LEARN FROM 14 COUNTRIES

Gain the support of various sectors on adolescent reproductive and sexual health. Generate useful programme recommendations. Deliver effective counselling, health care, and information services. Strengthen service support systems.

To find out how different countries did these, turn to page 19.
From 37 countries across Asia, Oceania, Pacific Islands, North America, Africa, Middle East, Latin America and Europe, 1,390 delegates attended the First Asia Pacific Conference on Reproductive Health (APCRH).

The reproductive health (RH) issue is particularly important to the region – home to half of the world’s population.

The conference was held on February 15-19, 2001 at the Philippine Trade Training Centre in Manila, Philippines.

This was by far the largest gathering of government and NGO sectors representing policymakers, community partners, clients, programme managers, health professionals, social scientists, the youth, donor agencies and others in the field of reproductive health in the Asia Pacific region.

The conference aimed to help RH stakeholders exchange ideas and experiences as well as build consensus and collaborative relationships to improve the quality of RH and life in the region.

In line with the conference objectives, more than 1,300 delegates adopted the Manila Declaration and representatives from various organisations formed an alliance for reproductive health and rights.

The APCRH draws its framework from the 1994 International Conference on Population and Development (ICPD) in Cairo, which changed the way nations perceive gender and population programmes.

Held every ten years, the ICPD has persisted for about three decades now. But in the past, the perspective to population and development was on control and management of fertility in response to a rapidly growing population especially in developing nations.

With the turn of events worldwide, the 1994 ICPD took a historic bend toward sustainable development, human rights, and gender equity and equality. This influenced the ICPD Programme of Action to underscore the individual’s right to the highest standard of health and the need to provide holistic reproductive health services.

The next APCRH will be held in 2002. The venue is yet to be decided as China, India, Pakistan and Thailand have signified intentions of hosting the next conference.

In Brief: Manila Declaration on raising the quality of reproductive health in the Asia Pacific region

The six-point declaration:
- addressed the promotion of gender equity as the basis for improving reproductive health.
- invoked governments to prioritise elimination of gender inequity.
- urged public identification of and remedy to gender-inequitable socio-cultural, legal and religious practices.
- invoked governments to increase resources for elimination of gender inequity.
- committed to build collaborative relationships among stakeholders of reproductive health quality.
- expressed formation of a network of NGOs and individuals to ensure implementation of the ICPD Programme of Action.

APCRH, February 18, 2001
As part of their study visit to Thailand, Members of the Parliament and top-level officials from the Islamic Republic of Iran were briefed on the Adolescent Reproductive and Sexual Health Education Programmes of UNESCO on March 26, 2001.

Ms. Carmelita L. Villanueva, the Chief of PROAP Information Programmes and Services and Regional Clearing House on Population Education, introduced what 14 countries have accomplished in addressing adolescent reproductive and sexual health problems and issues. She gave an overview of the demographic profile and problems of adolescents in the region. She described policies and programmes addressing the problems, focusing on specific strategies used in information, education and communication and advocacy work to promote adolescent reproductive health (ARH) messages. The lessons learned and the successful strategies were presented to the officials for their consideration.

Ms. Villanueva also stressed the need for many countries, including Iran, to undertake more efforts to advocate ARH issues and goals and employ more innovative IEC strategies and techniques for communicating ARH messages. She said UNESCO is collecting ARH laws and policies to be repackaged and disseminated to parliamentarians in the region.

The “Study Visit of Iranian Parliamentarians on Advocacy for Reproductive Health Including Adolescent Health Issues through Formal Education System” was conducted on March 25-30, 2001 as part of the initiative to establish a population commission in the Parliament. It was organised under Project IRA/00/P02 by UNFPA-Iran and the Asian Forum of Parliamentarians on Population and Development (AFPPD) in cooperation with the Family Planning and Population Division of the Ministry of Public Health, Thailand and the Planned Parenthood Association of Thailand (PPAT).

The members of the visiting team also met with other agencies in Bangkok as well as Songkhla and Pattani provinces.

UNESCO PROAP shares ARH education with Iranians

Capacity building project kicks off in JOICFP workshop

Fifteen participants from Bangladesh, Cambodia, Myanmar, and the Philippines came together in a Regional Technical Workshop to develop guidelines on how the UNFPA-funded Project RAS/00/P06 (Strengthening of National Capacity for RH/IEC and Advocacy through Community-based RH/FP Programme) executed by JOICFP can be implemented in this current programme cycle.

Held at JOICFP Headquarters in Tokyo on January 15-17, 2001, the workshop aimed to: (i) forge understanding among participants and organisations involved in the project; (ii) develop guidelines for implementing activities within the project; (iii) formulate the overall action plan and time frame; and (iv) share experiences in implementing RH/IEC strategies in community-based programmes.

During the workshop, the experiences of Bangladesh and the Philippines on Japan-born IEC strategies for community-based reproductive health and family planning (RH/FP) programmes were presented.

JOICFP shared its IEC tools, materials, and strategies such as “APPRODUCTION” (appropriate technology for production). This
provides institutions the capacity to implement IEC activities that best fit the country needs and situation.

Resource persons were also invited to share their experiences and ideas. They included representatives from the UNFPA Country Support Teams of Bangkok and Kathmandu as well as IPPF of East and Southeast Asia and the Oceania Region (ESEAOR) and South Asia Region (SAR).

Guidelines for needs assessment were formulated based on their presentations of their country situations. Guidelines for documentation in Bangladesh and the Philippines were drawn as well.

JOICFP embarks on adolescent reproductive health strategies

The Japanese Organisation for International Cooperation in Family Planning (JOICFP), in close collaboration with the International Planned Parenthood Foundation (IPPF), is implementing Project RAS/00/P05: Strategies for Sexual and Reproductive Health of Adolescents and Youth from September 2000 to December 2003.

The project is executed under the Reproductive Health (RH) Sub-programme of the UNFPA Regional Programme for Asia and the Pacific (2000-2003). As a component of a sub-programme with five major outputs, the project addresses Output Two, an increased understanding of reproductive and sexual health behaviour of adolescents and youth and development of viable programme modalities for addressing adolescent RH.

At least ten selected countries from East, Southeast and South Asia are participating in the following key regional activities of the project:

1. A small-scale research on adolescent sexual and reproductive health behaviour in selected countries, namely Malaysia, Nepal and Sri Lanka, will establish cross-culturally comparable data and subsequently, recommendations on special needs of adolescents and youth.

2. Documentation of ARH care experience will include an inventory of adolescent reproductive health (ARH) success programmes in the region and lessons learned from failures.

3. Pilot testing will involve development of ARH service models and IEC and counselling package on sexuality based on the outcome of the first two key activities of the project. Models will be tested in the three selected countries.

4. Regional workshops held in series will facilitate sharing and identification of practical programme strategies and approaches among the participating countries. A website will also be created to help exchange information and disseminate model strategies to a wider audience.

Workshop launches model

A basic model of an ARH programme strategy was formulated during the Planning Workshop of Project RAS/00/P05 held at JOICFP Headquarters in Tokyo on January 18-20, 2001.

The participants drew the model from a community-based ARH programme in the Philippines, the ongoing regional and national ARH programmes, and the projects presented by the four participating countries. Guidelines for model strategies and modalities for pilot testing were developed, laying down the groundwork for the first regional workshop, which will be attended by ten countries in 2001.

The seven-session workshop discussed and formulated the overall framework for implementing key regional activities. The collaborating mechanism among participating agencies were also discussed in preparation for the first Advisory Committee Meeting of JOICFP, IPPF, national implementing agencies, UNFPA, and UNFPA Country Support Teams of Bangkok and Kathmandu.

At the end of the workshop, JOICFP had the chance to share the “Maggie Apron” – a teaching tool that illustrates the female reproductive system, contraceptive use and stages of pregnancy.

Ten participants from Indonesia, Malaysia, Nepal and Sri Lanka attended the workshop. Resource persons came from the UNFPA Country Support Teams, IPPF East and Southeast Asia and the Oceania Region (IPPF/ESEAOR), and IPPF South Asia Region (IPPF/SAR).
The massive overhaul and expansion of the Adolescent Reproductive and Sexual Health (ARSH) website at http://www.unescobkk.org/infores/arh-web will promise users a haven of research and full-text information coming from all corners of the Internet. The new website will serve as a virtual resource for researchers on aspects of adolescent reproductive health ranging from programme approaches and strategies, youth-friendly health services to actual lessons on sexuality education. This one-stop information shop will benefit policymakers, managers, curriculum developers, and IEC and advocacy personnel who do not have the time to surf the Net.

What are the added features to be expected?

