Communication and Advocacy Strategies
Adolescent Reproductive and Sexual Health

Booklet 2
advocacy and IEC programmes and strategies
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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, former 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 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

Fourteen countries were selected to document their experiences – Bangladesh, Cambodia, China, India, Iran, Lao PDR, Malaysia, Maldives, Mongolia, Nepal, Philippines, Sri Lanka, Thailand and Vietnam.

The 14 countries produced their respective national case studies and the wealth of experiences obtained from these national studies were synthesized into three booklets. This set of three booklets supersedes the first series published in 1999 which synthesized the experiences of seven countries only. Those experiences and the latest additional case studies have been merged into the following three booklets:

**BOOKLET ONE: Demographic Profile**

This booklet describes the adolescent population of the fourteen countries in terms of their demographic profile such as their population size, age of marriage, educational attainment, employment, and health, among others. This is followed by an overall picture of the reproductive and sexual health characteristics of the adolescents through their fertility practices, teen pregnancy/childbearing abortion, HIV/AIDS and STDs, family planning and contraception. The last part synthesizes the different knowledge, attitude and practice (KAP) surveys dealing with the youth's sexual behaviour, knowledge, attitude and behaviour on sexuality, age at first intercourse, and incidence of pre-marital sexual activity. Booklet One thus sets the context, i.e. the problem that the adolescents face for which the succeeding two booklets address their focus on.

**BOOKLET TWO: Advocacy and IEC Programmes and Strategies**

This booklet describes the fourteen countries’ responses to address the problems faced by adolescents by showing the various programmes and activities that the countries are carrying out. Each of the programme included describes the
target audiences reached, the scope, type of organizations involved, their objectives, strategies used, outputs or results of such programmes and impact. After describing the overall programme details, this booklet zeroes in on the advocacy and IEC strategies which have been used. These strategies are analysed in terms of their types and approach, target audiences, objectives, messages or contents, communication media or vehicles used, problems faced, solutions to problems, output, impact and results of research and evaluation of the programme strategies.

BOOKLET THREE: Lessons Learned and Guidelines

Based on the experiences elaborated in Booklet Two, this booklet draws the implications from them in terms of the lessons that have been learned, highlighting the factors which helped and hindered their successful implementation. Finally, from this wealth of knowledge also arose specific and practical guidelines for consideration by those who are formulating and implementing similar programmes especially as the guidelines deal with policy formulation, programme planning and management, forging alliances and winning support, using more effective strategies, audience segmentation and materials development, innovative approaches, emphasis on life skills ad safe sex behaviour and measurement of impact and use of indicators of success.
Booklet 2
Advocacy and IEC
Programmes and Strategies
I. POLICIES

GENERAL SITUATION

Of the fourteen countries covered in this booklet, only seven – Sri Lanka, Philippines, Mongolia, China, India, Lao PDR, Maldives – have adopted an official and formal policy on adolescent reproductive health (ARH).

At the time this booklet was written, only two other countries – Malaysia and Vietnam – were expected to launch their own official and formal policy soon. The other countries do not have policies that are specific to ARH. None are expected to be enacted soon. Whatever policies they may have pertain mostly to youth welfare in general or to population and reproductive health (RH) issues which are not specific to adolescents.

Sri Lanka

In Sri Lanka, the climate and political leadership are very positive toward reproductive health. In August 1998, the Cabinet of Ministers approved a National Population and Reproductive Health Policy which has eight goals, including one that relates directly to the reproductive health of youth and adolescents.

Goal 4 of this Policy states: Promote responsible adolescent and youth behaviour.

It spells out the following strategies:

- Ensure adequate information on population, family life, including ethical human behaviour, sexuality and drug abuse in school curricula at the appropriate levels.
- Strengthen youth worker education by including information about drug abuse and sex-related problems at vocational training centres, institutions of higher learning, and workplaces such as free trade zones.
- Encourage counselling on drug and substance abuse, human sexuality and psycho-social problems, especially by non-government organisations (NGOs), community-based organisations and the National Youth Services Council.
- Promote informed and constructive media coverage of youth-related social problems.
- Promote productive employment opportunities for youth.
- Promote programmes, including counselling, to minimise the incidence of suicide among the youth.
- Provide the legal, familial and institutional support to mothers to enable them to protect their children from sexual abuse and harassment.
The high literacy rate of the population (85–90%) has helped to propagate important messages on RH to the public through the print media. The cultural background of the country also is much more positive toward gender equity than that of other countries in the region: many key posts in government and among NGOs are held by women.

Top-level administrators, including those in the army, also support and promote activities related to RH in their own organisations, knowing there is a general feeling in the country that RH issues and problems need to be taken seriously. The health system from the provincial level down assures quick and effective delivery of services, and a National Health Policy gives priority to both curative and preventive service facilities.

But problems remain:

- Some programmes are hindered by the traditional attitudes of some conservative bureaucrats or heads of institutions.
- Procedures for effective monitoring and follow-up are lacking.
- Financial transactions, including payments, are delayed by government red tape.
- The general breakdown of security in the country has dampened the attractiveness of youth programmes and the fun promised by the planned Drop-in Centres.
- Many traditional attitudes at the personal level create bottlenecks in implementation at local levels.

Mongolia

In Mongolia, three policies directly affect adolescents: the Population Policy of 1996, the National Programme on Reproductive Health of 1997, and the Programme on School Teenagers and Adolescent Health of 1998. All three seek to educate and train adolescents on reproductive and sexual health, establish services for ARH, carry out advocacy activities on ARH issues through the mass media, and assist NGOs working on these issues.

In particular, the Population Policy aims to provide information and medical services to prevent early or closely spaced births. Its implementation period is from 1996 to 2000.

The National Programme on Reproductive Health aims to address issues related to ARH, including lack of access to health services, low quality of health assistance, and lack of professionals who specialise in ARH. Its implementation period is from 1998 to 2001.

The Programme on School Teenagers and Adolescent Health seeks to win the support of government, public organisations, economic establishments, parents and teachers for a health system for pupils and adolescents and to build an environment that will allow them to live and grow healthy, not only physically but also morally.

But there are serious problems: to date, the country has no school-based sex education programme. And it has a serious lack of educators — whether teachers, health service providers or parents. But the design for such a programme is under way.

There is also very little data on the nature and magnitude of young people’s sexual health problems, their perceptions and needs, the social context in which their sexual behaviour takes place, and their knowledge and attitudes toward their own sexuality.

Philippines

The Philippines sets a good model in developing an integrated and coordinated programme for orchestrating the efforts of various agencies carrying out an adolescent reproductive health programme. The overall
integrated reproductive health programme strategy is coordinated by a focal point – the Commission on Population. It has five sub-strategies; one of which focuses on adolescent health and youth development programme that addresses the fertility and sexuality-related needs and problems of the Filipino adolescents. It consolidates the government and NGOs efforts toward the promotion of the total well being of the youth, reduce reproductive health problems, strengthen service delivery programme and instill values of gender equity. A holistic action plan shows objectives, strategies and activities of participating agencies cooperating in the integrated programme.

However, as far as legislations dealing directly with ARSH, there are only two pieces of legislation specific to adolescent reproductive and sexual health: Population and Sex Awareness (PASE) for out-of-school youth and the Teaching of Population Education (POPED) in public and private elementary and secondary schools.

PASE was developed by the Department of Social Welfare and Development (DSWD) to address the problems of early marriage and unemployment among out-of-school youth. It aims to prepare these youth economically and socially to cope with their situation and to live as responsible adults and members of their community. It is backed by an administrative order and integrated into the human resources development programme for the youth of the DSWD’s Bureau of Youth Welfare.

POPED incorporates population sub-units in five subject areas – social studies, science, health, mathematics and home economics – and is backed by a memorandum of the Department of Education, Culture and Sports (DECS). It is part of the overall plans of the country’s Population Education Program.

Currently, the core areas of population education are: (1) Family life and responsible parenthood; (2) Gender and development; (3) Population and reproductive health; and (4) Population resources, environment and sustainable development.

In recognition of the crucial role of adolescent health in learning, the DECS issued a memorandum forming a task force on adolescent health in 1999. The task force will strengthen various school health and health-related programmes and services, particularly those that address the physical, social and emotional needs and interests of adolescents.

But in this country, too, there is a problem even in the teaching of population education: Catholic schools that are opposed to teaching sex education and family planning would focus on other topics that are not contrary to their values. In fact, the terms "sex education" and "family planning" are anathema to these schools.

The Government of Lao PDR issued its National Population and Development Policy (2000–2020) in June 1999, with adolescent sexual and reproductive health problems as one of its top priority tasks. These tasks seek to accomplish the following short- and long-term targets:

- Reduce maternal and infant mortality rates
- Improve girls’ and women's access to health education especially birth spacing services
- Increase IEC by encouraging the private sector and communities to participate in training and education of primary reproductive health and birth spacing
- Implement measures to reduce unwanted pregnancy among adolescents under 18 years of age
- Educate the youngsters and adolescents to prevent and control diseases including STD and HIV/AIDS
At present, the Ministry of Health, Ministry of Education, Lao Youth Union (LYU) and Lao Women's Union (LWU) are actively engaged in advocacy and IEC activities related to adolescent sexual and reproductive health. These state agencies have been assisted by various foreign and international NGOs. The linkage between the government and NGOs has facilitated work on reproductive health and has extended reach to rural areas. It also has resulted in a pool of trained researchers, trainers, teachers, health workers, and youth leaders. At present, there is a need to develop strategies that are adolescent-specific since ARH programmes particularly those on advocacy, are intended for people aged 13 to 39. In addition, most Lao people have a limited view of reproductive health which is normally associated to birth spacing, abortion and pregnancies.

**Malaysia**

In 1998, the Ministry of Health, together with its partners in government and among NGOs, initiated the formulation of an Adolescent Health Policy. At the time this booklet was being written, this policy was almost ready. Once launched, it will act as a springboard for reproductive and sexual health education and services which can be made available to adolescents.

The Malaysian government is committed to adolescent reproductive and sexual health. Several ministries, including those of education, health, youth and sports, and national unity and development, cater to the needs of the adolescent. In fact, most of the country's social and health policies and programmes which relate to adolescents and to reproductive and sexual health antedate those of the International Conference on Population and Development in Cairo.

