

The international newsletter on AIDS prevention and care

AIDS action

ASIA-PACIFIC EDITION

Issue 52-53
July-December
2001

Young People at Risk

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One out of every four people worldwide is between ages 10-24. It is during these ages where a person makes the transition into adulthood. While it is often said that young people are a great potential resource for the future, they need to acquire skills and knowledge, as well as opportunities to be able to maximise their potentials and facilitate their development into responsible adults. With the complex web of information they need to comprehend, they too need to understand about reproductive health risks and its consequences.

There are some particular circumstances that put young people at greater risk. Oftentimes, unprotected sexual activity among young people leads to unplanned pregnancy, contraction of STDs/HIV/AIDS and unsafe abortion. Most young people have little knowledge of STDs and many do not seek treatment because they are ashamed to inform others about the symptoms. Despite awareness campaign on HIV, most young people hold the belief of invulnerability or the "it can't happen to me" syndrome. Majority of young people believes that they are exempted from HIV infection.

This issue of *AIDS Action Asia Pacific* looks at adolescent behaviours, particularly the risks and consequences of early sexual activity among Asian youth. The Asian Young Adult Reproductive Risk (AYARR) research project shows that many of unmarried adolescents are sexually active. Boys were reported to having sexual activity at a much younger age than girls. Young and sexually active, they are more likely to change sexual partners, thus increasing their risks of contracting STDs as well.

Highlights of the results of the research on youth risk behaviours conducted in some AYARR countries such as the Philippines,

Nepal, Indonesia, and Thailand are included in this issue. An article also discusses risky sexual behaviours of young men and women in China and the approaches adopted by Marie Stopes International to educate them about HIV/AIDS. Similarly, an article about the use of theater group in Thailand describes how performing arts and peer group community works to help prevent HIV infection among young adults.

About 12 million young adults worldwide are now infected with HIV/AIDS. Based on results of adolescent surveys, current practices and behaviours of young people, particularly related to their sexuality and reproductive health, if unabated, could lead to greater likelihood of HIV/AIDS infection in the future. A better understanding of the various influences that affect adolescent behaviours and attitudes could guide policy-makers and planners in identifying problems affecting young people and in planning for appropriate programmes and services to address their needs. ☞



Why focus on young people?

Young people lack information

Misconceptions about HIV/AIDS are widespread among young people. They vary from one culture to another, and particular rumours gain currency in some populations both on how HIV is spread and on how it can be avoided. Surveys from 40 countries indicate that more than 50 percent of young people aged 15 to 24 harbour serious misconceptions regarding HIV transmission. Even when they do have information, some adolescents engage in unprotected sex because they lack the skills to negotiate abstinence or condom use. They may be fearful or embarrassed to talk with their partner about sex.

Girls are very vulnerable

The risk of getting infected during unprotected vaginal intercourse is always greater for women than men; and the risk for girls is further heightened because their vaginal tracts are immature and the tissues tear easily. Young girls living in poverty are often enticed or coerced into having sex with someone older, wealthier or in a position of authority, such as an employer or schoolteacher. In cultures where it is vital for girls to be virgins at marriage, some girls protect their virginity by engaging in unsafe sexual practices such as unprotected anal intercourse.

Young people in the sex trade

It is estimated that about one million children are abducted or coerced into the sex trade each year. Clients often target younger adolescents because they believe that children do not carry HIV. Adolescents who are sexually exploited also have virtually no negotiating power to ask for safe sex from their exploiters.

Adolescents who are sexually violated

Reported rape is on the rise in many countries, but most sexual violence are unreported. Both boys and girls are vulnerable to sexual violence, including abuse and exploitation, but greater numbers of girls and young women are victimised. Abusers are unlikely to use a condom, and the cuts and tears that result from forced sex increase the likelihood of HIV infection.

Young people who inject drugs

Injecting drug use (IDU) is one of the many addictions that often begin during adolescence. IDU among young people,

especially young men, has increased dramatically in recent years. There are more and more 'occasional' injectors, and experimentation is frequent and widespread among young people, most of whom do not consider themselves to be regular users of injecting drugs. People who share needles and syringes for injecting drugs are at very high risk of contracting HIV. In Nepal, HIV prevalence soared among people who inject drugs from two percent in 1995 to nearly 50 percent in 1998. Half of the country's 50,000 people injecting drugs were 16 to 25 years old.

Young males having sex with males

Some young men who engage in sexual relations with other males may not identify themselves as homosexual or may have experimental and temporary homosexual experiences, without protecting themselves from unsafe behaviours that put them at risk for HIV.

Young men in the military

Young men in the military tend to have multiple sex partners, and military camps are often surrounded by sex workers with very high STI/HIV infection rates. Even during peacetime, young men in the military have STI rates two to five times higher than civilians – and during armed conflict, the infection rates can be 50 times higher. Often these young men return home and infect their wives or other women with HIV.

Children orphaned or affected by AIDS

Over 10 million children currently under 15 have lost one or both parents to AIDS. The total

number of children orphaned by the epidemic is forecasted to be more than double by 2010. Children orphaned by AIDS are at greater risk of malnutrition, illness, abuse, child labour and sexual exploitation than children orphaned by other causes, and these factors increase their vulnerability to HIV infection. They also suffer the stigma and discrimination often associated with HIV/AIDS and may be denied education, work, housing and other basic needs as a result. ☞

Adapted from "Young People and HIV/AIDS: Opportunity in Crisis" a publication by the UNAIDS. May be downloaded from <http://www.unaids.org/youngpeople/index.html>

