FOCUS on Young Adults
June 26-30, 2000
Chiang Mai
Thailand

Young Adult
Reproductive Health
State of the Art (SOTA)
Training Course

SOUTHEAST ASIA REGION

FOCUS on Young Adults
June 26-30, 2000
Chiang Mai
Thailand
© 2001 FOCUS on Young Adults

Any part of this publication may be copied, reproduced, distributed or adapted without permission from the author or publisher, provided the recipient of the materials does not copy, distribute or adapt materials for commercial gain and provided that the authors, and FOCUS on Young Adults, are credited as the source of such information on all copies, reproductions, distributions and adaptations of the material. The FOCUS on Young Adults program promotes the well-being and reproductive health of young people. FOCUS is a program of Pathfinder International in partnership with The Futures Group International and Tulane University School of Public Health and Tropical Medicine. FOCUS is funded by USAID, Cooperative Agreement # CCP-A-00-96-90002-00. The opinions expressed therein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development. Publications addressing adolescent reproductive health can be downloaded from the FOCUS web site: http://pathfind.org/focus.htm
# TABLE OF CONTENTS

Acknowledgements ................................................................................................................................... vi
Purpose of the Report .............................................................................................................................. vii
Structure of the Course ........................................................................................................................... viii
Course Objectives .................................................................................................................................. ix
List of Acronyms .................................................................................................................................. x
Country Profiles .................................................................................................................................... xi

I. Practical Training ..................................................................................................................................... 1
   Session 1: In Their Own Words ........................................................................................................ 1
      Key Questions: ............................................................................................................................... 1
      Key Points ..................................................................................................................................... 2
   Session 2: Contextual Factors ....................................................................................................... 3
      Key Questions ............................................................................................................................... 3
      Key Points ..................................................................................................................................... 3
   Session 3: Southeast Asia's Response to HIV/AIDS ................................................................. 5
      Key Questions ............................................................................................................................... 5
      Key Points ..................................................................................................................................... 6
      Research Findings ........................................................................................................................ 6
         Thailand ..................................................................................................................................... 6
         Vietnam ..................................................................................................................................... 7
         Quang Ninh, Vietnam .............................................................................................................. 7
         Can Tho Study, Vietnam .......................................................................................................... 8
      Approaches ................................................................................................................................... 8
   Session 4: Regional Demographic Data and Current Research Findings ................................ 8
      Key Questions ............................................................................................................................... 8
      Key Points ..................................................................................................................................... 9
      Research Findings ........................................................................................................................ 9
         School-Based Programs ........................................................................................................... 9
         Health Facility-Based Programs ............................................................................................. 10
         Mass Media-Based Programs .................................................................................................. 10
         Workplace-Based Programs ..................................................................................................... 10
         Community-Based Programs .................................................................................................... 10
         Multiple-Setting Programs ....................................................................................................... 10
Breakfast Issues Discussion ............................................................................................................ 11
Key Questions ............................................................................................................................ 11
Session 5: Policy .......................................................................................................................... 15
Key Questions ............................................................................................................................ 15
Key Points .................................................................................................................................... 15
Case Studies ................................................................................................................................... 15
Malaysia ....................................................................................................................................... 15
Thailand ....................................................................................................................................... 16
Vietnam—National Strategy on Reproductive Health ................................................................. 17
Session 6: Innovations in YARH Programs and Services ............................................................ 18
Key Questions ............................................................................................................................ 18
Condom Coffee Shop .................................................................................................................... 18
Reproductive Health Association of Cambodia (RHAC) .............................................................. 18
Reproductive Health of Adolescents Module (RHAM) ................................................................. 18
YARH CD-ROM .......................................................................................................................... 19
Thai Youth AIDS Project (TYAP) ............................................................................................ 19
Counseling Hot Line .................................................................................................................... 19
Innovations in Technology .......................................................................................................... 19
European Study Tour .................................................................................................................. 19
Session 7: Special Populations .................................................................................................... 20
Key Questions ............................................................................................................................ 20
Key Points .................................................................................................................................... 20
Session 8: Site Visits .................................................................................................................... 22
Key Questions ............................................................................................................................ 22
Session 9: Modifying and Adapting Programs to Meet the Needs of Youth .......................... 30
Key Questions ............................................................................................................................ 30
Key Points .................................................................................................................................... 30
Session 10: Developing Action Plans ......................................................................................... 31
II. Skills Building .......................................................................................................................... 37
Key Questions ............................................................................................................................ 37
Key Points .................................................................................................................................... 38
Session 1: Developmentally Based Strategies and Interventions: A Tool for
Promoting Health and Reducing Risks among Adolescents .................................................. 38
Session 2: Research Methodologies .......................................................................................... 42
Key Questions ............................................................................................................................ 42
Key Points .................................................................................................................................... 42
Case Study: ................................................................................................................................... 42
Cambodia ...................................................................................................................................... 42
Session 3: Monitoring and Evaluating Skills Building ............................................................... 43
Key Questions ............................................................................................................................ 43
Key Points .................................................................................................................................... 43
Youth-Friendly Services ............................................................................................................. 44
Key Questions ............................................................................................................................ 44
III. Closing .......................................................................................................................... 45
   Evaluation .................................................................................................................. 45
   Commitments ........................................................................................................... 46
   Conclusion ................................................................................................................. 47

