381 (57.9)
2. HIV can be avoided by using condoms * <sup>2</sup>	256 (83.7)	30 (9.8)	20 (6.5)	271 (76.8)	48 (13.6)	34 (9.6)	527 (80.0)
3. A healthy-looking person can have HIV	258 (83.8)	22 (7.1)	28 (9.1)	296 (83.4)	32 (9.0)	27 (7.6)	554 (83.6)
4. A person can get HIV from mosquito bites	171 (55.9)	102 (33.3)	33 (10.8)	202 (57.4)	113 (32.1)	37 (10.5)	373 (56.7)
5. A person can get HIV by sharing a meal with someone who is infected	261 (84.5)	29 (9.4)	19 (6.1)	280 (79.8)	41 (11.7)	30 (8.5)	541 (82.0)

\*<sup>1</sup> $\chi^2=25.371$  ,  $P<0.001$

\*<sup>2</sup> $\chi^2=4.857$  ,  $P=0.028$

Graph5. Rate of correct Answer to UNGASS indicators



Note :

- 1 HIV can be avoided by having sex with only one faithful, uninfected partner
- 2 HIV can be avoided by using condoms
- 3 A healthy-looking person can have HIV
- 4 A person can get HIV from mosquito bites
- 5 A person can get HIV by sharing a meal with someone who is infected

We also evaluated the UNGASS indicators. If correctly answered, it would get 1 score, if not, it would get 0 score. Full mark was 5. As score is partial distribution, we also use Mann-Whitney rank sum test. ( $Z=-2.891$ ,  $P=0.004$ ). There was significance between project and non-project schools, so we can conclude that parents in project schools mastered UNGASS indicators better than ones in non-project schools did.

Table5. Score acquired by parents in UNGASS indicators

Schools	$\bar{X} \pm s$	Median ( Quartile )	5score ( % )	3-4 score (%)	=2score(%)
Project schools	3.73±1.236	4 ( 3 , 5 )	103 ( 33.2 )	154 ( 49.7 )	53 ( 17.1 )
Non-project schools	3.43± 1.336	4 ( 3 , 5 )	92 ( 25.8 )	178 ( 50.0 )	86 ( 24.2 )

\*  $Z=-2.891$ ,  $P=0.004$

## 2.3 Attitudes

### 2.3.1 Parents' Attitude toward the people living with HIV and OVC

We can see in table 6 that 73.9% of the parents in project schools thought that 'However people get HIV, they are all woeful.' The proportion in non-project schools was 79.0%. There was no significance by chi-square test. If children's classmates got HIV or classmates' parents were infected with HIV, 74.8% of the parents in project schools would tell their children to take care of

them. 80.7% of parents in non-project schools would do so. There was also no significance. So we can found that there was no significance in parents' attitude to PLWHA and OVC between project schools and non-project schools.

**Table6. Parents' Attitude toward the people living with HIV and OVC (%)**

Question and option	Project schools	Non-project schools	Total
<b>( 1 ) . What do you think about the people living with HIV?</b>			
1. They are hoodoo , we should separate them from healthy people	5 ( 1.7 )	7 ( 2.0 )	12 ( 1.9 )
2. Have different status : if they get HIV because of injecting drug using or prurience, they are served right ! If the infants get HIV, they are woeful.	44 ( 15.3 )	50 ( 14.6 )	94 ( 14.9 )
3. However people get HIV, they are all woeful. Human's enemy is HIV, not the people living with HIV!	212 ( 73.9 )	271 ( 79.0 )	483 ( 76.7 )
4. I haven't thought about this before.	26 ( 9.1 )	15 ( 4.4 )	41 ( 6.5 )
<b>( 2 ) If your child's classmate get HIV, you will</b>			
1. I will demand school let him/her transfer school or class	21 ( 6.9 )	17 ( 4.8 )	38 ( 5.8 )
2. I will let my child transfer school or class	11 ( 3.6 )	20 ( 5.7 )	31 ( 4.7 )
3. I will not mind it	14 ( 4.6 )	9 ( 2.5 )	23 ( 3.5 )
4. I will tell my child to take care of him/her	229 ( 74.8 )	285 ( 80.7 )	514 ( 78.0 )
5. I don't know how to deal with it	31 ( 10.1 )	22 ( 6.2 )	53 ( 8.0 )

### 2.3.2 Parents' attitude towards their children receiving information about AIDS prevention and being peer educators.

The first and the second question in table 7 showed the attitude towards their children receiving information about AIDS prevention, and the other two showed the attitude towards their children being peer educators. In general, most of the parents agreed that their children receiving information about AIDS prevention and being peer educators. For example, 86.6% of them agreed that 'it is not only the adult will get HIV, but also the young people will do'. 95.1% of the parents completely agreed or agreed that their children receive information about AIDS prevention in the school. 83.7% of the parents supported their children to take part in the commonweal activities about AIDS prevention. And 76.9% of the parents supported their children to be peer educators. So we can conclude that parents take positive attitude to their children receiving information about AIDS prevention and being peer educators.

**Table7. Parents' attitude towards their children receiving information about AIDS prevention and being peer e ducators (%)**

Question	Options	Project schools	Non-project schools	Total
1 Although AIDS is terrible, I think	Completely agree	7 ( 2.3 )	3 ( 0.8 )	10 ( 1.5 )
	Agree	24 ( 7.9 )	45 ( 12.7 )	69 ( 10.5 )

only the adult will get it except the young people	Have no idea	4 ( 1.3 )	5 ( 1.4 )	9 ( 1.4 )
	Disagree	158 ( 52.3 )	163 ( 45.9 )	321 ( 48.9 )
	Completely disagree	109 ( 36.1 )	139 ( 39.2 )	248 ( 37.7 )
2 Do you like that your child receives information about AIDS prevention in the school?	Completely agree	173 ( 56.7 )	178 ( 50.7 )	351 ( 53.5 )
	Agree	119 ( 39.0 )	154 ( 43.9 )	273 ( 41.6 )
	Have no idea	10 ( 3.3 )	10 ( 2.8 )	20 ( 3.0 )
	Disagree	1 ( 0.3 )	8 ( 2.3 )	9 ( 1.4 )
	Completely disagree	2 ( 0.7 )	1 ( 0.3 )	3 ( 0.5 )
3 Do you like that your child take apart in the commonweal activities about AIDS prevention	Completely agree	108 ( 35.3 )	122 ( 34.5 )	230 ( 34.8 )
	Agree	140 ( 45.8 )	183 ( 51.7 )	323 ( 48.9 )
	Have no idea	33 ( 10.8 )	30 ( 8.5 )	63 ( 9.5 )
	Disagree	23 ( 7.5 )	19 ( 5.4 )	42 ( 6.4 )
	Completely disagree	2 ( 0.7 )	0 ( 0 )	2 ( 0.3 )
4 What do you think that your child has been chosen to be a peer educator	Completely support	77 ( 25.5 )	107 ( 30.2 )	184 ( 28.0 )
	Support	144 ( 47.7 )	177 ( 50.0 )	321 ( 48.9 )
	Have no idea	37 ( 12.3 )	26 ( 7.3 )	63 ( 9.6 )
	Oppose	41 ( 13.6 )	39 ( 11.0 )	80 ( 12.2 )
	Completely oppose	3 ( 1.0 )	5 ( 1.4 )	8 ( 1.2 )

Parents' attitude may be influenced by several factors, such as whether their children were from project schools, gender of the children, the role of parents, the education level of parents and the knowledge mastering of parents. So we dealt with the four questions as follow: firstly, score was given to the option, from negative to positive, 1, 2, 3, 4, 5 score was given respectively, and the full mark was 20. Then everyone's total score would be computed. The more the score was, the more positive the parents' attitude was. Mann-Whitney rank sum test was used among schools and children's gender, and the results showed there was no significance, that is, parents' attitude have no difference between project and non-project schools and boys and girls. Kruskal-Wallis rank sum test was used to test other factors. There was significance among parents' role ( $\chi^2=10.799$ ,  $P=0.005$ ). The attitude of other relatives except fathers and mothers was more positive than others. Mothers' attitude was more positive than fathers'. There was no significance among parents' education level and the knowledge about AIDS mastering, and the reason might be that the knowledge parents mastered was not across the aboard and systematic.

