

IMPROVING ACCESS OF YOUNG PEOPLE TO EDUCATION AND SERVICES FOR SEXUAL AND REPRODUCTIVE HEALTH, HIV AND GENDER:

*Promising Practices in
Indonesia, Thailand and Vietnam*



International Council on Management of Population Programmes

Improving Access of Young People to Education and Services for Sexual and Reproductive Health, HIV and Gender: Promising Practices in Indonesia, Thailand and Vietnam

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LIST OF ABBREVIATIONS

ACHI	Adolescents Choose Health Initiative
ADRA	Adventist Development and Relief Agency
ARH	Adolescent reproductive health
ASRH	Adolescent sexual and reproductive health
CHIC	Confidential Hotline and Internet Counselling
CHWs	Community Health Workers
CSWs	Commercial sex workers
DHS	Demographic and Health Survey
FFAY	Framework for Action on Adolescents and Youth
FKW	Forum Komunikasi Waria
FP	Family planning
FTC	For Teen Centres
GBV	Gender-based violence
IDUs	Injecting drug users
IEC	Information, education and communication
MoET	Ministry of Education and Training
MoPH	Ministry of Public Health
MSM	Men who have sex with men
NGOs	Non-governmental organisations
NTB	Nusa Tenggara Barat
PATH	Programme for Appropriate Technology in Health
PDA	Population and Community Development Association
PKBI	Perkumpulan Keluarga Berencana Indonesia
PWG	Provincial Working Group
READY	Relating Adults and Youth
RH	Reproductive health
SAVY	Survey Assessment of Vietnamese Youth
SRH	Sexual and reproductive health
STDs	Sexually transmitted diseases
STIs	Sexually transmitted infections
SWs	Sex workers
TFR	Total fertility rate
TIDAR	Tiga Dara
TOT	Training-of-trainers
TTAA	Thai Teens against AIDS
VCT	Voluntary counselling and testing
VFPA	Vietnam Family Planning Association
YAPS	Youth-Adult Partnership with Schools
YCC	Youth Community Centres
YFCD	Youth Family and Community Development
YPRH	Young People's Reproductive Health
YSS	Yayasan Srikandi Sejati
YTL	Youth trainer leader
YYLs	Young Youth Leaders

PREFACE

Realising the importance of South-South cooperation and collaboration, ICOMP engaged itself in a short project on **Capacity Enhancement Utilising South-South Modalities**, which consists of four components, namely: (i) Inter-linkages between population dynamics and development in national planning; (ii) Assessing capacity enhancement needs and database on possible assistance providers for 2010 round of population census; (iii) Assessing institutional capacity for reducing maternal mortality and morbidity; and (iv) Improving access of young people to education and services for sexual and reproductive health, HIV and gender.

The objectives of the project were to create a pool of resources for technical assistance, documenting best practices and sharing of experiences for enhancing regional capacities using South-South modalities. This project was funded by the Asia and the Pacific Regional Office (APRO), United Nations Population Fund (UNFPA).

This publication on ***Improving Access of Young People to Education and Services for Sexual and Reproductive Health, HIV and Gender: Promising Practices in Indonesia, Thailand and Vietnam*** is a result of the fourth component: Improving access of young people to education and services for sexual and reproductive health, HIV and gender.

This publication documents promising practices of adolescent sexual and reproductive health in three selected countries in the Southeast Asia – Indonesia, Thailand and Vietnam – using the UNFPA Framework for Action on Adolescents and Youth as guidelines. The promising practices can be utilised to set the stage for possible South-South collaboration to improve access of young people to sexual and reproductive health, gender-based violence prevention services, and gender-sensitive life-skills based sexual and reproductive health education as part of a multi-cultural approach to the development of young people.

We wish to express special thanks to the Asia and the Pacific Regional Office of UNFPA for financial support and guidance.

ICOMP
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November, 2009

EXECUTIVE SUMMARY

In the Asia and the Pacific Region, a momentum has been created for the promotion of sexual and reproductive health (SRH) of young people through various channels, using a combination of mechanisms to raise awareness and knowledge, provide information and education. However, these responses are often piecemeal and are funded through donor support, and their coverage remains sporadic.

In 2008, the International Council on Management of Population Programmes (ICOMP), received support from the Asia and the Pacific Regional Office, UNFPA to document promising practices of adolescent/youth SRH programmes in three countries that contribute towards improving access of young people to SRH, gender-based violence (GBV) prevention services, and gender-sensitive life-skills based SRH education as a part of a holistic multi-cultural approach to the development of young people. Using the UNFPA Framework for Action on Adolescents and Youth (FFAY) as a guide, the project documented promising practices in Indonesia, Vietnam and Thailand.

In **Indonesia**, the two programmes selected for documentation addressed the unmet needs of young people in vulnerable and marginalised communities – transgenders living on the fringes of East Jakarta and high-risk groups in West Lombok. Both programmes apply the outreach/peer educator approach to spread information and influence behaviour, by building networks to increase awareness and knowledge of contraceptive methods among the target groups.

The social influence from peer educators and volunteer outreach workers, who themselves are from the target group, has exerted great influence over others in the group to conform to contraceptive use – turning intentions (to practice safe sex) into action, and increasing inter-personal communication about condom use.

Outreach activities, peer education, participation of young people and adult-youth partnerships were among the combination of approaches applied in the three programmes carried out in **Thailand**. Direct, personalised outreach activities were instrumental in building trust between volunteer outreach workers and the target group (vulnerable young people) through discussion of health issues and promoting the programme services.

Youth-adult partnerships laid the foundation for greater understanding among young people and their parents, and promoted better community involvement. The ability of young people to participate and contribute becomes significantly enhanced when healthy partnerships are developed with adults in authority.

Despite the many activities and programmes geared towards young people, unwanted pregnancies among young Thai women under-18 years of age is on the rise. Data from the Chulalongkorn University indicated that approximately 8,000 new cases were reported each year; physical violence among young people, drug and alcohol abuse was also on the increase. First sex encounter among young Thais was reported as early as age 14 years. Casual sexual relationships have brought with them a rise in sexually transmitted infections (STIs) among young people, largely attributed to lack of condom use.

Although initiatives have been made to introduce SRH education and information at school level, these attempts were seldom sustainable and the problems resumed when these young people entered university.

Programmes in **Vietnam** have made significant in-roads through the introduction of sex education in schools to ensure that adolescents in the target areas (of Cao Bang Province) have the knowledge, attitude and skills to improve their physical, social and emotional well-being. Using a two-pronged approach of peer educator networks in schools, and community health education sessions (delivered through the Women's Union), the programme aims to improve relationships between parents and children by increasing knowledge, improving attitudes, and changing behaviour.

The programme process applies a training-of-trainers (TOT) approach, which is viewed as the most appropriate approach for programme sustainability and intensified coverage at grassroots level.

Young people have unique needs that must be addressed to promote social, economical and political progress. As part of the largest youth cohort in the history of the world, today's young people need SRH information, services and support to prevent unplanned pregnancies, unsafe abortions, HIV/AIDS and STIs, GBV as well as more equitable and equal gender relations.

Government intervention is crucial to ensure that programmes for young people become sustainable and achieve the desired results. A holistic, multi-cultural approach to the development of young people needs urgent attention. Results from the documentation of promising practices in three countries identified that the initial step to be taken is to strengthen the capacity of national and regional counterparts to link SRH and HIV prevention services for young people with other government sector programmes and institutions. This is especially important through education, health, employment and sports ministries, to promote and improve access of young people to SRH, HIV and GBV services, as well as gender-sensitive life-skills based SRH education.

CHAPTER 1

INDONESIA

ASRH Situation and Issues

Status of Adolescents in Indonesia

Indonesia's population, estimated at 225.6 million¹, makes it the fourth most populated country in the World. The country's 6,000 inhabited islands comprise 300 ethnic groups speaking 350 languages², with more than 67 per cent living in rural areas. Population growth estimates indicate that by year 2020, there will be 41.4 million young people in the age group of 15-24 years, which will constitute 15.8 per cent of the total estimated population.³

A large concentration of Indonesia's youth live in poverty. In 2002, the World Bank listed Indonesia as having 7.7 per cent of its young people living below the poverty line.⁴

Indonesia's dramatic political-economic changes in recent years have also brought enormous social change. Most acutely affected by these changes are young people about to enter their reproductive years. The era of globalisation and information has transformed cultural values and traditional norms which have long been upheld as the accepted way of life, and still continues to be practised in some rural parts of the country.

By the year 2006, it is estimated that young people aged 10-24 years will account for close to 29 per cent of the population, yet little has been done by way of national policies and programmes to address their reproductive health (RH) needs. Young people are not well prepared to face RH challenges. Fifteen per cent of illegal abortions are carried out on girls below age 20 years. Due to drug use and unprotected sex, prevalence of HIV/AIDS has increased among young people. Although the prevalence rate of HIV/AIDS among the general population remains low at 0.1 per cent, challenges remain to keep the epidemic confined to high-risk groups, and prevent it from spreading to the general population.

Young people in Indonesia today, particularly those in the urban cities, are growing up in different surroundings with more space and freedom to develop and exercise their individuality. Their frame of reference has vastly changed from those of their parents and grandparents, with increased opportunities for education and exposure to the mass media. Their new points of reference are their peers, young people in the Western world, global information, and the world-wide web.

This freedom to express themselves has taken root in wider socialisation between the sexes, marked by a delay in first marriage; freedom in choosing a spouse; increasing number of love marriages (as opposed to arranged marriages); delayed birth of first child; more young women opting for a career before settling into a marriage. Although high value is still attached to marriage and parenthood, there is increased encouragement among Indonesian parents for their children to place great value on attaining higher education and knowledge, and building a career.

The freedom to engage more freely with the opposite sex has brought its own set of issues – young Indonesians now have to cope with an extended period of high sexual drive before marriage. Great stress is placed on young women in particular, to meet the social expectations of remaining “a virgin until marriage.”

For young men however, virginity is not an issue, although men prefer to have a virgin for a wife. It is socially acceptable for a man to have paid sex with a commercial sex worker (CSW), or engage in premarital sex.

Young Indonesians' knowledge of sexuality is limited because sex education is not formally taught in schools, except in some Christian religious schools. In most households, communication between parents and children is limited (commonly associated with Asian values), particularly communication on sexual issues. Parents themselves are reluctant and somewhat embarrassed to discuss sex since they themselves have never experienced receiving this information from their own parents.