Table 1: Young people's population and estimated no. of HIV infection

Country	Young people as a % of total population	Estimated no. of young people living with HIV/AIDS, end 2001			
		Female (15-24)		Male (15-24)	
		Low estimate	High estimate	Low estimate	High estimate
World	27	7,300,000		4,500,000	
East Asia and Pacific	26	340,000		400,000	
South Asia	30	670,000		390,000	
Australia	21	160	240	1,300	1,900
Bangladesh	33	980	1,700	1,100	1,900
Cambodia	33	26,000	39,000	10,000	15,000
China	25	60,000	110,000	120,000	210,000
India	30	430,000	890,000	220,000	470,000
Indonesia	30	9,500	14,000	11,000	17,000
Japan	17	2,000	3,000	1,200	1,700
Korea, Republic of	23	290	440	660	980
Lao PDR	32	<100	170	180	330
Malaysia	29	1,900	2,900	1,200	1,800
Nepal	31	4,000	8,300	4,100	8,500
New Zealand	21	<100	<100	110	170
Papua New Guinea	32	1,200	2,400	1,200	2,400
Philippines	32	880	1,300	820	1,200
Singapore	19	300	450	300	460
Sri Lanka	28	490	740	400	590
Thailand	27	77,000	120,000	51,000	78,000
Vietnam	32	11,000	16,000	20,000	31,000

Asian Youth at Risk:

Finding some commonalities amidst differences

One of the emerging concerns of societies worldwide is how young people's experiences and behaviours are being influenced by their changing environment. Technological innovations and the ever-widening reach of mass media have opened new doors of opportunities and lifestyle options to young people. At the same time, the family and other social institutions are slowly losing their hold on young people's lives. And nowhere is this transformation more pronounced than in Asia.


The past three decades, in particular, have witnessed the youth share in population reaching its peak before slowly declining. This was the case in Singapore, Hongkong, and Taiwan in 1980 and Thailand and Indonesia in 2000. Accompanying this demographic change is the youth social transformation characterised by the rise in percent single, percent enrolled and the changes in labour force participation among young people. It is also around this time when the region experienced rapid economic development.

Within this backdrop, how do young people in the region cope with adolescence? How do these changes affect adolescent risk taking behaviours? What are the influential factors that affect their behaviours? These are some of the issues that the Asian Young Adult Reproductive Risk (AYARR) project tried to address.

It is the objective of the research program to arrive at a definitive view of youth behaviour and conditions across the diverse set of Asian societies. Analyses likewise highlight the important determinants of risk behaviors among Asian youth. While it was foremost in the agenda to do a comparative analysis of youth issues, cultural and contextual differences proved to be important factors that distinguishes one country's experience from the other.

What did we find out?

Across Asia, and perhaps all over the world, modernisation and socioeconomic development have been influential in attitudes and beliefs of young people. Asian youth today are consuming more substances such as alcohol, tobacco, with a significant proportion engaged in drugs. With regards to sexuality, Asian youth are subscribing to more liberal attitudes, with a substantial proportion of them accepting of behaviours such as premarital sex, cohabitation, and homosexuality. Sexual initiation is happening at younger ages although there is a delay in age at marriage. There is also a considerable gender difference in these various behaviours, with males likely to exhibit higher propensity for premarital sex, commercial sex, and substance use. In some countries in Asia, such as Nepal and Indonesia, early marriage and childbearing are still common practices. (see related article on page 5)

The AYARR project brought together experts on adolescent issues that have extensive research experience in Asia. The countries and territories represented in the project are, following a West-to-East arc around the region, Nepal, Indonesia, Thailand, the Philippines, Hong Kong and Taiwan. In each of these countries, one or more young adult surveys has been conducted at or near the national scale. These surveys provide data on the social and economic circumstances and the reproductive health knowledge, attitudes and behaviours of representative samples of youth. Most samples cover the age range from 15 through 24. 



There are now 40 million PLWHAs around the world and 94 percent of them are living in developing countries. Of these infected people, 11.8 million are young people ages 15-24. The number of infected girls (7.3 million) is greater than young boys (4.3 million).

For more information about the AYARR project, visit <http://psiun2.ewc.hawaii.edu/ayarr/>

Early Sexual Onset Among Asian Youth

Among the most urgent issues that were brought out by the Asian Young Adult Reproductive Risk (AYARR) research project are the rising level and changing pattern of pre-marital sexual experiences and union formation among Asian youth. The data are drawn from Young Adolescent Reproductive Health (YARH) surveys conducted in six countries: Hongkong, Indonesia, Nepal, Taiwan, Thailand, and the Philippines.

At the very least, early onset of sexual activity has demographic ramifications, particularly if this results to pregnancy. It is also an important reproductive health concern. Complications of pregnancy, childbirth, and unsafe abortion are major causes of death for women less than 20 years old. In addition, high levels of infant and child mortality, and the risk of HIV/AIDS and other STDs are higher for younger women. Adolescent girls are at greater risk for STIs than older women because of specific biological characteristics that make them more susceptible to such infections. Moreover, starting sex at earlier age increases the risk of STIs, including HIV, for young women and men because the longer a person is sexually active before marriage, the more partners he or she is likely to have.

Experiences of countries that have conducted the YARH surveys point to low level of condom and other contraceptives use among adolescents. Young people are more likely to experience contraceptive failures. They are also less likely to be able to refuse unwanted or coercive sex and to negotiate for condom use.

Early sex and marriage in Asian context

In global, comparative terms, the levels of sexual experience before the age of 20 across the six AYARR countries are higher than those found in the Middle East, but much lower than those found in Latin America and very much lower than those generally found in Africa.

Based from the reports of the six countries, about 75 percent of all first sexual experience by age 20 had occurred before any union or were pre-marital.

In Hongkong, marriage among females aged 20-24 occurs late with only 25 percent of them married before the age of 18. In terms of sexual activity, only 24 percent of the young women were sexually active by age 20. The males however, exhibit greater propensity for sexual activity. Forty nine percent are already sexually active by age 20 despite the fact that only two percent of them are in union. (See table 1)

Later marriage seems to predominate among Taiwan's young people as well. By age 18, only 30 percent of females have gotten married and none among males, although about 24 and 17 percent of males and females, respectively, would have been sexually active by then.


