

*Policy & Programming  
for HIV/AIDS &  
Reproductive Health  
of Young People in South Asia*

AN ANNOTATED INVENTORY



United Nations Population Fund  
CST for South & West Asia  
Kathmandu, Nepal

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## Acronyms

AFC	Adolescent friendly centers
ARH	Adolescent reproductive health
ASRH	Adolescent sexual and reproductive health
BCC	Behavior change and communication
BLP	Better Life Options
EC	European Commission
EDP	External Development Partner
EU	European Union
FGD	Focused group discussion
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
ICPD	International Conference on Population and Development
IDU	Intravenous drugs users
IEC	Information, Education and Communication
INGO	International non-governmental organization
KAP	Knowledge, attitude and practice
NGO	Non-governmental organization
PLHA	People living with HIV/AIDS
RH	Reproductive health
RHI	Reproductive health initiative
RHIYA	Reproductive Health in Young People in Asia Initiative
RTI	Reproductive tract infections
SAARC	South Asian Association for Regional Cooperation
SDP	Service delivery point
SRH	Sexual and reproductive health
STD	Sexually transmitted disease
VCT	Voluntary counseling and testing
YFS	Youth friendly services
YIC	Youth information centre

# Policy & Programming for HIV/AIDS & Reproductive Health of Young People in South Asia:

## An Annotated Inventory

### Acknowledgements

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Concept, design, analysis and categorization was developed by Dr. Farah Usmani, Regional Adviser HIV/AIDS & Reproductive Health, UNFPA CST for South and West Asia, Kathmandu, as well as contribution of a large number of documents in the inventory including those collected during CST missions to countries in the region.

Development of draft summaries of about 150 individual documents by Ms Manju Karki, HIV/AIDS Project Officer UNFPA Nepal including selected search.

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# INTRODUCTION

Young people between the ages of 10 and 24 years form nearly one-third of the population in most South Asian countries. These young people are at the center of the HIV/AIDS epidemic in terms of transmission, vulnerability, impact and potential for change, and recent epidemiological data indicates that almost one fourth of those living with HIV are under the age of 25. In fact, among the new sexually transmitted infections, about 60 percent occurs among young people between 15 and 24. During the years of rapid physical and psychological development in the South Asia context, many factors increase young people's vulnerability to HIV. These factors include: lack of knowledge about HIV/AIDS; lack of education and life skills; poor access to health services and commodities; early sexual activity; early marriage; sexual coercion and violence; trafficking, and growing up without parents or other forms of protection from exploitation and abuse. Reproductive health issues such as early marriage and adolescent pregnancies are also key problems in the region. A large gap exists in the region in knowledge and access to HIV/AIDS and sexual and reproductive health information and services for young people. The need for increased access to youth friendly services for prevention, care and support has been identified as a key issue in the recent SAARC Regional Strategy on HIV/AIDS (2006-2010). The SAARC HIV/AIDS Strategy work plan endorsed at the 27<sup>th</sup> Session of the Council of Ministers also articulated strategies for strategic information in the SAARC Region.

This annotated inventory collates studies and reports and other documents on policy, programming and services for young people to fill the gap and need for regional information and lessons learned. The inventory is also envisaged to contribute to strengthening and scaling-up programming on HIV/AIDS and reproductive health of young people in South Asia by providing access to relevant projects, lessons learned, training information and resources, policies and strategies in the region, as well as pointing out gap areas where tools and experiences are limited.

All 181 documents in this inventory are on and from South Asian countries. The inventory has been developed as part of the regional component of the UNFPA HIV/AIDS UBW project on Young People in South Asia, and is not intended to be exhaustive and should be viewed as a "living document" that will be updated as new experiences and information becomes available. Several studies and materials are also available from UNFPA CST that could be reviewed for inclusion in the inventory. Readers are invited to contribute documents, other papers and reports as relevant for inclusion. Annex 1 provides the format for contributions.

All reasonable precautions have been taken to verify the information contained in this publication. The responsibility for the interpretation and use of the material lies, however, with the reader. UNFPA does not necessarily endorse the views expressed in the inventory documents.

## Selection of resources

This inventory is the result of a regional search for literature and resources and tools on HIV/AIDS & Reproductive Health programming for young people in South Asia. Search strategies included:

- Communication with participants of the UNFPA CST workshop on Scaling-up Youth Friendly Services for HIV/AIDS & Reproductive Health in South Asia and discussions of relevant resources and additional informants;
- Resources collated by UNFPA CST adviser during missions to countries;
- Communication with UNFPA country office staff in South Asia;
- Communication with staff members from NGOs and international organizations;
- Search of International and National NGO websites, and
- Review of existing databases and clearing house material on HIV and RH programming for young people.

The inventory provides details of the source, date and where the document is available currently.

The publications identified during this search have been organized into five main categories and selected sub categories based on policy and programming needs in the regional context. In order to focus on materials that are relevant to strengthening HIV/AIDS programming, only those publications with integrated HIV/AIDS programming have been included in the inventory.

## Organization of resources

Publications have been organized into the following categories:

**Policy and Strategies:** includes regional national and regional and other policies and strategies, commitments, agreed charters and declarations from the region that include young people and HIV/AIDS aspects.

**Program Experience:** experiences with projects and programs, lessons learned to assist program managers in programming for HIV and RH programming for young people. Project reports and documents including experiences in youth friendly services, information, education and

communication as well as in youth participation are to be found in this section.

**Research, Reviews, Discussion Papers:** includes studies on knowledge, attitudes and practices, regional reviews and situational analysis related to HIV and young people.

**Training and Capacity Building:** includes tools and guidelines developed in the regional context for programming for young people. Training courses and curricula for HIV programming for young people are also envisaged to be included in this section as well as networks and forums on young people.

**Monitoring and Evaluation:** includes baseline surveys and evaluation reports to assist with the assessment of HIV and RH programming for young people

### Identification of gaps

Based on a review of a vast number of documents and discussions with the people contacted during this exercise, some key gaps in resources and documents supporting the policy and programming of HIV and RH for young people have been identified:

**Policy and Strategies:** only a few countries have strategic plan components focusing on young people.

**Programming:** limited strategies and experiences focusing especially on at risk and vulnerable young people. Low

coverage of projects, and no experience of large national programming for HIV and RH of young people.

**Technical:** gaps in costing data on programming for young people, and a need for evidence base for strategies that work for vulnerable young people.

**Capacity Building:** need for attention in reaching vulnerable young people in training modules and curriculum. Need for South-South sharing on training and capacity building for programming.

**Monitoring and Evaluation:** standardization and quality indicators for monitoring and evaluation. Rigorous evaluation to identify good practices for scaling up in national programming.

**Documentation:** the compilation and analysis of this document also highlighted the fact that many of the resource materials from South Asia are not available electronically or on any website, emphasizing the need for strengthening documentation and availability of strategic information in the area of HIV and RH programming for young people.

# RESOURCES & CATEGORIES: At A Glance

## CATEGORY 1: POLICIES & STRATEGIES

This category includes regional and national policies and plans including a component of HIV programming for young people, high level policy and advocacy statements in the region such as HIV programming for young people.

Index no.	Title, Organization, Country, Year of Publication	Page Number
	<a href="#">Young People in Regional Strategies and Commitments</a>	<a href="#">2</a>
1	SAARC HIV/AIDS Regional Strategy & Implementation Plan 2006-2010, SAARC Secretariat, South Asia, 2006	2
2	SAARC Social Charter, Islamabad, SAARC, South Asia, 2004	
3	WHO Regional Strategic Framework for Control of HIV in Young People (Draft), WHO SEARO, South and East Asia, 2006	2
4	Kathmandu High level Regional HIV/AIDS Declaration, UNICEF ROSA, South Asia, 2003	3
	<a href="#">Young People in National HIV &amp; AIDS Strategies and Plans</a>	<a href="#">3</a>
5	National HIV/AIDS Strategy (2002-2006), National Center for AIDS & STD Control, Ministry of Health, Nepal, 2003	3
6	National Operational Plan for HIV/AIDS Control (2003-2007), National Center for AIDS & STD Control, Nepal, 2003	4
7	Strategic Plan for Prevention and Control of HIV/AIDS 2002-2006, Ministry of Health, Maldives	4
8	National Strategic Plan for Prevention and Control of HIV/AIDS in Sri Lanka 2001-2005, Government of Sri Lanka, Sri Lanka, 2000	4
9	National Policy on HIV/AIDS and STD related Issues, Government of the People's Republic of Bangladesh, Bangladesh, 1996	5
10	National AIDS Prevention and Control Policy, India, National AIDS Control Organization, India	5
	<a href="#">HIV/AIDS in National Youth Policies and Strategies</a>	<a href="#">5</a>
11	National Youth Policy 2003, India, Ministry of Youth Affairs and Sports, India, 2003	5
	<a href="#">National HIV and SRH Strategies for Young People</a>	<a href="#">6</a>
12	HIV Prevention Strategy for Young People in Pakistan, 2006, National AIDS Control Programme (NACP), Ministry of Health and UNICEF, Pakistan, 2006	6
13	National Adolescent Health and Development Strategy 2000, Family Health Division, Ministry of Health, Nepal, 2000	
14	National Adolescent Strategy of Bangladesh, Government of the People's Republic of Bangladesh, 2006	7
	<a href="#">Declarations by Young People Related to HIV/SRH</a>	<a href="#">7</a>
15	RHIYA Youth Summit Sri Lanka 2004 Recommendations, EU and UNFPA RHIYA, Sri Lanka, 2004	7
16	Youth Declaration, Kathmandu, IPPF and UNFPA, South Asia, 2004	8
17	Young People's Call for Action 'Young South Asians Assert their Rights', UNICEF ROSA, South Asia, 2003	8



## CATEGORY 2: PROGRAM AND PROJECT EXPERIENCES

This includes project documents, project reports, lessons learned to help in programming for HIV, and young people in the South Asia context.

Index no.	Title, Organization, Country, Year of Publication	Page Number
	<b>Project Documents and Frameworks</b>	<b>10</b>
18	RHIYA Strategic Framework for Nepal, EU and UNFPA FHIYA UPSU, Nepal, 2004	10
19	UNFPA and Republic of Maldives Integrated Adolescent Reproductive Health and Life Skills Project, 2003, UNFPA, Maldives, 2003	10
	<b>Experiences focusing on IEC and BCC strategies</b>	<b>11</b>
20	Reproductive and Sexual Health Education-Care-Counseling for Married Adolescents in Rural India, ICRW, 2003	11
21	The Saadhan Helpline: HIV/AIDS Information and Counseling in Mumbai, Population Service International, India, 2003	11
22	Promoting Change in the Reproductive Behavior of Youth, Pathfinder International, India, 2005	12
23	Advocacy on Reproductive Health and Gender Issues through Youth Clubs, Department of Youth Development, Ministry of Youth & Sports, Government of People's Republic of Bangladesh and UNFPA, Bangladesh, 2001	12
24	Better Information for Young People Program, BP Memorial Health Foundation, Nepal, 2005	13
25	Adolescent Girls Literacy Initiative for Reproductive Health (A GIFT for RH), USAID, Nepal	13
26	Documentary Report of Strategy for Adolescent Sexual and Reproductive Health Project, Family Planning Association of Nepal. Project, Nepal, 2003	14
27	Safe Youth Worldwide Initiative: Empowering Young People for HIV Prevention Program, Margaret Sangar Center International, UNFPA and BP Memorial Health Foundation, Nepal, 2005	14
28	Strategies for Sexual and Reproductive Health of Adolescents and Youth, Family Planning Association of Sri Lanka, Sri Lanka, 2001	15
29	Strategies for Sexual and Reproductive Health of Adolescents and Youth - Country Level Activities under Asia Regional Project RAS, OO and P505, Family Planning Association of Sri Lanka, JOICEP, UNFPA, IPPF, 2002	15
30	Sexual and Reproductive Health Information, Counseling and Services to Adolescents and Youth, International Planned Parenthood Federation, RHIYA NGO, Sri Lanka, 2005	16
31	Building Demand for Reproductive Health Awareness Among Adolescent Girls in Conflict Affected Districts of Nepal, Center for Research on Environment Health and Population Activities, Global CATALYST and CEDPA, Nepal, 2006	16
	<b>Experiences with Integrated Strategies</b>	
32	Strengthening Community Linkages for Youth in Sexual and Reproductive Health Service, Bangladesh Red Crescent Society, UNFPA and EC RHIYA, Bangladesh, 2005	17
33	Creating a Better Economic Development of Higher Class Youth and their Guardian, Concerned Women for Family Development, Bangladesh, 2005	17
34	Healthy Lifestyles for Urban Adolescents and Youth in Outlying Districts of Bangladesh, Family Planning Association of Bangladesh and RHIYA NGO, Bangladesh, 2005	17
35	Better Services for Urban Adolescents and Youth, Marie Stopes Clinics Society, EC and UNFPA RHIYA, Bangladesh, 2005	18

36	Supporting Better SRH for Urban Adolescents and Youth in Bangladesh: Umbrella Project Support Unit for Bangladesh, UNFPA,EU and RHIYA Bangladesh, Bangladesh, 2005	18
37	Improving Adolescent Reproductive Health Knowledge and Outcomes Through NGO Youth Friendly Services, Center for Development and Population Activities (CEDPA), India, 2003	19
38	Community Actions for Improved Youth Sexual Reproductive Health, Aama Milan Kendra, RHIYA Nepal, Nepal, 2005	19
39	Working with Young People on Sexual and Reproductive Health, Family Planning Association of Nepal, Nepal, 2003	20
40	RHIYA Nepal Umbrella Project Support Unit Annual Report, RHIYA Nepal, 2005	20
41	Improvement of SRH and Prevention of HIV/AIDS and Drug Abuse Among Adolescents and Youth in Urban Poor Communities, Environment Health and Development Advisory Group, Nepal, 2005.	21
42	Integrating Sexual and Reproductive Health Education into Service Delivery: A program for Rural Communities in Bangladesh, International Center for Diarrhoeal Disease Research in Bangladesh and The Bangladesh Rural Advancement Committee, Bangladesh, 1999	21
43	YRG Care: Base Model Report - Integrated Prevention, Care and Support Strategies, YRG Care & International HIV/AIDS Alliance, YRG CARE and Horizons and International HIV/AIDS Alliance, India, 2003	22
44	Working with Young People on Sexual and Reproductive Health, Family Planning Association of Nepal and RHIYA, Nepal, 2003	22
45	HIV/AIDS Prevention Strategies for School Age Children in South Asia: Examples and Possibilities, Save the Children UK, South Asia, 1998	23
46	EU and UNFPA RHIYA Progress Review 2005, UNFPA and RHIYA, Nepal 2005	23
47	Client Exit Survey on RHIYA Program in Nepal, UNFPA and EU RHIYA, Nepal, 2006	23
48	RHIYA National Youth Camp 2005, UNFPA and EU RHIYA Nepal, Nepal, 2005	24
	<a href="#">Experiences with Vulnerable and High Risk Young People</a>	<a href="#">24</a>
49	Prevention of HIV/AIDS Among Migrant Youth in Low Income Slums of Mumbai, International Institute of Population Sciences, India, 2004	24
	<a href="#">Experiences Focusing on Services</a>	<a href="#">25</a>
50	Establishing Adolescent Friendly Health Services at Safdarjang, New Delhi, Safarjang Hospital and Ministry of Health & Family Welfare, Government of India and WHO SEARO, India, 2005	25
51	Models for Scaling-Up Youth Friendly Services for SRH & HIV Prevention in India, UNFPA, India, 2006	25
52	Model for Scaling Up Youth Friendly Services for Prevention of SRH and HIV/AIDS in Nepal, 2005, UNFPA, 2006	26
53	Model for Scaling Up Youth Friendly Services for RH and Prevention of HIV/AIDS in Sri Lanka, UNFPA, Sri Lanka, 2006	26
54	Improving Utilization of SRH Services by Adolescents and Youth in Nepal, Sunaulo Parivar Nepal, Nepal, 2005	27
	<a href="#">Gender, Livelihood Initiatives</a>	<a href="#">27</a>
55	Integrating Adolescent Livelihood Activities within a Reproductive Health Program for Urban Slum Dwellers in India, Population Council, CARE and CORT, India, 2004	27
56	The Men in Young Women's Lives: Findings from Adolescent Reproductive Health Intervention Studies in India. Update 1, ICRW & IHMP, India, 2004	28

57	Kishori Abhijan: A Pilot to Empower Adolescent Girls, Population Council, Bangladesh, 2005	28
58	Improving SRH and Reducing Gender Based Violence Among Adolescents and Youth, Public Health Concern Trust and RHIYA Nepal, Nepal, 2005	28
59	Development Initiative on Supporting Healthy Adolescents (DISHA), International Center for Research on Women, India, 2004	29
60	Empowering Adolescents in India: The Better Life Options Programme, The Centre for Development and Population Activities (CEDPA), India, 2006	29
	<a href="#">Life Skills Approaches</a>	<a href="#">30</a>
61	Empowering Youth Through Life Skills and SRH Education, Samjhauta Nepal, Nepal, 2005	30
62	Report of the South Asia Regional Forum on Life Skills Based Education, UNICEF ROSA, South Asia, 2005	30
	<a href="#">Youth Participation</a>	<a href="#">31</a>
63	South Asia Regional Forum for Young People on HIV/AIDS, UNICEF ROSA, South Asia, 2002	31
64	Second South Asia Forum of Young People on HIV/AIDS, Nepal 2003, UNICEF ROSA, South Asia, 2004	31
65	Networking and Partnership Between Young People and Governments on HIV/AIDS Prevention for East and South East Asian Countries, The Japan International Corporation of Welfare Service (JICWELS) and Ministry of Health, Labor, and Welfare of the Government of Japan, East and South East Asia, 2002	32
66	Youth Participation in Reproductive Health & HIV/AIDS Policies and Programming, the South Asia Context, UNFPA CST, South Asia, 2005	32
67	Do Participatory Programs Work? Improving Reproductive Health for Disadvantaged Youth In Nepal, Engenderhealth and International Center for Research on Women, Nepal, 2005	33
68	Youth Reproductive Health in Nepal: Is Participation the Answer? Engenderhealth and International Center for Research on Women, Nepal, 2004	33
	<a href="#">Lessons Learned</a>	<a href="#">34</a>
69	Learning from RHI Partnerships 1998-2002. EU and UNFPA, Asia, 2003	34
70	Working to Improve the Reproductive and Sexual Health of Young People, Save the Children, South Asia, 2005	34
71	Young People and HIV/AIDS - Responding to the New Asian Crisis, Save the Children UK, South Asia, 2001	35
72	Reproductive Health Initiative in Nepal, Achievements and Reflections. UNFPA and EC, Nepal, 2003	35
73	Empowering Adolescents on Sexual and Reproductive Health Decisions, Save the Children UK and RHIYA, Bangladesh, 2005	36
74	What Works for Children in South Asia: HIV/AIDS Prevention Among Young People, UNICEF, South Asia, 2004	36

### CATEGORY 3: RESEARCH, REVIEWS & DISCUSSION PAPERS

Includes studies on knowledge, attitudes and practices, regional reviews, national and sub national situational analysis, and research related to HIV and young people.

Index no.	Title, Organization, Country, Year of Publication	Page Number
	<b>Behavior Surveys &amp; Studies</b>	<b>38</b>
75	Baseline Study on Reproductive Health Initiative for Youth in Asia Program in Nepal (RHIYA) – Findings of Qualitative Research, UNFPA Nepal and Valley Research Group, Nepal, 2005	38
76	Behavior, Information, Services (BIS) Survey in Four Urban Areas of Nepal, UNAIDS and New Era Nepal, Nepal, 2006	38
77	A Study on Knowledge, Attitudes, Practices and Beliefs in the Context of HIV/AIDS Among Out-of-School Street Based Children in Kathmandu and Pokhara, UNESCO and Child Welfare Scheme and SathSath, Nepal 2006	38
78	A Survey of Teenagers in Nepal for Life Skills Development and HIV/AIDS Prevention, UNICEF, Nepal, 2001	39
79	Adolescents and Youth in Pakistan 2001-2002, Population Council and UNICEF, Pakistan, 2002	39
80	Nepal Adolescent and Young Adult (NAYA) Survey, FHI and Valley Research Group, Family Health International, Nepal, 1999	40
81	Sexual Behavior Among Unmarried Adolescents in Delhi, India: Opportunities Despite Parental Controls, MAMTA, India, 2002	40
82	Sexuality and Sexual Behavior in the Age of HIV/AIDS: A Study Among College Youth in Mumbai, International Institute for Population Sciences (IIPS), India, 1996	40
83	Sexual Behavior Research Among Adolescents in Tigri, SWAASTHYA Research Team and Rockefeller Foundation, India. 1998	41
84	Knowledge, Behavior, Attitudes About Sexuality in Pune: A Situational Analysis, Consultants, SCEDRT, FPA Pune Branch, India	41
85	Knowledge on HIV/AIDS Among Married Adolescents: Evidence from RHS-RCH Survey in Bihar and Maharashtra, International Institute of Population Science, India, 2005	42
86	Awareness of School Students About Family Life and Reproduction - KABP Among Adolescents in Uttar Pradesh, Center for Operations Research and Training, India, 2000	42
87	Attitudes and Perceptions of Educated, Urban Youth to Marriage and Sex, Family Planning Association of India, India, 1990	43
88	Knowledge, Attitudes and Practices of Young Adults (15-24 years), National AIDS Control Organization (NACO) and UNICEF, India	43
89	In Forests and Factories: Sexual Behavior Among Young Migrant Workers in Nepal, Health & Sexuality Journal, Nepal, 2004	44
90	Sexual Risk Behavior and Risk Perception of Unwanted Pregnancy and Sexually Transmitted Infection Among Young Factory Workers in Nepal, Center for Research on Environment, Health and Population Activities, Nepal, 2002	44
91	Adolescent Sexuality and Fertility in India - Preliminary Findings, International Center for Research on Women (ICRW), India, 1997	45
92	Puberty Rituals, Reproductive Knowledge and Health of Adolescent Schoolgirls in South India, Narayan K.A., Srinivasa D.K. et al., India, 1998	45
93	National Survey on Emerging Issues Among Adolescents in Sri Lanka, UNICEF, Sri Lanka, 2004	46
94	Awareness Level of Adolescent Girls Regarding HIV/AIDS: A Comparative Study of Rural and Urban Areas of Jammu, Department of Home Science, University of Jammu, India, 2005	46

95	Reproductive Health Problems and Help Seeking Behavior Among Adolescents in Urban India, National Institute for Research in Reproductive Health, India, 2006	46
	<b>Situational and Needs Assessments</b>	<b>47</b>
96	A Situational Assessment of HIV/AIDS in the Maldives for the Year 2000, Department of Public Health and the UN Theme Group, Maldives, 2000	47
97	Advocacy for HIV/AIDS Prevention Among Young People in Asia and the Pacific- - Needs Assessment Report, Asian Institute of Development Communications and UNFPA, Sri Lanka, 2002	47
98	A Survey Report on Information Needs Assessment on ARH in Selected Countries in Asia and the Pacific, UNFPA and UNESCO, Asia and the Pacific, 2004	48
99	Reproductive Health Needs of Adolescents in Bangladesh - A Study Report, ICDDR, B:Center for Health and Population Research, Bangladesh, 1999	48
	<b>Discussion and Review Papers</b>	<b>49</b>
100	South Asia Conference on Adolescents - Nepal's Country Report, Ministry of Health, Nepal, 1998	49
101	Adolescent Reproductive Health in Asian and Pacific Region, UN Economic and Social Commission for Asia and the Pacific, Asia and Pacific, 2001	49
102	Adolescent Reproductive Health in South Asia: Key Issues and Priorities for Action, Ena Singh and UNFPA, India, 2001	50
103	The Impact of HIV/AIDS on Children and Young People, Asia, UNESCO, 2005	50
104	Youth & HIV/AIDS in India. Drynan, A., India, 2001	50
105	Actions that Protect: Promoting Sexual and Reproductive Health and Choice Among Young People in India, Population Council, India, 2003	51
106	Strategies to Improve Reproductive Health Services for Adolescents in Bangladesh: A Community Based Study, Center for Health and Population Research, Bangladesh, 2005	51
107	Improving Adolescent Reproductive Health in Bangladesh, Population Council and USAID, Bangladesh, 2004	52
108	Educating Adolescent Girls, Opening Windows, Government of India and Joint UN System Education Program, India, 2005	52
109	Youth, Gender, Well-Being and Society, International Center for Research on Women (ICRW), India, 2004	53
110	Adolescent Sexual and Reproductive Behavior: A Review of the Evidence from India, International Center for Research on Women (ICRW), India, 1996	53
111	Economics of Addressing Youth in India, MAMTA, India 2005	53
112	Reproductive Tract Infections & Sexually Transmitted Infections: The Vulnerability of Young People, MAMTA, India, 2002	54
113	Adolescent and Youth Reproductive Health in India: Status, Issues, Policy and Programs, POLICY Project, India, 2003	54
114	Actions that Protect: Promoting Sexual and Reproductive Health and Choice Among Young People in India, Population Council, India, 2003	55
115	Review of Policies and Programs, Focusing on Young People Reproductive and Sexual Health, MAMTA, India, 2004	55
116	"Quote.....Unquote", Reaching Out - Young Minds Share: Advocacy Research with and by Adolescent, Gupta, D., Gupta D.K., Agarwa A., Verma A., Mohan A, India, 2005	56

117	Determining an Effective and Replicable Communication Based Mechanism for Improving Young Couples' Access To and Use of Reproductive Health Information and Services in Nepal - An Operations Research Study, USAID and CREHPA, Nepal, 2004.	56
118	Adolescent and Youth Reproductive Health in Nepal: Status, Issues, Policies and Programs, POLICY Project, Nepal, 2003	57
119	Adolescent and Reproductive Health in Pakistan: A Literature Review, Population Council and UNFPA, Pakistan, 2000	57
120	Adolescence in Pakistan: Marriage and Reproductive Health, Marie Stopes International, Pakistan, 2006	58
121	Adolescent and Youth Reproductive Health in Pakistan: Status, Issues, Policies and Program, POLICY Project, Pakistan, 2003	58
122	Adolescent and Youth Reproductive Health in Sri Lanka: Status, Issues, Policies and Programs, POLICY Project, Sri Lanka, 2003	59
123	Adolescent and Youth Reproductive Health in India: Status, Issues, Policies and Programs, POLICY Project, 2003	59
124	Positive Diaries: A View into the Lives of Young People Living with HIV/AIDS in Pakistan, UNICEF, Pakistan, 2006	59
125	Profile of Adolescents and Young People in the Maldives, 2003. Office of the Resident Coordinator of UN Operational Activities for Development, Maldives, 2003	60
126	Adolescent Health and Development in Nepal, Status, Issues, Programs and Challenges - A Country Profile 2005, Family Health Division, Ministry of Health and CREHPA, Nepal, 2005	60
127	Socioeconomic, Demographic and Reproductive Health Profiles of Adolescents in SAARC Countries, UNFPA CST, South Asia, 1998	61
128	Towards Adulthood: Exploring the Sexual and Reproductive Health of Adolescents in South Asia, WHO, South Asia, 2003	61
129	Report of the South Asia Conference on Adolescents, UNFPA CST, South Asia, 1998	62
130	Conference on Young People's Sexual and Reproductive Health Needs in Asia: Progress, Achievements and Way Forward, Center for Operations Research and Training (CORT), WHO, Population Council, Path Finder International, FPAI, UNFPA CST, CRDC and South Asia, 2004	62
131	Adolescent Fertility in Selected States of India, Population Research Center Institute of Economic Growth, India, 2003	63
132	Adolescent Reproductive Health in Asia, Economic and Social Commission for Asia and the Pacific (ESCAP), Asia, 2002	63
133	Emerging Reproductive Health Issues Among Adolescents in Asia, Takemi Program in International Health, Harvard School of Public Health, Asia, 1998	63
134	National Youth Shadow Report: Progress Made on the UNGASS Declaration of Commitment on HIV/AIDS, Global Youth Coalition about HIV/AIDS, India, 2006	64
135	Domestic Violence and Reproductive Health Among Young Married Woman In India: An Exploration, NFHS II, India, 2006	64
136	Adolescents in Single Parent Families, Journal of Family Welfare, India, 2003,	65
	<b>Poverty Linkages &amp; Costing Studies</b>	<b>65</b>
137	Costing Adolescent Reproductive Health Intervention Studies: Preliminary Results from a Study in Tamil Nadu, India, International Center for Research on Women (ICRW), India, 2006	65

138	Costing Adolescent Reproductive Health Interventions in India, ICRW, CMD and Swaasthya, India, 2006	66
139	Costing Adolescent Reproductive Health Intervention Studies: Preliminary Results from a Study in Maharashtra, International Center for Research on Women (ICRW) and Foundations for Research in Health Systems (FRHS), India, 2006	66

#### CATEGORY 4: TRAINING & CAPACITY BUILDING

Includes tools and guidelines developed in the regional context for programming for young people. Training courses, curricula for HIV programming for young people are also envisaged to be included in this section as well as networks and forums on young people.

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143	Capacity Building of Teachers in Adolescents Health Promotion and Counseling, SHAHN: Safdarjung Hospital Adolescent Healthcare Network, India, 2003	69
144	Training of Trainers (TOT) Manual for MNGOs, Reproductive & Child Health Program Phase II, Ministry of Health and Family Welfare, India, 2003	69
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162	Baseline Study on EU and UNFPA Reproductive Health Initiative for Youth in Asia Program in Nepal (RHIYA) - Quantitative Research, UNFPA and Valley Research Group, Nepal, 2005	77
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164	Reproductive Health Initiative for Youth in Asia (RHIYA) - Baseline Survey on Knowledge, Attitudes and Behavior in Nepal, RHIYA and Valley Research Group, Nepal, 2004	78
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170	Evaluation of a School based Sexual and Reproductive Health Education Intervention Among Adolescents in Rural Bangladesh, ICCDDR and B: Center for Health and Population Research, Bangladesh, 2004	81
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175	A Study Assessing the Effectiveness of the Adolescent Sexual Health Education Program, Valley Research Group and NHEICC and UNFPA, Nepal, 2002	83
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177	A Report on Final Evaluation of Adolescents Reproductive Sexual Health Program, Save the Children US 1999-2002, Nepal Red Cross Society and Save the Children US, Nepal, 2002	84
178	Thematic Evaluation of Adolescent Reproductive Health Needs and Services in Sri Lanka, UNFPA, Sri Lanka, 2005	85
179	A Survey Report on Information Needs Assessment on ARH in Selected Countries in Asia and the Pacific, UNFPA and UNESCO, Asia and the Pacific, 2004	85
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# CATEGORY 1

## POLICIES & STRATEGIES

- Young People in Regional Strategies and Commitments
- Young People in National HIV & AIDS Strategies and Plans
- HIV and AIDS in National Youth Policies and Strategies
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- Declarations by Young People Related to HIV and SRH

# Young People in Regional Strategies and Commitments

## SAARC HIV & AIDS Regional Strategy & Implementation Plan 2006-2010

<b>Country/ Region</b>	South Asia
<b>Organization[s]</b>	SAARC
<b>Type of Document</b>	Strategy Document
<b>Year of Publication</b>	2006
<b>No. of pages</b>	17
<b>Key Words</b>	HIV and AIDS, STI, VCT, Condom, Prevention, South Asia
<b>Teaser Text</b>	Strategy for HIV and AIDS in the SAARC Region

**Summary** The SAARC Regional Strategy on HIV and AIDS was developed within the context that increased HIV infections in the region can still be averted through a collaborative effort of governments, donors and stakeholders. The strategy is aimed to guide the regional response to the epidemic over the next five years.

The SAARC HIV and AIDS Strategy was developed through an extensive consultative process, including lessons learned from countries that have halted or reverted the epidemic and addresses the key challenges in tackling HIV and AIDS in the region including inadequate surveillance and monitoring capacities and providing sustainable leadership. One of the seven issues that the strategy identifies is a large youth and other vulnerable population. It addresses the issues of young people, and, among other elements, aims to encourage member countries to involve political and civil society such as religious, female, youth, media, business and other leaders.

Document copy available at: UNFPA CST Library, Nepal

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## SAARC Social Charter, Islamabad, 2004

<b>Country/ Region</b>	South Asia
<b>Organization[s]</b>	SAARC
<b>Type of Document</b>	Social Charter
<b>Year of Publication</b>	2004
<b>No. of pages</b>	9

<b>Key Words</b>	Social Charter, South Asia
<b>Teaser Text</b>	Social Charter of the 12th SAARC Summit, Islamabad 2004

**Summary** The Charter, among other components, has a section entitled 'Education, Human Resources Development and Youth Mobilization' highlighting the importance of young people in the sub-region. Strong points in the Charter include:

- States parties agree that broad based growth should create productive employment opportunities for all groups of people, including young people.
- States parties agree to provide enhanced job opportunities for young people through increased investment in education and vocational training.
- States parties agree to provide adequate employment opportunities and leisure time activities for youth to make them economically and socially productive.
- States parties shall find ways and means to provide youth with access to education and create awareness on family planning, HIV and AIDS and other STDs

Document copy available at: [www.saarc-sec.org](http://www.saarc-sec.org)

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## WHO Regional Strategic Framework for Control of HIV in Young People [Draft]

<b>Country/ Region</b>	South and East Asia
<b>Organization[s]</b>	WHO SEARO
<b>Type of Document</b>	Strategy Document
<b>Year of Publication</b>	2006
<b>No. of pages</b>	18
<b>Key Words</b>	STI , South and East Asia
<b>Teaser Text</b>	Regional strategic document to generate a strong health sector response to HIV and AIDS in relation to young people.

**Summary** The overall goal of the regional strategy for HIV and Young People is to prevent and reduce the risk of HIV transmission among young people in the age group of 10-24, and to alleviate the personal and social impact of HIV and AIDS. The main effort of WHO will be to help articulate a health sector strategy framework for the control of HIV and AIDS in young people. Some of the key guiding principles of the strategy include:-

- Focus on the role of health sector;
- Implementation of the program as part of the package;
- Building on what already exists;
- Focus on young people most at risk, and
- Behavior change at the centre of the strategic framework.

The four pillars of the WHO strategy are strategic information, services and supplies, supportive policy environment and strategic partnerships that are sustainable. The framework proposes to undertake advocacy for a global, regional and national comprehensive response for the control of HIV in young people with a focus those most at risk. The policies and strategies are aimed to achieve the global goals of HIV and AIDS control in young people articulated by the UN and endorsed by the countries. The policy and strategies will be converted into action through an operational plan that engages a range of stakeholders including young people.

Document copy available at: UNFPA CST, Kathmandu, Nepal

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### Kathmandu High Level Regional HIV and AIDS Declaration

<b>Country/ Region</b>	South Asia
<b>Organization[s]</b>	UNICEF ROSA
<b>Type of Document</b>	Declaration
<b>Year of Publication</b>	2003
<b>No. of pages</b>	42
<b>Key Words</b>	High level conference, South Asia
<b>Teaser Text</b>	Declaration of a high level conference on HIV and AIDS held in Kathmandu in 2003.

**Summary** The declaration is an outcome of the high level conference attended by participants from South Asian countries representing governments, religious leaders, the private sector, NGOs, people living with HIV and AIDS, young people, activists, and partners from bilateral and international agencies. In the declaration participants recall and reaffirm the commitments made on HIV and AIDS, acknowledge the potential of a large scale epidemic in South Asia, as well as the actions taken by governments, NGOs, trade unions, networks of people living with HIV and AIDS, women and young people to fight HIV and AIDS.

The participants committed to eight major actions. The ones that address young people include:

- Speak out, break the silence and denial and stop stigma and decimations related to HIV and AIDS. Increase participation of leadership at all levels, including working with the most vulnerable groups and young people.
- Accelerate action at the national level to meet the goals and targets set in international, regional and national commitments, specifically actions to ensure that there is equitable access to prevention, care and

support services for vulnerable and young people in South Asia.

- Accelerate the development and effective implementation by governments, the private sector and trade unions of rights based policies and programs on HIV and AIDS giving particular attention to women and young workers.
- Take steps to widen and include government and NGO partners from all sectors, including youth in the fight against HIV and AIDS.

Document copy available at: UNFPA CST, Kathmandu, Nepal

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## Young People in National HIV & AIDS Strategies and Plans

### National HIV and AIDS Strategy (2002-2006) Nepal

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	Ministry of Health, National Center for AIDS and STD Control
<b>Type of Document</b>	Strategy Document
<b>Year of Publication</b>	2003
<b>No. of pages</b>	56
<b>Key Words</b>	STD, Youth Friendly Services, Nepal
<b>Teaser Text</b>	National HIV and AIDS Strategy of Nepal for the period of 2002-2006

**Summary** The overall objective of Nepal's strategy for HIV and AIDS is to contain the HIV and AIDS epidemic in Nepal. Nepal's National HIV and AIDS Strategy 2002-2006 has been designed to guide the expanded response to the HIV and AIDS epidemic in Nepal from multi sectors as well as EDP partners.

