Communication and advocacy strategies
adolescent reproductive and sexual health

Case Study
Malaysia

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27 p. (Communication and advocacy strategies: adolescent reproductive and sexual health; series two)
CONTENTS

PREFACE ...................................................................... i

DEMOGRAPHIC CHARACTERISTICS OF ADOLESCENTS

Population composition of adolescents ....................... 1
Age at marriage ......................................................... 1
Fertility, teen pregnancy and abortion .................... 2
STDs/ HIV/AIDS ....................................................... 3
Practice of contraception and family planning ........ 4
Knowledge, attitude and behaviour on sexuality and reproductive health ........................................ 4

PROGRAMME RESPONSES TO ADOLESCENT
REPRODUCTIVE HEALTH PROBLEMS

Government programmes ............................................. 6
NGO programmes ...................................................... 9

ADVOCACY AND IEC STRATEGIES USED TO PROMOTE
ADOLESCENT REPRODUCTIVE AND SEXUAL
HEALTH MESSAGES

Advocacy strategies .................................................. 11
Information, Education and Communication (IEC) strategies 12

LESSONS LEARNED

Success/failure factors for advocacy strategies ............ 16
Success/failure factors for IEC strategies .................... 17
Overall listing of lessons learned ............................. 18
CONTENTS (continued)

GUIDELINES FOR FORMULATING AND IMPLEMENTING
ADVOCACY AND IEC PROGRAMMES ON ADOLESCENT
REPRODUCTIVE AND SEXUAL HEALTH

Guidelines for advocacy programmes.............................. 21
Guidelines for IEC programmes ...................................... 21

REFERENCES.................................................................... 23
Appendix Directory of Organisations .............................. 26
Although adolescent reproductive and sexual health education is a new programme area when taken under the context of the ICPD POA framework, not a few efforts had been ventured though by a number of forward-looking countries in the region to implement educational, advocacy and communication activities in the areas of human sexuality, HIV/AIDS, and family life/population education, and of course more recently, adolescent reproductive health.

Without doubt, these programmes and activities are characterized by weaknesses and gaps as planners and implementors are usually held back from trying out innovative approaches by opposition and objections from concerned quarters. However, there is also not a dearth of successful innovative strategies and approaches which can documented and shared for others to learn from and even replicate.

Sexuality and reproductive health education is an area that generate misconceptions, confusion, fear and unwarranted caution, to say the least. These can be ascribed by many factors. First, policy makers, community members, parents and teachers are reluctant to confront issues of sexual and reproductive health. Teen-agers often get their information from their peers who may be ignorant of the topic or the mass media which may provide sensational and inaccurate information. In many programmes, curriculum and textbooks continue to limit their focus on biological, demographic, population and development and family life education issues. Sometimes, in spite of a well-designed curriculum, an ill-prepared or uncomfortable teacher can render a programme ineffective. Teaching methods used are often not suited to the sensitive nature of sexual and reproductive health education issues.

However, the developments in this field have not been held back by a few conservatives and traditionalists. Many organizations, especially the non-governmental and voluntary organizations as well as bold government agencies have taken steps to undertake innovative strategies to introduce reproductive and sexual health messages into their programmes to reach the adolescents and influence them into taking responsible decisions regarding their sexual and health behaviours.
These strategies and approaches range from energizing in-school education through co-curricular or community support from out-of-school sector; setting up counselling services inside a school campus; counselling through telephone hotlines; peer group counselling and discussions; development of IEC materials and interactive Internet discussion forum; youth camps and debates and competitions and campaigns in recreational places. Some of these strategies have worked and some failed. How is it that in one country the setting up of counselling centre for youth within a school campus is acceptable and not in another? Why is it that the use of peer approach in reaching the youth is effective in one cultural setting and not in another? How has religion been an obstacle in the introduction of reproductive and sexual health education in a few countries and how has this been overcome?

Some countries and some sectors of society have raised fears and caution in introducing reproductive and sexual health which could be unwarranted. The perceptions could be emanating from their own perspective alone and may not be shared by other sectors or even the recipients themselves, i.e., adolescents. Or even if these fears are justified, these are not really unsolvable. Bold, innovative strategies and approaches are now called for if the ICPD POA recommendations dealing with adolescent health are to see reality. As Dr. Nafis Sadik, Executive Director of UNFPA states:

“The largest challenge facing us does not lie in resources or delivery systems or even infrastructures, but in the minds of people. We must be sensitive to cultural mores and traditions, but we must not allow them to stand in the way of actions we know are needed. We have to overcome the obstacles of superstitions, prejudices, and stereotypes. These changes may not be easy and we face formidable challenges. They involve questioning entrenched beliefs and attitudes, especially toward girls. Lifelong habits must be given up, but they have to be, because in the end Asia’s future depends on all its people: and it will depend as much on adolescents as on adults”.

In order to document the experiences of the countries in the planning and implementation of best practices and innovative strategies in the field of adolescent reproductive and sexual health, these series of case studies are being commissioned to selected countries which have accumulated a pool of knowledge and experiences which can be shared with other countries.
OBJECTIVES

To document the experiences of countries engaged in planning and implementing adolescent reproductive and sexual health in the areas of advocacy and IEC (information, education and communication), the UNESCO Regional Clearing House on Population Education and Communication carried out an activity whereby selected countries were asked to document their experiences in order to:

1. Identify the profile and characteristics of adolescents in various areas such as demographic profile, fertility, teen pregnancies, sexual behaviour, STDs, contraception, etc.