This pattern of late marriage persists among young males in Thailand and the Philippines but the figures for females in both countries are relatively high. At age about 19 percent of Thai women would have been married while the corresponding figure for Filipino women is 60 percent.

Based from the reports of the six countries, about 75 percent of all first sexual experience by age 20 had occurred before any union or were pre-marital.

Table 1: Percentage of young people who are sexually active and married

	Sexually active by 20		Married under 18	
	Male	Female	Male	Female
Hongkong (1986)	49	24	2	25
Taiwan (1995)	24	17	0	30
Philippines (1994)	33	28	9	60
Thailand (1994)	57	39	6	77
Nepal (2000)	43	66	65	98
Indonesia (1999)	7	54	57	92

Two other countries provide interesting picture of youth sexual and marital patterns. Early marriage is common among Nepalese and Indonesian women. By age 18, almost 90 percent are already married. To a certain extent, this explains the high percentage of sexual activity among young adolescent females in both countries. The males appear to subscribe to this practice, but at a much lower percentage compared with that of females.

In the YARH surveys, there were direct questions about the sexual experience of adolescents as well as the age of first occurrence. Moreover, because of the sensitivity of the issue, questions about sexual experience of young people in some of the YARH surveys were framed and phrased in a subtle manner, such as within the context of dating, and union formation and/or cohabitation. 

Adapted from Research Briefs for AYARR International Conference Asian Youth At Risk: Social, Health and Policy Challenges held on November 26-29, 2001, Taipei, Taiwan., and from the Asia Pacific Population and Policy, East West Center Population and Health Studies, July 2001, No. 58.

Early Marriage and Childbearing in Indonesia and Nepal

Recent demographic trends show that in most parts of Asia, women marry and have children at later ages. But in Nepal and Indonesia, it is still common for many women to marry and have their first child while still in their teens.

Using the Baseline Survey of Young Adult Reproductive Welfare in Indonesia conducted in 1998-99 (RRS) and Nepal Adolescent and Young Adult Survey (NAYA) conducted in 2000, this article examines age patterns of marriage for men and women, age patterns of motherhood (giving birth to first child), and factors associated with the pace of marriage and pace of motherhood in the two countries.

Early marriage before age 18 is common among women in rural Indonesia and among women in both urban and rural areas of Nepal. Majority of rural Nepalese women marry before age 18. Early marriage among men (marriage before age 20) is rare in Indonesia in both urban and rural areas and in urban Nepal. Early marriage is common among rural Nepalese men. Child marriages (marriages before age 15) are common in Nepal especially for women but rare in Indonesia even among rural women. (See table 1)

In Nepal, 17 percent of urban women and 26 percent of rural women marry before age 15 but in Indonesia, only two percent of urban women and eight percent of rural women do so, mainly because of the availability of primary level education.

Consequently, early motherhood is common in both countries. In Indonesia, 19 percent of urban women and 40 percent of rural women have their first child before age 20. In Nepal, the proportions are higher: 31 percent among urban women and 41 percent among rural women. Partly due to the prevalence of early childbearing, Indonesia has higher overall levels of infant mortality than many other countries with similar levels of economic development.

Table 1: Percentages of young women and men who are married

	Age	Women		Men	
		Rural	Urban	Rural	Urban
Indonesia (1999)	15	8	2	0	0
	18	38	11	2	1
	20	59	28	7	5
	24	84	55	31	19
Nepal (2000)	15	26	17	9	2
	18	56	36	27	8
	20	71	49	44	17
	21	74	56	53	24

Fertility and infant mortality rate also remains high in Nepal. Infant mortality is 50 percent higher for Nepalese mothers in their teens than for mothers in their 20s.

Among the factors examined, education has the strongest effect on the pace of marriage for both men and women in both countries. Both countries also show large regional variations in the pace of marriage that suggest persisting effects of cultural tradition on marriage behaviour.

In Nepal, which is at the early stage of economic and social development, women with primary level education are marrying at much slower pace than women with no education but these two groups of women have similar pace of motherhood.


Schooling and work opportunities give young women alternatives to early marriage and childbearing which are very limited in the two countries, particularly in the rural areas. About 60 percent of rural women aged 20-22 in Nepal and 64 percent in Indonesia have attended primary school only or no education at all. Educational levels for urban women are likely higher with at least three quarters of them have reached junior high education.

Young women who marry at a very young age have limited access to mass media and other sources of information. Hence, they have limited knowledge of reproductive health. They are also less likely to seek maternal and child health services than women who wait until a later age to marry and give birth.

The surveys also show low levels of employment among young women. One in ten single women under age 20 are employed in Nepal while the ratio is one in four women in Indonesia.

Policy Implications

Experience in many countries suggests that it is difficult for policymakers to influence age at marriage and childbearing directly. In both Nepal and Indonesia, the legal age at marriage for women is 16, but still, there is still a number of women in these countries who marry below this age.

Results of the surveys indicate that providing women with access to education would be an effective program to delay their age at marriage and childbearing. School curricula might also need to place more emphasis on reproductive health topics. Information programs that emphasise the health advantages of delayed marriage and childbirth could also be beneficial to both countries. The special challenge is to reach young women with low levels of education and little access to mass media. Finally, service-delivery programs could place greater emphasis on the needs of young married women. For women who still go on to give birth in their teens, targeted maternal and child health programs could help address the special risks to mothers and their children. 

Adapted from Research Briefs for AYARR International Conference Asian Youth At Risk: Social, Health and Policy Challenges held on November 26-29, 2001, Taipei, Taiwan., and from the Asia Pacific Population and Policy, East West Center Population and Health Studies, July 2001, No. 58.