Talking about sex is widely considered a private matter, and meant to be discussed in private. That is largely the reason why policies related to SRH are seldom designed to suit health or educational concerns.

Alongside the strong social values attached to marriage, there is an equally strong social stigma attached to premarital pregnancy. Contraceptive use is only targeted towards married couples, and only married couples can access family planning (FP) services. Therefore, unmarried adolescents who find themselves pregnant have opted for or been pressured into a marriage, or have attempted life-threatening and dangerous abortion techniques using traditional herbs and massage before coming to a clinic.

Among young people in Indonesia, little is known about STIs and HIV/AIDS although these issues are of grave concern. UNAIDS estimates that the overall prevalence of HIV/AIDS is low among young people, that is 0.07 per cent for males and 0.08 per cent for young women aged 15 to 24.⁵ Among high-risk groups, including CSWs and injecting drug users (IDUs), prevalence rates have been rapidly rising. And the sector of the population that is most at risk to the dual dangers of drug abuse and HIV/AIDS are adolescents and young people.

Drug abuse is a problem in urban Indonesia and is spreading to rural areas. The increase in drug rehabilitation centres (for young people) bears testimony to the increase in drug use. An interesting fact but one of great concern and urgency is the low number of females seeking rehabilitation. On the face of it, it may appear that less women are into drug dependency. However, upon closer inspection, these low rates are alarmingly due to female drug users being able to afford drugs by selling sex. Male drug users resort to theft and petty crimes to feed their addiction, and thus are unable to escape the authorities. Therefore, more males are apprehended and forced into rehabilitation unlike the females.

Issues Affecting Adolescents in Indonesia

Gender inequality

Gender gaps continue to exist in education, health, employment and politics. The challenge is to narrow the gender inequalities and promote the empowerment of women in all sectors.

Indonesia remains a patriarchal society and women are designated specific domestic roles and responsibilities. Despite the growing number of women professionals, marriage, childbearing and childrearing are still upheld as prerequisites that determine a woman's status. While women's opinions are allowed, indeed invited on day-to-day mundane matters; major decisions remain the domain of men.

Female children are expected to assist with household chores (they are trained from an early age) and are usually responsible for tendering to younger siblings. Females are more or less conditioned to devote themselves to domestic issues, household matters and care-giving. In Indonesia, a woman is highly valued if she exemplifies passivity and submissiveness.

It is hardly surprising therefore, that policies and laws that promote the enhancement and development of women have not had the desired impact. Tradition, culture and religion continued to establish that a woman's place is within the domestic arena; pregnancy, delivery and childbearing are instilled as God-given responsibilities for women to bear.

Education opportunities

While only a small gap exists in education between young men and women, larger gaps exist at the higher level of education, and the total number of years of schooling for female students is lower than their male counterparts.⁶ Indonesian women are taught to submit, maintain harmony within the family, devote her life to her home and family rather than be involved in social and global issues. Noticeable gaps therefore exist in the male/female ratio in employment, professional careers and within the political sphere.

Employment

In the formal workforce, the number of women registered lower than men although this figure is gradually rising with more women remaining enrolled in schools and securing higher education.

Although Indonesia has had a female President, political decision-making still falls within the male domain. Few women are involved in politics, leaving young women with few female role models to emulate.

Marriage, fertility, and age at first birth

Despite the evolving socio-cultural environment, young men and women who are economically independent and have secure professional careers still consider marriage and childbearing a must, and would feel incomplete remaining single. Pressure from a religious point of view, from family, friends and peers remain strong, and young people are 'motivated' to marry rather than remain single.

Traditional social values compel young women to enhance their femininity by paying close attention to beauty and image; attracting a husband while preparing for marriage becomes a 'career path' to which many young women aspire.

The median age at first marriage for women in rural areas is 17 years and 20 years in urban areas, although this figure is steadily rising. Although Indonesia's total fertility rate (TFR) is decreasing (it is projected that by year 2020, the TFR will reach replacement level – 2.1 births per woman⁷), maternal mortality continues to be among the highest in South-East Asia. The prevailing rate is estimated at 300 to 400 maternal deaths per 100,000 live births. This means that a woman dies every hour from pregnancy-related issues including complications during delivery, late referral to hospital services, and poor emergency obstetric care.⁸

Indonesia's Demographic and Health Survey (DHS) covers only married women of reproductive age, therefore fertility data among teenagers and young adults who are still single are unavailable. However, the age-specific fertility rate for women in the age group of 15-19 is 51.⁹

Young women are especially vulnerable to the risks of maternal morbidity and mortality. There is continued concern for this age group because studies show that teenage pregnancy increases the risk of maternal mortality by two to four times, compared with pregnant women aged 20 years and above studies have also revealed that infant morbidity and mortality of babies born to teenage mothers are higher.^{10; 11}

Unmarried adolescents who are pregnant face deep stigmatisation. Since health services are only open to married women, unmarried teenagers who are pregnant have little option but to resort to illegal abortions which pose great risks to their health and life.

Policies Addressing ASRH

In Indonesia, programmes and policies addressing adolescent sexual and reproductive health (ASRH) have been sporadically implemented. A successful national ASRH programme is still absent.

It would be ideal to incorporate both RH and gender concepts into the school curriculum, given that unsafe sexual behaviour persists because of, or at least due in part to, limited information and knowledge on sexuality and RH. Discussions are on-going to mainstream gender concepts into the school curriculum and

the National Center for Physical Quality Development in the Ministry of National Education has developed materials to meet this aim. The inclusion of sexuality and RH into mainstream education would also be an important and timely step to address gender imbalance, sexual harassment and assault and other sexual crimes that have a direct bearing on the sexual double standards existing between males and females.

If RH and gender education is included in the school curriculum, younger generations to come will have a better understanding of the risks involved in unsafe sex and drug abuse; males and females will also have a more balanced view of shared responsibility in marriage, child-rearing and family life.

The legal age at marriage for women is currently 16 years. If this is raised to 18 years, young women will have a greater chance of completing high school (at least) before deciding to marry.

Regardless of marital status, women and men should have equal rights to FP and RH information and services. Currently, Indonesia's law restricts FP services for married couples only. Male and female adolescents need to learn that RH responsibilities are a shared concern of both men and women. Community, media and education institutions are instrumental in reflecting and promoting these ideal standards.

Abortion is illegal in Indonesia. *"In the case of emergency, and with the purpose of saving the life of a pregnant woman or her foetus, it is permissible to carry out certain medical procedures"* (Article 15, Section 2, paragraph (1) of Law No. 23/1992). Interpreted, an abortion can only be legally performed if the woman's life is in danger.

This helps to explain why unmarried young women who have become pregnant often turn to traditional healers or other non-professional health practitioners to seek abortions. Although abortion is illegal, it is an 'open secret' that this procedure is widely carried out by both medical and non-medical personnel in Indonesia.

The Indonesian government recognises the critical situation faced by young people. What is urgently needed is a strong political commitment to address religious and cultural concerns, to stress the importance of including RH education in the national education curriculum, and the provision of youth-friendly ARH services.

Themes of ASRH education need to be expanded. Sexual health (and HIV) education focuses on the biology of sexual reproduction, anatomy and physical changes at puberty. Grossly missing are the moral aspects of sexuality – understanding relationships, negotiating sexual decision-making, gender quality, and understanding reproductive and drug-risk behaviour.

Sexuality as a natural phenomenon and a means for reproduction and pleasure should be balanced, with a clear emphasis on safe sexual behaviour and minimising risky sexual behaviour. Currently, the moral theme that is being delivered is that marriage is the only relationship in which sexual intercourse is permitted.

Mapping of Responses: Addressing the Unmet Needs of Young People in Vulnerable and Marginalised Communities

1. Preventing HIV/AIDS among Young People (Sexual Minorities): a Collaboration between UNFPA and Yayasan Srikandi Sejati

Transsexuals, transvestites and transgenders are called 'waria' in Indonesia. The word 'waria' is derived from a combination of two common words – 'wanita' for woman, and 'pria' for man – as such wanita-pria shortened to 'waria.' In Indonesia, the world of the 'waria' is one of hardship, social exclusion, stigmatisation and discrimination.

Taunts and abuse are experienced from a very early age – from as early as childhood when inclinations of male children begin leaning towards femininity and feminine traits. When an individual chooses to express his or her gender in ways that deviate from the norm, it increases their risk of sexual abuse and torture. Human rights abuses continue to rain down upon transgenders in Jakarta. Despite positive steps that have been taken by the government of Indonesia to protect its citizens against human rights abuses, this net of protection has missed those members of sexual minorities. While ordinary citizens have the freedom of expression, even this basic rights has been denied the transgender community.

To be “different” is to invite abuse (verbal and physical), humiliation and degradation.

Definitions of Sexual Disposition

Transsexual – identifying with a sex or gender role other than the one that was set out for an individual at birth.

Transvestite – the practice of cross-dressing, which is wearing the clothing of the opposite sex.

Transgender – a general term applied to a variety of individuals, behaviours, and groups involving tendencies that diverge from the normative gender role (woman or man) commonly, but not always, assigned at birth, as well as the role traditionally held by society.

Education among transgenders is usually low, with many dropping out of school to avoid taunts and abuse. Among the East Jakarta community, perhaps less than 1% have attained high school (secondary school) or reached tertiary level. Given this lack of education, the only forms of employment open to transgenders are within the informal sector such as assisting in beauty salons or as street entertainers. Sex work ranks high among them with many working by day in the beauty trade and by night, either performing in the streets or engaging in sex work.

Recognising that the existence of transgenders could no longer be ignored, Yayasan Srikandi Sejati (YSS) was founded in late 1998 specifically to address issues of discrimination and marginalisation of transgenders, transvestites and transsexuals.

YSS is run by transgenders who understand the need among the community for acceptance and a chance to lead lives of dignity. YSS firmly believes that transgenders have the right to develop skills through education to fulfil their dreams of a better life, the right to integrate into society, and the right to live in fairness and acceptance by the general public. In this respect, YSS’ mission is to provide additional education to transgenders through skills-building, religious knowledge, and healthcare services.

Records from the Jakarta Communication Forum for transgenders show that there are approximately 5,000 transgenders in Jakarta, 30% of which are in the age group 15 to 24 years.¹³

In 2006 YSS, in collaboration with UNFPA Indonesia, embarked on a programme *HIV/AIDS for Young People* targeting 1,000 young transgenders in East Jakarta. The programme applies the outreach approach, using transgenders as volunteer outreach workers and peer educators. Once a week, outreach workers visit areas where the ‘waria’ congregate to distribute condoms, disseminate information and to listen to issues that range from personal difficulties, lack of finances and other more serious issues such as STIs and HIV. In East Jakarta, ‘Stasiun Jatinegara’ (Jatinegara railway station) is the meeting point which comes alive as the sun goes down.