The problem, however, is that the government looks on the concern "holistically," i.e., under social problems of the youth which it terms "social ills." This approach tends to skirt controversial issues like sexuality, which may be the main issue.

Because most of the programmes for adolescents provide only information but rarely life skills, adolescents are unable to see that they are vulnerable. For example, studies on knowledge, attitudes, practice and behaviour related to HIV/AIDS have shown that Malaysian adolescents are knowledgeable about it. But many could not see that they are also vulnerable to it.

Reproductive rights in Malaysia apply only to couples and married women. Adolescents can be provided RH services but cannot be given contraceptives if they are unmarried.

There also seems to be some misunderstanding about the need to provide adolescents with relevant information to protect them. As a result, they are denied education on sex or sexuality. If sex education is allowed, parents would usually say the teaching should be left to teachers of religion or to the schools.

This forces Malaysian youth to turn to other sources like the Internet for information about sex. More often than not, however, what they get when they type the word "sex" on their computers are pornographic sites. These do not give the youth a fair idea of what sex is about.

**Bangladesh**

In Bangladesh, the practice of offering specialised health services to adolescents, whether by government institutions or by NGOs, was begun only recently.

The government's new five-year health programme recognises adolescent health as a priority target area and makes it part of the so-called Essential Services Package (ESP). A separate programme, titled "Maternal Nutrition and Adolescent Health," deals with adolescent health issues which include the following:
The following are other important components of ESP: health education and information on the disadvantages of early marriage, the reproductive process, safe sex, proper nutrition and hygiene, proper sibling care, adolescent contraception, treatment of anaemia and certain gynaecological problems like dysmenorrhea. Under this programme, all health and family planning service providers in government are expected to deliver adolescent health services as well, as part of the reproductive health component of the ESP.

But, like in practically all the other countries covered in this booklet, there is a serious problem: in Bangladesh, any proposal to introduce sex education or ARH education will face resistance and even active opposition from community leaders. School teachers, parents and even the students themselves will cite violations of their customs, tradition and religion.

In Iran, the closest reference to reproductive health is found in the National Youth Policy that was formulated in 1992 by the Supreme Council of the Youth. This council is the official body in charge of coordinating activities of this age group.

Articles 36-42 of the Policy are devoted to family and marriage. None, however, explicitly mentions sexual health.

The country still lacks a systematic and coherent advocacy strategy. Various government ministries and organisations have tried to sensitize influential individuals to critical issues in population, RH and family planning but these efforts have been “mostly ad hoc, sporadic and had no clear focus and strategy.” Nor is there a systematic and institutionalised programme for getting the media involved in advocacy activities for adolescent reproductive and sexual health.

These is also a need to get religious leaders to be more involved in reproductive and sexual health activities, including those for adolescents. What makes this challenging is that certain religious leaders are not in favour of RH and family planning programmes. Given the sensitive nature of advocacy activities for RH and family planning, managers of these programmes have chosen to be cautious and conservative in their approach so as not to get flak from those who are against these programmes.

But efforts made so far have alerted NGOs and community workers and leaders to critical population and development concerns that remain and affect RH and gender equity and equality in the country.
In 1995, a national RH/FP IEC Centre was set up within the Ministry of Health and Medical Education with the assistance of UNFPA. This indicated willingness on the part of national authorities to strengthen educational promotion activities in RH/FP. But there is no evidence that this Centre has accomplished anything specific about the reproductive health of adolescents.

In 1993, the Ministry of Health, faced with a large cohort of the population which was entering reproductive age in 1994, devoted great efforts to increase awareness about RH problems among adolescents. As a first step, it set up an office within the Family Health Department to coordinate programmes aimed at improving adolescent health.

The Department has also activated a multidisciplinary committee on adolescent health, worked for intersectoral cooperation for implementing its action plan, and carried out the following activities: production of educational materials on adolescent health, compilation of information about adolescents, provision of health facilities with educational modules on counselling on reproductive health and population issues; facilitation and conduct of knowledge/attitude/practice surveys on puberty in urban and rural areas, and conduct of an educational workshop attended by most of the key authorities from different bodies involved in adolescent reproductive health.

The Department of Health reports that there is not yet a strong strategy for adolescent reproductive health in Thailand and the services and IEC efforts are fragmented. However, while strategies may be fragmented, there are nevertheless various programmes that the government implements. It was claimed that the strategies and activities of the NGOs are more focused.

For the last 15 years, the Planned Parenthood Association of Thailand (PPAT) has been advocating the inclusion of sex education, which does not exist in any effective form, in public schools. The course is needed not only by secondary school students but also by students at higher levels of education and by out-of-school youth, because sex education is generally not provided by parents in Thailand: cultural norms forbid communication about sex between parents and children.

Toward this end, PPAT has conducted seminars for administrators, trained teachers, developed suitable IEC materials, organised related research with Chiang Mai University, and conveyed its results to the Ministry of Education through seminars.

The Ministry has responded with a number of announcements of its plans to introduce a new curriculum that would include sex education. But it has failed to do so, citing, among other reasons, lack of funds for the needed change. The PPAT believes the real reasons are twofold: teachers are reluctant to handle the course, and parents will react adversely.

An outspoken legislator, Senator Saisuree Chutikul, has said the government sector is "too cowardly to undertake this type of action." The senator cited as well the problems of lack of trained teachers, lack of trainers for teachers of sex education, and the inadequacy of mechanisms to ensure that teachers impart useful knowledge effectively.

Many schools in the private education sector, however, now have sex education courses for secondary students. An NGO, the Population Council, intends to advocate the teaching of sex education in schools and tertiary institutions, a move that is supported by another NGO, the Foundation for Women (FFW). The Population Council aims to work with the Ministry of Education and the Ministry of Public Health in developing curricula for courses on gender, sexuality and reproductive health.

The Family Planning and Population Division of the Department of Health believes there is no strong strategy yet for ARH in the country and that IEC and services efforts are fragmented. But it also believes that the efforts of NGOs are more focused.
The department says adolescents in the school sector are important, but it also points out that out-of-school adolescents are just as important because they make up two-thirds of the target population.

Another reproductive health need of adolescents in the country is safe and responsible sex. There is evidence that adolescents and youth in general who are sexually active, and not just members of specific groups such as migrants and factory workers, are at high risk of sexually transmitted diseases and HIV/AIDS. Government and NGOs have responded to the need with programmes that promote safe and responsible sex.

Consideration the political turmoil that Cambodia faced for more than three decades, adolescent reproductive health (ARH) was not given much attention for some time. Thus, the government has no stated objectives and goals in relation to ARH. However, after the formation of the post-UNTAC government in September 1993, a range of organisations have attempted to lobby for the government to adopt appropriate ARH strategies. Some senior educators have also voiced out the need for reproductive health issues to be incorporated into the school curriculum. The Prime Minister himself has decided to adopt a high profile on RH-related matters. At the First National AIDS Conference in 1999, he urged all parties involved to devise constructive solutions to the AIDS problem in the country.

At present, programmes are implemented mainly by NGOs. International NGOs, in collaboration with local NGOs, have been actively engaged in a variety of activities in different provinces.

Like any other country, there are still a host of constraints to be hurdled to effectively implement ARH-related strategies. Since Cambodia is currently facing a myriad of pressing concerns for which resources have to be allocated, opposition to the inclusion of RH-related issues in the political agenda as well as in the educational system, has been heard from some quarters. And due to the absence of a government strategy relative to reproductive health, advocacy should also encourage or assist the government to develop its own programme to broaden the reach of activities.

The Government of China puts emphasis on health education by making it an integral part of the formal curriculum in primary and secondary schools. Along this line, two sets of regulations and guidelines have been issued: Regulations on School Health (1990) and Guidelines on Health Education for Students in Primary and Middle Schools and in Colleges (1992). To date, most of the schools in the country have implemented regular health education courses into their respective curricula.

The government also underscores the need for HIV/AIDS prevention and control in its programmes. A number of feats can be cited. In March 1990, a medium-term plan for the prevention and control of HIV/AIDS was adopted by the Ministry of Health. The plan embodied a comprehensive national plan and 13 plans for selected provinces. In December 1994, China signed the Paris AIDS Declaration, indicating its political commitment to the global AIDS prevention effort. The Chinese multi-sectoral medium-/long-term plan for AIDS prevention and control came into being in 1997. The plan was intended to give guidance to national and international partners in matters of AIDS prevention strategies and activities well into the next century. In 1998, China established the National IEC Centre for STI/HIV/AIDS Prevention and Control to coordinate the STI/HIV/AIDS programmes nationwide.

NGO work in China has also grown. NGOs have been especially active in the areas of education and STI/HIV/AIDS prevention and control.
The strong commitment of the different ministries to the provision of effective multi-sectoral adolescent and reproductive health programmes has been pointed out as one of the success factors in the implementation of ARH-related strategies. Areas needing more attention at this point include: generating a high level of public awareness on reproductive and sexual health, introducing more innovative education programmes, and creating venues for sharing experiences on the development of adolescent and reproductive health education and intervention.

Adolescent sexual and reproductive health is tackled from the perspective of population issues. The National Population Policy of 1976 and the Second National Population Policy Statement of 1977 both emphasised the need to stabilise the growth of the population. The adoption of the National Policy on Education in 1986 has been the most significant development in policy making and implementation. The policy reflected the magnitude of the demographic situation and all concerns related to the causes and consequences of rapid population growth. It held that education can play the role of a catalyst in this complex and dynamic process.

After the ICPD Conference in Cairo in 1994, India realised that population issues need to be holistically approached for maximum impact. In this light, adolescence education has become an integral component of the various population education programmes. It is believed that if adolescents are well informed and sensitised to the various issues of population and development, they could serve as catalysts for the desired change and would have multiplier effects on future generations and programmes. A number of ARH-related programmes also emphasise skills training to make their target clientele more productive members of society.

While India has gone a long way in terms of education, training and development within the context of its overall population programme, a number of concerns have surfaced. Coordination among concerned agencies needs to be strengthened to avoid duplication and waste of effort and money. There is also a need to strengthen linkages with the grassroots level organisations. Since adolescents are part of the community and some adolescent issues are rooted in the socio-cultural norms of society, community groups such as parents and teachers should be involved in adolescent programmes. In addition, adolescents themselves have not been highly involved in programme planning and this has affected the effective implementation of adolescent programmes.

