COMMUNICATIONS AND ADVOCACY STRATEGIES
Are your ARH messages being heard and heeded by your target audience? The success or failure of communications and advocacy strategies intended for adolescents may lie in the nature of the strategies themselves. Are they appropriate? Are they participatory? Do they appeal because they are interactive? For the answers, turn to page 23.
The participation of adolescents in the UNFPA Inter-Country Workshop on Adolescent Reproductive Health for East and South-East Asia and the Pacific Island Countries was a historic breakthrough. It marked UNFPA’s maiden effort to involve adolescents in such an event in the region.

The participating countries were China and Mongolia (East Asia); Indonesia, Malaysia, Myanmar, the Philippines and Thailand (South-East Asia); Fiji, Marshall Islands and Papua New Guinea (Pacific Island Countries); and Cambodia, Lao PDR and Viet Nam (Indochina). The workshop was organised by the UNFPA Country Technical Services Team (CST), based in Bangkok.

The workshop was divided into two parts, both of which emphasised active roles for all participants through interactive panel discussions and small group discussions.

**Part I: Workshop for Adolescents** was held on 27-30 April 2000 for adolescent representatives (two from each participating country – one male, one female). **Part II: Workshop for Policy Makers, Programme Managers and UNFPA/UN Agency Representatives** was held on 1-3 May 2000.

Priority issues and concerns presented earlier by the adolescent representatives were assessed in the second part of the workshop. The assessment provided a basis for the development of a programme of action and strategies that were intended to guide individual countries in developing programmes and strategies at the national level.

"Society needs your help. There is very little knowledge about how adolescents view sexual relations, unwanted pregnancy, abortion, STDs, gender relations in reproductive health decision making, and male responsibility."

**Why do adolescents need attention?**

Adolescence is at one and the same time demanding yet promising, extremely exciting yet unsettling. To a large extent, a person’s complete physical, mental, social and spiritual growth and development depend on the adolescent years.

Situation analyses of East and South-East Asia and the Pacific underscore the need to pay greater attention to adolescent welfare. Adolescents constitute some 20 per cent of the national population in some countries in East and South-East Asia, compared with 18 to 25 per cent in the Pacific countries. Clearly, there is an urgent need to provide for their total well-being, including ensuring their right to reproductive health education and care.
Part I of the workshop focussed on RH issues, concerns and needs; factors accounting for the adolescents’ current knowledge, attitudes and behaviour concerning sexual and reproductive health and the health consequences of high risk behaviour. The adolescent representatives, who were selected by the UNFPA Country Offices jointly with relevant youth organisations, based their presentations on pre-workshop consultations and small group discussions with in-school and out-of-school adolescent groups in their countries.

In his welcome address, Mr. Ghazi Farooq, Director, UNFPA Country Technical Services Team for East and South-East Asia, impressed upon the adolescent representatives their important role. “Society needs your help,” Mr. Farooq said, stressing that “there is very little knowledge of how adolescents view sexual relations, unwanted pregnancy, abortion, STDs, gender relations in reproductive health decision making, and male responsibility.”

Information and services should be made available to adolescents, Mr. Farooq said. He added that young men should respect women’s self-determination and share the responsibility for matters concerning sexuality and reproduction.
In her welcome address to participants of the second workshop, Ms. Imelda J.M. Henkin, UNFPA Director for Asia and the Pacific Division, cited UNFPA’s emphasis on the promotion of adolescent reproductive health. She noted that globally the majority of men and women become sexually active during adolescence. However, young people’s knowledge of reproduction and sexuality is largely inaccurate. They also have no access to reproductive health information and services, including contraception.

Ms. Henkin reported that some 14 million children are born to adolescent women each year. The physical immaturity of many of these young mothers increases the risk of death or serious disability. Pregnancy-related complications are among the major causes of death for girls aged 15 to 19. One out of every 20 adolescents contracts a sexually transmitted disease each year. Half of all new HIV cases – over 7,000 new infections each day – are among young people aged 10 to 24.

Ms. Henkin noted that Asia’s current generation of more than 660 million young people aged 15 to 25 is the largest that the region has ever seen. “Growing up behind them are another 600 million children under the age of 14. These are not just huge numbers, they are Asia’s future. Young people’s decisions today will determine not only their future, but the future of their countries.” Reiterating a key UNFPA message, Ms. Henkin said that adolescents must make their own choices. She cited the role played by sexual education in guiding them to right decisions.

Ms. Henkin said that equality between men and women means that their rights are the same, although their roles and responsibilities differ. She stressed the need for young women to have access to reproductive health services and called on all men to take responsibility for protecting women’s reproductive health as well as their own.

The direction for ARH programmes was addressed by Senator Dr. Prasop Ratanakorn, Secretary-General of Asian Forum of Parliamentarians on Population and Development, Bangkok. He called on the UN and donor agencies for technical and financial support to help the region build a better world for its adolescents. Dr. Prasop added that cultural diversity, among other factors, has influenced variations in strategies and plans of actions. Dr. Prasop said that Thailand’s policy is to decentralize the management of programmes of action which have been designed by local authorities, taking into account local cultures and other important considerations. He called attention to the introduction of compulsory education from 6 to 12 years and the promotion of life skills education throughout the country, including the development of a teaching manual for life skills for AIDS prevention.
A culminating point for the two-part workshop was the presentation of programmes of action and programme strategies involving joint participation of adolescents and policy makers, as well as programme managers.

**EAST ASIA**

**China**

Recommendations were presented in support of nation-wide implementation of the ARH programme and expansion of existing ARH pilot projects, including the social marketing of condoms to other cities besides Shanghai and Beijing. The recommendations included the strengthening of advocacy to create a supportive environment, promotion of IEC on adolescent reproductive health and development of relevant skills, provision of necessary services (such as needs assessment, development of standards and establishment of additional service points); sharing of experiences nation-wide and with other countries through seminars and study tours; identification and generation of funding and other resources. It was proposed that lead roles be played by the Ministry of Education, Ministry of Health, State Family Planning Commission, China Family Planning Association and youth organisations.

**Mongolia**

Four strategies were proposed, including the production of high quality IEC materials, integration of sex and adolescent reproductive health education into the curricula of teachers colleges and medical institutions; introduction of complementary information education involving NGOs; and restructuring of existing ARH services and ensuring their sustainability.

**PACIFIC ISLAND COUNTRIES**

**Priority ARH needs in the Pacific are largely in the areas of IEC, health services, policy making and programme implementation.**

**IEC:** Awareness of ARH issues and concerns should be promoted utilizing different means, including traditional media, and tapping youth involvement and their initiatives, both in-school and out-of-school.

**ARH services:** Existing services should be assessed and, where necessary, new ones should be introduced. Priority should be given to services that are designed for client-friendly settings. These should be carried out by especially trained service providers who can ably respond to the needs of adolescents and, at the same time, enhance their life skills.

**Policies and programmes:** To effectively implement ARH policies and programmes, relevant policies, legislation and regulations should be reviewed, revised, and reinforced. Where necessary, new ones should be passed and enforced.

**SOUTH EAST ASIA**

Highlighting the proposed strategies were the need to promote life skills using revised school curricula and involving parents’ associations, school networks and religious groups; adopt a peer educator approach to training and counselling; involve all possible media and other delivery channels, such as hotlines and websites; use hard data in advocacy efforts to convince policy makers and planners; and adopt a holistic approach to promote health services. A life cycle approach was recommended to promote healthy lifestyles, expand health-promoting schools, and build partnerships with all stakeholders through the sharing of best practices. The principal actors in these activities are adolescents, parents, governments, policy makers, donors, NGOs, the private sector, media professionals and service providers.