The ‘waria’ estimate that among their community close to 80% are infected with some form of STIs, with HIV a common affliction (*information recorded from interviews with ‘waria’ community*).

Discrimination is not a natural principle of human interaction. It is a social construct.

One of the major causes of the high incidence of STIs is attributed to the inability to afford lubricants, which is expensive and quite out of reach of the ‘waria’. To compensate, they use hand and body lotion – a more affordable and much easier accessible alternative. However, hand and body lotion is totally inadequate, offering no protection to the ‘waria’ (or their sexual partners). Further, the high perfume content in hand and body lotions cause serious lesions that usually turn septic.

The programme outreach workers discuss STIs with the 'waria' and make referrals to 'waria-friendly' clinics for treatment. One of the clinics regarded as 'waria-friendly' is run by Yayasan Pelita Ilmu. Treatment is not free, a nominal fee is charged. This makes accessing medical aid largely dependent on the means to pay and the ability to access treatment, services and benefits. Between seeking treatment and spending their small earnings on, for example, a cosmetic item or a visit to the beauty salon, cosmetics and the need to 'look good' would take precedence. However, despite being infected and with no ability to purchase lubricants, or condoms, or seek treatment, 'waria' continue to service customers because, *"we need the money."*

The feeling of 'togetherness' and 'community' is what keeps the 'waria' together. YSS is "their" centre. Here the 'waria' are among like-minded friends; people who can empathise and understand the stresses and difficulties of life on the streets. In the cramped space that houses the YSS office, 'waria' lounge on the worn chairs and sofas, watching television, smoking, sharing a meal or just hanging out. Laughter rings out constantly and everywhere you look, a beautiful, smiling face looks back at you.

YSS is determined to reduce discrimination and protect the 'waria', especially when different social rules are applied to this vulnerable and marginalized community. The Indonesian Civil Administration Law (RUU Ahminduk) has no provisions that would enable 'waria' to legally reflect their gender in official documents. A good example is Lulu who works with YSS. She is a beautiful young woman – but her documents identify her as a male.

The Transgender Community of Kampong Perumpong, Cipinang Besar, Jakarta Timur

Kampong Perumpong is a warren of congested alleyways with sharp twists and turns. People live in tiny cubicles, the size of cardboard boxes, with mud floors; where much of their belongings spill out of their living space. Children roam freely, most clad only in the barest of garments – many with eye or nasal infections. The very young ones are left much on their own to play in the dirt and a crying child receives little, if any, attention.

This is home to Jakarta's forgotten people – those living on the edge of society. At the end of this dank, dark, sprawling collection of lean-tos, live the 'waria' community of East Jakarta, on the very edge of a polluted river. There are a total of 17 'waria,' with ages ranging from 20-40 years and mostly all have migrated to the city from outlying provinces. They find solace and comfort in the company of each other, sharing food and the already over-crowded living space.

Their stories are more or less the same – being drawn to feminine ways from an early age and accepting in their hearts and minds that they are women. However, the common thread that links their lives are sad tales of family rejection, physical and sexual abuse, humiliation and degradation. Some were 'introduced' to homosexuality through sexual coercion and abuse. Some gravitated towards the life because of the kindness extended to them by the 'waria.'

Bunga is 20 years old and is the youngest in the community. *"My 'waria' sisters are my family now. I need them so much to make up for the isolation and sadness of having lost my own family".*

Tuti has been a 'waria' for almost 8 years. *"I still go to the 'masjid' (mosque) to pray and on those occasions, I dress as a man. However when I need to shop for clothes, I dress as a female. It is hard sometimes to put up with the taunts and insults. Shop assistants can be particularly hurtful. I am saving for a sex change in Thailand. Now I go for silicone injections."*

Melati is 24 years old and lives with her boyfriend. She reached junior high school and left at the age of 14. *"I have felt like a female for as long as I can remember. I played with girl toys as a child. My boyfriend was a former client. We started to work together, singing in the streets. He is very jealous so I try not to let him know when I engage in commercial sex. If a client refuses to pay me, I never put up a fight for fear of drawing attention to myself."*

Lulu's work requires her to travel quite extensively within and outside Indonesia. Although she has not experienced any untoward issues with the authorities to-date, she admits it is sometimes difficult to ignore the knowing looks that come her way.

A research conducted by Forum Komunikasi Waria (FKW – Transsexuals Communication Forum, Jakarta) shows that almost 70% of 'waria' living in Jakarta do not possess any legal citizenship documents, including identification cards.¹⁵ Consequently, transgenders continually find themselves faced with a range of barriers and obstructions – not least among these, the inability to avail public health services, treatment and benefits.

Together with other non-governmental organisations (NGOs) working on issues that affect sexual minorities, YSS has called on the Government of Indonesia to address several recommendations to uphold the rights of lesbian, gay, bisexual, and the transgender community.

“Neither the existence of national laws nor the prevalence of custom can ever justify the abuse, attacks, torture and indeed killings that gay, lesbian, bisexual and transgender people are subjected to. States have a legal duty to investigate and prosecute all instances of violence and abuse with respect to every single person under their jurisdiction. Excluding lesbian, gay, bisexual, and transgender individuals from this protection clearly violates international human rights law as well as the common standards of humanity that define us all”

Ms. Louise Arbour

UN High Commission for Human Rights, International Conference on LGBT Human Rights, Montreal, July 26, 2006

2. Distribution of Contraceptives (Condoms) to High-risk Groups in West Lombok

Distributing contraceptives, namely condoms, is an initiative of Perkumpulan Keluarga Berencana Indonesia (PKBI), that is Indonesia Planned Parenthood Association, Nusa Tenggara Barat (NTB). PKBI was founded in late 1969 as part of the International Planned Parenthood Federation. PKBI is a non-for profit NGO working in the field of demography, FP and RH, particularly youth RH. It is supported by clinics (providing FP services and RH care), youth centres and seven branches in six districts, with one municipality.

PKBI's vision is to establish a society that fulfils basic reproductive and sexual needs, as well as reproductive and sexual rights in an environment of gender equality. To realise this vision, PKBI works towards developing wholesome family units within the Indonesian society, empowering communities and developing partnerships with relevant stakeholders and organisations including local government (at province and district levels), local and international NGOs.

PKBI's strategic plans covering 2001-2010 are focused on the following areas:

- Child and youth empowerment in RH;
- Access to quality information, education and care in RH;
- Develop preventive and control mechanisms for sexually transmitted diseases (STDs) and HIV/AIDs;
- Develop mechanisms to overcome unintended pregnancies; and
- Advocacy with relevant stakeholders.

The province of NTB comprises two major islands – Lombok and Sumbawa – with Lombok having the major share of inhabitants at approximately 70% (of total NTB population).¹⁶ Lombok's rush to become a popular tourist destination has brought with it an equal rush of new entertainment outlets – numerous resorts, bars and other places offering a range of adult entertainment have mushroomed on the island. As it fast becomes an important tourist destination, Lombok is facing a number of major challenges that relate to STIs, and HIV/AIDs.

The first case of HIV came to light in 1996, followed by a sharp increase in 2004. Most cases were concentrated among vulnerable groups of sex workers (SWs) and their clients, IDUs, and the gay and transgender communities. There are fears that with Lombok's growing sex and drug industry, problems related to HIV transmission could further escalate.

Senggigi and Narmada are prime tourist spots with a high incidence rate of STDs and HIV/AIDS. Lembar, the harbour area servicing Lombok and Bali, is acknowledged as more populated with CSWs. An initial study carried out by PKBI in the above mentioned three areas revealed a low knowledge of STDs and HIV/AIDS transmission and prevention and the inability to recognise common symptoms of STDs. Use of condoms was recorded as low, with the majority of respondents not using condoms during sexual intercourse with regular partners (girlfriends, wives) and CSWs. Frequency of condom use among other groups, for example, the gay and transgender communities, CSWs and their clients, was also recorded as low.

Based on these findings, these areas were selected as project areas.

The programme in West Lombok

In 2008, PKBI entered into an agreement with Losmen Tiga Dara (TIDAR), a NGO in Lembar (the harbour area of Lombok), to collaborate on the HIV/AIDS programme – provision of information, education and communication (IEC), and to promote social marketing of contraceptives, especially condoms. The target group of the programme are high-risk groups in Lembar – the gay community, transgender people, IDUs, young CSWs, ‘ojek’ drivers (a form of motorised rickshaw), and others.

Focus of the programme is on the importance of condom use, and the promotion of other forms of contraception, with emphasis on the prevention and spread of STIs and HIV/AIDS. The programme works on the provision of condoms by PKBI at a reduced rate to TIDAR. TIDAR then promotes education on the use and sale of condoms to the identified high-risk groups, either directly or through Youth Community Centres (YCC).

Understanding that the building of social networks can have a high impact on contraceptive use – by spreading information and by influencing behaviour, PKBI and TIDAR developed a peer educator/volunteer outreach workers and community leaders approach (community-based, traditional marketing) to build networks to increase awareness and knowledge of contraceptive methods among the target groups. Given the high mobility of the target groups, the peer educator/outreach approach is adopted as a channel to change attitudes towards contraception and condom use, turn intentions (to practice safe sex) into action, and increase interpersonal communication about condom use.

The social influence from peer educators and volunteer outreach workers who themselves are from the target group, exerts great influence over others in the group to conform to contraceptive use. This form of social networking aims to improve IEC of condom use.

Some of the activities include the provision and distribution of IEC materials, development of a youth centre, provision of on-site condom services and provision of referrals to STDs and voluntary counselling and testing (VCT) clinics. The project also promotes group discussion with community and religious leaders, as well as interaction with government authorities.

By the end of 2008, the project:

- Trained 90 peer educators and reached close to 25,000 members of vulnerable groups;
- Distributed more than 15,000 condoms;
- Referred more than 300 clients to STDs clinics, and
- Referred more than 500 clients for VCT.

The people involved

Shikin and *Toni* are both gay men in their late 20s. They work in a gay bar along the scenic coast of Kuta beach, Lombok. Both are outreach volunteers, working with PKBI on the distribution of condoms to high-risk groups.

Anang is also an outreach volunteer, working with vulnerable and marginalised groups.

Their stories appear below.