On a positive light, the strong commitment of the Indian government to a holistic approach to population and development marks a rosy picture for ARH-related concerns.

The Health Master Plan (1996–2005) of Maldives recognises the importance of addressing the special needs of adolescents. The government has vowed to give priority in identifying the specific health needs of adolescents and consequently, providing services that are specific to such needs. The goals and objectives of the Plan as regards ARH and sexual health are as follows:

- Provide all adolescents in school with health information required to protect themselves from ill health
- Reduce the number of adolescents who get married before the age of 20
- Ensure that no adolescents are infected with HIV through sexual transmission
- Reduce the incidence of reproductive health problems
- Reduce maternal mortality
The incorporation of topics related to ARH, sexual health and population into the school curriculum has been emphasised. Toward this end, the Ministry of Health and Ministry of Education have coordinated closely in terms of information dissemination, training and education.

To date, the government is involved to a great extent in implementing ARH–related programmes since NGOs have not developed a high profile similar to that in other countries.

The high degree of socio-cultural homogeneity and the country’s small population allow advocacy activities to be carried out in a united manner. In addition, the availability of strategic plans has resulted in more specific advocacy activities. As regards IEC activities, geographic and transport constraints, and lack of adequately trained health personnel at the island level have posed some obstacles to programme implementation.

The government has adopted a National Population Policy and a strategy on RH/IEC subsequent to the inclusion of a programme specific to the population below 25 years old in its Ninth Five-Year Plan (1998–2002). The RH/IEC strategy seeks to improve the quality of family life and family planning services and to increase the contraceptive prevalence rate (CPR) among the married population. Unfortunately, the strategy mainly addresses the needs of adults and does not include any specific programme for adolescents’ health needs. Recently, some efforts have been made to correct the oversight. The Ministry of Health, Department of Health Services, Family Health Division has developed an Integrated Reproductive Health Care Package to be implemented at different levels. The package outlines several activities/components for the adolescents such as radio and TV programmes, use of print media, and incorporation of sexuality topics/issues in the secondary school curriculum.

Among the concerns that need to be looked into relative to the continued implementation of ARH programmes are the development of a peer education programme in schools and in the community, training local people to become resource persons in the reproductive health programme in their own communities, and greater involvement of parents and teachers in sex education activities.

The latest draft on the “National Strategy for Reproductive Health to 2010” has one specific objective dealing with ARH. It aims to improve the reproductive health of people and adolescents and reduce the dangers of reproductive health of all people, especially of adolescents using the following criteria:

- Adolescents’ awareness of sex, of reproductive health as well as of sexual health will be improved. This will be evaluated through a survey on knowledge, attitude and practice.
- Rate of early marriage, pregnancy and giving birth will be reduced.
- Number of adolescents’ abortions will be reduced.
- Rate of RTIs and STDs will be reduced.

It is expected that the National Health Strategy will be submitted to the Prime Minister before the end of 2000.

With the assistance of the UNFPA, the government started a family life and sex education programme for the youth ten years ago. It is now strongly pushing for the implementation of the National Programme of Action on adolescent reproductive and sexual health. The programme focuses on several
areas including the provision of acceptable, affordable and appropriate RH services, increased advocacy strategies, information dissemination, and human resource development.

Since 1984, population education and reproductive health have been integrated into the formal educational system. The Ministry of Education and Training (MOET) implements the UNFPA-funded National Education and Training Programme on Reproductive Health and Population and Development. The programme aims to improve the teaching of population education and to enhance the capacity of MOET to manage and plan population education activities.

In keeping with its commitment to the ICPD Plan of Action, Vietnam has broadened its family planning-focused programmes to a more integrated reproductive health care and has shifted from the demographic target approach to the quality of care and client-oriented approach.

The involvement of NGOs in ARH-related activities has recently increased. These organisations have been actively involved in research, training, development of training and information materials, delivery of reproductive health services and advocacy.

Despite the presence of several programmes, a comprehensive ARH policy and strategy is still wanting. This may be due to a number of reasons: lack of clear understanding of ARH and SH concept by policy makers, managers, and the people at large; absence of an agency to coordinate activities dealing with ARH and SH issues; and limitation in financial support from the government for ARH programmes.

In terms of education, policy makers, educators or teachers, and parents have yet to develop a more positive attitude that will lead toward greater discussion of sex and ARH-related issues.
More than a hundred programmes were altogether presented in the reports from fourteen countries. The more common programmes may be classified into the following types based on their general thrusts. Some have quite extensive goals and range of activities, allowing them to be classified under more than one type.

1. Education

School Programmes mainly target the youth from primary to tertiary levels and in some cases, post-tertiary level. The programmes educate its targets on reproductive health issues using a structured curriculum treated either as a separate school subject or integrated into other subjects. Programmes are called differently based on the overall trend of the curriculum – health, population, sex, reproduction, family life and health, AIDS and others. Some curricula are specifically designed for use in schools while others (e.g., Adolescent Family Life Education) are used for non-formal settings.

Most school programmes are nationally implemented:

- School Health Pilot Project, Bangladesh
- Health Education Programmes, China
- Population Education in Schools, India
- Reproductive Health Education Programme, Lao PDR
- Family Health Education, Malaysia
- School Health Education, Maldives
- Adolescent Reproductive Health Issues in the Formal Education Sector, Mongolia
- AIDS Education Programme, Nepal
- Population Education in Public and Private Schools, Philippines
- Reproductive Health Education in Schools, Sri Lanka

Non-formal or Vocational Programmes are able to target marginalised youth groups, in particular. They are designed primarily for skill building. For example, the NGO–run Ruchika Non–formal Education Programme of India provides literacy skills along with health, hygiene, life skills and sex education to children from slum areas and railway platforms.

The Women’s Education Centres of China are designed to provide education and livelihood skills to prostitutes who are forcibly sent there by the police. Reproductive health and STI/HIV/AIDS prevention and treatment are topics and contents of compulsory education. The Centres are run by the justice departments of local governments.

Other government programmes include the Population Awareness and Sex Education (PASE) for out-of-school youth in the Philippines and the Population Education in Vocational Training for youth in the industrial training centres of India. NGO programmes include the Adolescent Family Life Education of the Bangladesh Rural Advancement Committee (BRAC) and the Family Life Education of ABC/Nepal.

II. PROGRAMMES

A. TYPES OF PROGRAMMES

- School Health Pilot Project, Bangladesh
- Health Education Programmes, China
- Population Education in Schools, India
- Reproductive Health Education Programme, Lao PDR
- Family Health Education, Malaysia
- School Health Education, Maldives
- Adolescent Reproductive Health Issues in the Formal Education Sector, Mongolia
- AIDS Education Programme, Nepal
- Population Education in Public and Private Schools, Philippines
- Reproductive Health Education in Schools, Sri Lanka
2. Awareness building and campaign

These programmes use various avenues to deliver messages and promote specific causes including the support of adolescent reproductive health programmes, contraceptive use, family planning and birth spacing, HIV/AIDS prevention and control and others.

Projects advocating for a supportive social and political climate are aimed at decision makers, government officials, religious leaders, school administrators and teachers, media personnel, parents, and the general public. In Mongolia, the Advocacy on Reproductive Health Project implemented by UNFPA in collaboration with the government aimed to train 3,000 senior officials at all levels, mass media professionals, and directors of government and NGOs to increase their understanding of reproductive health and support of related initiatives. In Sri Lanka, the Ministry of Health, Population Information Centre, Health Education Bureau, Women's Bureau, and Army Headquarters targeted parliamentarians, school principals, teachers, media personnel, assistant directors of women’s societies, and army personnel including soldiers for the Advocacy Support of Reproductive Health Project.

A number of programmes raised public awareness and promoted reproductive health through regular radio and TV spots. In Lao PDR and Vietnam, information dissemination and promotion of RH issues among the adolescents and youth were channelled through the effective network of mass organisations such as the Lao Women Union, Lao Youth Union and Vietnam Youth Union. In Lao PDR, this was facilitated by formal sub-programme agreements between UNFPA and the government.

Many programme campaigns are focused on HIV/AIDS prevention and control. Some of these are: PROSTAR Healthy Adolescents without AIDS, by the Ministry of Health, Malaysia; AIDS Prevention by the Ministry of Health, China; and Mobile Drama Project for HIV/AIDS Prevention by Population Development International (PDI) and Youth Union (YU), Vietnam.

Programmes related to contraception include Pilot Projects on Condom Promotion of the Chinese Association of STI/AIDS Prevention and Control. Another deals with emergency contraception promotion implemented by the Population Council and the Department of Health in Thailand.

3. Capacity building

Programmes include those that strengthen the systems for RH advocacy and IEC. They entail improving the capacity of human resources and organisations for reproductive health promotion and education; empowering the targets with knowledge and skills necessary to better fulfil their roles; and development of other resources to support efforts in RH. (Some examples are in page 14)

4. Networking and coordination

The reproductive health agenda requires a comprehensive involvement of various sectors and organisations. In most countries, strengthening partnerships and coordination of agencies is a programme in itself.

For instance, the mission of the Bangladesh South South Centre is to facilitate and coordinate the in-country and inter-country sharing of skills, knowledge and expertise in reproductive health and family planning, adolescent reproductive health, STDs/HIV/AIDS, maternal health and morbidity, and gender and development. This is to be effected by the formation of a Public–Private Partnership Committee consisting of members from the government, private sector, and NGOs.

Other network-based programmes include: the Malaysian AIDS Council made up of 32 NGO affiliates involved in HIV/AIDS education, care and support for people living with HIV/AIDS; the Umbrella Project of Cambodia, where SCF–UK assists the UNFPA Field Office in maximising collaboration and synergy between component projects; and the Health Education Network of China which consists of health education institutes at different levels and Medicare agencies, as well as departments in charge of publicity, radio
and television broadcasting, education, culture, family planning and women’s welfare.

Some programmes are heavy on coordination components to ensure achievement of their goals or objectives.