Coming of Age Under the Threat of HIV/AIDS



The experience of Filipino adolescents

by Elma Laguna

The Philippine's HIV/AIDS situation is yet to reach the alarming level experienced by other countries in the region and most of Africa. The less than one percent prevalence established in previous surveillance surveys however, is at best an underestimation of the real level of infection. Nevertheless, efforts have been undertaken in the country to arrest the spread of infection through a vigorous information and education campaign. Early cases of HIV infection took the sexual contact route; thus, youths were identified as vulnerable to the risk of contracting the disease because of the peculiarity in their sexual practises and behaviours. This article summarises patterns in sexual behaviour of Filipino adolescents that may affect the potential for HIV/AIDS infection.

The sexual initiation of Filipino youth

The 1994 Young Adult Fertility Survey (YAFS) conducted by the University of the Philippines Population Institute shows that 18% of Filipinos between the ages 15-24 are already sexually active and sexual initiation is happening at earlier ages than previously observed. Average age at first sexual intercourse occurs at about age 18, although males have a slightly earlier onset than females. In light of the recent demographic trends of delayed age at marriage among young Filipinos, early exposure to sexual activity lengthens the period for sexual experimentation. This increases the likelihood of a greater number of lifetime sexual partners among young people that could affect their chances of acquiring sexually transmitted diseases, as well as early pregnancy and a host of other reproductive health consequences.

Sexual experience of Filipino youth can be categorised into three types: committed sex (or sex with a partner who subsequently becomes the marital partner); commercial sex; and casual sex (or sex with a partner who has not become a marital partner and where no monetary transaction is involved). For most of the sexually active young adults, such experience happens under the pretext of committed relationships. In fact, for married respondents, 86 percent of females and 68 percent of males have their present spouse as the first premarital sex partner (Table 1). Similarly, those who are single and sexually active admit to having their first premarital sex experience with current boy/girl friend.

Multiple sex partners

Filipino males appear to exhibit greater tendency towards risky sexual practises with 46 percent of single males likely to have first sex with persons they are not "romantically" involved with. The same pattern holds true for married males, although at a much lower percentage (22 percent). More than half of married males had their first sex not with their current spouse. Moreover, 36 percent of married males have sexual partners other than their spouse before marriage, establishing to a certain extent the possibility of a network of sexual partners among Filipino males.

Commercial sex

Aside from heightened level of premarital sex among young Filipinos, commercial sex has also become fairly prevalent particularly among young males. The 1994 YAFS study found that about seven percent and 12 percent of Filipino single and married males, respectively, have engaged the services of a commercial sex worker. This behaviour is likely to be carried on to adulthood as the probability for engaging in paid sex among males increases with age. Another cause of concern is the low level of condom use among male adolescents. Only 27 percent of those who had commercial sex experience had regularly used a condom in their sexual encounters.

The invulnerable youth

But the greatest risk that a young person has to face in combating HIV infection is the "perceived invulnerability" to HIV. Majority of young people believes that they have immunity from possible risk of HIV/AIDS. When asked about their chances of acquiring HIV, 79 percent perceived little personal risk of HIV infection. Even those who had engaged in commercial sex manifest this same belief (Table 2). This behaviour towards HIV/AIDS explains why there is a relatively low level of condom use among young people. In addition, most young people hold an unfavorable attitude towards condom, such as it makes

sex less pleasurable, too expensive to use regularly, causes embarrassment in buying condom and that it cannot prevent AIDS or pregnancy.

The level of awareness on HIV/AIDS among youth remains inadequate. Fifty eight percent of respondents identified AIDS as a sexually transmitted disease. Majority of those who have high level of awareness on HIV/AIDS (84 percent) knows that it can be acquired through at least one sexually transmitted route, such as sex with sex workers. Other modes of transmission that were mentioned are: having sex with more than one partner, homosexual sex encounter, through blood transfusion, through injection, and having sex with a PWA or HIV-positive person. A substantial proportion of young people still believe that HIV can be transmitted through contact with belongings of a person with AIDS, by kissing, and use of public toilets.

Table 1. Indicators of sexual experience for single and married youth

Indicators of sexual experience	Male	Female
Never married youth reporting sexual experience before marriage	(N=1,037)	(N=86)
Relationship with first premarital partner (%)		
Acquaintance/friend	46.1	10.5
Girl/boy friend	50.2	84.8
Fiancee/e	1.3	4.7
Commercial sex worker	2.4	0.0
Married youth reporting sexual experience before marriage	(N=297)	(N=451)
Relationship with first premarital partner (%)		
Acquaintance/friend	21.8	4.2
Girl/boy friend	68.4	86.4
Fiancee/e	5.2	8.0
Commercial sex worker	3.0	0.0
No information	1.6	1.4
Additional sex partners before marriage (%)	36.8	2.6
Had sex with spouse before marriage (%)	57.1	51.3
First sex was not with spouse (%)	62.7	4.7

Based on Appendix Table 4.D, Raymundo, Xenos and Domingo (1999). Adolescent Sexuality in the Philippines.

Table 2. Perceived risk of contracting HIV among males

Chance of someone like you contracting HIV	With commercial sex	Without commercial sex
No chance	49.2	61.1
Not likely	22.6	15.9
Likely	19.9	10.7
Very likely	3.6	1.9
Don't know/unaware of AIDS	4.6	10.4
N	(400)	(4,847)

Based on Appendix Table 8. J. Raymundo, Xenos and Domingo (1999). Adolescent Sexuality in the Philippines.

The Filipino youth and HIV

In countries where HIV/AIDS is prevalent, infection usually occurs among people under the age of 25. These are people who are at the prime of their life. Using data from the Philippines, this article highlights the scenarios that make young people vulnerable to HIV infection. Young Filipinos engage in sex at an early age which leads to greater probability of having multiple sex partners, unprotected sex evident from low level of condom use, engaging in commercial sex and the prevailing attitude of “invincibility” to infection.