IV. Appendices ................................................................................................................ 49
   Appendix A. Course Agenda .................................................................................. 50
   Appendix B. Participant List .................................................................................. 53
   Appendix C. Notes .................................................................................................. 66

TABLES
Table 1: Statistics at a Glance .........................................................................................xiv
Table 2: Selected Data Results ......................................................................................... 7
Table 3: Indicators of Youth Demography ......................................................................... 9
Table 4: Breakfast Issues Discussion ............................................................................. 12
Table 5: Chiang Mai Buddha Kaset Foundation ................................................................. 23
Table 6: EMPOWER (Education Means Protection of Women Engaged in Recreation) .... 24
Table 7: New Life Friend Center .................................................................................... 25
Table 8: Thai Youth AIDS Prevention (TYAP) Project ..................................................... 26
Table 9: Planned Parenthood Association of Thailand (PPAT) Family Planning
   Northern Project (2 sites) .......................................................................................... 27
Table 10: Thung Sieow School Project: HIV/AIDS Prevention in Schools
   and Communities ........................................................................................................ 29
Table 11: Country-Specific Action Plans ......................................................................... 31
Table 12: Key Characteristics of Youth ......................................................................... 39
Table 13: Sample Application of Developmentally Based Strategies and
   Interventions Tool ...................................................................................................... 40
FOCUS on Young Adults is grateful to the following committed and distinguished organizations that joined us as partners in cosponsoring the Southeast Asia Region Young Adult Reproductive Health State of the Art (SOTA) Training Course on June 26–30, 2000, in Chiang Mai, Thailand:

- Family Planning International Assistance–Asia and Pacific Regional Office,
- International Planned Parenthood Federation–East and Southeast Asia and Ocean Regional Office,
- Thai Youth AIDS Prevention (TYAP) Project, and
- U.S. Agency for International Development.

Further, we acknowledge each of the nearly 100 participants who came with open minds and optimistic attitudes, fully confident of the power, the potential, and the promise of youth.
Purpose of the Report

We present this report as a snapshot, an at-a-glance summary of each SOTA training session. Written for professionals working in young adult reproductive health (YARH), the session report presents a picture of the current and emerging issues that are shaping the YARH agenda in Southeast Asia.

Like the SOTA training course itself, this report is not meant to be either definitive or conclusive. Rather, it is intended to stimulate continued thought and discussion—based on policy, program evaluation, research, and experiences—about the important issues that we must be mindful of as we carry out our vital work. The report parallels the SOTA training course agenda, highlighting the key questions around which presentations were framed and group and panel discussions were centered. The key discussion points are not exhaustive, however; they serve only to represent the breadth of information shared, condensing the main points as well as the major ideas and thinking of each session.