The Adolescent Health and Youth Development Programme (AHYDP) of the Philippines is an interagency effort of both government and non-government sectors. The Population Commission (POPCOM) acts as the lead agency and coordinator of the programme which receives technical and resource assistance from UNFPA. AHYDP specifically aims to strengthen the coordination and monitoring of the youth development programme, create a favourable policy and social environment, and evolve a coherent and synchronised approach in the training and delivery of IEC and counselling services of the youth.

In Mongolia, the National Task Force for Reproductive Health, chaired by the Minister of Health and Social Welfare, is responsible for supervising and monitoring of the National Reproductive Health Programme. The duties and responsibilities of the Ministries of Education, Health and Social Welfare, External Relations and Finance, as well as of the local authorities under the programme, have been clearly defined. It is also stated that the government would collaborate with UN agencies and interested partners in Mongolia. It is expected that the National Task Force will be able to motivate decision makers to advocate for intervention.

<table>
<thead>
<tr>
<th>Country</th>
<th>Programme/Project</th>
<th>Areas targeted for improvement</th>
<th>Implementing Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>Capacity Building of NGOs</td>
<td>Capacity of NGOs to develop sustainable, effective and appropriate responses to STDs and HIV/AIDS</td>
<td>Khmer HIV/AIDS NGO Alliance (KHANA)</td>
</tr>
<tr>
<td>China</td>
<td>Assistance on FP/RH and Baseline Data Investigations</td>
<td>Availability of database resource reflecting situation of adolescents</td>
<td>Various domestic institutions under UNESCO and UNFPA support</td>
</tr>
<tr>
<td>Malaysia</td>
<td>Training of Trainers on Family Life Education</td>
<td>Teaching of Family Life Education curriculum; Training Module on Adolescent Reproductive and Sexual Health</td>
<td>Federation of Family Planning Associations Malaysia (FFPAM)</td>
</tr>
<tr>
<td>Mongolia</td>
<td>Health Education for Students and Adolescents</td>
<td>Programme contents; teaching materials for teachers and students</td>
<td>Government with WHO financial support</td>
</tr>
<tr>
<td>Nepal</td>
<td>Community-based Family Project of FPAN</td>
<td>Capacity of women to serve as key resources and leaders on RH in the community</td>
<td>Family Planning Association of Nepal (FPAN) with CEDPA funding</td>
</tr>
<tr>
<td>Philippines</td>
<td>Strengthening and Revitalising Population Education</td>
<td>Curriculum and teaching of population education</td>
<td>Department of Education, Culture and Sports (DECS)</td>
</tr>
<tr>
<td>Vietnam</td>
<td>Support to National Education and Training Programme on RH and Population and Development</td>
<td>Teaching of population education and capacity of MOET to manage and plan population education activities</td>
<td>Ministry of Education and Training (MOET)</td>
</tr>
</tbody>
</table>
In Malaysia, the National Population and Family Development Board (NPFDB) is the government agency responsible for women’s reproductive and sexual health, family planning, and population and development. NPFDB has set up a technical committee to develop programme directions and a framework of activities in adolescent reproductive and sexual health. In 1990, the NPFDB 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. It is hoped that with these various departments under its wing, the Ministry will be perceived as people-centred and holistic in its approach to different programmes.

The National Committee for Population and Family Planning (NCPFP) in Vietnam has been assigned by the government as a national coordination agency for population and family planning programmes. The NCPFP has been reorganised and strengthened with a Minister, a Cabinet member as Chairperson and 18 line ministries and mass organisations as associate members. The NCPFP network has been established from central to grassroots levels.

The European Commission (EC)/UNFPA Reproductive Health Initiative (RHI) in Lao PDR is implemented by the LWU and LYU with some involvement of international NGOs. Through this programme, six NGOs, technically managed by UNFPA, were funded by EC to conduct projects on ARH.

### 5. Service delivery and outreach

Under these programmes, health care, counselling, referral, information services and others are targeted.

In Bangladesh, the Health and Population Sector Programme stipulates that all health and family planning services will engage in the delivery of adolescent health services, counselling, health education and referral of medical problems to nearby health care centres. In the Philippines, the Family Planning Programme of the Department of Health provides family planning and related services and information. It also offers education/communication services and motivational campaigns to married women and couples including unmarried adolescents through pre-marriage counselling services.

The International Planned Parenthood Federation (IPPF) in Cambodia, and its local partners manage a project aimed at delivering comprehensive, cost effective and quality reproductive health services to adolescents. Model reproductive health services specifically tailored to the needs of young people were developed in two centres. Youth volunteers and later, teacher counsellors, were trained to provide outreach, peer education and referrals to reproductive health clinics.

In Sri Lanka, agencies of the Family Health Bureau (FHB), National Cancer Control Programme (CCP), National STD/AIDS Control Programme (SCP) and Plantation, Housing and Social Welfare Trust (PST) established well-women clinics to build a comprehensive reproductive health approach on the existing maternal and child health and family planning delivery systems.

The Planned Parenthood Association of Thailand (PPAT) provides services and information to adolescents on reproductive health, sex education and HIV/AIDS, and operates youth counselling centres in Bangkok, Chiang Mai, Khon Kaen and Songkhla. Through its counselling activities, PPAT provides a full range of information about the consequences of unwanted pregnancies, including abortion, adoption and emergency homes where pregnancies can be carried to full term.

The Introduction of Adolescent Reproductive Health Services for Youth was implemented by the Vietnam Family Planning Association in Hai Phong, Hanoi, Ho Chi Minh City, Da Nang, Hue, Tien Giang and Nghe An. It aimed at increasing awareness of and access to reproductive and sexual health services for the youth, in particular out-of-school youth in provinces where VINAFPA has
branches. In the 3-year project period, up to 10,000 youths in the said cities and provinces had access to IEC concerning adolescent reproductive health, and some 2,000 youths had used the services provided for early diagnosis and treatment of STDs, sexual health promotion and appropriate methods of contraception in the selected provinces.

In Nepal, the Ministry of Health, Department of Health Services, Family Health Division recently developed an Integrated Reproductive Health Care Package to be implemented at different levels from the community to the district. At the Sub–Health Post/Health Post (SHP/HP) Level, the activities consist of: (1) making oral pills, condoms and others available for free; (2) more accessible antenatal, delivery, post-partum and newborn services; (3) conduct of family life education clinics; and (4) school health programme.

Other service delivery and outreach programmes include:

- Community–Outreach School Health Programme, Dr. Jose Fabella Memorial Hospital, Philippines
- CARE Project for Factory Workers, Cambodia
- RH for Young People in Rural Areas, Cambodia
- Pilot Project of the Maternal Care Health Centre (MCHC) for youth factory workers in Savannakhet Province, Lao PDR
- Reproductive Health/Birth Spacing (RH/BS) Pilot Project, Ministry of Health (MOH) for adolescent and youth factory workers in Vientiane and Savannakhet, Lao PDR
- Salaam Baalak Trust Project on disadvantaged children (working in railway platforms, at crowded bus stops and in congested business areas and slums), India
- Multi–Purpose Health Trips to the atoll region, Maldives
- Implementation of RH Services in districts and villages, LWU, Lao PDR

B. OBJECTIVES

These programmes seek to promote a wide range of objectives, including getting support from those who can push for the formulation or adoption of a national policy on ARH and the teaching of sex education in schools. Other objectives target behavioural changes such as reduction of the risk of unwanted pregnancies and unsafe abortion, delaying marriage, practicing safe and responsible sex, reduction of the risk of sexually transmitted diseases and HIV/AIDS, development or strengthening of skills of those who serve in programmes for adolescents, and widening or strengthening of the base of support for these programmes.

For the most part, objectives that address specific needs are balanced and comprehensive. What needs to be explicitly stated in more countries is an objective for the adoption of a formal and official policy on adolescent reproductive and sexual health, and the teaching of sex education. This is a real challenge, particularly in countries where pursuing such an objective faces strong cultural, religious or political opposition.

Most programme objectives are measurable and quantifiable. But their impact, particularly on overall programme goals, is long–term and, therefore, not immediately apparent. The following goals or objectives are common to many countries:
1. **For Advocacy**

- Adopt a national policy on adolescent reproductive and sexual health
- Include sex education in the school curriculum
- Build coalitions
- Train ARH advocates
- Win media support for all ARH-related efforts
- Promote coordination and networking
- Strengthen delivery of programme services for the youth through coordinated and synchronised efforts of government, NGOs, and key influential persons
- Convince parents, teachers and other community leaders to support adolescent reproductive health programmes
- Obtain support from the private sector
- Encourage adolescents to adopt healthy behaviour and avoid risky activities
- Improve and promote adolescents’ total well being and self-esteem
- Reduce the incidence of reproductive health and other problems among the youth

2. **For IEC**

- Improve and promote adolescents’ total well being and self-esteem
- Reduce the incidence of reproductive health and other problems among the youth
- Prevent unwanted pregnancies
- Reduce adolescent pregnancies
- Prevent and reduce the incidence of unsafe abortion
- Prevent and reduce the incidence of sexually transmitted diseases and HIV/AIDS
- Reduce the incidence of early marriage
- Generate information on adolescents’ attitudes, behaviour and practices related to fertility
- Respond to the social, emotional, intellectual and reproductive needs of adolescents
- Provide information on counselling services and referrals related to sexuality and contraception
- Test alternative venues for reaching young workers and out-of-school youth
- Reduce the incidence of death among mothers during pregnancy, delivery and the period after birth
- Prepare youth for responsible adulthood by addressing their needs related to adolescent sexuality within the context of a healthy and wholesome adolescent development
- Provide sexuality-related information to adolescents through peer counsellors and telephone services
- Develop materials specific to adolescent fertility
- Train potential counsellors and information providers
- Provide technical assistance to information and service providers
- Provide in-school youth knowledge of the implications of a rapidly growing population on socio-economic development
- Provide students the concept of and knowledge on responsible parenthood
- Persuade couples to favour small families
C. TARGET AUDIENCES

Of these programmes’ targets, the best covered are legislators, policy planners, programme managers, teachers and school administrators, and the youth who are in school, female, urban and married. Most programmes for adolescents carried out by government organisations and NGOs are confined to the urban areas; only a few focus on the rural areas.