HIV/AIDS may be at its infancy stage insofar as the Philippines is concerned. However, while incidence of infection is yet to reach epidemic proportion, current patterns in sexual behaviour, particularly of the young segment of the population, present potential for further spread of the disease in future. As HIV is transmitted primarily through sexual encounters, informing and educating youth about the importance of healthy and safe sex practises is a critical step towards prevention of HIV/AIDS. This includes getting through the façade of invulnerability that they have regarding HIV/AIDS.

Studies conducted thus far, have consistently pointed out the gap between awareness and knowledge about the risk of STDs, HIV/AIDS among young people. Efforts geared towards bridging this gap should be strengthened and pursued by the government in conjunction with other important stakeholders in society. ☞

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Same-sex sexual practice and the risk of HIV/AIDS

In many cultures, sex between two males or two females will occur quite frequently, especially among young people. This happens even in societies that have strict prohibitions against homosexuality.

Ironically, sex between two males or two females may occur precisely because of sexual conservatism. When males are strictly segregated from females, same-sex encounters will occur. In societies that put a premium on female virginity, young males, unable to have sex with their girlfriends, will seek sex from transgendered males, i.e., males who occupy a “third sex” niche in society such as the *bakla* in the Philippines, the *waria* in Indonesia or the *kathoy* in Thailand.

Such encounters defy western categories of sexual identity and orientation. Many males who have sex with transgendered males do not consider themselves homosexual. They see their partners as occupying a status between males and females. The transgendered males, on the other hand, see themselves also in a third sex category, described for example in the Philippines as being “*lalakeng may pusong babae*” (males having a female heart).

In many Asian cities, there will also be emerging gay and lesbian communities, based more around western concepts of homosexuality rather than traditional transgendered categories. Many of these gay and lesbian organisations have been active in HIV/AIDS organisations, engaging in prevention and support activities.

Generally, Asian societies are still quite intolerant of lesbian, gay and transgendered people. For Asians already struggling with the usual problems of young adulthood, problems around sexual identity can complicate life, especially since there are few groups that offer non-judgemental counseling and support activities. Eventually, it will have to be the lesbian, gay and transgendered communities themselves that will built more appropriate responses to the needs of this neglected sector of our youth. ☞

Thai youth vulnerable to HIV/AIDS, *Family and Youth survey shows*

by Chai Podhisita

Thailand experienced HIV/AIDS since mid 1980s, but until mid-1990s there was no single large-scale study that focused on vulnerability of youth in this respect. The Family and Youth Survey (FAYS) was conducted in 1994 by researchers at the Institute for Population and Social Research of Mahidol University, aiming to understand several aspects of the youth life including health risk behaviour with regard to sexuality, knowledge of HIV/AIDS and drug use. The survey interviewed a representative sample of 2,180 men and women aged 15-24 selected from the household sample of both rural and urban areas in all regions of the country. This brief article draws upon results of selected analyses to highlight the extent of youth vulnerability and some policy implications.


Sexual initiation among Thai youth begins early. While, on average, 50 percent of young men and women in the sample had first sexual experience by age 18, for a substantial minority (17 percent) the sexual onset already took place by age 15, and for some even as early as age 12. By age 24, well over three-fourths already experienced sexual union, but only 47 percent of men were married by this age compared to 75 percent of women who were in marital union. Significant contrasts exist in men's and women's sexuality; one such contrast is in their first sexual experience. For men, the first sexual union is predominantly non-marital. Of all men in the entire sample who ever had sexual experience, over 90 percent had first sex before marriage. For women, this proportion is 30 percent, much lower compared with that of men, yet substantial enough considering traditional norms prohibiting sexual union among unmarried women.

Who are the first partners of these sexually active youth? The survey revealed that while over 70 percent of the women reported first sexual union with their husbands, only 10 percent of men reported their first sex with the marital partners. The rest of the men had first sex with partners of less, or no, intimate relationships such as boy/girl-friends, acquaintances, commercial sex workers, friends or others. Surprisingly enough, only one-fifth of sexually active men reported having first sexual experience with commercial sex partners. This seems to be in contrast with results of some previous studies which identified commercial sector as the main source of first sex for young men of certain categories.

As expected, sexual experience of Thai youth differs with background characteristics. Prevalence of premarital sex is greater among rural men but lesser among rural women. Women who have college education, or plan to go to college are less likely to have premarital sexual union compared to the other group who have lower education or do not plan to study up to the college level. Men and women who leave their parental home early (before age 13) are more likely to have premarital sex. But early school exit increases non-marital sex among men only; it does not seem to make a difference for women.

Virtually all men and women in the sample ever heard about HIV/AIDS; yet, not all of them have good knowledge of how AIDS spreads and how to prevent HIV infection. For example, only 61 percent of youth in the sample correctly reported that HIV could be contracted

from a healthy-looking person; the rest either thought it could not or had not idea about this. Certainly, there is a gap in the knowledge about HIV/AIDS among Thai youth. Perhaps, because of the incorrect knowledge combined with a negative attitude about condom. Condom use with a non-marital partner is alarmingly low among these youth. For example, for the first sex with someone whom they have some knowledge of such as girl/boy friends, only one-third reported condom use; but with "others" the condom use is reported by less than half (48 percent) of the respondents. Considering the "advanced" stage of the HIV situation in Thailand, the low rate of protected sex among youth leaves much to be concerned about.

The Family and Youth Survey contributes to our knowledge of what make youth in Thailand vulnerable to HIV/AIDS and identifies who among these youth are in the vulnerable group. The key findings relevant to policy and programme include early onset of sexual union which is largely unprotected, the lack of correct knowledge and attitude necessary for preventing HIV infection, and the substantial proportion of the youth population with risk-enhancing characteristics. 

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Throughout the world, young people love entertainment. They listen to the radio, watch drama groups, musical performances and puppet shows. Media and other creative outreach activities can be effective ways to reach youth about HIV/AIDS prevention and care. It offers a way to depict typical situations that youth often face.