2. Describe the policy and programme responses of the country to address the problems and issues dealing with adolescent reproductive and sexual health

3. Document the strategies, best practices and innovative approaches used in undertaking advocacy and IEC activities on this topic and the results or impact of these strategies on the target recipients

4. To examine and bring out the factors/conditions which have contributed to the success of these best practices or failure of some strategies and from these highlight the lessons learned or guidelines for future consideration

5. To identify organizations which have achieved successes in carrying out programmes/activities on adolescent reproductive and sexual health

Seven countries were initially selected to document their experiences – Bangladesh, Iran, Malaysia, Mongolia, Philippines, Sri Lanka and Thailand.

This volume presents the experiences of Malaysia in planning and implementing the advocacy and IEC strategies for promoting adolescent reproductive and sexual health programmes. It was compiled by Mary Huang Soo Lee, Ph.D. from the Department of Nutrition and Community Health, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia.
A. POPULATION COMPOSITION OF ADOLESCENTS

In Malaysia, adolescents comprised 20.9% of the total population of 18.3 million in 1991. By the end of 1998, they had increased to 21.2%, and by the year 2000, are expected to be 21.1%.

The number of adolescents (ages 10-19) had grown from 3.7 million in 1990 to 4.8 million in 1998, but their proportion to the total population had barely increased by less than 1% in the same period (Figure 1). With no further expected increase in their proportion to the population and with the total population growth rate of 2.18% (Malaysia, 1996), they are likely to reach about 5.0 million by the year 2000.

B. AGE AT MARRIAGE

In the past, the age at marriage was presumed to be the age at which women are exposed to the risk of pregnancy. This assumption has now lost grounds as Malaysia steps into the new millennium. Opportunities for education have resulted to delayed marriage as well as the migration of young people into the cities in search of employment commensurate to their
level of education. In 1990, the average age at marriage was 23.2 years (Population Reference Bureau in Chan, 1997), up from below twenty in the seventies.

The Second Malaysian Family Life Survey reported a trend of later marriage among adolescents and youth. Between 1970 and 1988, the rate of marriage for the age group 18-19 had declined from 36% to 12% (Federation of Family Planning Associations of Malaysia, 1997). At the same time, changing socio-economic conditions, which favour economic independence for women, have resulted to changing norms on marriage and family structures.

C. FERTILITY, TEEN PREGNANCY AND ABORTION

It has been recognised worldwide that 10% of all births each year are attributed to adolescent mothers. Whether or not these are planned, such pregnancies are dangerous to the mothers as well as the children. Risk of maternal mortality has been estimated to be two to four times higher than for mothers in their twenties. At the same time, infant mortality is estimated to be 30% higher among children born to adolescent mothers than those born to mothers in their twenties (Network, 1998).

Each year, more than 10,000 adolescent girls in Malaysia get pregnant and give birth, subjecting themselves to the health risks accompanying such births. The Department of Statistics, Malaysia reported that birth to mothers aged 15-19 had declined from 10.8% in 1966 to 4.7% in 1984 (Tey, 1996). In 1990, this went down further to 3.4%, numbering 13,566. In 1996, the corresponding number of births totalled 13,274 making up 3.1% of the total live births for the year (Malaysia, 1996).

Statistical records do not give a breakdown of the births by marital status but it would be safe to say that even if all these mothers were married, some of these births may have been conceived out of wedlock. It is quite common in Malaysia for parents to force or encourage children to marry once it is confirmed that a girl is pregnant. This has been pointed out as typical of the Asia and Pacific countries (ESCAP, 1992).

Data on abortion is illusive in Malaysia partly due to the fact that abortion is not allowed, except in situations where the life of the mother is threatened. However, it is not uncommon for adolescents to know of a friend who got pregnant as well as someone who has had an abortion, sometimes paid for by parents or by the adolescents themselves.

Qualitative studies of adolescents showed that they knew where to get an abortion. These places included clinics and sites of practice of traditional healers such as the bomoh or the Chinese sinseh. Among the abortifacients they had cited were Panadol, malaria pills and insertion of objects. Prices quoted for an abortion ranged from 500 to 1,000 Malaysian ringgit.
Figures on the incidence of sexually transmitted diseases among adolescents are difficult to obtain.

In 1994, adolescents made up about 10% of the total population, but their proportion to the number of patients in STD clinics was less than that (Ngeow et al., 1998). It has been explained that adolescents shy away from such clinics because they do not want their activities to be discovered. Hence, it is hard to find any data correlating changes in the social mores and less discriminate sexual behaviour with incidence of STD rates among adolescents.

Although the mandatory testing of drug addicts and prisoners for HIV/AIDS has introduced biases in the records of STD incidence, there are enough signs of increasing vulnerability of the adolescent population to HIV/AIDS infection.

The Ministry of Health reveals that between 1987 and the end of 1998, there was an exponential increase in the number of infections among the young (Figure 2).

In 1990, 364 cases were detected in the 20-29 age group, but only eight among those aged 13-19. Two years later, 1,148 cases were detected in the older group, and 45 among the younger group. By 1998, 1,861 were diagnosed to be positive with HIV/AIDS in the older group, while 67 were detected among the younger group. It is possible that the rates of infection detected in the older group were those of young people who had been infected earlier – some perhaps, in their adolescent years, due to the peculiarities of the virus.
E. PRACTICE OF CONTRACEPTION AND FAMILY PLANNING

A study conducted among sexually active respondents showed that their contraceptive knowledge was high: 70% knew about the pill, 48% knew about the condom (Zulkifli et al., 1995). Another study showed corresponding figures to be 88.8% and 94%, respectively (NFPDB, 1988). However, only 37% used any form of contraception. The most common among these was the condom, followed by the pill and withdrawal. The most common reasons cited for non-use of contraceptives were “didn’t expect to have sex” (34.3%), “sex isn’t fun with contraceptives” or contraceptives are “too difficult to use” (31.3%). Moreover, 8.9% did not use any method because their partners had objected and another 8.9% believed that the use of contraception was wrong or dangerous.