The strategy identifies prevention of new HIV infections among young people as one of the priority areas. Strategic components for intervention priorities comprise: creating a supportive policy and community environment; awareness and behavior change communication; youth friendly services, and enhancing young people's knowledge about HIV, AIDS and STI in formal and non-formal education settings

Document available at: [www.ncasc.gov.np](http://www.ncasc.gov.np)

## National Operational Plan for HIV and AIDS Control (2003-2007)

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	National Center for AIDS and STD Control
<b>Type of Document</b>	Program Document
<b>Year of Publication</b>	2003
<b>No. of pages</b>	28
<b>Key Words</b>	Operational Plan, Youth Friendly Services, Nepal
<b>Teaser Text</b>	The Operational Plan on HIV and AIDS for the period of 2003-2007

**Summary** The Operational Plan follows the National Strategy for HIV and AIDS 2002-2006 in Nepal, and forms a basis for coordinating HIV and AIDS prevention and control activities. The components of the National Operational Plan for HIV and AIDS control comprise: targeted prevention under which are sex workers and their clients, intravenous drug users, men having sex with men, mobile populations and families, uniformed services, prison populations, and young people. Other components are care and support; communication; policy; advocacy and legal reform; surveillance and research, and leadership and management. Activities for young people in the operational plan include awareness, behavior change and communication, social marketing, youth friendly services, social support for learners and educators, and impact mitigation for the education sector.

Document available at: [www.ncasc.gov.np](http://www.ncasc.gov.np)

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## Strategic Plan for Prevention and Control of HIV and AIDS 2002-2006

<b>Country/ Region</b>	Maldives
<b>Organization[s]</b>	Ministry of Health, Maldives
<b>Type of Document</b>	Strategic Document
<b>Year of Publication</b>	
<b>No. of pages</b>	34
<b>Key Words</b>	STD, Policy, Strategy, Adolescents, Sexual Behavior, Condoms, Maldives
<b>Teaser Text</b>	Strategic Plan of Maldives for Prevention and Control of HIV and AIDS 2002-2006

**Summary** A small island in South East Asia of population 270,000, Maldives has made considerable progress in areas such as literacy, primary education, primary health care, family planning, and life expectancy. However, there are areas of concern related to HIV risk. Forty four percent of the population is under 15 years age and another 20 percent between 15 and 25. The problem of drug abuse is increasing, and large numbers of youth are unemployed. The economy is dependent on tourism, which is highly vulnerable to global influence. Travel is a common feature of Maldivians, and there is a large floating population in the country, who come to the capital in search of employment and isolates men working in resorts and factories from their families. In addition, a number of people go abroad for business, studies and employment to countries where HIV is fast spreading.

Document copy available at: UNFPA CST Library, Nepal

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## National Strategic Plan for Prevention and Control of HIV and AIDS in Sri Lanka 2001-2005

<b>Country/ Region</b>	Sri Lanka
<b>Organization[s]</b>	Government of Sri Lanka
<b>Type of Document</b>	Strategy Document
<b>Year of Publication</b>	2000
<b>No. of pages</b>	34
<b>Key Words</b>	STIs, Prevention, Vulnerable Groups, Sri Lanka
<b>Teaser Text</b>	National Strategic Plan for HIV and AIDS Prevention and Control in Sri Lanka

**Summary** The document states that the government is fully committed to the prevention and control of AIDS in Sri Lanka, and it will receive the highest priority not only within the Ministry of Health but also in other ministries as well.

While the strategy addresses a number of important components, the emphasis on young people and adolescents separately and strategies required to address their issues remain weak. The strategy has only one section on youth, that under reference to the populations that should be made partners in prevention and control of STD and AIDS.

Document copy available at: UNFPA CST Library, Nepal

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## National Policy on HIV and AIDS and STD Related Issues

<b>Country/ Region</b>	Bangladesh
<b>Organization[s]</b>	Government of the People's Republic of Bangladesh
<b>Type of Document</b>	Policy Document
<b>Year of Publication</b>	1996
<b>No. of pages</b>	85
<b>Key Words</b>	HIV, Youth, Prevention, Bangladesh, Policy, Bangladesh
<b>Teaser Text</b>	National policy of Bangladesh on HIV and AIDS and STD

**Summary** The policy document emphasizes four cross-cutting and priority issues: human rights, gender, behavior and IRC. It also endorses the Universal Declaration of Human Rights as a standard for policy making and action at all levels in response to HIV and AIDS and STDs in Bangladesh.

The document although addressing a range of important components is weak on the issues of young people. The only context it discusses young people on is HIV, AIDS and STD in educational institutes stating that they must address the needs and concerns of young people themselves and those who care and work with them.

Document copy available at: UNFPA CST Library, Kathmandu

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## National AIDS Prevention and Control Policy, India

<b>Country/ Region</b>	India
<b>Organization[s]</b>	National AIDS Control Organization, India
<b>Type of Document</b>	Policy Document
<b>Year of Publication</b>	
<b>No. of pages</b>	18
<b>Key Words</b>	STD, Condoms, Prevention, India
<b>Teaser Text</b>	National AIDS Prevention and Control Policy of India

**Summary** The document states that the objective of the policy is to prevent the epidemic from spreading further and to reduce the impact not only upon infected persons but upon the health and socio-economic status of the general population at all levels. The policy envisages effective containment of the infection levels of

HIV and AIDS in the general population in order to achieve zero level of new infections by 2007.

The policy, however, does not specifically analyze the issues of young people nor state the programs for them.

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## HIV and AIDS in National Youth Policies and Strategies

### National Youth Policy 2003, India

<b>Country/ Region</b>	India
<b>Organization[s]</b>	Ministry of Youth Affairs and Sports, Government of India
<b>Type of document</b>	Policy Document
<b>Year of Publication</b>	2003
<b>No. of pages</b>	13
<b>Key Words</b>	Education, Health, STIs, Out of School Youth, India
<b>Teaser Text</b>	National Youth Policy of India, 2003

**Summary** India's earlier National Youth Policy was formulated in 1988, designed to galvanize youth to rise up to new challenges, keeping in view the global scenario, and aims at motivating them to be active and committed participants in national development. The Policy defines youth as those in the age group of 13 to 35. The Policy has nine objectives, one of which is to facilitate access, for all sections of youth, to health information and services and to promote a social environment which strongly inhibits the use of drugs and other forms of substances to ward off diseases such as HIV and AIDS, and ensures measures for de-addiction and mainstreaming of affected persons and enhances the availability of sports and recreational facilities as constructive outlets. The key sectors of youth concern are: education; training and employment; health and family welfare; preservation of environment, ecology and wild life; recreation and sports; arts and culture; science and technology, and civics and good citizenship. On education, the policy states that curricula in schools should include information on health issues, including reproductive health, HIV and AIDS and population issues. On health, the Policy has a sub-section on HIV and AIDS, STDs and

substance abuse. The Policy also stresses the need for the establishment of adolescent clinics in large hospitals and similar projects in rural areas to address the needs of young adults in addition to educational and awareness raising initiatives. The policy prioritizes rural and tribal youth, out of school youth, and adolescents, particularly females, youth with disabilities, and youth in vulnerable situation such as those who are trafficked, orphaned and live on the streets.

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vulnerable and most at risk young people need immediate targeted strategies due to the fact they are already in the high risk behavioral network between intravenous drug users, female sex workers and men having sex with men and already potentially infected with HIV. The guiding principle of the strategy is that activities to support the strategy and the implementation of the strategic framework will not take place without the explicit involvement of young people themselves.

Document copy available at: UNFPA CST Library, Nepal

## National HIV and SRH Strategies for Young People

### HIV Prevention Strategy for Young People in Pakistan, 2006

<b>Country/ Region</b>	Pakistan
<b>Organization[s]</b>	National AIDS Control Program (NACP), Ministry of Health, UNICEF
<b>Type of Document</b>	Strategy Document
<b>Year of Publication</b>	2006
<b>No. of pages</b>	30
<b>Key Words</b>	HIV and AIDS, Young People, Prevention, Condom, Pakistan
<b>Teaser Text</b>	HIV Prevention Strategy with a focus to young people in Pakistan
<b>Summary</b>	The National HIV Prevention Strategy for Young People in Pakistan lays out the situation of young people in Pakistan. The strategy is expected to help HIV programs to reassess their current approach and revise their strategies so that in addition to ensuring the large population of young people have information to protect themselves from HIV, the most at risk and vulnerable young people have targeted interventions with relevant information, skills and services. The document states that although the prevalence rate in Pakistan's general population is still low, there is growing evidence to show high levels of risk behavior among sub-populations such as intravenous drug users, men having sex with men, and female sex workers, and in 2005 Pakistan shifted from a low prevalence country to a concentrated epidemic. The document further states that while the current resource allocation and programming is focused on the general youth population, most of whom at not at risk from HIV, the much smaller groups of especially

### National Adolescent Health and Development Strategy 2000

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	Family Health Division, Department of Health Services, Nepal
<b>Type of document</b>	Strategy Document
<b>Year of Publication</b>	2000
<b>No. of pages</b>	39
<b>Key Words</b>	Adolescents, Youth Friendly Services, STDs, Youth Participation, Nepal
<b>Teaser Text</b>	National Strategy on Adolescent Health and Development
<b>Summary</b>	The document states that adolescent specific health services were virtually non-existent in Nepal before the International Conference on Population and Development Program 1994. The ninth five year plan has emphasized developing special programs for both population control and reproductive health including adolescent health. This was followed by the development of the National Reproductive Health Strategy in 1998, in which adolescent reproductive health was identified as a critical component of the integrated reproductive health package. Therefore, a need to develop a comprehensive national adolescent health strategy was strongly felt. The goal of the adolescent health strategy and development was to improve the health and socio-economic status of adolescents, and the main objectives were: to increase the availability and access to information on adolescent health and development, and provide opportunities to build skills of adolescents, service providers and educators; to increase accessibility and utilization of adolescents health and counseling services for adolescents, and to create safe and supportive environments for adolescents in order to improve their legal, social and economic status. The interventions for the above mentioned objectives were: information and skills, health services and counseling, and safe and supportive environment. Youth



participation, inter-sectoral collaboration and cooperation, research, strengthening program management and gender perspective were stated to be incorporated as integral aspects in all interventions. The document provides specific objectives, strategies and activities for each intervention. The document also emphasizes a need to decentralize programs at various levels focused on families, communities and adolescents.

Document available at: Family Health Division, Nepal and UNFPA CST Library Nepal

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## National Adolescent Strategy of Bangladesh

<b>Country/ Region</b>	Bangladesh
<b>Organization[s]</b>	Government of Bangladesh
<b>Type of Document</b>	Strategy Document
<b>Year of Publication</b>	2006
<b>No. of pages</b>	42
<b>Key Words</b>	Adolescents, Reproductive Health, Adolescent Friendly Services
<b>Teaser Text</b>	Adolescent Reproductive Health Strategy Document of Bangladesh

**Summary** The document states that Bangladesh has shown exemplary farsightedness in creating an overall supportive policy and legal environment to promote adolescent reproductive health. It further states that adolescent reproductive health (ARH) has been mainly a concern of the Ministry of Health and Family Welfare(MOHFW) although other ministries have recently integrated ARH issues in some of their projects and programs. The MOHFW has also started training providers of adolescent health friendly health services and is implementing programs to prevent HIV and AIDS among young people through Global Fund to Fight AIDS, Tuberculosis and Malaria support. The strategy has six objectives and strategies outlined to meet those objectives including:

- Effective dissemination of ARH knowledge and information through school curricula.
- Organizing effective community based dissemination of ARH information.
- Carrying out advocacy at community level for the gatekeepers of adolescents.
- Developing and implementing mass media campaigns.
- Community mobilization against early marriage and pregnancy.
- Strengthening implementation of existing laws.
- Increasing access of married adolescents to family planning services.

- Scaling-up of and improving coordination between existing interventions.
- Dissemination of STI prevention messages in all available and appropriate channels.
- Multi-sectoral advocacy for creation of a supportive environment for adolescents to practice safe behavior.
- Introducing and expanding adolescent health friendly health services.
- Ensuring good quality of care in adolescent friendly outlets.
- Promotion of adolescent friendly services.
- Mobilization of adolescents and their gatekeepers against risk taking behaviors.
- Supportive policies for reducing risk taking.

Document copy available at: UNFPA CST Library, Nepal

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## Declarations by Young People Related to HIV and SRH

### RHIYA Youth Summit Sri Lanka 2004 Recommendations

<b>Country/ Region</b>	Sri Lanka
<b>Organization[s]</b>	EU and UNFPA RHIYA
<b>Type of Document</b>	Recommendation Document
<b>Year of Publication</b>	2004
<b>No. of pages</b>	2
<b>Key Words</b>	Young People, Reproductive Health, HIV and AIDS, Youth Friendly Services, RHIYA, Youth Summit, Sri Lanka
<b>Teaser Text</b>	Youth Summit Sri Lanka 2004 Recommendations

**Summary** The participants of the RHIYA Youth Summit held from November 7-12, 2004 developed a set of recommendations, for policy makers and NGOs working in the area of young people, categorized under the following headings:-

- Education;
- Youth Friendly Services;
- Abortion;
- HIV and AIDS;
- Youth Participation, and
- Gender Equity.

## Youth Declaration, Kathmandu, IPPF and UNFPA 2004

<b>Country/ Region</b>	South Asia
<b>Organization[s]</b>	IPPF and UNFPA
<b>Type of Document</b>	Declaration Document
<b>Year of Publication</b>	2004
<b>No. of pages</b>	3
<b>Key Words</b>	Declaration, Youth Participation, South Asia
<b>Teaser Text</b>	Declaration developed by the young participants at the regional roundtable in Kathmandu, Nepal.

**Summary** The youth asserted that 'creating spaces for young people to meaningfully participate does not mean passing the torch; it is more sharing the torch'. Participants agreed that the issues of young people are diverse and varied yet the commonalities link their experience throughout South Asia. They also stated that all issues of young people are equally important and intersectional.

In the declaration the young people very strongly stated their concerns and issues and urged all people, NGOs, civil society, funding agencies and governments to take actions on their recommendations. Violating their reproductive health rights including lack of access to information, sex education and reproductive health services and protection from STIs, HIV and AIDS was cited as a concern, for which they urged action through effective, affordable, accessible, women friendly reproductive health services including HIV and AIDS preventive measures.

The young people committed themselves to continue their struggle for the advancement of their rights and urged all others to commit to the inclusion and realization of young people's rights.

## Young People's Call for Action 'Young South Asians Assert Their Rights'

<b>Country/ Region</b>	South Asia
<b>Organization[s]</b>	UNICEF ROSA
<b>Type of Document</b>	Declaration
<b>Year of Publication</b>	2003
<b>No. of pages</b>	2
<b>Key Words</b>	Participation, Declaration, South Asia
<b>Teaser Text</b>	Call for Action Document, an outcome of the South Asia Regional Forum for Young People on HIV and AIDS, 2002

**Summary** Young participants, through the declaration called on their governments to respect and realize their rights to participation in:-

- Policy making and political commitment.
- Influencing and mobilizing key adults.
- Ensuring access to information on sexual reproductive health, HIV and AIDS, life skills education and young people friendly services.
- Using media as a tool for spreading information and producing children and young people friendly programs.
- Reducing stigma and discrimination and increasing care and support.
- HIV and AIDS programming, including research, design, implementation, monitoring and evaluation.

The young participants committed themselves to form their own organizations and networks that will work towards educating children and young people and adults as well, about child rights and especially on their right to be protected from HIV and AIDS.

Document available at: UNFPA CST Library, Nepal

# C A T E G O R Y 2

## PROGRAMME AND PROJECT EXPERIENCES

- Project Documents and Frameworks
- Experiences focusing on IEC and BCC strategies
- Experiences with Integrated Strategies
- Experiences with Vulnerable and High Risk Young People
- Experiences Focusing on Services
- Gender, Livelihood Initiatives
- Life Skills Approaches
- Youth Participation
- Lessons Learned Documentation

# Project Documents and Frameworks

## RHIYA Strategic Framework for Nepal

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	EU and UNFPA RHIYA UPSU
<b>Type of Document</b>	Strategic Framework Document
<b>Year of Publication</b>	2004
<b>No. of pages</b>	18
<b>Key Words</b>	RHIYA, Young People, Sexual Reproductive Health, RHI, Nepal
<b>Teaser Text</b>	Strategic Framework from RHIYA Nepal Program
<b>Summary</b>	<p>The primary beneficiaries of the program would be under-served population groups of 10 - 24 years; criteria for selection of project areas would include low reproductive health and population indicators in the district, and poor access to appropriate information and services. The project will also target its awareness and skill development activities to health workers, teachers, community leaders, parents and community based organizations. The overall objective of the program is to contribute to improving the reproductive and sexual health status of adolescents and youth in Nepal. The specific objectives are: to have contributed to improved reproductive and sexual health practices and behavior among adolescent youth as well as improving the utilization of reproductive and sexual health services. The strategies to achieve the set objectives are:</p> <ul style="list-style-type: none"><li>■ To increase political, community and family support for AY reproductive health interventions and actions to prevent HIV and AIDS and reduce gender based violence among adolescent youth.</li><li>■ To enhance knowledge and awareness on sexual and reproductive health among adolescent youth, improve assertiveness on GENDER BASES VIOLENCE and girls trafficking.</li><li>■ To enhance access to quality sexual and reproductive health information and services for adolescent youth.</li><li>■ To enhance capacity of RHIYA partners to manage and sustain sexual and reproductive health services and information for adolescent youth and activities promoting HIV and AIDS prevention and reduction in gender based violence and girl trafficking.</li></ul>

The overall implementation and execution of the RHIYA Program Nepal will be the responsibility of the UNFPA

Country Office, which will be assisted by an Umbrella Project Support Unit (UPSU). A national RHIYA advisory group was formed in December 2002, based on suggestions of the RHI Phase I Advisory Group, which would be part of the RHIYA monitoring system. The RHIYA UPSU will function as a project office and would be resourced with program and support staff. The framework also states that emphasis would be given to social mobilization and collective actions, awareness creation and advocacy in order to ensure that the positive results will sustain beyond the RHIYA program.

Document copy available at: UNFPA CST, Kathmandu, Nepal

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## UNFPA and Republic of Maldives Integrated Adolescent Reproductive Health and Life Skills Project, 2003

<b>Country/ Region</b>	Maldives
<b>Organization[s]</b>	UNFPA
<b>Type of Document</b>	Project Document
<b>Year of Publication</b>	2003
<b>No. of pages</b>	15
<b>Key Words</b>	Adolescents, Reproductive Health, Life Skills, Maldives
<b>Teaser Text</b>	Adolescent Reproductive Health and Life Skills Project Document
<b>Summary</b>	<p>The project was developed within the context of the UNFPA third country program and the sub-program on reproductive health 2003-2007. The main purpose of the third country program is to contribute to increased utilization of quality reproductive health information and services and improved adolescent sexual and reproductive health. The Integrated Adolescent Reproductive Health and Life Skills Project aimed at contributing to the third output of the reproductive program, strengthened life skills development for the promotion of adolescent sexual and reproductive health.</p>

The document states that the project identifies a multi component strategy based on global evidence for promoting adolescent reproductive health through activities for creating a supportive environment, improving knowledge, attitudes and behaviors and increasing utilization of adolescent reproductive health services. The guiding principle is to involve young people and engage communities and parents in the development of appropriate programs. The strategies of the project comprise:-

- Integrated life skills and reproductive health education.
- Meaningful involvement of young people.
- Peer education and reaching out of school young people.
- Operations research on youth friendly services.
- Capacity building in adolescent sexual and reproductive health.
- National level policy and advocacy.

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## Experiences Focusing on IEC and BCC Strategies

### Reproductive and Sexual Health Education-Care-Counseling for Married Adolescents in Rural India

<b>Country/ Region</b>	India
<b>Organization[s]</b>	International Center for Research on Women (ICRW)
<b>Type of Document</b>	Research
<b>Year of Publication</b>	2003
<b>No. of pages</b>	1
<b>Key Words</b>	Young People and Adolescents, Sexual and Reproductive Health, Education, Counseling Services, India
<b>Teaser Text</b>	A study testing the feasibility of implementing an integrated package of reproductive health information, sexuality counseling, clinical referrals and services for young married couples of rural Maharashtra.
<b>Summary</b>	The study was undertaken by KEM Memorial Hospital and supported by ICRW. The objective was to test whether the provision of reproductive health information, sexuality counseling and clinical referrals can function as a comprehensive package to improve the reproductive and sexual health of married youth in the age group 14-25 years. The study was undertaken in Dhamari villages and adjacent hamlets in Pune District of Maharashtra. The key findings were that it was feasible to implement an integrated package, however, time and financial constraints needs to be realistically addressed. There was acceptance of sexuality counseling in the rural

communities and the couple to couple strategy approach of generating awareness and information was a successful.

Document available at: [www.icrw.org](http://www.icrw.org)

### The Saadhan Helpline: HIV and AIDS Information and Counseling in Mumbai

<b>Country/ Region</b>	India
<b>Organization[s]</b>	Population Services International (PSI)
<b>Type of document</b>	Project Report
<b>Year of Publication</b>	2003
<b>No. of pages</b>	15
<b>Key Words</b>	Sexual Reproductive Health, Youth Friendly Services, Helpline, India
<b>Teaser Text</b>	A project report on HIV and AIDS prevention among adolescents in India through a helpline.
<b>Summary</b>	The study used an innovative HIV prevention model in 12 port cities along the east and west coasts of India, including Mumbai. The program deploys a set of integrated communication and service provision strategies to decrease the spread of HIV and AIDS among vulnerable groups. The study was done in Mumbai, a major epicenter for HIV and AIDS which has the country's largest sex industry having an estimated 6,000-10,000 child sex workers, out of which 50% are HIV positive. The Saadhan Helpline was initiated to provide quality HIV and AIDS information and counseling by qualified counselors with state-of-the-art software. The report states that the helpline received at least 1,000 calls per month, the majority of callers being single males between the age of 21 and 25, mostly having secondary high school education. The most common questions asked related to the mode of HIV and AIDS transmission and its diagnosis and sexuality. The helpline served as an effective call to action which enables target audiences to gain knowledge needed to adopt healthy behaviors. The lessons learned from the project include: need for better monitoring and evaluation, program flexibility, addressing low female ratio callers and developing communication campaigns to promote the helpline. The study recommended replication of such help lines in other communities for HIV and AIDS prevention programs.

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## Promoting Change in the Reproductive Behavior of Youth

<b>Country/ Region</b>	India
<b>Organization[s]</b>	Pathfinder International
<b>Type of Document</b>	Project Report
<b>Year of Publication</b>	2005
<b>No. of pages</b>	28
<b>Key Words</b>	Adolescents, Sexual and Reproductive Health, India
<b>Teaser Text</b>	Summary of a three year project in Bihar, India designed to improve the reproductive health behavior of adolescents.

**Summary** 'Promoting change in Reproductive Behavior in Bihar (PRACHAR)' was a three year project funded by the Packard Foundation and executed by Pathfinder in order to significantly improve the reproductive health behavior of adolescents and young adults. PRACHAR was designed to reach a large proportion of the population in three districts of the state of Bihar and to change beliefs, attitudes, and practices among adolescents, young married couples, parents and influential community figures. The project comprised training, meetings and orientation on puberty, menstruation, personal hygiene and nutrition, reproductive health, family planning, STIs, HIV and AIDS prevention, and delaying pregnancy in adolescent girls. The program was widely accepted in the 452 villages where it was implemented. Achievements include: reaching more than 90,000 adolescents and youth adults with information on key issues in reproductive health and family planning; providing messages to more than 100,000 parents and other community adults aiming at building wide social acceptance for the ideas of delaying and spacing children; the percentage of the population who believe that contraception is both necessary and safe increased from 38.3 percent to 80.8 percent; among unmarried adolescents, the figure increased from 45.3 percent to 90.5 percent; trainings to 30 local NGOs in Bihar on program development, supervision, and capacity building and sustainability in reproductive health and family planning; increase in quality of care provided by locally available practitioners due to basic reproductive health and family planning training of 1,398 traditional birth attendants and 447 rural medical practitioners.

Document available at: [www.pathfind.org/site/DocServer/India-Prachar\\_Project.pdf?docID=4261](http://www.pathfind.org/site/DocServer/India-Prachar_Project.pdf?docID=4261)

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## Advocacy on Reproductive Health and Gender Issues Through Youth Clubs

<b>Country/ Region</b>	Bangladesh
<b>Organization[s]</b>	Department of Youth Development, Ministry of Youth & Sports, Government of People's Republic of Bangladesh and UNFPA
<b>Type of Document</b>	Project Report
<b>Year of Publication</b>	2001
<b>No. of pages</b>	48
<b>Key Words</b>	Adolescent Reproductive Health, Behavior Change, Bangladesh
<b>Teaser Text</b>	Documentation of the strategies and activities of a project on reproductive health through Youth Clubs in Bangladesh.

**Summary** The project, 'Advocacy on Reproductive Health and Gender Issues Through Youth Clubs' started in 1998. The aim of the project was to provide adolescent and youth information and education on family welfare, reproductive health issues and gender equity through youth club leaders. In the first phase of the project, training of trainers and training of youth club leaders, sports club leaders, scouts and girl guides was organized on the topics of population explosion, reproductive health including HIV and AIDS, socio-cultural values, health, youth leadership etc. Youth club activities include follow up activities; meetings; celebration of national youth festival, international women's day, world population day, free primary health care services for poor rural young pregnant and lactating mothers etc. Further, the youth clubs have started a social movement against all types of violence against women by mobilizing trained young boys and girls; as well as participated in skill trainings to start income generating projects. The project has become successful in maintaining functional linkages to government agencies and non government organizations and coordination and collaboration with youth. The significant features of the project include: participation of young people; assessing the needs of the community; paying special attention to female youth; multi-sectoral linkages and collaboration; community involvement; life-skills approach; use of holistic approach, and building coalitions supporting youth. The document concludes with recommendations

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## Better Information for Young People Program

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	BP Memorial Health Foundation, RHIYA Nepal
<b>Type of Document</b>	Annual Report
<b>Year of Publication</b>	2005
<b>No. of pages</b>	14
<b>Key Words</b>	Adolescents, Sexual Reproductive Health, Youth Friendly Services, RHIYA, Nepal
<b>Teaser Text</b>	Annual report sharing its experience in providing information to young people.
<b>Summary</b>	<p>The BPKHF RHIYA project is providing information to young people through information centers and hotline telephone counseling. The objective of the program is to contribute to improved sexual and reproductive health practices and utilization of services by young people. Last year being the first year, the project focused on building rapport and establishing essential coordination channels with major stakeholders and capacity building of staff. Major activities comprised of advocacy, awareness raising and education, and providing information through youth information centers that were run through local youth clubs. Also, 10 government health posts and sub health posts were identified to provide youth friendly adolescent sexual and reproductive health services. A total of 2,885 adolescents and youth were providing with counseling services on AYSRH issues through hotline counseling. The project has produced a school peer education training manual, teachers training manuals and schools have been selected to run the programs. Peer educators have been selected for both in school and out of school youth. Similarly, relevant IEC materials were produced and distributed in the target Village Development Committees. Challenges cited include political conflict, youth information centers not being comprehensive and the sensitivity of the topic.</p> <p>Document Copy available at: UNFPA RHIYA UPSU, Kathmandu, Nepal and UNFPA CST Library, Kathmandu, Nepal</p>

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## Adolescent Girls Literacy Initiative for Reproductive Health (A GIFT for RH)

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	USAID
<b>Type of Document</b>	Assessment Report
<b>Year of Publication</b>	NA
<b>No. of pages</b>	36
<b>Key Words</b>	Adolescents, Awareness, Reproductive Health, STDs, Education, Information, Services, Nepal
<b>Teaser Text</b>	Survey report to determine the effectiveness of a non-formal education program to provided the knowledge needed
<b>Summary</b>	<p>The Lalima Literacy Program was a health focused nine month non-formal education literary class that combined reproductive health knowledge along with literacy training. The report outlines the study that was done to examine the impact of Lalima classes on adolescent girls' knowledge and attitudes towards reproductive health issues, HIV and AIDS, STIs, and perception toward health information and services. The survey was conducted in three phases: before starting the literacy classes (Dec 1999); at the completion of the classes (Jan 2001), and one year after completion of the classes (Feb 2002). In all, almost all of the 891 girl members were interviewed. The study showed that the adolescent girls learned how to obtain information and health care when needed. By the time of the phase III interview, virtually all of the girls (98%) knew what health facilities were available in the villages, whereas almost 60 percent has said they had not known where to get information before starting the classes. Likewise, before the classes, only one in ten of the adolescent girls had heard of AIDS, although a higher proportion of 15-19 year old were aware of it. By the final survey almost 100 percent of the girls knew how AIDS was transmitted and 70 percent were able to name safer sex practices with 55 percent of them specifying condoms as one method of prevention. The report states that the project serves as a model for the establishment of similar programs elsewhere. However, it also states that the study was not able to document whether the girls were able to translate the knowledge into practice, and thus future research is required to understand the changes in actual reproductive behavior.</p>

Document copy available at: UNFPA CS Library, Kathmandu, Nepal

## Documentary Report of Strategy for Adolescent Sexual and Reproductive Health Project

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	Family Planning Association of Nepal (FPAN)
<b>Type of Document</b>	Project Report
<b>Year of Publication</b>	2003
<b>No. of pages</b>	29
<b>Key Words</b>	Adolescent, Sexual Reproductive Health, HIV and AIDS, STDs, FPAN, Unwanted Pregnancy, Youth Information Center, Nepal
<b>Teaser Text</b>	Report of a pilot: Strategies for Adolescent Sexual and Reproductive Health in Nepal.
<b>Summary</b>	FPAN was the implementing agency for the project, Strategies for Sexual and Reproductive Health of Adolescents and Youth, a component project of the reproductive health sub program of UNFPA's adolescent sexual and reproductive health program. The project was implemented in Lalitpur District with primary beneficiaries being those of 10-19 years old. Program interventions were designed and implemented based on the needs of beneficiaries. The main strategies of the project were: advocacy; IEC; capacity building; establishment of youth information; education and counseling centers, and monitoring and evaluation. The project was able to increase the level of knowledge on adolescents on adolescent sexual and reproductive health issues and HIV and AIDS significantly. The main source of information was the Sexual and Reproductive Health Project as more than half the young people received information through the project and its activities. Also, after the project intervention, adolescents began to talk more openly on sexuality. The report further states that although small, the project gained valuable experiences. The recommendations were that future projects should be more gender sensitive, strategies should include life skills and that the project should have larger size and coverage in order to benefit larger number of young people.
Document available at: Family Planning Association of Nepal, Kathmandu	

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## Safe Youth Worldwide Initiative: Empowering Young People for HIV Prevention Program

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	Margaret Sanger Center International, UNFPA and BP Memorial Health Foundation
<b>Type of Document</b>	Program Report (2003-2004)
<b>Year of Publication</b>	2005
<b>No. of pages</b>	35
<b>Key Words</b>	Adolescent Friendly Services, Nepal
<b>Teaser Text</b>	Report of an HIV Prevention Program for Young People
<b>Summary</b>	Safe Youth Worldwide is a global initiative aimed at decreasing HIV prevalence rates among young people between 10 and 24 years of age in Africa, Asia, Latin America and the Caribbean. There are two components to the projects: scaling up exemplary youth focused HIV prevention projects in five countries, and mapping of program planning materials and training resources. In Nepal, the program was implemented in Kaski District through 20 schools, and eight youth clubs. The direct beneficiaries of the project were 250 young people, both in school and out of school and through them 12,500 young people. The project was of a comprehensive and multi-dimensional nature and the activities consisted of peer education to in and out of school adolescents, developing local youth clubs as youth information centers, teachers training, and training to selected health care facility staff on adolescent friendly health services. The project activities also consisted of community advocacy and capacity building of local NGOs and CBOs. Two of the selected CBOs were given financial support to implement programs in the community for sustainability of the current project. For the mapping of resources, materials available in the country were collected and catalogued. A regional workshop was organized in Bangladesh to disseminate the mapping process as well as to obtain information on more materials. In addition, a comprehensive analytical inventory of good practices and a directory of 45 organizations working in the field of young people was compiled and media research on HIV related issues was conducted. The program results indicated that peer education is a good approach for behavior change among young people and that previous successful programs should be adopted for scaling up to get the desired results in a short time .
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## Strategies for Sexual and Reproductive Health of Adolescents and Youth

<b>Country/ Region</b>	Sri Lanka
<b>Organization[s]</b>	The Family Planning Association of Sri Lanka
<b>Type of Document</b>	Report
<b>Year of Publication</b>	2001
<b>No. of pages</b>	12
<b>Key Words</b>	HIV and AIDS, Adolescent Sexual Reproductive Health, Life Skills, Information, Access, Services, Participation, Sri Lanka
<b>Teaser Text</b>	A quarterly report of a sexual and reproductive health project for adolescents and youth in Sri Lanka.

**Summary** The goal of the project was to provide sexual and reproductive health education to adolescents and youth through the maximum participation of young people. The strategy used was sexual and reproductive health information dissemination through peer educators and youth clubs. The activities accomplished during the 4th quarter comprised formation of a coordination committee; selection of schools; a seminar for principals and teachers; a seminar for directors of education and ministry officials; naming of the club house, and preparation of club rooms. Major achievements of the quarter were: being able to convince the school authorities about the importance of peer education especially in disseminating sexual and reproductive health; recognition by the Ministry of Education of the Family Planning Association of Sri Lanka's role and its involvement in the project; gaining fullest support from teachers and parents; and the high level of enthusiasm shown by students, teachers, factory workers and project staff. Some of the lessons learned were: the value of getting the necessary clearance from the ministry hierarchy and approaching the schools through the department system; the importance and the effectiveness of participatory methods over conventional methods in handling areas related to sexual reproductive health, and the pivotal role students and student leaders can play. The difficulty encountered in the school program were: inordinate delays in obtaining necessary clearance both at national and provincial level as a result of change of key officials in the ministry and not being able to accommodate more schools in the program.

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## Strategies for Sexual and Reproductive Health of Adolescents and Youth - Country Level Activities Under Asia Regional Project RAS, OO and PO5

<b>Country/ Region</b>	Sri Lanka
<b>Organization[s]</b>	The Family Planning Association of Sri Lanka (FPASL), JOICEP, UNFPA, IPPF
<b>Type of Document</b>	Project Report
<b>Year of Publication</b>	2002
<b>No. of pages</b>	9
<b>Key Words</b>	STD, Education, Prevention, Knowledge, Sri Lanka
<b>Teaser Text</b>	Quarterly report of a project on adolescent and youth sexual and reproductive health strategies in Sri Lanka.

**Summary** The goal of the project was to provide sexual and reproductive health education to adolescents and youth through the maximum participation of young people. The strategy that the project used was the formation of a youth club in each school and that of peer education. The activities completed in the 4th quarter were the formation of a coordination committee, selection of schools to implement the project, a seminar for principals and teachers, and a seminar for directors of education and ministry officials, naming the sexual and reproductive health club at the school and preparation of club rooms. The major achievements of the report cycle were: being able to convince the school authorities about the importance of peer education especially in disseminating sexual reproductive health information; Ministry of Education recognizing the FPASL's role and its involvement in the project; gaining the fullest support from the teachers and parents, and high levels of enthusiasm shown by all stakeholders. The lessons learned from the project were: the value of getting the necessary clearance from the ministry; importance of getting the teachers and parents involved; the pivotal role the students and students leader can play, and the importance of disseminating sexual and reproductive health.

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## Sexual and Reproductive Health Information, Counseling and Services to Adolescents and Youth

**Country/ Region** Sri Lanka

**Organization[s]** International Planned Parenthood Federation, RHIYA NGO

**Type of Document** Annual Report

**Year of Publication** 2005

**No. of pages** 11

**Key Words** STD, Young People, Adolescents, RHIYA, Sexual Reproductive Health, Youth Policy, Sri Lanka

**Teaser Text** Annual report outlining the experiences, achievement, and lessons learned.

**Summary** RHIYA Sri Lanka is operational in 18 districts and 312 project sites of the country through nine NGOs. RHIYA is exemplary in that no government program exists for sexual reproductive health of adolescents and youth and thus it fills an important gap. The output progress of the project comprise improved political and community support for adolescent and youth sexual and reproductive health services, knowledge transfer to young people on sexual and reproductive health, access to youth friendly services at the project sites and development of IEC materials, manuals etc. The key issues and challenges last year were lack of a national adolescent health policy in Sri Lanka; increased level of sexual activity among youth resulting from an increase in the legal age of marriage; limited resources on counseling, gender life skills and peer education, and non-availability of adequate resource personnel to provide training on counseling, life skills and peer education to name a few. The key implications for the project design based on the issues were: need to establish a central unit; frequent monitoring meetings required; study tours, technical assistance, backstopping and modified project activity plans in 2005, and increased linkages with key stakeholders. The lessons learned were: many RHIYA NGOs have not become proactive in implementing activities, and a lack of technical support at all levels has affected the program. Additionally, field activities were not result oriented.