In Chang Rai, Thailand, a group called *Sang Fan Wan Mai* conducts puppet shows to educate villagers about HIV/AIDS. The aim of the shows is to influence the knowledge, awareness and attitudes of community members pertaining to HIV/AIDS. Down-to-earth plots were developed based on the lives of characters that are easy to understand and identify with.

Initially, several young people in Mae Chan district, aged 15-25 years, were selected to join training sessions about HIV/AIDS education. This was a great opportunity for some of the young people to become youth volunteers and to disseminate an accurate understanding about HIV/AIDS.

Established in 1996, the group started by organising various activities including puppet shows, stage plays, youth training and

workshops, youth camps, exhibition boards, village broadcasting, small group discussions, individual consultations, sports and competitions, radio programmes as well as other activities to interest the public. In organising activities, they make an effort to integrate information on AIDS and emphasise the participation of co-workers from the starting point of forming ideas, planning and analysing situations, to running activities and summing up the experience of working happily together.

When they write scripts for the shows, they go to the village where they are going to perform to find out about the current situation in this specific community. They walk around interviewing people to see what troubles them or other worries they may have relating to HIV/AIDS, drug taking or the environment. Their aim is to get more people to become interested in their activities and carry out their own initiatives in the future.

Soon after the puppet show proved to be so successful, the group initiated a range of other activities. The group now offers workshops about puppet theatre performances, stage plays and radio broadcasts.

Sometimes they organise sports events and competitions where they can communicate their message or recruit new volunteers. It simply helps to build the community spirit by organising fun events where everyone is welcome to participate.

It is amazing that as the group became more experienced in their activities, they started to conduct training themselves to other youth volunteers. Approximately 30 percent of their members have become trainers themselves. The training is directly focused on different HIV/AIDS issues such as information about AIDS, attitudes towards people living with HIV/AIDS, female and male roles in AIDS work, including leadership in managing a

recreational session in a group, analyzing situations and implementing projects. *Sang Fan Wan Mai* also has youth camps where they inform youth, how to use protection, how to live with people that are infected, how to say no and negotiate safe sex. They then encourage others to set up youth centres and form youth groups in other villages and sub-districts.

The radio show and exhibition boards are meant to engage the youth as a community and to create fun opportunities for them. *Sang Fan Wan Mai* teaches the youth how to operate a radio show. The objective is to be able to discuss current issues affecting adolescents, such as schools, child rights, HIV/AIDS, and relationships. The show tries to relate these topics to the music that is being played. Many teenagers write in to the show with requests or suggestions for other activities by the group.

The group learned some important lessons about being a youth group working with other youth. For example, it is essential that a youth group also hold some activities with parents and adults in order to secure their trust in the capacities of the group to implement activities and to secure their acceptance of young people's role in carrying HIV/AIDS work.

Through the years, *Sang Fan Wan Mai* has become a significant force in community-wide efforts to provide effective health education and engaging the youth in lifesaving activities. The most precious dream is to see the locals and youth of Chiang Rai safe from AIDS. This is a challenging demand on its abilities. ☞

Adapted from "Sang Fan Wan Mai Youth Group: Tiny Steps by Youth to Battle the AIDS Crisis". United Nations Development Programme South East Asia HIV and Development Project, July 2001. www.undp.org



Chai Podhisita

Tiny Steps: The *Sang Fan Wan Mai* Youth Project

Learning with Youth

Marie Stopes' approaches to educating young people in China

by Kate Mills

China has the conditions conducive to rapid, widespread transmission of HIV: transient working populations; high rates of sexually transmitted infections (STIs); and low condom usage amongst both the general population and vulnerable groups. While China is still at the incipient phase of the HIV/AIDS epidemic, Kofi Annan of United Nations warned that, "a complete mobilization of society" is needed, as China is "on the brink of an explosive AIDS epidemic". The Ministry of Health estimated China has one million HIV cases, up nearly 20 percent from earlier estimates. If current rates continue, experts estimate that figures could reach 10 million by 2010.

Presently an estimated 65 percent of China's HIV cases are 16 to 29 years of age and heterosexual transmission is becoming a more predominant mode of HIV transmission. China's recent socio-economic changes have led to increasingly tolerant attitudes towards premarital sex and many young people are tending to enter into sexual relations before marriage and at increasingly earlier ages. Despite these more liberal values and behaviour, evidence suggests that knowledge about sexual health issues including STI/HIV/AIDS remains extremely low and inadequate. A survey conducted amongst high school students in Shanghai shows that 70 percent¹ of respondents believed that HIV could be transmitted through both kissing and public toilets.

On World AIDS Day 2000, Marie Stopes China was involved in organising a music concert to raise sexual health awareness amongst university students and provide an agenda for a more open communication regarding safe and responsible sex. A self-completed survey was conducted by the concert participants, which revealed that 86 percent of males and 48 percent of females knew that condoms could prevent the sexual transmission of HIV/AIDS. Interestingly enough, nearly all the males and 70% of females who were in favour of premarital sex knew that condoms could prevent HIV transmission and had a greater desire to talk more openly about related issues. It seemed that students, both males and females, who were more liberal in their attitudes were also better informed and those that held more

conservative attitudes were not as receptive to the information provided. However, those who responded that they would not always use contraception were those who were more liberal in their attitudes towards pre-marital sex.

This raised several issues of concern, mainly, many young people felt that they did not need to know about safe sex because it was not relevant to them; and that those who had more liberal attitudes seemed better informed but this has no impact on their behaviour. A survey conducted amongst the same group of students earlier in the intervention had revealed that of those who were sexually active, 20 percent had never used contraception and 51 percent had sometimes used. Their main reasons for not using contraception were that they were unprepared (40 percent); it was inconvenient (19 percent); they were not concerned about getting pregnant (14 percent); it was unpleasant (11 percent); or they did not know where to get contraceptives from (8 percent).