(i) More case studies from seven countries – Cambodia, China, India, Lao PDR, Maldives, Nepal and Vietnam – will be added. These describe national experiences in implementing programmes on IEC and advocacy for adolescent reproductive and sexual health. Currently, the website includes case studies from Bangladesh, Iran, Malaysia, Mongolia, Philippines, Sri Lanka and Thailand.

(ii) The new three-part regional synthesis integrating all 14 case studies above will be uploaded to replace the initial publication, which covered only seven countries.

(iii) A newly created section will link substantive full-text articles with trainers. Contents will be searchable under topics such as human and sexual development, relationships, sexual behaviour, reproductive health, personal life skills, and society and culture.

(iv) Another section will compile ready-made lessons and teaching or learning materials from various sources as a resource pool for curriculum developers, teachers, and planners and health educators. Contents will be searchable with permission from other websites. For easier navigation, these will be grouped into topics: adolescent reproductive policies, laws and rights, gender issues, demographic and RH profile of adolescents, needs assessment, programme approaches, monitoring and evaluation, adolescent pregnancy prevention and abortion, contraceptives for adolescents, advocacy strategies, counselling, communication, linking schools with health services, youth-friendly health services, sexuality education programmes and approaches, youth and STD/HIV/AIDS and peer approach.

(v) The existing links section, a collection of ARH websites maintained by other organisations, will be updated to increase direct links to external websites. An online form may be filled in by those interested to have their websites added to the list.

(vi) The new interactive feature of the UNESCO ARSH website will allow users to submit online their own articles and publications, latest news and events, and relevant photographs in addition to their website information and location.

(vii) Other added sections of interest will include a photo library and a searchable database of materials on ARH, focusing on IEC and advocacy materials produced from Asia Pacific and Western countries.

The existing News section will remain dynamic, carrying news and events regularly updated from contributions by implementers of ARSH programmes and activities in the Asia Pacific region.

The Development Consultants for Asia Africa Pacific (DCAAP) is organising a course on Managing IEC/Advocacy Campaign on Adolescent Reproductive and Sexual Health from 30 July – 24 August 2001. The course is designed for programme or project managers, planners and health educators. The course fee is US $2,400. For more information, refer to http://www.unescobkk.org/infores/arh-web/arhnews/dcaap.htm or e-mail to dcaap@pacific.net.ph
The role of advocacy and communication in the success of development programmes like reproductive health and gender equity has always been acknowledged by policymakers, planners, programme personnel and donors. It is in this light that a project entitled “Advocacy of Reproductive Health and Gender Issues through Department of Mass Communication” was approved by UNFPA in line with the 1994 ICPD Programme of Action. The project is being implemented by the Department of Mass Communication under the Reproductive Health Subprogramme of Bangladesh.

The four-year communication and motivation project began its activities in July 1999. Since it started, the project has been implemented in 256 sub-districts, covering 60 per cent of the total geographic area of Bangladesh.

The project features the involvement of community leaders, including the religious sector, elected local government officials, school-teachers, NGO workers and social workers. The project conducts regular activities using interpersonal communication (IPC) techniques such as community meeting, courtyard meeting, folksong, orientation, audiocassette playing, IEC materials distribution, street announcement, rallies, debate, speech competition, and others. These methods accelerated project activities and promoted widespread dissemination of adolescent reproductive and sexual health messages to a target audience of seven million, a quarter of whom are women and a tenth are school children.

The project aims to improve the knowledge, attitude and skills related to adolescent reproductive and sexual health, thereby achieving the targeted contraceptive prevalence rate of 70 per cent by 2003 from the current rate of 50 per cent. It also aims to help prevent premarital sex, drug addiction, and early marriage as well as increase knowledge on nutrition and STDs/HIV.

CAMBODIA

Goodwill Ambassador reaches out to youth and women

Dr. Chea Samnang, the Cambodian doctor and actor named by the United Nations Population Fund (UNFPA) as its Goodwill Ambassador for Cambodia, has actively taken part in youth and women events nationwide.

The star of a variety of educational drama series on sexual and reproductive health, HIV/AIDS and women’s empowerment, the 29-year old Ambassador is a prominent figure in the fight to make Cambodia’s youth aware of the dangers of HIV/AIDS and how to prevent it. His role is crucial as Cambodia recorded the highest level of infections among Asian countries in 1999.

The new Goodwill Ambassador joined the Cambodia Youth Camp the whole day of March 21, 2001 to deliver messages on HIV/AIDS prevention and condom use. He encouraged the participants to share with other youth in their communities new knowledge and skills gained from the camp. He interacted with the youth in group discussions, Karaoke sessions, traditional song and dance performances, mountain climbing, and other activities.
The camp was organised by a group of NGOs on March 19-23, 2001 in Sihanouk Ville as part of the EC/UNFPA Youth Reproductive Health Programme. A group of 106 youths aged 15-24 came from 13 provinces and joined participatory education sessions on life skills orientation, STDs, HIV/AIDS, birth spacing, gender, and child rights. The camp aimed to raise awareness, create positive behaviour change, and advocate youth sexual and reproductive health issues in Cambodia.

The UNFPA Goodwill Ambassador for Cambodia was also an honoured guest and speaker during the celebration of International Women’s Day on March 8, 2001 in Niroad Pagoda, Phnom Penh. The event was organised by the Minister of Women’s and Veterans’ Affairs around the theme, “Building Together a Society Free of Violence Against Women”.

In his message, Dr. Chea Samnang urged men to stop violence against women as it destroys their health and the socio-economic well-being of the family and the nation. He appealed to the government, especially local authorities, to take action in punishing the perpetrators of violence against women. He raised that an equally shared decision-making opportunity between men and women in the family and in society is the key to ending such violence.

In 1999, UNESCO Almaty developed an IEC training package on HIV/AIDS and STI prevention for youth NGOs within the framework of Project 207KAZ40, STI/HIV/AIDS Awareness: A National Healthy Lifestyles Advocacy and Education Campaign in Kazakhstan. The package has been subsequently used in training and disseminated to national AIDS centres in Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan. A series of strategies are currently implemented to address the problem on STI/HIV/AIDS in the Central Asia Republics. Led by UNESCO Almaty Office, together with partners such as UNFPA, UNICEF, UNAIDS, UNODCCP, an inter-agency approach is employed to deal with the multi-faceted problems on HIV/AIDS.

In December 2000, a three-day training programme on STI, HIV/AIDS prevention was conducted by UNESCO Almaty and the Republican AIDS Education Campaign in Kazakhstan. The package has been subsequently used in training and disseminated to national AIDS centres in Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan. A series of strategies are currently implemented to address the problem on STI/HIV/AIDS in the Central Asia Republics. LED by UNESCO Almaty Office, together with partners such as UNFPA, UNICEF, UNAIDS, UNODCCP, an inter-agency approach is employed to deal with the multi-faceted problems on HIV/AIDS.
Centre in Uzbekistan. Twenty youth members of national NGOs with networks throughout the country were trained. During a participatory workshop, youths worked together to discuss HIV/AIDS and issues on prevention, human rights and resource facilities. Peer counselling proved to be an effective method of disseminating information to the youth around the world.

With the beneficiaries’ participation, information materials for youth have been developed as part of the UNESCO Project entitled “STI, HIV, AIDS Awareness: A National Information, Advocacy and Awareness Campaign in Uzbekistan”.

Along with the City AIDS Centre of Kazakhstan, UNESCO Almaty has also developed and disseminated 4,000 copies of an information brochure for commercial sex workers (CSWs) and 3000 information brochures for youth. The brochure aimed to inform CSWs of safer options and their rights. It is available in Russian and has been disseminated in Kazakhstan, Kyrgyzstan, Uzbekistan and Turkmenistan.

UNESCO Almaty has been active in working with donors (UNICEF, UNAIDS UNOCDDP and UNFPA) and national partners (Republican AIDS Centres and City AIDS Centres) in STI/HIV/AIDS awareness activities throughout Central Asia and in Georgia. Activities included a safe sex campaign at selected truck stop points in Central Asia, a concert for youth in Georgia, and three concerts for youth in Kazakhstan.

Other activities were geared toward the use of mass media for information campaign:

In Georgia, twenty radio DJs and production managers were trained in HIV/AIDS radio spot production.

Through joint efforts of UNESCO, UNAIDS and UNICEF, the quarterly magazine, *Into Focus* has been produced in Russian and English to report activities on HIV/AIDS in Central Asia. The newsletter is available online at [http://www.unesco.kz](http://www.unesco.kz).

In its Autumn 2000 issue (No. 47-48), the UNFPA/WHO magazine *Entre Nous* (the European Magazine for Sexual and Reproductive Health) published the article entitled “Central Asia and Caucasus – Collaborative HIV/AIDS Awareness Activities” to highlight the progress of the work done in the region.