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## Building Demand for Reproductive Health Awareness Among Adolescent Girls in Conflict Affected Districts of Nepal, Center for Research on Environment Health and Population Activities, 2006

**Country/ Region** Nepal

**Organization[s]** CREHPA, USAID, Global CATALYST and CEDPA

**Type of Document** Evaluation Report

**Year of Publication** 2005

**No. of pages** 51

**Key Words** Adolescent, Reproductive Health, Conflict, STIs

**Teaser Text** Mid-term Evaluation of a Reproductive Health Project in three districts of Nepal.

**Summary** Building Demand for Reproductive Health (BuD for RH) is a two year project on adolescent health and development funded by USAID through the Global CATALYST Consortium Project and implemented by CEDPA. The primary goal of the BuD for RH is to improve the ability of low-income illiterate girls aged 10-19 years living in conflict areas to make informed decisions regarding reproductive health and to access health services and formal education. . The study covers 249 girls from 11 school in 10 Village Development Committees of Baglung, Mahottari and Udaypur Districts.

The evaluation shows that among school girl respondents knowledge of physical changes and their perceptions about menstruation has increased since the baseline data. Also, knowledge of the risks of pregnancy when not using family planning methods was nearly universal among adolescents in all three districts. At the district level, there has also been an increase in knowledge of when in the ovulation cycle to avoid sexual intercourse. Respondents' knowledge about the need for health check up during pregnancy has also increased considerably and the proportion of those that stated doctor, TBA, and nurse are appropriate persons to assist delivery increased in the mid-term survey. Similarly, awareness on optimal birth spacing has become nearly universal among in respondent school girls. The perception that men should be involved in optimal birth spacing has also increased significantly.

The evaluation document states that on the basis of above evidence, the project has been effective to a large extent in enhancing reproductive health knowledge among the rural in-school girls.

Document available at: [http://pdf.dec.org/pdf\\_docs/PDACG183.pdf](http://pdf.dec.org/pdf_docs/PDACG183.pdf)

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# Experiences with Integrated Strategies

## Strengthening Community Linkages for Youth in SRH Services

<b>Country/ Region</b>	Bangladesh
<b>Organization[s]</b>	Bangladesh Red Cross Society (BDRCS), UNFPA and EC RHIYA,
<b>Type of Document</b>	Annual Report
<b>Year of Publication</b>	2005
<b>No. of pages</b>	8
<b>Key Words</b>	STIs, Adolescent and Sexual Reproductive Health, RHIYA, Bangladesh
<b>Teaser Text</b>	An annual report of a RHIYA NGO in Bangladesh
<b>Summary</b>	BDRCS, a reproductive health in young adolescents (RHIYA) NGO works with thousands of Red Crescent youth volunteers. Since the project only started at the end October 2004, activities outlined are the proposed ones. The outputs envisaged are: increased support from community gatekeepers and policy makers about sexual and reproductive health needs of young people; increased awareness on appropriate sexual and reproductive health issues among adolescents and youth in the project area; improved access to quality youth oriented counseling and clinical sexual and reproductive health services, improved management capacity and networking and sharing between RHIYA partners to improve sexual reproductive health of young people. The direct beneficiaries of the project would be 9,000 youth and adolescents who would receive formal peer group trainings, as well as other youth in an indirect manner.

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## Creating a Better Economic Development for Higher Class Youth and their Guardian

<b>Country/ Region</b>	Bangladesh
<b>Organization[s]</b>	Concerned Women for Family Development (CWFD)
<b>Type of Document</b>	Annual Report
<b>Year of Publication</b>	2005
<b>No. of pages</b>	6

<b>Key Words</b>	STIs, Adolescent and Sexual Reproductive Health, RHIYA, Bangladesh
<b>Teaser Text</b>	An annual report of a RHIYA NGO in Bangladesh
<b>Summary</b>	CWFD is implementing its activities in five sites in the country. The key achievements during the reported year comprise: meetings and workshops with community gatekeepers, the media, journalists, teachers, and parents to advocate on sexual and reproductive health issues. Sixteen hundred adolescent and youth members in the community were provided reproductive health education sessions and 835 students were provided the same education in schools. A total of 11,724 girls and boys were given counseling and adolescent friendly clinical services in the service delivery points of RHIYA. Behavior change and communication materials were reprinted and distributed to youth in communities and schools. The key learning was that now was the proper time for breaking the silence on sexual and reproductive health issues.

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## Healthy Lifestyles for Urban Adolescents and Youth in Outlying Districts of Bangladesh

<b>Country/ Region</b>	Bangladesh
<b>Organization[s]</b>	Family Planning Association of Bangladesh (FPAB), RHIYA NGO
<b>Type of Document</b>	Annual Report
<b>Year of Publication</b>	2005
<b>No. of pages</b>	12
<b>Key Words</b>	STIs, RHIYA, Adolescent Sexual and Reproductive Health, Adolescent Friendly Service Delivery Points, Bangladesh
<b>Teaser Text</b>	Annual report of a RHIYA NGO in Bangladesh sharing its experience and learning.
<b>Summary</b>	The report states that the project is a component of RHIYA Bangladesh. FPAB is implementing the project in nine districts. The previous phase program reproductive health clinics were changed to adolescent friendly health service delivery points for providing information, counseling and clinical services for adolescents and youth. In addition, satellite clinics were

also organized for increasing the service coverage. For increased target population awareness on adolescent sexual and reproductive health, peer techniques were being used. In each of the services delivery points, 10 peer educators were being selected and trained. Other sensitization activities such as community meetings, workshops, gatherings, rallies, meetings of stakeholders group are organized periodically. At each service delivery point community members' groups were formed and interactions took place regularly. In 2004, nine stakeholders' support groups, nine parents and guardians groups and nine teachers groups were formed and corresponding meetings took place. In each of the service delivery points, clinical services and individual inter-personal counseling sessions are being provided. Appropriate and available behavior change and communication materials are used in clinical and awareness sessions. The key learning comprised: for the sensitiveness of the adolescent sexual and reproductive health issues, the active participation of the youth and adolescents in the sexual and reproductive health education session can be achieved only over time through continued sessions.

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## Better Services for Urban Adolescents and Youth

<b>Country/ Region</b>	Bangladesh
<b>Organization[s]</b>	Marie Stopes Clinic Society (MSCS), RHIYA NGO
<b>Type of Document</b>	Annual Report
<b>Year of Publication</b>	2005
<b>No. of pages</b>	13
<b>Key Words</b>	Sexual and Reproductive Health, Adolescent Friendly Services, RHIYA, Bangladesh
<b>Teaser Text</b>	Annual report of a RHIYA NGO in Bangladesh working on better services for urban adolescents and youth.
<b>Summary</b>	MSCS has been serving as the lead agency for the implementation of increased availability of quality, culturally and gender sensitive sexual and reproductive health education, counseling and services for youth. The key achievements of the year were: 15 workshops in five different districts to approximately 500 community stakeholders; 300 meetings with parents, and

local level gatekeepers; publication and distribution of behavior change and communication material; youth friendly services brochures and adolescent sexual and reproductive health booklets. Events such as rallies, youth health fairs, imam meetings and teachers meetings, and peer education sessions were also held. The four Youth Friendly Services (previously called RHI clinics) were given continuity offering clinical sexual reproductive health services; information bank; counseling services and behavior change and communication; life skill and livelihood training, and games and entertainment activities. During the report year mechanisms were established to measure the trends of quality services such as telephone complaints, complaint register, and mood meter boxes in the service delivery points. These showed that the satisfaction level of clients is more than 90 percent for counseling and services. Further, capacity building activities were also held to train and orient staff and youth. The key issues in the report year comprised: providing the right kind of adolescent sexual reproductive health information and education to the young people of the working areas, providing them with youth friendly services, and preventing early marriages. The challenges comprised: working with adolescents and youth to create an enabling environment for them.

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## Supporting better SRH for Urban Adolescents and Youth in Bangladesh: Umbrella Project Support Unit for Bangladesh

<b>Country/ Region</b>	Bangladesh
<b>Organization[s]</b>	UNFPA and EU RHIYA Bangladesh
<b>Type of Document</b>	Annual Report
<b>Year of Publication</b>	2005
<b>No. of pages</b>	10
<b>Key Words</b>	Sexual and Reproductive Health, RHIYA, Bangladesh
<b>Teaser Text</b>	An annual report of RHIYA Umbrella Unit in Bangladesh.
<b>Summary</b>	RHIYA Umbrella Program Support Unit (UPSU) in Bangladesh is addressing the common needs of RHIYA partners and coordinating them in day to day management of the program, monitoring, and information sharing. In 2004, UPSU arranged seven coordination meetings, lessons learned and sharing experiences. UPSU also coordinated a baseline survey on

the status of knowledge on adolescent sexual and reproductive health issues among the youth and adolescents in the 24 project sites and disseminated the results among the partners. Further, UPSU helped lead the development of behavior change and communication material and a manual on Quality of Care for AFSDP. Further, UPSU disseminated RHIYA brochures, baseline survey summary report, and RHIYA newsletter. The lessons learned are that adolescent sexual and reproductive health is a challenging issue in Bangladesh and there is scarcity of quality manpower and appropriate services in this field.

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### Improving Adolescent Reproductive Health Knowledge and Outcomes through NGO Youth Friendly Services

<b>Country/ Region</b>	India
<b>Organization[s]</b>	Center for Development and Population Activities (CEDPA)
<b>Type of Document</b>	Project Report
<b>Year of Publication</b>	2003
<b>No. of pages</b>	18
<b>Key Words</b>	Sexual Reproductive Health, Youth Friendly Services, India
<b>Teaser Text</b>	Study measuring the results of the 'Adolescent Friendly Reproductive Health Service Program' on knowledge and health outcomes of participating adolescents in India.

**Summary** The 16 months pilot project on Adolescent Friendly RH services through four NGOs in three states on India was initiated by CEDPA from Sep 2001 to Dec 2002. The study assessed changes in perception, knowledge and attitude on adolescent reproductive health issues including HIV and AIDS and compared the effects of long term and short term interventions on these changes. The study also intended to measure the feasibility and effectiveness of youth friendly services. In total 4,255 adolescent girls and 3,527 boys were provided family life education and reproductive health information during the project through the four partner organizations. Of these, 91% received health services and counseling. The study adopted a pre-post test quasi experimental design to assess the extent of change in awareness, knowledge and opinion and attitude among participants at the time of program registration and at the point of program completion. While

baseline profiles were collected from 4,255 participants, only 779 of the girls completed both pre and post tests. Among those a statistically significant increase in knowledge pre and post interventions were found for: knowledge on HIV prevention; knowledge on modern contraceptives; dual protection role of condoms, and some other areas. The report in conclusion states that program intervention was effective in significantly improving the knowledge of adolescent girls and in providing services such as health check ups, counseling and iron supplementation. The approach of focusing on general adolescent health rather than on adolescent reproductive health was more effective.

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### Community Actions for Improved Youth Sexual Reproductive Health

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	Aama Milan Kendra, Reproductive Health in Young People in Asia Initiative (RHIYA)
<b>Type of document</b>	Project Report
<b>Year of Publication</b>	2005
<b>No. of pages</b>	15
<b>Key Words</b>	Adolescents, Sexual Reproductive Health, Youth Friendly Services, RHIYA
<b>Teaser Text</b>	Annual report of a RHIYA NGO outlining project progress, challenges, lessons learned and outputs on youth sexual reproductive health in selected districts of Nepal.

**Summary** Part of a RHIYA initiative, Aama Milan Kendra (AMK) is a RHIYA Nepal partner NGO. Community Actions for Improved Youth Sexual Reproductive Health project has been implemented in three districts since September 2003 with an aim to raise awareness by enhancing youth knowledge on sexual reproductive health issues including HIV and AIDS, trafficking, gender based violence and life skills. In the year 2003-2004, the project was able to establish a supportive environment and create community ownership through the formation of support groups and sensitization workshops on AYSRH issues. Life skills based adolescent and youth sexual and reproductive health peer education training manual was also developed in addition to other

adolescent and youth sexual and reproductive health IEC materials. In total, 15 youth information centers were established and management committees were established to run the youth information center smoothly. Youth information centers served as resource centers and provided a common forum to adolescent youths for various purposes. The community people provided free space for youth information center. One hundred thirty five peer educators were trained on life skills based adolescent and youth sexual reproductive health and they are now mobilized in their communities. Key learnings for the year were: community mobilization is the best approach for effectively running community level activities, and partnering with government is key to sustainability.

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## Working with Young People on Sexual and Reproductive Health

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	Family Planning Association of Nepal (FPAN)
<b>Type of Document</b>	Project Report
<b>Year of Publication</b>	2003
<b>No. of pages</b>	11
<b>Key Words</b>	Sexual Reproductive Health, Youth Friendly Services, FPAN, Youth Information Center, Nepal
<b>Teaser Text</b>	Project report summarizing the experience of the project, working with young people on sexual and reproductive health in five districts.
<b>Summary</b>	The goal of the project was to adopt safe sexual and reproductive health behavior and practices with a strategy to increase young people's knowledge of sexual and reproductive health, and utilization services. The project consisted of the four components: advocacy and community mobilization, information, education and communication, youth information centers, and provision of sexual and reproductive health services. The achievements and the lessons learned were: increased participation of young people in the design of sexual and reproductive health strategic plans and activities; enhanced availability of appropriate sexual and reproductive health information for

young people; increased availability of appropriate sexual and reproductive health services for young people; increased awareness of sexual and reproductive health, and project sustainable as a result of community support. The challenges shared by the case study were: further strengthening the capacities of young people to protect themselves; ensuring true participation of young people in all phases; integration of research and action for design, planning and monitoring and evaluation; reaching all those in need, and lack of supportive policies, and sustainability.

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## RHIYA Nepal Umbrella Project Support Unit Annual Report

<b>Country/ Region</b>	Nepal
<b>Organisation[s]</b>	RHIYA Nepal
<b>Type of document</b>	Annual Report
<b>Year of Publication</b>	2005
<b>No of pages</b>	14
<b>Key Words</b>	Young People, Adolescents, Sexual Reproductive Health, Youth Friendly Services, Peer Education, RHIYA, Nepal
<b>Teaser Text</b>	Annual report of RHIYA Nepal umbrella support unit outlining its progress, challenges and lessons learned
<b>Summary</b>	The report gives a synopsis of the RHIYA Nepal and its umbrella support and program unit (USPU).USPU aims to strengthen the capacity of the partner NGOs and maximize the synergy and collaboration among the RHIYA partner NGOs and with the national RH care programs. The report states that since the government is unable to reach the large vulnerable target group, RHIYA Nepal complements and supplements their adolescent and youth sexual and reproductive health initiatives. In 2003-2004, USPU assisted in creating a supportive environment for the program and established effective linkages between RHIYA partners, line ministries and other stakeholders; organized advocacy activities and press releases as well as starting a RHIYA radio program, commissioning television documentaries, and established effective planning, monitoring and evaluation systems. The report states political disturbances and political strikes as key constraints, and collaborative actions facilitated and coordinated by partner NGOs created collective ownership

and sense of belongingness of the RHIYA partner NGOs as lessons learned.

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### Improvement of SRH and Prevention of HIV and AIDS and Drug Abuse among Adolescent Youth in Urban Poor Communities

<b>Country/ Region</b>	Nepal
<b>Organisation[s]</b>	Environment Health and Development Advisory Group
<b>Type of document</b>	Annual Report
<b>Year of Publication</b>	2005
<b>No of pages</b>	14
<b>Key Words</b>	Adolescents, Sexual Reproductive Health, HIV and AIDS, Youth Friendly Services, RHIYA, Nepal
<b>Teaser Text</b>	Annual report sharing the project modality, achievements and lessons learned.

**Summary** The report gives an overview of EHDAG's background information and its experience. Implementing activities in two districts of Nepal, EHDAG and RHIYA project aims to improve the reproductive and sexual health status of young people. The project implementation modality is community services through mobilizing trained adolescent youth groups. The project is mobilizing 902 adolescents through 82 adolescent and youth groups to carry out project activities. The groups are supervised by community advisory committees. The lessons learned include: continuous efforts in linking development with municipalities resulted in the operation of four youth friendly services delivery points. A few achievements include: adolescent youth groups providing sexual reproductive health peer education to 12,021 adolescent youth along with delivering 4,839 IEC materials to 2,134 and distributed 9,329 condoms to 852 adolescent youth, as well as counseling to 185 beneficiaries. EHDAG also developed advocacy leaflets, booklets. Delay in operating youth friendly services, lack of appropriate places to post wall magazines were sited as some of the challenges. The issue of sustainability was also addressed by training volunteers for human resources, managing community funds, making free working space, and providing program material free of cost.

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### Integrating Sexual and Reproductive Health Education into Service Delivery: A program for Rural Communities in Bangladesh

<b>Country/ Region</b>	Bangladesh
<b>Organization[s]</b>	International Center for Diarrhoeal Disease Research in Bangladesh (ICDDRDB), The Bangladesh Rural Advancement Committee (BRAC)
<b>Type of Document</b>	Research Study
<b>Year of Publication</b>	1999
<b>No. of pages</b>	4
<b>Key Words</b>	Adolescents, Sexual and Reproductive Health, Youth Friendly Services, Information, Bangladesh
<b>Teaser Text</b>	A study focusing on the effectiveness of integrating sexual and reproductive health education in the service delivery program in rural Bangladesh.

**Summary** This collaborative project was undertaken by ICDDRDB and BRAC to integrate sexual and reproductive health interventions and education into ongoing health services delivery programs with the goal to improve sexual and RH and knowledge among rural poor, particularly adolescent girls and women, by understanding and addressing the socio-cultural context of sexual risks. The specific objectives of the project were to: conduct research on the nature and extent of communication about sexual and reproductive health; experiences with gender based violence and other circumstances that increases women's risk of sexual health problems including HIV and AIDS; create educational materials for both literate and illiterate audiences; train community health workers; train peer educators; evaluate the impact of the intervention, and examine the effectiveness of intervention. The study was conducted in rural Bangladesh where about 40 percent of males and 50 percent of females have no formal education and condom use is very low (5%). Training of health workers was done and interviews and focused group discussions conducted with local respondents. The results showed an increase in awareness of the key issues at all levels in the rural community thus indicating the intervention was effective. The report concludes with a few recommendations which include: facilitating participation of individuals in research and programming, include a community advocacy component; reinforcing education with appropriate health services, and incorporating sufficient time for material development and distribution.

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## YRG Care: Base Model Report - Integrated Prevention, Care and Support Strategies, YRG Care & International HIV and AIDS Alliance

<b>Country/ Region</b>	India
<b>Organization[s]</b>	YRG CARE, Horizons, International HIV and AIDS Alliance
<b>Type of Document</b>	Report
<b>Year of Publication</b>	2003
<b>No. of pages</b>	24
<b>Key Words</b>	Prevention, Counseling, Care and Support, People Living with HIV and AIDS, Voluntary Testing and Counseling, India
<b>Teaser Text</b>	A study on scaling up affordable and appropriate care and support for people living with HIV and AIDS in South India.

**Summary** YRG CARE embarked on a research project in collaboration with the Horizons Program (funded by USAID) and the International HIV and AIDS alliance. The study was on scaling up affordable and appropriate care and support services for people living with HIV and AIDS in South India. The project aimed at reaching two goals. The first is to better understand the affordability and appropriateness of an integrated care and support model in an emerging epidemic situation to meet the needs of people living with HIV and AIDS and to improve their quality of life. A second goal is to examine the process and costs of scaling up this model through a strategy of concept replication in varied settings in South India. YRG CARE conceptualizes and manages the work that it conducts into four project areas: service projects, training and scaling-up projects, research projects, and strategic projects. Twenty seven service projects represent the backbone of the organization's work and include the provision of prevention education and sensitization on HIV and AIDS and other STIs, sexuality, and reproductive health, as well as other ongoing public education programs. The integrated continuum of care and support services also falls into this category, including voluntary counseling and testing, medical and psychosocial care and support (inclusive of day care, inpatient services and home care), and other ongoing support services for people living with HIV and AIDS and their families.

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## Working with Young People on Sexual and Reproductive Health

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	Family Planning Association of Nepal (FPAN) and RHIYA
<b>Type of Document</b>	Project Report
<b>Year of Publication</b>	2003
<b>No. of pages</b>	11
<b>Key Words</b>	Sexual Reproductive Health, Youth Friendly Services, FPAN, Youth Information Center, Nepal
<b>Teaser Text</b>	Project report summarizing the experience of the project, working with young people on sexual and reproductive health in five districts.

**Summary** The goal of the project was to adopt safe sexual and reproductive health behavior and practices with a strategy to increase young people's knowledge of sexual and reproductive health, and utilization of sexual and reproductive health services. The project consisted of four components: advocacy and community mobilization, information, education and communication, youth information centers, and provision of sexual and reproductive health services. The achievements and the lessons learned were: increased participation of young people in the design of sexual and reproductive health strategic plans and activities; enhanced availability of appropriate information and services for young people; increased awareness of sexual and reproductive health, and project sustainable as a result of community support. The challenges shared by the case study were: further strengthening the capacities of young people to protect themselves; ensuring true participation of young people in all phases; integration of research and action for design, planning and monitoring and evaluation; reaching all those in need, and there is a lack of supportive policies, and sustainability.

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## HIV and AIDS Prevention Strategies for School Age Children in South Asia: Examples and Possibilities

<b>Country/ Region</b>	South Asia
<b>Organization[s]</b>	Save the Children UK, Office for South and Central Asia Region, Kathmandu
<b>Type of Document</b>	Review
<b>Year of Publication</b>	1998
<b>No. of pages</b>	46
<b>Key Words</b>	Sexual and Reproductive Health, Children, South Asia
<b>Teaser Text</b>	An overview of HIV and AIDS prevention strategies among school age children in South Asia.

**Summary** The report was based on studies in India, Nepal, Pakistan and other Asian countries among children (5-18 yrs old) at a micro level to assess its relevance and significance in South Asia in programming. The paper states that children are especially vulnerable to HIV and AIDS either by the life style they choose or by the actions of others. It highlights the fact that children have rights to information and opportunities to develop education and information for which school is suggested as the best place. Various schools have integrated HIV prevention programs with adolescent education. Peer group education and life skill enhancement are the salient features of all interventions. Some of the lessons learned from the region are: child participation and responsibility sharing are critical, and integration of HIV education and prevention in health programs both for in and out of school children is important. The key constraints identified comprise: limited experience in HIV and AIDS education in the region; serious gaps in the knowledge of HIV and AIDS; HIV not receiving adequate attention among the media, academics, politicians and the public at large. The study recommends institutionalizing an AIDS awareness program within the formal school system, incorporating HIV and AIDS prevention education for children within a broad rights and citizenship curriculum framework; advocating to government for HIV and AIDS prevention education for children to be given highest priority, and better understanding of children's point of view in order to prevent HIV and AIDS among children in the region.

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## EU and UNFPA RHIYA Progress Review 2005

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	UNFPA and EU RHIYA
<b>Type of Document</b>	Review
<b>Year of Publication</b>	2005
<b>No. of pages</b>	23
<b>Key Words</b>	Adolescents, Sexual Reproductive Health, HIV and AIDS, RHIYA, Nepal
<b>Teaser Text</b>	Progress review of RHIYA Nepal activities.

**Summary** RHIYA is a regional program that aims to improve the sexual and reproductive health of adolescents and youth in seven countries of South and South East Asia, Nepal being one. The review of the program was conducted to highlight the current status of the program and suggest future directions.

The review report states that RHIYA Nepal has achieved its results despite political conflict in the country; the project spent its first two years creating a strong foundation for sustainability while the third year on achieving the targets. The report further states that the program has been responsive to the demand from communities and has incorporated innovative ideas. Some of the important achievements of the projects have been: advocacy of sexual and reproductive health issues, media mobilization and demand of quality services in the communities. The review concludes with recommendations and future directions as well as stating that scaling-up would be an opportunity for the country.

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## Client Exit Survey on RHIYA Program in Nepal

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	UNFPA and EU RHIYA
<b>Type of Document</b>	Survey Report
<b>Year of Publication</b>	2006
<b>No. of pages</b>	62
<b>Key Words</b>	Adolescents, Sexual Reproductive Health, RHIYA, Nepal
<b>Teaser Text</b>	Client Exit Survey of RHIYA Nepal Program Activities

**Summary** The main objective of the client exit survey was to assess the quality of services from the clients' perspective. Findings on the services accessibility and youth friendliness show that service users responded positively. The findings show that almost all service users perceived that staff at the Youth Friendly Services Delivery Points (YFSDPs) are friendly; 97.8 percent of the total service users felt that staff are open minded and non-judgmental. From the perspective of the clients, the treatment by both the service providers and other staff at the service centers was very satisfactory. However, the proportion of the service users who perceived they had enough privacy during consultation with the service provider was low. Also, access to information on contraception was still not adequate as implied by the finding that only about 72 percent of the service users perceiving that it was easy for a woman or girl of their age to obtain information. The survey also notes that although the level of awareness of HIV and AIDs among service users was high, the knowledge on preventive measures was not adequate, and this is an area to strengthen further. Based on findings, the study provides a set of recommendations to improve the quality of services being delivered by youth friendly service delivery points in RHIYA program sites.

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### RHIYA Nepal Youth Camp, 2005

**Country/ Region** Nepal

**Organization[s]** UNFPA and EU RHIYA Nepal

**Type of Document** Report

**Year of Publication** 2005

**No. of pages**

**Key Words** Adolescents, Youth Camp, RHIYA, Nepal

**Teaser Text** Report of a National Youth Camp in Nepal.

**Summary** EU and UNFPA RHIYA Program in Nepal organized a four day National Youth Camp with a theme of "Youth in Action to Make a Difference in Pokhara" (September 19-22, 2005). Over 200 adolescents and young people from 19 districts of the country participated. The event was a follow up action to the RHIYA Youth Summit held in Sri Lanka in November 2004.

The report provides details of the program activities at the Youth Summit and the proceedings as well as recommendations and Youth Declarations developed by participating young people.

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## Experiences with Vulnerable and High Risk Young People

### Prevention of HIV and AIDS Among Migrant Youth in Low Income Slums of Mumbai

**Country/ Region** India

**Organization[s]** International Institute of Population Sciences

**Type of Document** Research and Review Document

**Year of Publication** 2004

**No. of pages** 24

**Key Words** Adolescents, Migrants, Substance Abuse, Sexual and Reproductive Health, Condoms, Myths and Misconceptions about HIV and AIDS, India

**Teaser Text** A study among adolescent and young low-income migrants residing in the slums of Mumbai to explore substance abuse and indulgence in risk behavior that makes them susceptible to HIV and AIDS.

**Summary** A training and pilot project was undertaken by IIPS, Mumbai and Institute for Community Research, Hartford, Connecticut U.S.A sponsored by World AIDS Foundation. The present summary report highlights the major findings and recommendation of the study conducted among Mumbai slum migrants in an attempt to find out the possible underlying linkages of labor migration, alcohol and drug abuse, indulgence into risky sexual behavior including visits to commercial sex workers, knowledge and attitude towards STDs and HIV and AIDS. It is apparent from the present study that alcohol consumption is quite common in both the study communities. Alcohol is an important part of the migrant's life and for the economy of the community. Irrespective whether man, woman or adolescent, all members consume alcohol. It also suggests that co-workers, blue films, pornographic magazines, friends, peer-groups etc. are the major sources of information about sex related matters. However, there are plenty of misconceptions about, sex, condom use, STD's and HIV among the migrants of the study community. Therefore, the study suggests that any programmatic response for controlling the prevailing risk behavior should make concerted efforts to target such networks through suitably developed network based intervention. There is also a need to target the migrants who are mainly poor illiterate or semi literate to dispel many

misconceptions about the role of alcohol and drugs in enhancing sexual performance and the use of condoms through targeted IEC activities.

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## Experiences Focusing on Services

### Establishing Adolescent Friendly Health Services at Safdarjang, New Delhi

<b>Country/ Region</b>	India
<b>Organization[s]</b>	Safdarjang Hospital, India Government of India, Ministry of Health & Family Welfare World Health Organization, SEARO
<b>Type of Document</b>	End of Term Report
<b>Year of Publication</b>	2005
<b>No. of pages</b>	120
<b>Key Words</b>	Adolescent Friendly Health Services, Hospital, India
<b>Teaser Text</b>	End term report on establishing adolescent friendly health services at a tertiary setting in India.

**Summary** Safdarjang Hospital is a tertiary level government hospital that has been able to establish a network with schools, colleges and NGOs working with adolescents. SHAHN Adolescent Center, a single window multi-specialty adolescent friendly clinic, is one component of this network. The Report details the process involved in establishing the network and setting up the adolescent friendly health center at Safdarjang Hospital, New Delhi. It is a comprehensive and technical documentation of the processes involved. It states that over the four years SHAHN has been able to build the capacity of teachers to create a supportive environment for adolescents and to reach out to adolescents in schools and provide referral services. One of the unique features of SHAHN is that it has been able to reorganize available services at the hospital to make a special clinic accessible to adolescents, thus minimizing the cost. The report also describes some of the difficulties faced in the implementation of SHAHN. In summary, the report shares the pioneering experience of establishing adolescent friendly health services and provides in depth information that can be replicated and scaled-up in other settings.

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### Models for Scaling-Up Youth Friendly Services for SRH & HIV Prevention in India

<b>Country/ Region</b>	India
<b>Organization[s]</b>	UNFPA India
<b>Type of Document</b>	Annual Report
<b>Year of Publication</b>	2006
<b>No. of pages</b>	11
<b>Key Words</b>	Youth Friendly Services, India
<b>Teaser Text</b>	Annual report of a project on Youth Friendly Services, India

**Summary** The project is executed by UNFPA and implemented by 3 partners: MAMTA, Parivar Seva Sansthan, and Institute of Health Management in Pachod. The activities progress comprise: need assessment and situation analysis to identify the target population and services needs by MAMTA; mapping exercise by PSS with the involvement of youth to understand the characteristics of young people; and a complete survey of the villages by IHMP. All the implementing partners have conducted awareness meetings, thematic meets and one on one interaction. IHMP has established village health committees through a participatory process and meetings have been held. Networking and linkages were made with NGOs and government institutions based in the area. The young people have been involved in conducting meetings and identifying youth information centers in the community; MAMTA has identified six youth information centers, which would serve as the first contact point for providing young people information on sexual and reproductive health through peer education model. PSS has identified a youth friendly services center that provides both clinical and information on sexual and reproductive health. IHMP organized sessions on HIV and AIDS and sexual and reproductive health issues in the life skills program, designed monthly newsletter targeting young husbands, and other awareness programs. Each partner has established its own MIS system. The key constrains of the project have been: lengthy time between the development of the project and execution; higher expectation of the young people; and unwillingness of parents to pay for health services of youth. Key lessons learned have been: recreational activities attract the attention of young people, networking and linkages are important in sustainability; advocacy needs to be initiated

with the government for developing a resource base for collating information.

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### Model for Scaling Up Youth Friendly Services for Prevention of SRH and HIV and AIDS in Nepal, 2005

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	UNFPA Nepal
<b>Type of Document</b>	Project Annual Report
<b>Year of Publication</b>	2006
<b>No. of pages</b>	6
<b>Key Words</b>	Youth Friendly Services, Sexual and Reproductive Health, Nepal
<b>Teaser Text</b>	Annual report of a Youth Friendly Services Project in Nepal

**Summary** The Nepal component of the 'Youth Friendly Services' project is attempting to meet the gap in information and services of young people, including voluntary counseling and testing services. The implementing partner is FPAN, and the services are being provided through three different settings: government, NGO and the private sector. The activities that were completed in the year 2005 were: site selection for service delivery; recruitment and orientation and training of project staff; mobilization of youth organizers and peer educators in the communities; youth participation at all levels; mapping of the project districts; baseline survey in the project districts and formation of project implementation committees in both the districts. In addition, a national level quality assurance committee was formed to oversee the procurement of medical and lab equipment for the project. Services deliveries have begun from all six sites that comprise STI, family planning, condom distribution, counseling and voluntary counseling and testing services. Further, awareness raising programs such as interaction, workshops, and street dramas are held on regular basis. At the national level, collation of materials on HIV and young people was started and dialogue is underway with the National Center for AIDS and STD Control (NCASC) to explore the possibility of housing the resource center at the NCASC. The key constraints in the year 2005 comprised: short duration of the project period; different levels of understanding and expectations of different partners; lengthy process by the implementing partner in recruitment; sub contract and procurement, and political conflict in the country. The

lessons learned were: coordination and collaboration are essential both at the central as well as local level; youth interests such as sports and entertainment activities should be taken into account when designing the project for young people, and the project targeted for youth should keep parents, teachers and community leaders in the loop in order to effectively run the program.

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### Model for Scaling Up Youth Friendly Services for RH and Prevention of HIV and AIDS in Sri Lanka

<b>Country/ Region</b>	Sri Lanka
<b>Organization[s]</b>	UNFPA Sri Lanka
<b>Type of Document</b>	Annual Report
<b>Year of Publication</b>	2006
<b>No. of pages</b>	6
<b>Key Words</b>	Youth Friendly Services, Sri Lanka
<b>Teaser Text</b>	Annual Report of the Youth Friendly Services project

**Summary** The project is being implemented through three different settings: government health setting, government non-health setting, and NGO setting. A social franchising concept has been integrated in the project. The activities completed in 2005 are: advocacy to support the establishment of youth friendly services; delegation of mapping and collation of strategic information within a government health setting and logistics worked out; initiation of draft Adolescent Health Policy by the Ministry of Health; establishment of youth friendly services, and development of referral system. Further activities of 2005 include: formation of a national resource group to develop and adapt a youth friendly service curriculum and training package; develop partnerships for information sharing and capacity development; selection of the logo for the social franchising component through an all island competition among youth, and a process initiated for management information system by all three project settings for monitoring and evaluation. The proceedings and minutes of all workshops, meetings and discussions held at different levels are documented. The key constraints of the project comprise: official approval from the external resource department taking longer than initially expected due to the tsunami; postponement of advocacy meetings due to the national presidential election, and undue delays in government tender approvals on refurbishing the

centers. The lessons learned include: technical support should be adapted to each project setting and not always standardized across all partners; forming linkages between health and non-health partners is mutually beneficial; youth participation in the early stage of the project facilitates their active involvement in the subsequent phases of project implementation, and advocacy events need to be held continuously to ensure political and programmatic support.

Document available at: UNFPA Country Office Sri Lanka

### Improving Utilization of SRH Services by Adolescents and Youth in Nepal

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	Sunaulo Parivar Nepal, RHIYA partner NGO
<b>Type of Document</b>	Annual Report
<b>Year of Publication</b>	2005
<b>No. of pages</b>	16
<b>Key Words</b>	Adolescents, Sexual and Reproductive Health, Youth Information Center, Youth Service Center, Peer Education, STIs, RHIYA, Nepal
<b>Teaser Text</b>	An annual report of Sunaulo Parivar Nepal, a RHIYA NGO outlining its experience of providing service through a Youth Friendly Information and Service Center.
<b>Summary</b>	The report discusses the overall experience of Sunaulo Parivar Nepal (SPN) in providing service through youth information and service centers. The purpose of the project was to contribute to improve SRH practices and behavior and improve utilization of sexual and reproductive health services by young people. Four youth information centers were established in the year 2003-2004. During the year 13,124 adolescents and youth visited the center to benefit from the resources available there. In addition, four Youth Friendly Service Centers were established to increase access and utilization of services to young people, which were able to benefit 10,067 adolescents and youth that were served through static and mobile clinics for counseling and services on family planning, safe motherhood, safe abortion, STI, HIV and AIDS, infertility and other sexual and reproductive health services. The key challenges faces were: parents and adults being reluctant to educate their children on sexual and reproductive health fearing their sexual

activity, and the political conflict in the country. The report also shares the sustainability plan of Sunaulo Parivar Nepal to continue the project.