**INDOCHINA**

Foremost of the actions recommended was to strengthen advocacy at all levels by disseminating ARH information using the mass media and existing networks, conducting quantitative and qualitative ARH research, assessing the socio-economic impact of ARH problems, developing advocacy kits, and showcasing successful demonstration sites and projects.

Other recommendations included youth involvement in developing materials and similar activities, establishment and promotion of youth-friendly services, provision of necessary training, paying greater attention to youth with special needs, strengthening of collaboration with policy makers, programme managers, UN agencies, NGOs and the private sector, and undertaking relevant follow-up actions.
BANGLADESH

Adolescent girls face higher health risks

In Bangladesh, inadequate health care and services place at great risk the 35 million adolescents (aged 10-19) who make up a little less than a quarter of the country’s total population. Exposed to a range of undesirable health and social conditions, adolescent girls are particularly vulnerable.

Dr. M.A. Bashed, consultant embryologist at the Infertility Treatment Research Center in Dhaka, explains why this is so.

(i) Typically, menarche occurs late due to poor nutritional habits. However, early marriage and pregnancy are common. Up to 15 per cent of births among teenage mothers occur before they have achieved full physical development, adversely affecting their general health, damaging their reproductive organs, and sometimes causing death. The mortality rate among adolescent mothers and their children is twice that of older mothers and their children.

(ii) Regardless of their marital status, one in ten adolescent girls is a mother, compared with one in every four married adolescent girls.

(iii) It is estimated that 20 per cent of all rape victims are under the age of 16.

(iv) Adolescents account for 20 per cent of all sex workers.

(v) Young women are more prone to HIV infection because of their vulnerable physique; often they are unable to refuse sexual contact or to insist on condom use. Early sexual activity is known to cause cervical problems.

CAMBODIA

The RHI success story

Three local agencies in Cambodia, namely the Phnom Penh-based WOMEN and SUPF and Kratie Youth Association (KYDA) in Kratie Province have joined forces with Save the Children Fund (UK) in the UNFPA-funded Reproductive Health Initiative (RHI) Project.

The project reaches out to some 30,000 school drop-outs (aged 12-25) in slum areas in Phnom Penh, Preak Prasap and Kratie district. Its goals: to improve their knowledge of HIV/AIDS, develop positive attitudes concerning health care and facilitate access to materials on HIV/AIDS/STDs prevention and birth spacing methods. A special target is to help young women develop positive control over their decision-making on matters that concern their reproductive health.

In its first year of implementation, the project has yielded encouraging results in various aspects of its work.
● **Capacity Building**

Training and supervised outreach work in target communities, enabled peer educators from the implementing agencies and representatives from other agencies to strengthen their self-confidence and ability to perform their often difficult work. Among the capacity building exercises were training programmes that dealt with RH awareness raising, HIV/AIDS/STD prevention and birth spacing methods. The training included the following:

(i) **Reproductive Health for Youth**, held on 16-17 November 1998 by teaching staff at the National Center for Health Promotion (NCHP). Another course on the same subject was held in December for other Cambodian agencies involved in the RHI.

(ii) **Community Outreach Technique**, conducted on 21 December – 5 February on alternate weeks to allow trainees to engage in field work and put into practice the previous session’s lessons.

(iii) **Basic Project Management**, conducted for three weeks over a seven-week period (March 22-26, April 19-23 and May 10-14). To further strengthen general management capacity, the implementing agencies also arranged training in computer, communications and basic administration.

(iv) **Life Skills** course focussed on positive decision-making with respect to RH issues.

(v) **Refresher Training on Birth Spacing**, conducted on 5 May 1999.

Attendance in regional training further enhanced the capacity building of the implementing agencies. These included the following:

(i) **Mekong Sub-Regional Training Workshop** on using gender-oriented PRA to promote HIV/AIDS awareness, held 1-6 October 1999 in Thailand and hosted jointly by Asian South Pacific Bureau of Adult Education, AIDS Education Program and AIDS Net;

(ii) **South to South Collaboration Seminar on Community Approach in Reproductive Health** held in the Philippines on 19 May 1999; and

(iii) **Fifth International Congress on AIDS in Asia and the Pacific** held in October 1999 in Kuala Lumpur.

● **Links with other NGOs**

SCF has initiated contacts with other RHI-participating agencies in Cambodia and has invited their participation in the training courses.

SCF is an active member of the HIV/AIDS Coordinating Committee (HACC) in Phnom Penh, which is working towards facilitating collaborative HIV/AIDS prevention efforts. Under SCF’s leadership, public awareness programmes have been organised, including those held before and during the Water Festival in Phnom Penh.

### LESSONS LEARNED

Experience is always the best teacher and the first year of the RHI teaches valuable lessons. These concern the following issues:

1. Language barrier has prevented the project from reaching Vietnamese people residing in the target areas in Phnom Penh and Kratie.

2. Condoms from the National HIV/AIDS Department have not been supplied on a regular basis.

3. HIV/AIDS blood test in Kratie province has yet to be made available.

4. Security has become a problem in some communities in Kratie.

5. Often, it is poverty that hinders the target groups from achieving positive behavioural change. However, their request for financial assistance to pay for transportation costs to the clinic as well as for food (in the case of HIV/AIDS patients) cannot always be supported.
**Gender**

Responsibility for reproductive health is shared between the male and female partners. This was the overriding message of work carried out by special project staff working on gender matters. The SCF Team is composed of a leader and three project officers, while the implementing agencies hired a team of peer educators composed of 15 girls and 15 boys. Together they have reached a total of 1,378 boys and 1,058 girls in the target areas and have made youth referrals for HIV/AIDS blood test and STD treatment.

To reach out to the over-25-year old group, the implementing agencies distributed IEC materials, including HIV/AIDS/STDs and life skills booklets and leaflets, condoms, calendars, T-shirts, and caps.

Cambodian youth seeking information and counselling on HIV/AIDS/STDs from peer education.

**Success Stories**

Signs of success provide evidence that the project is on the right track. Some examples:

(i) Development of constructive relationships among staff and personnel from SCF, the National Centre for Health Promotion and key provincial departments, such as the health and provincial AIDS office in Kratie.

(ii) Improved self-confidence among peer educators, especially girls, enabling them to handle difficult situations, as for example, when mothers question the benefit of having their daughters' participate in HIV/AIDS/STDs awareness campaigns.

(iii) Positive attitudinal changes concerning the provision of sex education for children in the target areas, as peer educators gain the community's recognition and acceptance.

(iv) More open discussions in the community about safe sex and related issues.

(v) Increase in the number of young people seeking information relating to HIV/AIDS/STDs and birth spacing methods.

**Help to Garment Workers**

To enable greater participation by young garment workers in efforts to improve their reproductive health, CARE and its local partners are collaborating in a reproductive and sexual health needs assessment study within the framework of the EC/UNFPA Initiative for Reproductive Health in Asia (RHI). The local partners are the Cambodian Health Education Development, the Reproductive Health Association of Cambodia and the Women's Development Association.

Participatory learning and action (PLA) was used as research tool to study the target group's knowledge, attitude and behaviour concerning sexual health. The project's experience to-date offers valuable lessons. For instance, simple messages on sexual and reproductive health have been rendered inadequate, considering the sensitivity of the topic and traditional beliefs and false rumours that undermine the project's objective.