Shikin's story:

I heard about this programme in 2006. I know how it feels to be 'marginalised' and the risks that marginalised groups take that exposes them to STIs and HIV/AIDS. When I understood about this peer educator approach to promote condom use and the provision of information to prevent the transmission of HIV, something stirred inside me, prompting me to offer myself as a volunteer outreach worker.

Once a month, I go to the youth centre and talk to male and female SWs, providing them with information on condom use, distributing condoms and also advising them on where to seek services especially VCT services. I also do counselling of gay men and 'waria' people, together with their partners. Personally, I note that there is an increase in condom use (we get stocks from PKBI).

Since my involvement, I have assisted government-run programs like World AIDS Day. On the personal side, I have been trained in the beauty culture. I would like to share these skills with others like me. I feel that no matter who we are or what we decide to do with our lives, we must always look for occasions to help other people in any circumstances.

Toni's story:

When I was approached to work on this programme, the distribution of condoms was the 'bait' to encourage other gay men and those in high-risk and marginalised communities to seek information, education and communication on the prevention and spread of STIs and HIV/AIDS.

As a gay man, I was able to gain their trust and build friendships and relationships with those in the vulnerable and marginalised groups. This bonding within the group enabled us to learn from and share with each other. A crucial message that we all share is the importance and necessity of taking responsibility to protect ourselves, our partners and those we love by using condoms or other forms of protection.

The information that I have obtained from the programme has also helped me to increase my own knowledge of STDs/STIs. One of the important outcomes of the programme from my personal point of view, is that following my interventions 'waria' people often refuse to have sex unless there is a condom!

Anang's story:

I was once a long-haired, drug pushing pimp who preyed on human weaknesses. When I heard about this programme, I recall feeling great compassion and the need to turn my life around. I wanted to be the one to spread the knowledge about HIV/AIDS prevention among the high-risk groups. After all, I come from the same world; I understand the feelings of rejection and marginalisation; we all need human companionship and understanding.

I start my 'rounds' in the afternoon, going on my motorbike where I know the marginalised communities congregate – the 'ojek' drivers, the IDUs, the 'waria', CSWs (male and female, young and the more mature). I make friends with them and when I have gained their trust, I turn the conversation around and pass on my knowledge of HIV transmission and how it can be prevented, the importance of condom use, where and when to get tested. From my observation, there has been an increase in condom use. So far as I know, the marginalised groups will insist on clients wearing a condom and sometimes clients bring their own. But this group is very mobile. One day they are here, the next day they have disappeared elsewhere. It is hard to keep track of them.

My work carries on through the night and into the early hours of the next day – those are my 'work' hours. Those are the times I roam the streets of Lombok, talking to those who need to know how to protect themselves.

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CHAPTER 2

THAILAND

ASRH Situation and Issues

Status of Adolescents in Thailand

Thailand ranks as the world's 20th largest country in terms of population, with approximately 63 million people. In 2005, there were approximately 15.8 million young people in Thailand (aged 10 to 24 years), or 24% of the total population (*NESDB, 2005*). Buddhism is strongly practiced by more than 95% of Thais; culture and traditions play equally significant roles, and respect for the elders is essential to Thai spiritual practices as well as daily lifestyles.

Thailand is governed by a constitutional monarchy with a democratic tradition that has experienced recurring military *coup d'état*, the latest in September 2006. The political instability has raised many concerns, and placed special emphasis on important social issues that continue to remain unaddressed because of the country's political issues – gender equality, violence against women, and humanitarian issues. Proportionate attention also needs to be paid to issues affecting adolescents, especially in areas affecting their SRH.

The new constitution of Thailand (1997) clearly addresses gender equality that men and women have equal rights; all discrimination based on race, sex, physical, economic or social status, religious beliefs, educational level etc., are prohibited. Apart from gender equality, other national policies have also been adopted or in the process of formulation. Those already adopted are the National Policy and Plan of Action on the Prevention and Eradication of Sexual Exploitation of Children and Women 1996 and the Policies and Plans for the Development of the Family. Others in process are the National Policies on Human Rights and on Violence against Women.

The legal employment age in Thailand has been raised from 13 to 15 years of age; the new labour law provides for better protection against the exploitation of children and young people. However, the political instability and the global financial crisis in the region have had a direct bearing on many industries, forcing closure and lay-offs. Normally, the first to be laid off are women and young people, thus compounding poverty issues among women and adolescents. The persisting economic crisis has also placed a burden on and further impacted the promotion of ASRH and rights, due to resource constraints.

The structure of the traditional Thai family is changing. The extended family and conservative beliefs regarding sexual practices (no sex before marriage) are being replaced by situations that necessitate change. The borderless era of information technology has greatly influenced this change away from tradition. The advancement in information technology from the Internet, while easing and expanding the global network of communications, also has its fair share of adverse effects.

With increased information, young people are becoming more susceptible to HIV/AIDS through 'boyfriend-girlfriend' relationships; they are becoming sexually active at a younger age. Increasingly, young people are shirking their parents' Asian values by having premarital sex, often with multiple partners.

Now, cohabitation without marriage between the sexes is common. The social effect is that young women in particular place themselves in vulnerable and disadvantaged situations. This is especially so for those who have migrated from their rural homes to the urban cities for work, and live together out of marriage with their partners.

Stereotyping of women and men still exists in Thai society. The mass media in Thailand often portrays girls and women in stereotyped manners. Changes have been detected with gender-oriented television and radio programmes, as well as talk shows, that help to eliminate some stereotyped attitudes and negative attitudes towards women.

Issues Affecting Adolescents in Thailand

The country's rapid economic growth, its transition from an agricultural to an industrial society, and the impact of the global communications revolution have transformed the traditional Thai lifestyle, with more people, particularly young people, exposed to Western values. Rapid changes are occurring to cultural beliefs and an increase in RH problems has arisen among young people. Due to the growing number of young people engaging in premarital sex, there is a corresponding high risk of unwanted pregnancies as well as an increase in RH problems among this age group. Data show that young people in Thailand today view sex as a normal encounter and first sex is occurring as early as 14.5 to 16.7 years of age.

Thailand has an effective FP programme that has been successful in reducing fertility. FP services provide modern contraception and maternal and child health care – particularly for married women. As a result, the need for contraceptives and RH services for the young, unmarried population has been somewhat neglected.

This neglected group are the sexually active youth whose numbers are growing, making them perhaps the largest cohort when compared with preceding generations. Where previous generations were more permissive in their outlook towards sex, Thailand's young people are moving away from their parents' Asian values, with first sexual encounter occurring at an earlier age (approximately 14-18 years). In the past, boys were 'introduced' to manhood through sex with CSWs. Now, a clear trend has emerged with a shift towards girlfriends, lovers, casual acquaintances and even classmates as (initial) sexual partners. It is also not uncommon to have more than one sexual partner, either before or after marriage.

Premarital sexual activity, GBV and alcohol and drug abuse among adolescents have led to increases in unplanned pregnancies, HIV infection and abortions within this vulnerable, yet neglected group.

Despite the changing attitude towards sex among young people, Thai society still frowns on women who engage in premarital sex. Virginity is still required of females and the age-old perception that 'respectable' and 'good' girls do not engage in sex is still prevalent. However, premarital sex is accepted for young males and in some ways even encouraged as part of their initiation into manhood.

The changing sexual environment among young people in Thailand has led to an increase in 'indirect' sex work. There is some measure of anecdotal evidence to suggest that young girls (in school and university) are exchanging casual sex for monetary returns, so as to indulge themselves in the latest fashion brand-names, or the latest version of mobile telephones and i-pods.

An alarming result of this trend towards 'indirect sex' is the use, or the lack of use, of condoms. With girlfriends, condoms are rarely if ever used because the 'friendship' is based on love and trust, and 'good' girls (that is, non-CSWs) are considered 'clean'. This misconception is alarming given the current trend to have more than one casual sexual partner. Lack of negotiating skills among young women to request their male partners to use condoms compounds the myth and misconception, placing young people (particularly young women) at risk to STIs.

Policies Addressing ASRH

The government has tackled the issue of adolescent sexuality through targeted policies and programmes. Among these are (a) the National Reproductive Health policy; (b) the National Youth policy; (c) the National Health Development plan, and (d) the National AIDS Prevention plan.

National policies and plans of action involve NGOs and government agencies and broadly cover education, health and environment; stereotyping; and the role of the media.

According to the new constitution (1997), basic education is to be offered free of charge by the State and will be extended from nine years to 12 years. Numerous studies have shown that proper sex education in schools reduces the number of early sexual encounters and unwanted/early pregnancies among students. Presently, sex education is also included in the curriculum. Alongside sex education, life skills education in schools as well as counselling services in schools and hospitals, and hotline services have integrated strategies that have increased the knowledge of RH, built skills in problem-solving, promoted decision making and life-planning.

Current government policies place strong emphasis on raising awareness (of parents, teachers and other stakeholders) of the importance of sex education, to help Thai society form positive values on the importance of sexuality education in schools. Sex education in the classroom was revised in 2001 to encompass RH and sexuality, HIV/AIDS, safe sex, use of modern contraceptives, pregnancy and parenthood. Materials on sex education have been developed that also include educating parents on sexuality.

Training to provide good life-skills and sex education in schools has to be participatory and non-judgmental. Young people need to feel comfortable discussing their views and experiences without fear of rebuke or ridicule from other adults in authority.

With respect to health, abortion is still a highly debatable issue in Thai society making effective family planning programmes to prevent unwanted pregnancy all the more crucial – especially programmes that have specific references to unmarried adolescents.

With regard to HIV/AIDS, the Ministry of Public Health (MoPH) has indicated that females make up about 20 per cent of the total number of those who have contracted HIV/AIDS.

Proper counselling programmes are needed to address and implement coping mechanisms and negotiation skills. These need to be formulated especially with the young person in mind. In a paper published in the Bangkok Post in January 2008, Jon Ungphakorn, a former elected senator for Bangkok and currently Chairman of the Thai NGO Coordinating Committee on Development proposes the need to establish RH clinics all over the country, providing services free-of-charge. Particular emphasis should be on women and places for young people to seek counselling, contraception, advice on pregnancy and abortion, and to obtain condoms for safe sex.

Mapping of Responses: Addressing the Unmet Needs of Young People in Vulnerable and Marginalised Communities

1. Piloting Youth-friendly Sexual and Reproductive Health Services in Bangkok: 'Love Care Stations,' Programme for Appropriate Technology in Health (PATH), Thailand

HIV/AIDS and other STIs among young people ranks high on public health and social concerns in Thailand. Data from the MoPH and UNFPA continue to show that despite the decreasing prevalence of HIV and STIs among the overall Thai population, a continuing increase is evident among young people (*Bureau of AIDS, Tuberculosis and STIs; Department of Disease Control, MoPH*).