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## Gender, Livelihood Initiatives

### Integrating Adolescent Livelihood Activities within a Reproductive Health Program for Urban Slum Dwellers in India

<b>Country/ Region</b>	India
<b>Organization[s]</b>	Population Council, CARE and CORT
<b>Type of Document</b>	Project Report
<b>Year of Publication</b>	2004
<b>No. of pages</b>	36
<b>Key Words</b>	Adolescents, Reproductive Health, Knowledge, Attitude
<b>Teaser Text</b>	Project report on integrating adolescent livelihood activities within an reproductive health program for urban slum dwellers.
<b>Summary</b>	The pilot intervention integrated livelihood activities for adolescent girls aged 14-19 into CARE India's existing reproductive health program for slum dwellers. The study area was divided into an experimental and controlled area. Although all adolescent girls received reproductive health education from peer educators, only participants in the experimental area were provided with counseling on livelihoods, training on vocational skills, assistance with savings formation and supportive follow up counseling and assistance. The baseline findings had shown that: mobility was much less among girls compared to boys, there was no place in the community where unmarried girls could safely congregate for any purpose; dramatic differences between boys and girls were seen in the amount of time spent on household chores, and knowledge of reproductive health was poor. Despite the short duration of the intervention, some significant effects were observed with adolescent girls in the project area. Girls in the experimental area were significantly more likely to know about safe locations for unmarried girls to congregate; be a member of a group; score higher on the social skills index; be informed about reproductive health, and spend more time on leisure activities than the matched

control respondents. Some of the lessons learned include: it is important to emphasize that a livelihood program for adolescent girls must not only be acceptable to parents in this very traditional slum community but also feasible to implement. While a short term intervention cannot alter the structure of opportunities available to adolescent girls, it can raise awareness on different social issues.

Document available at: [www.popcouncil.org/pdfs/frontiers/FR\\_FinalReports/India\\_Slum.pdf](http://www.popcouncil.org/pdfs/frontiers/FR_FinalReports/India_Slum.pdf)

### The Men in Young Women's Lives: Findings from Adolescent Reproductive Health Intervention Studies in India, Update 1

<b>Country/ Region</b>	India
<b>Organization[s]</b>	ICRW & IHMP
<b>Type of Document</b>	Research
<b>Year of Publication</b>	2004
<b>No. of pages</b>	4
<b>Key Words</b>	Life Skills, Involvement of Males, Reproductive Health, Maternal Health, RTI, India
<b>Teaser Text</b>	Findings from an Adolescent Reproductive Health Intervention Study

**Summary** Since 1999, the International Center for Research on Women (ICRW) has collaborated with partners in India on multi-site intervention studies on adolescent and youth reproductive health in India. One of the partners is the Institute for Health Management (IHMP). All five studies have focused on involving men and boys in different ways, and with varying degrees of success. Efforts include engaging men as community-level educators; involving fathers in designing life skills programs; encouraging young boys to develop a sense of ownership for program activities targeting them, and finding ways to increase and enhance husbands' participation in reproductive health care for themselves and their wives.

Document available at: [www.icrw.org](http://www.icrw.org)

### Kishori Abhijan: A Pilot to Empower Adolescent Girls

<b>Country/ Region</b>	Bangladesh
<b>Organization[s]</b>	Population Council
<b>Type of Document</b>	Project Report

<b>Year of Publication</b>	2005
<b>No. of pages</b>	4
<b>Key Words</b>	Adolescent Girls, Delayed Marriage, Empowerment, Bangladesh
<b>Teaser Text</b>	Report on a pilot project to empower adolescent girls in Bangladesh.

**Summary** Kishori Abhijan, Adolescent Girls' Adventure was a pilot project conducted in rural Bangladesh between 2001 and 2004 with the aim to empower adolescent girls. The project supported groups of adolescents in 14 rural districts and it had three components: the groups were mentored by NGOs with demonstrated experience in working with adolescent girls, providing them with opportunities to develop their self-esteem and leadership skills; in the process, girls learned about gender roles and discrimination, health and nutrition (including hygiene, reproductive health, and HIV and AIDS), and legislation and legal rights regarding early marriage and girls' and women's rights, and girls were given opportunities to acquire livelihood skills. The evaluation found that the project participants on the whole delayed marriage longer than their matched counterparts who did not participate. There was also an increase both in the number of girls working for cash and the amount of income they earned, more so in programs that included micro credit. Girls participation in Kishori Abhijan had no significant impact on the school dropout rates. The investigators documented substantive improvements in specific knowledge about health and disease among project participants relative to non-participants. The former were more likely to give accurate answers to questions about transmission of HIV and about aspects of female reproductive biology. The report concludes by stating that Kishori Abhijan was largely successful in putting the needs of adolescent girls on the social policy agenda for Bangladesh.

Document available at: [http://www.popcouncil.org/pdfs/TABriefs/GFD\\_Brief-13\\_KISHORI.ABHIJAN.pdf](http://www.popcouncil.org/pdfs/TABriefs/GFD_Brief-13_KISHORI.ABHIJAN.pdf)

### Improving SRH and Reducing Gender Based Violence among Adolescents and Youth

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	Public Health Concern Trust (PHECT), RHIYA Nepal NGO
<b>Type of Document</b>	Annual Report
<b>Year of Publication</b>	2005

<b>No. of pages</b>	12
<b>Key Words</b>	Sexual Reproductive Health, Adolescents, STD, RHIYA
<b>Teaser Text</b>	Annual report on a project on sexual reproductive health and gender based violence among adolescents and youth in Nepal.

**Summary** The overall objective of the project is to improve sexual and reproductive health practices and behavior and improve the utilization of sexual and reproductive health services by young people. The project started at the end of 2003. The major achievements of the project in the reporting year 2004 were: linkages and partnerships established at various levels in the project district; Youth Information Center and Youth Friendly Service Delivery Points established; IEC materials disseminated; counseling manuals on adolescent and youth sexual reproductive health developed, and capacity building trainings conducted for staff, youth and partners. The key issues that arose comprised: the country's political conflict affected the smooth operation of the project, sensitivity of sexual and reproductive health and gender issues prevailing in society, etc. The major lessons learned during the project period were: importance of collaborating with stakeholders at all levels; incentive of combining educational activities with entertainment activities, and regular coordination with key stakeholders. Since the project entails working with the district health office, the project has the potential to be sustainable through the willingness of the government.

Document copy available at: UNFPA RHIYA UPSU, UNFPA CST Library Kathmandu, Nepal

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## Development Initiative on Supporting Healthy Adolescents (DISHA)

<b>Country/ Region</b>	India
<b>Organization[s]</b>	International Center for Research on Women (ICRW)
<b>Type of Document</b>	Booklet
<b>Year of Publication</b>	2004
<b>No. of pages</b>	4
<b>Key Words</b>	Reproductive Health, Information, Services, Life Skills, Youth Friendly Services, India
<b>Teaser Text</b>	A description of a project model, DISHA, that is being implemented in selected sites in India.

**Summary** The booklet shares the details of an initiative, Development Initiative on Supporting Healthy Adolescent (DISHA), supported by ICRW to improve the reproductive health and well being of young people in the states of Bihar and Jharkhand, India. DISHA takes a more comprehensive, multi-sectoral and integrated approach that addresses not only health, but also socio-cultural and economic factors that have an impact on youth reproductive health. The paper states that DISHA aimed to enhance the outreach and effectiveness of adolescent reproductive health programs, and sought to build the capacity of youth serving organizations to implement and evaluate high quality programs. It also states that with ICRW's partnership with six local organizations, and direct and indirect outreach, the project would capture approximately 30,000 to 40,000 young people. Although each of the six partner is tailoring the specifics of its integrated program to address the local context, all have common components, which comprise: ensuring access to reproductive health information and services; emphasizing youth skills development beyond traditional schooling to encompass life skills; continuing education or livelihoods and fostering change in family and community norms and attitudes to increase acceptance of solutions that genuinely address youth reproductive health, social and economic needs. The paper mentions that research and capacity building of youth serving organizations are key components of the project.

Document copy available at: <http://www.icrw.org/html/library/library.htm#>

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## Empowering Adolescents in India: the Better Life Options Program

<b>Country/ Region</b>	India
<b>Organization[s]</b>	CEDPA
<b>Type of Document</b>	Brief
<b>Year of Publication</b>	2006
<b>No. of pages</b>	2
<b>Key Words</b>	Adolescents, Education, Life Skills, Health Services, CEDPA, India
<b>Teaser Text</b>	Program brief on adolescents empowerment in India.
<b>Summary</b>	In 1987, CEDPA established the Better Life Options Program (BLP) in India to address the numerous concerns and needs in adolescent's life. The BLP is based on an empowerment model and combines elements of education, family life education, life skills, vocational training, health services and character

development. The program lays a strong emphasis on capacity building of local organizations, developing partnerships and networks, and building advocacy. It included a mix of approaches depending on the contextual circumstances in the implementing areas that include:

- Long term or integrated approach, in which the program is integrated into other youth programs such as vocational training classes, remedial tutoring classes, recreational clubs and gym activities.
- Short term or camp approach, in which adolescents are intensively trained in camps of short duration.
- School approach, in which the training is delivered in the classroom

The program evolved from working exclusively with women, to working with men and boys in order to create an empowering environment for women and girls, and addressing the special needs and issues of adolescent boys.

The brief states that since 1987, CEDPA has reached a total of 107,384 adolescent girls and 60,316 boys through 3,000 trained program personnel working with over 260 NGOs across 11 states. Further, the 2001 impact study showed that adolescent girls who completed the program were more likely than their peers to be literate, to have completed secondary education, to be employed and to have learned a vocational skill.

Document available at: <http://www.cedpa.org/content/publication/detail/831>

## Life Skills Approach

### Empowering Youth through Life Skills and SRH Education

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	Samjhauta Nepal
<b>Type of Document</b>	Annual Report
<b>Year of Publication</b>	2005
<b>No. of pages</b>	11
<b>Key Words</b>	STD, Sexual and Reproductive Health, Adolescents, RHIYA, Youth Information Center, Nepal
<b>Teaser Text</b>	Annual report summarizing the achievements, challenges and lessons learned on operationalizing life skills and SRH among youth.
<b>Summary</b>	Samjhauta Nepal, is a RHIYA NGO aimed at empowering adolescents and youth in three

districts with life skills and appropriate information and education on sexual reproductive health, reproductive right issues, gender based violence and girl trafficking. The key achievements during the report year comprised: community, political and family support for the intervention, sensitization of issues, decrease in number of early marriages, linkages with NGOs, CBOs and GOs. In addition 22 Youth Information Centers were established. Further, locations for six youth friendly service delivery points have also been finalized. During the report year, a number of capacity building activities were carried out - master training of trainers on youth information center, youth friendly service delivery points, sexual and reproductive health and life skills. The major challenges faced were: political conflict related challenges; delay in training teachers and health service providers; migration of local youth; establishment of the operational mechanism of the youth information centers and youth friendly service delivery points and changes of program period. The key learning comprised: the value of coordination, importance of IEC material in local language, and the importance of local resources development.

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### Report of the South Asia Regional Forum on Life Skills-Based Education

<b>Country/ Region</b>	South Asia
<b>Organization[s]</b>	UNICEF ROSA
<b>Type of Document</b>	Report
<b>Year of Publication</b>	2005
<b>No. of pages</b>	47
<b>Key Words</b>	Life skills, education, young people, South Asia
<b>Teaser Text</b>	Report of the regional forum meeting on life-skills based education in South Asia.
<b>Summary</b>	From September 26th to 28th, 2005 there was a regional meeting on life-skills based education in South Asia, the first meeting of its kind. The meeting was attended by representatives of eight countries: Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. The goal of the forum was to 'facilitate experience exchange, promote supportive policy and programming initiatives and build capacity of key agencies and specialists working in life skills-based education for the prevention of HIV and AIDS, drugs use and other issues concerning the vulnerability, health and wellbeing of young people. At the forum, the



participants agreed on a consensus as to what life-skills based education is -- life skills based education provides children and adolescents with a developmental process of planned learning opportunities to acquire skills, knowledge, and attitudes which helps them make informed decisions, communicate effectively with others, deal with stress and emotions in support of practice of positive behaviors.

The report also includes the presentations made at the forum by the country participants and resource persons as well as group work findings and recommendations.

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the only adults present were the young participants' translators and others playing purely functional roles. At the end of the three days, the children and young people developed Action Plans for each of their countries which specified what young people should do and what leaders should do at local, sub-national, national and regional levels to protect young people and their families from HIV and AIDS. The drafting committee in close consultation with all the young participants formulated a Young People's Call for Action 'Young South Asians Assert their Rights' demanding the fulfillment of their rights to protect themselves from HIV and AIDS.

**Document available at:** UNICEF ROSA, Kathmandu, Nepal  
Copy available at: UNFPA CST Library, Kathmandu, Nepal

## Youth Participation

### South Asia Regional Forum for Young People on HIV and AIDS

<b>Country/ Region</b>	South Asia
<b>Organization[s]</b>	UNICEF, Regional Office for South Asia, Kathmandu
<b>Type of Document</b>	Workshop Report
<b>Year of Publication</b>	2002
<b>No. of pages</b>	20
<b>Key Words</b>	Adolescents, Life Skills, South Asia
<b>Teaser Text</b>	A report on South Asia Regional Forum for Young People on HIV and AIDS held in Kathmandu, Nepal 2002.

**Summary** UNICEF Regional Office for South Asia and Save the Children South and Central Asia Region jointly organized the first South Asia Regional Forum for Young People on HIV and AIDS in Kathmandu from 15-18 December 2002. The major purpose of the forum was to help the young people prepare themselves for their participation at the Regional High Level Conference on Accelerating the Momentum in the Fight against HIV and AIDS in South Asia to be held in early 2003. A total of 43 children and young people between the ages of 13 and 20 from Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka participated in the Regional Forum together with five young resource persons from Malawi, Macedonia, and the Fiji Islands and three young persons living with AIDS. The children and the young people elected their peers for committees which had the responsibility to set the agenda and goals and develop the outcome document of the forum. For most of the sessions

### Second South Asia Forum of Young People on HIV and AIDS, Nepal 2003

<b>Country/ Region</b>	South Asia
<b>Organization[s]</b>	UNICEF Regional Office for South Asia
<b>Type of Document</b>	Workshop Report
<b>Year of Publication</b>	2004
<b>No. of pages</b>	16
<b>Key Words</b>	Leadership, South Asia
<b>Teaser Text</b>	A Report on South Asia Forum of Young People on HIV and AIDS held in Kathmandu, Nepal 2003

**Summary** The forum was a follow up meeting to the one held in December 2002. Nineteen young participants nominated by their peers through a national selection process attended the forum from eight South Asian countries - Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. The forum equipped young participants with knowledge and issues surrounding HIV and AIDS, refined their advocacy skills through a series of exercises to help prepare themselves for a critical consultation that followed the 'South Asia Inter Faith Consultation on Children, Young People and HIV and AIDS' from 4-6 December 2003. Creative and participatory facilitation techniques ensured that young people had the opportunity to increase their knowledge and exchange their views in a stimulating educational atmosphere. During the forum, the young people elected their representatives for the different sessions in the interfaith consultation. In breakaway sessions the young participants prepared their strategies for interactions with religious leaders, their speeches, presentations and key talking points. The key activities of the forum comprised

the UN Convention on the Rights of the Child and its interrelationship with HIV and AIDS; the Moving Debate on HIV and AIDS issue; Networking and Advocacy for HIV and AIDS Prevention and Care; Stigma and Discrimination Self Reflection, and looking towards the future and identifying the role of young people, and developing strategies to address stigma and discrimination associated with HIV and AIDS. On the last day of the forum the young people developed specific commitments to follow up after the meeting.

Document available at: UNICEF ROSA, Kathmandu, Nepal  
 Copy available at: UNFPA CST Library, Kathmandu, Nepal

### Networking and Partnership Between Young People and Governments on HIV and AIDS Prevention for East and South East Asian Countries

<b>Country/ Region</b>	East and South East Asia
<b>Organization[s]</b>	The Japan International Corporation of Welfare Service (JICWELS) and Ministry of Health, Labor, and Welfare of the Government of Japan (MHLW)
<b>Type of Document</b>	Workshop Report
<b>Year of Publication</b>	2002
<b>No. of pages</b>	92
<b>Key Words</b>	Safe Behavior, STIs, Partnership, East and South East Asia
<b>Teaser Text</b>	Workshop report of an inter-country team on networking and partnership on HIV and AIDS prevention.
<b>Summary</b>	The workshop was organized to address four of the key areas recommended in the Pattaya Program of Action in 2000: addressing information needs of adolescents and youth; provision of suitable gender sensitive and quality services; participation of adolescents and youth in programs intended for them, and partnership modalities in planning and implementation of programs. The workshop brought together national AIDS program managers, partners, and youth representatives from 10 east and south east Asian countries to share their experiences. Region-wide poverty, illiteracy and ignorance as well as mobility for employment were cited as the main factors contributing to the rapid spread of HIV. Country presentations and situation analysis of the region were made, including recommendations from youth participants for actions. Also, organizations working in the area of

young people gave the NGO perspective on the role of young people in HIV and AIDS prevention information and education with a focus on community based networking. The session on information, education and networking for safe behavior explored various networking modalities for reaching out to critical groups of young people such as in school; out of school; young people in the workplace; vulnerable youth, and difficult to reach youth through mass media and other culturally appropriate channels to influence behavior to prevent HIV and AIDS. The participants identified follow up actions with creative and innovative strategies.

Document copy available at: UNFPA CST, Kathmandu, Nepal

### Youth Participation in Reproductive Health & HIV and AIDS Policies and Programming, the South Asia Context

<b>Country/ Region</b>	South Asia
<b>Organization[s]</b>	UNFPA Country Support Team for South & West Asia
<b>Type of Document</b>	Workshop Report
<b>Year of Publication</b>	2005
<b>No. of pages</b>	21
<b>Key Words</b>	Youth Participation, Sexual Reproductive Health, Youth Friendly Services, South Asia
<b>Teaser Text</b>	Report of the workshop on Youth Participation in Reproductive Health and HIV and AIDS Policies.
<b>Summary</b>	Acknowledging the critical role of youth participation, UNFPA CST collaborated at the Asia conference on young people's sexual and reproductive health held in Delhi to include a session on meaningful youth participation in the South Asian context. The conference and session was attended by government representatives, researchers, NGOs, programs, and donors from Asia. The youth participation session included young people from three countries - Nepal, Sri Lanka, and India. Part I of the report provides background and a review of experiences in youth participation and raises issues and questions in the regional context. Part II summarizes the presentations from the youth panelists and perspective on Youth-Adult partnerships. The panelist from Sri Lanka stated that in their existing socio-cultural context, reproductive health issues are discussed only among married groups, and that the adolescents and young people have limited access to information and services on

reproductive and sexual health issues. The panelist from India, on the other hand, emphasized the need to analyze how youth have been involved and how much policy in the last decade has been translated to benefit young people, and how much are young people really aware of policies relating to them. Similarly, a panelist from Nepal shared that programs and policies designed for young people are prescribed similar to medicines by doctors, and emphasized that young people want to be understood as people and participate in decisions relating to them. The report concludes with a synthesis agenda for action.

Document available at: <http://www.unfpa.org.np/>

### Do Participatory Programs Work? Improving Reproductive Health for Disadvantaged Youth in Nepal

<b>Country / Region</b>	Nepal
<b>Organization[s]</b>	Engenderhealth, International Center for Research on Women
<b>Type of Document</b>	Project Report
<b>Year of Publication</b>	2005
<b>No. of pages</b>	7
<b>Key Words</b>	Sexual Reproductive Health, Youth Friendly Services, Nepal
<b>Teaser Text</b>	Project report showing that participatory approach is more successful in reducing the gap in reproductive health outcomes among youth with disadvantaged background as compared to those in advantaged groups.

**Summary** The five year project was conducted in Nepal to test the effectiveness of participatory versus non-participatory approaches to youth reproductive health. The study involved community and disempowered groups at all levels. Interventions aimed at improving youth friendly services; peer education and counseling were linked measures to improve socio-economic environment and opportunities to youth such as adult education programs, activities to address social norms and economic opportunities were taken. Other aspects of disadvantages was also looked into: gender, rural and urban residence and education status. At the control sites, the project was implemented by project staffs addressing only immediate risk factors such as STDS or unwanted pregnancies. Results showed that generally, the participatory approach was more successful in reducing the gap in reproductive health outcomes

among youth with disadvantaged backgrounds as compared to those with advantaged backgrounds. Also, for different health outcomes different aspects of disadvantage were important: being from a rural area or a poor household were key constraints for getting prenatal care, while gender and lack of education were the key constraints for having accurate knowledge of HIV transmission.

Document available at: <http://www.icrw.org/html/library/library.htm>

### Youth Reproductive Health in Nepal: Is Participation the Answer?

<b>Country / Region</b>	Nepal
<b>Organization[s]</b>	Engenderhealth and International Center for Research on Women
<b>Type of Document</b>	Project Report
<b>Year of Publication</b>	2004
<b>No. of pages</b>	71
<b>Key Words</b>	Participation, Reproductive Health, Youth Friendly Services, Nepal
<b>Teaser Text</b>	Research documenting the process and results of a project that tested the effectiveness of the participatory approach in addressing the reproductive health concerns of youth.

**Summary** The report is based on a five year project implemented in Nepal to comprehensively evaluate the impact of a participatory approach on youth reproductive health. The project was set up with a quasi experimental study design utilizing the participatory approach for research, intervention, monitoring and evaluation at two study sites - rural and urban, and corresponding control sites. A set of three interventions were implemented that included: adolescent friendly services, peer education and counseling, and teacher training. Youth and adult community members at the study sites identified eight broader interventions: adolescent friendly services, peer education and counseling, information and education campaign, adult peer education, youth clubs, street theatre on social norms, efforts to improve livelihood opportunities and teacher education. The evaluation showed that participatory approach yield more positive results in contextual factors that influence youth reproductive health as well as capacity building, empowerment and sustainability. Some of recommendations that the report

provides are: participation should be strategic, existing tools and mechanism should be adapted in the context of local needs, and quality needs assessment followed by a well planned program design are important for effective programming of youth reproductive health.

Document available at: <http://www.icrw.org/html/library/library.htm#>

## Lessons Learned

### Learning from RHI Partnerships 1998-2002

<b>Country/ Region</b>	Asia
<b>Organization[s]</b>	EU and UNFPA
<b>Type of Document</b>	Lesson learned report
<b>Year of Publication</b>	2003
<b>No. of pages</b>	95
<b>Key Words</b>	Reproductive Health, Services, Reproductive Health Initiative, Asia
<b>Teaser Text</b>	Lessons learned from the regional initiative in reproductive health in seven countries.

**Summary**                    **Bangladesh:** The reproductive health initiative program was developed in order to complement the government’s program as well as the fifth country program of UNFPA. Some of the lessons learned were: with special effort, men do become involved in reproductive health issues; counseling and male involvement improves women’s satisfaction with services; adolescents are empowered by enjoyable activities; community members are an important resource; one-stop quality services encourages women to choose safe delivery; quality services contribute to sustainability; and NGOs can work effectively as a team and with the government. **Nepal:** The reproductive health initiative in Nepal aimed at improving the reproductive health status of women, men and adolescents, thereby supplementing and complementing the government’s efforts in reaching under-served rural and marginalized urban population groups. Some of the lessons learned were: empowered young women successfully advocate for their rights; a holistic approach to reproductive health wins trust; community mobilization promotes ownership and sustainability; community support facilitates work with adolescents and youth, affordable and accessible clinics attract clients. **Pakistan:** The priority of reproductive health initiative in Pakistan was to strengthen community-based reproductive health services in underserved areas in order to reach vulnerable groups. Some of the lessons

learned were: good IEC can help break down myths; potentially conservative social groups can be engaged in support of reproductive health; women’s involvement in community activities challenges gender roles; network building enhances synergy and optimal use of available resources; supportive supervision helps boost quality and motivation of community based workers; where services are made accessible, clients respond positively and men can be encouraged to change their behavior. **Sri Lanka:** The reproductive health initiative program in Sri Lanka was designed to fill the gap in information and services among adolescents and youth on reproductive health issues, STIs and HIV and AIDS. Some of the lessons learned were: counseling is viable in settings where it is new; community support is a prerequisite for working with young people; young people have the potential to be highly involved; there is a need to involve more men in activities, and more out of school counseling centers need to be established in addition to in school activities.

Document copy available at: UNFPA CST Library, Kathmandu, Nepal

### Working to Improve the Reproductive and Sexual Health of Young People

<b>Country/ Region</b>	South Asia
<b>Organization[s]</b>	Save the Children
<b>Type of Document</b>	Project Report
<b>Year of Publication</b>	2005
<b>No. of pages</b>	33
<b>Key Words</b>	Adolescent Reproductive and Sexual Health, Youth, Services, South Asia
<b>Teaser Text</b>	Project report documenting the experience of working to improve the reproductive and sexual health of young people in Bhutan, Malawi, Nepal and Vietnam.

**Summary**                    The report documents five years of Save the Children’s work with young people, describing country level experiences and lessons learned. Supported by the Gates Foundation, the program was initiated in four countries. The project followed four principles during both implementation and follow up: participatory approaches to engage young people; service providers; parents and other community members in a dialogue about youth reproductive health; use of information generated by dialogue to design program activities; building on Save the Children’s existing relationships, and commitment to involving a broad range of parties in establishing clear,

measurable objectives. Each country adopted different approaches to improving youth reproductive and sexual health. In Bhutan, Save the Children collaborated with the Royal Government of Bhutan to promote positive development of young people, and worked successfully with the Bhutanese Scouts and with parents to increase knowledge of reproductive and sexual health. In Nepal, Save the Children, in collaboration with local organizations, initiated a Better Life for Youth program in Kathmandu and Kailali to enhance adolescent reproductive and sexual health. It was successful in improving knowledge, attitudes and skills of Nepali youth and parents.

Document Available at: [http://www.savethechildren.org/technical/images/Working\\_to\\_Improve\\_the\\_RSH\\_of\\_Young\\_People.pdf](http://www.savethechildren.org/technical/images/Working_to_Improve_the_RSH_of_Young_People.pdf)

Children in Sri Lanka" through youth clubs led to increased awareness on sexual and reproductive health including HIV and AIDS and psychosocial support in children and young people on a range of issues. Similarly the lessons learned from a project in India, "Exploring the Vulnerabilities of Street Children in India to HIV and AIDS" were: it is essential to regularly evaluate and adapt HIV and AIDS prevention messages to ensure they are relevant to target audiences; the involvement of children and young people in the design and implementation of programs is essential to ensure that their needs are met, and addressing broader contextual factors can indirectly reduce children and young people's vulnerabilities to HIV and AIDS.

Documents available at: [http://wmc.who.int/images/uploaded/StC\\_youth\\_aids\\_asia.pdf](http://wmc.who.int/images/uploaded/StC_youth_aids_asia.pdf)

## Young People and HIV and AIDS - Responding to the New Asian Crisis

<b>Country/ Region</b>	South Asia
<b>Organization[s]</b>	Save the Children UK (SCUK)
<b>Type of Document</b>	Program Report
<b>Year of Publication</b>	2001
<b>No. of pages</b>	38
<b>Key Words</b>	Sexual and Reproductive Health, Children, South Asia
<b>Teaser Text</b>	A report illustrating how the Save the Children's approaches are used in reducing the impact of HIV and AIDS on children across South and South East Asia and how to prevent further spread of the epidemic

**Summary** The report is a compilation of SCUK's experience in selected countries in Asia in the area of HIV and AIDS. The report states that the project 'Mobilizing Marginalized Communities in Nepal' was able to rapidly increase HIV and AIDS awareness and promote behavior change across the entire area of the project district, Achham, by mobilizing a network of unpaid community based volunteers who are responsible for both promoting HIV and AIDS prevention and education messages and improving the care and support of people living with HIV. Similarly, a positive impact was seen in 'Empowering Children to Protect their Sexual Health Rights in Pakistan' through the development and implementation of the curriculum, "Aware for Life" that led to increased knowledge, practice and behavior in young people. Also, "Preventing Sexual Exploitation of

## Reproductive Health Initiative in Nepal, Achievements and Reflections

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	UNFPA, European Commission
<b>Type of Document</b>	Project Report
<b>Year of Publication</b>	2002
<b>No. of pages</b>	28
<b>Key Words</b>	Reproductive Health Initiatives, Reproductive Health, Services, Youth Information Center, Nepal
<b>Teaser Text</b>	A project report outlining achievements and learning of Reproductive Health Initiative (RHI) in Nepal.

**Summary** Reproductive health initiatives in Nepal was a component of a regional project that was being implemented in seven countries in Asia. The aim of reproductive health initiatives in Nepal was to contribute to improving the reproductive health of women, men and adolescents in under-served rural areas of the country by increasing access and quality RH care in communities. The first phase of the project that started in 1999 consisted of five innovative projects: strengthening access to community based reproductive health services; reproductive health improvement within the urban slums; working with young people on sexual and reproductive health; center for community based reproductive health and IEC programs, and expanding access to reproductive health services through static and mobile services. The key reflections include: sustainability grows from community consensus; commitment and ownership; communication materials have an important role in

creating awareness and understanding of reproductive health, and innovative approaches can attract and reach under-served target groups with reproductive health services and information.

Document copy available at: UNFPA CST Library, Kathmandu, Nepal

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## Empowering Adolescents on Sexual and Reproductive Health Decisions

**Country/ Region** Bangladesh

**Organization[s]** RHIYA and Save the Children UK

**Type of Document** Annual Report

**Year of Publication** 2005

**No. of pages** 8

**Key Words** Sexual and Reproductive Health, Adolescent Friendly Service Delivery Points, RHIYA, Bangladesh

**Teaser Text** Annual report of a RHIYA NGO in Bangladesh on empowering adolescents on sexual and reproductive health decisions.

**Summary** Save the Children UK (SCUK) has been carrying out an adolescent reproductive health initiative project since November 1999. In the current phase, it is working with three partners. The key achievement of 2004 comprised: 16 selected school teachers from six schools were trained to conduct adolescent reproductive health issues in their schools. Also, training of trainers on peer education was organized in two phases; 960 health communication sessions were organized, a total of 225 parents' meetings were held, and 55 workshops were organized for peer education and life skills. Existing IEC materials were reviewed and adapted, and field testing of Adolescent Friendly health services were done. Key lessons learned comprise: adolescents are engaged in risky behavior but lack proper understanding on reproductive health issues; demand for health services was created after dissemination of messages on reproductive health, and utilization of health services has been increased since the beginning of the project but the challenges remain to make the service accessible to all.

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## What Works for Children in South Asia: HIV and AIDS Prevention Among Young People

**Country/ Region** South Asia

**Organization[s]** UNICEF

**Type of Document** Booklet

**Year of Publication** 2004

**No. of pages** 20

**Key Words** Prevention, South Asia

**Teaser Text** Collection of case studies on what works in HIV and AIDS prevention among young people.

**Key Words** Prevention, South Asia

**Teaser Text** Collection of case studies on what works in HIV and AIDS prevention among young people.

**Summary** The booklet provides a synopsis of eight case studies from South Asian countries on HIV and AIDS prevention for young people. The case studies include: "School Based Family Life Education and HIV and AIDS Prevention", India; "Chatting With My Best Friend", Nepal; "Adolescent Peer Organized Network", Bangladesh; "Mahila Samakhya", India; "Working with Young People on Sexual and Reproductive Health", Nepal; "Young Star Club", Nepal; "Humsafar Trust", India; and "Girl Child Shield Project", Pakistan. The analysis of the eight case studies reinforces an ongoing need to relearn the value of principles like participation and advocacy, and specific approaches like peer education. The report states that it should be recognized that awareness, life skills and health services do not automatically lead to safer behavior and fewer infections, and that as the risk of HIV and AIDS is linked to vulnerability, the ability to confront social practices which marginalize young people, and that to promote positive social change is critical. Also, what works well in one situation will not necessarily work well in another. Further, the need to recognize the role of inequity in spreading HIV and AIDS and to work for its end does not mean that prevention work should cease until all inequities are addressed. The analysis has highlighted the importance of programming principles like positive social change, and evidence-based and results-focused programming as well as advocacy, mobilization and participation, and programming interventions, including life skills based education, peer education, and youth friendly health services.

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C A T E G O R Y 3  
RESEARCH, REVIEWS &  
DISCUSSION PAPERS

- Behavior Surveys & Studies
- Situational and Needs Assessments
- Discussion and Review Papers
- Poverty Linkages & Costing Studies

# Behavior Surveys & Studies

## Baseline Study on Reproductive Health Initiative for Youth in Asia Program in Nepal (RHIYA) -Findings of Qualitative Research

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	UNFPA Nepal and Valley Research Group
<b>Type of Document</b>	Survey Report
<b>Year of Publication</b>	2005
<b>No. of pages</b>	62
<b>Key Words</b>	Sexual Reproductive Health, Adolescents, Youth Friendly Services, Youth Information Center, RHIYA, Nepal
<b>Teaser Text</b>	Qualitative findings of RHIYA Baseline Survey in Nepal

**Summary** The overall objective of the study was to collect baseline information on knowledge, attitude and behavior on sexual and reproductive health of adolescents and youth at the start of the project. The qualitative study was based on in-depth interviews and focus group discussions. The findings show a number of problems in the communities: premarital sex; unsafe sexual practices; early marriage; early pregnancy; menstruation problems; urine infection; white fluid discharge; unsafe abortion etc attributable mainly to lack of appropriate and relevant knowledge about prevention and transmission of infections and the consequences of risky behavior. It was also found that the community leaders and school teachers value the importance of sexual and reproductive health education in reducing or eliminating such problems, and are open to sex education in schools as well as in the community for out-of-school young people. Use of contraceptives prior to marriage is not generally acceptable, although a few young males from urban areas were found to use them. Young girls and adults did not approve of premarital sex while the boys did. The adolescents and youth had fairly good knowledge of how to prevent STIs and HIV, but said it was prevalent in their society. They also said that the main cause of increased transmission is low condom usage, and that girls sell sex for money. There are small but increasing numbers of young people engaged in unhealthy and risky sexual behavior for money. Although the young people appear to have good health seeking behavior for basic health problems they seem to be embarrassed to seek health care when it comes to STIs; some said it was difficult to communicate with health workers on reproductive health matters.

Document copy available at: UNFPA RHIYA UPSU, Kathmandu, Nepal

## Behavior, Information, Services (BIS) Survey in Four Urban Areas of Nepal

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	UNAIDS Nepal and New Era Nepal
<b>Type of Document</b>	Survey
<b>Year of Publication</b>	2006
<b>No. of pages</b>	45
<b>Key Words</b>	Services, Knowledge, Sexual Behavior, Nepal
<b>Teaser Text</b>	Survey of youth and young adults in selected urban areas of Nepal to assess behavior, information and services.

**Summary** The survey report states that about 42 percent of men and women respondents acknowledged to have been engaged in sexual intercourse of which 35 percent were married and 6 percent unmarried. It was found that youth got involved in sexual acts after marriage, as almost 80 percent of married respondent's first sexual partners were their spouses.

Among unmarried respondents, 12 percent had their first sex with their boy and girl friends and more than 2 percent with commercial sex workers. Only 22 percent of respondents only reported to have used a condom during their first sexual intercourse. The majority of respondents who had not used a condom reported that they had done so because they did not find it necessary (54.4%), because their partner objected to its use (27.3%), because it did not give sexual satisfaction (27.3%) etc. More men than women reported to have heard about HIV and AIDS. An overwhelming majority (99%) of respondents who had heard of HIV and AIDS reported to have knowledge on its modes of transmission among which almost all knew at least one way to avoid HIV and AIDS transmission. The survey also covers sexual and reproductive health and voluntary counseling and testing services.

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## A Study on Knowledge, Attitudes, Practices and Beliefs in the Context of HIV and AIDS Among Out-of-School Street Based Children in Kathmandu and Pokhara

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	UNESCO, Child Welfare Scheme, SathSath
<b>Type of Document</b>	Study Report
<b>Year of Publication</b>	2006



**No. of pages** 56

**Key Words** STIs, Condoms, Out-of-School Children, Nepal

**Teaser Text** A study report on knowledge, attitude, practices and beliefs on HIV and AIDS among out of school street children.