**Table8. The score in the attitude to their children receiving information about AIDS prevention and being peer educators**

		X±S	Median ( Quartile )	19-20 score (%)	16-19score (%)	=16score (%)
School	Project schools	16.56± 2.357	17 ( 15,18 )	68 ( 23.3 )	142 ( 48.6 )	82 ( 28.1 )
	Non-project schools	16.65± 2.514	17 ( 15.,19 )	96 ( 27.9 )	162 ( 47.1 )	86 ( 25.0 )
Child's gender	Boys	16.59± 2.376	17 ( 15,19 )	81 ( 25.6 )	154 ( 48.6 )	82 ( 25.9 )
	Girls	16.55± 2.516	17 ( 15,18 )	74 ( 24.6 )	144 ( 47.8 )	83 ( 27.6 )

Role of parents*	Father	16.43± 2.547	16 ( 15,19 )	67 ( 25.8 )	112 ( 43.1 )	81 ( 31.2 )
	Mother	16.57± 2.362	17 ( 15,18 )	70 ( 21.9 )	169 ( 53.0 )	80 ( 25.1 )
	Others	17.66± 2.254	18 ( 17,19 )	20 ( 48.8 )	16 ( 39.0 )	5 ( 12.2 )
Parents' education level	Junior school or less	16.55± 2.651	17 ( 16,19 )	36 ( 26.3 )	68 ( 49.6 )	33 ( 24.1 )
	Senior school or technical secondary school	16.54± 2.594	17 ( 14,17 )	54 ( 27.8 )	79 ( 40.7 )	61 ( 31.4 )
	Junior college or university or more	16.61± 2.268	17 ( 15,17 )	66 ( 23.3 )	145 ( 51.2 )	72 ( 25.4 )
Parents' knowledge about AIDS	11-12 score	16.79± 2.383	17 ( 16,19 )	61 ( 29.5 )	99 ( 47.8 )	47 ( 22.7 )
	9-10 score	16.78± 2.213	17 ( 16,19 )	49 ( 25.9 )	99 ( 52.4 )	41 ( 21.7 )
	8 score or less	16.25± 2.699	16 ( 14,18 )	48 ( 22.3 )	94 ( 43.7 )	73 ( 34.0 )

\*? <sup>2</sup>=10.799 , P=0.005

#### 2.4 Communication between parents and children

The communication between parents and children was shown in table 9. We can find that 39.3% of the parents have talked about AIDS with children in project schools and 40.8% in non-project schools. The proportion of parents who had never talked about AIDS was 32.0% in project schools and 23.7% in non-project schools. There was no significance between schools. However, 7.8% of the children in project schools and 5.9% in non-project schools have often talked with their parents about AIDS and 53.9% in project schools and 61.4% in non-project schools of children had seldom talked with their parents. There was also no significance.

**Table9. Communication between parents and children (%)**

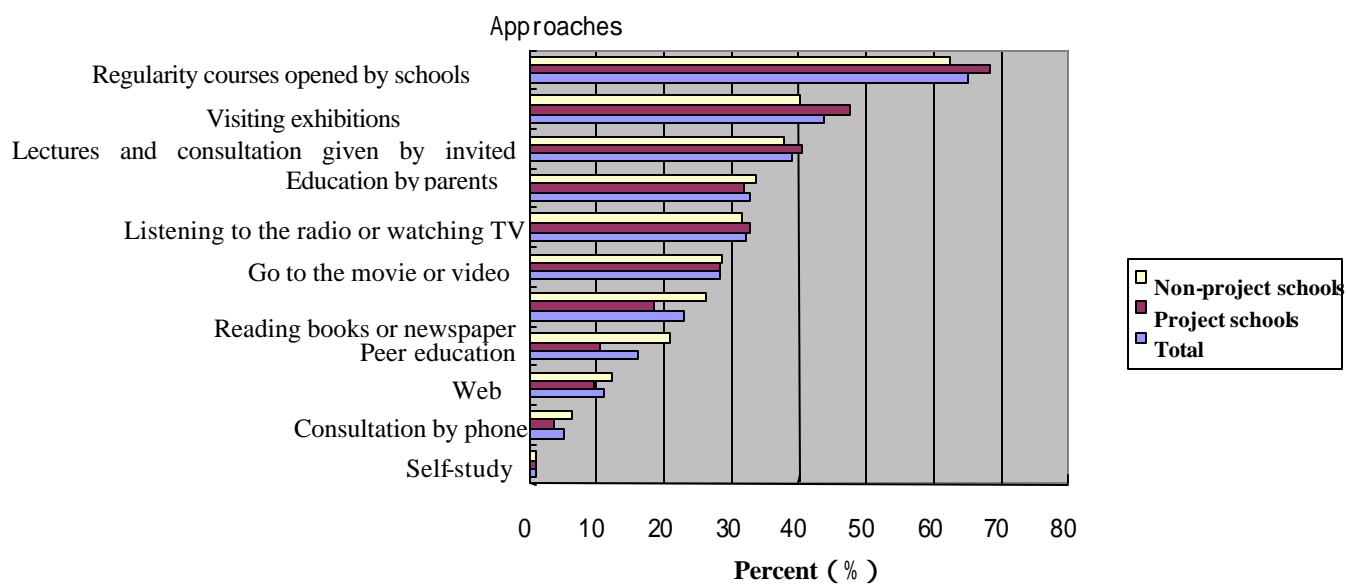
Questions	Options	Project schools	Non-project schools	Total
Have you ever talked about HIV and related things with your child?	Yes	119 ( 39.3 )	145 ( 40.8 )	264 ( 40.1 )
	No	97 ( 32.0 )	84 ( 23.7 )	181 ( 27.5 )
	Want to, but don't know how to start	87 ( 28.7 )	126 ( 35.5 )	213 ( 32.4 )
Have your child ever talked about HIV and related things with you?	Often	24 ( 7.8 )	21 ( 5.9 )	45 ( 6.8 )
	Once in a while	166 ( 53.9 )	218 ( 61.4 )	384 ( 57.9 )
	Never	110 ( 35.7 )	103 ( 29.0 )	213 ( 32.1 )
	I don't hope child talk about it.	8 ( 2.6 )	13 ( 3.7 )	21 ( 3.2 )

#### 2.5 Requirement for AIDS prevention education

When we asked 'Which approach do you want that your child use to get the information about AIDS prevention', the first five approaches were: regularity courses opened by schools (65.1%), visiting exhibitions (43.7%), lectures and consultation given by invited experts (39.0%), education by parents (32.9%), listening to the radio or watching TV (32.2%) The proportion of peer education was 16.1%, and it was eighth. It seemed that Peer education project of 'Red Ribbon Youth Action" on HIV/AIDS prevention was not widely admitted and accepted by parents. 10.7% of the parents in project schools selected this approach; however, 20.7% of the parents in non-project schools

selected it. There was significance between the two kinds of schools by chi-square test ( $\chi^2=12.123$ ,  $P<0.001$ ), that is, more parents in non-project schools accepted this approach. The reason may be as follow: firstly, parents didn't understand AIDS intensively, and they also thought that their children's knowledge was limited, which may mislead others. Secondly, parents were afraid that their children were too young to protect themselves. Thirdly, schools and children talked only a little about peer education project with parents, so parents knew too little about it to select the approach. The last reason was that when peer education project was carrying out in project schools, it might cost some time of children's, and the parents thought that taking part in the action will conflict with their children's work. But parents in non-project schools didn't understand the project, and some of them even haven't heard of it. They think the peer education project only as communicating among classmates or schoolmates, so more parents accepted it. But absolutely most of the parents supported their children to take apart in the commonweal activities about AIDS prevention and to be peer educators. So we believe that as peer education project going deeply and as we communicating effectively with parents, more parents would accept peer education.

