Evaluation of the Urban Life Network (Lifenet) Project  
Northern Thailand

Background

The Urban Life Network (Lifenet) is an approach to meeting young adult reproductive health (YARH) needs by building skills and strengthening social networks. The Network was established in 1996 to respond to increased morbidity and mortality of Thai adolescents, mostly due to HIV/AIDS and motorcycle accidents. It also took advantage of the opportunity presented by the threat of HIV/AIDS to open up discussion on the previously taboo subjects of sexuality and gender relations. The objectives of the project were to: (1) improve teachers’ attitudes and skills in implementing a sexuality education curriculum; (2) teach sexuality education based on real life experiences and problems encountered by adolescents, and on values consistent with their culture; (3) strengthen cognitive, self-awareness, and communication skills among teachers and youth in order to improve decision making; and (4) support healthy lifestyles through a cadre of peer leaders, building on naturally existing social networks.

The first phase of the project concentrated on identifying issues related to high-risk networks of youth and changing attitudes of teachers and administrators in the Chiang Mai Rajabhat Institute, the Ministry of Education’s tertiary-level teachers training college. This phase involved outreach, participatory research and other activities with youth who frequented night-time entertainment establishments. A curriculum was developed to teach gender equity and sexuality from a cultural perspective that reflects the needs of youth and uses active learning methodologies. The second phase involved further refinement and testing of the curriculum with teachers and peer leaders in the Rajabhat Institutes of Chiang Mai, Lampang, and Chiang Rai Provinces. During the third phase of the project, the curriculum and approach to teaching sex education were introduced at the secondary level through the Health Promoting Schools program of the government’s Region 10 Health Promotion Center.

This report concentrates on describing the activities and findings from an evaluation of Phase II. The objectives of Phase II were to: (1) expand implementation of the curriculum to students in Chiang Mai and Teachers’ College Institutes in two additional provinces; (2) revise and test the school-based curriculum and network approach with peer leaders; and (3) improve the evaluation of the program’s approach, emphasizing the measurement of life skills and communication with friends through naturally occurring social networks. The program consisted of training 36 teachers in three provinces as trainers who, in turn, used the curriculum to train 70 peer leaders (40 from Chiang Mai and 30 from the other two institutions combined) in life-skills and communications techniques. For many peer leaders, the training presented their first opportunity to think critically and discuss the links among gender roles, expectations, and reproductive health risks. Peer leaders were selected by mapping social networks of students and identifying natural leaders in the networks. Over a period of six weeks, peer leaders held informal discussions with their friends (members of their networks) and discussed issues and problems with the supervising teacher. These discussions revealed a variety of concerns and additional counseling needs among both students and teachers.
Data and Methods

The evaluation findings presented here represent students from Chiang Mai only, although data were collected in the two additional institutions. A pre- and post-test survey was completed by second-year students who were selected from a variety of subject areas. The survey asked questions relating to size and social composition of peer networks; peer leader performance; life-skills acquisition; and reproductive health behaviors, including smoking, alcohol and drug use, communication and information about sex and reproductive health, perceived HIV/AIDS risk and STI knowledge, sexual experience and sexual activity, unwanted pregnancy and abortion, and methods of pregnancy and disease prevention.

Findings

- Over six months, natural networks among students expanded in size and composition, with some networks retaining their original members and others changing in composition. Several networks were more active than others. Peer leaders were well received by their friends as sources of information and support but fell short of providing referrals either to services or to other adults.

- The process of training, based on real examples and participants’ experiences, was felt to be an effective way for teachers and peer leaders to learn more about life-skills. However, changes in skills were difficult to measure for all network members. Improvements were reported for females in some areas of self-esteem, but fewer improvements were reported in cognitive or communication skills. Females had higher scores on many of these items to begin with. Among males, more improvements were reported, given that scores were lower to begin with.

- Some changes in reported youth behavioral outcomes were promising. First, frequency of alcohol and cigarette use declined. Second, the proportion of males and females that reported communicating with parents, teachers, and partners about reproductive health and sexuality increased. Third, there was an increase in the proportion of both males and females that reported using condoms with their most recent sexual partner.

- The program succeeded in improving the attitudes, skills, and commitments on the part of teachers at the Rajabhat Institute to teach sexuality education in a manner that is culturally sensitive and takes into consideration the complex issues of gender roles and responsibility.

- The Rajabhat Institute Council commended the contribution of the Lifenet approach as a dynamic program that teaches life skills within the context of youth networks. This institutional recognition suggests that the process was effective in changing not only teachers’ attitudes, but those of administrators as well. Administrators’ support allowed the original team of teachers to participate in a further expansion of the approach into secondary schools.

- The results of the Lifenet project are consistent with findings from other peer programs elsewhere in the world, but fall short of defining conclusively that the curriculum and training of peer leaders can have a sustained effect on behaviors. This shortcoming is, in part, a function of time and resource constraints encountered in implementing and evaluating the program.
Implications

- The life-skills measures, while in need of refinement, expose the nuances of capturing an intervention’s effect on gender equality.

- Greater attention needs to be given to the inherent strengths and weaknesses of males and females. Teachers and peer leaders also need to recognize the potential negative effects on self-esteem related to raising consciousness about gender values and power relationships. They need to give more attention to working with young women to strengthen their sense of autonomy, goals and clear principles for decision-making. More time needs to be spent with males in developing their sense of empathy and responsibility.

- Peer programs that build on naturally occurring social networks show promise in changing the social norms that put members of those networks at risk of adverse health problems. The Lifenet program used natural peer leaders and provided adult support to students as a way to initiate further action. The process of training included discussions about gender norms and peer influences on sexual decision making. The life-skills training component requires further development, however, both in the areas of training and measurement. Life-skills programs in school-based settings are a key part of a newer generation of programs addressing adolescent reproductive health programs and, as such, need time and attention before conclusions can be drawn about their effectiveness.

Source: Compiled from three reports on the Thailand Lifenet project prepared for the FOCUS on Young Adults program.

This study was supported by the U.S. Agency for International Development (USAID)/Asia-Near East Bureau through funds provided to the FOCUS on Young Adults Program/Pathfinder International under Cooperative Agreement No. CCP-A-00-96-90002-00.