**Summary** The report states that within a decade of first detection, HIV has now spread to other vulnerable populations which are not seen as core transmitters. It is well documented that street based children share an environment and practices that make them vulnerable to HIV infection. The survey was conducted among 513 street based children (12-18 years) and qualitative information collected through focus group discussions. The key findings of the study are: the majority of street based children have a basic knowledge of HIV and AIDS; knowledge on prevention is more limited but does exist among a significant percentage of boys and girls, particularly with regard to condom use. The existence of knowledge, however, has not resulted in the elimination of false beliefs about HIV and AIDS: most boys hold the belief that you cannot get infected with HIV and AIDS the first time you have sex, and a significant percentage of boys and girls hold the belief that it is not possible for healthy looking person to have HIV and AIDS. Further, the existence of knowledge has not resulted in reduced risk taking behavior: a significant percentage of street based children are sexually active, and sexual intercourse is usually high risk with children involved in anal sex, sex with multiple and non-regular partners and commercial sex. Condom use is low for all types of sexual encounters. It was also found that street based children have had limited exposure to HIV and AIDS prevention and sexual and reproductive health interventions. The report concludes with recommendations, which includes recognition and prioritization of street based children by GOs, NGOs and INGOs as a sub-population highly vulnerable to HIV infection.

Document available at: UNESCO Nepal, Lalitpur

### [A Survey of Teenagers in Nepal for Life Skills Development and HIV and AIDS Prevention](#)

**Country/ Region** Nepal

**Organization[s]** UNICEF Nepal

**Type of Document** Survey Report

**Year of Publication** 2001

**No. of pages** 124

**Key Words** Teenagers, Sexual Behavior, Knowledge about HIV and AIDS, Premarital Sex, Services, Condom Use, Nepal

**Teaser Text** Summaries of findings from a survey among teenagers.

**Summary** The report summarizes the findings from a survey among teenagers. A total of 1,400 teenagers were randomly selected from across Nepal's five developmental regions for interviews. Questions were asked to ascertain teenagers' abilities to cope with daily issues and changes experienced in adolescence, particularly on life skills and HIV and AIDS. In terms of life skills, the study revealed a high degree of self-awareness among Nepalese teenagers. Although few teenagers consumed alcohol on a regular basis, more than one in ten teenagers (13%) admitted that they had taken drugs. The findings show that Nepali teenagers are highly aware of HIV risk, but the awareness does not guarantee safe sex behavior. Although an overwhelming majority (92%) of teenagers had heard of HIV and AIDS, only 74 percent of teenagers knew that they should use condoms when having sex, and only two thirds (69%) could say that they should not have sex with commercial sex workers. The study further showed that almost 20 percent of teenagers considered premarital sex as proper; and one in five boys and nearly one in 10 girls interviewed had a sexual experience. Sixty percent of boys said they had used condoms while 74 percent of girls said that their partners used a condom. Unprotected sex led to a 14 percent pregnancy rate and a 22 percent STD rate in boys and 13 percent rate in girls. The number of boys who had sex was far higher than the number of girls, suggesting a high number of boys visiting commercial sex workers, constituting high risk behavior. Most teenagers interviewed said that they were interested in learning more about sex and sexual health, including on STD, HIV and AIDS and safe sex. Radio and television were the best sources of information on HIV and AIDS.

Document available at: UNICEF Nepal, Pulchowk, Kathmandu

### [Adolescents and Youth in Pakistan 2001-2002](#)

**Country/ Region** Pakistan

**Organization[s]** Population Council and UNICEF

**Type of Document** Survey Report

**Year of Publication** 2002

**No. of pages** 221

**Key Words** Adolescents, Youth, Access to Services, HIV and AIDS, Pakistan

**Teaser Text** Report of a nationally representative survey of adolescents and youth in Pakistan.

**Summary** The report is based on a nationally representative survey undertaken by the Population Council from October 2001 to March 2002 among adolescents and

youth in Pakistan between the ages of 15-24. A total of 6,585 households and 8,074 young people were interviewed. The survey found that young males, particularly out-of-school were more likely to work outside the household in paid work or outside chores resulting in very different mobility patterns than those of females. The report states that while neither males nor females have much say in marriage decisions, there are sharp gender divisions. Young people's attitudes about gender roles remain traditional with well-defined lines between them. Fewer than half of all females aged 15-24 were found to have ever enrolled in school and those who attend were more likely to drop out than their male counterparts. Although the onset of puberty occurs earlier for girls than boys, girls are less likely to be informed about the events in advance. It also states that while age at marriage has increased for both sexes, female continue to marry at a significantly younger age than their male counterparts, and rural populations tend to marry much earlier than those in urban areas. Further, young people in rural areas were less advantaged in terms of access to essential facilities than their urban counterparts - lack of facilities exposed young people in rural areas to more health risks. The report findings confirm the large differences in the current situation of adolescents and youth, males versus females, from different stratas of residence and economic status, and demands interventions that are well-planned and targeted meeting the approval of parents and families.

Document available at : : <http://www.poplibnet.org.pk/app/rpubs/details.aspx?id=162>

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### Nepal Adolescent and Young Adult (NAYA) Survey, 1999

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	Valley Research Group, Family Health International
<b>Type of Document</b>	Survey Questionnaire
<b>Year of Publication</b>	1999
<b>No. of pages</b>	85
<b>Key Words</b>	Survey, Adolescent, Sexuality, Pregnancy, STDs, Nepal
<b>Teaser Text</b>	A survey questionnaire designed to collect information relevant to the reproductive and sexual health needs of representative adolescents and young adults.
<b>Summary</b>	NAYA survey questionnaire is a comprehensive survey. Sections in the questionnaire cover residential history; family characteristics; puberty; menstruation; marriage; sexuality; pregnancy and childbearing; family planning; STDs including HIV and AIDS, and other relevant framework. The questionnaire was different for male, female, married and unmarried.

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### Sexual Behavior Among Unmarried Adolescents in Delhi, India: Opportunities Despite Parental Control

<b>Country/ Region</b>	India
<b>Organization</b>	MAMTA-Health Institute for Mother and Child, New Delhi, India
<b>Type of Document</b>	Research
<b>Year of Publication</b>	2002
<b>No. of pages</b>	24
<b>Key Words</b>	Adolescent boys and girls, sexuality, societal expectations and controls, social norms and behavior, India
<b>Teaser Text</b>	An in-depth study of sexual behavior amongst unmarried adolescents in Delhi.

**Summary** This paper presents findings from an in-depth qualitative investigation of adolescent females and males residing in two low income urban settings in India - a slum and a resettlement colony in Delhi. This paper sheds light on the widening rift in the perceptions of parents and experiences of adolescents in the area of sexual behavior. Results suggest that gender double standards and power imbalance powerfully influence socialization patterns, expectations and behavior of young females and males. Despite stringent controls on the mobility and activity of unmarried youth and particularly females, opportunities do exist for sexual relationships, sometimes with adverse consequences for young people's health and lives. Liaisons tend to be secretive and awareness of safe sex and the protective nature of condoms are limited. Parental perceptions of and confidence in their ability to control and protect their adolescent daughters from dangerous relationships are clearly unfounded as opportunities unfold for increasing interaction among young people. Indeed, interaction and intimacies between boys and girls occur quite frequently and adolescents report a host of opportunities available to them to build friendships and sexual relationships. Findings argue for programs that apprise parents and other adult gate-keepers of adolescent behaviors and sexual health needs while at the same time equipping adolescents to make informed, safe and wanted choices in their sexual lives.

Document copy available at: Document copy available at: [www.iussp.org/Bangkok2002/S30Mehra.pdf](http://www.iussp.org/Bangkok2002/S30Mehra.pdf)

## Sexuality and Sexual Behavior in the Age of HIV and AIDS: A Study Among College Youth in Mumbai

<b>Country/ Region</b>	India
<b>Organization</b>	International Institute for Population Sciences (IIPS)
<b>Type of Document</b>	Research Report
<b>Year of Publication</b>	1996
<b>No. of pages</b>	162
<b>Key Words</b>	STD, Youth, Sexual Behavior, Sexuality, Premarital Sex, Awareness, Attitude, India
<b>Teaser Text</b>	Research on sex and sexuality issues, including knowledge, attitudes and behavior among youth in a city in India.

**Summary** The research aimed to study the prevailing sex, reproduction, STD and AIDS related knowledge, attitudes and behavior among college youth. The respondents of the study were 1,500 predetermined undergraduate students from greater Mumbai. Data was collected through self-administered questionnaires. The basic concept of contraception was not known to about one-fifth of both male and female respondents. Regarding STD transmission, 64.4 percent of males and 54 percent females accurately knew that STDs can be transmitted through blood transfusion and direct skin to skin mucosa contact of while around 12 percent of males and one tenth of females responded that needle sharing could be a mode of transmission. One tenth of both male and female respondents also felt that contacts with dirty toilet seats, door handles and dirty bed sheets and clothes could be responsible for STD transmission. More than 92 percent of both males and females knew that one can reduce the risk of contracting HIV by using condoms during sexual intercourse. While 49 percent of males said that if they had a partner they would have sexual intercourse, well over 86 percent of females said that they would not. The research implies there is a need for comprehensive sex education. The apparent lack of any tangible program and policy has left young people in an information vacuum. The study also outlined the importance of peers on behavior and it is felt necessary to evolve a peer based program to educate youth as to how to resist pressure from their peers and to provide a comprehensive contraceptive knowledge package.

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**Sexual Behavior Research among Adolescents in Tigri**  
**Country/ Region** India

<b>Organization[s]</b>	SWAASTHYA Research Team, Rockefeller Foundation
<b>Type of Document</b>	R Research Study
<b>Year of Publication</b>	1998
<b>No. of pages</b>	62
<b>Key Words</b>	STI, Adolescents, Sexual Behavior, India
<b>Teaser Text</b>	Study on sexual behavior of urban youth in a community in India carried out in order to provide information base for intervention.

**Summary** The qualitative study carried out by SWAASTHYA presents the results from 15 months of data gathering, and analysis concerning sexual and reproductive health behavior among young people in the Tigri community within urban Delhi. The study aimed at developing sufficient understanding of the complexities and variations in sexual scripts among adolescents, in order to develop more effective outreach interventions. The research subjects were 11 to 19 years of age. The research was based on 71 in depth interviews, 11 case studies and 15 serial interviews. The report states that the boys and girls of Tigri, like modern adolescents elsewhere, have a high interest in romance, love and sex with the strong influence of Indian movies. While almost all the girls spoke of the dangers of being defamed, they also indicated romantic interest in having boyfriends. They have considerable knowledge concerning some aspects of sexual behavior, but many are relatively ignorant about physical sexual relations, and are not well prepared for dealing with the intimate relations that the boys are seeking. Movies are one of the sources of information about sexual behavior as well as stimulation and arousal for the Tigri adolescents as in many other Indian cities. The development of boy-girl relations is referred to as 'friendship', and both boys and girls are much interested in developing such relations, but most girls fear being 'defamed' and or 'betrayal' from boys. Many of the friendship relationships end up sooner or later in full sexual intimacy. The research also states that adolescents were preoccupied with being found out rather than paying attention to their physical safety. This combined with limited access to information about sexual matters makes adolescents vulnerable to AIDS and other physical risks.

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## Knowledge, Behavior, Attitudes About Sexuality Amongst Adolescent in Pune: A Situational Analysis

<b>Country/ Region</b>	India
<b>Organization[s]</b>	Consultants, SCERT, FPA Pune Branch

**Type of Document** R Policy and Strategy Document  
**Year of Publication** NA  
**No. of pages** 11  
**Key Words** Adolescents, Sexuality, Nocturnal Emissions, Masturbation, Premarital Sexual Behavior, STI, HIV and AIDS, India

**Teaser Text** Study on the knowledge, attitude and behavior about sexuality amongst adolescents in Pune.

**Summary** This document is a survey carried out by FPA, Pune Branch to assess the knowledge, attitudes and behavior amongst youth about sex related issues including STIs, as well as understanding thoughts, feelings and concerns about adolescents, and understanding the different sources of information about sexuality and their perceived impact on adolescents. The respondents were students of classes XI and XII. The findings of the study revealed that boys were more comfortable when discussing sexuality than girls. There was lack of knowledge on adolescent reproductive health especially amongst girls. The study corroborates with other findings regarding the need for sex education in schools.

Document copy available at : [www.medind.nic.in/jah/t05/i1/jaht05i1p49.pdf](http://www.medind.nic.in/jah/t05/i1/jaht05i1p49.pdf)

### Knowledge on HIV and AIDS Among Married Adolescents: Evidence from RHS-RCH Survey in Bihar and Maharashtra

**Country/ Region** India  
**Organization[s]** International Institute of Population Sciences  
**Type of Document** Research  
**Year of Publication** 2005  
**No. of pages** 20  
**Key Words** Sexual and Reproductive Health, Transmission, Myths and Misconceptions about HIV and AIDS, India

**Teaser Text** A study exploring the extent of knowledge on HIV and AIDS among married adolescent in rural areas of Maharashtra and Bihar.

**Summary** The study chose Bihar and Maharashtra to carry out a survey to find the extent of knowledge about different dimension of the epidemic of HIV and AIDS in order to reveal the true situation of high and low prevalence States. The study objectives were to examine the extent of knowledge and the sources of information on HIV and AIDS, secondly to explain the nature and types of

misconceptions prevailing among married adolescents, and lastly to highlight the differences between the knowledge levels between a high and a low prevalence State. Data for the study was obtained through a Rapid Household Survey under Reproductive and Child Health Survey conducted by IIPS as a nodal agency in 1998-99. The data showed wide variations in terms of correct knowledge on HIV transmission and modes of prevention between the high and the low prevalence States. It recommended peer education techniques to disseminate knowledge, capacity building of service providers and more emphasis to be laid on condoms as a dual protection method.

Documents copy available at: [www.iipsindia.org/sp05%5Cajeet.pdf](http://www.iipsindia.org/sp05%5Cajeet.pdf)

### Awareness of School Students about Family Life and Reproduction - KABP Among Adolescents in Utter Pradesh

**Country/ Region** India  
**Organization[s]** Center for Operations Research and Training  
**Type of Document** Study Report  
**Year of Publication** 2000  
**No. of pages** 43  
**Key Words** Adolescents, Sexual Reproductive Health, Youth Friendly Services, Family Planning, India

**Teaser Text** An assessment of knowledge and attitudes among students towards family life, STDs, including HIV and AIDS in India.

**Summary** The study was conducted in the State of Uttar Pradesh in India among private and public school students to assess their knowledge and attitudes towards family life, sexuality and STD and AIDS, smoking drinking and sexual behavior. The study pointed out a major knowledge gap in sexuality and reproduction. Most of the students knew about condoms and pills but few knew how to use them properly. The study found that awareness was higher in private schools. However, misconceptions about the mode of transmission of HIV and AIDS did exist. The primary source of knowledge comprised newspapers, TV, and books. Significant proportions of students smoked, drank alcohols and were sexually active. The study demonstrated that the students of private schools were more knowledgeable about sexual and reproductive health issues and had a liberal attitude towards interacting with the opposite sex, and did not engage in sexual activities to the same extent as their counterparts in public schools. The findings indicate that with the proper knowledge of family life and sexuality students in private schools have learned to

refuse early sex, suggesting a strong need for the introduction of family life education in the school curriculum along with sensitization of stakeholders.

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### Attitudes and Perceptions of Educated, Urban Youth to Marriage and Sex

<b>Country/ Region</b>	India
<b>Organization[s]</b>	Family Planning Association of India [FPAI]
<b>Type of Document</b>	Study Report
<b>Year of Publication</b>	1990
<b>No. of pages</b>	46
<b>Key Words</b>	STDs, Sexual Behavior, Attitude, India
<b>Teaser Text</b>	A national level study on Attitudes and Perceptions of Educated, Urban Youth to Marriage and Sex in India.

**Summary** The study was the first of its kind initiated by the Family Planning Association of India's Sex Education Counseling Research Training and Therapy (SECRT) Department. The study covered a sample of about 3,850 educated, unmarried boys and girls between 15 and 29 years of age in selected areas in the four regions - North, South, East and West of the Country where FPAI has SECRT centers. The results indicated that the attitudes of young people in all the four regions towards marriage and sexuality are more or less the same. Contrary to the belief that great changes have occurred in the attitudes and sexual behavior of urban youth, the survey indicates that the process of change from orthodox to liberal sexual behavior has been slow despite the onslaught of the media and modernizing influences on the areas such as preference on joint family, arranged marriage, value of virginity etc. The research however, mentions that yet, youth want to break away from tradition and marry out of caste and out of religion when they can. A positive attitude, particularly among males is being seen on the rights of a wife to work outside the house, sharing of household work, and in supporting unwanted pregnancies. In addition, the report states that currently there is a lack of effective strategies for building responsible attitudes regarding reproductive behavior among this important young age group. At the time of research, strategies for the prevention of HIV infection and AIDS were being tested among youth, and that the report states that results of this survey may be useful in the formulation of such strategies.

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### Knowledge, Attitudes and Practices of Young Adults (15-24 years)

<b>Country/ Region</b>	India
<b>Organization[s]</b>	National AIDS Control Organization (NACO), UNICEF
<b>Type of Document</b>	Survey Report
<b>Year of Publication</b>	
<b>No. of pages</b>	66
<b>Key Words</b>	Young Adults, Awareness, Attitudes, Sexual Practice, India
<b>Teaser Text</b>	Disaggregated findings on awareness, attitudes and sexual practices of young people (15-24) surveyed during the Behavioral Survey conducted during 2001-2002.

**Summary** The findings showed: a significant proportion of respondents had heard of HIV and AIDS (84.9%); awareness among rural females was low in Jharkhand, Gujarat, Chattisgarh, Uttar Pradesh and West Bengal; most respondents had misconceptions on certain incorrect modes of transmission. For example, only 27.1 percent were aware that a mosquito bite or sharing a meal with an infected person could not transmit HIV and that a healthy looking person could transmit infection. Even among the urban males who generally had higher literacy, only a third had correct knowledge on these three aspects. Further, more than half the respondents (54.8%) were aware that consistent condom use and having sexual relationships only with uninfected faithful partners protected them against HIV transmission; more than half the respondents (57.9%) were aware that there is no cure for HIV and AIDS and this knowledge was equivocal across different population segments. Overall, between a third to one half the respondents in different sub-populations stated that they consulted a medical practitioner during their last episode of STI. Awareness of condoms was high (82.7%); males had better awareness compared to females both in the urban and the rural areas. Overall 7 percent reported sex with casual partners in a years recall. Fifty two percent of respondents reported using condom during the last sexual encounter while 34 percent reported that they used a condom with all casual partners in a one year recall period. Only 40.7 percent of the respondents had a positive attitude towards HIV infected individuals and were willing to share food with infected persons. It was also observed that males were significantly better on most parameters related to awareness than females.

Document copy available at: UNFPA CST Library, Kathmandu, Nepal

## In Forests and Factories: Sexual Behavior among Young Migrant Workers in Nepal

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	Health and Sexuality, 2004 Vol 6, No.2
<b>Type of Document</b>	Research Study
<b>Year of Publication</b>	2004
<b>No. of pages</b>	13
<b>Key Words</b>	Sexual Behavior, Survey, Youth Friendly Services, Factory Workers, Nepal
<b>Teaser Text</b>	Research report on sexual behavior of young migrant workers in the place of origin and after migration.

**Summary** The study was initiated to assess young migrant workers sexual behavior and risk perception among 1,050 randomly selected samples in Kathmandu. The study showed that most were unmarried (71%); among currently married population, 93 percent of females reported living with their husband whereas only 51 percent of males were living with their wife. The study further showed that approximately 40 percent of both males and females reported having ever had sex, but among those, sexual debuts occurred within marriage for 48 percent of the boys and 67 percent of the girls. Similarly, among the unmarried, 20.2 percent of boys and 12 percent of girls had experienced sexual intercourse. The discourse among the study population demonstrated that a wide range of sexual experiences occurred in their home villages. Among 23 sexually active young people in the study, all but three experienced their first sexual activity in their villages. Their data further showed that when young migrant workers engage in premarital or casual sex, the use of condoms is rare both within and outside the marriage and that most young people did not usually consider themselves to be at risk of contracting HIV or STIs. When asked to give recommendations for youth friendly reproductive health services, respondents expressed an interest in services offered on or near their factory grounds, and receiving regular education sessions at times convenient to their work schedules. References to STIs, unwanted pregnancies and unsafe abortions made throughout the study suggest considerable unmet need for reproductive health information and services among young migrant factory workers.

Document copy available at: [www.unaids.org.np](http://www.unaids.org.np)

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## Sexual Risk Behavior and Risk Perception of Unwanted Pregnancy and Sexually Transmitted Infection among Young Factory Workers in Nepal

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	Center for Research on Environment, Health and Population Activities (CREHPA)
<b>Type of Document</b>	Research Study
<b>Year of Publication</b>	2002
<b>No. of pages</b>	52
<b>Key Words</b>	Sexual Reproductive Health, Youth Friendly Services, Factory Workers, Nepal
<b>Teaser Text</b>	Study report analyzing the sexual and reproductive health risk behavior of young factory workers and their strategies to avoid risks of unwanted pregnancy and STDs.

**Summary** The study comprised an analysis of the surveys administered among 550 girls and 500 boys working in carpet and garment factories in Kathmandu. The findings were: most young factory workers are unmarried with a low level of education; they are migrants from different districts; earn low wages; exposure to the mass media is high; substance abuse is high; awareness about family planning is high (95%) but correct knowledge is low, and awareness of STDs and HIV and AIDS is high (70%) but vast majority do not perceive themselves at the risk of being HIV infected. Further, sexual activity among unmarried girls and boys is common - more than a forth have experienced at least one type of sexual activity. In addition, the study showed that sex with non-regular partners was common - over one in five boys, and over one in twenty girls among those sexually active had sex with a non-regular partner in the last 12 months. In addition, it showed that those involved in non-regular sexual relationships did not consider them to be at risk of contracting HIV. The study shows that a substantial portion of young factory workers indulge in risky sexual behavior.

The implications of the study are that young factory workers are aware of some forms of protection from unwanted pregnancy and STIs and other reproductive risks in general, but hold a number of misconceptions. The fear of disclosure keeps them, mostly the girls, from seeking health services.

Document available at: [www.ncasc.gov.np](http://www.ncasc.gov.np)

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## Adolescent Sexuality and Fertility in India - Preliminary Findings

<b>Country/ Region</b>	India
<b>Organization[s]</b>	International Center for Research on Women (ICRW)
<b>Type of Document</b>	Research Study
<b>Year of Publication</b>	1997
<b>No. of pages</b>	6
<b>Key Words</b>	Adolescents, Sexual Reproductive Health, Sexuality, India
<b>Teaser Text</b>	A research report on adolescent sexuality and fertility in India.

**Summary** The report is based on an adolescent sexuality and fertility project carried out in four institutions in India. Three of the studies focused on rural adolescents while the fourth focused on urban. The study, "Undertaking Sexuality Among the Urban Youth: A Study of Mumbai College Students: found that youth have either a brother-sister, friendship or romantic relationship with corresponding expectations, and that boys report most of their sexual activity with sex workers. Other findings were: the level of knowledge regarding anatomy, reproduction, menstruation, conception and sexually transmitted diseases is low; both boys and girls feel that love marriages are not successful but arranged marriages are, and a girl's virginity considered an important criterion for marriage. The second study, "Adolescent Sexuality and Fertility: A study in Western Maharashtra" found that reproductive health knowledge is generally incomplete and, girls report that they cannot deny sex to their husbands. The third study, "Use of Reproductive Health Services by Married Adolescent Females" found that: both girls and boys who married in early adolescence would have preferred to wait; the first pregnancy is reportedly unwanted by young married adolescents; family planning methods are often used after two sons are born, and daughters-in-law speak up about illness only when it is unbearable. A fourth study, "A study on Reproductive Health of Adolescents", found that menarche is reported to mark the imposition of many restrictions, and that meetings between an unmarried girl and boy occur surreptitiously, and abortion is used for a variety of reasons. .

Document available at: <http://www.icrw.org/html/library/library.htm#>

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## Puberty Rituals, Reproductive Knowledge and Health of Adolescent Schoolgirls in South India

<b>Country/ Region</b>	India
<b>Organization[s]</b>	Narayan K.A., Srinivasa D.K. et al
<b>Type of Document</b>	Research
<b>Year of Publication</b>	1998
<b>No. of pages</b>	39
<b>Key Words</b>	Adolescent Reproductive Health, Rituals, Menstrual Hygiene, India
<b>Teaser Text</b>	A study exploring the social dimensions of menarche and menstruation.

**Summary** This study was carried out in the urban and rural field-practice areas of the Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER) in Pondicherry, which is located in the northern part of Tamil Nadu State. The questionnaire was developed from detailed information gained during qualitative interviewing. It included questions about the first menstruation; celebrations of the onset of menarche; issues and problems (if any) related to genital hygiene; storage and washing of menstrual cloths; traditional beliefs and practices related to menstruation, and health problems such as dysmenorrhea, white discharge and irregular periods. The study shows that the ceremonial attention to the onset of menarche in the manjal neer-attu vizha rituals, accompanied by seclusion and other restrictions on the girls' behavior, continue in the Tamilian culture. But despite the prominence of this ceremonial attention to "coming of age", very little attention is paid to informing adolescent girls about the "facts of life" of menstruation; most girls in the Pondicherry area are unprepared for the trauma of their first menses. A restriction appears to have been imposed on the extent to which mothers confide in their daughters about menstruation. This restriction in communication is symbolized in the "rule" that the mother should not be the one to see and "verify" her daughter's first menstrual bleeding. Aunts, neighbors, older sisters and grandmothers have been the traditional sources of information about the management of menstruation, but the amount of information transmitted has generally been extremely sparse. Even after the attainment of menarche, very little information is given to young girls about the physiological processes involved and the hygienic practices to be followed. Data from Mumbai show that this reticence about giving relevant information to adolescent girls is indeed widespread (George,1994). Some information is given to girls in science classes in school, but even there the information is very inadequate, and at least half the girls in our sample could not identify the reproductive organs.

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## National Survey on Emerging Issues Among Adolescents in Sri Lanka

<b>Country/ Region</b>	Sri Lanka
<b>Organization[s]</b>	UNICEF
<b>Type of Document</b>	Survey
<b>Year of Publication</b>	2004
<b>No. of pages</b>	282
<b>Key Words</b>	Adolescents, Life Skills, STI, Reproductive Health, Sri Lanka
<b>Teaser Text</b>	National Review of adolescents issues among adolescents in Sri Lanka.

**Summary** The survey consisted of two components: the first component was carried out among school going adolescents representing 25 administrative districts of Sri Lanka; the second component was carried out among out-of-school adolescents representing five sectors. The survey tried to assess the life skills of adolescents using questions on goal setting, interpersonal relationships, role models, assessments on various attributes of life and responses to given scenarios.

About 28 percent of the school going adolescents surveyed were not certain of their future goals while a further 36 percent were aiming at traditionally popular professionals. Only about quarter of the respondents had considered their talents before they set their future goals. The findings suggest that the stated ambitions are mostly governed by traditional societal norms that prevail in the country rather than decisions arrived through critical analysis of persons displaying self-awareness. The most common stated goals of the out-of-school adolescents was finding employment. There was a conflict of ideas between adolescents and parents. The overall pattern indicates the presence of a considerable percentage of adolescents in Sri Lanka lacking life skills. The attitudes towards smoking and alcohol use appear to be favorable among the majority; however, more than 60 percent were of the perception that these substances could be stopped anytime if the person wants. The knowledge of reproductive health, including STIs, HIV and AIDS among adolescents was found poor despite that some areas of reproductive health are included in school curriculum.

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## Awareness Level of Adolescent Girls Regarding HIV and AIDS: A Comparative Study of Rural and Urban Areas of Jammu

<b>Country/ Region</b>	India
<b>Organization[s]</b>	Department of Home Science, University of Jammu, Jammu
<b>Type of Document</b>	Research Study

<b>Year of Publication</b>	2005
<b>No. of pages</b>	19
<b>Key Words</b>	Adolescent Reproductive Health, Conception, Contraception, Fertility, India
<b>Teaser Text</b>	Level of knowledge on HIV and AIDS among adolescent girls in Jammu and Kashmir.

**Summary** The present study was undertaken to determine the knowledge level of adolescents towards HIV and AIDS. This study has been conducted on 400 adolescent girls (200 from rural areas and 200 from urban areas of Jammu). A random sample technique was used to select the samples. For data collection, a questionnaire was used in which there were questions regarding HIV and AIDS. The key findings of the study reveal that there is a significant difference in the knowledge level of adolescent girls of urban and rural areas of Jammu, regarding these issues, with urban adolescent girls have comparatively better knowledge. Adolescents need to be taught about body functions since ignorance perpetuates myths and misbelief. School teachers play a key role in bringing about change and socially acceptable approaches to sex education such as a letter box approach may be used for providing scientific knowledge about sex and related issues.

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## Reproductive Health Problems and Help Seeking Behavior Among Adolescents in Urban India

<b>Country/ Region</b>	India
<b>Organization[s]</b>	National Institute for Research in Reproductive Health Mumbai, India
<b>Type of Document</b>	Research
<b>Year of Publication</b>	2006
<b>No. of pages</b>	5
<b>Key Words</b>	Adolescent Friendly Centers (AFC); Health Seeking Behavior; Reproductive Health; School Health Checkup, India
<b>Teaser Text</b>	Study to assess the reproductive health problems and help seeking behavior in India.

**Summary** The study was done to assess the reproductive health problems and health seeking behavior among urban school going adolescents. A sample of 300 urban school going adolescents between 11-14 years were chosen at random and assessed using four tools namely, a



self administered questionnaire; provision of adolescent friendly services; medical screening, and focus group discussions. Seventy two percent girls and 56 percent boys reported health problems during the survey, with an average of 1.93 complaints per girl and 0.5 complaints per boy. However, only 43% girls and 35% boys reported to the clinic voluntarily to seek help and only one fifth the amount of problems were reported at the clinic in comparison to the quantum of problems reported in the survey, which probably reflects poor health seeking behavior. A medical checkup with emphasis on assessment of reproductive health and nutritional status helped in detecting almost the same number of reproductive health problems as reported by them in the survey. This intervention helped to increase client attendance in the subsequent year from 43 percent to 60 percent among girls and from 35 percent to 42 percent among boys. The study shows that to increase help seeking behavior in adolescents, apart from health and life skill education, their medical screening with a focus on reproductive health by trained physicians, parental involvement, supported by adolescent friendly centers (AFC) for counseling, referral and follow up are essential.

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are known to take place at the tourist resorts. Gender discrimination is less pronounced in Maldives, however, the existing social and cultural factors create power differentials so that a woman would have greater difficulty protecting herself from exposure to HIV. Also, numerous reports point out that the levels of divorce have been very high creating an overall marriage pattern of serial monogamy. As elsewhere, women generally marry men older than themselves and the age gap also increases with subsequent marriages. Youth always comprise a particularly vulnerable group for HIV, and Maldives has a young population with about 47 percent under 15 of age. A proportion of young people were found to experiment with sex before marriage. Further, parents and relatives do not teach anything about sex, and sexuality or related issues to their children. Through media campaigns most of the public know what HIV is but few know its complete mode of transmission. Condom access is not seen by most young people as a major problem. The Government of Maldives has shown considerable concern and response since the first case of HIV was detected in 1991. The assessment paper concludes with the recommendations for future actions.

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## Situational and Needs Assessments

### A Situational Assessment of HIV and AIDS in the Maldives for the Year 2000

<b>Country/ Region</b>	Maldives
<b>Organization[s]</b>	Department of Public Health and the UN Theme Group, The Republic of Maldives
<b>Type of Document</b>	Situation Analysis
<b>Year of Publication</b>	2000
<b>No. of pages</b>	32
<b>Key Words</b>	Unprotected Sex, Knowledge, Condom, Maldives
<b>Teaser Text</b>	Situational assessment of HIV and AIDS in Maldives in 2000.

**Summary** In Maldives, although success in a number of important social, economic and health indicators has been achieved, there are areas of concerns regarding the risk of HIV. The rapidly increasing young population, mobility, exposure to foreign life styles and long separation from families place higher vulnerability to the risk of HIV. Sexual relations among Maldivian males and female tourists

### Advocacy for HIV and AIDS Prevention among Young People in Asia and the Pacific - Needs Assessment Report

<b>Country/ Region</b>	Sri Lanka
<b>Organization[s]</b>	Asian Institute for Development Communication and UNFPA
<b>Type of Document</b>	Assessment Report
<b>Year of Publication</b>	2002
<b>No. of pages</b>	174
<b>Key Words</b>	Advocacy, Needs Assessment, Sexual Abuse, Services, Sri Lanka
<b>Teaser Text</b>	Needs assessment for the project, advocacy for HIV and AIDS prevention among young people in Sri Lanka.

**Summary** The needs assessment report is divided into three categories: gaps identified during the needs assessment survey; priority needs identified by the researchers, and gaps and needs identified by the key informants and researchers separately for males and females on STDs, HIV and AIDS, sexual behavior, condoms and pregnancy. Further, the assessment spells out key advocacy issues based on the assessment facts, which are: lack of coordination among government agencies; donors and private sectors integration of reproductive health education in to government schools; decentralize the authority to policy making on reproductive health for youth; to in-cooperate mass media

in advocating reproductive health issues for youth, and unmet needs and services of reproductive health information among youth.

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## A Survey Report on Information Needs Assessment on ARH in Selected Countries in Asia and the Pacific

<b>Country/ Region</b>	Asia and the Pacific
<b>Organization[s]</b>	UNFPA and UNESCO
<b>Type of document</b>	Survey Report
<b>Year of Publication</b>	2004
<b>No. of pages</b>	27
<b>Key Words</b>	Adolescents, Advocacy, Reproductive Health, Information, Asia and the Pacific
<b>Teaser Text</b>	Survey report on adolescent reproductive health information needs in Asia and the Pacific.

**Summary** The project was an expansion of the joint ESCAP-UNESCO regional project, implemented during 2000-2003 to compile, package and disseminate population information for advocacy. Eighty six organizations participated in the survey that included South Asia (35), South East Asia (36), East Asia (10), Pacific Island countries (4) and others (1). The survey found that the most frequently quoted activity for the year of the adolescent reproductive health needs assessment survey 2004 was training, mentioned by 75 percent of the respondents. Another two third of the respondents cited promotional activities, followed by development of materials and curricula, including behavior change and communication and ICE materials. The five most frequently quoted responses on adolescent reproductive health topics were communication strategies and materials (59%); reproductive health and sexuality education programs (52%) and strategies, needs assessment, monitoring and evaluation; advocacy strategies on adolescent reproductive health (43%), and counseling (40%). The three most useful materials to support adolescent reproductive health activities were responded as training materials (61%), manuals (40%) and CD ROM (34%). The preferred format of information material was printed materials, followed by electronic, internet and CD ROM. Nearly four fifths (79%) of the respondents had produced teaching and learning materials on adolescent reproductive health. The majority of the respondents (88%) indicated that they had access to the internet. The report concludes with recommendations based on survey results.

Documents available at: [http://www.unescobkk.org/fileadmin/user\\_upload/arsh/OurPubs\\_Other/Final\\_Survey\\_Report\\_Integrated\\_Rev\\_28\\_June\\_05.pdf](http://www.unescobkk.org/fileadmin/user_upload/arsh/OurPubs_Other/Final_Survey_Report_Integrated_Rev_28_June_05.pdf)

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## Reproductive Health Needs of Adolescents in Bangladesh - A Study Report

<b>Country/ Region</b>	Bangladesh
<b>Organization[s]</b>	ICDDR,B: Center for Health and Population Research
<b>Type of Document</b>	Research Study
<b>Year of Publication</b>	1999
<b>No. of pages</b>	56
<b>Key Words</b>	Adolescents, Sexual Reproductive Health, Bangladesh
<b>Teaser Text</b>	Study report on Reproductive Health Needs of Adolescents in Bangladesh.

**Summary** The study was conducted to assess the reproductive health needs of adolescents in three rural and two urban areas of Bangladesh. The findings showed that about one-fifth of the adolescents did not have any formal education. Adolescent boys spent most of their free time with friends, whereas the girls stayed at home and spent free time with family. The reported ideal age of marriage for girls and boys were 18 and 21 respectively, but marriage at an earlier age for girls was reported. Most girls in the study reported that they did not have any knowledge about menstruation before they experienced it, and most boys reported the same regarding wet dreams. Further, most adolescents did not have a clear idea of the process of reproduction. Most adolescents (70%) had heard of family planning practices, and of those, most knew about the pill. The proportion of girls who knew about condoms was low (35%). Of the married girls, about half were family planning users. Knowledge about STIs was low among rural adolescents. With the exception of rural adolescents, 3 and 4 of the adolescents had heard of AIDS, but did not have clear idea about symptoms, transmission or prevention. In general, the adolescents did not attend health care facilities as they perceived health centers to be primarily for married people, and that services were not friendly to them. Adolescents and adults all mentioned that pre-marital affairs are a common phenomena among adolescent. Many boys and some girls admitted that they themselves were involved in pre-marital affairs.