**Graph6. Approach that parents want their children to use to get information about AIDS prevention**



**Table10. Approach that parents want their children to get information of AIDS (%)**

Approaches	Project schools	Non-project schools	Total	$\chi^2$	P
Regularity courses opened by schools	209(68.1)	220(62.5)	429(65.1)	2.246	0.134
Visiting exhibitions	146(47.6)	142(40.3)	288(43.7)	3.471	0.062
Lectures and consultation given by invited experts	124(40.4)	133(37.8)	257(39.0)	0.468	0.494
Education by parents	98(31.9)	119(33.8)	217(32.9)	0.264	0.608

Listening to the radio or watching TV	101(32.9)	111(31.5)	212(32.2)	0.140	0.708
Go to the movie or video	87(28.3)	101(28.7)	188(28.5)	0.010	0.920
Reading books or newspaper	57(18.6)	93(26.4)	150(22.8)	5.753	0.016*
Peer education (among classmates or schoolmates )	33(10.7)	73(20.7)	106(16.1)	12.123	<0.001*
Web	30(9.8)	43(12.2)	73(11.1)	0.994	0.319
Consultation by phone	11(3.6)	22(6.3)	33(5.0)	2.452	0.117
Self-study	3(1)	3(0.9)	6(0.9)	0.028	0.866

### 3. Conclusion and suggestion

#### 3.1 The peer education project of Red Ribbon Youth Action on HIV/AIDS prevention improved parents' knowledge about AIDS in a certain extent.

The research showed that parents who correctly answered the question about AIDS in project schools were more than the ones in non-project schools. For example, in project schools, 29.9 % of the parents correctly answered all the seven general questions about AIDS, while in non-project schools, 22.4% of the parents correctly answered them. The difference was significance. The proportion of correctly answered all the five UNGASS indicators was 33.2% in project schools and 25.8% in non-project schools. The difference was also significance. It indicated that this project have played a role in improving parents' knowledge about AIDS.

#### 3.2 The effect that the peer education project has on family and community has not represented fully.

This research showed that there was no significance between project and non-project schools in communicating about AIDS between parents and children.

We can find that parents' attitude has no concern with whether their children are in project schools or not and children's gender. There was no significance between project and non-project schools in the attitude to 'the people living with HIV and OVC' and the attitude to 'their children receiving information about AIDS prevention and being peer educators'. We can see that so far the peer education project of Red Ribbon Youth Action on HIV/AIDS prevention hasn't had the effect on family and community.

#### 3.3 The peer education project of Red Ribbon Youth Action on HIV/AIDS prevention requires parents' further admission and acceptance.

When asked parents 'which approach do you want that your child use to get the information about AIDS prevention', the first was regularity courses opened by schools (65.1%), but peer education (16.1%) was after parents' education (32.9%) and was eighth. That is, on one side, parents want regularity courses opened by school, after all, regularity courses can help students to master knowledge fully; on the other side, although students especially in project schools liked peer education very much in our research, parents don't like it, because they don't know much about peer education. It proved that the form and content of peer education was helpful to students to master knowledge. So it need more communication between schools and parents and let parents know more about the positive role that peer education played, and then let them accept the project finally.

## **Report 3: Results of peer educators' questionnaire survey**

### **1. Basic information:**

22 peer educators were investigated in the research, including 11 boys and 11 girls; they were 7 pupils, 3 junior high school students, 12 senior high school students; 7 of them came from Shanxi Province, 11 from Beijing and 4 from Wuhan.

### **2. The time when they become peer educators**

6 investigated adolescents accepted the training for peer educations on HIV/AIDS prevention and become the peer educators in 2004; other 16 adolescents started in 2005.

### **3. The impression to the training**

**3.1** 22 adolescents felt good to the training, which including 18 adolescents felt “beyond compare”, 4 felt “very good”.

**3.2** 22 adolescents said they had a deeper understanding to the approach of the peer education by training.

Their understanding including 6 aspects as follows:

- (1) Peer education promoted the adolescent's health and development.
- (2) Peer education is “schoolmates propagandize each other, get the knowledge of HIV/AIDS.”
- (3) Peer education is “students in the same class, same grade, same school or students in other schools make a group to propagandize the knowledge of HIV/AIDS to their schoolmates.”
- (4) The prevalence of HIV/AIDS in our country; the basic knowledge of HIV/AIDS, care about the children who were influenced by AIDS.
- (5) How to make the educational activities more meaningful.
- (6) The good effects of the peer education.

**3.3** 22 adolescents said they had a deeper understanding on HIV/AIDS during the experience of training.

Their understanding including 4 aspects as follows:

- (1) The basic knowledge of HIV/AIDS.
- (2) The transmission and prevention of HIV.
- (3) How to prevent AIDS and the treatment for the people living with HIV/AIDS.
- (4) How to treat people living with HIV/AIDS.

**3.4** 22 adolescents said during the training they had more confidence on how to organize an activity of HIV/AIDS prevention by using the knowledge of peer education.

### **4. If the expectation of the training had achieved:**

**4.1** 19 adolescents said their expectation had completely achieved, 3 adolescents' had partly achieved. The reasons for the expectation of partly achieved were: Some adolescents weren't very clear about the objective of the activity, and had some burden; the adolescents thought they didn't have enough knowledge to help those who had problems and sometimes they weren't very clear about some details.

**5. The opinions to the schedule of the peer education training:**

12 adolescents thought the time was too short, while others thought it was proper. Their suggestions were as follows:

- (1) Some teaching aid such as books and cards should be prepared to make adolescents have a deeper understanding on HIV/AIDS.
- (2) More questionnaires or other material should be prepared for the adolescents, so that they can make some investigation and interview after training.
- (3) Some plays that could simulate the real life should be prepared to make adolescents understanding HIV/AIDS easier.
- (4) The time of training should be prolonged to make adolescents have a more sufficient understanding on HIV/AIDS.

**6. What was the most helpful content you thought in the training?**

- (1) Having more knowledge make us have a positive attitude. Reason: Let us treat our schoolfellows with a heart full of love.
- (2) The route of HIV/AIDS transmission and infection. Reason: Make us to have more chances to propagandize the HIV information and communicate with our schoolfellows.
- (3) How to prevent AIDS. Reason: Adolescents learnt more knowledge about how to protect them from the disease, they weren't afraid of AIDS any more.
- (4) Choose the right way to teach the knowledge. Reason: They could accept our job easier.
- (5) The game "with a glove". Reason: Make us know the transmission route of HIV.
- (6) How to treat people living with HIV/AIDS.

**7. The evaluation of the contents and method of the training:**

16 adolescents thought it was very good, while 6 adolescents said good. The reason: during the training we could make more friends.

Here are some suggestions: Give more samples; Make the activity more actively; Provide more accessorial material; Accept more participator, to spread the peer education.

**8. After the training, the enthusiasm of the peer educations on HIV/AIDS prevention:**

17 adolescents said they would develop the peer education with their all enthusiasm, 3 adolescents said they would develop the peer education positively, 3 adolescents didn't answer the question.

**9. After the training, the confidence in the peer education:**

19 adolescents said they had great confidence, 1 adolescent said he was confident, 3 adolescents didn't answered the question.

The reasons for their confidence:

The more knowledge we had learnt, the more love and care we would hold, the more confidence we would have.

We wanted to make everybody know AIDS.

AIDS was not as terrible as they had thought before.

We could accumulate more working experience.