The first year of the EC/UNFPA funded project is documented in two publications: “Sewing a better future” and “PLA tools in action”. Both can be obtained from CARE Cambodia. E-mail: <care.cam@bigpond.com.kh>

Further information about the EC/UNFPA RHI Project can be obtained by writing to the following E-mail address: <mailto:rhi.info@asia-initiative.org>


E is for entertainment in IEC

“E” stands for entertainment, an essential feature of IEC services provided to young people by the Reproductive Health Association of Cambodia (RHAC). RHAC is an active NGO that provides RH services especially for your people. These include counseling services and free medical treatment to unmarried youth under the age 25. Young people’s libraries have been set up in all five RHAC clinics throughout the country.

RHAC has intensified the recruitment and training of peer educators. As a result, the number of education sessions in schools and community centres has increased, attracting up to 200 participants for each session.

Contributing to the growing popularity of RHAC’s regular quiz shows is the coverage provided by Khmer television. Between January and March 2000 alone, five RHAC quiz shows were held, with as many as 2000 people attending. During the same period, RHAC held its first ever quiz show for out-of-school youth, adding another dimension to RHAC’s new range of interactive RH services.

An entertaining presentation engages the attention of a young audience.

PERC NEHU makes a mark in northeastern region

The local people in India’s northeastern region are the direct beneficiaries of activities carried out by the Population Education Resource Centre (PERC) in North Eastern Hill University (NEHU), Shillong.

PERC NEHU is one of 17 such centres established nation-wide. It serves nine universities in the northeastern region. Through awareness campaigns, focus group discussions, extension work and participatory training programmes, PERC NEHU generates greater awareness of issues concerning population, environment, health and related topics.

The target groups include teachers, students, policy makers, government officials and the community at large.

The importance of reproductive health, sex education and issues related to ARH underscores PERC NEHU’s activities.

In March this year, a workshop was organised in collaboration with the Department of Adult Education, Manipur University. The participating students and representatives from population education clubs, the National Service Scheme and other relevant groups addressed the need for greater public awareness of ARH and for the correction of misconceptions.

Also held in March was a PERC NEHU/Kolasib College collaboration in the form of a participatory training programme for students, women’s organisations and volunteer groups.

During the academic year 2000-2001, PERC NEHU and Assam University will collaborate in a series of activities in adolescent education, environment, reproductive health and AIDS awareness. The activities will involve three colleges in the three districts of South Assam.
DARC brings bright days for West Bengali youth

As a result of initiatives by the West Bengal Voluntary Health Association, much of the responsibility for communicating general health and HIV/AIDS prevention messages among West Bengali youth now rests with District AIDS Resource Centres (DARC), with assistance from local NGOs.

The findings of a knowledge, attitude and practice (KAP) survey noted positive changes in their project’s target youth. (See following article).

About 80 per cent of the student respondents, averaging 18 years of age, were in the 11th and 12th grades and were attending high school and colleges in the districts of Howrah, Murshidabad, Hooghly, Calcutta, Nadia, Midnapore, Jalpaiguri and Birbhum.

The survey showed an increasing number of students’ who volunteer for social work to promote HIV/AIDS awareness.

There were district-wise variations in the findings, reflecting inconsistencies in the content and quality of DARC’s communications activities. Sex-wise variations were also noted, particularly the poor awareness levels seen among the female students after the communications activities. The need to strengthen communications was evident in areas where little change in the students’ KAP levels was reflected. These considerations will be incorporated in future DARC programmes.

Profiling the West Bengali youth after DARC

- **General Awareness and Knowledge of HIV/AIDS**
  (i) Familiarity with the acronym AIDS was observed among over 93 per cent of the students, while the full meaning of AIDS became known to 77 per cent, up from 39 per cent.
  (ii) Up to 50 per cent of the respondents learned that HIV symptoms are not always physically visible, up from 40 per cent.
  (iii) The absence of a cure for AIDS became known to 70 per cent, up from 38 per cent.
  (iv) Awareness of the increased risk of infection from having multiple sex partners increased from 85 per cent of the respondents to 93 per cent.

- **HIV/AIDS Transmission**
  (i) Condom use as a safe method for preventing AIDS became known to 88 per cent of the respondents, up from 75 per cent.
  (ii) Transmission of AIDS through sexual contact among heterosexuals became known to 96 per cent, up from 87 per cent; 78 per cent learned that sexual contact among homosexuals can also transmit AIDS, up from 59 per cent.
  (iii) Awareness of placental transmission increased from 81 per cent of the respondents to 92 per cent.
  (iv) Ninety per cent of the respondents learned that HIV infection can be spread by using infected needles; mosquito bites as another means of transmission became known to 76 per cent.

- **Sex Education**
  (i) Up to 93 per cent of the respondents favoured AIDS education for the youth. 92 per cent of the respondents gained better understanding of AIDS victims. Up to 65 per cent agreed that the identity of HIV-infected persons should be kept confidential.
  (ii) Some 80 per cent of the respondents became aware of the increased vulnerability of people with AIDS to other diseases.
  (iii) The harmful impact of AIDS on the national economy became known to 85 per cent of the respondents.
To strengthen counselling for families with adolescent members, the Indonesian Government has introduced a special project in 12 districts and 32 sub-districts in the provinces of DKI Jakarta, West Java and DIYogyakarta. Supporting the project are its three pillars, namely counselling centres, schools and parents’ groups. Adolescent reproductive health has been integrated in the activities of all three.

The four-year project, which is executed by the Bureau of Non-Physical Family Resilience (BINOF/BKKBN), assisted by seven national NGOs, completed its pilot phase in December 1999. A technical assistance and backstopping mission fielded in November 1999 cited the contributions made by strong leadership at the provincial level and NGO support to the project’s achievement of its objectives.

The team, which was led by Mr. Francisco Roque, Adviser on Adolescent Reproductive Health and Education, offered recommendations for future action. Noting that major political and economic crises may have affected the project’s outputs, the team proposed a four-year extension in the three pilot provinces. The extension will give the project sufficient time to develop and mature and further strengthen linkages among the BKR, schools and counselling centres.

The extension will also allow a review of training manuals, guidebooks and curricula, and the introduction of improvements in project monitoring and supervision and in the production and supply of IEC materials to BKRs, schools and counselling centres. National/local experts will be approached for their support in the project’s implementation and in strengthening the quality of outputs.

<table>
<thead>
<tr>
<th>PROJECT OBJECTIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a basic strategy on family counselling for parents and adolescents</td>
</tr>
<tr>
<td>Design an education programme for adolescents</td>
</tr>
<tr>
<td>Prepare guidebooks and manuals for counsellors</td>
</tr>
<tr>
<td>Set up three Reproductive Health/Family Welfare (RH/FW) Counselling Centres</td>
</tr>
<tr>
<td>Organise 80 community groups in the project sites</td>
</tr>
<tr>
<td>Train 18 national master trainers and 70 project personnel on the counselling programme, and train 650 teachers and religious leaders in counselling techniques and problem-solving approaches</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A BRIEF LOOK AT THE PROJECT’S THREE PILLARS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Counselling Centres</strong></td>
</tr>
<tr>
<td>The ARH programme was introduced in three RH/FW counselling centres and in 12 additional counselling centres in DKI Jakarta, West Java and DIYogyakarta. Counselling by telephone and postal mail has proved more popular compared with face-to-face counselling services which are run by NGO volunteers. The centres’ limited opening hours may account for this.</td>
</tr>
</tbody>
</table>

| Schools |
| The ARH programme was implemented in 21 primary schools, 67 lower secondary schools, 66 upper secondary schools and 25 vocational schools. ARH concepts have been incorporated in such subjects as biology, religion and social studies by teachers trained by BKKBN or PKBI as counsellors. Supplementing their work are outside lecturers who address different reproductive health issues. ARH concepts are also dealt with by the schools’ counselling units that serve both students and parents. |

| Parent’s Groups |
| Community-based parents’ groups (BKR) provide a forum for discussing and resolving issues regarding child development and community affairs. Unresolved problems are referred to clinics and counselling centres or the police, based on the nature of the case. Village leaders, teachers, and volunteer housewives and mothers run the BKR, under the supervision of the family planning and welfare programme of individual villages. The BKR provides opportunities for women to develop their problem-solving and decision-making skills. |
Adolescent Health – a continuing challenge in Iran

Iran’s 1996 national population census places the adolescent population at 16 million, accounting for some 27 per cent of the total population and almost equally divided among male and female.