In other countries, special groups such as soldiers in the army, migrants, and workers in factories, estates or industrial zones are also programme targets.

The most neglected are youths who are sexually active, in prison or in other dangerous and difficult circumstances such as on the streets or engaged in commercial sex. Those who should be reached more are youth who are out-of-school, male, in a rural and unmarried; parents, and cultural or religious groups.

Of these targets, only the youth appear to have received, and continue to receive, some attention in terms of their information needs and preferences. Most others like the service providers and IEC workers and counsellors, seem to be not well-defined, not segmented, not studied in terms of their needs, little involved in programme planning and implementation, and not as well-assessed as targets or audiences.

D. TYPES OF ORGANIZATIONS

Many of these programmes and projects are being carried out by government agencies such as the Ministries of Health, Education, Labour, Social Welfare, Youth and Sports, apex bodies of population or family planning programmes and others; or by NGOs; or by partnership between any of the following: government, NGOs, private organisations and universities. In some countries, some programmes are carried out by private organisations or institutions or, in some rare cases, by universities and even by the army.

Compared to NGOs, government organisations offer fewer and more traditional services. But they have more extensive reach, cover more rural areas, enjoy longer-term support, can more easily institutionalise programmes, and have greater clout. Many of their service providers, however, are perceived to be less user-friendly than NGOs.

NGOs, on the other hand, are more innovative, more proactive and more flexible; can respond faster and more meaningfully; can cover the most vulnerable; and can offer a far wider range of services.
Many strategies for advocacy were also used for IEC and vice versa. Listed below are outputs or products which were brought about by particular advocacy and IEC strategies, some of which were effective while others were less so.

### A. ADVOCACY

#### 1. Generating interest and commitment of decision makers through:

**Inter-country study visits**

One purpose of such visits is to promote decision makers and senior country officials to become leading advocates of reproductive health. It may be costly but innovative because it also provides an attractive opportunity for travel and learning in a unique setting.

Under the Population Information Centre of the Ministry of Health and Indigenous Medicine, a 12-member parliamentary group of the Sri Lanka Parliamentary Forum on Population and Development participated in a study tour to Thailand upon the invitation of the Asian Parliamentary Forum. The tour provided the group the opportunity to observe the reproductive health activities done by Thailand’s Ministry of Public Health, IPPF, ESCAP and the National AIDS Project. As a result of the advocacy efforts of the Centre, the Members of Parliament expressed their willingness to support reproductive health programmes in their constituents and came up with suggestions to overcome the health problems in their areas.

In India, inter-country study visits organised by the UNESCO Regional Office in Bangkok with the financial support of UNFPA for decision makers and key personnel to population education and IEC programmes in Asia have been a very effective strategy in creating awareness about and commitment to the population education programme. In Maldives, study tours for decision makers along with religious leaders, service providers, and the mass media were organised to Indonesia, Thailand and Egypt under the first phase of the population education programme and the child spacing project. This has resulted in stronger commitment and support to the programme.

**Seminars and consultative meetings**

With decision makers as targets, this strategy requires careful planning and high-profile resource speakers. The potential of national meetings to generate statements of commitment from participating officials must be harnessed.

In a consultative meeting in Mongolia, the main presentation was made by no less than the Minister of Health and Social Welfare. Participants to the meeting included Members of Parliament, the Minister of Health and Social Welfare, Governors of the Capital City and Districts, Chairmen of People’s Representatives Khural, and senior officials of health institutions. During the meeting, the project team on "Advocacy on Reproductive Health" also presented possible ways by which decision makers can support and contribute to the improvement of the reproductive health of the population.
In India, national seminars on Population Education and Adolescent Education have created the necessary awareness and commitment among the decision makers for the acceptance of these programmes. The National Seminar on Adolescence Education organised by the National Council of Educational Research and Training (NCERT) in April 1993 recommended the introduction of adolescence education in schools. As a follow-up of the recommendations of this seminar and of the ICPD Programme of Action, adolescence education has been made an integral part of the current project on Population and Development Education in schools.

In 1998, a series of advocacy meetings on HIV/AIDS/STD was conducted in Lao PDR. Participants were members of the Lao Government agencies/organisations and the NGOs. Meetings were conducted in the central, district and provincial levels. Members of the LWU, LYU and Trade Union were invited in one meeting which was chaired by the Minister of Health. Resource speakers were the WHO, UNICEF and UNAIDS resident representatives.

In Vietnam, the National Conference on ARH provided policy makers with an opportunity to review teenage situation and discuss strategies to improve services. This further led to the drafting of a framework for a national plan of action.

Research findings and publications

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 were forced to plan and carry out special programmes to address the problems.

In Mongolia, it is considered proper to identify the problems that need legislative coordination by way of a survey. In March 1999, the Information and Research Centre (IRC) of the Administration Department of the Parliament of Mongolia conducted a survey on "The Current Status of Legislation on Reproductive Health in Mongolia."

The survey covered the Family Law on age at first marriage; the Labour Law on working conditions, salary and other allowances for working adolescents; and the Criminal Law on protection of adolescents from sexual violence and on their reproductive health rights. Based on these, the main objectives of advocacy work were formulated to protect the youth from reproductive health problems, protect their legal rights, increase the quality of services provided for them and enhance the quality of legislations on reproductive health.

In Cambodia, the first CARE study on risk–related sexual behaviour in 1993 was probably the first attempt to lobby for the government to adopt appropriate reproductive health strategies for adolescents.

In Nepal, publication and dissemination of relevant studies and their significant findings have helped raise awareness on the necessity of effective programmes on adolescent and reproductive health at various levels. The government and NGOs are utilising the findings of these researches in the preparation and implementation of their programmes.

2. Winning support for various RH issues by various sectors through:

Political lobbying

This includes efforts directed to government leaders to address RH issues or support a cause. The strategy is usually a long-term process that requires persistence and consistency. The result of such efforts is also long-term as in the case of a new legislation enacted to support ARH programmes.
In Malaysia, 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).

Mass media mobilisation and campaign

This strategy includes sensitising and mobilising mass media practitioners as advocates of reproductive health and using them to campaign toward the cause as well as influence public opinion and disseminate information.

In the Philippines, the Remedios Aids Foundation (RAF) used press releases to promote adolescent reproductive and sexual health activities to the youth and parents and to gain support of its activities from the private sector. News articles have paved the way for RAF to reach City Government Officials, meet with them, and advocate for youth programmes.

In another endeavour, the Health Education Bureau of Sri Lanka made efforts to sensitisie, mobilise and inform mass media managers and journalists on reproductive health issues and promote responsible journalism through: orientation seminars; training for the electronic and print media; establishment of journalist forums; and development of press kits. As a result, the mass media have increased the time and space they provide for messages on population and reproductive health. The Sri Lanka Broadcasting Corporation started a series of sex education programmes for youth and panel discussions with specialists who are present to answer queries from listeners.

In Thailand, efforts to make emergency contraception known has so far included a discussion of the topic on the cable news channel UBC News, with the Secretary-General of FDA. In China, lobbying for policies and campaign for better access to services have been featured in local and national press releases.

In Maldives, Friday sermons which are broadcast live on the radio are powerful channels for reproductive health and advocacy. To a lesser extent, the print media such as pamphlets and news magazines were also used for advocacy purposes. However, the radio is more popular because every household owns one while the print media reach selective island communities only. In its successful awareness campaign on HIV/AIDS, the government used print and electronic media.

Media personnel from Vietnam Television, Voice of Vietnam (Radio), Press Institute and various newspapers were trained as national reproductive health advocates. After the training course, a number of short programmes, TV spots on HIV/AIDS prevention, songs and dramas were developed and contributed to the dissemination of information on safe and responsible sex, not only to adolescents but to the whole society as well.

Focus group discussions and seminars

In the Philippines, RAF was able to discuss adolescent health and related issues with parents through the Parents–Teachers Association meetings. Several focus group discussions on adolescent children were conducted with parents. As a result, the support of the parents on adolescent reproductive health was gained.

In Sri Lanka, the Women’s Bureau targets the leaders of women groups and their members through mini–lectures, group discussions and brain storming sessions. It addresses the creation of awareness and education regarding reproductive health issues and promotion of gender equity and reproductive health practice among women. Also in Sri Lanka, the National Institute of Education aims to sensitisise the principal education administration and parents to provide a supportive environment for
reproductive health education. Through its orientation workshops for administrators, about 4,650 headmasters and 100 education administrators had been sensitised. Four hundred forty (440) parent education programmes were completed. A one-day awareness programme for parents was conducted using a "Parent Book."

In Maldives, two-day national and regional seminars on RH and Islam were conducted to obtain the support of religious leaders. Discussion sessions and monthly meetings were conducted to increase involvement and support of atoll and island chiefs.

In Nepal, discussions among women groups and within schools were held as part of many campaigns and rallies to advocate public awareness and educate adults and the youth alike on sexual health issues. Special effort was done in areas where most victims of girls trafficking come from. The topics were mainly on raising awareness on HIV/AIDS. Similarly, several campaigns were organised in collaboration with campus students, police personnel and local people of the districts where the prevalence of girls trafficking by their relatives and brokers was common.

Coalition building

In Thailand, the Department of Health promotes cooperation with NGOs by inviting their participation in its National Family Planning Committee and also through extensive direct contact. This strategy is regarded as successful by both sides. The last meeting of the Committee had recommended prioritisation of the ten components of reproductive health, with adolescent reproductive health and sex education as top priorities.

In Cambodia, there is a loose but rather effective network in which there is cooperation on a number of important issues that cannot be handled by a single organisation. The most formal of these is the organisation undertaken by KHANA of its 18 partner local NGOs. It does not only provide technical training but also ensures accountability and transparency of these local NGOs. It is likewise involved in advocacy with EC/UNFPA partners for better access to STD services for the rural youth. Given the high but as yet to be quantified incidence of STDs among the rural youth in Cambodia, this is an important form of advocacy.

Advertisements

These come in electronic and print forms. They have the potential to attract attention and cause message retention. They are excellent tools for creating awareness and promoting specific causes.