In the NFPDB study, about 35% of the male adolescents in the sample had used the condom and only 6% of the females had used the pill. Worse, only 25% had knowledge of pregnancy and where the foetus develops. These had resulted to many unplanned and unwanted pregnancies.

The study also found that unwanted pregnancies were more common among “Bohsia” girls (those who frequented shopping complexes), those in need of money, those working in factories, as well as those who lived with friends and were away from parental supervision.

In a recent newspaper report, a senator said sex education should be taught as early as Standard Six because the “alarming number of cases where unmarried mothers (who) left their babies in dustbins was increasing” (New Straits Times, August 3, 1999). This statement was made during a debate on the Guardianship of Infants (Amendment) Bill.

F. KNOWLEDGE, ATTITUDE AND BEHAVIOUR ON SEXUALITY AND REPRODUCTIVE HEALTH

Among Malaysian adolescents aged 14-15, 50% have read pornographic materials, 44% have seen pornographic images from magazines or videos, and some have done so as early as the age of nine (NFPDB, 1998).

It is also reported that among the youth “lazing” in various places of entertainment, 40% knew of friends who have watched “blue films”, 39% knew of friends who have read pornographic magazines, and 18% have friends who have engaged in premarital sex (Rahim, 1994).

Dating and premarital sexual intercourse. The following studies on sexual behaviour among Malaysian adolescents have covered different age categories, ranging from 12 to 24.

A study on reproductive health of adolescents (ages 13-19) revealed that 40% of respondents had begun dating from ages 13 to 15. By 13 to 18 years,
84% had started holding hands, 85% kissing and necking, and 83% petting. In the household survey, 1% admitted to have had sexual intercourse, while 24% had confirmed in the media survey. Of these, 18.4% had their first sexual intercourse between 15 and 18 years, when most of them would have completed their formal schooling and have been away from parental guidance. (NPFDB, 1997).

An earlier study conducted nationwide in 1992 found that 52% of the youth aged 17-24 had had more than one sex partner, and half of them had engaged in premarital sex (Health and Lifestyle Survey, Ministry of Health, 1992). Another study conducted among 1,200 respondents aged 15-21 found that 45% had dated, and 9% reported having had premarital sexual intercourse (Zulkifli et al., 1995). Among those who had dated, 26% of the boys and 5% of the girls had had sexual intercourse. As in most studies of this nature, more boys than girls reported having sexual intercourse, confirming the belief that there is less pressure for boys to remain virgins or that they are more aggressive when it comes to having sex.

The same study showed that the incidence of having engaged in sexual intercourse went up with age: from 15% among the ages 15-16, to 23.3% among the 17-19, and to 32.8% among the 20-21.

Another study carried out nationwide at the end of 1996 among 30,233 secondary level students (aged 13-18) in 881 classes from 708 schools revealed that 1.8% were engaged in sexual activities (Second National Health and Morbidity Survey, Ministry of Health, 1997). Of these, 63.2% were heterosexual, 19.9% homosexual (male and male), 6.2% lesbian, and 8.4% had sex with both male and female sex workers.

No significant differences were found in the prevalence of sexual activities among students belonging to different states. In contrast, significant differences were observed between urban (2%) and rural (1.6%) students, between male students (2.5%) and female students (1.2%), and between older children, i.e. aged 16-18 (3.5%) and younger children, i.e. aged 13-15 (1.1%).

Despite the domination of conservative and traditional values in Malaysia, adolescents date and many of those who actually engage in sex are without protection from unplanned pregnancies. Such unplanned premarital pregnancies can end in abortions or forced marriages.
1. Family Health Education, Ministry of Education

The Ministry of Education imparts knowledge on adolescent reproductive and sexual health through its programme on Family Health Education. The curriculum is “designed to provide accurate and up-to-date knowledge about human sexuality in its biological, psychological, socio-cultural, and moral dimensions” (Curriculum Development Centre, Ministry of Education, 1995). Specifically, it aims to enable students to understand the reproductive system and process, and relate it to themselves, in order to build healthy social relationships, accept their sex, and make responsible decisions regarding their sexual behaviour.

In 1989, the curriculum was introduced to secondary school students and in December 1994, elements of it were also introduced to primary school children through Physical and Health Education.

The Family Health Education curriculum includes the following:

a. The Human Body
   - Anatomy and physiology of the reproductive system
   - Physical, emotional and psychological changes during puberty

b. Personal and Family Health
   - Development of self-esteem
   - Puberty and developing fertility
   - Code of ethics in relationships and friendships
   - Sex drive
   - Sexual feelings in childhood and adolescence
   - Teenage problems
   - Sex roles
   - Concept of happy families
   - Marriage
   - Issues and problems related to familyhood

c. Moral and Religious Values
   - The family as a basic institution
   - Civil and religious family laws
   - Personal, community and cultural values related to relationships, friendships, and sexual expression
   - Attitudes towards sexually transmitted diseases and AIDS

PROGRAMME RESPONSES TO ADOLESCENT REPRODUCTIVE HEALTH PROBLEMS

A. GOVERNMENT PROGRAMMES
Sexual health has not been taught as one subject. Instead, elements of the Family Health Education curriculum have been incorporated into different subjects, namely, Science, Additional Science, Biology, Physical and Health Education, Islamic Education and Moral Education. Taught in this manner, adolescents receive fragmented sexual health information from various sources. The manner in which the knowledge is imparted is left to the ingenuity of the teachers.

In addition to curriculum development, the Ministry of Education also provides counselling services to students. The aim of the Ministry is to provide sufficient trained counsellors with whom the students may discuss their problems. The recent training on HIV/AIDS conducted by the Malaysian AIDS Council was met with great enthusiasm by school counsellors who expressed their need to be equipped with the knowledge on how to help their clients.