The responsibility for health services and health education rests mainly with primary health care (PHC) networks. Covering 85 per cent of the country, the PHC networks consist of health centres in urban areas and of health houses in rural areas. Their integrated services cover school health, disease control and prevention, family health, oral health and so on.

Much has been achieved over the years, particularly as a result of a project that made adolescent health an independent programme in the PHC networks. Some highlights:

(i) Adolescent health has been included in school-based health education. Adolescent physiology, personal hygiene and nutrition are priority topics for universities and medical science schools.

(ii) Health monitoring of students (aged 6-14) has become an important school activity. Health check-ups include visual and hearing disorders, oral health problems, anemia, and physical abnormalities.

(iii) A national plan of action to improve health check-up for first graders in guidance school has been implemented since March 1999, with assistance from medical and paramedical students.

(iv) Joint projects were launched, including a national project launched in 1995 in collaboration with the Ministry of Education to promote population education in secondary schools and a collaborative health education activity among sports teachers in 12 guidance schools in Tehran.

(v) A national vaccination programme for students (aged 14-16) served some 99.6 per cent of the adolescent population within four years.

(vi) A campaign was implemented nation-wide in 1997, with support from the Ministry of Health and PHC networks, providing worthwhile leisure activities for young people. The campaign was launched in 1996 in 11 provinces.

In the provinces of Azarbayejaan, Ghazvin, Esfahan, and Fars, a pilot project on adolescent health has gone ahead with training health workers and health communicators, preparing health materials, selecting implementing health centres, coordinating different but related sectors in the four provinces. Also going on are a review of existing data on target audiences and finalisation of two national studies on the physical and psycho-social aspects of adolescence.

However, further efforts to promote adolescent health are constrained by cultural and religious barriers to sex education, inadequate collection of data on adolescent behaviour and needs, poor sectoral collaboration among governmental agencies and NGOs, duplication of activities among different sectors, and lack of relevant legislation to ensure effective adolescent health care services.
In Malaysia, the Soroptimist International Club of Bangsar (SICB) has made positive changes in the lives of many adolescents through an AIDS Education for Teenagers Project which it launched in 1994.

The SICB project advocates an interactive/participatory approach and takes into consideration cultural and religious sensitivities of Malaysian society, as well as psychosocial aspects of adolescent life. A focus of emphasis is gender equality so that young girls can build their self-confidence and self-esteem.

The project’s interactive approach is incorporated in the SICB training manual for facilitators of one-day workshops for teenagers. The manual concentrates on three main topics: AIDS information, sex education and care of and support for people with AIDS.

Recognising the importance of parental guidance, SICB has developed a new programme, Parents’ dialogue on sex education to prevent AIDS among teenagers. Common questions asked by teenagers during such dialogues concern AIDS transmission, condom safety, pregnancy, how to refuse unwanted sex, how to discuss sex issues with one’s parents and access to information on AIDS. By comparison, parents raise such questions as the right age to begin their children’s sex education, religious considerations in sex education and the danger that sex education may encourage promiscuity.

SICB is encouraged by the parents’ agreement that sex education should begin as soon as the need for it arises, while also recognising the need for their preparedness to give correct and satisfactory answers about sex.

Typically adolescents participating in SICB’s one-day workshops for teenagers seek advice on hypothetical situations (See box).

“If you love me, you will have sex with me…”

Females respond with anger, while the usual male reaction, ‘why not?’ reflects traditional male chauvinism among Asian youth, often leading to risky behaviour.

“I’m so in love with my boyfriend. He wants to have sex every time we are together. I’m not ready for it but I don’t know how long I can keep refusing him. I don’t want to lose him, please tell me what to do.”

Females offer a variety of excuses: ‘I am afraid my mother will find out,’ ‘I am afraid of getting pregnant’. Males, on the other hand, refuse to recognise the problem and argue that ‘boys will always want to test the limit and it is the girls’ responsibility to refuse their advances.’
Currently being drafted by the Population Policy Coordination Committee under the Ministry of Planning and National Development is the National Population Policy. Its priority concerns include the health needs of the country’s largest population groups: children and adolescents.

According to the 1995 census, children below the age of 15 constitute 47 per cent of the total population, while adolescents (aged 15-19) account for 19 per cent. Fourteen per cent in this age group are married, explaining the need to raise the age at marriage from 16 to 20 years, a major goal of the National Population Policy.

Lifestyle-related conditions are associated with problems faced by Maldivian adolescents. Many are sexually active, as evidenced by growing problems related to early sex, marriage and pregnancy and unsafe sexual practices. Some have been penalized for engaging in extra-marital sex, a criminal offence in this Muslim country.

The inclusion of population education in the primary and secondary school curricula is an important response undertaken by the Maldivian authorities as part of the Population Education Project, launched by the Government in 1984 with assistance from UNESCO and UNFPA. Population education has been completely integrated into the Environmental Science curriculum for grades 1 to 5, and into the Dhiveli, Social Studies and General Science curriculum for grades 6 to 7.

In its current phase, the project is updating the curricula for grades 1 to 7 to adequately reflect post-ICPD concerns. In this connection, the Educational Development Centre, one of the project’s implementing agencies, held a workshop in late 1999 to familiarize teachers with ICPD issues and population education messages.

Another focus under the current phase is incorporating population education into the secondary and higher-secondary curriculum. For grades 8 to 12, population education will be integrated in the Dhiveli and Islam textbooks. Under production are a population education handbook for grades 8 to 10 and a population education reference book for grades 11 to 12.

Another implementing agency, the Non-Formal Education Centre (NFEC), is actively reaching out to adolescents, particularly those who are out-of-school. To deliver its population education messages, the NFEC has prepared a handbook on adolescent reproductive health and has organised adolescent counselling sessions with the help of locally-based resource persons. Other NFEC programmes include the Condensed Education Programme (CEP), which aims to condense the curriculum for grades 1 to 7 into a three-year programme intended for out-of-school adolescents. The NFEC is also preparing CEP-specific textbooks.

Indeed, concern over the health of adolescents has emerged as a priority for government action. Among the many government agencies that are playing key roles are the Ministry for Youth and Sports, the Department of Public Health and the Narcotics Control Board.

Activities organised by the Narcotics Control Board include awareness exhibitions, such as those shown here.
Since its approval in 1997 under Mongolia’s 30th State Resolution, the National Programme on Adolescents and School Children’s Health, has forged effective collaboration among decision-makers in the health and education sectors. It has also redesigned legal documents that provide direction to adolescent health policies.