We hope that our colleagues will find this report useful and that participants will continue to network and collaborate as we work to advance the status of YARH in Southeast Asia. Copies of individual papers and presentations are available from FOCUS upon request for a limited time.
The agenda for the SOTA training course was ambitious, including the following activities:

- Three days of presentations and discussions were led by country-level, regional, and international experts.
- Two days focused on skills building in the areas of adolescent development, monitoring and evaluation, and youth-friendly services, introducing participants to the latest installments in the FOCUS tool series.
- An afternoon of site visits to YARH programs in the Chiang Mai area enabled participants to observe firsthand innovative YARH programs in action.

New and seasoned YARH professionals as well as young people holding paid and volunteer positions within the region’s leading YARH programs shared their diverse perspectives on how best to reach and serve youth. The distinctive perspective of the more than 30 young people added significantly to the richness of the discussions and brought relevance and timeliness to the outcomes.
The objectives of the course were to:

- define the adolescent development process and its impact on sexual and reproductive behavior;
- assess the nature and scope of health and health-related issues facing young adults in the region, which include HIV/AIDS, contraceptive use, and sexual attitudes and behaviors;
- identify cultural, societal, and familial factors that influence the transition from adolescence to adulthood;
- identify program- and policy-related strategies that can increase, enhance, and sustain services to young adults;
- identify what is known about effective strategies to reach and serve underserved adolescent populations, and identify how to adapt and apply those strategies, policies, and programs for ongoing or new YARH programming in the region;
- identify special issues in working with young adults, both in tailoring programs to their needs and interests and in involving youth in programs;
- identify promising approaches to working with special populations, including young people who are HIV-positive, commercial sex workers (CSWs), refugees, or youth otherwise displaced from their families and communities;
- offer advice and assistance to government and private-sector counterparts to help them make more-informed decisions about how to use scarce population and health funding to address the needs of young adults; and
- identify gaps in and next steps for research and program development.
LIST OF ACRONYMS

CPR contraceptive prevalence rates
CSW commercial sex worker
EMPOWER Education Means Protection of Women Engaged in Recreation
FP family planning
FPA Family Planning Association
FPNP Family Planning Northern Project
HKFPA Hong Kong Family Planning Association
IEC information, education, and communication
IV intravenous
NGO nongovernmental organization
NLFC New Life Friends Center
PLA Participatory Learning and Action
PPAT Planned Parenthood Association of Thailand
PRA Participatory Rural Appraisal
PTA parent-teacher association
PWA people with AIDS
RH reproductive health
RHAC Reproductive Health Association of Cambodia
RHAM Reproductive Health of Adolescents Module
SOTA state of the art
S&RH sexual and reproductive health
STI sexually transmitted infection
TYAP Thai Youth AIDS Prevention
UNFPA United Nations Population Fund
YARH young adult reproductive health
Nine countries in Southeast Asia were the focus of the SOTA course. They represent a mix of the most developed countries in the world, supporting advanced reproductive health information, services, and technologies, and those struggling with economic and social change resulting from war, natural disaster, and a changing political landscape. See table 1 for statistics about each country.

1. Cambodia: Cambodia has a largely rural population engaging in agriculture and fishing. The civil war from 1970 to 1979 depleted the country of human resources and trained personnel. Because of the thousands of men lost to the war, a deficit of men resulted in more than 24 percent of households being female-headed. A birth-spacing policy establishing the right of individuals to family planning was started in the early 1990s. The Royal Government’s Public Investment Programme (1996–2000) increased investment in family planning programs. An abortion law ensuring that women request and agree to an abortion was adopted in 1997. Cambodia has the highest HIV infection rate in Asia with one in ten university students, one in four soldiers, and up to 45 percent of prostitutes testing positive for HIV.
2. **Hong Kong:** In 1997, the sovereignty of Hong Kong was returned to the People’s Republic of China from Britain. Hong Kong is one of the leading trading cities in the world. Although there is no official population policy, the government is supportive of family planning programs and Hong Kong has one of the highest contraceptive prevalence rates in the world. The nuclear family is becoming the norm, and the percentage of men and women who are remaining unmarried is increasing.

3. **Indonesia:** Indonesia is the fourth most populous country in the world. Its 17,000 islands (of which 6,000 are inhabited) hold a wealth of natural resources including oil, natural gas, and mineral deposits. Family planning is an integral part of government policies focused on developing human resources. Although fertility rates have declined significantly, high maternal mortality continues to be a problem. Abortion is illegal and contributes to 15–30 percent of maternal deaths. The lack of contraceptives, caused by economic and political crisis, is feared to exacerbate the problem. The national program is further hindered by the wide diversity of languages and religious beliefs, high levels of illiteracy, low income levels, and a lack of understanding of the benefits of family planning.