PATH's programmes in Thailand have long led the field in HIV/AIDS prevention and adolescent health. When the AIDS epidemic first emerged in the 1980s, PATH was among the first to provide HIV-prevention training to factory workers, and much-needed training to health colleagues.

Behavioural surveys indicate a trend among young people in Thailand of earlier sexual initiation. The surveys also reveal a low use of condoms among youth whose sexual partners tend to be friends and acquaintances, rather than commercial sex partners as was the pattern in the last two decades (*Institute of Population Studies and Research, Mahidol University*).

To reach adolescents high on the sexual health risk index in Bangkok, and building upon the initial 'Teenpath Project' (2007/08 – reaching adolescents with information and skills through an innovative e-learning tool www.teenpath.net), PATH embarked on a pilot sexual health services for young vulnerable populations in Bangkok. This was initiated through a network of ten private clinics and three health centres under the Bangkok Metropolitan Administration, and almost 80 units of potential referral services.

The service is termed **Love Care Stations**. The overall objective of the service is to decrease the incidence of HIV and other STIs, and sexual health risks among young vulnerable groups in Bangkok. Guided by three specific objectives, the services aim to: (a) increase the demand for and utilisation of SRH services; (b) improve the technical quality, equity, access and efficiency of SRH services; and (c) strengthen the network of NGOs and school health providers and their capacity to deal with sexual health issues for the prevention of STIs/HIV/AIDS.

Target population

Rural–urban migration is a major contributor to urbanisation in many developing countries. In the last few decades Thailand has also experienced a dramatic growth in internal migration, especially from rural areas to Bangkok and its vicinity. Migration to urban areas is an activity undertaken primarily by young adults for better education facilities or employment opportunities. However, urban existence also means a reduction in the social support network (of familiar surroundings and extended families), and is usually characterised by exposure to a more stressful lifestyle and social difficulties that present clear potentials for deviant behaviour and emotional issues.

Target groups for the project are therefore: (i) sexually active youth living independently in dormitories, apartments/rented accommodation; (ii) youth working in the entertainment sector; (iii) men who have sex with men (MSM) youth; and (iv) young women in the escort service profession. Clinic and outreach services are focused on areas that are known 'hot spots' for sexually active young people.

The project

Love Care stations and referral services consist of 13 private and public clinics and drug stores, with 40 to 50 service providers trained to deliver quality sexual health services covering STIs, VCT, HIV/AIDS, and RH, together with counselling services specifically designed for young people. It also connects with a referral network of close to 80 government agencies and NGOs providing a wide range of health, social, psychological and emergency support services.

To ensure the correct mix of information and services, project development involved the active participation of young people. Using the peer approach in designing communication packages and strategies provided project managers with clear guidelines on the types of health services to be offered, which health care providers to be contracted, development of educational materials, defining topics, content, form, illustrations, etc. Clinic services were enhanced to provide up-to-date SRH services, guided by international standards.

The process

The process adopts outreach activities, using specific approaches. These include:

- The NGO network;
- The pharmacies network;
- Thai Teens Against AIDS (TTAA) and counselling teachers network;

- V-teen youth network;
- Direct clinic PR;
- Various institutions working on HIV/AIDS; and
- Parade to raise the voice.

Using networks is an effective strategy because sexual health is a complex problem for young people. The programme established provider networks for comprehensive, holistic, multi-disciplinary care for youth.

Within the **NGO network** were sub-networks targeting specific groups such as SWs (SWINGS), and MSM youth (Rainbow Sky Foundation). Building trust is a key factor in reaching vulnerable groups such as SWs and MSM youth. Activities for both these networks were concentrated on awareness-raising through posters/stickers, games, service introduction and discussions. Where necessary, support was provided through escorted visits to clinics.

To reach in-school youth, the project worked with 40 youth leaders from vocational schools, introducing Love Care services for youth at high-risk of HIV/STI and other sexual health issues. Complementary activities included distribution of information introducing the services and organising related youth-friendly activities. Working with Y-Act, a Thai youth network, the Love Care programme was incorporated into these schools.

The **pharmacy network** approach recognised the role that pharmacists can play in health service delivery, serving as reliable sources of health information, services, and products, as they directly interact with clients. These reasons placed pharmacies in an excellent position to provide RH services, to respond to critical needs of young people arising from unprotected sexual intercourse, emergency contraception, on-going contraceptive care and counselling, and prevention and management of STIs.

To strengthen and create linkages among pharmacy staff, and other service providers, who are important to the on-going healthcare and well-being of adolescents, the programme established a link with pharmacies around the clinic sites to promote the referral of youth with sexual health problems to Love Care stations. In particular, youth who are perceived as at risk of contracting HIV/STIs, or other related sexual health problems.

Initial outcomes

Some important lessons emerged from the various approaches that were adopted.

To build trust among the target population, the use of mass media or random distribution of IEC materials did not deliver as effective results as direct, personalised outreach activities. Outreach activities afforded more time to build trust between the volunteers and the target group (vulnerable young people) through discussion of health issues and promoting the Love Care Station services.

The activities themselves required detailed planning, taking into consideration the area where the activity was to be held, time constraints of the target audience, and the expected number of participants. These crucial elements of planning must be given due consideration to reap the best results.

Networking proved an effective strategy. The programme compiled a complete directory of youth services in Bangkok, presented in booklet and pdf format; a referral form also accompanied the booklet.

2. Demonstrating Comprehensive Young People's Reproductive Health Programmes through South-South Collaboration, Population and Community Development Association (PDA), Thailand

In 2002, a three-year multi-country programme was implemented in India, Indonesia and Thailand to demonstrate comprehensive young people's SRH programmes through South-South collaboration. The programme sought to improve young people's SRH in the Asian region, by enhancing individual and organisational capacities, focusing on youth participation, gender sensitivity and community involvement.

Pilot programmes were initiated using different objectives, methodologies and target groups, to reflect the specific RH situation in each country. In Thailand, the project was implemented by the Population and Community Development Association (PDA), using four main approaches: (1) peer education; (2) youth and community involvement through a Provincial Working Group, which was formed to act as the main coordinating and implementing body; (3) establishment of youth-friendly services; and (4) engagement with the media.

PDA is a NGO established in 1974, working in a wide spectrum of integrated activities that promote Thailand's rural poor for a better quality of life. PDA is one of the foremost NGOs in Thailand, with its head office in Bangkok and 19 development centres spread across the country. One of these is based in the province of Phitsanulok where the programme was implemented, to a target group comprising 6,000 to 8,000 young people aged 10-24 years, in:

- Two secondary schools – Jarnokrong School and Triam Udomsuksa School;
- Two vocational schools – Phitsanulok Vocational School and Beung Pra Commercial College; and
- One factory – Thai Arrow Company Limited.

The project goal was “To improve RH status of young people in Asia”. Project objectives were to increase RH knowledge and skills of young people to effect a change in behaviour in three areas:

- Increase negotiation skills to delay/avoid early sexual relationships;
- Increase use of condoms/contraceptives to avoid unwanted pregnancy and STIs, including HIV/AIDS; and
- Reduce/eliminate multiple sexual partners.

Project process

The process adopted four approaches:

1. Formation of a multi-sectoral team, a Provincial Working Group (PWG);
2. Implementation of a peer education system through Youth Camps;
3. Establishment of youth-friendly facilities/services through the formation of Youth-Friendly Centres, Drop-In Centres and a Referral System (Green Channel); and
4. Engagement with the media, through a Call-In radio programme.

The formation of the **PWG** was a joint effort of the implementing NGO, the MoPH (RH Division) and the community, bringing together school authorities, academics, the media (newspapers, radio and television), owners of private dormitories, factory management, and community members (young people and parents groups).

To ensure its success, PDA's approach was to give the PWG significant leadership and management roles to create and establish a sense of ownership among the various groups. PDA placed strong emphasis on building rapport between project personnel and the PWG to establish an open communication channel, while providing support and encouragement for the various activities.

The **Youth Camps** were organised as a means to provide ARH knowledge and skills to enable young people to conduct a peer education programme in their own schools/factory. The camps were targeted at young people who had the innate ability or desire to become peer educators. Criteria for peer educators were focused on practical issues such as: (a) the willingness to be involved throughout the duration of the programme; (b) active attendance in planned activities; and (c) a keen interest in the outcomes of the programme.

As a behaviour change communication mechanism, the content of the Youth Camp activities were aimed at providing the knowledge and skills for peer educators to implement similar activities in their respective schools. Major emphasis was placed on gender sensitivity and gender equality. Youth participation was actively promoted with young people taking the lead in much of the activities. The PWG provided guidance and support.

Activities were focused on group discussions and presentation, role plays, and case studies. Among the role plays were innovative games that required participants to express their feelings when being 'touched' by others. This objective of the game was to instil in young people the importance of gender sensitivity and respect for the opposite sex.

Another innovative approach was the 'Imagine Love' game where participants were required to role play four different scenarios – studying, going out at night, a couple having dinner together, alone, and sitting together in a bedroom. Their responses were presented through graphics of how the situation might escalate into a situation that could get out of control. Also included in the activities was condom use, to build a positive view of condoms, its use and purchase.

The outcomes and benefits of the Youth Camp provided encouragement to programme implementers. Young people were motivated to express their thoughts and ideas, and to listen to the views expressed by others, without being judgemental. Their leadership capabilities were enhanced through teamwork and planning, and building negotiation and socialisation skills. Their self-esteem, self-respect and respect for others grew, in an atmosphere built on trust and friendship between the young people, the PWG and programme managers.

Arising from the Youth Camp, young people learned about ARH in an open, friendly and motivational atmosphere. They came to understand that they were not alone in ARH issues. Being at-risk was made known in a non-threatening and non-judgmental way. Some of the role plays and games brought out hidden feelings that motivated some young people to pursue counselling and correct ARH information.

The establishment of youth-friendly services was through youth-friendly centres/drop-in centres named **For Teen Centres (FTCs)**. The **Green Channel** referral system was a further complementary approach to meet project goals and objectives.

The youth-friendly centres are located within PDA's office and run by PDA staff, in collaboration with young people. The centres provide counselling services and promote counselling skills, library facilities, meeting rooms for informal discussions, internet facilities, games and other healthy activities attractive to young people. The centre is specially designed to encourage access by young people from all over Phitsanulok, as the most appropriate venue to meet.