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**CHINA**

**Education material explains adolescence and sexuality**

Young people in China can now find out about the adolescent period, sexual matters and more from the “Teaching Material for Sex Education, Adolescents’ Guideline”.

The Department of Information, Education and Communication of the State Family Planning Commission recently issued the booklet under Project CPR/98/P01. Published in Chinese, it includes 12 short chapters that discuss the reproductive process, physiological and psychological changes accompanying adolescence, contraception, STD/HIV/AIDS prevention, and others.

Colourful graphics and pictures (e.g., contraceptives and STD symptoms) have been added within the pages to give reality to the information provided. A quiz is included to review the important concepts presented. Practical responses are suggested on a realm of experiences throughout adolescence.

A treat to readers, compositions featured at the end of the material paint the emotion of love as seen in the eyes of two adolescents.

An English translation of the booklet is on its way and adolescents outside China may soon expect to benefit from the material as well.
The West Bengal Voluntary Health Association (WBVHA) has taken the challenge of introducing its Adolescence Health Education project to 120 schools, 80 teachers, and 7,200 students in four districts of West Bengal – Calcutta, Bankura, Darjeeling, and Dakshin Dinajpur. By popular demand from parents, teachers, students and NGOs, WBVHA is expanding its experience in school-based health promotion beyond the coverage of HIV/AIDS and Malaria Prevention and Control.

The WBVHA project aims to add knowledge and skills on adolescence problems and management through an effective and sustainable intervention. Through its project, WBVHA emphasises the importance of personal hygiene, cleanliness, nutrition, understanding psycho-physiological changes during adolescence, counselling for adolescents, self-esteem, life skills, reproductive health and HIV/AIDS, gender issues, healthy living, and integration of peers, elder students, teachers, and guardians in managing adolescence problems.

A peek at project progress

The KAP (Knowledge, Attitude, and Practice) survey of students in four districts has been completed and is about to be published. Many IEC materials have been developed including a video on adolescence. Soon, poster and drama contests among students will be held and tree plantation will be in full flow.

Nine representatives from the District Health Resource Centres have attended the five-day Capacity Building Training Programme on September 4-8, 2000 to improve project implementation in their districts.

In Calcutta, two teachers from each of ten participating schools have joined a two-day sensitisation workshop on adolescence care in November 2000. A total of 622 students from the ten schools took part in one-day Orientation Training Programmes on adolescence health issues held in November to December 2000.

A model school makes its mark

A model school for the project is being developed in each of the districts. Excellent rapport and performance, eagerness of teachers, school authorities and students as well as ideal facilities prompted WBVHA to choose Tollygunge Girls' High School as its model school for adolescence health education promotion in Calcutta.

The High School has formed a student core group from Class XI. With proper training, the group will be able to organise programmes on adolescence health for students in 20 schools, slum dwellers, and school dropouts.

Within its premises, the school has done many activities under the project: orientation lectures on personal hygiene and basic health issues for students; formation of teachers’ forum; adolescence sensitisation meeting and orientation programme for parents; formation of parents’ forum; putting up posters with health and nutrition messages; cleaning of school campus; and establishment of a health library.
Low trends in reproductive health knowledge came out from a national survey conducted among young Laotians in 1999. These seriously compel IEC programmes to be developed as a response.

The Adolescent Reproductive Health Survey was done by the Lao People’s Revolutionary Youth Union and executed by the Japanese Organisation for International Cooperation in Family Planning (JOICFP). Collected from 3,000 households in 18 areas and 1,560 young people aged 15-25, the data from the survey could help programme managers, policymakers and others develop approaches that meet the needs of young people. The major findings are highlighted below.

Knowledge on reproductive health issues is generally low.

More than half of young Laotians were not aware of contraception methods, condom use, sexually transmitted diseases, and harmful drugs (see chart below). But about a quarter of them had some knowledge of HIV/AIDS and the danger of induced abortion.

The young people’s major sources of information were persons close to them (friends, family, relatives), followed by the mass media (TV and radio). Seldom was information received from health workers (7.0 per cent in the case of HIV/AIDS information).

Knowledge on reproductive health issues is generally low.

Discrepancies in knowledge exist between sub-groups.

In most cases, knowledge rates were greater among: (i) youth in urban than in rural areas, (ii) those who were educated than those who were not, (iii) those in the agriculture sector than in other groups (government/private sector or students), and (iv) those in higher age brackets (aged 20-25) than in lower brackets (aged 15-19).

Drug abuse and sex are not widespread.

Use of harmful drugs (1.8 per cent) as well as experience in sex (8.2 per cent) among young people was low. More than half (54.0 per cent) were not in favour of premarital sex. A great majority (80.0 per cent) expressed that sex without consent or sexual harassment is not socially acceptable.

Of those who engaged in sex, 60 per cent had their first experience with their girlfriends or boyfriends and 62.5 per cent had sex in homes. The incidence of sexual intercourse with bar girls is 5.0 per cent among all young men.

Contraceptive use is low.

Since only 5.4 per cent of all young people had used contraceptives, it appears that a considerable number of those who had had sex did not use a method of contraception. Among the available methods, the condom was the most popularly known (50.4 per cent) and used (3.1 per cent), with the majority of users obtaining their supplies from pharmacies.
What can be done?

Special IEC programmes have to be designed, with emphasis on the effective use of mass media, particularly radio and TV, and interpersonal communication to improve adolescent reproductive health knowledge.

Friendly reproductive health services for adolescents should be encouraged to reduce pregnancies out-of-wedlock and the spread of STD/HIV/AIDS. Although premarital sex is not common, the possibility of rising unsafe sexual relations among the youth, bar girls in particular, must be addressed through programmes that counteract these issues.

Future surveys should investigate the wide differences among population sub-groups particularly the uneducated, the minority and the poor.

Adolescent Drop-in Centre rolls into operation

Fundied by EC/UNFPA, the Drop-in Centre was recently opened by the Save the Children Fund (UK) and the Vientiane Municipality Women’s Union.

The youth can come to the Centre to enjoy concerts and performances or even take part in a comedy competition or a play. Groups of friends can drop by to chat over coffee, tea or a bowl of noodles. They can take up drawing, painting and art classes for pleasure.

Beyond its social and recreational facilities, the Centre has more to offer: It provides information on a range of issues such as reproductive physiology, STD/HIV/AIDS and how to prevent risky behaviours, parenting skills and family planning, life skills, and gender-sensitive behaviour. Basic reproductive health services and counselling are also available.

To support the varied needs of the adolescents, the Centre maintains two counselling rooms, one Anonymous Clinic, one meeting room, a library where art classes are also held, and a vocational and technical training room. Since its establishment last month, around 34 youth clients have come to consult the doctors at the Anonymous Clinic.

Youth volunteers man the Centre. They had been trained on various aspects of counselling and working with adolescents using a peer approach. Their training dealt with identifying sexual health issues, personal values, self-esteem, relationships, gender and sexual health, sex behaviour, adolescent reproductive system, teenage pregnancy, contraceptive methods, STDs/HIV/AIDS, harmful substances, nutrition, and keeping healthy and avoiding risky behaviours.

Find friends, food, fun and service at the Adolescent Drop-in Centre.
Many studies completed by national agencies and NGOs between 1995 to 1999 disclosed the need to improve the reproductive health and sexuality (RSH) status of Mongolian adolescents. The general findings, summarised by the Adolescent Reproductive Health Project of the Mongolian Medical University in Ulaanbaatar, urge for a response as much as a quarter (numbering 562,753) of the country population belong to the 10-19 age group.

Sex and risky sexual behaviour are common among adolescents. The majority of girls and boys think that premarital sex is acceptable. The incidence of sexual intercourse among adolescents aged 17-18 increased from 26 per cent based on a study in 1995 to 35 per cent based on another study in 1999. While the women reportedly had sex to express love (44 per cent), the men had sex out of curiosity and for pleasure (56 per cent).

First sex experiences among those aged 11-18 were largely unprotected from pregnancy (64 per cent).

Adolescents have insufficient knowledge and inaccurate information sources on RSH.

A recent survey found that 87 per cent of adolescents had insufficient knowledge about reproductive health and sexuality and 98 per cent of the respondents had poor decision-making and communication skills in the related area.

Most adolescents got their RSH information from friends (66 per cent) and other sources that were not always accurate. TV and newspapers were also commonly named sources of information.

Strategic sources of information such as parents and teachers said they were unable to talk about adolescent RSH owing to their own poor knowledge of sexuality. Besides, a great majority of boys (80 per cent) and girls (76 per cent) felt uncomfortable in discussing sexuality with their parents. They (90 per cent of boys and 76 per cent of girls) never talked about pregnancy prevention with their family members.