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# Discussion and Review Papers

## South Asia Conference on Adolescents - Nepal's Country Report

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	Ministry of Health, Nepal
<b>Type of Document</b>	Country Report
<b>Year of Publication</b>	1998
<b>No. of pages</b>	35
<b>Key Words</b>	Adolescents, Sexual Reproductive Health, STDS, Youth Friendly Services, Nepal
<b>Teaser Text</b>	Nepal report on South Asia Conference on Adolescents.

**Summary** The report analyzes sexual and reproductive health behavior, literacy and educational status, and strategy and programs for adolescents. It states that the percentage of adolescents in Nepal is about 30; the mean age at marriage, although increasing, is still low. (18 in 1991). A study conducted by PLAN in Makwanpur District showed that significant adolescent girls were having symptoms of reproductive and urinary track infections, including foul smelling discharge, and sores or ulcers in the genital area. Another study conducted by CREHPA among men in five border town showed that 41% of unmarried adolescent aged 18-19 were sexually active. Similarly, the survey findings in three districts showed that premarital sex was 19 percent and extra marital sex was 16.2 percent. The use of contraceptive among adolescent was low although knowledge was high. More than 50 percent of female STD patients were found to be involved in commercial sex work and casual or professional child sex workers were identified as the source of STDs in more than 86 percent of the patients. It also states that a large number of young girls are trafficked out of the country to brothels in India and other countries, and return home when found to have STDs and AIDS. As of April 1998, the total HIV cases recorded were 1,050, of which the highest percentage was recorded in the age group 20-29 (58%). The report also mentions that young people are likely to use services if they are friendly to them. More often, the programs are geared toward adults and are not youth friendly. Therefore, youth friendly reproductive services need to be provided to meet the information and access gaps relating to young people.

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## Adolescent Reproductive Health in Asian and Pacific Region

<b>Country/ Region</b>	Asia and Pacific
<b>Organization[s]</b>	UN Economic and Social Commission for Asia and the Pacific
<b>Type of Document</b>	Studies Series
<b>Year of Publication</b>	2001
<b>No. of pages</b>	62
<b>Key Words</b>	Adolescent Reproductive Health, STDs, Services, Asia and Pacific
<b>Teaser Text</b>	Study presenting reproductive health issues of adolescents and the policies in Asian and the Pacific region.

**Summary** The report states that two distinct demographic trends co-exist in the region that have implications for the sexual and reproductive health of adolescents: widening gap between sexual maturity and age at marriage, which results in premarital sexual activities among adolescents; the continuing prevalence of adolescent marriage, and the low use of contraceptives during adolescence resulting in a high rate of adolescent fertility. Other socio-economic factors influencing the sexual and reproductive behavior of adolescents in the region include inadequate access to correct information, the availability of and access to youth friendly health services, peer pressure and the erosion of the role of the family, economic constraints, and the gender power imbalance. On the government perspective, the study states that while many governments in the region have begun to recognize the importance of sexual and reproductive health, programs in this field are still at an early stage of development. The study provides seven strategic elements to address the issue of sexual and reproductive health: promotion of adolescent participation; strengthening of data collection systems; promotion of gender equality and life skills development among adolescents; improvement of access to information for adolescents; provision of quality gender sensitive services; the sensitization of adults, and the promotion of partnership modalities in programs and multi-sectoral collaboration.

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## Adolescent Reproductive Health in South Asia: Key Issues and Priorities for Action

<b>Country/ Region</b>	South Asia
<b>Author</b>	Ena Singh, UNFPA India
<b>Type of Document</b>	Review paper
<b>Year of Publication</b>	
<b>No. of pages</b>	South Asia, Sexuality, Youth Friendly Services, South Asia
<b>Key Words</b>	South Asia, Sexuality, Youth Friendly Services, South Asia
<b>Teaser Text</b>	Review of situation of adolescents in South Asia on education, sexual and reproductive health, including HIV and AIDS and violence.

**Summary** The paper reviews the status of adolescents in South Asia and explores recommendations for designing successful programs. On sexual and reproductive health, the author states that adolescents in South Asia often lack reproductive choice. Even though age at marriage is rising, more schooling combined with increased migration and urbanization have led to more opportunities for premarital sex. A study in Bangladesh found that 60 percent of unmarried urban girls reported sexual experiences. Studies further suggest that not only do many married girls lack knowledge of contraceptives but many hesitate to use them, because this would conflict with their self-image as moral beings. Moreover, young people are at risk for STIs. For example, a study in Bangladesh found 40 percent of adolescent girls and 20% unmarried adolescent boys reporting symptoms of reproductive tract infections and STIs. The paper further discusses the programs on adolescents, and that they would not accept the programs they cannot relate to; responsible sex education and contraceptives should not be denied to people who are at risk of diseases or unwanted pregnancies. Among the recommendations provided are: help adolescents to become knowledgeable, confident, responsible adults; programs can begin with focusing on a single issue but need to grow covering the needs of young people, and we need to work with young people not lecture them. One message the paper gives is that young people's comfort with their own sexuality is a prerequisite to responsible and caring reproductive behavior; and before that we, counselors, service providers and managers, need to be comfortable with our own behavior.

Document available at: [http://www.who.int/reproductive-health/publications/towards\\_adulthood/4.pdf](http://www.who.int/reproductive-health/publications/towards_adulthood/4.pdf)

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## The Impact of HIV/AIDS on Children and Young People

<b>Country/ Region</b>	Asia
<b>Organization[s]</b>	UNESCO
<b>Type of Document</b>	Discussion Paper
<b>Year of Publication</b>	2005
<b>No. of pages</b>	14
<b>Key Words</b>	Adolescents, Asia
<b>Teaser Text</b>	Reviews and synthesis of research studies conducted in the Asia-Pacific Region on the impact of HIV and AIDS on children.

**Summary** The report reviews and quotes the limited studies that have been conducted in Asia on the impact of HIV and AIDS on children. The main impact found in the studies was divided into three main areas: loss of social and family support; stigma and discrimination, and decreased access to education, health care and social services. The paper discusses that possibly the most important direct consequence of AIDS for children and young people is the loss of their family unit and with it their natural economic, social and emotional safety net. Stigma and discrimination are caused by ignorance and fear of AIDS in the community and as well as judgmental views community members have about AIDS. Also, as a consequence of losing the family unit, as well as of stigma and discrimination, children and young people have less access to education, health care and social services. The paper states that on looking at the limited number of studies reviewed, very little is known about the impact of AIDS on children and young people in Asia in general and in the area of education in particular. It concludes with a statement that universities and research institutions in Asia must form strategic partnerships with national AIDS programs and Ministries of Health, Social Welfare and Education in a concerted effort to answer the questions that remain unanswered.

Document available at: <http://www.unescobkk.org/index.php?id=3921&type=98>

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## Youth and HIV and AIDS in India

<b>Country/ Region</b>	India
<b>Organization[s]/ Author</b>	Allison Drynan
<b>Type of Document</b>	Discussion Paper
<b>Year of Publication</b>	October 2001
<b>No. of pages</b>	12
<b>Key Words</b>	Adolescents, Response of Civil Society and Government, India

**Teaser Text** A review paper on responses on HIV and AIDS and young people in India.

**Summary** The paper gives an overview on the attitudes of young people mostly belonging to the upper middle class towards HIV and AIDS. It also highlights the responses of various civil society, educational institutions and the various ministries of the government to combat the disease. Examples of various successful initiatives have also been mentioned in the paper. In the end the paper summarizes the efforts that may stop the spread of the virus.

Document available at: [www.csih.org/what/Internships/AllisonCIDA%20Report.pdf](http://www.csih.org/what/Internships/AllisonCIDA%20Report.pdf)

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## Actions that Protect: Promoting Sexual and Reproductive Health and Choice Among Young People in India

<b>Country/ Region</b>	India
<b>Organization[s]</b>	Population Council
<b>Type of Document</b>	Research, Reviews, Discussion Paper
<b>Year of Publication</b>	2003
<b>No. of pages</b>	61
<b>Key Words</b>	Adolescents, Marriage, Pre and Post Marital Sexual Relations, Risky Sex, Condom Use, Gender, Reproductive Health Outcomes, India
<b>Teaser Text</b>	An evidence based study on the reproductive and sexual health situation in the country.
<b>Summary</b>	This paper synthesizes evidence of the sexual and reproductive health situation of young people in India, and explores what we know about underlying factors that place them at risk of or protect them from unsafe and unwanted sexual and reproductive health experiences. The picture that emerges suggests that a substantial proportion of young people experience risky or unwanted sexual activity, do not receive prompt or appropriate care, and experience adverse reproductive health outcomes. Contextual factors such as poverty, gender imbalances and lack of education or livelihood opportunities clearly increase the vulnerability of youth. Other factors at family, community and facility level may also exacerbate risk. While young people's knowledge and awareness about sexual and reproductive health is increasing, much of this knowledge remains superficial and ridden with myths, misperceptions and a sense of invulnerability. Gender power imbalances make risky behavior acceptable, encourage secrecy and fear of disclosure, and inhibit negotiation among partners. Lack of communication with parents and other trusted adults,

similarly, keeps young people ill informed and unlikely to receive parental support or counsel in relation to sexual matters. Sexuality education remains inadequate and irrelevant to young people's needs, and services remain inaccessible, unacceptable, unaffordable and of indifferent quality. Several encouraging signs are, however, evident. The sexual and reproductive health needs of adolescents and young people are on the national agenda. There is growing recognition that young people themselves must be given a role in articulating, designing, implementing and evaluating such programs. Finally, experiences of a few programs already exist that appear to successfully respond to young people's sexual and reproductive health needs in innovative and acceptable ways. The paper concludes by recommending, on the basis of available evidence, a core set of promising actions.

Document available at: [www.popcouncil.org/pdfs/wp/seasia/seawp18.pdf](http://www.popcouncil.org/pdfs/wp/seasia/seawp18.pdf)

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## Strategies to Improve Reproductive Health Services for Adolescents in Bangladesh: A Community Based Study

<b>Country/ Region</b>	Bangladesh
<b>Organization(s)</b>	Center for Health and Population Research
<b>Type of Document</b>	Research Study
<b>Year of Publication</b>	2005
<b>No. of pages</b>	36
<b>Key Words</b>	Sexual Reproductive Health, Adolescent Friendly Services, Bangladesh
<b>Teaser Text</b>	A study to determine benefits of integrated adolescent development programs.
<b>Summary</b>	This community based study was undertaken as a possible strategy to provide access to accurate information on key reproductive health issues to a large proportion of adolescent who could not be reached on account of high drop out rates from school. The intervention divided the subjects into three groups: Group A receiving education and livelihood skill training, saving and credit schemes and adolescent friendly services; Group B receiving education and adolescent friendly services, and Group C serving as a control group. Adolescents included in the baseline survey were to be interviewed in the end line survey. However, due to a number of reasons not all of those that participated in the baseline survey could be followed. Therefore, it was not feasible to assess the changes in knowledge and or practice over time. Nevertheless, the study provides useful information on the status of adolescents in the area during the process. At the time of baseline, one fifth were condom users in urban area; 75 percent of urban and 64

percent of rural boys and more than a third of girls were aware of STIs but when asked to recall the names of various STIs, knowledge was mostly limited to AIDS. The key learning of the study were: prior to implementing a reproductive health intervention in a community, the complexity of following up adolescents needs to be considered carefully; continuation of adolescents in a long term intervention depends upon creating interest among them towards an education program, and without the support of adults who surround adolescents it is not possible to implement any adolescent reproductive health intervention.

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## Improving Adolescent Reproductive Health in Bangladesh

<b>Country/ Region</b>	Bangladesh
<b>Organization[s]</b>	Population Council and USAID
<b>Type of Document</b>	Study Report
<b>Year of Publication</b>	2004
<b>No. of pages</b>	80
<b>Key Words</b>	Sexual and Reproductive Health, Youth Friendly Services, Life Skills
<b>Teaser Text</b>	A study looking at combined effectiveness of interventions designed to improve adolescent reproductive health, knowledge, attitude and practices.

**Summary** This operational research launched in the northwestern part of Bangladesh aimed at preventing adverse outcomes and promote healthy life styles by providing reproductive health education, and services among adolescents. The study worked with two strategies: strategy one providing reproductive health education to out-of-school youth linking it with adolescent friendly services at health facilities; strategy two providing reproductive health education to both in and out of school adolescent linking it with adolescent friendly services at health facilities. The effects of the interventions were analyzed in terms of increased knowledge of HIV and AIDS, contraceptive use, health risk of early pregnancy, positive attitude towards health facilities for contraceptives and STI services. A comparative analysis showed that strategy two produced greater improvement than strategy one. Some of the recommendations that the study provides for improving the adolescent and reproductive health are: combination of reproductive health interventions at schools; community health facilities accompanied by community sensitization; increasing the capacity of service providers; preparing health facilities for adolescent friendly services, and promoting and distributing condoms.

Document available at: <http://www.eldis.org/static/DOC18994.htm>

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## Educating Adolescent Girls, Opening Windows

<b>Country/ Region</b>	India
<b>Organization[s]</b>	Government of India and Joint UN System Education Program
<b>Type of Document</b>	Study Report
<b>Year of Publication</b>	2005
<b>No. of pages</b>	80
<b>Key Words</b>	Adolescents, Girls, Education, Success Stories, India
<b>Teaser Text</b>	A study report on adolescent girls' education in India.

**Summary** A need for the study to put local interventions was recognized by a nationally representative team in meetings. In India, efforts to mainstream adolescent girls in formal schooling have not met with the desired level of success and there exists a need to identify strategies and learn from success stories. It was also felt that existing studies were limited, program specific and segregated. The adolescent girls were identified as the target study group because adolescents need specific attention, education and information and they are deprived of educational facilities. Further, it has already been shown that education of girls demands an understanding of the conditions that control them, including the prevailing role models they follow. Though the role of males is acknowledged, it was important to initially focus only on girls with the supportive roles on men or boys in mind. The document presents the success stories from the five States. It consists of an introduction, five chapters and a conclusion. The introduction provides an overview of the status of education of adolescent girls, the selection process for the program studies, and a brief summary of the five studies. The five chapters describe the program studied in the five States. The study has made an effort to record and convey the active voices of the girls and women, their families and their communities. The conclusion presents the findings about the common factors that made the educational interventions successful, and lessons learned about what remains to be done.

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## Youth, Gender, Well-Being and Society

<b>Country/ Region</b>	India
<b>Organization[s]</b>	International Center for Research on Women (ICRW)
<b>Type of Document</b>	Research Study
<b>Year of Publication</b>	2004
<b>No. of pages</b>	6
<b>Key Words</b>	Youth, Adolescent, Reproductive Health, Life Skills, India
<b>Teaser Text</b>	Sharing of lessons learned regarding the effectiveness of interventions to improve the lives of youth in India.

**Summary** ICRW coordinated a multi-site intervention studies on youth and reproductive health and sexuality in India. The work focused on developing programs tailored to the context of young people's lives, their families and their communities. Drawing on formative research conducted from 1996 to 1999, five community based groups in urban and rural India implemented interventions to address young girls' lack of decision making power and self-confidence and to test multiple strategies to provide reproductive health services and information to youth. Some of the lessons learned from the interventions comprised:

- Life-skills programs increase unmarried girls' cognitive skills, self-confidence and ability to negotiate circumstances that affect their lives and well being.
- Life-skills programs also increase age at marriage for girls.
- Health and nutrition information programs for youth need to continuously adapt to young men's and women's changing information needs.
- Using well-trained community based staff to provide reproductive health information, services and referrals to young couples increases the acceptability of the intervention in the community.
- Men can play a positive role in their young wives' reproductive health, but programs need to enhance their involvement

Document available at: <http://www.icrw.org/html/library/library.htm#>

## Adolescent Sexual and Reproductive Behavior: A review of Evidence from India

<b>Country/ Region</b>	India
<b>Organization[s]</b>	International Center for Research on Women (ICRW)
<b>Type of document</b>	Review Paper
<b>Year of Publication</b>	1996

<b>No. of pages</b>	35
<b>Key Words</b>	Adolescent Sexual Reproductive Health, Youth Friendly Services, India
<b>Teaser Text</b>	Review of the existing information, including laws and policies on sexual and reproductive health behavior, knowledge and attitudes among adolescents and youth in India.

**Summary** The research aimed at reviewing knowledge about adolescent fertility, sexual behavior and reproductive health in India. The report states that adolescent marriage in India is high, and that half of all young females are sexually active by the time they are 18. The evidence showed that 20-30 percent of males and 10 percent of females are sexually active during adolescence and that awareness of sexuality and physical well-being was poor. The study also found that adolescents and youth were not adequately informed about contraceptive use. Only about 66 percent were aware of condoms and accurate knowledge of methods was even more limited. Awareness of STDs, and AIDS was particularly limited - even among urban college students, it ranged from 66-95 percent in boys and 25 percent in girls. Knowledge about modes of transmission, prevention and treatment particularly of HIV and AIDS was seen low throughout. For those who knew about HIV, AIDS and STDs, the main source of information was mass media. Based on study findings, recommendations included: need to postpone early marriage and early pregnancy, need to give more reproductive and sex education to adolescents and explore the reasons why adolescents and reproductive health services and information needs remain unmet, and how health and information services can be structured to respond to these needs taking into consideration the social, cultural and economic constraints that adolescents face.

Document available at: <http://www.icrw.org/html/library/library.htm#>

## Economics of Addressing Youth in India

<b>Country/ Region</b>	India
<b>Organization[s]</b>	MAMTA - Health Institute for Mother and Child
<b>Type of Document</b>	Working Paper
<b>Year of Publication</b>	2005
<b>No. of pages</b>	62
<b>Key Words</b>	Youth, Reproductive Health, Youth Development, India
<b>Teaser Text</b>	Working Paper series addressing adolescent and youth health and development issues in India.

**Summary** The paper has looked into three areas of importance: employment, education and health with emphasis on reproductive health and HIV and AIDS. In India, the age group 15-49 accounts for nearly nine-tenths of the HIV infected cases, and an estimated 1.2 million young people under 25 are living with HIV (NACO, 2001). The paper emphasizes that importance has to be attached to the distinct factors that promote or constraint youth to make use of economic opportunities and employment. High rates of unemployment among youth have led to serious thinking over the matter and several schemes have been formulated with varied success at both central and state level. Considering the intensity of health risks that the youth population is exposed to, government faces the serious challenge of designing appropriate programs and allocating sufficient resources. In order to control AIDS, there is an urgent need for an awareness to be created and the only available means is preventive education. The largest economic cost of a death due to HIV and AIDS is usually lost income, as those who die from AIDS are generally younger and are in their economically productive years. The Indian Government and NGOs have launched a number of programs that strive to bring change and empower the young in creating sexual and reproductive health awareness and providing services, including on HIV and AIDS, however, programs and schemes need to be adequate, culturally sensitive and appropriate to specific groups. The paper concludes with discussions on the way forward stating the key role of services in all sectors of education, health and employment shall have to reflect the inclusion of all, especially youth and promote accountability to ensure economic growth dividends are translated into improved social outcomes for the young people of India.

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**Summary** In India, sexual reproductive health of young people is the major concern as the vast majority (82.6%) of the spread of HIV and AIDS is through sexual transmission. Young people are less likely to protect themselves from infection or seek appropriate diagnosis and treatment. Social factors such as change in family structure have important implications for young people as it entails a gap in sources of information that would otherwise be shared by the family members. Sexual exploration and experimentation to come to terms with one's own feeling are integral part of emotional changes in behavior and attitudes of young people. Representation of love and romance in the media may place pressure or evoke desire among the young leading them to seek intimate friendships. Further, the limited access to education and information, low literacy level and poverty also make young people vulnerable, particularly to sexual exploitation through the need to engage in commercial sex work in order to survive. Young girls in many parts of the developing world have little control over how, when and where sex takes place. As the age of marriage rises, young people are more likely to experience premarital sexual activity despite the fact that there are often strong social taboos on such behavior. Most of the existing health policies and programs do not include young people as the specific target groups, thus limiting young people's access to adequate information and comprehensive reproductive health services. The paper further discusses the consequences of reproductive tract infections and STIs, treatment and management of RTIs and STIs, national policies and programs and concludes with the key strategies for addressing young people with RTIs and STIs.

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## Reproductive Tract Infections & Sexually Transmitted Infections: The Vulnerability of Young People

<b>Country/ Region</b>	India
<b>Organization[s]</b>	MAMTA - The Health Institute for Mother and Child
<b>Type of document</b>	Working Paper Series
<b>Year of Publication</b>	2002
<b>No. of pages</b>	28
<b>Key Words</b>	STIs, HIV and AIDS, Vulnerability, India
<b>Teaser Text</b>	Paper addressing reproductive tract infections and STIs with a special focus on young people and their vulnerability.

## Adolescent and Youth Reproductive Health in India: Status, Issues, Policy and Programs

<b>Country/ Region</b>	India
<b>Organization[s]</b>	Policy Project
<b>Type of Document</b>	Review Paper
<b>Year of Publication</b>	2003
<b>No. of pages</b>	23
<b>Key Words</b>	Sexual Reproductive Health, Youth Friendly Services, Knowledge, Policy, India
<b>Teaser Text</b>	Assessment of adolescent reproductive health providing a profile on social issues, status, policies and programs in India.
<b>Summary</b>	The report is a part of a series of assessments in 13 countries in Asia and the near east. It



highlights the reproductive health status within the context of the lives of adolescent boys and girls. In the social context, gender discrimination against girls is seen at all levels, early marriage and early pregnancy is prevalent and more concentrated in a few States. The report shows the consistent low knowledge about adolescent reproductive health issues among younger adolescents but older adolescents were better informed and were aware of STIs including HIV and AIDS. High fertility rates, teenage pregnancies, high risk of HIV and AIDS were identified as the main health problems among adolescents. In India, STIs rank 3rd among major communicable disease, and that a fourth of all STI cases were among teenage boys; in girls it often was not reported. Increased HIV cases were reported among child sex workers in Mumbai, the primary make up of whom comprises adolescents. The study highlighted the policy environment and programs in India at national and state levels, and also a need to scale-up efforts in order to have a larger impact. The operational barriers to adolescent reproductive health were stated as: poor counseling skills and services; poor accessibility to public health care facilities, a poor implementation of programs and schemes etc. The study recommends encouraging community involvement, increasing the marriageable age, promoting the use of contraceptives, and strengthening public health care system at all levels.

Document available at: [http://www.policyproject.com/pubs/countryreports/ARH\\_India.pdf](http://www.policyproject.com/pubs/countryreports/ARH_India.pdf)

### Actions that Protect: Promoting Sexual and Reproductive Health and Choice Among Young People in India

<b>Country/ Region</b>	India
<b>Organization[s]</b>	Population Council
<b>Type of Document</b>	Working Paper
<b>Year of Publication</b>	2003
<b>No. of pages</b>	53
<b>Key Words</b>	Sexual Reproductive Health, Adolescents, Services, India
<b>Teaser Text</b>	Synthesis of evidence on the sexual and reproductive health situation of young people in India.

**Summary** This paper synthesizes the evidence on the sexual reproductive health situation of young people in India, and explores the underlying factors that place them at risk of or protect them from unsafe and unwanted sexual reproductive health experiences, and provides recommendations. The findings of the review suggests that substantial proportions of young people experience risky or unwanted sexual activity, do not receive prompt or appropriate care, and experience adverse reproductive health outcomes. Contextual factors such as poverty, gender imbalance, and lack of education or livelihood opportunities

clearly increase the vulnerability of youth. While young people's knowledge and awareness about sexual reproductive health is increasing, much of this knowledge remains superficial and ridden with myths, misperceptions and a sense of invulnerability. Gender power imbalances make risky behavior acceptable, encourage secrecy and fear of disclosure, and inhibit negotiation among partners. Lack of communication with partners and other trusted adults, similarly keeps young people ill informed and unlikely to receive parental support or counsel in relation to sexual matters. Sexuality education remains inadequate and irrelevant to young people's needs, and services remain inaccessible, unacceptable, unaffordable and of different quality. Several encouraging signs are, however evident. There is a growing recognition that young people themselves must be given a role in articulating, designing, implementing and evaluating such programs. Finally, experiences of a few programs already exist that appear to successfully respond to young people's sexual reproductive health needs in innovative and acceptable ways that can be replicated.

Document available at: <http://www.popcouncil.org/pdfs/wp/seasia/seawp18.pdf>

### Review of Policies and Programs, Focusing on Young People Reproductive and Sexual Health

<b>Country/ Region</b>	India
<b>Organization[s]</b>	MAMTA: Health Institute for Mother and Child
<b>Type of document</b>	Review Report
<b>Year of Publication</b>	2004
<b>No. of pages</b>	64
<b>Key Words</b>	STD, Youth, Adolescents, Youth Policy, Sexual Reproductive Health, India
<b>Teaser Text</b>	Review of policies and programs in Rajasthan that are relevant to young people and reproductive and sexual health and rights.

**Summary** The review reports that in Rajasthan there is no explicit policy related to young people - most of the State level directives are based on the Central Government policies of the Ministry of Health and Family Welfare, Ministry of Human Resource Development and Ministry of Youth Affairs. At the National level, the New National Youth Policy mentions the different needs of the youth population and further categorizes the youth population into two age groups - 13 to 19 and 20 to 35 years. The National Health Policy also does not identify young people as a special target group. At program level, adolescent health needs have been mentioned in Reproductive and Child Health and Integrated Child Development Services. There has been school health

education with the provision of health care services as part of education system, however, these further need to be strengthened with larger coverage. In terms of NGO programs in Rajasthan, the efforts of individual NGOs need to be further explored for their mobilization approaches, which could suffice the process of specific intervention for prevention of early marriage and early pregnancy.

Some of the findings of the review include: a number of policies address the issue but emphasis is often lacking; there is acknowledged space for adolescent and young people's health issues; there is need for accountability; success of NGOs call for wider application; there also is a need to addressing untapped areas of intervention as well as reinforcing the IEC component; coordination between health and education departments; ensuring men's involvement, and need for strong community involvement.

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premarital relationships were more acceptable and less stigmatized among young people from Delhi as compared Bhopal: 46 percent female and 36 percent male respondents from Delhi reported that they would wait until marriage for a sexual relationship in comparison to 67 percent female and 74 percent male respondents from Bhopal. There was a higher sexual risk behavior among youth in Delhi. The research found that knowledge and awareness about HIV and AIDS is inadequate. The study also suggested that Delhi participants have higher knowledge of HIV and AIDS compared to Bhopal respondents. Eighty three point five percent of participants from Bhopal reported that they believe in condoms as an effective way of preventing HIV and AIDS and other STIs whereas 73.5 percent of participants from Delhi said the same. Overall participants agreed their lack of knowledge and proper use of condoms.

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### "Quote.....Unquote", Reaching Out - Young Minds Share: Advocacy Research with and by Adolescent

**Country/ Region** India

**Author(s)** Gupta D., Gupta D.K., Agarwal A., Verma A., Mohan A.

**Type of Document** Research Study

**Year of Publication** 2005

**No. of pages** 22

**Key Words** Adolescents, Sexual Reproductive Health, Life-Skills, Knowledge, Attitude, Practice, Advocacy, India

**Teaser Text** An advocacy research report analyzing the perception, culture and views of young people by young people.

**Summary** The publication is an outcome of an advocacy research initiative "Quote...Unquote" with and by adolescents based on current perceptions, concerns and views of urban school going adolescents. The trained young team collected data in two cities - Delhi and Bhopal to reflect, review and express some core issues through in depth interviews and focus group discussions. The research found that young adolescents are observed to gather knowledge of reproductive physiology, relationships and issues like HIV and AIDS from various sources - movies and videos emerged as the single most important source of information on HIV and AIDS and schools with books and magazines as a second source of information. On attitude and concerns regarding relationships and physical intimacy, it was found that

### Determining an Effective and Replicable Communication Based Mechanism for Improving Young Couples' Access To and Use of Reproductive Health Information and Services in Nepal - An Operations Research Study

**Country/ Region** Nepal

**Organization[s]** Center for Research on Environment, Health and Population Activities (CREHPA), USAID

**Type of Document** Research Report

**Year of Publication** 2004

**No. of pages** 62

**Key Words** Reproductive Health, STIs, HIV and AIDS, Information, Services, Nepal

**Teaser Text** A study determining the effectiveness of a communications based model for improving access to and use of reproductive health services and information by young married couples.

**Summary** This operations study sought to determine an effective and replicable communication based model for increasing the involvement of community based groups in improving access to and use of reproductive health services and information by young married couple of age 24 and under. The experimental model formed study group, which were Youth Communication and Action Group and Mother's Group and a control group. Baseline and end line surveys were

done. The analysis showed that the greater proportion of respondents were literate at the time of the end line survey. Awareness on HIV and AIDS among young married women also increased sharply at the intervention study groups (mother's group and youth communication action group, YCAG) as opposed to control groups. Awareness increased sharply in the mother's group area (45% to 71%) and at control sites (50% to 63%). Also, the proportion of respondents citing at least two high risk behaviors for HIV and AIDS increased sharply in the YCAG group as opposed to control sites at less than one quarter. Similarly, knowledge that condom use prevents HIV and AIDS is quite high in both the experimental areas (72% in the mother's groups, and 94% in YCAG) whereas in control group it was low (46%). The study demonstrates the effectiveness of communications based models in creating an enabling environment for young married couples to learn and interact about sexual and reproductive health issues.

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### Adolescent and Youth Reproductive Health in Nepal: Status, Issues, Policies and programs

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	POLICY Project
<b>Type of Document</b>	Review
<b>Year of Publication</b>	2003
<b>No. of pages</b>	18
<b>Key Words</b>	Adolescents, Sexual Reproductive Health, Youth Friendly Services, STIs, Nepal
<b>Teaser Text</b>	Assessment of adolescent and reproductive health in Nepal outlining social context, existing laws and policies, and discussing information and service delivery to adolescents, with recommendations for action to improve adolescent reproductive health in Nepal.

**Summary** The report is a part of a series of assessment in 13 countries in Asia and the near east. It highlights the reproductive health status of adolescents in Nepal within the social context and existing laws and policies. The assessment states that although the government has adopted a policy of free education for all children through 7th grade, there is a large drop out in primary education. It further states that a study on STIs and HIV has revealed that 19 percent boys and girls had some sexual activity experience before marriage, and

that Nepal is second highest to India in HIV prevalence in South Asia. Furthermore, significant proportion of adolescent young men and women are not equipped with knowledge to protect themselves from HIV. With a discussion on policies and legal framework the assessment recommends: implementation of the national adolescent health and development strategy; organization and expansion of information for adolescents; providing services for adolescents, involving NGOs and the private sector; undertaking research to understand adolescent reproductive health and development issues; promote activities to raise the status of women, and address gender issues for improving adolescent and sexual reproductive health in Nepal.

Document available at: [http://www.policyproject.com/pubs/countryreports/ARH\\_Nepal.pdf](http://www.policyproject.com/pubs/countryreports/ARH_Nepal.pdf)

### Adolescent and Reproductive Health in Pakistan: A Literature Review

<b>Country/ Region</b>	Pakistan
<b>Organization[s]</b>	UNFPA, Population Council
<b>Type of Document</b>	Review Paper
<b>Year of Publication</b>	2000
<b>No. of pages</b>	64
<b>Key Words</b>	STI, Adolescents, Young People, Sexual Behavior, Pakistan
<b>Teaser Text</b>	A review report of research and findings on adolescent and reproductive health in Pakistan.

**Summary** The materials were drawn from a range of national surveys and medical research, as well as NGOs. There were clearly gender differentials in access to health care, for example, upon entering puberty, adolescent girls faced more difficulty in accessing health care than adolescent boys. Limitations on female mobility affected women, particularly younger ones even if they were married. Sexuality among adolescents was little researched, primarily due to taboos restricting open discussion of sexuality in general. Studies on male sexual awareness and behavior showed that young men were particularly anxious about masturbation and homosexuality. Men acknowledge their lack of information on reproductive health issues and expressed a need for more information. Female sexuality was found tightly controlled, more severe on unmarried girls. The formal curriculum included some population education but did not include sex education. At the time of the review, adolescents relied on informal sources for their knowledge, and girls seemed to rely on female relatives for information about sex and menstruation. Pakistani children and adolescents were exposed to all of the risks associated with HIV and AIDS, including the risk of

infection. Although there was little evidence that the spread of STDs was growing among Pakistani adolescents, a low level of awareness and information regarding AIDS prevailed. Policies and programs of the government were not supportive of widespread awareness raising. In conclusion, due their age, lack of decision making power and incomplete personal development, youth were especially ill-equipped to handle the reproductive health challenges they encountered.

Document available at: [http://www.popcouncil.org/pdfs/rr/rr\\_11.pdf](http://www.popcouncil.org/pdfs/rr/rr_11.pdf)

## Adolescence in Pakistan: Marriage and Reproductive Health

<b>Country/ Region</b>	Pakistan
<b>Organization[s]</b>	Marie Stopes International (MSI)
<b>Type of Document</b>	Research Report
<b>Year of Publication</b>	2006
<b>No. of pages</b>	16
<b>Key Words</b>	Sexual and Reproductive Health, Information
<b>Teaser Text</b>	Findings of research carried out into awareness of sexual and reproductive health and rights in Pakistan.

**Summary** The baseline knowledge, attitude and practice study was done by MSI to assess the current sexual and reproductive health situation in four districts in Pakistan. Interviews were held with key informants in four study districts and focus group discussions conducted. The respondents were made up of married men and women aged 17-60 from each of four study districts. The study found that only 13 percent of female respondents reported having received information about puberty prior to experiencing first menstruation. Fifty eight percent of male respondents reported that women should be married by or at the age of 18, compared to 41 percent of female respondents. Over a quarter of female respondents felt that the ideal age for women to marry is over the age of 22. The researchers found that the study respondents had very little sexual and reproductive health information to equip them as they went through changes of adolescence. Also, given that the respondents varied in age from 17 to 60, it suggests that the information available to young people had changed very little when compared to that was available a number of years ago. The research also shows that girls are far more likely to experience social restrictions as they enter adolescence than boys, and that it will take time to overcome barriers to sexual and reproductive health in Pakistan. The focus group discussions were effective in sensitizing those who participated about the changes experienced during adolescence. A year after the new community advocacy

network and youth advocacy networks were established, the advocacy teams continue to hold regular information and discussion sessions among communities, and the sessions have helped breaking the silence on sexual and reproductive health topics among young people.

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## Adolescent and Youth Reproductive Health in Pakistan: Status, Issues, Policies and Program

<b>Country/ Region</b>	Pakistan
<b>Organization[s]</b>	POLICY Project
<b>Type of Document</b>	Review
<b>Year of Publication</b>	2003
<b>No. of pages</b>	47
<b>Key Words</b>	Adolescent Reproductive Health, STIs, Policy, Pakistan
<b>Teaser Text</b>	An assessment of adolescent and reproductive health in Pakistan on status, issues and policies.

**Summary** The report analyzes the social context, educational attainment, labor force participation, reproduction and laws and policies that pertain to adolescent reproductive health. The population aged 15-24 in Pakistan was estimated to be approximately 27 million in 2000. There is a wide gap in education between Pakistani boys and girls - twice as many girls have no education (59%) as compared with boys (31%). The mean age at marriage is 26.1 for men and 22 for women (PCPS 94-95). Knowledge about reproductive health is quite limited, and the issues and knowledge differ for boys and girls. In Pakistan, only 20 percent of women are assisted by a trained provider during delivery, maternal mortality is estimated at 670 per 100,000 live births, ten percent of which are 15-20. Pakistan is vulnerable to an AIDS epidemic because of its low social indicators, economic status and apparent changes in increasing risk of transmission. Although the reported number is low (1,699 in 2001) the trend in the last few years has been on the rise. The available limited studies mention the high risk among adolescents. Among adolescents, 151 male and female respondents aged 11-19 interviewed in Karachi said that most had heard of HIV and AIDS and knew it was fatal but only 23 percent knew that sexual activity was a mode of transmission. Only 31 percent knew that using a condom reduces the chances of acquiring AIDS. The lack of knowledge is attributable to a complex set of factors: urbanization; migration; exploitation of women, and the legal framework surrounding marriage and sexuality. The paper further provides legal and policy issues and states that policy and planners are just beginning to conceptualize adolescence and research is in preliminary

stage. The report also discusses the existing programs on adolescent and reproductive health, their operational barriers and provides recommendations to improve them.