In China, a cartoon condom made history in 1999 by starring in the first advertisement about sex aired in state television. Public-service announcement touting the use of condoms to prevent AIDS was the first mainland-wide measure taken by the government to tackle the disease. A series of advertisements for HIV/AIDS prevention and control have also been broadcast by central and local TV stations, in which ways of transmission and non-transmission of STI and HIV have been addressed.

In Cambodia, Health Unlimited erected billboards focusing on RH issues. Although city authorities at that time were opposed to the action, the situation has changed in the past two years.

In Nepal, advertisements take the form of slide shows in cinemas; bulletin boards with communicable diseases and adolescent reproductive health messages; and exhibits. These use local language and illustrations.

Celebration of international days

Advocacy campaigns in Iran and other activities such as national and district level workshops in the case of Sri Lanka are concurrently organised with the World Population Day and similar events. In this way, activities have the potential for much publicity or large attendance.

In Nepal, the celebration of different health-related days like AIDS Day, Condom Day, World Health Day, Population Day was
used as a powerful tool to disseminate information about adolescent reproductive health and sexual health. Because of this, people’s awareness on many health issues has been raised.

### 3. Development of recommendations and other documents through:

**Advocacy meetings and seminars**

In Bangladesh, The South South Centre implements advocacy meetings with government and NGO representatives to identify and document the best practising agency in the field of reproductive health including adolescent reproductive health, family planning, STDs/HIV/AIDS, and maternal mortality.

In Malaysia, the FFPAM held a Seminar on “Challenges and Future Directions in Reproductive Health for the 21st Century” in 1997. This seminar called on FFPAM to advocate specific actions on education and health services for adolescents. Following the seminar, recommendations had been incorporated into the three-year plan of the FFPAM and its thirteen member associations.

**Forums**

The Lao Government has founded two forums within the State Planning Committee (SPC) – the Population Development Strategy Forum under the Department of Planning of SPC and the Reproductive Health Forum under the Ministry of Health. Each has quarterly meetings chaired by the Vice-President of the SPC. These forums serve as venues for reviewing the progress of the implementation, updating the information for report, rectifying the ineffective and wrong procedures, and eliminating drawbacks and duplication of work among projects.

Another forum on ARH was organised by the Vietnam Family Planning Association on January 13, 2000. Through this, participants agreed that a national ARH programme should be developed to cover: introduction of sex education into the school curriculum; strengthening of face-to-face and mass media communication; creation of conditions favourable for setting up cultural entertainment and sport areas to attract adolescents; and necessary financial investments from the government and international donors to carry out the programme.

**Training in advocacy skills.** In Mongolia, the training of local and national RH advocators has resulted in recommendations of priority programmes to be implemented in the future.

### 1. Provision of counselling services through:

**Hotlines**

This is a popular strategy in many countries. Set up in Bangladesh, Malaysia, the Philippines, Thailand, China and Vietnam, these provide immediate, anonymous, non-threatening, non-judgmental and professional assistance to adolescents. Aside from the telephone, other means of communication can also serve as hotlines, such as the mail and mobile units, as is done in Bangladesh. Hotlines, however, attract not only adolescents but also the general public. One drawback is the limited access to such technology in some countries and among economically-disadvantaged groups.

One telephone hotline service in Thailand was set up by the Programme for Appropriate Technology in Health (PATH). It used students from the Prince of Songkhla University as volunteer counsellors because adolescents appear to have more respect for
advice from these university students than those that come from their peers.

These counsellors had three days of training on the physical and emotional changes which occur during adolescence, differences in the thought processes of young men and young women; outcomes and consequences of pregnancy, STDs and HIV/AIDS; and communication skills. One problem that arose from hotline peer counselling was the preference of clients to talk with the volunteers despite their inability to address difficult cases that should have been referred to specialists.

Use of hotlines are also demonstrated in the following: Confidential Approach to AIDS Prevention in Bangladesh using telephone, fax and mailboxes; hotlines on HIV/AIDS in Malaysia; "Adolescent – Future Centre" in Mongolia; Dial-a-Friend in the Philippines; HIV/AIDS hotlines in China; telephone counselling in India, with areas on adolescent sexuality, HIV/AIDS, drug abuse and career-related questions; and Hotline Counselling in Hanoi and Ho Chi Minh City, Vietnam.

Youth clubs

These meet the need among the youth for a place where they can simply hang out. It is conceived that the youth will be comfortable to seek counselling and a range of other services in these venues. With this in mind, soccer clubs and a condom cafe in Vietnam offer counselling services in conjunction with sports activities or other types of entertainment among the youth. In Malaysia, the Teen Service Centre run by the Foundation for Community Studies and Development offers pre- and early teens who have academic, behavioural and emotional problems academic guidance, counselling, camps, study visits, social gatherings, talks and leadership training. In Sri Lanka, the Alcohol and Drug Information Centre (ADIC) provides recreational facilities, listeners' service, IEC materials, life skills education for in-school and out-of-school youth through its Drop-in Centres.

Peer approach

Peer counselling offers a friendly service to adolescents because they perceive their peers to understand them better. It effectively encourages behaviour change and fosters greater accountability among peers. The peer approach is widely used by many programmes not only for counselling but for education as well.

In Bangladesh, for example, at least three NGOs with varied objectives offer peer and individual counselling: Breaking the Silence seeks to build awareness of child abuse and adolescent drug abuse; Marie Stopes Clinic Centre promotes family planning, prevention of STD/AIDS, safe abortion and male participation in family planning activities; and the Family Planning Association of Bangladesh (FPAB) promotes family planning and prevention of STD/AIDSs, and provides AFLE and capacity building.

In Malaysia, the AIDS unit of the Disease Control Division launched a programme to train a cadre of youth knowledgeable in HIV/AIDS and through them educate others in the country. The programme is known as PROSTAR – "Program Sihat Tanpa AIDS untuk Remaja" (Healthy Adolescents Without AIDS). It is aimed at adolescents aged 13 to 25 and covers secondary school children, those attending college and university, young people involved in the "Rakan Muda" (Young Friends or Partners) programme of the Ministry of Youth and Sports, members of organisations like the Red Crescent, Scouts and Girl Guides, St. Johns Ambulance, and youth in factories.

The Reproductive Health Association of Cambodia (RHAC) has developed a very good reputation for its role in facilitating peer group education for young Cambodians. To date, more than 200 peer group educators have been trained in 3 provinces.

Peer counselling and education is a main strategy of the Campus–based Programme on Adolescent Health and
Sexuality Development in the Philippines, and Vietnamese NGOs (Save the Children UK, Australia Red Cross, Vietnam Red Cross, MOET, UNICEF) with programmes on HIV/AIDS prevention.

2. Provision of health care and referral services through:

Teen quarters

The Teens Health Quarters (THQ) programme of FAD in the Philippines offers a wide range of services such as personal hygiene, skin care, pregnancy test, self-breast examination, consultation on menstruation, HIV-AIDS counselling, consultation on painful urination, STD diagnosis, consultation on drug abuse cases, pap smear, family planning counselling, immunisation, pre- and post natal care, circumcision, blood pressure check-up and monitoring, nebulisation, ear piercing, blood typing and referrals.

Adolescent clinics

In Mongolia, Adolescent Cabinets were established in 1997 at the Maternal and Child Health Research Centre and the aimag centres. An obstetrician/gynaecologist or paediatrician provides services to adolescent girls only but offers no services to boys. The main purpose is to monitor young women’s physical and sexual development. In addition, the doctors conduct considerable outreach services in secondary schools, where they give sex education classes.

Generally, Grade 8 (about age 16) adolescent girls have annual medical examinations in the Adolescent Cabinets. The examinations are organised by the reproductive health doctor with the help of schoolteachers on a class by class basis.

Hospitals

In the Philippines, the Dr. Jose Fabella Memorial Hospital provided annual physical examinations to pre-puberty pupils (Grades 4-6, 9–12 years old) at a nearby school. The puberty development of girls is assessed and if there are any discrepancies/problems, these are referred to the hospital’s adolescent health clinic.

Health centres

There exist in many countries health centres that offer services related to family planning, contraception, maternal and child care, STI treatment, and the like. Although many of such service providers are recently being trained to cater to adolescents’ reproductive health needs, they have not been totally successful in attracting adolescents. The latter do not seem comfortable in visiting health clinics for fear that others will perceive them to be engaging in sexual activities. In this respect, health services through youth centres or altogether separate adolescent clinics seem to be the more successful approach.

3. RH information dissemination through:

School-based approach

In every country, advocates endeavour to put elements of adolescent reproductive health into the formal school curricula. A sexuality education programme was piloted in 12 schools in Mongolia in the fall of 1999 under an agreement between the Ministry of Health and Social Welfare and the Ministry of Enlightenment. The curriculum is comprehensive and includes among other things gender issues, violence, communication, relationship skills and self-esteem.

In Maldives, the Population Education Programme has been successful as an IEC strategy during the last decade. Since its inception, it has trained personnel in the area of population education and has managed to integrate population education concepts into the formal education curriculum at the primary, middle and secondary schools.

Activities supplementary to classroom-based education abound as described below.

In Cambodia, where there has yet to be developed an in-school education curriculum for reproductive health, some NGOs such as the RHAC are permitted to work with young people still attending school through highly popular quiz shows for students. During World AIDS Day in December 1999, there
was television coverage of a wildly enthusiastic audience of more than 5,000 students taking place in a quiz show entitled “Breaking the Silence”. During the quiz show, which also featured dancing and music, young people were able to talk about any issue of their interest. Quiz shows are now widely held in schools outside Phnom Penh.

To reduce risky behaviours and unprotected sexual activities among vocational school and college students in China, many programmes by NGOs and institutions used behaviour theory–based activities to help students avoid sex or use protection. Students were often organised to attend lectures outside the school as part of their regular health education classes and participate in informal health education involving role plays and experimental activities to build skills and self-confidence. As a result, a greater proportion of students who abstained before the programme successfully remained so and unsafe sex was significantly reduced for those students who became sexually active.

In India, co-curricular activities are undertaken by the National Population and Development Education Programme of NCERT to strengthen classroom learning and enhance the process of institutionalisation of population education programme in the education sector. Not all the components of population education can be integrated into the textbooks of various subjects at all school levels because of the limitations of the subjects concerned. Even those components, which are there in the textbooks, may be communicated much more effectively if reinforced through co-curricular activities, e.g., All India Children’s Drawing/Painting Competition, National Population Education Essay Competition and National Population Education Quiz Competition. All these three contests were organised at all levels beginning from school to district, and state to national.