Poor knowledge and skills have a negative impact on adolescent reproductive health.

Should they engage in sex, almost half of teenagers cited to use the ineffective calendar method for pregnancy prevention. A quarter did not know any methods of contraception.

It is no wonder that the birth rate among adolescent women has increased over the past ten years while that for women aged 20-34 has declined over the past twenty years. In 1998, nearly a tenth of women aged 15-19 had given birth. The birth rate among teenage girls in rural areas is twice that in urban areas, with the southern region having the highest rate (26 per cent).

Sexually transmitted infections (STIs) are at a staggering rate of 48 to 52 per cent among adolescents or youth below 25 years old, according to the Ministry of Health and Social Welfare’s statistics derived from non-private clinics alone. Among those aged 15-24, rates of gonorrhea increased 2.6-fold and trichomonas 4.0-fold between 1983 and 1995. The rate of syphilis was 1.5-3.0 times higher among 15-24 year olds than among other age groups.

Half of the respondents in a survey believed incorrectly that symptoms of STIs disappear by themselves, ignoring the need for doctors and the risk of serious health consequences. A tenth of the respondents said they would treat themselves.

Between 1995 and August 1998, 393 rape victims aged 0-18 underwent STI/HIV testing at the Infectious Disease Hospital. Of these, 76 per cent were teenagers between the ages of 11-18. Five of the girls were found pregnant.

Adolescents seek access to educational programmes and services.

More than two thirds of adolescents said they do not get enough information on STI/HIV prevention and pregnancy prevention. Most (92 per cent) wanted to know more about sexuality. The vast majority prefer to receive accurate and relevant information through a school-based programme.

Teenagers also said they lacked a health facility that offers reproductive health services and counselling based on their specific needs.
Students win peers for sexual health

Peer educators are crowned the real winners of a peer education programme in Mongolia.

Sixteen teens, aged 15-17, in two Ulaanbaatar secondary schools have been selected and trained as peer educators on sexual health topics. The training involved three days of interactive seminars on sexuality, abstinence, STDs, contraception, condoms, decision-making on sexual matters and communication as well as a workshop on how to be an effective peer educator.

Since the training, a formal lesson on STDs and condoms has been taught by peer educators as part of health classes or outside class hours in two schools. In the first month of implementation, eight formal STD lessons have been presented. Weekly question-and-answer periods have been established.

The goal of the peer education programme is to improve sexual health knowledge and change attitudes among students. It offers a supplement to the sexual health information students receive in school. Teachers admit that the health curriculum does not provide enough time to cover all the information wanted by young people. Most teachers are not even comfortable with the sexual health topic. In addition, discussing sexual matters with parents is taboo.

Student feedback on their peers’ presentations has been encouraging. Classmates have been asking how they can become peer educators too – an indication of the hunger for and pertinence of accurate sexual health information.

The eager peer educators realise that being a part of this programme is a privilege and a rare opportunity. They have taken the initiative to develop helpful props for their presentations, have a workspace to call their own, and communicate better with their classmates.

The peer education programme is being developed based on research. Before the programme began, focus group interviews were conducted for schoolteachers, the National Centre for Health Development (NCHD), and the selected peer educators to understand the programme needs and design. Before its implementation, a baseline survey of the students’ knowledge and attitude in the participating schools was conducted. After a month of implementation, a process re-evaluation was conducted through surveys and focus group discussions with the peer educators. Another re-evaluation and a post-test will be conducted in June 2001 to determine any significant impact of the programme in the student population.

As the operating agency for the programme, NCHD has appointed a coordinator who will arrange all the events for the students, meet with the students on a bimonthly basis, and liaise with school administrators and funding agencies.

The peer education pilot project on two schools is based on the collaboration of NCHD under the Ministry of Health, the German NGO, GTZ, and the Department of Public Health Sciences, University of Alberta in Canada. For school year 2001-2002, other schools will be chosen to participate in pilot projects monitoring the success and sustainability of the peer education programme.
World AIDS Day: Reaching people with style

The first of December is no ordinary day. Around the globe, nations hold World AIDS Day. It is a time to remember those who were lost to the fatal consequences of AIDS, share accurate HIV/AIDS preventive information and increase public awareness of AIDS as a worldwide problem.

In 2000, activities in Mongolia surrounded the theme “Men Can Make a Difference”. Events were organised and facilitated by the National Centre for Health Development (NCHD) and funded by UNFPA, GTZ Mongolia and the Mongolian Family Welfare Association.

Reinforcing the day’s campaign were publications about HIV/AIDS and STD prevention in two of the country’s most popular state newspapers. Two billboards were set up in public areas to increase awareness of International HIV/AIDS Day.

A televised press conference was held in conjunction with the Medicines Sans Frontier regarding “Healthy and Safe Decision Making Skills” on HIV/AIDS prevention for adolescents and adults.

An evening show with television and radio coverage was organised at Money Train, a local club in the capital city of Ulaanbaatar. Representatives from all NGOs such as WHO, Margaret Sanger International, and National AIDS Foundation, government leaders, peer education children, and university and college students were invited to attend. More than a thousand guests received materials about HIV/AIDS and STD prevention and a red ribbon to wear throughout the show.

The event at Money Train opened with a moment of silence remembering all those who have died of AIDS-related diseases. The programme continued with performances by popular music and interpretative dance groups. Skits, audience participation activities and informational segments by various organisations were held between acts to spread messages on HIV/AIDS prevention and its importance.

All said and done, World AIDS Day was a huge success. It combined fun, information dissemination, and increased awareness and cooperation of many international and governmental organisations in Mongolia. An evident team effort to combine resources and information provided a united message to the people.

Future plans include creating a committee specifically for World AIDS Day, retaining the same format for future years, and increasing the active participation of other organisations and community support.

Adolescence Future Centre steps in to protect street children

Accessible reproductive health care services are becoming vital for children living in difficult circumstances in Mongolia. Many children have been neglected and affected directly by the impact of the free market economy introduced ten years ago. Rapidly increasing poverty ushered a rise in school dropouts, domestic violence, and sexual abuse.

Subsequently, the number of homeless street children has escalated to 3,700 based on a recent survey. Of these children, 30 per cent are female, 80 per cent do not attend schools and half have multiple health problems. In the capital, Ulaanbaatar, approximately 360 children are known to be homeless. They survive by begging, stealing and collecting garbage.

Profiling the Mongolian street children

The Adolescence Future Centre, in collaboration with the International HIV/AIDS Alliance and its Mongolian counterpart, the National AIDS Foundation, assessed the needs of street children in Mongolia with the hopes of developing suitable projects for them.
The objectives of the participatory community needs assessment (PCNA) were: (i) Define the information needs of homeless or street children. (ii) Study the knowledge, attitudes and practices on sexual health and sexuality. (iii) Assess the vulnerability of these children to STI/HIV/AIDS. (iv) Identify possible strategies to respond to the problems identified through this assessment.

The assessment involved 100 children aged 10-18 residing in temporary shelters. A “Getting started” tool kit with creative exercises was used. Activities included diagramming, drawing and ranking with trend diagrams, community mappings, lifelines, chappati diagrams, cartoon strips and cause and effect flow charts. The interesting and enjoyable activities made the children comfortable in giving information on sensitive and confidential topics.

Findings among these children bared involvement in risky sexual activities without sufficient information and health care (see box)

Developing an HIV/AIDS preventive project for street children

Based on its findings, the Adolescence Future Centre developed an STI/HIV/AIDS prevention project among street children under the technical and financial assistance of the Centre’s study partners.

The main objectives of the STI/HIV/AIDS prevention project are:
(i) Give appropriate knowledge and information to street children.
(ii) Help them obtain the necessary skills to prevent sexual abuse and practice safe sex. (iii) Provide them with or refer them to reliable counselling and sexual health services. (iv) Emphasise community participation in the project’s implementation. (v) Encourage other NGOs and governmental agencies to work together to improve and solve these children’s welfare issues.

Through the project, the Centre has established a warm relationship with these children. Children with problems have been referred to the Centre’s STI clinic. The increasing number of children voluntarily coming to the clinic is an indicator of success.

More about the Adolescence Future Centre

The Adolescence Future Centre is an NGO established to give accurate and useful information on sexuality and sexual health issues, as well as provide some necessary skills for youth. It is active in the area of advocacy and collaborates with many donors including UNFPA, UNICEF, UNDP and the International HIV/AIDS Alliance.

Since April 1998, the Centre has provided the first Mongolian hotline service for young people. Currently, it daily receives 40-50 callers, mostly aged 13-21. The most frequent concerns are decision-making about relationships, marriage and pregnancy; problems with parents and family members; and abortion and STI.