4. **Laos:** Laos People’s Democratic Republic is a small and relatively poor, landlocked country of approximately 4.5 million people that is over 80 percent rural. The largest city is the capital, Vientiane, home to about 560,000 people. Laos is greatly influenced by the bordering countries of Thailand, Cambodia, and Myanmar. Although some influences have been positive, increased contact has also resulted in young people’s being coerced into Thailand’s sex industry, low-paid factory work, or domestic work. Moreover, their illegal status in Thailand affords them few benefits enjoyed by legal Thai workers. Laos is a country in transition, experiencing a variety of rapid and progressive social changes that affect young people. Economic change has brought exposure to the international mass media and affected traditional social relationships and structures previously central to Lao society. Interestingly, the middle-class youth of Laos are the most vulnerable. They have more disposable income with which to engage in high-risk behaviors and are often unsupervised and lack traditional parental and family support networks.

5. **Malaysia:** Populated by indigenous Malays, Chinese, and Indians, Malaysia enjoys high education standards, rapid development, and improved economic standards. However, service delivery is challenged by poor infrastructure and remote rural areas. The National Population and Family Planning Development Board coordinates family planning and population-related activities. Abortions are legal in cases of risk to the life or physical or mental health of the mother.

6. **The Philippines:** The Philippines is made up of 7,100 islands, of which 880 are inhabited. At 2.3 percent, the Philippines has one of the highest population growth rates in Asia, and abortion is illegal. The 1998 Philippine Reproductive Health Program has identified 10 priority health care
services, including services to adolescents, prevention and management of violence against women, and prevention and treatment of sexually transmitted infections (STIs), HIV/AIDS, and reproductive tract infections. However, the family planning program is challenged by inaccessibility of remote rural island areas, natural disasters, and the strength of the Roman Catholic Church.

7. **Singapore**: Singapore, one of the most densely populated countries in the world, is a major commercial center. The government’s national family planning program began in 1965, just after independence. Abortion was legalized in 1970 and is readily available. In 1987, after the country experienced a decade of below-replacement fertility, the policy was changed to a selectively pro-natalist policy. Contraceptives are widely available through the Ministry of Health and public and private sectors.

8. **Thailand**: The majority of the population of Thailand are farmers living in rural areas. Although a period of rapid economic and social transformation has improved the quality of life for many, inequities between the rich and the poor are growing. The emergence of the nuclear family has led to diminished social supports and increased vulnerability of youth. Drug addiction and crime are on the increase, as are premarital sex, unsafe abortion, unwanted pregnancies, HIV/AIDS, and STIs. The government’s integrated development policy includes population, environment, and maternal and child health, and Thailand has succeeded in meeting its population reduction goals. As a result, it is one of the four “centers of excellence” that facilitates assistance to developing countries.