**10. Suggestions for the advanced training:**

15 adolescents thought it needed to improve, 5 adolescents thought it needn't, and 3 didn't answer the question. The suggestions were:

- (1) Have a completely training, let more adolescents take part in the training;
- (2) The time of training is too short, some parts need more details;
- (3) Provide more knowledge about HIV/AIDS, use some other ways such as discussion and debate;
- (4) Provide more pictures;
- (5) The way of training need to be more entertaining, didn't use the professional words;
- (6) Give some real examples on the internet;
- (7) Provide some formal courses, hold some symposiums;
- (8) Not only the "Red Silk Ribbon" , add other activities;
- (9) Make full use of the internet and broadcast;
- (10) Having more training, making the participators more confident of fighting with AIDS and didn't exclude the people with HIV.

**11. The problems in the peer education:**

- (1) Some people didn't accept our job, even disturb us;
- (2) Adolescents were shy of talking about sex.
- (3) A lot of adolescents thought AIDS was far away from us.
- (4) The study in the high school was so hard, the enthusiasm wasn't very high, and we need more patience.
- (5) Some adolescents didn't want to listen to us because they were afraid of wasting their time.
- (6) Parents didn't support.
- (7) The provided information was not enough.
- (8) The organization of the activity was difficult.
- (9) Some parts were too difficult to make adolescents understand

**12. Suggestions for the advanced peer education:**

- (1) More adolescents should join in the training, so that there would be more and more **three-star-level** peer educators.
- (2) Hope to understand the psychology of the schoolfellows and the children with HIV, so that we could develop our work easily.
- (3) Have more activities in school.
- (4) We could not only do our work in schools, but also in the family and society.
- (5) Organize more large activities to make more people to know the effect of peer education on HIV/AIDS prevention.

## Report 4: Case report of peer educator

### Yujie Guo

The reporter of <Your Intimate Sister >

The second batch of the Peer educator (the year of 2004)

Graduated from Gu an middle school in Hebei province

### I Am a Peer Educator

Yujie Guo

#### My first time to enter the AIDS village, and the first contact with AIDS

In 2004, I was a little reporter of "Your Intimate Sister".

One day, a teacher of magazine office told me there was a very good interview opportunity, and asked me if I wanted to go or not. What he said was the interview to Henan AIDS village. I felt very curious at that time. After it was passed through the elders over and over again, they all thought AIDS wouldn't be infected by normal contact. As a result, I was agreed to go. Even then, everyone seemed a little worry about my interview.

On April 18<sup>th</sup>, 2004, I went to Henan along with "Red Ribbon Youth Action" little reporter group. There are four little reporters and two teachers in our group; at the same time, someone from "Eastern child" of CCTV went along with us to track the report.

As soon as we arrived in Zhengzhou, without any more rest in the hotel, we hurried to Qulou village under Grandma Yaojie Gao's guide.

So covert it was, Qulou village was an AIDS village that has not been reported by the media, and the outside had known almost nothing about it. In this village quite a lot of people infected with the AIDS, and some people died; the others were still in struggle with the illness.

In Qulou village, AIDS makes many children orphaned. Most of them live together with their old grandparents. In April, Henan is still not very warm, but the children's clothes were thin and weak with many patches. On their old clothes the sewing and mending traces are very heavy, and they are not very clean. One of the children put on a pair of slipper, which was not fitted for his feet; and another child had a pair of shoes, which were very thin. Also, some children wore cotton-wadded shoes with holes, and cotton fiber emerged outside. The children were all looked worried, unwilling to speak.

When we were talking, they always replied our speech briefly, but we still doped out what their lives were like. They lived so hardly: the old can hardly work any more, so the young had to undertake the housework. What's worse, they were not understood by others. Their classmates would not like to play with them, and thought they were the AIDS; the superstitious villagers said that their parents died because of them; if someone missed something in the class, most of the classmates would bring a false charge against them, saying they stole. However, they still studied hard, for their grandparents, and for their passed-world parents. But all of them said that the study was very hard for them, and they wouldn't like to study actually. Living like that, how could they like to study?

As the conversation moved on, every little reporter including myself became more sad and woeful.

During that day, we visited the Qulou elementary school. Walking on the narrow village road, which was almost empty, we all felt depressed.

Among 300 pupils of Qulou elementary school, there are at least 34 children who were orphaned by AIDS.

The school, made up of the same one-story houses, is not big, and the establishment is very obsolete. The blackboard has already faded and the mark of chalks can hardly be recognized. The children were all curious to see us, and they collected together looking at us with open-wide eyes, pure smiles on their face. When we went to listen to their class, they immediately sit upright, and read the text very seriously, as they had never been disturbed by the AIDS.

Afterwards we found out that in Henan, as well as in all over China, there are many AIDS villages like Qulou village. And here, the children's heart are healthier compared with other villages. In many other places, the hatred as well as pain fills in the children's hearts, who were orphaned by AIDS. They even carved characters on hands, and wanted to look for the illegal blood collecting members and people who discriminate against them for revenge. In addition, the lives of the children who were orphaned by AIDS are worrying. For this reason many children became dispossessed, and can't go to school any more, even had no food to eat. Also, many children lived with their relatives, but the life was still very hard for them. And they may give up their study at any time. Although children who lost their parents had already been hurt heavily, some people still discriminated against them, saying that they were sick. Some parents forbade their children to play with them, and consequently made them isolated. All of these were huge injury to them. At the same time, many people had their own despicable intentions. Some old hoodlums deceived the underage girl to be their wives. Even worse, some people beguiled the girl orphans to become prostitutes with taking them to work.

Each of these questions was intractable and made us worried for those people at the same age as us. And where should they go?

Since going back from the AIDS village, I often called to remembrance of those children. I thought of what they were doing now, and how were they now. I had an idea continuously that I'd like to go back to see them some day.

### **Participating in Peer education project training, and founding "Red Ribbon Youth Action" nonprofit website**

In September 2004, I had already come back from the AIDS village for nearly half a year. At that time, peer education project of "Red Ribbon Youth Action" on HIV/AIDS prevention was hold in Beijing. I was invited to participate in, and took the one daylong training with everyone, while introducing the situation of the AIDS village briefly.

During the procession of the training, the thinking of our generation's poor knowledge about AIDS prevention was full of my mind. Although I had made up of AIDS knowledge hardly before I went to the AIDS village, I still failed to answer many questions the teacher asked correctly.

At the end of the activity, everyone got together to discuss how to propagandize the AIDS knowledge effectively in the future. One of our children proposed to set up a relative website to take the advantage of the Internet, and that inspired me.

After coming back from the AIDS village, I had always hold the hope of going back to have a look again. The interview had shocked so greatly that it would be difficult to forget it any longer. For this reason, I made one homepage to commemorate the interview of the AIDS village. Since

childhood I went to the Internet and learned to make homepage by myself. Now I can do it all by myself. Therefore, I decided to have a try of making a website.

As a result, “Red Ribbon Youth Action” nonprofit website was set up.

I sent the address to many friends, and asked them to help me propagandize it. For a whole month’s time, I took back hundreds of “Red Ribbon Youth Action” questionnaires and knowledge competition questions. The teachers in responsible for the “Red Ribbon Youth Action” activity had given me great help of the website, and had the visiting address printed on the Red Silk Ribbon propaganda posters which would be send all over the China.

The Internet, the net gathers everyone. This speech is quite true. However, on -line propagandize of the AIDS was not free of problem.

The maintenance of the website costs a lot of energy. Still being a student as I was, I had to take study as the main task, so I only could spend as much time as possible to maintain this website. Therefore, the website can’t be renewed fast enough, and as a result it didn’t attract many people. At the same time, my technical level was limited. I was unable to make my website more attractive. For this reason, I did my best to improve my technology.