Within the FTCs, young people could have a place to meet for discussions, to play games, and to hold mini exhibitions. They also disseminated ARH information and provided referral and counselling services. Affiliated activities to the FTCs were an ARH Club, a call-in radio programme, and special events linked to Valentine's Day, World AIDS Day, etc. The FTCs were promoted as a place for information rather than specifically related to SRH. This was to encourage young people to avail themselves of the services, rather than having them avoid the FTC for fear of stigma and discrimination, or being aligned to SRH.

The Green Channel System worked in unison with PDA's youth-friendly centre, two public hospitals, one private hospital and two government agencies. The FTCs refer cases directly to the participating hospitals and government agencies.

Services are provided free of charge or at minimal cost. The public hospitals and government agencies provide counselling service for any specific issues such as abortion, rape and sexual harassment, besides escorting clients to make police reports. The private hospital also provides counselling for general issues such as obesity, pregnancy tests, and insomnia.

The Green Channel System has greatly benefitted the target groups. It provided confidential, quick and affordable access to services. With members of the PWG providing assistance at every step of the referral route, the system was well implemented, with a good monitoring mechanism in place.

Engagement with the media was through the formulation of a **call-in radio programme**. At the outset, programme managers saw the benefits of using a mode of communication that is most appealing to young people. Letters of invitation were sent out to twenty radio stations, introducing the programme objectives and inviting radio disc jockeys to attend a brief training to provide them with basic knowledge and skills on counselling young people, provision of updated ARH information and sharing knowledge and experiences on engaging with young people.

The radio programme proved very effective, providing basic counselling, ARH information, referral information, phone-in questions and answers session, etc. Under the cloak of anonymity, people from all walks of life started to phone in with issues that they could not discuss openly with others. The programme attracted young people, parents having problems with their children, and young married couples. Programme staff are regarded as ‘experts’ and are often called upon to give talks and facilitate on young people’s issues.

Important outcomes

After three years of programme implementation, some positive changes in attitudes and behaviour were recorded (end-line survey against baseline findings).

	Increased by
Use of contraceptive pills	21.4%
Counselling services in target areas	14.3%
RH information sought through peer educators	20.8%
Sex education sought through peer educators	18.0%
Knowledge of where to obtain correct information	13.2%
Level of knowledge of STIs – transmission, prevention	14.0%

A complementary programme achievement was the marked increase in community involvement between young people, their parents, public officers, media, teachers and other authorities. The formation of the PWG was the most effective way to initiate community involvement and ownership.

Parents acknowledged that being part of the project made them more aware of the ARH situation faced by their own children and the impact it had on their futures. The open and friendly method adopted in programme interventions provided a good learning opportunity for parents.

The programme ended in 2005, but many of the interventions have sustained and are continuing to be implemented. Some examples of programme sustainability are provided below.

The **Ratanavej Hospital** continues to implement the Green Channel quick referral system. Ratanavej is a private hospital that provides public services, the Green Channel being one such service. The other services offered by the hospital are a 24-hour paediatric clinic, a hotline service for children, a day-care centre for infants and a fitness centre to promote healthy living habits. Apart from this, the hospital regularly organises activities such as the ‘Speech Training Club’, to maintain the networking among the PWG. Ratanavej is a remarkable institution working on highly principled policies. Their emergency care promotes ‘treatment first’, because they strongly believing in promoting life over profits.

The promotion of the Green Channel during programme operation has worked extremely well. Since the programme has ended, young people continue to avail themselves of the services. It is now so well-known that those who need the services no longer require an introductory card from PDA, and can go directly to the hospital.

The hospital provides youth-friendly services but in keeping with Thai traditional principles, Ratanavej works hard to encourage young people below the age of 15 years to inform their parents if they have come to seek treatment of a more sensitive nature – abortion for example. However, the ultimate decision lies with the young person and that decision is respected by all staff. If the young person chooses to inform his/her parents, the hospital also provides counselling for parents.

Jaknokrung School has continued with programmes related to young people's reproductive health (YPRH), holding day camps on sex education and RH that included components of volunteering, counselling, information technology and a joint parents-youth camp. Students who have been identified as practicing high-risk behaviours are especially encouraged to attend the information technology and parents-youth camps.

Jaknokrung has also formed a Youth Club which started out as part of extra-curricular activities but has since become part of a core curriculum. A promising outcome is a partnership developed with the Ratanavej Hospital for Speech Training Club. Jaknokrung students have won numerous speech awards on issues related to young people's ARH (outside schools) as they have been well-trained through the Speech Training Club run by Ratanavej Hospital. Involvement in the youth club is extended to representatives from all other clubs and societies in the school. This has greatly helped to promote youth club activities.

The peer education approach has also sustained itself, with a new generation of core volunteers and peer educators trained in:

- Life skills
- Sex education – RH and HIV/AIDS
 - Communication
 - Prevention of STIs
 - Condom use

Through their involvement in the peer education approach to YPRH, young peer educators speak of their own increase in self-confidence. They see their role as an important contribution to the school and their friends. Their involvement has been rewarded with an award at provincial level for conducting activities related to drug abuse. They affirm that following their final year in school, they will take the idea with them to their respective universities, to promote leadership skills, teamwork and self-expression.

Jaknokrung's consistent promotion of YPRH has had positive outcomes. A video that was developed by PDA, with support from Interact Worldwide UK, during the life of the programme is still screened in classrooms for student education. Plans are in the pipeline for health education, with more in-depth issues that include life skills and sex education, to be made part of the core curriculum.

Bung Phra Commercial College, another participating school, has integrated sex education into its mainstream curriculum particularly in Year 3, and made it compulsory for the 10th grade (ages 15-16 years onwards). This plan has been greatly helped by the intervention of the Ministry of Education conducting training of teachers on sex education. Subjects were selected from an earlier programme conducted by PATH, on condom use, negotiation skills and life skills.

Almost 100% of the schools' teacher population has incorporated sex education into their respective subjects. The message delivered is prevention, and includes subjects such as drug abuse and unwanted pregnancies. Since the inception of the project, the school reported a marked decrease in new cases of drug use and teenage pregnancies.

Bung Phra College firmly believes that if sex education is left as an extra-curricular activity, it may not achieve the desired outcomes. Using a multi-pronged approach of peer education, club activity and school policy, the success of Bung Phra College is also largely attributed to the concerted efforts of the school board and concerned teachers. The dedication of the teacher in charge has been a major contributor to the schools' efforts. His ability to befriend the young people has been the catalyst in attracting other young people to the project, and keeping the momentum going.

Activities are planned a year in advance. The Board and teachers firmly believe that the level of activity and the interest generated have also had a major role to play in keeping their students away from cultivating risky behaviours.

Bung Phra College has maintained the FTCs that were initiated in 2005. The objectives remain the same, that is, to increase knowledge and skills of young people to RH. Peer educators involved in the project are groomed to be leaders and resource persons for other schools. In this way, the programme has established some measure of sustainability.

The overall view of Bung Phra College is that if not for the programme, the students may have been able to develop some skills but nothing close to the skills they currently have – skills to train and counsel on gender issues and other important life skills. The development of their students has enabled Bung Phra College to offer training to other schools on subjects related to HIV/AIDS, drug abuse, etc. A dramatic increase in self-development has also been noted among the students involved with the programme.

A radio programme conducted free of charge through a community radio station is still on-going. The programme, facilitated by PDA staff, continues to provide basic counselling, ARH information and other relevant information. The call-in sessions are still available and continue to be popular, receiving promising responses from young people.

Some conclusions of the PDA programme

The programme in Thailand has made great strides in promoting the goal and objectives of the **Demonstrating Comprehensive YPRH Programmes through South-South Collaboration** programme. Although the programme ended in 2005, some programme interventions have continued with good results.

The positive outcomes in Thailand are attributed to a number of reasons. Firstly, the involvement and collaboration of the Government (the MoPH), working in close collaboration with PDA, gave the programme a major boost. Governments have a major role to play in promoting programmes for young people. Unless governments are involved, progress can be slow and more often, good interventions fizzle out with the end of funded programmes. Additionally, involvement and ownership of all participating community members (parents, young people, school authorities, media etc), has had a positive influence in terms of programme effectiveness and sustainability.

The other aspect that has contributed to programme sustainability is Thailand's **To Be Number One** project. This was a nationwide anti-drug abuse effort with the Thai Princess as Patron. The project required all schools in Thailand to incorporate anti-drug abuse activities in their extra-curricular activities. The youth programme was integrated with the **To Be Number One** project and therefore received good and wide response from the target population. Life skills, gender issues and anti-drug initiatives continue to be maintained through the **To be Number One** project.

3. 'HIV/Sexual and Reproductive Health Programme for HIV Prevention: the Youth-Adult Partnership with Schools Approach,' Youth Family and Community Development (YFCD), Faculty of Nursing, Chiang Mai University

Youth-adult partnerships happen when young people and adults become engaged together in their communities through mutuality in teaching, learning, and action. Research shows that youth-adult partnerships are important because when young people get involved in positive social relationships and activities with adults, it increases communication skills and self-esteem, promotes leadership experiences, and decreases incidences of risky behaviour. The positive effects of these partnerships are also beneficial for adults. Nurturing youth-adult partnerships with schools approach in HIV and SRH was at the core of the programme carried out by YFCD, Faculty of Nursing, University of Chiang Mai.

YFCD has wide experience in implementing research and development programmes in the field of youth health. Since 2000, YFCD has carried out programmes for HIV/AIDS prevention and care, including SRH for young people that have built youth capacity and created partnerships and collaboration with families, organisations and communities.

Programmes conducted by YFCD have aimed to develop a body of knowledge and good practices, promote SRH and rights, as well as support wider social changes through empowering young people.

The programme

Young people in Thailand are becoming increasingly at risk for HIV infections. According to the results of the National AIDS Surveillance data, prevalence of HIV infection among teenagers rose from 11 per cent to 17 per cent from 1999-2002. HIV prevention therefore plays an important role in reducing HIV/AIDS risk and vulnerability among adolescents. Efforts to address the issue of HIV prevention need to go beyond the traditional approach of raising awareness, towards more focused interventions that create a supportive environment for behaviour change.