This 'unpreparedness' fitted into psycho-social research findings which assessed moral values of adolescents in the context of a traditional social norm.² This indicates that Chinese youth tend to feel isolated and victimised as a result of their more liberal moral values. This is coupled with increasing generation gaps between Chinese youth and their parents and teachers, leading youth to be more highly influenced by their peers and the media in receiving sexual health information³. Furthermore, as a consequence of the multiple and contradictory messages that they are receiving, some young Chinese tend to lack confidence in societal values and social norms, and hence uncertainty leading to 'unpreparedness.'

Other research findings have also revealed that Chinese youth are not receptive to HIV/AIDS or sexual health education because they feel that such information is not relevant to them. Most Chinese youth will have left school by 16 which means that it is important to find appropriate approaches to be able to provide sexual health education acceptable to them.



With this in mind, Marie Stopes China has sought to enter into youth milieus in more appropriate ways through partnerships with youth-friendly media, edu-tainment events in entertainment establishments and AIDS awareness comic-dialogues, soap operas and traditional rapping broadcasts on trains. Interventions have also improved young people's access to condoms at non-traditional outlets. Within the formal education sector, Marie Stopes China had developed a youth-friendly newspaper (with accompanying teachers resource book) and peer education curricula, which places HIV/AIDS information within a broader life skills context. This not only makes the information more consumable, but it also provides young people with the tools to transfer the knowledge into action, by improving their skills in decision-making and negotiation, and providing a forum to allow young people to think about and clarify their values and attitudes.

These findings have also made impact on the approaches that were taken when conducting research, which has mainly been project based. The organisation have sought to ensure the participation of the youth, stakeholders and youth gatekeepers to help understand the various dynamics of this fast changing environment. This has also helped ensure that the stakeholders and gatekeepers are informed and supportive of projects within this sensitive field, as well as helping youth understand what is forming their identities and assisting them assess their attitudes. In a recent survey which attempts to understand attitudes of youth gatekeepers, trained youth conducted in-depth interviews and small group discussions amongst their teachers, parents, health professionals and local government decision makers. Besides the research findings, it gave the young people an opportunity to discuss what they perceived as 'normally taboo issues' with adults, resulting with the youth researchers being surprised at how open the adults. They've come to realise that adults can also be approached for discussion about sexuality.

Open communication; shared responsibility; informed choice and positive living form the basis of Marie Stopes China's programme, including the research conducted. Ms. Lily Liu, Marie Stopes China's Director commented that in order to better understand and respond to the sexual health needs of youth, "we have to learn together with young people." 

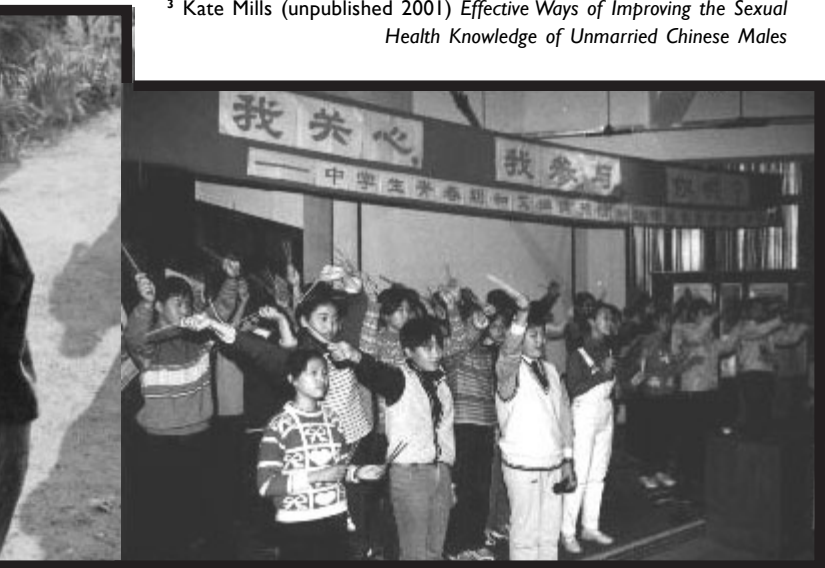
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(Endnotes)

¹ UNFPA ARH Evaluation Report - 2001

² Bao-Jane Yuan & Jianping Shen (unpublished 1998) *Moral Values Held by Early Adolescents in Taiwan and Mainland China*.

³ Kate Mills (unpublished 2001) *Effective Ways of Improving the Sexual Health Knowledge of Unmarried Chinese Males*



Kate Mills

THE RIGHT TO KNOW

Young people have the right...

- ◆ To know about sex and their sexuality
- ◆ To know the basic facts on HIV/AIDS and have the necessary life skills to protect themselves from HIV and other STIs
- ◆ To know their HIV status
- ◆ To know how to protect themselves if they are living with HIV/AIDS
- ◆ To know where to get medical, emotional and psychological support if they are living with HIV/AIDS
- ◆ To know how to protect their peers and families from HIV
- ◆ To know how to protect those in their communities who are living with HIV/AIDS
- ◆ To know about and participate in HIV education programmes tailored for youth
- ◆ To know their rights and entitlements, and the commitments that governments have made to them
- ◆ To know how to protect, claim and realize these rights.

Source: "Young People and HIV/AIDS: Opportunity in Crisis" by the UNAIDS. May be downloaded from <http://www.unaids.org/youngpeople/index.html>

PROTECTING DRUG USERS IN VIETNAM

Two containers, one offering sterile needles and syringes and the other for disposal of used ones, sit in front of Hy Vong (hope) Café in Ho Chi Minh City, a needle-exchange café in Viet Nam. Started by Save the Children Fund and supported by the Governments of Canada and Viet Nam, the café educates young people who inject drugs about the risks of HIV infection as well as providing sterile equipment. Run by the city's AIDS Committee, the café is set in a park enclosed by a wire fence. Its visitors have access to condoms, an STI clinic, hot drinks and showers. Local police have agreed not to target the park or arrest those injecting drugs there. The café, open 10 hours a day every day of the week, is run by former drug users who also provide information on preventing HIV. Around 350 people a day drop into the Hy Vong Café, many of them sex workers who also inject drugs.