Next, the attention of the society to the AIDS was insufficient. The young people often had little interest in AIDS. Many of my friends told me that they really did not know what they could say about AIDS. Therefore, it’s a thorny problem for us to get more support from the young people for this website. The project of Red Ribbon Youth Action was an activity to spread HIV/AIDS prevention knowledge to the young people. It’s very important to get the young people’s sport and to get them participated in this activity. It’s a pity that we still hadn’t found some good enough means to let more children to get interested in the question of AIDS so far. I can only do my best to tell the young people who visited my website or who was beside me everything I saw in the AIDS village. I told them with many facts that in our world, there were still populations of children as the same age as us who were very common but had experienced the unordinary setback and lived a very hard life. Thereupon, many friends began to pay attention to those children and the questions of AIDS. Some of them were even earnest to make friends with children living in AIDS villages. I proposed in the website that children on the net could write to the children in AIDS villages, or paint pictures to express the concern to them, and these may bring them some warm feelings. Everyone had responded to this proposal positively. I had received many children’s letters, and now preparing to send these letters fully laden with loves forwards to every child I know, who æ still affected by AIDS.

Other people did not understand the last problem, which every child who joined the peer education would meet. Many parents may think, it’s not wise to do it blindly, and the children’s duty is to study. Even some teachers worried about us for they thought this work would affect our study. Some members of the peer education transferred the AIDS knowledge to their classmates, but the classmates paid no attention to them radically. What’s worse, they even blame them why told them this. In their eyes, AIDS can only affect the dirty or vicious people, who maybe have high-risk behaviors such as drug addict. It would be a very long and difficult process to change people’s attitude to AIDS and the attitude of the population to adolescents’ work for AIDS prevention.

In addition, I once contacted with the student of “Kingdom Net School” , where I gave an on-line lecture about AIDS knowledge to the net school students. A teacher of the net school gave it, and I was the assistant. In the lecture, I narrated what I saw and what I heard with emphasis. Many children were shocked greatly. The atmosphere of the lecture was active; everybody got

participated positively and brought forward their view of the AIDS.

Some reporters once asked me, that how long I should plan to maintain the nonprofit website of Red Ribbon Youth Action. I thought, if may, I hoped it can exist continuously until AIDS become as the illness that can be cured as easily as a fever or a cold, I mean, the day when people no longer fear of it, and no longer discriminate against the AIDS patients.

### **Peer education came into the campus**

On December 1<sup>st</sup>, 2005, being supported by the school leaders vigorously, I gave a lecture about the AIDS prevention to the student representatives of 60 classes of the school in the multimedia classroom. This was my first class of peer education class in true significance. I was so nervous then that I couldn't remember how I finished that class. In the class, when I stood before the dais, I felt that I was shivering. Although I had fallen ill that day, I still gave the lecture as planned, because December 1<sup>st</sup> is a special day as the World AIDS' Day. That day my voice is a little small. After the class, one of the school leader explained for me that I gave the lecture in spite of my illness. Knowing this, much applause broke out in the classroom. No matter what, I was very happy then.

Afterwards, under the organization of the school, all of the schoolmates actively donated goods to charity for AIDS villages. The enthusiasm the donating of the schoolmates was out of my expectation. At first we only planned two days for the donation, but it finally continued for a whole week for students' continuous donation. Finally we succeeded in donating more than 3,000 pieces of stationery and 2,000 clothes for the AIDS villages. These things were sent to the Young Community of Henan Zhu Madian, and were distributed to sixteen middle and elementary school, which were affected by AIDS.

In the beginning of 2005, Zhao Hongru, the AIDS dispensary Manager of Hebei Province, and some leaders of the national medical department came to the school to inspect the development of the AIDS prevention activity. The school leader let me give the introduction. That day, they were very interested in what we had done in the activity of peer education, and favored extremely in using the network to propagandize the AIDS.

In February 2005, again I gave a lecture of peer education in the school, and this time it lasted for two classes. The first class was given for more than two hundreds of the grade one middle school students, and another was given for the teachers. As this was the second time I gave lectures, it was very successful because of my experience. Especially for the first lecture given to the students of grade one, I was not nervous at all, and the atmosphere was very active. Speaking and asking, I also gave gifts to the ones who answered my questions correctly, and everyone was in high mood. In the class everyone was very happy. However, when giving lectures to the teachers, I was slightly nervous.

That day, after I came back home, I got sick, because I had spoken for such a long time and hadn't drunk any water. At the same time, I got the thought that being a teacher is not an easy thing!

Afterwards, what we had developed in the school obtained high praise and the approval of many leaders of the country, the city and the province.

### **The second time to go to the AIDS village**

In July 2005, I went to the AIDS villages in Henan along with little reporter group of the Red Ribbon Youth Action, as I had wished for a long time.

At my first sight on entering Qulou elementary school, I was so surprised that I almost didn't believe my own eyes! The old one-story houses had disappeared, and a building stood there. At the door of Qulou elementary school, there were four golden color characters sparkling there. In the classrooms, sunshine made the rooms quite bright, and the desks and chairs were all brand-new. The two girls who I had met on my first coming had lost their mother forever for AIDS' sake. But this time they were not shy any more, and came up to say hello with us, just as we were old friends. I was so happy and gave them some books I had brought as gifts. They were very glad to get them.

We got to know that Qulou elementary school had built this new school under the government's help. And the children's study condition has been improved greatly. Also, they have English class. Now their extracurricular life has been enriched much more than before. Last time I came here, they almost had little extracurricular activity. However, when I came here again, it changed. It seemed that many boys began to like playing basketball.

Just one year! How big the change it was!

Afterwards, getting the permission of the children, I went to some of the children's home. Their home environment was much worse than I thought before. Although their study condition has been improved, their family condition seemed little improvement.

It was almost dark in their houses. There was only one lamp bulb hang on the house beam, and was seldom on. Many of the children didn't have bed. They slept on the gunnysack, which was strait spread on the floor. It was very chaotic in the room, and there was little furniture. It was said that for the sake of curing illness, everything could be sold had been all sold out.

After going out from their home, I felt very sad.

But the villagers I met were very enthusiasm. They knew we came from Beijing and we were reporters. They were not afraid of speaking of AIDS. They greeted with us warmly. Those children affected by AIDS told us that, the villagers are very kind to them now, and don't discriminate against them any more. Everyone knows that it won't get AIDS through common contact.

On hearing this, I was happy again.

I thought that, one-day, the entire society will become like the Qulou village where all of the people who discriminate against AIDS patients as well as people affected by AIDS all disappeared forever.

After coming back from the AIDS village, I have persisted in correspondence with the children there. I have remembered one speech they said to me: we are friends.

### **My harvest**

In the process of AIDS prevention, I felt that I have obtained much more than I gave. When I help the young people as old as me, I felt that I'm helping myself. Very often, they bring me many moves. Their simple feeling has affected me deeply.

Each time I left the AIDS village, they all gave me a long send-off, waving to me for such a long time until they didn't see us. Every time I sent books to them, they lighted up with pleasure, and said thanks to us! They would remind me to put on more clothes and the weather gets cold when I said I felt bad. When a boy called me sister, I was especially moved. I was so excited that I simply had no words to describe my feelings.

No longer were they the children who once had no smile. They simply got back their smiling. And they also affected me much, making me to face everything with positive point of view. On

remembering their adamancy, I feel that there will be no difficulties I can't conquer.

**That's true!**

### **Social effects**

Apr. 2004, I was invited to <Oriental Children> Program of China Central Television (CCTV) to shoot a special program of AIDS. I had a talk with Prof. Yi Zeng, who was an academician of Chinese Academy of Science; about the orphans resulted from AIDS.

Nov. 2004, <Grand Windmill> Program of China Central Television (CCTV) interviewed me. I introduced my visit to AIDS village and the commonweal website of Red Ribbon Youth Action .

Nov. 2004, <Chinese Middle School Student Newspaper> reported the commonweal website of Red Ribbon Youth Action.

Jan. 2005, I recorded 'voice of youth' program, which was exhibited on the Pan-Pacific and Asia-Pacific Minister Conference to put forward the problem of the influence of AIDS on children.

Apr. 2004, I was interviewed by <Beijing Entertainment Newspaper> and introduced my visit to AIDS village.