**Life skills trainings**

These rate highly among adolescents because they enable them to examine their values, provide them correct information on adolescent health and sexuality problems, improve their communication skills, and help in goal-setting and decision-making.

In Bangladesh, for example, most NGO programmes for adolescents provide adolescent family life education (AFLE) for both in-school and out-of-school youth. The curriculum for the AFLE course covers all the main interests of adolescents and includes the following reproductive health–related components: awareness–building, adolescent life/future life, health and hygiene, preparation for safe motherhood, avoiding abuse of adolescents, avoiding early marriage, and population planning. AFLE has attracted wide attention because girls who have gone through it are more knowledgeable and vocal about maternal and child health and gender issues than girls who have not. The way it is taught, however, has one weakness: it is lecture–oriented and not very participatory.

In the Philippines, the Foundation for Adolescent Development (FAD), an NGO, makes life planning education more interesting and useful to high school dropouts in urban poor communities by combining it with vocational skills training. Skills offered include computer technology, automotive mechanics, installation of building wiring, hotel and restaurant services, radio electronics, refrigeration and air conditioning, dressmaking, and cooking. The project is supported by big private companies.

In Cambodia, two projects namely Reproductive Health Project for Marginalised Youth (SCF–UK) and Reproductive Health for Vulnerable Children and Youth, cover training in life skills in their scope of activities. The latter project also includes vocational training for the youth.

In Nepal, ABC’s Family Life Education Programme was initiated for adolescent girls and young women aged 14–20. The programme addressed education, reproductive health, and economic needs of the target clientele. It helped the girls improve their lives by defining options for their future. Sewing and credit schemes, skills training and income-generating activities have been
promoted in line with the programme. Another NGO in Vietnam, Plan International, includes family life education among its activities.

In India, the NGO, ADITHI, was established with the purpose of empowering poor women through economic and social development. ADITHI conducts literacy and livelihood initiatives for adolescent girls as well as awareness and self-development programmes. Currently, ADITHI works with 5,000 girls through its non-formal education centres and the Balika Kishori Chetna Kendras (Unmarried Girls’ Awareness Centres) and about 500 boys through its Balak Vikas Kendras (Boys’ Learning Centres).

Youth camps

Organised in Malaysia, the Philippines, Thailand, China and India, these attract adolescents because they provide a venue where young people can be with friends and be free to express themselves. These camps have been used most effectively to impart knowledge of reproductive and sexual health. Activities at camp may include role playing, case discussions and quizzes that are non-threatening and actually promote learning. Camps can also be organised for special groups like handicapped adolescents who likewise need training and information on reproductive health.

In China, summer camps covering all of students’ interests have become popular among urban students. Adolescent health has been one of the students’ hot interests.

In India, the Society for Social Uplift through Rural Action (SUTRA) has conducted various camps for adolescent girls. These camps are mainly for unmarried adolescent girls aged 12–22. The objectives of the camps are: to provide a venue for their target groups to discuss and understand the situation of women from a feminist perspective; to sensitise girls about the patriarchal value system inculcated within them; to enable girls to deal with the injustices resulting from an oppressive value system which subjugates them; and to disseminate information about legal, health and other issues pertaining to women.

The youth camps conducted by the Foundation for Women in Thailand aimed to teach and answer the questions of adolescent girls about sexual relationships and love. Facilitators for informal groups were provided to encourage adolescents to listen to others and discuss the issues which concerned them. At one camp, this approach drew out five to six adolescents who had contemplated suicide. As a result, discussion of the suicide issue was raised by the facilitators at subsequent camps. Because of the circumstances from which many of the participants came, they were encouraged to choose and rely on a trusted peer or friend with whom they can discuss their problems.

Seminars and workshops

When accompanied by more participatory methods of learning, seminars and workshops become useful. However, lecture-type seminars are not effective for adolescents. These are among the easiest to organise but also the least effective for adolescents. Their effectiveness depends greatly on the speakers’ ability to impart knowledge and speak comfortably about emotion-laden sexual issues in a language the audience can understand. Because speakers are afraid of reactions from conservative members of the audience, they often merely raise awareness and convey facts during their talk.

Seminars are used by the Department of Labour in Sri Lanka to cater to the reproductive health education needs of young women, particularly factory workers girls in the Export Processing Zones. The content of its seminars cover maternal health, gender issues, food and nutrition, prevention of STDs/ AIDS, and prevention of alcohol and drug abuse. Other activities include: orientation programmes and training seminars for work leaders; integration of STDs and HIV/AIDS into the three-month course on home management; film showing for awareness creation; and outreach programmes in broadcasting.
In Maldives, the Ministry of Women's Affairs and Social Security used seminars in some of the secondary schools to raise awareness on the negative impact of marriage.

In Vietnam, programmes with large area coverage usually find workshops useful for the systematic dissemination of information to all levels – policy makers, government leaders, mass organisations, communities and individuals. The Provincial People’s Committee and the Vietnam Youth Union used workshops as one of the main strategies to increase knowledge, understanding and commitment on adolescent reproductive health in several provinces.

Use of mass media

These include electronic formats such as radio broadcasts, TV spots, talk shows as well as print formats such as newspapers, magazines and newsletters.

In Bangladesh, TV spots and talk shows to raise awareness of RH issues have been developed and broadcast in the country for the first time. The spots include one on underage brides and another on the hazards of early marriage. One TV talk show, titled “Problems of Adolescents and Youths in Bangladesh,” introduces sex education to adolescents and young adults. The show has five episodes: growing up, “eve-teasing,” gender discrimination, boy-girl relationships, and drug abuse.

Still another product for television in Bangladesh is the short film, “Life at Nayanjuli,” with messages on the consequences of early marriage, early pregnancy, proper care of the reproductive organs, and role of parents and the elderly. The film is a good resource material for training.

In Mongolia, radio and TV spots and programmes related to youth as well as local journal and newspaper articles focusing on the youth are being developed with the assistance of the Margaret Sanger Centre International.

In Sri Lanka, the following have been produced: a TV spot on unwanted pregnancies, a tele-drama on abortion and safe pregnancy, and a pamphlet on preparation for marriage.

In Cambodia, two radio magazine programmes, “Especially for You, Young People” and “Life Skills for Youth” went on the air in March 1999. These programmes are under the Media Education Project of Health Unlimited. Due to the lack of access of rural youth to mobile telephones for airing their questions, Health Unlimited has also launched its own drama series “Lotus in Muddy Lake” in order to reach a wider audience.

In China, a number of radio and TV programmes are aired regularly in different cities through the collaboration of regions and cities with local radio and TV stations. In this way, people learn about the harm brought about by AIDS and STI, their transmission routes and effective ways to prevent infection.

The Voice of Maldives broadcasts a 15-minute radio programme called “Radio Haveeru” which includes some aspects of ARH. It has likewise produced and broadcast radio spots on thalassaemia and family planning. In addition, SHE broadcasts the radio programme “Kulunu” covering a wide range of topics, including those on adolescent sexual and reproductive health. Two video films promoting healthy lifestyles had also been produced for telecasting.

Still in Maldives, monthly news-magazines ("Furadaana" and "Jamaa athuge Khabaru") which include population and ARH issues are distributed to all islands and schools free of charge. The three daily newspapers, Haveeru, Aafathis and Miadhu, have a weekly column on reproductive health issues but rarely specific to adolescents. These newspapers only cover Male’ and a few atolls due to logistic difficulties in distribution.

In Nepal, difficulties in surface transport and communication arising from mountainous conditions have led to the development of radio programmes as the best medium for
reaching rural areas. Radio dramas contain messages on reproductive health and sexual behaviour and information on HIV/AIDS. One of the successful radio programmes is the Jana Swasthya Karyakram of the Ministry of Health, Health Service Department, National Health Education Information and Communication Centre. It gives messages on preventive and curative health service. Television, on the other hand, has made a good impact among adolescents in urban areas. Discussion and talk shows are broadcast in television to increase the knowledge and awareness of the people on reproductive health and other related issues. Parents, teachers, policy makers and students are often invited as panelists.

In Vietnam, a radio information programme on ARH and sexuality is carried out by the Voice of Vietnam, with technical assistance from the BBC and financial support from UNFPA. Broadcast every Sunday morning, the call-in programme involves a panel of experts who answer questions on ARH, sexuality and related topics.

In the Philippines, ISSA distributes the newsletter, Reprowatch Youth Edition nationwide. The newsletter aims to provide timely abstracts of news articles on reproductive health and related issues, legislative updates and announcements pertaining to adolescents. It likewise includes feature articles, excerpts from selected publications, and analyses of selected news articles with a gender-sensitive framework.

Use of other forms

A number of other strategies and activities are employed by countries. These include:

- **Exhibitions**: By themselves, these can only create awareness. But they can attract audience attention if accompanied by other programmes, such as the distribution of printed materials, stage shows and quizzes to impart knowledge, or hosted by celebrities who are popular with the young.

- **Printed Materials**: These include posters, promotional materials, bulletins, brochures, resource books, training modules, flyers, primers, leaflets, bookmarks, booklets and comic magazines. In general, printed materials produced by NGOs tend to give adolescents more focus than those produced by government departments which turn out mainly factual pamphlets, leaflets and posters.

- **Video Materials**: In Malaysia, for example, FPPAM has produced a videotape titled “One Unintended Moment. A Thousand Miseries.” This can be used as a starter for a discussion on teenage pregnancy. The Federation will distribute it to its affiliates involved in reproductive and sexual health of adolescents. In the Philippines, the Foundation for Adolescent Development and the PCPD produced several video films tackling issues on youth sexuality and an MTV style song rendered by a well-known singer in the country.

  In Bangladesh, the video drama, “Sundar Jiboner Audhikar – Right for Better Living,” was developed by the Behavioural Change Communication Programme to create awareness of reproductive health and women’s reproductive right.

  In Maldives, the Ministry of Information, Arts and Culture will be circulating a 30-minute information video magazine to all the islands on a regular basis. The video includes a news update related to health, population and development.