Findings on Mongolian street children

Most have little knowledge about STI and HIV/AIDS except that HIV/AIDS is deadly and dangerous.
They begin sexual activity at an early age without any knowledge of pregnancy and psychological and physiological consequences.
They have access to very limited and often incorrect information on sexuality and sexual health from tabloids, erotic publications and peers.
Most have not heard of safe sex and condom use.
Approximately 35.7 per cent have had sexually transmitted infections and 14 per cent of girls have been involved in commercial sex work.
They have no access to health care even through national health insurance coverage owing to lack of residential permits.

Street children make all kinds of diagrams and charts to help the Adolescence Future Centre develop responses to their sexual health needs.
After long years of preparation, the Sexually Healthy and Personally Effective (SHAPE) training package has been completed by the Adolescent Health and Youth Development Programme (AHYDP) of the Commission on Population (POPCOM). The material is considered as the most valuable resource developed under the UNFPA-funded project, “Strengthening the Policy, Planning, Coordination and Monitoring of AHYDP”.

The SHAPE package was produced to contribute in promoting the total well-being of the Filipino youth, who comprise a fifth of the country’s population. Crafted to disseminate accurate, appropriate and vital information on various concerns affecting the youth, the material is meant to be a collaborative tool for government, NGOs and local government units (LGUs) working with the youth and secondary stakeholders.

Beginning November 1997, the SHAPE training package came out slowly but carefully through a series of training, workshops, reviews, revisions and pilot testing. The following product finally emerged: (i) Module One – Adolescent Reproductive Health (ARH); (ii) Module Two – Quality Family Life/Responsible Parenthood (QFL&RP); (iii) Module Three – Youth Empowerment and Sustainable Development: A Continuing Challenge (YESD); and (iv) Module Four – At the Crossroads: New Choices and New Boundaries (Skills).

Different units from the modular package may be put together to come up with various training designs to be delivered in one shot or in a staggered manner. Suggested designs found in the package cover a duration of at least three days: Training on ARH Concepts and Concerns for Youth, which heavily relies on Module One; Enhancement Training on Responsive, Effective and Active Parenting (REAP), which mainly uses Module Two; and Training on Interactive Intervention Strategies for Programme Professionals and Youth Leaders, which makes use of all modules, particularly Module Three.

All the hard work that produced the SHAPE package is expected to go far and wide in shaping the youth – the future and hope of the nation.
The need to take adolescent issues beyond reproductive health areas has been realised in the survey, “Adolescents and Social Change in Vietnam” (VASCO). Conducted by Barbara S. Mensch, Dang Nguyen Anh, and Wesley H. Clark, the survey promised a full picture of experiences of Vietnamese adolescents in all domains of their lives.

Covered by the survey were young people aged 13-22 in six provinces, namely Lai Chau, Quang Ninh, Ha Tay, Quang Nam – Da Nang, Ho Chi Minh City, and Kien Giang. The survey also focused on sex differentials to illustrate how girls are disadvantaged.

Although researchers caution against interpreting the results as nationally representative, the major survey findings highlighted below merit consideration.

Education
Younger adolescents, boys, and urban provinces have some educational advantage over older adolescents, girls, and rural provinces, respectively. Younger students have greater desires for higher levels of education compared with their older counterparts. Girls receive more tutoring and vocational training than boys, and are more prone to believe that their schooling expenses are high relative to what their families are able to pay.

Time use and life activity
Girls work harder in the home – on their studies, chores, and household economic activities. Boys spend more time in recreation.

Adolescents in the six provinces differently apportion their time to study, recreation, chores, household economic activities and work outside the home. Youth in Quang Ninh and Kien Giang devote an equally great deal of time on chores, household economic activities and recreation but not on outside jobs. Youth in Lai Chau are similar except that they do not appear to spend much time on recreation. In contrast, youth in Ho Chi Minh City and Quang Nam – Da Nang perform relatively few household chores and economic activities while they spend a relatively large amount of time doing outside jobs. In Quang Nam – Da Nang, the youth study a great deal of time but spend a below-average amount of time on recreation. An almost reverse trend is true in Ho Chi Minh City. Youth in Ha Tay spend much time on household economic activity and outside jobs but below-average amount of time on studies, domestic duties, and recreation.

Differences among provinces are also observed in the degree of participation in religious activities, exposure to media, and involvement in organised groups or societies.

Children of educated mothers tend to study more, be more actively involved in organised groups, have better exposure to media, and spend less time on household chores and economic activities but more on recreation.

Employment and social attitude

Boys and girls take part in economic life inside and outside the house and both begin working at approximately the same age.

Rural adolescents are largely self-employed in agricultural jobs including forestry and fishing while a bulk of adolescents in Ho Chi Minh City engage in commerce and services. Rural adolescents are likely to carry out unpaid work for families while urban ones are likely to participate in paid jobs. Income generated by urban youth and boys are higher than that by rural youth or girls reflecting the gap in living standards and the levels of income between urban and rural areas.

Adolescents show fairly universal attitudes about their future as they worry most about employment, followed by education and health. The societal problems that they are most concerned about are social evils, unemployment and environmental pollution.

Spatial mobility and migration
Adolescents are most unlikely to migrate between provinces or far distances than between communities. Adolescents’ migration, which usually happen for family or job reasons are often decided by parents. Education and employment were the reasons stated by three quarters of adolescents who wanted to migrate. But unfavourable living and working conditions may have contributed to the hardly improved health of

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urbanward migrants compared with those who migrated to rural areas.

Puberty and sexual initiation

Significant differences in the age of menarche across provinces suggest differences in nutritional status, with girls in Lai Chau apparently less nourished than elsewhere. These girls, along with those in Quang Ninh received less information about puberty than their peers in other provinces.

Current reported rates of premarital sex are extremely low (10 per cent among boys and 5 per cent among girls). Considering that underreporting is likely in this study and elsewhere, the rates are still low compared with Southeast Asian neighbours.

Contraception, reproductive health, and knowledge

On average, adolescents are familiar with two to three methods of contraception with nearly two thirds familiar with the condom – the most popular method among others. However, less than half (41 per cent) of the boys and half of the girls who had premarital sex used a modern method of contraception.

Fertility knowledge is bleak with only a few adolescents – seven per cent of boys and 13 per cent of girls – found to be aware of the most fertile period during the menstrual cycle.

A substantial number of girls aged 18-22 believed that they have had a reproductive tract infection at a rate of 5 per cent in Quang Nam-Da Tay and 38 per cent in Lai Chau.

Adolescents are familiar with HIV/AIDS but they know more about its transmission than its prevention.

Marriage and childbearing

Adolescents believe that they should be involved in the choice of a spouse. Common criteria in choosing a spouse include a good job for the husband and a pretty look for the wife. Most believe that a husband should be older than the wife.

Pregnancy followed soon after marriage, with a vast majority of adolescents wanting to have two children.

Gender roles and equality

Behaviour and attitude that may portend future behaviour, including reproductive health, labour force participation, domestic life of men and women as well as marital relationships were examined.

Youth are much more likely to favour joint decision-making than sharing of household tasks. Most believe in gender segregated household roles. Youth from Quang Nam – Da Nang were least likely to hold traditional role attitudes than young people elsewhere.

Cigarette smoking was reported by nearly half of the boys (46 per cent) but by only 4 per cent of the girls. Boys with educated mothers seem less likely to smoke. Alcohol consumption is higher in rural than in urban areas. Compared with girls, boys were about 1.5 or 2.7 times likely to have tried beer or liquor, respectively. Cocaine or heroine use was extremely low (one per cent for boys and less than one per cent for girls) but is believed to have been underreported.

Merged efforts promote healthy choices in northern provinces

Recognising the lack of information and education programmes for unmarried youth, three agencies joined efforts to implement “Adolescent Reproductive Health (ARH) in Vietnam: Promoting Healthy Choices” in Nghe An and Thanh Hoa provinces. The partners for the two-year project which commenced in September 2000 are Family Planning Australia (FPA), the Vietnam Youth Union (VYU), and Population and Development International (PDI).

With its two-fold thrust, the project will: (i) increase the knowledge of youth on reproductive and other health matters, enabling them to make positive decisions affecting their health and lives; and (ii) improve the capacity of VYU to manage implement, and expand this model of ARH education throughout its network. The ultimate goal is to cut adverse health and social consequences of risky behaviour in the two provinces.

The project hinges on the success of the peer approach and life skills education to target out-of-school youth aged 15-25 and put them into 50 groups of 20 members. It also trains selected VYU staff as master trainers so that they in turn may equip the youth group leaders.