Sep. 2005, as the guest of <Rural World> Program, I narrated my experience of becoming a peer educator and introduced my visit to AIDS village.

Nov. 2005, as the guest of <Growing Online> Program of CCTV, I talked about the issue of youngsters and AIDS.

From 2004, I've induced over 100 peer educators.

From 2004, I've published a series of reports on AIDS village, totally over 6,000 words, including <Chinese Little Reporter's First Visit to AIDS Village>, which brought me the honor of 'National Top 100 Little Reporters of 2005'.

## **Chenyu Guo**

Little Reporter of < China High School Student >

The first batch of peer educators in Beijing (in the year 2003)

Graduated from: Beijing Hujialou Middle School

Now: undergraduate of Nanguang School, China Media University

## **My experience of a peer educator**

By Chenyu Guo

By the help of < China High School Student >, on Aug. 1<sup>st</sup>, 2003, I attended the Peer education project of 'Red Ribbon Youth Action' on HIV/AIDS prevention held by the United Nation Children's Fund (UNICEF) and China Children's Press and Publication Group (CCPPG), where I got in touch with China's Heart with Red Silk Ribbon the first time. In this project, I got to know some knowledge of AIDS and the situation of AIDS in China. It was on that day that I decided to contribute my effort to the battle with AIDS.

From then on, I read a lot of books about AIDS and improved myself on the knowledge of AIDS. When talking with my classmates, I introduced the knowledge of AIDS to them. What's more, I handed out questionnaires about AIDS in my school – Beijing Hujialou Middle School, and the effects of this activity are positive. After that, as the reporters of < China High School Student >, we interviewed 3 AIDS patients in Beijing Ditan Hospital and knew about what the patients were thinking about. We found that they were pessimistic about their future. Moreover, most of the AIDS patients were scared of the outside world. Seldom would they tell others about their state of illness. I think that this situation compels us to propagate knowledge of AIDS to the public, eliminate the discrimination and the scare of AIDS and AIDS patients and alleviate the psychological pressure of AIDS patients.

In 2004, led by the < China High School Student > press and <Your intimate sister> press, I went to Qulou elementary school in Qulou hamlet, Xingzhuang village, Weishi County, Kaifeng city, Henan province with 3 classmates and visited the orphans who were AIDS patients there. During this visit, I saw the local people struggling not only with poverty, but also with AIDS. In the same time, drugs for curing AIDS are so expensive that many patients couldn't afford the therapy. They could only wait for death at home and their children finally became orphans. These orphans were hostile to this society because their family died of AIDS caught by selling blood. They're unhealthy both physically and mentally, which is a great hidden trouble of the society, if we disregard it. Furthermore, we should fight the local economy of plasma to prevent the spreading of AIDS. We visited Doctor Yaojie Guo there and knew some more about the AIDS orphans. Their living conditions were not optimistic. By force of living, many youngsters went out to be coolies. Being a peer educator, I think I'm obliged to help them.

On 23<sup>rd</sup>, Nov. 2005, I sponsored a donation activity in my university – Nanguang School of Chinese Media University. The beneficiaries were the AIDS orphans in the Sunlight Park in Xingzhuang village, Kaifeng City, Henan Province. In this donation, we collected 1723 Yuan. And then we bought 100 pairs of gloves, 50 sets of rulers, 50 sets of pens, 50 notebooks and 50 storybooks. We received the reply letter of President Zhongquan Zhao of the Sunlight Family to certify the acceptance of the donations. My schoolmates were very active in this activity and many of them were willing to join the career of combating with AIDS. So I believe there should be a

group like 'Red Ribbon Youth Action' among the undergraduates. Compared with middle school students, the undergraduates can influence the society more widely in the aspect of propagating effects.

## Appendices

### Appendix 1: The student questionnaire for project and non-project schools

Area code

Questionnaire code

Questionnaire for knowledge, attitude, and behavior about HIV/AIDS in students

Dear students,

The purpose to design the questionnaire is to know the knowledge, attitude, and behavior related with AIDS of yours. The information you provide will be the important gist for the AIDS prevention and education in schools. We hope everyone answer each question carefully and genuinely.

Before answering, you need pay attention to several points:

1. This is an anonymous investigation, and the result will not be used to evaluate your study
2. Please don't have misgiving, it will not to make the personal analyzing
3. Please check the right answer you think or the congruous one with yourself, and sign " v " on it.
4. There are two kinds' questions, single choice and multiple choices. You can choose one answer in the single choice while chooses one and more in the multiple which are signed.
5. Please make clear the question and the demand and don't leave out one project

Thanks for your help!

Institute of Health and adolescent health, Peking University

United Nations International Children's Emergency Fund

October 2005

#### 1、 General information

Your address: \_\_\_\_\_

Name of your school: \_\_\_\_\_

##### (1) Your age

less than 11 years old	11 years old	12 years old	13 years old
14 years old	15 years old	16 years old	17 years old or more than 17 years old

##### (2) Your grade

elementary school          junior high school          senior high school

##### (3) Your gender

boy          girl

##### (4) Father's education level

elementary school or less          junior high school          senior high school or technical  
secondary school          junior college or university          graduate student

##### (5) Mother's education level

elementary school or less          junior high school          senior high school or technical  
secondary school          junior college or university          graduate student

#### 2、 Question about AIDS

##### (1) Have you heard AIDS before?

never          yes, in this year          yes, a year before

##### (2) The abbreviation of the virus of AIDS is



make no response , go away

don't know how to deal with it

(12) If your schoolmate familiar with you gave you a cigarette, you would

accept, very gladly

accept, not gladly

find some excuses , tactfully but firmly refuse him

don't find excuses , firmly refuse him

don't know how to deal with it

(13) Although AIDS is terrible, I think only the adult will get it except the young people

completely agree      agree      have no idea      disagree      completely disagree

Your reason \_\_\_\_\_

(14) I have enough information and skills to prevent getting AIDS

completely agree      agree      have no idea      disagree      completely disagree

Your reason \_\_\_\_\_

(15) You can demand doctors use one-off needles and syringes when you have an injection in hospital

completely agree      agree      have no idea      disagree      completely disagree

Your reason \_\_\_\_\_

(16) Do you like to build your general awareness and knowledge of the AIDS prevention or take apart in some activity about AIDS prevention in school?

completely agree      agree      have no idea      disagree      completely disagree

Your reason \_\_\_\_\_

( 17 ) Have your school developed any activities about AIDS prevention before? (Multiple choice)

No, have developed none activities

Yes, have developed some special lectures

Yes, have developed peer education named "childlike red ribbon"

Yes, have developed some courses

Yes, have transmitted news on the blackboard and broadcast in the school.

I don't know

(18) HIV can be avoided by having sex with only one faithful, uninfected partner?

yes      no      I don't know

(19) HIV can be avoided by using condoms

yes      no      I don't know

(20) A healthy-looking person can have HIV

yes      no      I don't know

(21) A person can get HIV from mosquito bites

yes      no      I don't know

(22) A person can get HIV by sharing a meal with someone who is infected

yes      no      I don't know

(23) How far is the HIV from us in your opinion?