Document available at: [http://www.policyproject.com/pubs/countryreports/ARH\\_Pakistan.pdf](http://www.policyproject.com/pubs/countryreports/ARH_Pakistan.pdf)

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## Adolescent and Youth Reproductive Health in Sri Lanka: Status, Issues, Policies and Programs

<b>Country/ Region</b>	Sri Lanka
<b>Organization[s]</b>	POLICY Project
<b>Type of Document</b>	Review
<b>Year of Publication</b>	2003
<b>No. of pages</b>	21
<b>Key Words</b>	Sexual Reproductive Health, Youth Friendly Services, Policy, Sri Lanka
<b>Teaser Text</b>	Assessment of adolescent reproductive health on social issues, sexual health, policies and programs in Sri Lanka.

**Summary** The report highlights the reproductive health status of adolescents (15-24) in Sri Lanka describing the social context and gender socialization. In Sri Lanka gender disparity is low, teen pregnancies have declined considerably, and health service utilization is moderate. Most adolescents are aware of different methods of contraceptives but knowledge on usage of condoms is significantly low especially in the unmarried group. The study found that awareness of HIV and AIDS is high in the general population except among adolescents, where STI prevalence is high. The government has formulated a national population and reproductive health policy with eight goals, one of which emphasizes on the health and well being of adolescents. The report further outlines the number of existing strategies, programs and policies on adolescent reproductive health through government, NGOs, school and community. The study identifies some operational barriers to adolescent reproductive health namely: lack of awareness about reproductive health needs of adolescents, and inability to obtain services for adolescents due to lack of adolescent friendly service centers.

Some of the recommendations the report gives are: provide information to adolescents; offer a holistic approach to adolescent health; increase political support for reaching adolescents, and improve pre-marital counseling.

Document available at: [http://www.policyproject.com/pubs/countryreports/ARH\\_Sri\\_Lanka.pdf](http://www.policyproject.com/pubs/countryreports/ARH_Sri_Lanka.pdf)

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## Adolescent and Youth Reproductive Health in India: Status, Issues, Policies and Programs

<b>Country/ Region</b>	India
<b>Organization[s]</b>	POLICY Project
<b>Type of Document</b>	
<b>Year of Publication</b>	2003
<b>No. of pages</b>	31
<b>Key Words</b>	Adolescent Reproductive Health Issues, Social Context, Legal and Policy Issues, Programs, India
<b>Teaser Text</b>	Reproductive health status of young people in India, including policies and programs.

**Summary** The report was prepared by the POLICY project as a part of a 13 country study of adolescent reproductive health issues, policies and programs on behalf of the Asia and Near East Bureau of USAID. The purpose of the study was to highlight the reproductive status of adolescents in India within the context of the lives of adolescent boys and girls. The report begins with the social context and gender socialization that sets boys and girls on separate life-long paths in terms of expectations; educational attainment; job prospects; reproduction, and duties in the household. The report also outlines the laws and policies that pertain to adolescent reproductive health and discusses information and service delivery programs that provide reproductive health information and services to adolescents. The report identifies operational barriers to adolescent reproductive health and ends with recommendation for action to improve adolescent reproductive health in India.

Document available at: [www.futuresgroup.com/abstract.cfm/3107](http://www.futuresgroup.com/abstract.cfm/3107)

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## Positive Diaries: A View into the Lives of Young People Living with HIV and AIDS in Pakistan

<b>Country/ Region</b>	Pakistan
<b>Organization[s]</b>	UNICEF
<b>Type of Document</b>	Testimonies
<b>Year of Publication</b>	2006
<b>No. of pages</b>	18
<b>Key Words</b>	Testimony, Early Marriage, Pakistan
<b>Teaser Text</b>	Compilation of testimonies of young people living with HIV in Pakistan.

**Summary** The stories are the compilation of eight testimonies from real young people living with HIV in Pakistan. Although each story is unique and HIV contracted differently, there are common underlying factors contributing to the infection: early marriage, lack of family support, and lack of education. Further, stigma and discrimination from families, and health workers are common in all cases.

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## Profile of Adolescents and Young People in the Maldives

<b>Country/ Region</b>	Maldives
<b>Organization[s]</b>	Office of the Resident Coordinator of UN Operational Activities for Development
<b>Type of Document</b>	Profile
<b>Year of Publication</b>	2003
<b>No. of pages</b>	46
<b>Key Words</b>	STD, Adolescents, Reproductive Health, Knowledge, Attitude, Behavior, Maldives
<b>Teaser Text</b>	Profile of adolescents and young people in the Maldives in 2002.

**Summary** The report provides demographic and socioeconomic profile of young people. The profile states that according to the census 2000, the adolescent population comprised about 27.53 percent and young people (20-24), 8.7 percent. The estimated mean age at marriage was found to have increased for both sexes in last decade; among women it was 21.8 in 2000 and among men it was 25.6. Birth registration data indicated that 10 percent of all live births in 2001 were attributable to women of age 15-19, and that 2.65 percent of the adolescent female (10-19 years) had given birth to at least one child by 2000. The document further states that knowledge and access to information and services on how to prevent unwanted pregnancy is, however, limited. According to findings of the reproductive health baseline survey, adolescent boys mentioned pills and condoms while girls mentioned condoms as modern contraceptive means. The same survey showed that most groups of young people know how STDs are transmitted and that knowledge of HIV and AIDS is high among both boys and girls. The Health Master Plan claims that unsafe sexual relations in adolescents are increasing in the country, exposing them to unwanted pregnancies, STDs and HIV and AIDS. There is a total lack of qualitative and quantitative information on actual adolescent's sexual behavior. The Reproductive Health Baseline Survey 2001 showed that the knowledge of HIV and AIDS is high among both boys and girls. The cumulative total of HIV

positive since the beginning of the screening program in 1991 is 12; none of the cases were in adolescent or young age group.

Document copy available at : UNFPA CST Library, Nepal

## Adolescent Health and Development in Nepal, Status, Issues, Programs and Challenges - A Country Profile 2005

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	Ministry of Health and Population, Department of Health Services, Family Health Division and CREHPA
<b>Type of Document</b>	Profile Report
<b>Year of Publication</b>	2005
<b>No. of pages</b>	99
<b>Key Words</b>	Adolescents, Adolescent Sexual and Reproductive Health, Youth Friendly Services, Life Skills, Policy, Nepal
<b>Teaser Text</b>	Adolescent health status, issues, programs and policies in Nepal.

**Summary** The document provides information on prevailing health and development status, including program and policies on adolescents. The adolescents population in Nepal is approximately 5.4 million (Census 2001), and the proportion is likely to increase attributable to the high fertility and the young age distribution of population. Although the minimum age for marriage is 18, early marriage prevails in the country. Twenty one percent of married adolescent girls aged 15-19 years are already mothers or pregnant with their first child (DHS 2001). Eighty six percent of the adolescent mothers delivered babies at home and only 12 percent had institutional delivery. A national study in 2004 showed that knowledge of contraception was universal among youth aged 15-24 years with condoms being the most widely known contraceptive. The majority of adolescent girls do not seek health service when faced with sexual reproductive health problems. Although there are no red light areas and brothels in Nepal, commercial sex work is prevalent in many towns and thousands of adolescent girls have been trafficked to India. A survey conducted among teenagers in seven districts of Nepal showed risky sexual behavior especially among young boys. About 22 percent of the boys interviewed had a premarital sexual experience and only two thirds of them used condoms even though a large majority were aware of them. Among the girls, nine percent had premarital sex and the majority mentioned that their partner used condoms. Knowledge of HIV mode of transmission is high among the adolescent and youth population. Fifty four percent of the total reported HIV

positive in the country comprise adolescents and young adults aged 10-29. The profile further discusses the policies, programs and projects that are in place for adolescents, followed by issues, challenges, and recommendations.

Document available at: CREHPA Nepal and FHD Nepal and UNFPA CST Nepal

## Socioeconomic, Demographic and Reproductive Health Profiles of Adolescents in SAARC Countries

<b>Country/ Region</b>	South Asia
<b>Organization[s]</b>	UNFPA CST, Kathmandu
<b>Type of Document</b>	Conference Paper
<b>Year of Publication</b>	1998
<b>No. of pages</b>	49
<b>Key Words</b>	Adolescents, Reproductive Health, Sexual Behavior, STD, South Asia
<b>Teaser Text</b>	A profile on socio-economic, demographic and reproductive health of adolescents in SAARC countries.

**Summary** The profile aims to share information on the demographic, socio-economic, and reproductive health issues of adolescents in SAARC countries. It provides profiles of three major areas: demographic and socio-economic characteristics, marriage and child birth, and sexual and reproductive health status. The paper states that in a region with a total population of over 1.2 billion, there are over 260 million adolescents, which will continue to grow, especially in countries that have not reduced fertility rates appreciably. Although the majority of the region's adolescents are literate, a sizable number do not complete primary school and the majority does not go on to secondary school. South Asian girls still marry early and many become mothers before they are 18. A progressively larger share of all births is occurring to adolescent girls aged 15-19, and health risks to adolescent mothers and their babies can be serious. The paper further states that antenatal care among adolescents is unsatisfactory that ranges from 26 percent in Pakistan to 44 percent in Nepal. A large proportion of adolescent pregnancies are unplanned with shorter spacing between them. Knowledge on family planning method is almost universal, except of condoms. Over four in ten adolescent girls are estimated to have reproductive tract infections and one in five unmarried adolescent boys are reported to have STDs in Bangladesh, and in Nepal 16 percent of HIV cases are adolescent girls. Although sex outside marriage is considered taboo, studies in Bangladesh

and India reveal a high prevalence of pre-marital sex among adolescents. Over 60 percent of unmarried urban adolescents in Bangladesh under the age of 16 have engaged in pre-marital sex and in India, the figure is one in four.

Document copy available at: UNFPA CST Library, Nepal

## Towards Adulthood: Exploring the Sexual and Reproductive Health of Adolescents in South Asia

<b>Country/ Region</b>	South Asia
<b>Organization[s]</b>	World Health Organization
<b>Type of Document</b>	Book
<b>Year of Publication</b>	2003
<b>No. of pages</b>	242
<b>Key Words</b>	Adolescents, Sexual Reproductive Health, STIs, HIV and AIDS, South Asia
<b>Teaser Text</b>	An outline of the socio-demographic overview of the sexual reproductive health situation of adolescents in South Asia.

**Summary** This book provides a comprehensive overview of the socio-demographic and sexual and reproductive health situation of adolescents in South Asia. It presents available evidence about the health risks and challenges that young people face in five South Asian countries - Bangladesh, India, Nepal, Pakistan and Sri Lanka, as well as insights from other Asian settings, notably China and Thailand. The chapters in this volume are detailed summaries of papers and panel discussions from an international conference entitled "Adolescent Reproductive Health: Evidence and Program Implications for South Asia", held in November 2000 in Mumbai, India. The book covers a wide range of issues, including: factors that undermine adolescents' ability to make informed sexual and reproductive choices; the social context and health consequences of early marriage and childbearing; the sexual behavior and attitudes of adolescents before marriage; sexual coercion against young people; the extent to which adolescents take measures to protect themselves from unwanted pregnancy and sexually transmitted infections (STIs); abortion among married and unmarried adolescents; the physiological, behavioral and social risk factors surrounding STIs and HIV among adolescents; communication between adolescents and adults; and the extent to which family relationships can be dominated by fear and violence. The evidence presented in this collection was drawn from a diverse set of research studies, program evaluations and literature reviews. The papers explore the situation of different groups of young

people, ranging from low-income urban college students, to rural adolescent mothers, to nationally representative samples of young people. The methods used to collect this evidence included quantitative surveys, small case studies using in-depth interviews and focus group discussions and various kinds of program evaluations

Summary courtesy: WHO

Document available at: <http://topics.developmentgateway.org/youth/rc/ItemDetail.do-1061814?intcmp=700>

## Report of the South Asia Conference on Adolescents

<b>Country/ region</b>	South Asia
<b>Organization[s]</b>	UNFPA, Country Support Team for South & West Asia
<b>Type of Document</b>	Conference Report
<b>Year of Publication</b>	1998
<b>No. of pages</b>	69
<b>Key Words</b>	Sexual and Reproductive Health, Adolescents, STDs, HIV and AIDS, Services, Youth Participation, South Asia
<b>Teaser Text</b>	Conference Report on Adolescents in South Asia.

**Summary** The conference was a review process as part of a follow up to the implementation of the International Conference on Population and Development Program of Action. The conference reviewed and assessed progress made, lessons learned and constraints encountered in the implementation of the International Conference on Population and Development Program of Action for adolescents in SAARC countries. The conference was organized in three major themes: Responsible Sexual and Reproductive Health Behavior of Adolescents; Literacy and Education of Adolescents, and Exploitation of and Violence Against Adolescents. The report, as discussed in the conference, provides the situation analysis of adolescents in South Asia - country perspectives on adolescents' priority needs in Bangladesh, Bhutan, Maldives, Nepal, Pakistan, and Sri Lanka. The report states that early marriage and early childbearing is the cultural practice in the region; a large majority of women become mothers on or before the age of 20. Studies reveal a high degree of pre-marital sex among adolescents and only a limited number of adolescent girls practice contraceptive method despite widespread knowledge. Data, although limited, reveal a high level of prevalence of STDs and increasing exposure to HIV and AIDS among adolescents, particularly girls. The knowledge of HIV and AIDS among adolescents is poor, and adolescents lack access to reproductive health information and services, including family planning.

Knowledge of reproductive biology is also inadequate among adolescents. The report quotes the voices of youths expressed during the conference, and includes the Declaration prepared by them. The report concludes with the overall strategic recommendations and strategic recommendations for sexual and reproductive health, education and violence against women.

Document copy available at: UNFPA CST Library, Kathmandu, Nepal

## Conference on Young People's Sexual and Reproductive Health Needs in Asia: Progress, Achievements and Way Forward

<b>Country/ Region</b>	South Asia
<b>Organization[s]</b>	Center for Operations Research and Training (CORT), Baroda WHO, Population Council, Pathfinder International, FPAI, UNFPA CST and CRDC
<b>Type of Document</b>	Others: Conference Papers
<b>Year of Publication</b>	2004
<b>No. of pages</b>	Categorized by sections
<b>Key Words</b>	Sexual Reproductive Health, Adolescents, Sexuality, Services, Youth Friendly Reproductive Health Services, South Asia
<b>Teaser Text</b>	A collection of abstracts presented at a conference on Young People's Sexual and Reproductive Health Needs in Asia.

**Summary** The document is a collation of abstracts of presentations made at the Conference on Young People's Sexual and Reproductive Health Needs in Asia, held in India in 2004. The abstracts are categorized by sessions. In total, there were 15 sessions, each session comprising of five or six research papers. Session I was global, regional and country experiences in addressing sexual reproductive health of young persons; Session II contained Models Addressing the Needs among Unmarried Young People; Session III was Strategies for Addressing Sexual and Reproductive Health among Young People. Similarly, Session IV was Communication Strategies for Behavior Change in Sexual and Reproductive Health among Young People; Session V was Understanding Contextual Factors and Creating Enabling Environment for Meeting Sexual and Reproductive Health Needs of Unmarried Young People; Session VI was Alternative Approaches to Meet Sexual and Reproductive Health Services; Session VII was Innovative Interventions to Address Reproductive Health of Married Young People; Session VIII was Youth and HIV and AIDS; Session IX was Youth Friendly Reproductive Health Services; Session X Experience and Challenges to Reach and Work with



Young Adolescent and Hard to Reach Young Persons; Session XI was Coercive Sex among Young People -- Observations from Field. In addition, Session XII was Listen to Us also -- presentations by four adolescents from different countries; Session XIII Masculinity Concerns and Misconception of Young People; Session XIV was Addressing Sexual and Reproductive Health Worries of Young Males and the last session, XV, was RCH Programs from Young People's Perspectives: Indian and Regional Experience.

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### Adolescents Fertility in Selected States of India

<b>Country/ Region</b>	India
<b>Organization[s]</b>	Population Research Center Institute of Economic Growth
<b>Type of Document</b>	Review Paper
<b>Year of Publication</b>	2003
<b>No. of pages</b>	27
<b>Key Words</b>	Adolescent, Fertility, Early Pregnancy, India
<b>Teaser Text</b>	A study exploring the adolescent fertility in selected states of India

**Summary** The consistently high rate of adolescent childbearing in India is an issue of concern to policy makers because of the serious negative social, economic and health consequences associated with early pregnancy. Besides, early marriage leads to the beginning of childbearing at an early age, which eventually increases the risk of mortality and morbidity for both mother and child. The specific objective of this study was to analyze the role of proximate determinants in explaining variations in adolescent fertility in selected States of India. The data for the study is drawn from National Family Health Survey - two (NFHS-2) in 1998-99 and from Censuses and Sample Registration System (SRS). The overall proportion of adolescent mothers in total married adolescents has declined, and among proximate determinants it is found that the age at marriage and use of contraception play a significant role in explaining adolescent fertility differentials. There is a need to educate adolescents about puberty, menstruation, contraception, and infections and help them acquire good health. Adolescent marriages can be rooted out if we have a literate society wherein the parents are able to provide a congenial environment to their adolescent daughter by engaging them in schools, colleges etc. There is also a need to provide them with suitable culturally sensitive opportunities for economic activities to delay marriage (beyond the age of 18 years). If married adolescent girls can be better educated about family planning methods and can be motivated to adopt the small family norm by postponing the birth of the first

child and properly spacing births, both infant and maternal mortality rates can be significantly reduced. Meantime, service providers must treat pregnant adolescents as a high-risk group and closely monitor their pregnancies

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### Adolescent Reproductive Health in Asia

<b>Country/ Region</b>	Asia
<b>Organization[s]</b>	Economic and Social Commission for Asia and the Pacific (ESCAP)
<b>Type of document</b>	Review Paper
<b>Year of Publication</b>	2002
<b>No. of pages</b>	25
<b>Key Words</b>	ICPD, Adolescent Reproductive and Sexual Health, Asia
<b>Teaser Text</b>	Review of adolescent Reproductive Health in Asia

**Summary** The paper was presented at the 2002 IUSSP Regional Population Conference South-East Asia's. The reproductive health of adolescents is of growing concern today. The Program of Action adopted at the International Conference on Population and Development, held at Cairo in 1994, stresses the importance of addressing adolescent sexual and reproductive health issues and promoting responsible sexual and reproductive behavior (United Nations, 1994). This paper first highlights the demographic dimensions of the sexual and reproductive health of adolescents in Asia. It discusses adolescent sexually and the factors that influence their sexual behavior. It also discusses adolescent childbearing and contraceptive use. Finally, it examines the consequences of adolescent sexuality and childbearing and concludes with a discussion outlining the scope for further research.

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### Emerging Reproductive Health Issues Among Adolescents in Asia

<b>Country/ Region</b>	Asia
<b>Organization[s]</b>	Takemi Program in International Health Harvard School of Public Health
<b>Type of Document</b>	Review Paper
<b>Year of Publication</b>	1998
<b>No. of pages</b>	39
<b>Key Words</b>	Adolescent Reproductive and Sexual Health, Asia

**Teaser Text** Review of existing research findings on adolescent reproductive health issues.

**Summary** The study examined the existing research findings on adolescent reproductive health issues and their policy implications in the Asian nations. As a result of significant delays in age at marriage, among both girls and boys, and falling age at menarche, the period during which premarital sex can take place is getting longer. Although the mean age at marriage is increasing, the mean age at first intercourse is declining. Poor nutritional status of many female adolescents in the region raise special concern to their reproductive role. Complications of pregnancy, delivery, and puerperium are the main threats and causes of morbidity and mortality among adolescent girls. Family planning can reduce the morbidity and mortality associated with adolescent pregnancies by enabling them to postpone childbearing. However, they are usually excluded from most of the family planning or reproductive health services as currently provided in the region. Even though STDs are also higher among the adolescents in many Asian countries, services are typically targeted for adult married women and tends to ignore men of all ages. Any attempt to expand reproductive health services to adolescents will need to encompass conscious strategies to overcome adult resistance and obtain their support. In many countries there are few avenues to educate adolescents about possible consequences of sexual activity, consequently there is greater demand for abortion. They are the least able group to gain safe abortion due to many barriers, including the behavior and attitudes of the adolescents themselves and the service providers. Apart from introducing legislative actions to prevent risk-taking behavior of adolescents, improving adolescents' access to contraception and abortion services, raising minimum age at marriage and restricting access to tobacco, alcohol and psychoactive substances could have significant impact on their reproductive health.

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## National Youth Shadow Report: Progress Made on the UNGASS Declaration of Commitment on HIV and AIDS

<b>Country/ Region</b>	India
<b>Organization[s]</b>	Global Youth Coalition about HIV and AIDS
<b>Type of Document</b>	Shadow Report
<b>Year of Publication</b>	2006
<b>No. of pages</b>	24
<b>Key Words</b>	Political and Financial Commitment, Access to Information and Services, Life Skills Education, Out-of-school Adolescents, India

**Teaser Text** Shadow UNGASS Report of India, 2004

**Summary** The Global Youth Coalition on HIV and AIDS (GYCA) is a youth-led, UNAIDS and UNFPA supported alliance of 1,600 youth leaders and adult allies working on HIV and AIDS worldwide. The Coalition, based in the North Secretariat in New York City and the South Secretariat in Port Harcourt, Nigeria, prioritizes capacity building and technical assistance, networking and sharing of best practices, advocacy training, and preparation for international conferences. GYCA aims to empower youth with the skills, knowledge, resources, opportunities, and credibility they need to scale up HIV and AIDS interventions for young people, who make up over 50 percent of the five million people infected with HIV each year. To ensure that the voices and concerns of young people are included in the monitoring process of the UNGASS DoC in its five year review, young people from around the world reported on the progress made towards achieving the UNGASS targets related to young people in their countries. Data collection and analysis focused on four main indicators: 1) Political Commitment 2) Financial Commitment 3) Access to Information Services 4) Youth Participation. The report represents a detailed framework of India's response to HIV and AIDS and young people. The analysis of the report is in line with the four main indicators mentioned above. In the end the report summarizes the major recommendations for action.

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## Domestic Violence & Reproductive Health among Young Married Woman in India: An Exploration

<b>Country/ Region</b>	India
<b>Organization[s]</b>	NFHS-II
<b>Type of document</b>	Study Findings
<b>Year of Publication</b>	2005
<b>No. of pages</b>	22
<b>Key Words</b>	Young Married Women, Reproductive Health, Fertility, Domestic Violence, Demographic Characteristics, India
<b>Teaser Text</b>	An exploratory study of the correlation of domestic violence and reproductive health of young women.

**Summary** The NFHS II is the large-scale population based survey that covered ever-married women in the reproductive age group across the States of India. It covered reproductive behavior and intentions; use and non-use of contraception; antenatal; natal and post natal care; women's reproductive health, and women's autonomy. The main objective of this paper is to

understand the linkage of domestic violence and reproductive health problems among young (15-24 years age group) married women in India and regions. The study inferred that the prevalence of domestic violence is more among illiterate women, women with low economic status and of low autonomy. The sex composition of living children, particularly, absence of a male child and sex of the head of the household are important factors that may be related to domestic violence. More importantly, it is found that reproductive health problems (self reported) is correlated with domestic violence for the country as a whole. Among women who had reported any reproductive health problem there was a high incidence of domestic violence as compared to women with no reproductive health problems. This gives us an understanding that family violence does affect the physical and mental well being of the women. The implication is that there is a greater need to carry further research in understanding the health of women and family violence, both using clinical as well as non clinical approach.

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### Adolescents in Single Parent Families

<b>Country/ Region</b>	India
<b>Organization[s]</b>	Journal of Family Welfare
<b>Type of Document</b>	Study Findings
<b>Year of Publication</b>	2003
<b>No. of pages</b>	10
<b>Key words</b>	Adolescents, Nuclear Families, Single Parents, Relationships, Gender, Family Structure, India
<b>Teaser text</b>	Findings of a cross-sectional study on adolescents in India.

**Summary** This was a cross-sectional study conducted on 93 adolescents and their single, graduate or postgraduate working, mothers in Chandigarh, Panchkula and Mohali. The stratified random sampling method was used to select samples from schools. ANOVA tests also showed that there was no major effect of gender and family structure on the level of well-being of the adolescents. There was no significant interaction between gender and family structure. The main effect on the family life experience of adolescents was shown to be more expressiveness, cohesion and independence in nuclear families as compared to joint families. Findings revealed gender and family structure differences in the areas of mother-adolescent relationships and family life experiences of adolescents in single parent families. Girls perceive their mothers more positively in terms of acceptance because of less enforced discipline, and experienced more feelings of cohesion among compared to boys. Adolescents in nuclear families perceive their mothers as having less control, possessiveness, anxiety and being more independent as well as experiencing greater feelings of

cohesion, expressiveness and independence as compared to their counterparts.

Intervention program counseling and emotions management among children by forming a nexus between schools, families, counselors and community is recommended.

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## Poverty Linkages & Costings Studies

### Costing Adolescent Reproductive Health Intervention Studies: Preliminary Results from a Study in Tamil Nadu, India

<b>Country/ Region</b>	India
<b>Organization[s]</b>	ICRW
<b>Type of Document</b>	Cost Analysis Study
<b>Year of Publication</b>	2006
<b>No. of pages</b>	2
<b>Key Words</b>	Cost Effectiveness, Adolescent Reproductive Health, Married Young Women, India
<b>Teaser Text</b>	Cost Effectiveness of Adolescent Reproductive Health Intervention in Tamil Nadu
<b>Summary</b>	The study site was Kaniyambadi Block, Vellore, Tamil Nadu, India. The target group was rural, married women, ages 15-30 years, and their partners. The aim of the study was to compare two alternative approaches, Arm A and Arm B, to examine, diagnose, and treat reproductive tract infections and STDs among the target group:

- Arm A: Using trained, female, rural health workers to examine, diagnose, and treat women in their homes during regular, biweekly visits - a more accessible but less highly trained reproductive tract infections intervention.
- Arm B: Referring symptomatic women to female doctors, who are available once every six weeks - a less accessible but more highly-trained reproductive tract infections intervention.

The study design was a quasi-experimental, with Arms A and B randomly assigned to two catchment areas, with a third arm as a control site. The costing question were: what is the cost of using trained, village-level health workers (Arm A) versus a female doctor (Arm B) to treat reproductive tract infections and STDs among married youth? Which approach is more cost effective? The results show that, on several counts, using village-based health workers is a less expensive option than using

female doctors to treat reproductive tract infections among married young women. Specifically:

1. Using a health worker has lower per unit costs than using a female doctor.
2. Treatment costs are much lower in Arm A than Arm B.

To conclude the costs to women (actual and opportunity costs) are lower with a village-based health worker because women lose less time away from work and have no travel costs, as compared to a female doctor in a venue away from the village. It is thus less costly, and possibly more cost effective, to integrate health worker based services for the management of reproductive tract infections and STI into the existing health system rather than to rely on highly-trained but less-frequently available doctors.

Document available at: [http://www.icrw.org/docs/2004\\_indiareprohealth10.pdf](http://www.icrw.org/docs/2004_indiareprohealth10.pdf)

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## Costing Adolescent Reproductive Health Interventions in India

<b>Country/ Region</b>	India
<b>Organization[s]</b>	ICRW,CMC Vellore, Swaasthya
<b>Type of Document</b>	Study Report
<b>Year of Publication</b>	2006
<b>No. of pages</b>	2
<b>Key Words</b>	Adolescent Reproductive Health, Costing, India
<b>Teaser Text</b>	Cost effectiveness studies of adolescent reproductive health interventions.

**Summary** Despite an increase in evaluations of interventions to improve adolescent reproductive health, there is little detailed information on the costs of such interventions. Yet, such information is crucial for making informed decisions about replicating and scaling up successful programs. To address this critical gap, ICRW is coordinating costing studies of adolescent reproductive health intervention research programs being conducted by three partner organizations in India, namely the Foundation for Research on Health Systems (FRHS), Christian Medical College (CMC), and Swaasthya. These costing studies will ensure that implementing partners develop organizational capacity to improve program management for more effective use of resources, and make costing an integral part of project monitoring. For these costing studies, ICRW and partners are using the expertise of a costing expert, Dr. Ramesh Bhat, from the Indian Institute of Management, Ahmedabad. The studies are under way and data and analysis will be available in another year.

Document available at: [www.icrw.org](http://www.icrw.org)

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## Costing Adolescent Reproductive Health Intervention Studies: Preliminary Results from a Study in Maharashtra

<b>Country/ Region</b>	India
<b>Organization[s]</b>	International Center for Research on Women, Foundations for Research in Health Systems
<b>Type of Document</b>	Study Report
<b>Year of Publication</b>	2006
<b>No. of pages</b>	2
<b>Key Words</b>	Cost Effectiveness, Adolescent Reproductive Health, Married Young Women, India
<b>Teaser Text</b>	Cost effectiveness of adolescent reproductive health intervention in Maharashtra

**Summary** This update describes the costing study and data from one partner, the Foundation for Research in Health Systems (FRHS). FRHS's costing exercise is ongoing, and data presented here reflect costs of project activities conducted between January-March 2004. The study site was Ahmednagar District, situated in Maharashtra. The target group was married women ages 15-22 years and their partners. The aim of the study was to test the relative effectiveness of social mobilization (SM), strengthening government services (GS), and both together (SM+GS), in improving young married women's reproductive health. Data is computed to assess costs of: increasing reproductive health awareness and use of reproductive health services through social mobilization; increasing reproductive health awareness and use of reproductive health services through strengthening government health services; organizing one health education session at one village level; building reproductive health awareness at one village through social mobilization, or strengthening government services, or both, and per capita cost of increasing awareness about reproductive health and cost of reproductive health services.

The overall program costs for each: strategy alone suggests that it is more cost effective to increase young women's reproductive health by strengthening government services than by social mobilization. However, per unit costs for key activity are lower in the Community Based Approach to Married Young Women's Reproductive Health (2000 - 2005)

Document available at: [www.icrw.org](http://www.icrw.org)

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# CATEGORY 4

## TRAINING & CAPACITY BUILDING

- Training Modules and Materials
- Education and Resource Materials for Young People
- Advocacy Briefs and Documents
- Service Delivery Guidelines
- Training Courses and Curriculum
- Regional, National Forums, Networks and Clearing House

# Training Modules and Materials

## Life Skills for Health Promotion of Out-of-School Adolescents

<b>Country/ Region</b>	India
<b>Organization[s]</b>	UN Interagency Working Group (Population and Development)
<b>Type of Document</b>	Facilitator's Guide
<b>Year of Publication</b>	2005
<b>No. of pages</b>	65
<b>Key Words</b>	Adolescents, Life Skills, Out-of-School, India
<b>Teaser Text</b>	A facilitator's guide on life skills for health promotion of out of school adolescents.

**Summary** The guide is meant to help facilitators implement the life skills program and provide them with additional exercises and techniques that can be used for training activities. The guide comprises of conceptual framework; background and process of life skills module development; structure of the life skills module; facilitator's guide, and the physical environment and techniques and methods. The section on conceptual framework gives definitions and explanations of the concepts and terminologies used and provides guidance on how to use the life skills. The section on background and process of life skills module development provides the background information on adolescents and life skills and illustrates the process and the methodology. The third section consists of structure of the life skills modules, incorporating gender concerns, and gender matrix. The fourth section provides stepwise facilitation techniques to the facilitator to carry out the training.

Document copy available at: UNFPA CST Library, Nepal

## Life Skills for Health Promotion of Out-of-School Adolescents Learner's Guide, Part I

<b>Country/ Region</b>	India
<b>Organization[s]</b>	UN Interagency Working Group (Population and Development)
<b>Type of Document</b>	Training Manual
<b>Year of Publication</b>	2005
<b>No. of pages</b>	165
<b>Key Words</b>	Adolescents, Out-of-School, Life Skills, STDs, India

<b>Teaser Text</b>	Learner's Guide for Out of School Adolescents on Life Skills for Health Promotion
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**Summary** The training manual is an output that resulted from the UN Interagency recognition of the adolescents' right to information, counseling and skills including access to private and confidential services, and the need to equip them with the life skills that will enable them to live a healthier and a socially responsible life. It is a culturally adaptive manual. There are 45 modules in the manual, which incorporate the 10 life skills identified by WHO using health as a vehicle. The focus areas covered under health include mental health, communication, personal hygiene, sexual health, nutrition, and substance abuse. The content matrix given in the manual divides the 45 modules into two broad subheadings: Basic Modules, which focus on learning and using the life skills, and Advanced Skills Practice Modules which focus on practicing life skills along with building knowledge on specific themes of health. The Basic Modules focus on components of communication and mental health life self awareness; understanding and coping with emotions; coping with stress; listening; non-verbal communication; empathy; conflict resolution etc. Advanced skills modules focus on building knowledge about other components of adolescent health together with using and practicing life skills. The other components of adolescent health include personal hygiene, sexual and reproductive health, food and nutrition and substance abuse.

Document Copy available at: UNFPA CST Library, Nepal

## Life Skills for Health Promotion of Out-of-School Adolescents Learner's Guide, Part II

<b>Country/ Region</b>	India
<b>Organization[s]</b>	UN Interagency Working Group (Population and Development)
<b>Type of Document</b>	Training Manual
<b>Year of Publication</b>	2005
<b>No. of pages</b>	190
<b>Key Words</b>	Adolescents, Out of School, Life skills, STDs, India
<b>Teaser Text</b>	Learner's Guide for Out-of-School Adolescent on Life Skills for Health Promotion
<b>Summary</b>	The training manual is an output that resulted from the UN Interagency's recognition of adolescents' right to information, counseling and skills including access to private and confidential services, and the need to equip them with the life skills that will enable them to live a healthier and a socially responsible life. It is a culturally adaptive manual. There are 45 modules in the

manual, which incorporate the 10 life skills identified by WHO using health as a vehicle. The focus areas covered under health include mental health; communication; personal hygiene; sexual health; nutrition, and substance abuse. The content matrix given in the manual divides the 45 modules into two broad subheadings: Basic Modules, which focus on learning and using the life skills, and Advanced Skills Practice Modules which focus on practicing life skills along with building knowledge on specific themes of health. The Basic Modules focus on components of communication and mental health life self awareness; understanding and coping with emotions; coping with stress; listening; non-verbal communication; empathy, and conflict resolution etc. Advanced skills modules focus on building knowledge about other components of adolescent health together with using and practicing the life skills.

Document copy available at: UNFPA CST Library, Nepal

### Capacity Building of Teachers in Adolescents Health Promotion and Counseling

<b>Country/ Region</b>	India
<b>Organization[s]</b>	SHAHN: Safdarjung Hospital Adolescent Healthcare Network
<b>Type of Document</b>	Training manual
<b>Year of Publication</b>	2003
<b>No. of pages</b>	168
<b>Key Words</b>	Adolescent Health, Counseling, Life Skills, Training, India
<b>Teaser Text</b>	Training Package for teachers on adolescents health promotion and counseling.

**Summary** The package consists of comprehensive components in promoting adolescents health and counseling. It uses a mix of health promotion and life skills, where life skills are used to promote intro inspection and build the individual capacity of teachers. In addition to the technical materials in understanding adolescent health, and providing counseling, the training package includes games and exercises that adolescents can participate in and thus enjoy the learning process. Fact sheets are included to provide knowledge on adolescent health, skills and attitudes by looking within themselves. The fact sheets cover sections on Growth and Development during adolescence; Eating Right and Staying Healthy; Adolescent Body Image Concerns; Sexual Roles and Responsibilities; Sex, Pregnancy and Contraception; Interpersonal Relationships; Dealing with Emotions; Coping with Stress; Understanding and Managing Conflict; Peer Pressure; Teachers as Effective Communicators; Knowing about Alcohol and Drug Abuse; A Few Puffs and your Health; Adolescents and Violence; Creating a Safe Environment for Adolescents; Effective

Learning, Scholastic Performance; Time Management and Goal Setting; and Counseling and Career Planning.

Document copy available at: UNFPA CST Library, Nepal

### Training of Trainers (TOT) Manual for MNGOs, Reproductive & Child Health Program Phase II

<b>Country/ Region</b>	India
<b>Organization[s]</b>	Ministry of Health and Family Welfare
<b>Type of Document</b>	Training Manual
<b>Year of Publication</b>	2005
<b>No. of pages</b>	282
<b>Key Words</b>	Adolescent Sexual Reproductive Health, STD, Maternal Health, India
<b>Teaser Text</b>	Training of Trainer's Manual for NGOs

**Summary** The manual is designed for use by the Regional Resource Center trainers to train the Mother NGO trainers on issues ranging from building the reproductive and child health perspective to development of Field NGO (FNGO) and Mother NGO (MNGO) proposals. The objective of the manual is to standardize content and training methodologies and bring about consistency in the training of MNGOs and FNGOs throughout the country. The training manual consists of six modules that are sequentially arranged to enable trainers and trainees to understand and link basic concepts, policies and implementation guidelines. The manual consists of six modules: Perspective Building on Reproductive and Child Health; Service Delivery for Reproductive and Child Health; Data Collection for Identifying RCH Status in the Community through Baseline Survey Focus Group Discussion; Adult Learning Principles, Teaching Methods and Teaching aids, Finance and Administration, and Project Planning, Budgeting, Proposal Development and Monitoring and Evaluation. Each module in the manual is further sub-divided into units for which instructions are provided on how to train the participants.