The group members participate in meetings that use a modular learning package adapted from the Youth Health and Life Skills project of VYU and PDI. Meeting topics include key life issues, sexuality, relationships, contraception, skills for making a living, STIs and HIV/AIDS, alcohol and drug use, and community education skills. Following the learning programme, participants are supported to implement educational activities in their communities, providing the means for the project to reach more than 5,000 youth besides those directly involved in the groups.
Generating the interest and commitment of decision makers

Study visits, seminars, and researches are used to make decision makers aware of ARH needs and strengthen their commitment and support to relevant programmes in their countries.

Inter-country study visits. Though costly, the opportunity to combine travel with learning had been effectively used for decision makers in India, Sri Lanka, and Maldives.

After its study tour to Thailand, members of the Sri Lanka Parliamentary Forum on Population and Development expressed their willingness to support reproductive health (RH) programmes and suggested ways to overcome local health problems.

Decision makers, along with religious leaders and others from Maldives committed to support population education programmes as a result of their visit to Indonesia, Thailand and Egypt.

Seminars and consultative meetings. High-level national gatherings foster acceptance of the ARH agenda. In India, national seminars on Population Education and Adolescent Education eventually led to the introduction of adolescence education in schools. In Vietnam, the National Conference on ARH led policy makers to review teenagers’ situation and services, and respond with a draft of a national plan of action.

Research and survey. In Malaysia, a Cabinet Sub-Committee that looks into adolescent health was established based on research findings that depicted dire problems of the youth.

Endorsed by the Parliament of Mongolia, a survey on the current status of reproductive health legislation bared areas that compel advocacy: protection of youth from reproductive health problems, legal rights of youth, improved quality of youth services, and others. Appropriate objectives of advocacy work were formulated as a response.

Winning various sectors for ARH issues

Many strategies are used to draw the support of government officials, media personnel, religious leaders, communities and the general public to various ARH agenda.

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Political lobbying. A long-term process that requires persistence and consistency, the strategy also gives long-term results as in the case of a new legislation enacted to support ARH.

Mass media mobilisation and campaign. This strategy is often used to turn mass media practitioners into reproductive health advocates or move them to call authorities into action.

Oriented and trained by the Health Education Bureau, mass media managers and journalists in Sri Lanka extended the time and space devoted to population and reproductive health. Similarly, training of radio and newspaper personnel as national RH advocates in Vietnam increased the number of programmes and TV spots on HIV/AIDS prevention.

In the Philippines, press releases paved way for the Remedios Aids Foundation to meet with City Government Officials and advocate for youth programmes.

Focus group discussions. In Sri Lanka, the Women’s Bureau used group discussions among women groups and their leaders to promote gender equity and reproductive health practice. In the Philippines, focus group discussions on adolescent children during Parents-Teachers Association meetings gained the support of parents on RH issues.

Advertisements. Whether in electronic or print form, advertisements attract attention, forge message retention through repetition, and raise public awareness. Suitable for promoting specific causes, TV commercials in China successfully advanced condom use for HIV/AIDS prevention.

International day celebration. Raised awareness influences public support on issues. For better publicity and greater attendance, a number of advocacy campaign activities in Iran, Sri Lanka and Nepal were concurrently organised with the celebration of World Population Day or other relevant holidays.

Forwarding recommendations. Useful recommendations for action, improvement and practice are the products of the strategies below.

Advocacy meetings and seminars. Recommendations developed from a seminar advocating education and health services for adolescents had been incorporated in the three-year plan of the Federation of Family Planning Malaysia.

Agencies that carry out reproductive health practices worth emulating had been identified through the South South Centre advocacy meetings in Bangladesh.

In Thailand, a hotline telephone service by the Programme for Appropriate Technology in Health (PATH) uses trained university students as volunteer counsellors.

Youth clubs. Adolescents are comfortable in seeking counselling in clubs where other youth activities and entertainment abound. Counselling services were part of soccer clubs and condom cafes in Vietnam as well as the Teen Service Centre in Malaysia.

Peer approach. Used for both counselling and education, the peer approach offers adolescent-friendly service, encourages behaviour change, and fosters greater accountability among peers. It is the main strategy used by NGOs for HIV/AIDS prevention programmes in Vietnam.

By training at least 200 peer group educators in three provinces, the Reproductive Health Association of Cambodia led in peer group education efforts for young Cambodians.
Health care and referral services

Teen-dedicated health centres overcome the challenge of getting adolescents to avail of health care services. Fearing the perception that they are engaging in sex, adolescents shun regular health centres that usually offer family planning services, STI treatment and the like.

Teen quarters. The Teen Health Quarters of the Foundation for Adolescent Development in the Philippines offers services ranging from ear-piercing, skin care, to pregnancy testing.

Adolescent clinics. Established in Mongolia, the clinic monitors young women’s physical and sexual development. Clinic doctors also conduct outreach sex education classes in secondary schools.

Delivery of RH information

Many strategies advance RH knowledge and skills and develop positive attitudes among its targets: When institutionalised, the school-based approach achieves long-term learning. Popular among adolescents, life skills training and youth camps effect serious attitude changes. Useful but less popular, seminars raise awareness on reproductive health issues. The creative use of electronic and print media appeal to all members of society.

School-based approach. The Population Education Programme of Maldives has successfully integrated population education concepts up to the secondary level curriculum for the past decade. Recently, pilot schools in Mongolia integrated the Sexuality Education Programme into their curriculum under an agreement between the Ministry of Health and Social Welfare and the Ministry of Enlightenment Training.

Activities supplementary to classroom-based learning (e.g., quiz shows and painting competitions) turned out popular with Indian and Cambodian students.

Life skills training. This improves communication, goal setting and decision-making among adolescents. In the Philippines, FAD provided life planning education for high school dropouts in urban poor communities. In Nepal, ABC’s Family Life Education Programme defined future options for girls aged 14-20.

Youth camps. Camp activities (e.g., role-playing, case discussions, and quizzes) encourage freedom of expression and learning in an adolescent-friendly setting. Youth camps by the Foundation for Women in Thailand taught and answered questions of adolescent girls on sexual relationships and love.

Seminars. Accompanied by participatory methods of learning, well-planned seminars reach a wide audience. Through seminars by the Department of Labour in Sri Lanka, girl factory workers became aware of maternal health, gender issues, STDs/AIDS prevention and others. Through seminars by the Ministry of Women’s Affairs and Social Security in Maldives, students learned the negative impacts of early marriage.

Use of mass media. No country can forego the help of the mass media for RH education. Media formats are in wide range: telecasts on hazards of early marriage and TV talk shows on sex education in Bangladesh; radio spots on life skills for youth by the Media Education Project of Health Unlimited in Cambodia; radio broadcasts on preventive and curative health services under the Ministry of Health in Nepal; monthly newsmagazines on population and ARH issues in Maldives; and youth newsletters on RH, legislation updates and adolescent activities in the Philippines.
Improved IEC support systems

By making human and material resources dependable, successful delivery of counselling, health care and information services is ensured.

Training of communicators and service providers. In Mongolia, the master training programme by Margaret Sanger Centre International pushed forward NGO programmes, curriculum, and teacher training on sexuality education. In Maldives, community health workers were required to undergo pre-service training on interpersonal communication and counselling to make them more efficient in their work.

Revision of school curriculum. In India, a revamped system of school-based ARH education was set after the revision of the population and development curriculum.

Material resources and information systems development. Books, modules, training packages and systems that improve access to information are crucial to IEC efforts. With this understanding, the Ministry of Education in Lao PDR produced RH teaching modules for schools and training packages for trainers and classroom teachers; the Curriculum Development Committee in Iran developed population education booklets for integration into school textbooks; and the HIV/AIDS Clearing House in Nepal managed the systematic distribution and collection of information on reproductive health and sexual behaviour.

Social mobilisation and community building. In Maldives, the Department of Public Health Community trained community volunteers as motivators of door-to-door RH services in three atolls. As demonstrated by the Community Development Services of Sri Lanka, communities and its members (e.g. adolescents, parents, local workers and so on) can be mobilised, organised and trained to find effective and timely solutions to family health issues.

GUIDELINES

In Advocacy

Adopting and reviewing policies: Develop an ARH policy based on the ICPD Plan of Action. Review and amend existing policies in the light of national and international best practices.

Planning and managing programmes: Infuse elements of advocacy at the onset of project planning. Make ARH a programme distinct from other projects. Define advocacy targets at three levels: policymakers, change agents and communities. Identify needs through baseline studies. Seek the help of experts and set up project monitoring committees.

Winning support from the top: Forge national networks, coalitions and strategic alliances to strengthen adolescent programmes and policies. Seek the commitment of top-level government officials, the influential elite and religious leaders by: presenting to them trends on adolescent reproductive health and current programme responses; providing them a forum for discussing related issues; and inviting them to youth activities to increase their participation.