Meanwhile, a study conducted under the Ministry of National Unity and National Development on reproductive health of adolescents has raised government concern over “social ills” among the youth. This prompted the Minister of National Unity and National Development to announce in early 1999 that 60 schools around the Federal capital would be taking part in a pilot project to teach reproductive health education. The Ministry of Education met this announcement with denial. At the same time, parents-teachers associations objected to it.

In September 1999, the Minister of National Unity and National Development again announced that the “Cabinet Committee on Social Ills had agreed in principle that teenagers and young people be instructed in reproductive education.” She went on to say that her Ministry was working on a teaching module to be submitted to the committee for approval. Since the announcement, the Ministry of Education has not given any comments.

Introducing reproductive health or sex education as part of the co-curriculum will allow freedom to use various delivery methods including life-skill approaches. On the contrary, subjects classified under co-curriculum are not treated as seriously as the other mainstream subjects. Also, not all students will be exposed to a co-curriculum subject because they have a host of other co-curriculum activities from which to choose. Finally, co-curriculum activities are conducted on Saturdays, often regarded as extra classes and therefore a burden to teachers and students alike.

From a larger perspective, academic curricula have their own limitations. What should be considered is whether the school environment (where very often students learn only in order to pass exams) is an appropriate place to learn human sexuality. Furthermore, it is often debated whether teachers have been trained well enough to handle this subject. Under the present system, adolescent and sexual health education may simply become a subject that will be easily brushed off as unimportant.

Another problem is the confinement of reproductive health education programmes to benefit only those who are in school. It has been reported that of the children, who had enrolled in primary school, 4% did not complete primary education (Seventh Malaysian Plan, 1996). Such dropouts will not be able to benefit from the current sex
2. Adolescents Health Programme, Ministry of Health

Adolescent health was identified as an area of concern during the mid-term review of the Sixth Malaysian Development Plan in 1993. In 1994, the Family Health and Primary Health Care Programme of the Ministry of Health outlined several strategies and activities to provide health care for adolescents. A similar exercise was also undertaken in 1995 but this time, a plan of action was drafted to actually carry out the activities. In 1995, the Adolescents Health Programme of the Ministry was born bearing a budget of RM162,500.

Activities undertaken in adolescent health included participation in the NFPDB (1998) study on reproductive and sexual health among adolescents; production of modules covering adolescent health; training of health personnel in preparation for the provision of adolescent health services under Family Health; and several pilot projects on peer education and information through “youth club” activities.

3. Programme Sihat Tanpa AIDS untuk Remaja – PROSTAR (Healthy Adolescents Without AIDS Programme), Ministry of Health

The PROSTAR programme was launched by the AIDS unit of the Disease Control Division of the Ministry of Health. This programme hopes to train a cadre of youth knowledgeable in HIV/AIDS and through them educate other youth in the country. It is aimed at adolescents aged 13-25: secondary school children; those attending colleges and universities; young people involved in the “Rakan Muda” (young friends or partners) programme of the Ministry of Youth and Sports; members of uniform bodies like the Red Crescent, Scouts, Girl Guides and St. Johns; and factory youth. To date, the extent of coverage is highly dependent on health officers at the ground level and upon requests from the community.

4. Rakan Muda (Young Friends or Partners), Ministry of Youth and Sports

In 1994, the Ministry of Youth and Sports recognised that youth and school children were loafing (“lepak”) in the streets and shopping complexes. In a study sponsored by the Ministry of Youth and Sports, it was concluded that the problem was a result of poor quality and limited time working parents spend with the children at home. If the situation were allowed to continue, the adolescents would be exposed to unhealthy practices through adoption of high-risk behaviour (Rahim, 1994). This study provided the basis for developing the Rakan Muda programme.

One of the development thrusts of the Seventh Malaysian Plan 1996-2000 was to inculcate positive values and ethics, and attributes such as honesty, diligence, integrity, resilience, tolerance, thrift and respect for elders (Malaysia, 1996). In line with this, Rakan Muda encourages the youth, especially those out of school, to involve themselves with peers in activities of similar interest. These activities focus on intellectual development, spiritual and religious activities, and social and physical activities such as sports.
5. National Population and Family Development Board (NPFDB)

NPFDB is the government agency responsible for women's reproductive and sexual health especially family planning as well as population and development. In 1990, it was transferred from the Department of the Prime Minister to the Ministry of National Unity and Social Development. This Ministry coordinates the work of four other agencies, namely, the Department of Social Welfare, Department of National Unity, Women's Affairs Department and Department for Aboriginal Affairs. In 1990, the National Population and Family Development Board which was originally under the Prime Minister's Department was brought under this Ministry. It is hoped that with these various departments under its wing, the Ministry will be perceived as people-centred and holistic in approach to its various programmes.

NFPDB has set up a technical committee to develop programme directions and also a framework of activities in adolescent reproductive and sexual health. Training modules on various social programmes have been produced to expand the programmes on family enrichment, adolescent health as well as HIV/AIDS.

In conclusion, the Malaysian government is committed to adolescent reproductive and sexual health. Most of its social and health policies and programmes that relate to adolescents and reproductive and sexual health predate those of the ICPD. These were grouped under social problems of the youth, sometimes termed as “social ills.” However, this approach tends to skirt controversial issues like sexuality, which may actually be the most important.

B. NGO PROGRAMMES

1. Youth Centres, Federation of Family Planning Associations (FFPAM)

FFPAM has been involved in the area of adolescent reproductive and sexual health since the early seventies when rural to urban migration of young people had led to a host of social problems in boy-girl relationships as well as drugs. Thus, funds were made available to state Family Planning Associations for setting up Youth Centres (beginning with a demonstration project in Petaling Jaya) to ensure that the youth have their own place to conduct their activities. Such centres have to be set up because the youth avoid family planning clinics to dismiss notions that they are availing of contraceptive services.