very far      I have no idea      very close

(24) If your classmates get HIV, you will

I will demand him/her transfer school or class

I will transfer school or class

I will not mind it

I will take care of him/her

- (25) What do you think about the people living with HIV?  
they are hoodoo , we should separate them from healthy people  
have different status : if they get HIV because of injecting drug using or parturiency, they  
are served right ! If the infants get HIV, they are woeful.  
However people get HIV, they are all woeful. Human's enemy is HIV, not the people  
living with HIV!  
I haven't thought about this before.
- (26) What can we do to diagnose a person getting HIV or not?  
X-ray            blood test            skin test            I don't know
- (27) HIV is the main health problem in our country or city?  
yes            no            I don't know
- (28) Most of my peers have enough information about HIV?  
yes            no            I don't know
- (29) I am rarely on to the harm HIV act on us?  
yes            no            I don't know
- (30) Have you ever talked about HIV and related things with your parents or other elderships?  
yes            no            want to, but don't know how to start
- (31) Have you ever talked about HIV and related things with your friends?  
yes            no            want to, but don't know how to start
- (32) Have your classmate ever talked about HIV and related things with you?  
often            once in a while            never
- (33) What do you think about the point that keeping away from drug and preventing AIDS are  
important actions for life right and health right's maintenance?  
completely agree            agree            have no idea            disagree            completely disagree  
Your reason \_\_\_\_\_
- (34) There are no national boundaries during HIV transmission  
yes            no            I don't know
- (35) Which approach do you want to get the information about AIDS prevention? ( you can choose 3  
options most )
- ( 1 ) Lectures and consultation giving by invited experts
  - ( 2 ) Regularity courses opened by schools
  - ( 3 ) Education by parents
  - ( 4 ) peer education ( between classmate or schoolmate )
  - ( 5 ) Visiting exhibitions
  - ( 6 ) Go to movie or video
  - ( 7 ) Reading books or newspaper
  - ( 8 ) Listening to the radio or watching TV
  - ( 9 ) Consultation by phone
  - ( 10 ) Web
  - ( 11 ) Self-study
  - ( 12 ) Others , including \_\_\_\_\_

**Thanks for your help again !**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Appendix2: The parents' questionnaire for project and non-project schools**

Area code

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Questionnaire code

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Questionnaire for knowledge, attitude, and behavior about HIV/AIDS among parents

Dear parents,

The purpose to design the questionnaire is to know the knowledge , attitude, and behavior related with AIDS of your child. The information you provide will be the important gist for the AIDS prevention and education in schools. We hope everyone can answer each question carefully and genuinely.

Before answering, you need pay attention to several points:

- 1.This is an anonymous investigation
- 2.Please don't have misgiving, it will not to make the personal analyzing
- 3.Please check the right answer you think or the congruous one with yourself, and sign " v" on it.
- 4.There are two kinds' questions, single choice and multiple choices. You can choose one answer in the single choice while choose one and more in the multiple which are signed
- 5.Please make clear the question and the demand and don't leave out one project

Thanks for your help!

Institute of Health and adolescent health, Peking University

United Nations International Children's Emergency Fund

October 2005

1、 General information

Your address: \_\_\_\_\_

Name of your child's school: \_\_\_\_\_

(1) Your child's grade

elementary school                      junior high school                      senior high school

(2) Your child's gender

boy                      girl

(3) You are the child's

father                      mother                      grandpa,grand ma  
other relatives (aunt, uncle etc)      stepfather or stepmother

(4) Your education level

elementary school or less                      junior high school                      senior high school or technical  
secondary school                      junior college or university                      graduate student

2、 Question about AIDS

(7) Have you heard AIDS before?

never                      yes, in this year                      yes, a year before

(8) AIDS is belonging to?

skin disease                      infectious disease                      tumor                      I don't known

(9) A healthy-looking person can have HIV

yes                      no                      I don't know

(10) At present, we can prevent AIDS availablely by vaccination

yes                      no                      I don't know

(5)Which group of the route of HIV transmission is correct?

mother-to-child transmission, injecting drug use, mosquito bitten  
blood, mother-to-child transmission, sex  
drinking, mother-to-child transmission, sex  
injecting drug use, mosquito bitten, air  
I don't know

(6) Which group of the route of HIV transmission have mistake?

shake hands, share the stationery, study together, and swim in the same pool  
Voluntary blood donation, have deal together, mosquito bitten, play basketball together  
touching others' blood or wound without protection, cuddle, get a hole on the ear on  
street, travel together  
have the dinner the patient made, share the cup, share the phone  
I don't know

(7) Which group of AIDS prevention is availability?

away from drugs ; don't shank hands with the AIDS patients ; avoid touching others' blood or  
wound without protection ; Avoid having sex before marrying and avoid having sex with others  
who are not your spouse.

away from drugs ; avoid touching others' blood or wound without protection ; avoid being  
mosquito bitten ; Don't use the blood and blood products, which are not detected.

away from drugs ; avoid touching others' blood or wound without protection ; don't use the  
blood and blood product which are not detected ; Avoid having sex before marrying and avoid  
having sex with others who are not your spouse.

avoid touching others' blood or wound without protection ; don't shank hands with the AIDS  
patient ; avoid being mosquito bitten ; Don't use the blood and blood product, which are not  
detected.

I don't know

(8) HIV can be avoided by having sex with only one faithful, uninfected partner?

yes      no      I don't know

(9) HIV can be avoided by using condoms

yes      no      I don't know

(10) A healthy-looking person can have HIV

yes      no      I don't know

(11) A person can get HIV from mosquito bites

yes      no      I don't know

(12) A person can get HIV by sharing a meal with someone who is infected

yes      no      I don't know

(13) How far is the HIV from us in your opinion?

very far      I have no idea      very close

(14) What do you think about the people living with HIV?

they are hoodoo, we should separate them from healthy people

have different status : if they get HIV because of injecting drug using or parturiency, they  
are served right ! If the infant gets HIV, they are woeful.

However people get HIV, they are all woeful. Human's enemy is HIV, not the people  
living with HIV!

I haven't thought about this before.

- (15) If your child's classmate gets HIV, you will  
 I will demand school let him/her transfer school or class  
 I will let my child transfer school or class  
 I will not mind it  
 I will tell my child to take care of him/her  
 I don't know how to deal with it
- (16) What can we do to diagnose a person getting HIV or not?  
 X-ray          blood test          skin test          I don't know
- (17) HIV is the main health problem in our country or city?  
 yes          no          I don't know
- (18) Do you like that your child receives information about AIDS prevention in the school?  
 completely agree          agree          have no idea          disagree          completely disagree  
 Your reason \_\_\_\_\_
- (19) Do you like that your child take part in the commonweal activities about AIDS prevention  
 completely agree          agree          have no idea          disagree          completely disagree  
 Your reason \_\_\_\_\_
- (20) What do you think that your child has been chosen to be a peer educator to?  
 completely support          support          have no idea          oppose          completely oppose  
 support  
 Your reason \_\_\_\_\_
- (21) Although AIDS is terrible, I think only the adult will get it except the young people  
 completely agree          agree          have no idea          disagree          completely disagree  
 Your reason \_\_\_\_\_
- (22) Have you ever talked about HIV and related things with your child?  
 yes          no          want to, but don't know how to start
- (23) Have your child ever talked about HIV and related things with you?  
 often          once in a while          never          I don't hope child talk about it
- (24) Which approach do you want that your child use to get the information about AIDS prevention?  
 ( you can choose 3 options most )
- ( 1 ) Lectures and consultation giving by invited experts
  - ( 2 ) Regularity courses opened by schools
  - ( 3 ) Education by parents
  - ( 4 ) peer education ( between classmate or schoolmate )
  - ( 5 ) Visiting exhibitions
  - ( 6 ) Go to the movie or video
  - ( 7 ) Reading books or newspaper
  - ( 8 ) Listening the radio or watching TV
  - ( 9 ) Consultation by phone
  - ( 10 ) Web
  - ( 11 ) Self-study
  - ( 12 ) Others , including \_\_\_\_\_

**Thanks for your help again !**

Date:          /          /

### Appendix 3: Outlines of interview with organizers for peer training

#### Outlines of interview with organizers for Peer training

Prologue:

Hello everyone!

First I will introduce myself, my name is \_\_\_\_\_, from \_\_\_\_\_. We'll do some investigations and interviews here. We want to know that what you think about the training of AIDS peer education. Your opinions will be very important for the future work to adolescents on HIV/AIDS prevention, please exchange your opinions with us. Thank you!