Gaining public favour: Mobilise the media to influence public opinion, thereby popularising sensitive issues and counteracting opposition from politicians.

Securing community bonds: Strengthen linkages with grassroots level organisations and enhance community-based participation of adult associations, parents, women groups, and local officials.

Persuading the education sector: Get the education ministry to include ARSH programme in the curriculum. Increase advocacy activities to curb resistance from school administrators and educators.

More effective approaches: Conduct more interactive and small-group discussions to change attitudes and win commitment. Meet the financial needs of those with low economic status to sustain their interests in programmes. Develop a network of youth groups and information support centres to widen reach of advocacy. Develop well targeted rather than general messages to generate more positive responses.

In Information, Education, and Communication (IEC)

Audience segmentation: Address the varied needs of different youth types, particularly the vulnerable ones.

More effective service centres: Make centres physically accessible through wider networks. Equip service providers with communication and listening skills.

Materials development: Develop materials for sensitive topics (e.g., premarital sex, substance abuse and so on). Focus more on behaviour and less on theories. Improve workers’ capability to use IEC materials effectively through training or by developing appropriate modules and guidelines.

Increase the appeal of materials by: (i) designing with the needs of a specific target in mind and involving them in the plan, (ii) meeting with potential users and other developers to avoid waste, inconsistency and duplication, (iii) using a variety of media especially adolescent-friendly formats such as video, audiocassettes, websites and teasers or primer-type rather than text-heavy materials, and (iv) if applicable, producing in different local dialects, and carefully choosing words to avoid offending any cultural or religious group.

Effective teaching: Impart what are practical, e.g., behaviour changes, life skills, and first-hand experiences with youth service centres. Avoid moralising. Capitalise on peer approach to education and counselling with follow-up support on peer workers. Do not fragment or distribute ARH into several school subjects.

Measuring programme impact: Evaluate programmes based on product and process indicators such as community mobilisation.
Policy

Government policy provides the legal basis for programme implementation and fundraising. A commendable policy respects cultural and religious diversity, includes provision for vulnerable groups and lends itself to a national plan.

Sound planning and management

Help from an expert familiar with local conditions and capabilities is as valuable as the involvement of youth at all stages of planning. To ensure sustainable participation of targets, consider special needs (e.g., economic) in addition to ARSH needs.

At the onset of planning, ensure sustainability of programmes and draw up indicators of success. Successful pilot projects may then be expanded in reach and scale.

Materials

Aim for behaviour change and address local needs with locally developed rather than translated materials. Meet adolescents’ preferences in language and presentation by getting their participation in the development phase. Design materials appropriate to socio-cultural background and education level of target.

A continuous supply of materials may be sustained by giving license to other users to reprint materials provided that they return a portion of the new print runs.

Research

Conduct socio-cultural research and focus group studies to generate relevant qualitative information. Repackage research findings to maximise their impact on policy makers and legislators. Harness the capability of relevant national centres of excellence to devote some efforts on ARH research. Centralise and integrate all research to avoid duplication and inconsistencies of information.

Complementarity

Every sector has its strengths and weaknesses. Governments have the reach and the resources while NGOs have the facility for fast, effective and meaningful action. International NGOs have the funds and the reputation while local NGOs have greater understanding of the local context, access to communities, and local sustainability. More can be achieved through inter-sectoral interventions as well as partnerships between government and NGOs, between national agencies and communities, and between international and local NGOs.

Allies

To gain the endorsement and financial support of the government, use its priorities as programme entry points. To restrain strong opposition, consider cultural and religious sensibilities.

Strong allies can come from the media, which can be mobilised to win public support. Enhanced community involvement raises public awareness and facilitates behaviour change. As guardians of adolescents, parents and teachers are other strategic allies. Promote ARSH education with them.

Youth-friendly education and counselling services

Adolescents welcome information through entertainment, peers life skills training and other innovative techniques (e.g., hotlines and youth camps). They patronise media formats such as panel discussions, tele-drama, docudrama and call-in questions. With low literacy levels, some adolescent groups may find the print media less appealing.

Methodology on ARSH education must be balanced with content. To avoid overload or dilution of information, identify the core concepts to be conveyed. Select communicators with the right attitude before training them to handle ARSH education.

Improve and maximise the reach of service delivery methods. Find the most appropriate place, time and set-up for adolescent health care. Set standards for service providers and regularly update their skills.

Gaining from others’ experiences

Systematically document programme activities to enhance sharing and avoid repetition of failures. It is ideal to provide programme planners and implementers a venue for exchanging experiences. Successful practices may then be disseminated nationwide.
This training package offers a comprehensive but concise guide to the contents of and methodology for handling population and adolescence education in secondary schools in India. Developed by Professor DS Muley and reviewed by 21 specialists during a 1999 CBSE workshop, the package is intended to be the basis for training programmes of Master Trainers and secondary school teachers under the project of the Population and Development Education Cell, CBSE. The programme will prepare teachers to organise co-curricular or school-based activities in their respective schools.

The training package comprises eight modules. The first six cover the basic content of population and adolescence education – its history, population, environment and sustainable development, gender equality and quality of life, needs of adolescents and reproductive health, AIDS preventive education and others. Included are rarely touched concepts in secondary education – human sexuality, drug abuse and HIV vulnerability, safe and risky sexual behaviour.

Module Seven presents a brief content analysis of National Council of Educational Research and Training (NCERT) textbooks. Module Eight contains nine activities that enhance effective communication with adolescents on matters of reproductive health and sexuality.

The first seven modules are similarly structured, each opening with a list of one to seven Core Learnings followed by a Content Outline of three to six topics and a Time requirement for the training session ranging from 20 to 75 minutes per module.

The Procedure section of the module explains in a step-by-step process how trainers may present the contents. True to its intention of employing interactive methodologies, the procedure frames thought-provoking questions for trainers-trainees' discussion.

Not more than 15 pages in length, the Content Sheet contains a full-text clarification of concepts under the module. Although heavy with statistics in modules with population topics, notes emphasise the analysis of data rather than learning mere facts. Data have been carefully selected and repackaged for meaningful interpretation. Consolidating well the information from five to eleven references, the Content Sheet gives explanations and examples highly contextualised to Asian and Indian settings.

At the end of each of the first seven modules, a set of photocopy-ready transparencies captures the key points of the Content Sheet and the guideline questions in the Procedure section. To a great degree, this allows trainers to spend more time digesting.
the contents and visualising actual training sessions rather than tediously preparing materials.

In addition to the above, Modules Five (Needs of Adolescents and Reproductive Health) and Six (AIDS Preventive Education) contain a portion of frequently asked or important questions from adolescent students and answers from experts. The section helps trainees understand the concerns, information needs, and typical mindset of adolescents.

Although occupying the bulk of the training material, the first seven modules take up only 30 per cent of the sessions in a suggested 20-hour training programme. More than half of the training programme is devoted to demonstration and practice of the activities (e.g., role plays, quiz contest, and question box) found in Module Eight. Simple but creative, activities require minimal facilities and are quite adaptable to time availability and cultural sensitivity of resource persons and trainees.

Highly informative up to its last page, the package includes in its appendices: (i) a recommended four-day training programme schedule, (ii) a guideline for organising co-curricular activities for boys and girls in classes IX and XI using activities from the training package, (iii) a pre- and post-training test (iv) a short training programme evaluation, and (v) a directory of CBSE officials and reviewers involved in the development of the training package.

The systematic and consistent overall layout of the package is inviting to users needing frequent review of materials. A large shaded label at the upperright corner of each page easily identifies the section under view.

The training package is a valuable resource not only for its intended targets, but also for programme planners, managers, and implementers of adolescent reproductive health education throughout Asia.

Life Skills
Training Modules
Urivi Vikram Charitable Trust (UVCT), New Delhi

Intended for Shakti facilitators and other life skills trainers for adolescents, these training modules were prepared by UVCT under the project, Building Life Skills of Young Adults, with the support of the UN Inter-agency Working Group on Population and Development.

The training material was built on the extensive experience of the Shakti programme and the results of a rapid needs assessment (RNA).

Providing livelihood skills for school dropouts and underachievers, the Shakti programme recognised the need to add on psychosocial skills in its curriculum. The RNA, on the other hand, revealed three major needs of adolescents: health, mental health and counselling, and communication.

The material is a compilation of 32 modules, each of which covers a set of life skills such as self-awareness, communication, decision-making, creative thinking, stress management and others. The modules are entirely activity-oriented. Games or exercises in each module are designed for adolescents to actively participate in and enjoy the learning process. The modules are meant to enhance knowledge, skills, and attitudes of adolescents through introspection and retrospection.