Encouraging progress has been achieved in other areas. Specific lessons on health education are now being taught on a trial basis to grades 1-10. A working group has been formed to further study appropriate lessons, content and teaching methodology.

At the national level, six health-promoting schools have been set up to create health-promoting environments for students, teachers and staff. Fifty other schools have expressed a desire to become health-promoting schools.

The Government’s concern is well placed. Costs of medical and health services for adolescents, who account for 24 per cent of Mongolia’s population of 2.3 million, have been increasing. Sixty to 70 per cent of all adolescents suffer from poor physical health, causing concern about further rises in the morbidity rate which currently stands at 742 cases per 1,000 adolescents. A 1997 KAP survey conducted by WHO among Mongolian adolescents showed that 78 per cent have inadequate health knowledge and that only 10 per cent observe healthy practices.

Remarkable strides in promoting adolescent health

Mongolian Media at Work

The role of media professionals as strong change agents was the focus of a WHO-funded workshop, organised in November last year by the Health Management Information and Education Centre in collaboration with the Ministry of Health and Social Welfare (MoHSW). In attendance were members of the Mongolian press and mass media. The workshop dealt with the content and delivery of adolescent reproductive health messages.

A “sharing session” with media correspondents gave an opportunity to encourage and strengthen interactions between health staff and media professionals, as well as to broaden media professionals’ knowledge of adolescent health. Each branch of the media made brief group presentations on selected adolescent health issues.
Although HIV/AIDS cases in Mongolia are few and far between, the country is vulnerable to its spread because of the increasing incidence of STDs, growing number of commercial sex workers, and thriving border trade with neighbouring countries.

A knowledge, attitude and practice survey of young persons (aged 15-25) was carried out to determine their knowledge of reproductive health and STD/HIV/AIDS and their information needs. On the study team were Dr. Ts. Sodnompil, Director of the Health Management Information and Education Centre (HMIEC), N. Oyungerel, and medical researchers, B. Bulganchimeg, S. Enkhtuya and B. Reilley.

### SUMMARY FINDINGS OF THE KAP SURVEY

#### Sources of information.
Information on RH and STD/HIV/AIDS is inadequate, with the youth depending mainly on radio and television. Young people are reluctant to consult their parents and elders for fear of embarrassing them. Other preferred sources of information are health specialists and organisations. Information provided by friends is considered unreliable. The need to improve health education at the secondary school level and to incorporate it in the university curriculum is clearly felt.

#### Reproductive health.
Poor understanding of reproductive health and safe sex is particularly acute among young women and girls in the rural areas, giving rise to such misconceptions as abortion being the best protection and condom being a major cause of impotence.

#### HIV/AIDS/STDs.
Misconceptions concerning HIV/AIDS transmission and prevention abound. While STD symptoms and prevention of infection are generally known among the youth, many rely on home treatment and local remedies, such as drinking pigeon’s blood.

### PHILIPPINES

New and diverse ways of thinking and living among the 21 million Filipinos that make up the age group 15-24 are challenging the relevance and effectiveness of the Adolescent Health and Youth Development Programme (AHYDP). The group accounts for 20 per cent of the total population.

The AHYDP response? Innovative approaches that include theater and folk media for development communication, establishment of youth-specific structures such as youth clubs and livelihood cooperatives, and provision of on-air and school counselling for the youth.

Their common goal? The adolescents’ total well-being, covering their physical, mental and spiritual health and their socio-economic welfare.

The AHYDP is executed by the Commission on Population (POPCOM), with assistance from UNFPA. Adolescent health and youth development are components of the re-stated Philippine Population Management Programme (PPMP) of which POPCOM is the lead coordinating agency. In the next five years, the PPMP aims to reduce the incidence of teenage pregnancy, early marriage and other reproductive health problems.

Providing a measure of AHYDP’s success to-date are 18 innovative projects, which have been developed and implemented in partnership with local government units, government and non-government organisations, and youth organisations. Two have been particularly successful and now provide valuable lessons about the participation of youth, parents, teachers and other influential individuals in implementing project activities.

One of the projects is the Foundation for Adolescent Development (FAD), a school-based project that concentrates on training...
student leaders and peer facilitators/counsellors in the planning, monitoring and evaluation of adolescent-targeted information and counselling services that cover their health, sexuality and development.

The other project is the use of theatre and folk media to strengthen and mobilise the youth in the Cordillera Administrative Region. This led to the creation of a theatre in the area and the training out-of-school youth in producing ‘zarzuela’, an old form of theatre. The resulting zarzuela productions were featured at local and national events and shown on local and national television.

Youth summer camp highlights AHYDP 1999 activities

Creative and interactive experiences – indoor and outdoor – characterised the Youth Summer Camp held in May 1999. Some 150 youth participants from AHYDP’s 18 regional projects lived, worked and learned together at the camp which was sited in a clearing surrounded by 80,000 hectares of pristine forest at the Subic Bay Metropolitan Authority Quonsets.

The camp, highlighting AHYDP 1999 activities, was organised by POPCOM with support from UNFPA.

Similar youth projects and programmes have the AHYDP camp to learn from. The most important lessons are the need to ensure the correctness of information and services given to young people, facilitate youth access to education, encourage youth participation in all phases of the project cycle and adopt a collective approach to youth empowerment.

A participant from Occidental Mindoro offered to summarise the camp’s effectiveness in these words: “I was a simple person from the mountains. Now I’m here with all of you and I have come to realise that I am also educated. Now I know how to plan my life.”

Camp participants learn survival tricks from a jungle expert during the summer youth camp.

Fresh mountain air, fresh young ideas. At the end of a long hike were scenic mountain ranges.
The Remedios AIDS Foundation (RAF) is piloting a shopping mall-based youth learning and health centre that is aptly named Youth Zone (YZ).

The first YZ is located at Tutuban Centre Mall II in the busy commercial district of Divisoria, Manila. It was inaugurated in April 1999.

Explaining its decision to establish youth zones in shopping malls, the RAF cited the need to reach high-risk, low income adolescents, many of whom frequent shopping malls. The YZ is essentially “a project for the youth, by the youth and made by the youth.”

Since its establishment in 1991, the RAF has successfully translated its guiding principle, “prevention through education”, into meaningful action. At the heart of RAF’s projects is the cooperation of youth organisations and officials from nearby schools and communities.

To-date, the YZ project has served some 3,000 clients between the ages of 14 and 19, 60 per cent of whom are males.

To sustain the interest of existing YZ clients and to attract new ones, RAF has drawn up a list of carefully selected activities with the youth in mind. The list features continuous consultations, small group discussions, group dynamics, art therapy and story telling sessions.

Youth facilitators have been trained to serve both at the centre and at the community level.

Complementing the Tutuban Youth Zone is the provision of direct clinical services through “Kalusugan@com”, located within the vicinity of the Tutuban Centre.

The introduction of an on-line chatroom known as #YOUTHZONE, further strengthens the RAF’s appeal. The chatroom is operated daily from 1 p.m. to 6 p.m. by managers adept in providing ARH counselling services. In the first eight months of its operation, the highly interactive #YOUTHZONE has entertained 1010 counselling sessions.

Further information is available at the following URLs:
<www.remedios.com.ph>
<www.youthzone.com.ph>

Youth Zone visitors find the YZ Internet Chat appealing and engaging.

Youth Zone’s colourful logo.

Youth Zone staff members.

Youth Zone visitors find the YZ Internet Chat appealing and engaging.
The world needs more SexTers

“It’s a SexTers’ World.” FAD issued the declaration at its 2nd Student Congress on Sexuality, which was held in November 1999.