In line with the need to involve the youth in decision making, the Penang Family Planning Association has included a youth in their Executive Committee since the early eighties.
2. Family Life Education
Training of Trainers
Programme, FFPAM

In the mid-seventies, the programme was initiated with funding from UNFPA. A Family Life Education Manual was produced to facilitate educational programmes for the in-school as well as out-of-school youth, including those who work in factories. The manual has been regularly updated to include emerging issues such as HIV/AIDS. In 1998, UNFPA under its 5th Cycle Assistance Programme approved funding for the development of a comprehensive Adolescent Reproductive and Sexual Health Module which will eventually include a Trainers’ Guide and Trainers’ Manual.

3. Malaysian Steering Committee

In preparation for the International Conference on Population and Development (ICPD) +5 The Hague Forum in early 1999, FFPAM initiated the setting up of the Malaysian Steering Committee to assess the extent to which the ICPD Plan of Action has been achieved. By way of advocacy, two youth members (one representing FFPAM, and the other the Malaysian AIDS Council) were included. This committee was instrumental in producing the Country Report of Malaysia: NGO Perspective. It continues to be the focal point for NGOs to initiate and implement, as well as monitor the ICPD Plan of Action, including those portions on the reproductive and sexual health of adolescents.

4. The Malaysian AIDS Council

The Council is an umbrella organisation made up of 32 NGO affiliates involved in HIV/AIDS education, care and support for people living with HIV/AIDS. Most of the HIV/AIDS education it provides inevitably touches upon reproductive and sexual health of youth.

The Council has been advocating for sex education to be made available to all adolescents as part of their efforts to arrest the epidemic. Since the formation of the Council in 1992, funds in varying amounts have been made available to affiliates to carry out educational programmes.

Other non-government organisations directly involved in reproductive and sexual health include the youth-targeted uniformed bodies such as the Red Crescent, the Girl Guides and Scouts, St. John’s Ambulance, Soroptomist International; and religious organisations, which run educational programmes emphasising prevention of HIV/AIDS rather than reproductive and sexual health, specifically. However, it is likely that experience in the field of HIV/AIDS prevention has shown them the necessity to be involved in reproductive and sexual health of adolescents in one way or another.

Despite the involvement of various sectors in adolescent reproductive and sexual health, many adolescents are knowledgeable but not aware of their own vulnerability in this area. This is because most programmes use the information-giving approach and seldom the life-skill approaches. This is verified by several studies conducted by KAPB on HIV/AIDS in adolescents.
1. Political lobbying

The activist Dr. S.P. Choong, former Chairman of FFPAM and Community AIDS Programme in Penang, argues that politicians have to face arguments from “traditional and conservative” organisations which oppose sex education. He also said politicians “who often duck the problem involving human sexuality often give the excuse that the people are not quite ready. But if leaders are not ready to face these issues, when will the people be?” (Asiaweek, 1997).

2. Mass media campaign and lobbying

Advocacy for adolescent reproductive and sexual health information and services has not been totally successful despite several media campaigns which try to allay the fears that providing sex education will lead to early as well as irresponsible sexual activity among the young.

Bhatia (1998) pointed out that it is ignorance rather that sex education that will lead young people, especially young girls, into a life of misery where they are trapped – in relationships wherein they are exploited as sex objects, into unwanted pregnancies, abortions and sexually transmitted diseases including HIV/AIDS.

In an effort to advocate for sex education for the young, Dr. Yee Thiam Sun, Adviser to the UNESCO Regional Collective Consultation of Youth NGOs for Asia-Pacific and Chairperson of FFPAM Education Committee, explained that sex education is not sex itself and that it encompasses the teaching of healthy responsible sexual behaviour.

3. Advocacy seminars, meetings and conferences

The ICPD in Cairo, together with the Fourth World Conference on Women in Beijing, provided the impetus for FFPAM in 1997 to hold a Seminar on “Challenges and Future Directions in Reproductive Health for the 21st Century”. This seminar called on FFPAM to:

- Play a leading role (either singly or together with other NGOs) in advocating for sexuality education to be systematically/effectively introduced in schools and be in the curriculum of all uniform bodies for youth
- Advocate for education up to Form Five (end of high school) to be made available to all unwed mothers
- Advocate for the setting up of youth clinics as part of the government health services or alternatively financially support NGOs to do it
Advocate for the provision of appropriate sexual and reproductive and sexual health services to young people and adequate publicity to be generated to keep young people informed

Make premarital and parenting courses available for all soon-to-be-wed couples (FFPAM, 1998a)

Following the seminar, recommendations had been incorporated into the three-year plan of the FFPAM and its thirteen member associations.

### 4. Passing of legislation

The formulation of an adolescent health policy will go a long way towards meeting the reproductive and sexual health needs of Malaysian adolescents. In 1998, the Ministry of Health, together with other government partners and NGOs involved in reproductive and sexual health initiated the formulation of an Adolescent Health Policy. Once established, it is expected to facilitate the availability of reproductive and sexual health education and services to adolescents.

### 5. Conduct of research and dissemination of its findings

One of the most effective advocacy efforts in Malaysia is the publication of research findings, which has forced politicians to face the bare facts. The study commissioned by the Ministry of Youth and Sports on “loafing,” as well as the NFPDB study on Adolescent Reproductive Health, led to the setting up of Cabinet Committees to look into social problems, including adolescent health, among the youth. A Cabinet Sub-Committee on Social Agenda was also formed. In this way, relevant Ministries are forced to plan and carry out special programmes to address the problems.