The modules may be used as stand-alone materials or may be integrated into a curriculum. The modules linked by contents or skills are identified. A matrix that summarises the objectives, skills, linkages, methodology and content of all modules is available for facilitators who prefer to pick, mix and match modules, as they find relevant to their target trainees.

A range of methodologies are employed in each module – case studies, brainstorming, role plays, illustrative trainer presentations, discussions, use of illustrative props and games, debate, and worksheets. Several modules are devoted to highly practical and relevant topics such as health, smoking, hygiene, friendship, conflict and emotions, gender, different ways of communication, and sexuality. For example, the module “Killed by a Leaf” deals on the dangers of tobacco while “28 Friends and a Mirror” refers to dental hygiene. “One-Legged Race” engages trainees in a race between a one-legged team to illustrate irresponsible sexuality and a two-legged team to represent well-informed individuals.

Each module allows flexibility by giving a choice of activities and ideas for follow up. A module session does not take up more than two hours but preparation of props to be used requires some time. A detailed methodology suggests how to go about the sessions. Thd facilitator’s notes found on the right column throughout the pages give further ideas on what needs to be said, emphasised or done at each step of the methodology.

Although modules are designed to the level of adolescents enrolled in Shakti or UVCT programmes, facilitators may adopt them for particular adolescent groups undergoing life skills training. Most activities are simple, easy to understand and culturally neutral.
A VERT, a leading UK AIDS Education and Medical Research charity, claims to have the most accessed HIV and AIDS website in Europe. Its multi-awarded site consists of about 150 pages covering statistics, interests of young people, personal stories, history, information on becoming infected, and many more. Among the 18 main sections of the site with the slogan “AVERTing AIDS and HIV”, three areas are highly relevant to young people:

(i) Information for Young People explains sex, contraception, AIDS, puberty, condoms, and gay-related issues.

(ii) AIDS and Sex Education explores AIDS education at school and for young people and children. It includes sample lesson plans on AIDS. The section also discusses whether sex education works, the opinion of young people about it, abstinence as a message, and what is actually taught in schools as experienced by young people.

(iii) Sex, AIDS and Relationships presents frequently asked questions (FAQs) about sex, sex for the first time, relationships and feelings, age of consent, and includes FAQs mainly for young people.

To everyone’s interest is the Free Resources section, which allows one to download and print out quizzes, posters, and booklets on HIV/AIDS.

Despite the numerous areas within the site, the information desired is often easily accessible within two or three clicks from any page. As navigation tools, the following are further available on each inner page: a menu of the main sections, a search facility, and a secondary menu suggesting topics related to the page in view.

Provided that no technical hitches are encountered with its versions in eight languages, the site is expected to gain even more popularity around the world. The service is guaranteed to benefit students, health professionals, academics, as well as people living with HIV and AIDS and their friends and families.

Dedicated to the promotion of reproductive rights of women in particular, the Centre for Reproductive Law and Policy (CRLP) has devoted an entire subsection of its website (http://www.crlp.org) to The Reproductive Health and Rights of Adolescents. This subsection contains full-text fact sheets, two briefing papers, a book on reproductive rights of adolescents, and news items from the Reproductive Freedom News.

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Fax: +44 (0)1403 211001
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The Reproductive Health and Rights of Adolescents
http://www.crlp.org/ww_iss_adolesc.html
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120 Wall St., New York, NY 10005, USA
Tel: (917) 637-3600
Fax: (917) 637-3666
E-mail: info@crlp.org
or
146 19th St. NW, Washington D.C. 20036, USA
Tel: (202) 530-2975
Fax: (202) 530-2976
E-mail: dcinfo@crlp.org

Web Links
Most of the subsection contents emphasise eight issues, especially those affecting adolescent girls: access to reproductive health care, education, early marriage, early childbirth and contraception, unsafe abortion, HIV/AIDS and other STIs, sexual violence, and female circumcision. For every issue, the Fact Sheets summarise the world statistics and trend as well as CRLP’s general recommendation for governments.

A longer version of the Fact Sheets is available as a briefing paper entitled “Ensuring the Reproductive Rights of Adolescents”. This paper examines the major sexual and reproductive health issues affecting adolescents under the framework of the 1994 International Conference on Population and Development (ICPD). It includes critical legal and policy measures that all governments should strive to achieve and cites one recent legislative or policy initiative that represents a “best practice” in government efforts to address each issue.

The subsection also features “Reproductive Rights 2000”, a book that encourages to replicate recent positive developments toward recognition of reproductive rights as basic human rights. Downloadable in PDF format, the text covers similar issues previously mentioned.

A few international and national (US) news items related to reproductive rights are posted. Other articles from current issues or archives of the Reproductive Freedom News may be reviewed from the newsletter section of the website.

Owned by a non-profit organisation, the CRLP website is unlikely to disappoint anyone looking for a global overview of reproductive health and rights of adolescents.

This is an informative website devoted to the programmes of the Academy for Adolescent Health. As stated in the Who We Are section of the site, the Academy was founded with the mission to serve the youth and their communities by improving youth/parent communication, promoting healthy adolescent behaviour, reducing risk and encouraging wellness through quality parenting, childbirth and sexuality education.

The website keeps relatively few, but well organised and easy to navigate pages under eight main areas. Each area is directly accessible through an icon on the left frame of the home page. Although it needs some updating, a menu at the bottom of every page in the site gives entry to some sections.

Our Programmes is the section that shares the Academy’s various curricula in sexuality education for parents and teens as well as teen pregnancy support. Among others, the programmes include: (i) Postpone, Prevent, Prepare (PPP), (ii) Positive Options for Waiting through Education for Real life (POWER), (iii) Educating Children for Healthy Outcomes (E.C.H.O.), and (iv) Parent/Daughter and Parent/Son Early Sexuality.

Although not recent, the 1999 Spring Issue of the Washington Hospital Teen Outreach News featured in the site’s Newsletter gives a vivid picture of the Academy programmes as they are in operation. Articles include programme principles and effective strategies, accounts of humble beginnings and successes, and inspiring experiences in working with youth and parents.

The remaining areas include Teens Only which offers practical tips on how young people can say “No for now” to sex. Meanwhile, the Parents & Professionals section presents a few charts on trends of teen pregnancy rates throughout the years to demonstrate the successful efforts of the Academy. Although statistics are localised to Washington County, USA, the sets of guidelines shared in this section universally appeal to parents.

The Educational Products area displays a few manuals, workbooks, plays and videos for educators, adolescents, and parents. A few sample pages or activities from the materials are featured and orders may be placed online.

The Contact Us page provides five ways to get in touch with the Academy – by fax, phone, mail, e-mail, or online submission of questions. Lastly, Youth Connections is a directory of Washington numbers that may be contacted by teens who need counselling on any aspect of their lives (family, crisis, legal, health, career and so on).


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Bangladesh: Project Coordinator, BGD/PO9/98, Department of Mass Comunication, Dhaka: Caroline Jane Kent, RHI Press and Media Contact, Deutsche Stiftung Weltbevoelkerung, Germany; Livan Sophoan, Administrative Assistant, UNFPA Office, Phnom Penh (Photos by Mak Remissa). China: Magnus Bjork, Programme Officer, UNFPA Office, Beijing; India: Tarun Kumar Maiti, Manager, CHRC/Adolescent Health Programme, West Bengal Voluntary Health Association; Japan: Ryoko Nishida, Director, International Programme Division, JOICFP; Pakistan: Shannon Berlin, IEC Specialist, UNESCO, Almaty; Mongolia: Amanda Roberts and Dr. Ch. Oyun, RH Officer, National Centre for Health Development, Ulaanbaatar; Dr. Ayush Bazar, Executive Director, Adolescence Future Centre, Ulaanbaatar; Philippines: Eden Divinagracia, NGO Council on Population, Health and Welfare, Inc., Manila; Vietnam: Nguyen Quoc Anh, Director, CPSI, National Committee for Population and Family Planning (NCPF). Credit is also given to Dr. Borooj Yadav, National Population Education Project, National Council in Social Sciences and Humanities for her article, “Cultural settings affect adolescent needs”, in the last issue of Adolescence Education Newsletter, Vol. 3, No. 2. Photo on p. 10 from UNFPA, Lao PDR.

We welcome your comments, suggestions and contributions. Please address your correspondence to the Regional Clearing House on Population Education and Communication (RECHPEC), UNESCO PROAP, P.O. Box 967, Prakanong Post Office, Bangkok 10110, Thailand. RECHPEC URL: http://www.unescobkk.org/infos/recchpec Tel. (66-2) 391-0577 Fax (66-2) 391-0866 E-mail address: recchpec@unesco-proap.org; ARSH website: http://www.unescobkk.org/infos/arh-web/index.shtml