9. **Vietnam**: Significant economic progress has been made in the past 10 years; however, Vietnam’s agricultural economy continues to suffer from the ravages of war. Although total fertility rates have decreased from 6 children per woman in 1960 to 2.3 in the late 1990s, the young age distribution has led to continued rapid population growth. The national population and family planning policy is an integral part of the socioeconomic development strategy. However, service delivery is impeded by large rural populations, the terrain, and traditional norms that favor sons. Abortion is legal and available on request. Domestic violence is an increasing problem, and STIs, including HIV/AIDS, are of growing concern.
<table>
<thead>
<tr>
<th></th>
<th>Cambodia</th>
<th>Hong Kong</th>
<th>Indonesia</th>
<th>Laos</th>
<th>Malaysia</th>
<th>Philippines</th>
<th>Singapore</th>
<th>Thailand</th>
<th>Vietnam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population (1998)</td>
<td>10.8 million</td>
<td>6.7 million</td>
<td>207.4 million</td>
<td>5.4 million</td>
<td>22.2 million</td>
<td>75.3 million</td>
<td>3.9 million</td>
<td>61.1 million</td>
<td>78.5 million</td>
</tr>
<tr>
<td>Annual Growth Rate</td>
<td>2.4%</td>
<td>0.4%</td>
<td>1.5%</td>
<td>2.74%</td>
<td>2.1%</td>
<td>2.3%</td>
<td>1.1%</td>
<td>1.1%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Population under Age 15</td>
<td>44%</td>
<td>18%</td>
<td>34%</td>
<td>45%</td>
<td>35%</td>
<td>38%</td>
<td>23%</td>
<td>27%</td>
<td>40%</td>
</tr>
<tr>
<td>Urban Population</td>
<td>14%</td>
<td>100%</td>
<td>37%</td>
<td>—</td>
<td>57%</td>
<td>47%</td>
<td>100%</td>
<td>31%</td>
<td>20%</td>
</tr>
<tr>
<td>Birth Rate per 1,000 Women</td>
<td>38</td>
<td>9</td>
<td>24</td>
<td>24.9</td>
<td>26</td>
<td>30</td>
<td>15</td>
<td>17</td>
<td>19</td>
</tr>
<tr>
<td>Total Fertility Rate</td>
<td>5.2</td>
<td>1.1</td>
<td>2.7</td>
<td>5.55</td>
<td>3.2</td>
<td>3.7</td>
<td>1.7</td>
<td>2</td>
<td>2.3</td>
</tr>
<tr>
<td>Births to 15–19-year-olds</td>
<td>6%</td>
<td>1%</td>
<td>6%</td>
<td>—</td>
<td>2%</td>
<td>5%</td>
<td>1%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Life Expectancy Women (Years)</td>
<td>53</td>
<td>82</td>
<td>64</td>
<td>55.87</td>
<td>75</td>
<td>69</td>
<td>80</td>
<td>72</td>
<td>69</td>
</tr>
<tr>
<td>Life Expectancy Men (Years)</td>
<td>50</td>
<td>76</td>
<td>60</td>
<td>52.63</td>
<td>70</td>
<td>63</td>
<td>74</td>
<td>67</td>
<td>65</td>
</tr>
<tr>
<td>Infant Mortality per 1,000</td>
<td>108</td>
<td>4</td>
<td>47</td>
<td>89.32</td>
<td>11</td>
<td>32</td>
<td>4</td>
<td>31</td>
<td>33</td>
</tr>
<tr>
<td>Maternal Mortality per 100,000</td>
<td>900</td>
<td>—</td>
<td>650</td>
<td>—</td>
<td>80</td>
<td>280</td>
<td>10</td>
<td>200</td>
<td>160</td>
</tr>
<tr>
<td>Access to Health Services</td>
<td>53%</td>
<td>—</td>
<td>80%</td>
<td>—</td>
<td>76%</td>
<td>100%</td>
<td>90%</td>
<td>90%</td>
<td>—</td>
</tr>
<tr>
<td>Access to Safe Water</td>
<td>36%</td>
<td>—</td>
<td>62%</td>
<td>—</td>
<td>78%</td>
<td>84%</td>
<td>100%</td>
<td>89%</td>
<td>43%</td>
</tr>
<tr>
<td>Population per Doctor</td>
<td>—</td>
<td>—</td>
<td>7,143</td>
<td>—</td>
<td>2,564</td>
<td>8,333</td>
<td>725</td>
<td>4,762</td>
<td>247</td>
</tr>
<tr>
<td>Rate of Unemployment</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>8.4</td>
<td>2.6%</td>
<td>2.7%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Literacy Rate (Women)</td>
<td>53%</td>
<td>—</td>
<td>78%</td>
<td>48%</td>
<td>78%</td>
<td>94%</td>
<td>86%</td>
<td>92%</td>
<td>91%</td>
</tr>
<tr>
<td>Literacy Rate (Men)</td>
<td>80%</td>
<td>—</td>
<td>90%</td>
<td>70%</td>
<td>89%</td>
<td>95%</td>
<td>96%</td>
<td>96%</td>
<td>97%</td>
</tr>
</tbody>
</table>

— = not available.
Source: Adapted from the International Planned Parenthood Federation Web site.'