If advocacy is to be effective, accurate data must be made available. The Malaysian AIDS Council uses the data supplied quarterly by the Ministry of Health as a basis to advocate for sex education for the young. Facts and figures are also necessary tools in education.

## B. INFORMATION, EDUCATION AND COMMUNICATION (IEC) STRATEGIES

IEC strategies used in adolescent reproductive and sexual health abound. They range from awareness seminars, workshops, lectures, exhibitions, to television programmes. Some are straight information giving talks while others are designed with consideration to the need of adolescents to be interactive, and to be free to express themselves. Still others exploit the need for adolescents to spend their energy in the latest information technology.

### 1. Seminars/Workshops

Relevant government and non-government agencies are often invited by schools, colleges and youth associations/clubs to give seminars on various aspects of reproductive and sexual health. These range from boy-girl relationships to physical and physiological changes in adolescents, HIV/AIDS and others related to
adolescent concerns like nutrition or acne. Seminars are probably the easiest to organise, yet the least effective. They are highly dependent on the ability of the speakers to retain the attention of their audience. Furthermore, it is also difficult to find trained speakers who are comfortable to handle emotional and sexuality issues.

Talks are especially ineffective with the out-of-school youth who are not used to sit quietly for long periods. Besides, not all out-of-school youth can understand the national language, which is the common medium of instruction used for these seminars. Most may be conversant only in Tamil, Mandarin or in a Chinese dialect. In East Malaysia, there are even other ethnic group dialects to consider. Unfortunately, there are not enough speakers or trainers volunteering to be trained in these languages.

2. Exhibitions

Exhibitions by themselves create awareness only. Most of the time they are accompanied by other programmes designed to attract the attention of the audience. The Malaysian AIDS Council often celebrates events like the “World AIDS Day” or “Memorial Day” that go with exhibitions, stage shows by celebrities who are popular with the young, and interjected quizzes that impart knowledge.

Holding these exhibitions at shopping malls seems most appropriate for the adolescents. All such exhibitions are accompanied by the distribution of pamphlets, leaflets or other information sheets.

3. Use of mass media

Although the media has been greatly criticised about its role in changing the morals, values and cultures of many developing countries, its role in creating awareness, change and adaptation to beneficial Western ideals cannot be underscored. The government has been very cautious of the types of programmes that are shown in the media. While TV programmes and newspaper articles on alcohol abuse, drugs, child health care, reproductive and sexual health and adolescents impart moral values by unveiling the consequences of premarital sex and lack of adherence to religious teachings, they do not actually deal directly with the sexuality issues faced by adolescents.

The enthusiasm of adolescents for radio and television is widely recognised. The KAPB studies on HIV/AIDS revealed that these are the most important sources of knowledge on HIV/AIDS among adolescents. In Malaysia, television has been used to impart general messages on HIV/AIDS quite effectively.

Most radio stations have special programmes devoted to adolescents, but not reproductive and sexual health. Television stations also have similar programmes – “Teen Talk,” for example. This TV show is not limited to deal exclusively with reproductive and sexual health. Invited speakers cover other issues affecting adolescents, such as “dating” and “premarital sex.”

However, much caution is given on what cannot be said on the air.
Some words, unless brought in by phone-in questions, are prohibited. Advocating the idea of family planning for non-married couples is also disapproved. These limitations curtail the great potential of such popular media of communication among adolescents.

4. Family life education

In general, printed materials on adolescent reproductive and sexual health are rather limited. While the relevant government departments publish and distribute factual pamphlets, leaflets and posters, the NGOs tend to be more adolescent-focused in their production of printed materials.

FFPAM has produced a series of specially designed Family Life Education pamphlets, leaflets and comics on adolescent reproductive and sexual health. Their content includes physical and psychological changes in adolescents, sexual rights, gender, masturbation and relationship with parents and peers. Two major booklets, “The Best Years of Your Life” and its sequel, “The Best Years of Your Life and More” (covering life skills as well as STDs), published in English and the national language, are very well-received. These are produced in simple language using a lot of illustrations.

MAC, on the other hand, produces leaflets and posters on HIV and one special publication devoted to adolescents – “Vital”. The format and contents of this publication have been tailored to young people. Even the language used has been adapted for the benefit of the adolescents. A section on questions adolescents want to know but dare not ask has been included.

FFPAM has also produced a videotape entitled “One Unintended Moment... A Thousand Miseries” which deals with teenage pregnancy. It is being distributed to FFPAM affiliates involved in reproductive and sexual health of adolescents and is intended to act as a discussion starter. From time to time, the NGOs purchase videotapes from overseas and those deemed suitable are often dubbed into the national language for general use.

5. Youth camps

Youth camps have been used most effectively to impart reproductive and sexual health knowledge to adolescents. Being at camps provides adolescents with an atmosphere which appeals to their need for freedom to express themselves. Role-playing, case studies, discussions and quizzes in a non-threatening environment promote learning. Furthermore, being at camp capitalises on the need of adolescents to be with their friends.

The experiences of FFPAM show that parents are also supportive of their children attending such camps. Some even go to the extent of admitting that since they do not know how to talk to their children about sex and responsible living, they are just glad that NGOs like FFPAM have come up with such programmes.

Camps, which generally last for a few days, also allow time for organisers to go beyond information-giving and provide young people with opportunities to learn life-skills. Soroptomist International has designed a manual around HIV/AIDS incorporating elements of life-skills, which makes HIV/AIDS education meaningful to the young. In fact, most adolescent health manuals produced by the Board as well as the Family Life Education Manual produced by FFPAM have various activities on learning life-skills as well.
Not all camps need to be organised around the reproductive and sexual health theme. Some State Family Planning Associations have also been known to interject nature camps with reproductive and sexual health messages.