Source: "Young People and HIV/AIDS: Opportunity in Crisis" by the UNAIDS. May be downloaded from <http://www.unaids.org/youngpeople/index.html>

Resource List

Reproductive Health of Young Adults: Contraception, Pregnancy and STDs: A Training Module, 2000. Contains information on adolescent reproductive health, transparency slides, handouts, pretest and posttest, evaluation form, and additional references. It can be used in workshops or seminars to increase awareness and understanding about the reproductive health needs of young adults among policy-makers, program directors, program planners, and health care providers. It also helps in the preparation of the training and suggests workshop activities. Contact Publications Coordinator, Family Health International, PO Box 13950, Research Triangle Park, NC 27709, USA. www.fhi.org.

Let's Talk About AIDS: A Book of Stories and a Facilitator's Guide, 1994 Contains games, exercises and stories that could be used in small groups and classroom setting. This will assist teachers in planning and conducting session on HIV/AIDS prevention and care for adolescents and young adults. Available in electronic and print format from HIV/STI and Stop TB Programme, WHO Regional Office for South-East Asia, World Health House, I.P. Estate, Mahatma Gandhi Rd., New Delhi, India 110002. www.whosea.org

Youth Peer Education Program Refresher Workshop, 1999. Proceedings of a workshop for youth leaders to develop skills in facilitating peer education workshops. The activities are presented in a module-type format which may be adapted for reproductive health and HIV/AIDS workshops. Available from Thai Red Cross AIDS Research Centre, 1871 Rama IV Rd., Bangkok, Thailand 10330.

HIV/AIDS and Human Rights : Young People in Action, 2001. A kit of ideas for youth organisations, presents ideas for youth action on human rights and HIV/AIDS. Prepared in close consultation with young people. Available in English, French and Spanish from UNAIDS, 20 Avenue Appia, Geneva, Switzerland. Email unaids@unaids.org or download from <http://www.unaids.org/publications/documents/children/young/JC669-HIV-AIDS%20kit>

Positive Life: The Social and Cultural Roots of the HIV/AIDS Epidemic as Told by 15 Young Nepali Men and Women, 1999. Features 15 stories of young HIV-positive Nepalis presenting a picture of personal lives and traces the social and cultural roots of the HIV/AIDS epidemic in Nepal. Available for \$10 from Panos South Asia, GPO Box 13651, Kathmandu, Nepal. Email psa@panos.org.np; www.panos.org.np

Vulnerability and Opportunity: Adolescents and HIV/AIDS in the Developing World, 1996. By E Weiss, et al. Presents key findings from the studies conducted by International Center For Research on Women (ICRW). Examines sexual beliefs, attitudes and behaviour, communication about sexual matters and HIV/AIDS, sexual and reproductive health decision-making, coercion and violence. Available from ICRW, 1717 Massachusetts Ave., NW, Suite 302, Washington, DC, USA 20036. Email info@icrw.org. www.icrw.org

Young People and HIV/AIDS: Opportunity in Crisis, 2002. A joint report by UNICEF, UNAIDS, and WHO, contains new data about why young people are key to defeating the global HIV/AIDS epidemic. Reaffirms that we must invest in the well-being of young people and engage them in the fight against HIV/AIDS. Available in English, French and Spanish from UNAIDS (please see address above) or download from <http://www.unaids.org/barcelona/presskit/youngpeople/index.html>.

Children and Young People in a World of AIDS, 2001. Looks at HIV/AIDS-related issues affecting the 11.8 million children and young people who are living with HIV/AIDS. Available in English, French, Russian and Spanish from UNAIDS (please see address above) or download from <http://www.unaids.org/publications/documents/children/children/JC656-Child&Aids>

Reducing Girls' Vulnerability to HIV/AIDS: The Thai Approach. A case study describing some responses to the sex trafficking problems, focusing on changing the attitudes of girls and their parents in regard to prostitution, and on providing a means for girls to avoid becoming sex workers through improved education and career opportunities. Available in English and French from UNAIDS (please see address above) or download from <http://www.unaids.org/publications/documents/children/young/JC466-GirlsVuln-Repr>

What's New, May 2002. A compilation of samples of communication materials on Youth and HIV/AIDS. It provides international resources in the following format – pamphlets, posters, videos, audiotapes, training materials, flipcharts, novelty/promotional items. Available from Media/Materials Clearinghouse, Johns Hopkins University Population Information Program, 111 Market Place, Suite 310, Baltimore, Maryland 21202, USA. Email mmc@jhuccp.org

Adolescent Sexuality in the Philippines, 1999. Presents the outputs from the second Young Adult Fertility and Sexuality (YAFS II) study. It discusses the awareness, attitudes, activities and other information on important aspects of the lives of Filipino young adults with regards to sexuality based from a nationwide survey conducted. Available from the Demographic Research and Development Foundation-UP Population Institute, 3rd Flr. Palma Hall, University of the Philippines, Diliman, Quezon City, Philippines. Email: yafs3@yahoo.com or visit www.yafs.com

Websites

www.advocatesforyouth.org by Advocates for Youth, USA

www.teenfad.ph by Foundation for Adolescent Development, Philippines

www.remedios.com.ph by Remedios AIDS Foundation, Philippines

www.unicef.org by UNICEF

AIDS Action is published quarterly in seven regional editions in English, French, Portuguese and Spanish. It has a worldwide circulation of 179,000.

The international edition of *AIDS Action* is produced and distributed by Healthlink Worldwide in London.

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The Asia Pacific edition of *AIDS Action* is supported by The Ford Foundation, CAFOD and Christian Aid.

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