Successful experiences in the control of HIV/AIDS among young people have indicated that linking SRH and rights to HIV/AIDS education are important strategies for achieving HIV/AIDS prevention among young people. The idea therefore was to develop interventions designed to address HIV/AIDS prevention through Youth-Adult Partnerships with Schools (the YAPS model). Working with 10 schools in Chiang Mai Province, the model included developing curricula using participatory learning experiences and edutainment approaches, and skills building strategies to enhance the capacity of youth leaders.

The YAPS model was developed based on the belief that the ability of young people to participate and contribute can be significantly enhanced through partnerships with adults. Young people's active participation is important and is inseparable from their individual development and communities' need to support their youth, so that they can make a positive contribution to the community.

The model also emphasised the participation of early adolescents to develop their capacity and empower them. Enhancement of youth leaders' capacity through peer-led activities, reflective discussion to raise consciousness, and the sharing of group experiences, promoted awareness and created in-depth reflections of their own actions.

The project supported and built youth capacity while creating partnerships and building collaboration with youth, their families, relevant organisations and the general community. The aim was to develop a body of knowledge and good practices, promote SRHR and at the same time, initiate a wider social change by empowering young people. Involving parents and school authorities aimed to empower parents, teachers and school administrations to generate more involved roles and responsibilities in the promotion of sex education.

The process

The YAPS model was implemented in three core phases, with each phase being implemented consecutively, to ensure the most promising outcomes. These were:

1. Formulation of a core group (working committee) for curricula development;
2. Enhancing capacity of youth leaders and parents; and
3. Process evaluation and outcomes of capacity development.

In **Phase One**, the formulation of a working committee was instrumental in establishing a firm partnership with the educational institutions and instilling a strong commitment for the fulfilment of project interventions. At the outset, the working committee displayed a strong and committed ownership of the project that had a major bearing on the development of curricula, capacity-building strategies and evaluation tools, as well as providing the much needed support functions of supervision, and monitoring and evaluation of capacity-building activities for youth leaders.

The development of curricula included leadership, rights, duties and responsibilities, and SRH. The aim of the leadership curricula was to instil self-confidence, group dynamics, decision-making and problem-solving skills, teamwork and general components of leadership. Definitions of rights, duties and responsibilities and basic human rights were also covered.

Curricula development for SRH education entitled **Because the World Needs You** was initiated through the involvement of all significant stakeholders including early adolescents, fully-trained youth leaders, teachers and parents. Four core concepts were formulated that had relevance to sexuality education programmes: (a) human and sexual development; (b) relationships; (c) sexual health and rights; and (d) gender. Content was delivered through participatory learning methods and edutainment approaches.

Phase Two concentrated on enhancing the capacity of youth leaders and parents, also using the participatory approach, to create meaningful exchange of knowledge and experiences, transferring knowledge, skills development, raising awareness, reflecting on personal actions, and working as a team.

Capacity-building activities were conducted through skills training camps, serving as trainers and mentors for young youth leaders (YYLs), and participating in the presentation of research results at national and international conferences. The focus on empowerment saw great results in the increase in knowledge and skills among the young people. A major achievement was the highly-acclaimed presentation by a youth trainer leader (YTL) at the 4th Asia Pacific Conference on Reproductive and Sexual Health and Rights, held in Hyderabad, India in October 2007. The level of knowledge, capacity, self-confidence and ability to present on an international stage was clearly evident.

Process evaluation in **Phase Three** to assess level of capacity development was conducted using participatory observation of participants during project implementation, and through self-reflection, personal development and learning. Capacity was evaluated using a leadership scale, knowledge of and attitude towards SRH, and an assessment of peer-led activities.

Some relevant outcomes

The establishment of cooperative networks, with parents and teachers, was instrumental in the provision of support, creating favourable environments for capacity building, and promoting SRH among adolescents.

The capacity of YTLs and YYLs were greatly enhanced because of the existence of these networks. Parallel to this achievement was the increase in community awareness on the importance of preparedness and the building of skills of youths, with regard to SRH and rights.

Collaboration with the local media played an equally important role. Dissemination of knowledge, experiences, lessons learned and recommendations was made through a column in the local newspaper, *"Only Understanding"*. Other dissemination channels were through radio programmes and sexual health forums attended by academics, activists, researches and national and regional/international youth leaders.

Programme processes and interventions have shown that through partnership with adults, young people stand a greater chance to participate and thereby, make positive contributions to the community. Partnerships that include parents and teachers are crucial, if SRHR education and HIV/AIDS prevention programmes are to succeed.

Parents need to understand the underlying reasons why their children must receive knowledge and education on SRHR. They themselves need to be comfortable with the subject to clarify their own misconceptions and promote better understanding.

Teachers need to be well-trained to convey the sensitive content of SRHR education and be able to adjust teaching methods to produce optimum results. They need to cultivate appropriate teaching mechanisms that will instil confidence in their students and to avoid miscommunicating crucial information.

The positive roles played by parents, educators and other adults in authority serve to encourage and foster positive, holistic and constructive thought processes in young people. It empowers them to take responsibility for their actions and provides them with critical information to understand traditional values and culture.

CHAPTER 3

VIETNAM

ASRH Situation and Issues

Status of Adolescents in Vietnam

The total population of Vietnam is estimated at 86.1 million (2008 estimate), with an annual population growth rate of 1.19% (2007). Vietnam is a multi-ethnic nation with 54 ethnic groups. The Kinh or ethnic Vietnamese, account for approximately 85% of the total population. Vietnam is noted to be a predominantly agricultural (rural) society, with more than 80% of the adult population and approximately 75% of the population aged 10-24 years living in rural areas.

During the last decade, reforms such as Vietnam's controlled transition towards a more market economy (*Doi moi*) have resulted in Vietnam having one of the fastest growing economies in the region. Despite the dedicated efforts by the government, the benefits of high economic growth have been balanced with rising negative social issues.

Adolescents and youth in Vietnam account for one-third of the population, with an estimated 52 per cent under 25 years of age. By 2020, Vietnam's population is expected to reach 100 million, of which 22 million will be adolescents aged between 10 and 19 years of age – a percentage that is not expected to change within the next 15 years (GSO 2007).

Vietnam's high economic growth has seen the removal of subsidised education, health care and other social services. The changes within these spheres have had an impact on the lives of young people.

The Survey Assessment of Vietnamese Youth (SAVY) carried out in 2005 indicates that Vietnamese youth face many challenges in negotiating the changing economic and social climate. Particularly at risk are vulnerable young people, especially those from ethnic minority groups, living in remote areas where poverty becomes an obstacle to education and employment. Poverty alleviation remains a priority in Vietnam where the poverty rate is 18.3 per cent in urban areas and 44.9 per cent in rural areas (<http://www.unicef.org/infobycountry/vietnam.html>).

The SAVY report further indicates that generally, young people in Vietnam are hardworking, strongly connected to a supportive and protective network of family, friends and the community, and are generally optimistic about the future. The overall satisfaction with their lives has translated into very few engaging in behaviours that are culturally or socially unacceptable. The majority of young Vietnamese do not support premarital sex. However, there are clear differences in gender relations with more males involved in risky behaviours such as substance abuse (tobacco and alcohol), unsafe sex, motorbike racing, and violence.

The continuing socio-economic changes play a vital role in determining between modern and traditional models of gender relations. While women's status has seen a remarkable improvement over the last 50 years, little change has occurred with regard to gender stereotyping and values. The image of the ideal Vietnamese woman is still the traditional role of housewife, mother, and caregiver. The conflict between modern and traditional roles and values places added stress on young Vietnamese women in rural and urban settings, who try vainly to meet social expectations.

Similar to conditions affecting young people in the region, young Vietnamese are being increasingly exposed to the more liberal, Western approach to life, particularly sexuality, through the worldwide web and the media. However, Vietnamese society remains conservative. Sexuality continues to be taboo and sex education for young people is frowned upon.

Despite the growing trend of young people engaging in premarital sex, Vietnamese women are expected to maintain the traditional requirements of being a virgin until marriage. Young men on the other hand are expected, in some instances encouraged, to be knowledgeable and sexually active. The outcome of this gender stereotyping has hindered many young women in negotiating for safe sex.

Issues Affecting Adolescents in Vietnam

Early, high-risk pregnancy and birth

Childbearing among adolescents in Vietnam is not widespread although young women are more prone to experience adverse outcomes than adult women. The Vietnam Family Planning Association (VFPA) claim that 5 per cent of Vietnamese women have given birth before the age of 18, and 15 per cent have given birth by the age of 20 (National Committee for Population and FP, 2001).

The Vietnam DHS of 1997 found that more than one-third or 35.3% of pregnant women younger than 20 years old never had a prenatal examination and almost half of these women (under age 20) gave birth at home. The majority of these women are ethnic minorities from the remote and mountainous regions. More recent studies seem to indicate that the rate of teenage pregnancy and abortion is rising in Vietnam because teenagers are poorly informed about the importance of having safe sex.

Unwanted pregnancy and abortion

In conservative Vietnam, sex is still a taboo subject in public and in private. Curious teenagers inevitably turn to the media, particularly the internet, where they are easily misinformed.

Reports of increasing rates of abortion and prevalence of STIs including HIV among unmarried youth indicate a need to improve services and counselling for these groups. Experts warn that young women are unaware of the dangers involved by having an abortion, particularly in unregistered clinics. A disregard for using condoms also indicates a worrying lack of awareness of STDs.

Abortion is legal, widely available and extensively used in Vietnam. According to the VFPA, Vietnam has one of the highest rates of abortion in the world, with 1.2 to 1.6 million cases each year. These figures however are not complete as there is no information available on the number of abortions being performed in unregistered private clinics. Such establishments do not require women to produce proof of identity so patients frequently use fake names or lie about their age. Most of these facilities have more flexible working hours and most remain open until well after dark, giving women a better chance of preserving their anonymity.

(<http://www.vir.com.vn/Client/TimeOut/index.asp?url=content.asp&doc=17133>)

Local newspaper 'Labor' reported that the nation's Health Ministry discovered most abortions are performed on unmarried and younger women, with teenagers increasingly relying on abortion as a method of birth control – not using or not knowing about methods of contraception. Repeat abortions are therefore common, especially among unmarried women.

A study done by Population Council in Ho Chi Minh City in 1998 found that 10-20 per cent of unmarried women have had more than one abortion. In-depth interviews conducted through the study showed that out of 19 women interviewed, 11 women have had two or three abortions.

HIV/AIDS and STIs

The Vietnamese Committee for Population, Family and Children learnt that last year, 28.8 per cent of Vietnamese teenagers were unaware of how to protect themselves against STDs. Further cause for alarm is the fact that half of the HIV infections in Vietnam involved people below 25 years.