At the same time, camp programmes should be also be organised for special children. The Penang Family Planning Association took cognisance of the fact that the handicapped also need reproductive and sexual health information. It has been organising camps to cater to the reproductive and sexual health needs of handicapped adolescents under its GAMA project. Staff who work with handicapped adolescents are also provided training to enable them to deal with reproductive and health matters.

6. Telephone hotlines

Special hotlines have been set up to provide counselling as well as information on various subjects related to HIV/AIDS. These hotlines are designed for the public in general, and not specifically for adolescents. Questions often asked by adolescents seem to reflect their worries about getting pregnant, boy-girl relationship problems and problems with parents.

7. Information technology

Capitalising on the fact that we are living in an age of information technology and its attraction to adolescents, FFPAM embarked on a Workshop on Adolescent Reproductive and Sexual health convened for the development of a Youth Centre website. Out of this training course, the youth decided that they would like to keep in touch with one another and therefore the idea of a “chat room” came about. These youth have also decided that they will use this chat room concept to learn and discuss reproductive and sexual health.

Technical hitches are being worked out at the present moment but soon all adolescents in the FFPAM network should be able to enter into discussions on reproductive and sexual health through this concept. The results are yet to be seen but this is one programme where youth themselves got together to design a sex education programme for themselves.

8. Youth/Teen centres

Youth centres give many adolescents access to information, counselling and other reproductive and sexual health services. The Foundation for Community Studies and Development runs a Teen Service Centre which offers pre- and early teens who have academic, behavioural and emotional problems academic guidance, counselling, camps, study visits, social gatherings, talks and leadership training.
Reproductive and sexual health of adolescents, although not new to the country, is often misconstrued to mean sex education. This interpretation is erroneous and must be corrected at all times by all parties concerned.

Cautiousness on the part of the politicians and lawmakers is partly based on the fact that “we want to protect our Asian culture and values” (Choong, 1997). But they must be realistic given the fact that the country has embarked on an accelerated programme for accessing information through the “Multimedia Super Corridor.” Access to the Internet has exposed adolescents to the influence of the West. It is now the responsibility of the country to keep adolescents well informed so that they can make wise choices. To deprive them of this will cause them to make costly mistakes, which can sometimes doom them for life.

The combination of research and mass media has been instrumental in jolting government leaders into a series of actions that set up a Sub-Committee on Social Agenda and initiated drafting of the Adolescent Health Policy.

The mass media supported research findings by highlighting social problems of adolescents. Stories of newborn babies abandoned in mosques and bus stops were played up. Cases of unwed teenage pregnancies were proclaimed to be on the rise. Groups of teenagers loitering in shopping complexes at school hours were demonstrated to be common.

The Malaysian AIDS Council as well as FFPAM conscientiously undertake periodic training programmes specifically for journalists to make them aware of the issues related to Adolescent Reproductive and Sexual Health or HIV/AIDS. These specially designed training programmes educate the media and help them gain access to the latest data to enable them to report accurately.

The Malaysian AIDS Council also provides fellowships for local reporters to attend regional conferences. FFPAM, together with The International Planned Parenthood Federation organises special training programmes for the media from time to time.
In the area of adolescent reproductive and sexual health, the print media has been playing a vital role in desensitising the subject, as well as in educating the community on various prejudices, e.g., prejudices which prevent providing sex education for fear that the adolescents will in fact involve themselves in sex.

As a result of the special training given to media, reporters have been more sensitive in their writing. There is also a concerted effort on the part of these “exposed” media personnel to write more accurately. This is especially so in the area of HIV and testing as well as in sexual matters. Writers of teenage magazines are also more aware of the latest issues confronting sexual and reproductive health as well as in HIV/AIDS.

4. Complementariness of NGO and government roles

The NGOs’ ability to react with speed and its networking spirit has helped to make adolescent and sexual health knowledge available especially to adolescents from urban areas and in schools or colleges. Meanwhile, NGOs recognise that the government machinery, being better spread-out across the country, is more equipped to respond to the needs of out-of-school youth. NGOs continue to advocate for government action and support in funding and in the formulation of an adolescent health policy.

5. Involvement of adolescents

The involvement of adolescents in decision-making can also contribute towards advocacy and planning of adolescent-friendly programmes. The participation of a youth member in the Penang Family Planning Association executive committee has enabled the association to continue conducting youth programmes. Over the years, the “Youth Advisory Centre” in Penang has run camps, training courses as well as counselling services for youth.

The Malaysian AIDS Council also involves the youth in their programmes, including the nationally-televised “Global” aired in conjunction with World AIDS Day in 1998. In this show, the Council invited two young persons from opposite sexes to speak out on the importance of reproductive and sexual health education for the prevention of HIV/AIDS among young people. The Council also cited research as well as best practices from other countries to allay fear among parents and correct prejudice.

B. SUCCESS/FAILURE FACTORS FOR IEC STRATEGIES

1. Appropriate language of IEC materials

To educate adolescents, IEC messages must be appropriately designed. In a multi-racial society like Malaysia, information leaflets have to be written in the appropriate language. FFPAM, for example, produces pamphlets in many languages and several formats appealing to adolescents, including comics.
2. Going for strategies that work with adolescents

While seminars are the easiest to organise, they are one of the least effective for adolescents. The Soroptomist Club, FFPAM, the Scouts and Girl Guides organise camps to attract adolescents and provide the casual atmosphere so important to them. Best practices in working with adolescents include the teaching of life-skills.

3. Harnessing adolescents’ interest in IT

Interest of adolescents in information technology must be harnessed as demonstrated by FFPAM. A successful outcome of this workshop was the establishment of a special chat room where the youth can discuss matters of interest to them.