  Vietnam’s Population Council developed a video based on songs about the youth’s knowledge and awareness of HIV/AIDS prevention. The video was used to spark discussions on HIV/AIDS prevention.

- **Folk Media**: From the experience of ARH advocates in Sri Lanka, folk literature, folk songs and other folk media such as drama and street play are effective in reaching less-educated and high-risk audiences.
In Cambodia, young village people used songs, drama, role play, quizzes, and puppet shows for their IEC strategies.

The Vietnam Youth Union set up drama teams to give performances that provide information about HIV/AIDS prevention.

In Bangladesh, NGOs like FPAB and BCCP developed audio folk songs to convey reproductive health to people who live in villages.

Taking advantage of the rich culture of the country, many government organisations and NGOs in Nepal developed folk tunes and dances depicting issues on reproductive health and sexual behaviour. Street drama is another effective medium different agencies are using to educate the community on sexual hazards, early marriage, girls trafficking, STD/HIV/AIDS, abortion and other concerns.

- **Special Media:** The "Hearts and Minds" of the AHYDP of the Philippines uses t-shirts, caps, streamers, billboards, theatre and contests to deliver its core themes.

- **Use of information technology:** The Federation of Family Planning Associations of Malaysia (FFPAM) organised a workshop on the development of a youth website or home page which eventually could contain information on reproductive and sexual health. Participants agreed to set up a special chat room (where "free speech" is allowed) where they can discuss matters of interest to them, including reproductive and sexual health. Although its results have yet to be seen, this is one programme in which the youth got together to design a sex education programme for themselves. The youth are very interested in this, so it should be harnessed to reach out to them.

### 4. Improved IEC support systems through:

#### Training of communicators and service providers

This strategy is common and indispensable but its effectiveness is dependent on an overall human resource development plan that will integrate new skills acquired into IEC use. Areas of training commonly include RH teaching, communication and counselling.

In Iran, schoolteachers were trained how to communicate RH to parents via the Parents–Teachers Association. In Sri Lanka, schoolteachers were trained as school counsellors. In China, follow-up training workshops were held by the Institute of Child and Adolescent Health for teachers to be familiar with the four-hour teaching model, which would be used in the health curricula of target schools.

In Mongolia, the Margaret Sanger Centre International organised a Master Training Programme in Human Sexuality and Sexuality Education. Trainees included representatives from the Educational Development Centre, the Teacher’s College and the Medical University. This training course is a foundation upon which other activities (NGO programme development, curriculum development, and teacher training) will be built.

In Maldives, interpersonal communication and counselling skills are incorporated in the pre-service training of community health workers. In Khanh Hoa Province, Vietnam, the Youth Union club managers and members are trained to educate youth members about RH/FP and prevention of HIV/AIDS. In eight provinces of Vietnam, ARH knowledge is integrated in the counselling training for health personnel.

#### Revision of school curriculum

Curriculum review and development is a useful strategy for improving IEC when accompanied by advocacy efforts and training programmes that will ensure its appropriate use.
In Thailand, a comprehensive new curriculum that includes sex education has been promulgated by the Ministry of Education for use starting in the year 2000. In Nepal, the government has included reproductive health, particularly concepts of reproductive system and sex education in the secondary education curriculum. However, there are still many other important facets of the issue that have not been incorporated.

In India, the theoretical framework of Population Education has been reconceptualised in view of the needs of post-ICPD (1994) developments and the experiences of previous phases of the implementation. The new framework reflects six basic themes, one of which is Adolescence Education.

In Maldives, the Population Education Programme has institutionalised the population concepts into the teacher education curriculum of the Institute for Teacher Education at the primary, middle and secondary levels.

Material resources and information systems development

IEC programmes require materials such as books, modules, and training packages or systems (e.g., databanks) that improve access to information. Some programmes devote a portion of their activities to the development of materials supporting their efforts on IEC.

In India, various government organisations and NGOs produced such materials in the form of teacher’s guides, resource books, supplementary reading materials, training modules, students/learners’ manuals, and others. Some of these materials have been produced in audio-visual form, such as videocassettes, audiotapes and films. In an effort to develop standardised educational and training materials, CHETNA trains NGOs health workers.

In Lao PDR, the Ministry of Education produced teaching modules for the lower and upper secondary schools and training packages for trainers and classroom teachers. A Curriculum Development Committee in Iran has also been set up to develop educational materials for use in over 1,000 pilot schools in five selected provinces. Population education messages were developed by the Committee and published in the form of booklets. These materials will be integrated into school textbooks at the national level.

In Nepal, a clearing house was established to regulate the distribution of materials related to the reproductive health and sexual behaviour of the target people and to manage the distribution system properly. It has made IEC materials available to all who want to design programmes and conduct studies. The data and materials distributed by the clearing house have greatly helped build awareness among decision makers and implementers of the programmes. The general public also has access to these materials. Before the establishment of the clearing house, there was no systematic distribution and collection of information.

Social mobilisation and community building

Community constituents including adolescents, parents, guardians, local associations, village workers may become key support resources to IEC when properly organised or trained. Recognising this, a training of community volunteers was undertaken by the Department of Public Health, Maldives in Haa Dhaalu, Gaafu Alifu and Gaafu Dhaalu atolls. Consequently, these volunteers will be mobilised as motivators and change agents in designing and conducting door-to-door reproductive health services.

Similarly, the Community Development Services (CDS) of Sri Lanka capitalises on social mobilisation, community capacity building and delivery of services in reproductive and sexual health as its main strategies for increasing the capacity of individuals and communities to find effective and timely solutions to family health issues. The organisation offers services in several provinces (North Central, North Western, Central, Uva, Sabaragamuwa and the Western provinces) and teaches reproductive and sexual health, family planning, maternal and child care, human rights, STDs/HIV/AIDS and gender equity.
REFERENCES

Bangladesh

Cambodia

China

India

Iran

Lao PDR

Malaysia

Maldives

Mongolia

Nepal

Philippines

Sri Lanka
Thailand


Vietnam

<table>
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<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ADIC</td>
<td>Alcohol and Drug Information Centre (Sri Lanka)</td>
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<td>ADITHI</td>
<td>Agriculture, Animal Husbandry, Dairy Industry, Tree Plantation, Handicrafts, Handlooms and Integration (India)</td>
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<td>AFLF</td>
<td>Adolescent Family Life Education</td>
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<td>AHYDP</td>
<td>Adolescent Health and Youth Development Programme (Philippines)</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>ARH</td>
<td>Adolescent Reproductive Health</td>
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<td>BCSP</td>
<td>Bangladesh Centre for Communication Programs</td>
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<td>BRAC</td>
<td>Bangladesh Rural Advancement Committee</td>
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<td>CCP</td>
<td>Cancer Control Programme (Sri Lanka)</td>
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<td>CDEPA</td>
<td>Centre for Development and Population Activities (Nepal)</td>
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<td>CHETNA</td>
<td>Centre for Health Education, Training and Nutrition Awareness (India)</td>
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<td>CFR</td>
<td>Contraceptive Prevalence Rate</td>
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<td>DECS</td>
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<td>EC</td>
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<td>FAD</td>
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<td>FFPAM</td>
<td>Federation of Family Planning Association Malaysia</td>
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<td>FW</td>
<td>Foundation for Women (Thailand)</td>
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<td>FH</td>
<td>Family Health Bureau (Sri Lanka)</td>
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<td>FP</td>
<td>Family Planning</td>
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<td>FPA</td>
<td>Family Planning Association of Bangladesh</td>
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<td>FPAN</td>
<td>Family Planning Association of Nepal</td>
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<td>HIV</td>
<td>Human Immuno-deficiency Virus</td>
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<td>ICPD</td>
<td>International Conference on Population and Development</td>
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<td>IEC</td>
<td>Information, Education and Communication</td>
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<td>IPF</td>
<td>International Planned Parenthood Federation</td>
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<td>ISFA</td>
<td>Institute for Social Studies Action (Philippines)</td>
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<td>KHANA</td>
<td>Khmer HIV/AIDS NGO Alliance</td>
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<td>LWA</td>
<td>Lao Women’s Union</td>
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<td>LYU</td>
<td>Lao Youth Union</td>
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<td>MOET</td>
<td>Ministry of Education and Training (Vietnam)</td>
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<td>NCERT</td>
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<td>NCPPP</td>
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<td>NGO</td>
<td>Non-Government Organisation</td>
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<td>NPFDB</td>
<td>National Population and Family Development Board (Malaysia)</td>
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<td>PAKE</td>
<td>Population and Sex Awareness (Philippines)</td>
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<td>PATH</td>
<td>Programme for Appropriate Technology in Health (Thailand)</td>
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<td>PDI</td>
<td>Population Development International</td>
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<td>Acronym</td>
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<td>POPCOM</td>
<td>Population Commission (Philippines)</td>
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<td>PRODED</td>
<td>Population Education (Philippines)</td>
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<td>PPAT</td>
<td>Planned Parenthood Association of Thailand</td>
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<td>PROSTAR</td>
<td>Programme Sihat Tanpa AIDS untuk Remaja (Healthy Adolescents Without AIDS Programme, Malaysia)</td>
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<td>PHT</td>
<td>Plantation, Housing and Social Welfare Trust (Sri Lanka)</td>
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<td>RF</td>
<td>Remedios AIDS Foundation (Philippines)</td>
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<td>RH</td>
<td>Reproductive Health</td>
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<td>RHAC</td>
<td>Reproductive Health Association of Cambodia</td>
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<tr>
<td>RHI</td>
<td>Reproductive Health Initiative (Lao PDR)</td>
</tr>
<tr>
<td>RTI</td>
<td>Reproductive Tract Infection</td>
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<tr>
<td>SCFUK</td>
<td>Save the Children Funds – United Kingdom</td>
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<td>SCP</td>
<td>STD/AIDS Control Programme (Sri Lanka)</td>
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<tr>
<td>SH</td>
<td>Sexual Health</td>
</tr>
<tr>
<td>STD</td>
<td>Sexually Transmitted Disease</td>
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<tr>
<td>SUTRA</td>
<td>Society for Social Uplift through Rural Action (India)</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organisation</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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