In August 2005, the Ministry of Health issued a report stating that as of May 2005, a total of 95,871 cases of HIV infections had been detected in Vietnam, including 15,618 cases that had progressed to AIDS; 8,975 people had died of AIDS ("Vietnam," *Fighting a Rising Tide: The Response to AIDS in East Asia*; (eds.

Tadashi Yamamoto and Satoko Itoh). Tokyo: Japan Center for International Exchange, 2006, pp. 266-284). Going by the report from the Vietnamese Committee for Population, Family and Children that half of HIV infections in Vietnam involved people under 25 years (see above paragraph), it can be translated to mean that close to 50,000 young people are infected with HIV, with about 8,000 having progressed to AIDS. The majority of HIV infected cases are related to injecting drug use (IDU) and commercial sex. However, there are indications of increasing risk for heterosexual transmission.

A major concern about HIV/AIDS infection among young people is the growing gap between the level of knowledge of HIV/AIDS and a low level of condom use. Studies have indicated that there are a number of mistaken ideas and incorrect beliefs among young people about condoms. The other area of concern relates to young people in hard-to-reach, rural communities. Due to their socio-economic situation and limited access to information, these young people are more vulnerable to HIV/AIDS infections. The increasing number of young women engaging in sex work adds to the alarming rise in HIV/AIDS infections among youth. A study carried out in late 1990 found that between 11-15 per cent of SWs are below the age of 18 years.

Policies Addressing ASRH

Various activities and projects have been developed and implemented to address the various needs and issues concerning ASRH. However, no national ASRH programme has been developed or institutionalised in Vietnam. Most programmes concentrate on the provision of IEC activities.

The National Strategy on RH Care for the period 2001-2010 has as one of its strategic objectives “to improve the RH status, including sexual health, of adolescents through education, counselling and provision of RH care services suited to different age groups.”

Some government initiated programmes for ASRH are as follows:

Support to National Education and Training Programme on RH and Population and Development, Ministry of Education and Training (MoET)	Funded by UNFPA, the programme aimed to improve the teaching of population education and enhance the capacity of MoET to manage and plan population education activities.
Family Life and Sexuality Education and Population Education	Implemented by the MoET, with support from UNFPA and UNESCO, the programme was integrated into biology, civics, geography, and extra-curricular activities for students in the 10-12 grades.
Life Skills Curriculum for Youth, MoET/Red Cross/UNICEF	The target groups were in-school youth aged 10 to 18 years and out-of-school youth aged 15-24 years, in five provinces.
Strengthening RH Services in Eight Provinces and National Capacity to Plan, Implement and Monitor RH Programmes.	A UNFPA assisted project with a long-term objective to improve RH conditions of people in the eight targeted provinces, with special attention to women and adolescents.
Vietnam Youth Union	Pilot programmes using experimental models for IEC activities, developed and implemented with technical assistance from various local and international organisations.
Support to Improvement of ARH	Large-scale distribution of printed materials and booklets including ‘Psychology and Physiology of Adolescents,’ ‘Friends and Love,’ and ‘Things Young People Should Know about HIV/AIDS.’
Curriculum on Life Skills and Reproductive and Sexuality Issues for Youth	Developed and published by a number of organisations – for in-school and out-of-school youth. Life skills curriculum was integrated into different subjects of the mainstream curricula.

The intention of the above programmes and projects were commendable but were limited in reach, targeting some provinces and certain target groups only. The outcomes were therefore sporadic and piecemeal.

One of the main reasons cited for the high rate of abortion and teenage pregnancy is the lack of, or ineffective sex education as a compulsory subject within mainstream school curricula. Although sex education is part of the secondary school curriculum, teachers rarely touch on matters dealing with sexual relationships, birth control, condoms, abortion, and STDs – topics that teenagers are curious about and need information on.

Sex education was first introduced as part of the curriculum on population and FP subjects in the 1980s. However, the subject was heavily slanted toward demography rather than RH, and was only offered to students 15-18 years of age. Currently, the curriculum for sex education in schools is limited to urban areas and does not deal with the realities of premarital sex amongst teenagers. The subject is integrated into biology, moral and other educational subjects. Oftentimes, sex education is part of extra-curricular activities, and many teachers lack the proper communication skills to field questions about teenage sex.

Mapping of Responses: Addressing the Unmet Needs of Young People in Vulnerable and Marginalised Communities

Two programmes that have made significant in-roads into the introduction of sex education into schools are implemented by the Adventist Development and Relief Agency (ADRA) in Cao Bang and Binh Phuoc provinces.

ADRA is part of the ADRA International network and has been working in Vietnam since 1988, with projects covering their four 'core portfolios' of: (a) primary health care; (b) economic development; (c) basic education; and (d) emergency preparedness and response. Health is the main sectoral focus, specifically HIV/AIDS, substance abuse and RH, within the geographic areas of Cao Bang province in the North, and Binh Phuoc in the South.

1. Relating Adults and Youth for Health (READY for Health)

Relating Adults and Youth for Health (READY for Health) has been implemented in Cao Bang since mid 2007 as a scale-up effort of an earlier project **Adolescents Choose Health Initiative** (ACHI) which was implemented from 2004-2007. READY for Health seeks to improve adolescent lifestyle choices through the training of adult mentors from schools and local communities in communication, thinking, decision-making, and managing emotions. Training also includes issues related to substance abuse and ASRH and development.

The major objective of the programme is to ensure that adolescents in the target areas of Cao Bang Province have the knowledge, attitude and skills to improve their physical, social and emotional well-being. More specifically, the programme objectives aim to:

- Reduce the proportion of adolescents practicing harmful behaviour (high-risk) through information and skills delivered through peer education and adult mentors;
- Improve communication between parents and adolescents; and
- Increase knowledge, attitudes and skills of adolescents to make healthy SRH choices.

Adolescents targeted to receive programme interventions are from middle and high schools and those out of the mainstream education system (alternative education delivered through vocational and technical schools).

Peer educators in high schools and middle schools, together with leaders from the Women's Union, are trained to deliver these messages to empower them to train and manage peer and community health educator networks. The target group was students in traditional middle and high schools and non-traditional/alternative

education centres such as orphanages, and vocational and contemporary education centres, and adolescents and parents in the wider community.

Using a two-pronged approach of peer educator networks in schools, and community health education sessions (delivered through the Women's Union), READY for Health aims to improve relationships between parents and children by increasing knowledge, improving attitudes, and changing behaviour.

The programme process applies a TOT approach, which is viewed as the most appropriate approach for programme sustainability and intensified coverage at grassroots level. Being a local resident is one of the main criteria in identifying staff (to be trained as trainers), to ensure appropriate knowledge and appreciation for local culture and customs.

Using field coordinators, the trainers are selected from biology and civic education teachers, leaders of student youth unions, directors and heads of alternative education centres, and leaders of the Women's Union. One of the key elements in the selection process is the level of enthusiasm and dedication of teachers, and the aptitude of Women's Union leaders to take on the role of adult mentors.

Upon completion of the training, target communities are reached through information communication systems developed by the trained groups and teachers train peer educators in middle and high schools to present classroom activities on topics introduced during the TOT sessions. In this respect, care is taken to select only those with the ability to grasp the concepts of skills and knowledge and, more importantly, the ability to transmit these key messages to student peer educators and community RH educators. To-date, project activities have garnered some successes.

Training to peer educators has provided them with sufficient information, knowledge and skills to conduct face-to-face counselling, and to lead group discussions. The importance of this ability lies, not so much in the level of knowledge but, more in empowerment as they develop self-confidence in their role as student educators. Since the initiation of the programme, parents (mothers) reported having spoken with their children about ASRH and substance abuse. This is a major milestone given Vietnam's traditional approach to child-rearing.

2. Confidential Hotline and Internet Counselling (CHIC)

For many young people, lack of information on issues such as adolescent development, RH, relationships and substance abuse, instils unfounded fears in them. Ethnic minorities living in rural and difficult to reach areas in Vietnam are doubly affected by poverty, minimal formal education and their ability to converse and understand only some ethnic dialects.

Traditional practices and cultural beliefs are still prominent in rural Vietnam, including the practice of arranged marriages between adolescent boys and girls, and a high rate of tobacco/alcohol abuse and illicit drug use among young people. Although IDU is the major route of transmission for HIV in rural Vietnam, heterosexual relationships are also at risk, given the increasing number of SWs. Rural young people are at greatest risk.

To give young people peace of mind, they need education and information so that their decision-making skills will be developed, to enable them to make informed choices to avoid high-risk behaviour. To address this need, ADRA introduced the Confidential Hotline and Internet Counselling (CHIC) service. The CHIC counselling service has been offering RH counselling services to citizens of Cao Bang Province since 2003. This service provides easy access to a reliable source of information through a confidential hotline, internet counselling, and by regional health workers.

The project's main objective was to "improve reliable access to confidential and anonymous support services and information on adolescent health and development, addiction recovery and HIV/AIDS for citizens of Cao Bang Province." To this end, the project aimed to:

- Develop a **website** on RH and provide training;
- Develop a **hotline** and train resource centre staff to: answer calls, provide adequate help and/or referral to professional counsellors; and
- Develop and train a **network of province and district-based RH counsellors**.

The expected outcomes were classified as:

- A confidential telephone hotline and internet counselling service for adolescent health and development, available 24 hours a day and seven days a week, for citizens of Cao Bang Province; and
- A network of community health workers (CHWs), able to provide adolescent-friendly RH care and counselling at local community health clinics.

Since inception, the programme has trained CHWs on youth-friendly counselling techniques. Trained staff have established counselling services in their respective clinics, and distributed IEC materials.

Following through on this initial success, CHIC opened **Counselling Corners** in six schools and three alternative education centres, in coordination with activities of the READY for Health programme. Counselling rooms also act as resource centres, providing space for materials on ASRH. For CHWs and student peer educators, the centres provide the venue for direct, private counselling for students and have been receiving support from teachers and students.

Counselling services alone cannot address the community-based RH issues in rural Vietnam. However, when CHIC services are integrated with training of CHWs and other project initiatives (such as READY for Health) a more comprehensive approach to RH service needs is provided.

The project's main objective is to reach rural populations and these populations may be the least likely to have access to internet or telephone services. New methods and approaches are being devised to advertise the service in rural areas, promoting other methods of communications. For example, traditional mail, drop boxes for letters, and using the radio as a mass-media method to broadcast sample letters and answers in multiple dialects across the Province.

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