But what is a SexTer? Over 1000 congress participants from 40 colleges and universities in Metro Manila came to hear FAD’s answer: SexTer stands for ‘socially, emotionally, and sexually responsible teener’.

As the SexTer’s Pledge states, sexuality covers a person’s awareness of sexuality, its influence on the development of individual personality and relationships and its role in child rearing and upbringing.

An innovative talkshow enabled the congress participants to share their common concerns. The talkshow was conducted by noted experts in adolescent health and sexuality.

THE SEXTERS PLEDGE

I, (state your name), pledge to be a responsible teener, conscious of my personal worth as a person and as a Filipino.

I promise to keep my heart clean and my mind clear, to marshal my innermost strengths to be the best that I can be.

I swear to be steadfast amidst problems and difficulties that may afflict me and my loved ones, knowing that my future will depend on how I meet the present.

I vow to be a sexually responsible person, aware of the drives that may cloud my judgement, so I may do no harm to others, to my community or to myself.

I pledge to develop my potential for leadership and worthy citizenship and welcome every opportunity to assist and inspire my companions.

I commit myself to do “what is right and just in all my dealings with others, conscious always that I shall be answerable for my life, not only to my fellowmen, but to the Greater Power that is the origin of my being.”

I make this commitment in front of my peers and school advisers, and in the name of my parents, my instructors, and my comrades, for these are the teachers who help to mold me.

And I accept this challenge to be a true SexTer. So help me God!
Four health divisions in Anuradhapura District in the North Central Province of Sri Lanka are making a difference in the lives of adolescents through efforts to promote responsible sexual behaviour among the youth. The four health divisions are in Mihinthale, Rajanganaya, Nuwargampalatha Central and Nuwargampalatha East.

With the assistance of public health midwives, the four health divisions are working towards improving access to information and services (including counselling) at the grassroots level. They are also training fieldworkers and school teachers to improve their counselling skills, enabling them to organise and conduct training and counselling programmes for youth groups, women’s associations, government offices, and other groups at the grassroots level. Radio quiz programmes are being used to promote general knowledge of reproductive health. Relevant IEC materials have been developed and distributed to the target audience.

With a land area of 7,129 sq. km., Anuradhapura is the largest of the 24 districts that make up Sri Lanka. Adolescents (aged 10-24) constitute 30 per cent of the district’s estimated total population of 769,000.

Adolescence of the Spring

In Anuradhapura district, the number of abortions and incidence of sexual harassment, particularly among young mothers below the age of 19, are on the rise. Expressing concern over the situation, a workshop, “Adolescence of the Spring – promoting responsible sexual behaviour among adolescents”, called on field health officers to exercise a more dynamic role in the long-term monitoring of adolescent growth and development. Empowerment at the district level will help ensure that sexual problems among adolescents and children are handled at the grassroots level.

The workshop cited the need for greater assistance from international agencies so that adolescent problems can be addressed more effectively. The workshop was organised by Dr. W.M. Palitha Bandara, Medical Officer (Maternal and Child Health Care) in the Office of the Deputy Provincial Director of Anuradhapura.

Workshop participants at work to promote responsible sexual behaviour among adolescents.
Multi-pronged approach to adolescent reproductive health

The Department of Health (DOH) in Thailand is pursuing a multi-pronged approach to promote adolescent reproductive health. Three components that stand out are school-based sex education, counselling services for couples, and counselling services for adolescents.

- Putting the barriers to sex education down

Schools offer an excellent base for teaching sex education but difficulties stand in the way. The DOH is concentrating its efforts on improving the teachers’ ability to teach sex and reproductive health issues, revising the content of sex education and promoting public acceptance of sex education as a terminology and as a concept.

A structure for the sex education curriculum for kindergarten to secondary school levels is being developed by a working group formed by DOH and the Department of Mental Health (DMH). The curriculum components include human development, sexual health, sexual behaviour relations, personal skills, social and culture and gender issues. These components serve as guidelines in the development of the school curriculum by the Ministry of Education.

A meeting organised by the DOH and DMH on 22 February 2000 supported the teaching of sex education based on the needs and interest of adolescents in relation to their daily life.

Calendar card to advertise counselling service for adolescents.
Counselling services for couples

Under a counselling programme launched by DOH, some 50 hospitals throughout the country are providing counselling and health services to childless married couples and to couples who are about to get married. Emphasis is placed on the concept of reproductive health care. The counselling services cover family planning, STDs, HIV/AIDS, preventable genetic diseases and sex education. Medical check-ups have also been made available at different health offices.

Innovation characterizes the DOH counselling services. To generate greater impact, DOH counselling centres are set up in selected venues, such as the district offices of the Bangkok Metropolitan Administration, to mark special occasions, like Valentine’s Day. To promote the country’s Amazing Thailand slogan, a Wedding Amazing festivity was held in December 1999 with DOH participation.

Reaching out to adolescents

“Model Development to Improve Reproductive Health Services for Thai Adolescents”, a nation-wide pilot project launched by the DOH, is seeking to improve the quality of and access to ARH services; strengthen networking and linkages between government agencies and NGOs; and broaden the adolescents’ knowledge of reproductive health. Central to these efforts is the improvement of the content and delivery of adolescent counselling services, particularly in schools and health offices.

Two secondary schools and two vocational schools in Nakhon Sritammarat province are serving as study sites in the implementation of sex education activities, including peer education, integrating life skills as a subject in the school curriculum, and training school teachers.

In Maharaj Hospital, Pakpanung Hospital, the Provincial Public Health Office and the Buddhist Association, efforts are focussed on improving their “adolescent-friendly rooms”, a facility that offers telephone and face-to-face counselling for adolescents. Plans to replicate “adolescent-friendly rooms” in other government hospitals are underway, taking into consideration the following issues:

(i) the need for clear policy, financial support and commitment of counsellors,
(ii) the usefulness of a survey to evaluate adolescents’ knowledge of existing services and to ensure use of the most effective promotional/communications tools,
(iii) adolescents’ general preference for telephone counselling over face-to-face counselling,
(iv) the need for well-trained counsellors to handle a variety of adolescent health problems, including questions related to beauty and their physique.

Government agencies and NGOs that provide counselling services are encouraged to network and coordinate their work, share their knowledge and experiences and strengthen the referral system. Like-minded local NGOs should be identified, particularly at the provincial level where only a few NGOs have the capability for counselling services.
These are some of the communications and advocacy strategies that have been put to the test in different Asian countries. Some have proved effective, while others have failed. Why?

Seven countries provide the answers in a three-part publication on communications and advocacy strategies. The countries are Bangladesh, Iran, Malaysia, Mongolia, the Philippines, Sri Lanka and Thailand.

Booklet One presents their demographic profiles, while Booklet Two describes their advocacy and IEC programmes and strategies. Book Three expounds on the lessons learned and guidelines adopted.

Success or failure may lie in the nature of the strategy itself. Although easy to organise and carry out, some strategies have little appeal to adolescents. These include talks and lectures which derive their effectiveness from the teaching ability and communications skills of speakers, particularly when dealing with sex-related issues. Wary of giving offence, the speakers may choose to avoid in-depth discussions, reducing their talks to the level of an awareness-raising activity.

Their appropriateness to target groups places certain strategies at an advantage. These strategies include the following: (i) youth counselling centres that provide adolescent health services and information, (ii) women’s organisations that carry out research on women’s issues and promote women’s rights, (iii) counselling and public affairs programmes on radio and television, particularly those that feature ARH advocates, and (iv) parents/teachers associations that disseminate reproductive health-related information through books and journals and other media.