4. Recognising the importance of peer influence

Providers of adolescent reproductive and sexual health information are aware of the importance of peer influence among those at the adolescent stage of development. Studies among adolescents have also shown that they get information on reproductive and sexual health from peers. Training manuals, such as those of PROSTAR, or modules on adolescent health produced by NFPB, are designed for the use of training peer educators.

C. OVERALL LISTING OF LESSONS LEARNED

1. On policy

Begin with the policy set out by the government. Having an official policy gives credence to an issue and eliminates the need for service providers to justify themselves every time they initiate a programme. It also legitimises fund-raising.

Policies should respect the cultural and religious diversity of the people. It should be flexible enough to address a sensitive issue like sex. Intended beneficiaries, such as the adolescents, should be given a voice in the formulation of policy and in the design and implementation of programmes.

2. On systematic training of the mass media

Win and keep media interest and support. Media can be a strong ally. Aware of this, NGOs in Malaysia like MAC and FFPAM provide systematic training for members of the media to win or sustain their interest and keep their support. Thereafter, trainees are not only able to provide accurate information but also act as advocates for programmes to meet the reproductive and sexual needs of adolescents.
3. On using research

Make good use of research studies. They should not just remain in the domain of institutions of higher learning because they are very good sources of messages for policymakers and legislators. But the information they contain must first be repackaged so that they will be easily understood and can be immediately applied. Results of pertinent research should also be brought to the attention of ministers who are committed to help young people grow into responsible adults.

4. On promoting complementariness

Let government and NGOs focus on what each can do best. Government and NGOs have each their own strengths and weaknesses. For example, government has the resources and the reach, but NGOs can respond faster, more effectively and more meaningfully because they can innovate, are not weighed down by bureaucracy and the political implications of their actions are not as drastic as that in government. If both parties recognise this, concentrate on what they do best, and work with each other, they can do more than if they worked alone.

Government should also not mistake advocacy by NGOs as a criticism of its performance. The strength and experience of NGOs in adolescent reproductive and sexual programmes must be recognised and supported by the government.

In Malaysia, NGOs such as MAC annually receives funding from the Ministry of Health to supplement the programme needs of the Council members. FFPAM also receives annual grants from the government to enable them to provide community services related to family planning.

People look up to government not only for services but also for policy and priorities. Once a policy is in place, government and NGOs can work together to study needs and map out strategies. In Malaysia, one such policy is the Adolescent Reproductive Health Policy. Key NGOs involved in adolescent reproductive and sexual health took part in shaping it.

5. On working with adolescents

Get adolescents into the act. For programmes aimed at adolescents to be effective, adolescents themselves must be represented and involved at all levels of programme formulation and implementation. And their presence must be real rather than token, and their representation taken as seriously as that of any other member of the task group. If adolescents see themselves as stakeholders in a programme that they consider meaningful and meet their needs, they will work to contribute to its success.

6. On strategies that work for adolescents

Do what adolescents go for. Programmes that are classroom and lecture-centred are ineffective with adolescents. The young have a vast store of energy. They go for activities and programmes that are interactive and allow them to compete with one another and have fun.
7. On developing teaching materials

Provide the right teaching material. Teaching materials for adolescents should meet adolescents’ preferences, particularly in terms of language and presentation. This can be assured by getting their participation even from conceptualisation and pre-testing of the material developed.

Consideration should also be given to the fact that a large number of adolescents cannot read and benefit only from radio or TV programmes. Producers including scriptwriters, therefore, must be encouraged to inject messages on elements of reproductive and sexual health into these programmes. One way to do this is to provide them continuous training, as is being done in Malaysia.

8. On concerted actions

Strive to collaborate. The positive results on advocacy and IEC of reproductive and sexual health are attributed to collective actions from various sectors and not just on any single action.

9. On a quality that must be developed

Bet patient. This, in conclusion, is the major lesson learned from Malaysia. Calls for action have been made by NGOs like FFPAM as early as the seventies. It is only now, after 25 years and after the Plan of Action provided by ICPD in Cairo and ICPD+5 at The Hague that a policy on adolescent reproductive health has been drafted and is about to be launched by the Malaysian government.
Do baseline studies. Baseline research should be conducted to determine the needs of adolescents. Various approaches can be used for such research.

Give continuous training to media. The media are good advocates for adolescent reproductive and sexual health. Providing them continuous training on the issue will help maintain or strengthen their effectiveness as allies.

Get the support of celebrities. Personalities in show business can get messages across to adolescents and help lobby for resources.

Organise the youth as a pressure group to advocate for services and unbiased information to meet their own reproductive and sexual health needs.

Consider special needs of certain segments of the target population in the formulation of strategies and approaches. These segments include the out-of-school youth, those from marginalised communities, those from rural areas, as well as those from estates and urban slums.

Consider the cultural and religious diversity of the people in the country.

Go for strategies that capitalise on the abundant energy of adolescents and their need for interaction rather than the mundane lecture.

Make use of peer education as a strategy. It has proven to be an effective means of educating adolescents.

Do not fragment. Fragmenting adolescent reproductive and sexual health into several subject areas in school does not help address the issue.

Equip adolescents with life-skills. Knowledge alone is not enough.

Provide adolescent and sexual health services through special youth centres, which are accessible to adolescents.

Train teachers well to handle the subject of adolescent reproductive and sexual health. Otherwise, they will simply skip the subject, or
worse, approach it in a manner that instils guilt in the minds of young people.

✔ Train service providers in special skills to communicate effectively with adolescents.

✔ Involve adolescents in the production of IEC materials. Strategies and approaches designed together with adolescents have a better chance of succeeding.

✔ Design IEC materials to meet the needs of specific groups.

✔ Develop more adolescent-friendly IEC materials. These include videos contextualised to meet adolescent needs.
REFERENCES


## APPENDIX: DIRECTORY OF ORGANISATIONS

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