Some questions about the training of peer education:

- (1) Could you tell us your overview about the training of peer education?
- (2) Please introduce the training in your district.
- (3) Objective of training: Has the aim of the training achieved?
- (4) Contents of training: What are the contents of training? It is appropriate for the peer trainees in elementary and high schools?
- (5) The manner of the training: Was the trainees are active during the training, did they enjoy the manner of the training?
- (6) The schedule of the training: short or long?
- (7) What was your impression to the trainees? What was the criterion to choose the peer trainees?
- (8) How to assess the effect of the training, such as the effects of the knowledge, the skills of communicate with students?
- (9) What are the problems of the training? Do you have any suggestions for the future training?

#### The basic information of the interviewee

Province \_\_\_\_\_ City \_\_\_\_\_

The date of interview: \_\_\_\_/\_\_\_\_/\_\_\_\_

Interviewer : \_\_\_\_\_ Noter: \_\_\_\_\_

#### The basic information of the interviewee

Name	Gender	Age	Schooling	Work place	Position	Place of the interview

#### Appendix 4: The questionnaire of peer educators in project schools

### The questionnaire of peer educators who were trained by experts in project schools

Dear boys and girls:

This questionnaire is used to investigate the training of peer education given by experts. The information you offered will be very important to the peer education on HIV/AIDS prevention.

We hope everyone fill the form faithfully. Thank you!

1. Your address: Province \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

2. The name of your school: \_\_\_\_\_

3. Your age:

less than 11 years old	11 years old	12 years old	13years old
14 years old	15 years old	16 years old	17 years old or more than 17 years old

4. Your grade:

Elementary school      Junior high school      senior high school

5. Gender:

Male      Female

6. When did you become a peer educator?

Year of 2003      Year of 2004      This year

7. When did you begin the training of peer education on HIV/AIDS prevention?

Year of 2003      Year of 2004      This year

8. What's your impression to the training if the experts had trained you? (if achieve the aims)

(1) Very good (2) Good (3) General (4) Bad (5) Very bad

9. Through the peer education training by experts, did you have a deeper understanding on the method of peer education?

(1) YES      (2) NO

If yes, what were they? \_\_\_\_\_

10. Through the training, did you have a deeper understanding on the knowledge of AIDS?

If yes, what were they? \_\_\_\_\_

---

11. Through the training, were you more confident on the peer education on HIV/AIDS prevention using the methods of peer education?

( 1 ) YES      ( 2 ) NO      (3) Not clearly

12. Did you think the expectation of the training you have taken part in had achieved?  
( 1 ) completely achieved      ( 2 ) partly achieved      ( 3 ) hadn't achieved

If hadn't achieved or partly achieved, please give the reason.

Reasons : \_\_\_\_\_  
\_\_\_\_\_

13. What did you think of the schedule of expert training?  
( 1 ) Too short      ( 2 ) Proper      ( 3 ) Too long

Comment and suggestion: \_\_\_\_\_  
\_\_\_\_\_

14. Was there any content of the training do you think had been ignored?  
( 1 ) YES      ( 2 ) NO

If yes, what were they? \_\_\_\_\_  
\_\_\_\_\_

15. What do you think was the most useful to your work in the training given by the expert?

Give the reasons: \_\_\_\_\_

16 . What was your opinion to the method and content of the training given by expert to the peer trainee?  
( 1 ) Very good      ( 2 ) Good      ( 3 ) General

Suggestion : \_\_\_\_\_

16. Do you want to do the peer education on HIV/AIDS prevention actively after the training ?  
( 1 ) Very active      ( 2 ) Active      ( 3 ) Not active

17. Were you confident to be a good peer educator, after the training?  
( 1 ) Very confident      ( 2 ) Confident      ( 3 ) Not confident

Give the reasons : \_\_\_\_\_

18. What facets do you think should be improved in the content, method, and organization of the training?

( 1 ) Yes, I have ( 2 ) No, I haven't

If yes, what are they : \_\_\_\_\_

\_\_\_\_\_  
19. What the problems and difficulties did you have in process of peer education?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
20. Your suggestions to the future peer education:

\_\_\_\_\_

Thank you for your support!

Date : 2005/ \_\_\_\_/

**Appendix 5: The interview outline with peer educators**

The interview outline with peer educators

Prologue:

Hello everyone!

First I will introduce myself, my name is \_\_\_\_\_, from \_\_\_\_\_. We will do some investigations and interviews here. We want to know that what you think about the peer education. Your opinion will be very important for the future work to young people on HIV/AIDS prevention, please exchange your opinions with us.

1. When did you become a peer educator?
2. How long have you organized the activities of HIV/AIDS prevention as a peer educator?
3. Had your school organized the peer education project of “Red Ribbon Youth Action” on HIV/AIDS prevention? Please say something about the effect and the form of the activities in your school.
4. What were the difficulties in the process of the peer education on HIV/AIDS prevention? Had they been resolved? And how?
5. Did your parents and your teachers support your work?
6. Did your classmates around you support your work? Would they like to join in such kind of activities?
7. Did you have any suggestion for the peer education project of “Red Ribbon Youth Action” on HIV/AIDS prevention in the future?
8. What was your plan in the future? Was there any challenge? What would you want to do?
9. Could you tell me one of your favorite style or content of the activity?
10. About the training of peer education you have joined in:

(1) The review of the process of the training

	<b>Very satisfied</b>	<b>Satisfied</b>	<b>General</b>	<b>Dissatisfied</b>	<b>Very dissatisfied</b>
The programming and organization					
The time schedule					
The training place					
The content was easy to understand					
The training mode					
The information was related with the adolescent					
The process of the training and all the activities					

(2) What did you think was the most important you get from the experience of being a peer educator? Was it helpful for your future development?

(3) What parts of the peer education training did you think were not useful to your work?

(4) How did you make your decision of satisfied or not satisfied?

(5) Did you think which aspect you should keep on learning from the training? (If have, please write them on.)

(6) What should we do to improve the training?

**The basic information of the interviewee**

Province \_\_\_\_\_ City \_\_\_\_\_

The date of interview: \_\_\_\_/\_\_\_\_/\_\_\_\_

Interviewer : \_\_\_\_\_ Noter: \_\_\_\_\_

**The basic information of the interviewee**

Name	Gender	Age	Schooling	Work place	Position	Place of the interview

**Appendix 6: The interview outline with organizers and school teachers**

**The interview outlines with organizers and school teachers**

Prologue:

Hello everyone!

First I will introduce myself, my name is \_\_\_\_\_, from \_\_\_\_\_, We'll do some investigations and interviews here. We want to know that what you think about the training of AIDS peer education. Your opinions will be very important for the future work to adolescents on HIV/AIDS prevention, please exchange your opinions with us.

Thank you!

1. Had your school organized the peer education project of “Red Ribbon Youth Action” on HIV/AIDS prevention?
2. What was your assessment and opinion to this project? Was it a good way of school education?
3. What was the experience you get from the project?
4. Had the peer educators developed themselves? Had their skills of the communication developed?
5. What's your hope to the peer education in your school?
6. What's the problem in peer education on HIV/AIDS prevention in your school?
7. Did you agree with your students to take part in the activities of HIV/AIDS prevention?
8. What was your attitude on if your child was selected to be a peer educator who would transfer the knowledge of HIV/AIDS to other children?
9. Did your students talk to you the subject of AIDS or the HIV infection?
10. Which way did you want your child accept the knowledge of the HIV/AIDS prevention?

Expert lectures and constructions; the lessons in school; parents education; peer education(the communication with students); vis it exhibitions; watching movies and videos; books; newspapers; broadcasting; TV; telephone consultation; internet; self-study; etc.

**The basic information of the interviewee**

Province \_\_\_\_\_ City \_\_\_\_\_

The date of interview: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Interviewer : \_\_\_\_\_ Noter: \_\_\_\_\_

**The basic information of the interviewee**

Name	Gender	Age	Schooling	Work place	Position	Place of the interview

## **7. Photos in field investigation**