Special strategies are carried out for difficult-to-reach clients. Among these are the project, Building Rural Networks on Human Rights, initiated in Thailand by the Foundation for Women; the Philippines’ Information and Counselling Programme on Sexuality for the Young at the Export Processing Zone which targets the zone’s adolescents workers; and “adolescent gynecology cabinets” set up by the Ministry of Health and Social Welfare in Mongolia to monitor the physical and sexual development of young women.

In Bangladesh, satellite clinics for adolescents have been set up by the Organisation of Mothers and Infants; periodic health clinics at garment factories by Nari Maitre, a women’s organisation; a special clinic hour by the Concerned Women for Family Planning project site in Chittagong; and separate health clinics for adolescents set up by Marie Stopes Clinic Society.

(Please turn to the next page)
Youth camps

Role-playing, case discussions and quizzes are popular camp activities that can be used to teach ARSH. Camps are also ideal for special groups, including handicapped adolescents. Successful youth camps have been organised in Malaysia, the Philippines and Thailand.

Teaching life planning skills

This strategy has benefitted adolescents by improving their value formation, providing correct ARSH information, and enhancing their communications and goal-setting skills.

Adolescent family life education programmes (AFLE), such as those offered by NGOs in Bangladesh, have been of special benefit to girls as their topics include safe motherhood and related concerns.

In the Philippines, the Foundation for Adolescent Development offers life planning education together with skills training in livelihood activities.

Hotlines

Anonymous, immediate, and non-threatening, hotline counselling has proved popular as has counselling by postal mail and mobile units.

In Thailand, a telephone hotline service set up by the Programme for Appropriate Technology in Health utilises university students who have undergone training as volunteer counsellors.

Youth centres

Youth centres in Malaysia, the Philippines and Thailand are popular because of their adolescent-friendly programmes and dependability as sources of accurate ARH information. These centres also serve as training venues for youth leaders.

Education and counselling programmes

These include peer education and peer counselling. NGOs that offer these in Bangladesh include Breaking the Silence, the Marie Stopes Clinic Centre and the Family Planning Association of Bangladesh.

Training school counsellors

A recent training initiative was provided by the Malaysian AIDS Council for school counsellors, focussing on HIV/AIDS and ARSH.

Youth club programmes

Outstanding examples include programmes carried out in Bangladesh by youth clubs set up by the Directorate of Youth Development under the Ministry of Youth and Sports. An on-going programme by the Family Planning Association seeks to promote ARSH and personal hygiene among youth aged 9-19.

Setting up integrated service for counselling and information and contraceptive delivery in areas that are accessible to youth

In the Philippines, the government-run Fabella maternity hospital conducts reproductive health assessments as part of annual physical check-up for 4th to 6th graders in a nearby school.

In Bangladesh, the Confidential Approach to AIDS Prevention (CAAP) is practised at a centre that serves as a confidential channel of information on HIV/AIDS prevention and provides crisis counselling, among other services. A mobile team disseminates sex education messages and provides counselling to adolescents who cannot be reached by mail or telephone.

Sharing of skills, knowledge and expertise

The South-South Centre in Bangladesh facilitates and coordinates in-country and inter-country sharing of skills, knowledge, expertise, experience and innovative approaches to promote adult/adolescent reproductive health, gender and development and so on.

Using information technology

Youth home pages are powerful disseminators of ARSH information. Such a page, featuring a chat room, was developed following a workshop organised by the Federation of Family Planning Associations of Malaysia.

(Continued on opposite page)
Promoting emergency contraception

The Bangkok Office of the Population Council, an NGO, makes emergency contraception easily available. The contraception is a high-dose hormonal preparation that is used after intercourse. Although there is little information on its proper usage, it is popular. Publicity has been opposed by a committee in the Food and Drug Administration, fearing that it would encourage sexual relationships among adolescents.

LESSONS LEARNED

Policy

Government policy provides the legal basis for programme implementation and fund-raising. Policies should be flexible and should reflect a country’s cultural and religious background. Encourage youth participation in policy formulation, programme design and implementation.

Sound planning and management

Measure the progress of ARH interventions using process and impact indicators. ARH programmes that have a concentrated focus are more effective than those which are offered in combination with other projects. ARH programmes should target youth from all socio-economic groups and categories.

Document and assimilate community dynamics as these influence community involvement and can transform resistance to social action.

Youth interest

Interactive and challenging activities (e.g. youth camps) have a strong appeal to the youth. In teaching sex education to them, take into account a country’s socio-cultural values and religious norms. Peer education has proved effective in educating adolescents.

Special youth centres should offer ARSH services.

Adolescents must be spoken to, not spoken at. Training in communications skills should be given to ARSH service providers, including volunteer telephone counsellors.

Youth-specific materials

Develop materials that specifically address adolescent needs and produce these in national languages so as to reduce dependence on translations of foreign materials. Engage expert help to ensure the accuracy and effectiveness of the materials and their translations.

Involving adolescents in conceptualizing and pre-testing materials to ensure the appropriateness of language and the style of presentation. Folk media appeal to village youth; tabloids, comic books and romantic fiction to youth workers; and television and magazines to urban youth.

Producers of quality materials should allow others to copy these freely to help ensure their ready availability. Revise and replace materials as necessary.

Outreach and impact

Improve the coverage and impact of ARH programmes by using various outreach approaches, including teaching adolescent family life education. Reduce resistance to ARSH initiatives by involving legislators, parents, communities and other stakeholders in advocacy.

Cultural and religious norms

Take into account religious and socio-cultural sensitivities, particularly in countries where views on ARSH are predominantly conservative.

Use of media

Effective media formats include talk shows, tele-dramas, docu-dramas and televised question and answer fora. Present sensitive/difficult topics in the form of dialogues with experts.

Research

Conduct socio-cultural research and focus group studies to generate relevant qualitative information. Repackage the findings to maximize

(Please turn to the next page)
their impact on policy-makers and legislators.

Study the roles of peers, family members, the mass media and so on. Examine relevant socio-cultural norms. At all times, data used must be accurate.

Find out why adolescents do not make use of existing health centres. The findings will help in developing strategies to stimulate demand for health services among adolescents.

- **Strengths**
  
  Governments and NGOs have their respective strengths. Governments have the resources, while NGOs have the facility for fast, effective and meaningful action. NGO advocacy should not be seen as criticism of government performance.

  Encourage inter-sectoral interventions among the education, health and social services sectors.

- **Allies**
  
  Make media professionals strong allies and active advocates by providing relevant training on a regular basis. Use the media to win public opinion. Parents also make good allies, particularly those who have the skill to guide their children's growth and development, particularly in relation to sexual behaviour and reproductive health.

(Continued on opposite page)

### IMPLEMENTATION GUIDELINES – MAJOR HIGHLIGHTS

#### For advocacy strategies

- ARH policies and strategies that are widely accepted by the public are easier to implement. To achieve this, persuade education ministries to incorporate ARSH in the curriculum and forge alliances with policymakers. Use popular media to win public opinion and collaborate with like-minded agencies. Offer regular briefing and training to media professionals and work with celebrities to convey messages to adolescents, and to lobby for resources. Ensure the suitability of advocacy activities in culturally- and politically-sensitive settings.

- Conduct advocacy at the following levels: (i) policy makers, (ii) change agents (e.g. media professionals) and (iii) parents, peer groups, and youth and community-based leaders. Develop an outreach network for youth centres and set up a follow-up mechanism.

- Engage the expertise of active advocates. Approach governments, funding institutions and private organisations to support special funds for ARSH programmes.

- Make parents more sensitive to their children’s needs and encourage open communications between them and their children.

- Make advocates out of the youth and organise them into strong lobby groups.

#### For IEC strategies

- Address the needs of adolescents as a group and as individuals, particularly those who are vulnerable.

- Develop user-friendly training materials to help programme managers overcome political, religious and cultural barriers. Improve their capability to use these materials. Encourage experimental and innovative approaches.

- Supplement adolescents’ knowledge and enhance their development by teaching life planning skills and safe sexual behaviour.

- Develop materials on sensitive and difficult topics, such as the consequences of early marriage and unwanted pregnancy.

- Use appropriate yardsticks to measure impact and success by evaluating processes and intermediate results. The project beneficiaries are the living indicators of the success of any initiative.
Lessons Learned

Sustaining momentum

Carry out advocacy programmes based on a work plan and document them so that they can be evaluated objectively and experience can be shared.

Indicators of success

Evaluate a programme based on process indicators (e.g. community mobilization) and the effectiveness of the programme itself and its products.

Youth-friendly education and counselling strategies

Train teachers to handle ARSH issues competently and objectively. Select teachers with the right qualifications (e.g. open-mindedness, warmth, sense of fairness). Balance the training between knowledge of adolescent problems and needs and practical skills in dealing with them. Heavy emphasis on methodology and teaching strategies reduces the attention to the content of training.

Use youth-friendly information and service delivery methods. Supplement lectures and classroom teaching with interactive techniques.

Draw up and circulate guidelines on how to better respond to adolescent needs. Service providers should have up-to-date information on adolescent needs and relevant medical issues. They should be trained to communicate with adolescents and to respect confidentiality.

Coordinate activities carried out by like-minded organisations to ensure that they are mutually supportive. Encourage the sharing of experiences and wider coverage of adolescents.

WEB LINKS

Teen Fad On-line
http://www.teenfad.ph
Foundation for Adolescent Development, Inc.
1140 R. Hidalgo St., Quiapo,
Manila 1001, Philippines
Tel. (632) 734-1788
Tel./Fax. (632) 734-8914
E-mail: arts@teenfad.ph

Teen Fad On-line offers what most teenagers want in the way of entertainment and education. The presentation is light and concise yet enlightening and entertaining. The news and features section carries the main stories (e.g. the SexTers’ Congress which was attended by around 1,000 student leaders from 56 Manila universities).

“E-Mail-A-Friend” offers on-line assistance while providing entertainment. Also in this website are the “Resource Network Button,” which lists agencies and organisations that provide adolescent guidance, and “Teenvoice”, an on-line discussion board. Information and updates about FAD and its projects are also provided.

Documents, articles and papers on sexuality, AIDS, health and adolescent development and other topics are found in the archives.

TEEN LINE On-line
“Teens Helping Teens”
http://www.teenonline.org
Teen Line On-line
(800) TLC-Teen (California)
Teen-line Fax. (310) 423-0456
E-mail: TeenLineCA@aol.com

Teen Line® was set up in 1981 to help teenage victims of sexual abuse, drug abuse, unwanted pregnancy, AIDS, alcoholism, depression, divorce, and those with suicidal tendencies. Yearly, this website receives over 10,000 visits. While not offering therapy or advice, it cultivates a caring relationship with troubled teens to help them think clearly and logically. Teen Line® staff screen some 80 teenagers every year for hotline and outreach training. The lines are manned daily under the supervision of professional counsellors.

A bulletin board discusses new topics weekly and invites teens to express their views and opinions.

HELP on-line addresses issues and questions posed by teens in relation to abuse and violence, drugs and alcohol, relationships, eating disorders, sex and the body and so on. The Gallery displays pictures from outreach activities that are designed for 6th to 8th graders, 9th to 12th graders, teenagers, religious groups, youth groups, adults, mental health service providers, peer helpers and law enforcers. Other features are a chat room and a welcome to new volunteer listeners.
This BBC and IPPF-sponsored website provides information on sexual health and development and useful references concerning sexual and reproductive rights. The aims are to (i) improve people's knowledge and understanding of their bodies and emotions; (ii) promote discussions on sexual and social concerns; (iii) raise awareness of safe sex and STD risks; and (iv) respond to people's anxieties about sexual health and assist them to make more informed choices about their sexuality. It lists radio programmes that deliver sex education messages.

The Sexwise guide offers an overview of the project and presents opinions of different groups of people. Website users benefit from advice on such topics as puberty, virginity, menstruation, male and female contraceptives, and so on.

Global views are based on IPPF's Daily News Service, which provides latest information on sexual and reproductive health from the international media and updates on IPPF and the work of IPPF National Family Planning Associations. Two themes that are frequently discussed are sex education/rise in promiscuity and emergency contraception.

The Network for Family Life Education teaches adolescents how to become sexually healthy and avoid STD infection and pregnancy. The network provides educational resources, training and technical assistance. It advocates comprehensive sexuality education in schools and communities.

Information is accessible through many entry points: Current Issues contains articles of interest to teenagers, including those that deal with self-awareness, sexuality, teen talk, dating, and so on; the Library provides information on abstinence, AIDS/HIV/STDs, condoms and birth control, health and happiness, to name a few topics; the Post invites teenagers to share their views on interesting questions (a new question is posted every month); Books and Links lists recommended books on sex-related topics references concerning teenage pregnancy and other websites that offer advice to teenagers.

Teeners are invited to contribute articles and interviews on a variety of topics (from dating to drugs), comments and quotable quotes and are paid $30 for every published item.

Credits:

Contributors:
Bangladesh: Dr. M. Bashed, Consultant Embryologist, Infertility Treatment Research Centre, Dhaka; Cambodia: Kong Villa, Reproductive Health Project Officer, Save the Children Fund (UK)-Cambodia; Dr. Joerg Maas, Director of Project Management and Development, DSW, Hanover, Germany; Laure Beaufils, UNFPA, Cambodia; India: Tarun Kumar Maiti, Coordinator, Central Health Resource Centre, West Bengal Voluntary Health Association; Dr. M.C. Pandey, Director, Population Education Resources Centre (PERC), New Delhi; Iran: Dr. Siamak Alikhani, Deputy Director-General of School Health and Head of Adolescent Health Expert Group, Ministry of Health and Medical Education; Malaysia: Lucy Loh-Wong, Soroptist International Club of Bangsar, Kuala Lumpur; Maldives: Shehenaz Abdulla, Project Coordinator (Population Education), Ministry of Education, Male; Mongolia: Dr. Ch. Oyun, Health Educator for Reproductive Health, Health Management Information and Education Centre; Philippines: Tomas Osias, Executive Director, Commission on Population; Helen O. Orande. Project Director, Foundation for Adolescent Development (FAD), Inc.; Jose Narciso Melchor C. Sescon, MD DPOGS, Executive Director, Remedios AIDS Foundation, Inc.; Sri Lanka: Dr. W.M.P. Bandara, Medical Officer, Maternal and Child Health Care, Deputy Provincial Director’s Office, Anuradhapura; Thailand: Ms. Yupa Poonkum, Family Planning and Population Division, Department of Health, Ministry of Public Health.

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/infores/rechpec Tel. (66-2) 391-0577 Fax. (66-2) 391-0866 E-mail address: rechpec@ksc7.th.com or rechpec@unesco–proap.org