Document copy available at: UNFPA CST Library, Nepal

### Adolescent Health: A Training Guide for NSS Officers and Teachers

<b>Country/ Region</b>	India
<b>Organization[s]</b>	Central Health Education Bureau, Ministry of Health and Family Welfare
<b>Type of Document</b>	Training Guide
<b>Year of Publication</b>	NA

**No. of pages**

**Key Words** Adolescents, Teenage Pregnancy, Sexual Exploitation, STDs, India

**Teaser Text** A training guide on adolescent health for NSS Officers and teachers

**Summary** The guide is divided into four modules: adolescent health and nutrition; the process of growing up; gender sensitization, and life-style related diseases. Each section provides specific objective, note to facilitators, and guidelines to trainers. The guide also has a section on youth and AIDS and factors leading to high risks, and an activity on responsible sexual behaviors.

Document copy available at: UNFPA CST Library, Nepal

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## Training Manual on Youth Friendly Services and Counseling

**Country/ Region** India

**Organization[s]** MAMTA: Health Institute for Mother and Child, New Delhi Supported by SIDA

**Type of document** Training Manual

**Year of Publication** 2003

**No. of pages** 110

**Key Words** Youth, Youth Friendly Services, India

**Teaser Text** Training manual on youth friendly services and counseling

**Summary** The training manual is divided into six sections: Training Methodology; Youth - Perspectives and Changes; Youth Friendly Services - Concepts; Goals and Guiding Principles; Services and Information Provided through Youth Friendly Services; Services and Counseling; Linkages, and Referrals and Assessment of Youth Friendly Services. Each unit of the manual has supplementary reading materials serving as ready reference. The manual is stated to have primarily targeted those already working with young people. It is hoped that after its usage they would be able to help establish Youth Friendly Services for young people directly or by training those at the grassroots level. The manual is both a knowledge source and a base from which an established mechanism for youth friendly services can be created. Trainers are free to use the information to create tangible outcomes such as handouts, IEC as well as other relevant services.

Document copy available at: UNFPA CST Library, Kathmandu, Nepal

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## Resource Materials for Young People

### What Young Maldivians Want to Know About - Population, Reproductive Health and Family Life

**Country/ Region** Maldives

**Organization[s]** Ministry of Education Government of Maldives and UNFPA

**Type of Document** Booklet

**Year of Publication** 1999

**No. of pages** 90

**Key Words** Youth, Adolescent, Sexual Reproductive Health, Sexuality, Maldives

**Teaser Text** A resource book for students of 11th and 12th grade in Maldives.

**Summary** The publication is a resource book for adolescent students in the 11th and 12th grades. The total population of Maldives was 213,215 in 1990, a large increase from 180,088 as enumerated in the 1985 census. The book states that marriage is universal in Maldives; almost 90 percent of females are married by the age 30-34 years. The age at marriage, although it is increasing, still very low and women tend to marry earlier than men - the mean age at marriage is 19 for women and 24 for men (1990). The incidences of divorce although declining are still very high in Maldives and are higher among females than males. Almost 9 percent of women and 6 percent of men were divorced in 1990. One very important feature of marriage practice in Maldives is that both men and women tend to marry more than once. Although the literacy rate is high, only a little over 11 percent of the population aged six years and over have completed primary education. Since 1980, youth have been prioritized as a target group for developmental assistance but adolescents were not a target group of special focus until recently. Since, Maldivians tend to marry early a large component of adolescents and youth are sexually active. Despite strong religious proscription of extra-marital sex, there is growing evidence that many adolescents are sexually active. Encouragingly, there has been no diagnosed case of HIV in the adolescent group. Although child labor and trafficking does not exist in the country, violence among the young is seen to be emerging as a result of overcrowding and exposure to various influences media violence and crime.

Document copy available at: UNFPA CST Library, Kathmandu, Nepal

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## Quest on HIV and AIDS: Handbook for Young People

<b>Country/ Region</b>	India
<b>Organization[s]</b>	National AIDS Control Organization , India
<b>Type of Document</b>	Booklet
<b>Year of Publication</b>	2006
<b>No. of pages</b>	124
<b>Key Words</b>	Adolescents, Reproductive Health, Sexuality
<b>Teaser Text</b>	A handbook providing facts and scenario of HIV and AIDS including its impact on young men and women

**Summary** The handbook is divided into three parts: Facts, Frequently Asked Questions, and Dictionary on Sexuality & HIV and AIDS and Resource List. Part I consists of facts on Adolescent and Young People, Sexual and Reproductive Health, HIV and AIDS and Young People, Understanding Vulnerability of Young Women and Men, Response to HIV and AIDS and Young People, a Great Force - We Can Make a Difference. Part II attempts to answer questions that young people frequently ask about reproductive health, sexuality and HIV and AIDS. It also addresses some of the concerns of growing up and the associated physical and emotional changes. The third part is a dictionary explaining the meanings of technical and non-technical words concentrating on sexuality and HIV and AIDS. Further, the resource list provides information on sexuality and HIV and AIDS related books and websites. In the end, there is a small booklet which has the questions raised by the young people, along with the answers provided by them during 'National Youth Parliament'.

Document copy available at: UNFPA CST Library, Nepal

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## Annotated Bibliography - Adolescent & Youth Reproductive Health Reference and IEC Materials

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	Department of Health Services, Ministry of Health, HMG Nepal and RHIYA
<b>Type of Document</b>	Annotated Bibliography
<b>Year of Publication</b>	2002
<b>No. of pages</b>	188
<b>Key Words</b>	Adolescents, Youth, Sexual Reproductive Health, Youth Friendly Services, STDs, IEC Material, Nepal
<b>Teaser Text</b>	A collection of material summaries on adolescent health in Nepal.

**Summary** Reproductive Health Initiative was a reproductive health program, the six component projects of which supplemented and complemented government efforts. The project also developed several information and reference materials including information booklets; a game on RH; a series of newsletters, and a flipchart to facilitate discussions on sexual and reproductive health and development issues. While a wide range of information material is available on adolescent and youth sexual and reproductive health, no comprehensive overview exists on the various adolescent and youth related IEC and reference materials produced in Nepal. Therefore, in consultation with Family Health Division, reproductive health initiative decided to publish an annotated bibliography. It aims to provide comprehensive information on the various IEC materials, training manuals, training reports and research reports produced in Nepal on adolescent and youth reproductive health. As many as 179 reference materials were identified and reviewed.

Brief overview of materials is provided. The materials collated include audio-video material; games; brochures; posters, calendars and wall chart; flip charts; booklets, newsletter and pocket diaries; training manuals; training reports, and research reports.

Document copy available at: RHIYA UPSU Nepal and UNFPA CST Library Nepal

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## Advocacy Briefs and Documents

### Briefs Series - Reproductive Health of Adolescents and Youth in Pakistan

<b>Country/ Region</b>	Pakistan
<b>Organization[s]</b>	The Population Council
<b>Type of Document</b>	Briefs
<b>Year of Publication</b>	2005
<b>No. of pages</b>	8
<b>Key Words</b>	
<b>Teaser Text</b>	Adolescent, Youth, Reproductive Health, Fertility, Contraceptive, Pakistan
<b>Summary</b>	The brief presents the experience of married and unmarried young people from different social strata and residence regarding their own attitudes and expectations about reproductive health. The analysis presented here comes from adolescents and youth in Pakistan 2001-2002, during a Nationally Representative Survey. Findings included: only 34 percent of adolescents knew about puberty before they experience it, in

particular, girls were significantly less likely than boys to be informed about the event in advance. The majority of boys relied on their friends to obtain information on puberty while girls mostly obtain information through their mothers. Although the age at marriage is rising, girls continued to marry at significantly younger ages than boys. Among 20-24 year olds, around 14 percent of young men and 50 percent of young women married before the age of 20. The mean age at marriage for females is 17.9 and 19.2 for boys. Age at marriage is strongly associated with educational attainment: over 60 percent of girls who never attended school were married before the age of 20. Only 40 percent of rural adolescents reported receiving antenatal care for their first child, compared to over 70 percent of urban girls. Since cultural norms expect young couples to bear a child soon after marriage, the majority are not likely to use contraceptives. However, a considerable proportion of young couples intend using some form of contraception in the future. Keeping in mind their fertility intentions, it is vital to devise culturally sensitive strategies that offer adequate information and services that help young couples meet their reproductive intentions.

Document available at: [http://www.popcouncil.org/pdfs/Pak\\_AYPO01.pdf](http://www.popcouncil.org/pdfs/Pak_AYPO01.pdf)

### Socio-Economic Policy Brief: Turning the Tide Against HIV and AIDS - Targeting Youth (2006)

<b>Country/ Region</b>	Asia
<b>Organization[s]</b>	UN ESCAP
<b>Type of Document</b>	Brief
<b>Year of Publication</b>	2006
<b>No. of pages</b>	4
<b>Key Words</b>	Youth, ESCAP, Life Skills, Comprehensive Services, Asia
<b>Teaser Text</b>	Briefing paper on reducing HIV and AIDS among youth.

**Summary** The brief states that young people are hit hardest by the HIV epidemic; half of all new infections have occurred among young people and that an estimated nine million people are living with HIV in the ESCAP region. The brief further states that throughout the region the face of HIV and AIDS is becoming younger and more feminine. While most countries in the region have a national prevalence below one percent, vulnerable groups are much more prone to HIV infection due to globalization, poverty, gender discrimination and lack of access to information and health services. The paper discusses the factors that increase young people's vulnerability to the infection and point out that poverty and gender discrimination are the root causes that endanger youth and other vulnerable groups with regard to the spread of HIV, and that youth employment should

be placed at the top of the national agenda in order to address the above issues. Equally important is the elimination of gender discrimination that subjects young girls and women to health risks.

Document copy available at: Document available at : [http://www.unescap.org/pdd/publications/pb/pb\\_5.pdf](http://www.unescap.org/pdd/publications/pb/pb_5.pdf)

## Service Delivery Guidelines

### Youth Friendly Sexual and Reproductive Health Service Delivery in Nepal

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	Sunaulo Parivar Nepal and RHIYA Nepal
<b>Type of Document</b>	Guideline
<b>Year of Publication</b>	2005
<b>No. of pages</b>	18
<b>Key Words</b>	Youth Friendly Services, Young People, Sexual Reproductive Health, RHIYA, Nepal
<b>Teaser Text</b>	Guideline for Youth Friendly Services Delivery

**Summary** The guideline has been developed based on the agreed activities and outputs of a RHIYA program in Nepal. A regional initiative, RHIYA Nepal aims to empower adolescents and youth with life skills and appropriate information and education on sexual and reproductive health and rights issues. The guideline provides strategies for the each four envisaged outputs of RHIYA Nepal: increased community and family support improving youth sexual reproductive health and actions to prevent HIV and AIDS among youth; enhanced knowledge and awareness on sexual and reproductive health and HIV and AIDS among youth; enhanced access for quality sexual and reproductive health information and services for youth; enhanced organizational capacity to manage and sustain sexual and reproductive health services, and information for youth and activities promoting HIV and AIDS promotion.

The implementation procedures the guideline provides are: involve leaders of groups important in the lives of adolescents, including parents, teachers; involve leaders of the community such as religious and political leaders to help existing gender, culture and traditional beliefs; work with the mass media to help overcome existing gender, cultural and traditional beliefs and contribute to a supportive environment for sexual and reproductive health; clearly identify the group to be served- youth can be defined by sex, age, school status, marital status or place of residence and that services may need to be tailored to different groups; involve the target

group of youth during the planning, implementation and evaluation of services; ensure youth receive information in an appropriate way; remove existing barriers to make services convenient and flexible including location, opening times, policies, financial, and create youth friendly setting. The guideline also provides modalities of youth friendly service centers under RHIYA Nepal as well as list of youth friendly services run by partner NGOs

Document copy available at: RHIYA UPSU, Nepal and UNFPA CST Library, Nepal

## Basic Guidelines to Facilitate Youth Friendly Service Delivery Training

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	Sunaulo Parivar Nepal (SPN)
<b>Type of Document</b>	Guideline
<b>Year of Publication</b>	2005
<b>No. of pages</b>	105
<b>Key Words</b>	Adolescents, Sexual Reproductive Health, Youth Friendly Services, Nepal
<b>Teaser Text</b>	Guideline to facilitate youth friendly service delivery training.

**Summary** The guideline is developed especially in the context of Nepal, and thus addresses issues and responses in that regards. The guideline has a set of materials to help facilitate training for youth friendly services. The resources in the guideline include - pre-training questionnaire, training objectives, expectations and ground rules, definition of relevant terminologies and resource on a range of topics. The topics covered in the guideline are: young people, and their needs; reproductive system; sexual and reproductive health; quality of care and sexual and reproductive health rights; common STIs; myths and facts of STIs; condoms and family planning; youth friendly services, and communication and counseling. It also comprises case studies, and examples together with relevant exercises.

Document copy available at: Sunaulo Parivar Nepal and UNFPA CST Library, Nepal

## Implementation Guide on RCH II Adolescent Reproductive Sexual Health Strategy for State and District Program Managers

<b>Country/ Region</b>	India
<b>Organization(s)</b>	MAMTA
<b>Type of Document</b>	Brochure
<b>Year of Publication</b>	2005

<b>No. Of Pages</b>	1
<b>Key Words</b>	Sexual and Reproductive Health, India
<b>Teaser Text</b>	Information about a short term course on sexual and reproductive health and rights for young people.

### Summary

- Health facilities should provide the specific package of health services that adolescents need.
- Health facilities should deliver effective health services to adolescents.
- Adolescents should find the environment at health facilities conducive to seek services.
- Service providers should be sensitive to the needs of adolescents and are motivated to work with them.
- An enabling environment should exist in the community for adolescents to seek services they need.
- Adolescents should be well informed about the availability of good quality health services.
- Management system should be in place to improve the quality of health services;

The guide then provides actions required to operationalize the strategy and a sample implementation plan.

Document copy available at: UNFPA CST, Kathmandu, Nepal

## Training Courses and Curriculum

### Course on Sexual and Reproductive Health and Rights for Young People, MAMTA

<b>Country/ Region</b>	India
<b>Organization[s]</b>	Ministry of Health & Family Welfare
<b>Country</b>	India
<b>Organization[s]</b>	MAMTA
<b>Type of Document</b>	Brochure
<b>Year of Publication</b>	2005
<b>No. of pages</b>	1
<b>Key Words</b>	Young People, Sexual and Reproductive Health, India
<b>Teaser Text</b>	Information about a short term course on Sexual and Reproductive Health and Rights for Young People
<b>Summary</b>	The training is of certificate and short course kind. The objectives of the training are:

- To promote a better regional understanding of young people's sexual and reproductive health and rights through experience sharing in the context of South and South East Asian countries;
- To enhance capacities of individuals and institutions to work and network effectively, to address and advocate for young people's sexual and reproductive health with rights perspective, and
- To facilitate formulation of policies, programs, strategies and interventions that are positively responsive to the needs of young people.

Information available at : <http://www.mamta-himc.org/contact.htm>

### UNFPA and IIHMR Training Course, 'Programming for HIV and AIDS & Reproductive Health of Young People in South Asia

<b>Country/ Region</b>	India
<b>Organization[s]</b>	Institute of Health Management and Research and UNFPA
<b>Type of Document</b>	Course Brochure
<b>Year of Publication</b>	2006
<b>No. of pages</b>	8
<b>Key Words</b>	Reproductive Health, Training Course, South Asia
<b>Teaser Text</b>	A course brochure and application material of a training course on young people programming.

**Summary** The brochure states that the broad objective of the program is to strengthen management capabilities for programming for HIV and AIDS and reproductive health of young people including adolescents. The course is intended to provide knowledge and skills to the participants for designing and delivering more efficient, equitable, and financially sustainable HIV and AIDS and sexual and reproductive health interventions for young people including adolescents. The course will focus on three thematic clusters - technical, programming and effective management through a combination of presentations, readings, case examples, group work and a field visit; the focus of the course will be on the programming component.

The duration of the course is two weeks and venue is Institute Campus at Jaipur, India.

Details available at : [www.ihmr.org](http://www.ihmr.org)

## Regional, National Forums, Networks and Clearing House

### UNESCO ASRH, HIV and AIDS Clearing House

<b>Country/ Region</b>	Asia
<b>Organization[s]</b>	UNESCO and UNFPA
<b>Type of Document</b>	Information
<b>Year of Publication</b>	NA
<b>No. of pages</b>	NA
<b>Key Words</b>	Adolescent Sexual Reproductive Health, Clearing House
<b>Teaser Text</b>	Information on the Bangkok clearing house that has access to resources on HIV and AIDS, and adolescent sexual and reproductive health.

**Summary** The UNESCO Bangkok adolescent sexual and reproductive healthm, HIV and AIDS Clearing House serves the information needs of clients working on adolescent sexual and reproductive health, HIV and AIDS prevention education and school health and adolescent sexual reproductive health issues. The clearing house provides:

- Information and literature search;
- Printed documents upon request;
- Produces and disseminates quarterly calendars of HIV and AIDS-related events and monthly HIV and AIDS Clearing House Updates;
- Produces and disseminates information alert services;
- Facilitates interactive networking and referral service, and
- Maintains a subscription service by providing subscribed members the Clearing House's information products.

Document available at: [www.unescobkk.org](http://www.unescobkk.org)

# CATEGORY 5 MONITORING AND EVALUATION

- Baseline Survey Reports
- Country and Regional Database
- Evaluation and Assessment Reports

# Baseline Survey Reports

## RHIYA Baseline Survey Comparative Report

<b>Country/ Region</b>	Asia
<b>Organization[s]</b>	UNFPA and EU Reproductive Health Initiative for Young People in Asia
<b>Type of Document</b>	Baseline Survey Report
<b>Year of Publication</b>	2005
<b>No. of pages</b>	20
<b>Key Words</b>	Sexual & Reproductive Health, Youth Friendly Services, RHIYA, Asia
<b>Teaser Text</b>	Comparative Analysis of findings from the RHIYA baselines conducted in 2004 in six countries.

**Summary** The report provides an informative comparative analysis of findings from the RHIYA baseline conducted in 2004. Baseline surveys were conducted in Bangladesh, Cambodia, Lao PDR, Nepal, Sri Lanka and Vietnam. The report states that the percentage of first pregnancies which were unwanted is very high in almost all RHIYA countries, and especially high in Bangladesh (41.7%). In Nepal and Sri Lanka unwanted pregnancies among young people were 21.5 percent and 15.5 percent. Knowledge of HIV and AIDS is very high in all RHIYA countries, with virtually all young people have heard of HIV and AIDS in Bangladesh, Cambodia and Vietnam, whereas in Nepal 20 percent of young women have never heard of it and in Lao PDR 20 percent of both young men and women have never heard of it. Access to information on HIV and AIDS needs to be improved in all RHIYA countries. Percentage of respondents stating easy access to information on HIV and AIDS varies from 50 percent in Sri Lanka to 80% in Vietnam. Knowledge of STIs is low, ranging from 15.2 percent in Sri Lanka to over 80.9 percent in Cambodia. Overall knowledge of reproductive health is low in all countries, and extremely low in Lao PDR.

Document copy available at: UNFPA CST Library, Kathmandu, Nepal

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### Baseline Survey on Adolescent Reproductive Health

<b>Country/ Region</b>	Bangladesh
<b>Organization[s]</b>	UNFPA
<b>Type of Document</b>	Baseline Survey
<b>Year of Publication</b>	2002

<b>No. of pages</b>	24
<b>Key Words</b>	STI, Adolescents Reproductive Health, Bangladesh
<b>Teaser Text</b>	Summary report of baseline survey on adolescent reproductive health in Bangladesh.

**Summary** The report states that despite comprising almost 23 percent of the total population in the country, adolescent and reproductive health has not received much attention in Bangladesh. The baseline survey was done to identify the needs of the target population of a program that UNFPA is supporting for married adolescents, a concept of personal social education. The samples were chosen from the three project districts, and a total of seven focus group discussions were held in each district among married female adolescents; young husbands; unmarried males; female adolescents; parents and community leaders. Data was collected through structured interviews and focused group discussions. The study showed that many unmarried adolescents had very poor knowledge of the reproductive organs, especially of the opposite sex. The study further showed that the onset of menstruation is quite early among the Bangladeshi adolescents, 72 percent at the age of 10-13. However, only 52.8% of the females had prior knowledge about menstruation, most of the information coming from sisters and friends. Fifty seven percent of adolescent males of the study reported experiencing wet dreams. Further, almost 60 percent of the married female adolescents reported knowing about preventive measures for overcoming reproductive tract infections, where only 16 percent felt the need to consult doctors. On HIV and AIDS, 66 percent of husbands and 55 percent of married adolescent females had heard of AIDS - most respondents were aware of sexual intercourse with infected person as a mode of transmission, but use of condoms for protection was mentioned by only 51 percent of husbands.

Document copy available at: UNFPA CST Library, Kathmandu, Nepal

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### Baseline survey of Adolescent Reproductive Health Interventions in Bangladesh

<b>Country/ Region</b>	Bangladesh
<b>Organization[s]</b>	Behavior Change and Communication: Associates of Community and Population Research (ACPR)
<b>Type of Document</b>	Survey Report
<b>Year of Publication</b>	2003
<b>No. of pages</b>	78

**Key Words** Sexual & Reproductive Health, Youth Friendly Services, Bangladesh an effectiveness of interventions to improve adolescent RH knowledge and practice.

**Teaser Text** Baseline survey examining adolescent attitudes, practices, knowledge, access to reproductive health information and services as well as media exposure.

**Summary** The first baseline of its kind was conducted to examine adolescents contact with media outlets, knowledge on reproductive health and access information and services in Bangladesh. The report states that exposure to television and radio was very high in urban (94%) communities as compared to rural (56.4%) ones. Media exposure was considered important in providing valuable information about adolescent reproductive health primarily on family planning, postponing early marriage etc. Awareness of HIV and AIDS among the TV viewers and radio listeners was very high. A large majority were able to provide at least two correct answers about the modes of transmission and also prevention of HIV and AIDS. However, awareness of other STIs was quite low. The study also showed that the knowledge of contraception, especially recognizing condoms as a family planning method and for prevention of STIs including HIV and AIDS, is higher among boys than girls. The knowledge about various reproductive health issues was found consistently low among adolescents. Peers were found to be the preferred source of information and there was a clear gap between the ideal age of marriage and pregnancy and age of actual marriage, and pregnancy among respondents. The study also showed the poor utilization of reproductive health services among adolescents. The study recommends specially designed media programs to increase awareness about STIs other than AIDS and the development of youth friendly services.

Document copy available at: UNFPA CST Library, Kathmandu, Nepal

**Summary** The project, Adolescent Reproductive Health was being implemented in three areas of northwestern part. From each sites about 12,000 households were selected for the interventions. A baseline survey was carried out at the intervention sites, which showed that: of the total 42,760 identified households, 27,282 had at least one adolescent; of the total 2,971 adolescents aged 13-19 interviewed, 47 percent of boys and 51 percent of girls were currently enrolled in schools. Focused group discussions showed that parents, religious leaders and community leaders supported the idea of reproductive health education in the school curriculum; parents also felt that it was very difficult for them to discuss reproductive health issues with their children, many school teachers however, felt that the reproductive health curriculum might increase premarital sex but agreed that increased awareness would help avoid various diseases and pregnancy before marriage; adolescents' knowledge on where to obtain condoms or prenatal care services was very high. Also awareness about sources for other family planning services and protection against STD, HIV and AIDS was also good; 130 out of 2,626 unmarried adolescents reported premarital sexual exposure, of which 127 were male; 57 adolescents reported of having sex in the last six months and that only a third of those had used a condom at first and last intercourse. Over 90 percent of the adolescents reported that they had not visited health facilities in the last six months, and more than 85 percent of adolescents believed that they would not be treated respectfully if they visited a health facility for family planning services. Intervention was introduced based on the needs as found in baseline survey.

Document copy available at: UNFPA CST Library, Kathmandu, Nepal

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## Improving Adolescents' Reproductive Health, Bangladesh

**Country/ Region** Bangladesh

**Organization[s]** Population Council and Frontiers

**Type of Document** Baseline Survey Report

**Year of Publication** 2001

**No. of pages** 5

**Key Words** STI, Adolescent Health Service, Reproductive Health, Bangladesh

**Teaser Text** A research update on the findings of a baseline survey investigating

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## Baseline Study on EU and UNFPA Reproductive Health Initiative for Youth in Asia Program in Nepal (RHIYA) - Quantitative Research

**Country/ Region** Nepal

**Organization[s]** UNFPA Nepal and Valley Research Group

**Type of Document** Survey Report

**Year of Publication** 2005

**No. of pages** 119

**Key Words** Adolescents, Sexual Reproductive Health, STD, Youth Friendly Service, Information Center, RHIYA, Nepal

**Teaser Text** Findings of a baseline study in RHIYA districts in Nepal on knowledge, attitude and behavior on sexual reproductive health.

**Summary** The objective of the study was to collect baseline information on knowledge, attitudes and behavior on the sexual reproductive health of adolescents and youth in RHIYA districts. The study showed that overall, 48% of the sexually active youth had ever used modern contraceptive methods. Single respondents were more likely to have ever used modern contraceptives than the married ones. The majority, 38.2 percent, of youth stated they would prefer to use condoms in future. A significantly higher proportion of females (27.8%) than males (10.9%) perceived access to contraceptives difficult. Overall, the level of awareness on HIV and AIDS among youth and adolescents was high and males and unmarried young people are more aware than females and married ones. Most young people are aware of the ways of preventing HIV and AIDS. However, some misconceptions prevail. Nearly half of all young people interviewed had ever heard of STIs, and most mentioned they knew how to prevent STIs. About half of all youth interviewed had had sex. Pre-marital sex is reportedly more common among males (17%) than females (2%). Nearly a fifth of youth had had sex before reaching 15 years of age - illiterate and rural youth are more likely to have sexual intercourse at an earlier age than literate and urban youth. Only 15% had used condoms in their last sexual act. Overall only 17 percent of youth had knowledge about sexual and reproductive health services, and that 30 percent mentioned being aware of the availability of sexual and reproductive health services in their areas, including HIV and AIDS. In conclusion, it was clear that the sexual and reproductive health indicators and youth in the districts studied were poor.

Document available at: UNFPA RHIYA UPSU, Kathmandu, Nepal

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## Baseline Survey of Youth Friendly Services for SRH & HIV Prevention in Nepal: Kapilvastu and Mahottari

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	Family Planning Association of Nepal and Center for Policy Studies and Rural Development, Kathmandu
<b>Type of document</b>	Baseline Survey
<b>Year of Publication</b>	2005
<b>No. of pages</b>	183

**Key Words** Youth Friendly Services, Voluntary Counseling and Testing, STD, Youth Participation

**Teaser Text** Baseline survey report on knowledge, attitude, practice and access to services among young people in two districts of Nepal.

**Summary** In the district of Kapilvastu, the survey found that among adolescents 55 percent of the respondents reported hearing about HIV and AIDS; 56.1 percent felt it was easy to get such information and 85.4 percent reported that HIV infection through sexual contact could be prevented by the use of condoms. Further, 19.5 percent of adolescent respondents could identify five correct ways of HIV prevention; only 2.7 percent had heard of youth friendly services and 5.3 percent had heard about voluntary counseling and testing services. Among youth, 69 percent of males as compared to 46.7 percent females reported knowledge of means to stop or delay pregnancy. Similarly, 68 percent of males reported knowledge on STIs, compared to 30.7 percent females; 25 percent of females and only 11.5 percent males could identify five correct means of HIV prevention. Only 6.7 percent of males and four percent of females reported hearing about youth friendly services, whereas only about 10 percent reported of hearing about voluntary counseling and testing services. Similarly, in the district of Mahottari, among adolescents -64 percent reported hearing about STIs, 85.4 percent responding that STIs could be prevented. Similarly, 16.4 percent could identify five standard means of HIV prevention. Only 6.7 percent reported hearing of youth friendly services while only 14.7 percent had heard voluntary counseling and testing services. Among youth, 87 percent males as compared to 80 percent females reported knowledge of means to stop or delay pregnancy. The proportion of males reporting STIs was 88 percent while that of females was 73.3 percent. Similarly, 92 percent of males and 81.3 percent of females reported hearing of HIV and AIDS. About 47 percent of males and 34.4 percent females could identify five standard means of preventing HIV and AIDS. Only 17.3 percent of males and 13.3 percent females reported hearing about youth friendly services and only 37 percent had heard about voluntary counseling and testing.

Document available at: Family Planning Association of Nepal; UNFPA Nepal

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## Reproductive Health Initiative for Youth in Asia (RHIYA) - Baseline Survey on Knowledge, Attitudes and Behavior in Nepal, 2004

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	RHIYA Nepal and Valley Research Group



<b>Type of Document</b>	Survey Questionnaire
<b>Year of Publication</b>	2004
<b>No. of pages</b>	23
<b>Key Words</b>	Adolescents, Sexual Reproductive Health, Youth Friendly Services, RHIYA, Nepal
<b>Teaser Text</b>	Knowledge, attitude and practice questionnaire developed for RHIYA baseline.

**Summary** The survey questionnaire developed to measure knowledge, attitudes and behavior for males and females of age 10-24, administered in 19 RHIYA districts. For male and females aged 10-14, the questionnaire was divided into three sections - identification, knowledge on reproductive health, and knowledge on HIV and AIDS and other STIs with a slight variation in questions for males and females. For those of age 15-24, it was divided into eight sections: identification; knowledge about reproductive health and contraception; access to family planning services and contraceptive use; reproduction and knowledge on HIV and AIDS and other STIs; sexual behavior; drug abuse, violence and girl trafficking, and closing section again with slight variation for males and females. stage of the project facilitates their active involvement in the subsequent phases of project implementation; and advocacy events need to be held continuously to ensure political and programmatic support.

Document copy available at: UNFPA CST Library, Nepal

### Life Skills-based Education in South Asia: A Regional Overview Prepared for the South Asia Life Skills-Based Education Forum, 2005

<b>Country/ Region</b>	South Asia
<b>Organization[s]</b>	UNICEF ROSA
<b>Type of Document</b>	Review Paper
<b>Year of Publication</b>	2005
<b>No. of pages</b>	29
<b>Key Words</b>	Life Skills, South Asia
<b>Teaser Text</b>	A regional overview paper on life-skills based education in South Asia.

**Summary** The paper is a broad assessment and mapping of life-skills based education in South Asia, both in schools and out-of-school vulnerable adolescents. The overview paper is intended to provide government, NGOs, UN agencies and other actors with information on life skills initiatives in South Asia to support scaling-up of programming. The document states that many life skills

programs, particularly those in school were unable to articulate the intention of life skills and or behavioral outcomes of it. Also, there was diversity of approaches in the delivery of life skills especially to vulnerable children and adolescents. The assessment that delivery of life skills programming should occur in learning environments which are stable and secure was not the case. In addition to sharing major findings of the assessment, it also provides recommendations. The recommendations are categorized in five key headings: Understanding and Conceptualization of Life Skills Based Education; Defining and Measuring Performance; Development and Implementation of Life Skills Programming; Building Acceptance of Life Skills programming, and Coordination, Network and Linkages.

Document copy available at: UNFPA CST Library, Nepal and UNICEF ROSA Kathmandu

## Country and Regional Database

### South Asia Political Advocacy Project

<b>Country/ Region</b>	Bangladesh
<b>Organization[s]</b>	Population Council, UNAIDS
<b>Type of Document</b>	Database Report
<b>Year of Publication</b>	2004
<b>No. of pages</b>	79
<b>Key Words</b>	STD, Sexual Behavior, Knowledge, Database, Adolescents, Bangladesh,
<b>Teaser Text</b>	A database report on HIV and AIDS in Bangladesh.

**Summary** The database report provides an overview of the research documents and themes related to HIV, AIDS, RTI and STI that were available after 1986 in Bangladesh. The good quality documents that were picked were further classified into 'National Surveillance Studies' and 'other studies'. Nearly all the surveillance studies contained data pertaining to knowledge of HIV and AIDS, Sexual Behavior, Intravenous Drug Users, STI, and HIV prevalence. Among the other good quality studies, substantial numbers were found to contain data on knowledge, sexual behavior, and STD prevalence. Considering the physical proximity of Bangladesh with HIV prevalent nations, document distribution by different divisions of the country indicated the paucity of research studies on the border areas. Constructing the database from research documents revealed several challenges and constraints. Accessing documents for the database proved to be difficult. In the studies collated, indicators for

risk, vulnerability and epidemiology were available but there was a dearth of information on the program management and impact aspect. Findings from studies show that HIV prevalence is low in Bangladesh, however, the low prevalence is not due to low-level risky behavior in the country. It has been recognized that the database can provide an enormous amount of information through secondary data and is an important source of information for epidemic analysis, providing supportive data in program monitoring and evaluation, validation of assumptions, and it can complement primary data. The report recommends that the current database be evaluated as to how it feeds into the national monitoring and evaluation indicators and their relevance to the UNGASS indicators.

Document copy available at: UNFPA CST Library, Kathmandu, Nepal

### South Asia Political Advocacy Project, India Database on HIV and AIDS (Sero-epidemiology of HIV and STD)

**Country/ Region** India

**Organization[s]** Division of Biostatistics and Medical Informatics, Delhi, UNAIDS

**Type of Document** Database Report

**Year of Publication** 2003

**No. of pages** 62

**Key Words** STD, India, Database, Adolescents, India

**Teaser Text** A report on HIV and AIDS database in India.

**Summary** The project was a component of the South Asia Political Advocacy Project. A total of seven database centers were established, three in India and one each in Bangladesh, Nepal, Sri Lanka and Pakistan. Data entry systems were standardized and mechanisms to ensure easy access worked out. Indicators for each of the five thematic areas: general socio-demographic determinants; risk behavior; diseases indicators; program indicators and impact were developed. The exercise was based on secondary data sources which included peer reviewed journals; national programs; surveys; conference presentations; reports from government departments; donor agencies; research and academic institutes, and NGOs. Data was accessed through online searches and correspondence with the concerned institutions or individuals. The documents were classified into different categories by risk groups and reference year. The report also outlines the gaps and future work that needs to be done. Further, the report concludes that a database can prove to be an important adjunct to the other data

collection activities such as sero surveillance. Therefore, the database should be accessible on the internet.

Document copy available at: UNFPA CST Library, Kathmandu, Nepal

### Nepal Database on HIV and AIDS - South Asia Political Advocacy Project

**Country/ Region** Nepal

**Organization[s]** New Era Institute

**Type of Document** Database Report

**Year of Publication** 2004

**No. of pages** 22

**Key Words** Youth, Sex Workers, IDUs, Risk Behaviors, Database, Nepal

**Teaser Text** Information on current status and analysis of selected secondary data on five areas: vulnerability, risk, epidemiology, program and impact.

**Summary** As a result of the need for more data in one place in a uniformed format, relating to groups like men having sex with men, mobile and migrant workers, and young people, a well structured database for strengthening evidence based advocacy with political leaders was sought. The South Asia Political Advocacy project was conceived and formulated to do just that and a total of seven database centers were established, including the one in Nepal. Indicators were chosen in five thematic areas: vulnerability; risk behavior; disease indicators; program indicators, and impact. The exercise was based on secondary data sources that included peer reviewed journals; national programs; surveys; conference presentations; reports based on online research, and communication with concerned institutions or individuals. The report states that Nepal database center collected most of the BSS studies of sex workers and their clients, reports on intravenous drug users and a few other reports on programs, totaling 81 collected documents. The report states that there are very limited documents on youth, as there have been no policy level studies and programmatic interventions done.

Document copy available at: UNFPA CST Library, Kathmandu and New Era Research Institute, Kathmandu, Nepal

### South Asia Political Advocacy Project, India Database on HIV and AIDS (Program Management & Socioeconomic Vulnerability and Impact)

**Country/ Region** India

<b>Organization[s]</b>	Health Policy Research Unit, Institute of Economic Growth, Delhi
<b>Type of Document</b>	Database Report
<b>Year of Publication</b>	2003
<b>No. of pages</b>	50
<b>Key Words</b>	STD, Database, Adolescents, Expenditure, Impact, India
<b>Teaser Text</b>	Report on HIV and AIDS database in India on the program management and socioeconomic vulnerability.

**Summary** The project was a component of the South Asia Political Advocacy Project. A total of seven database centers were established, three in India and one each in Bangladesh, Nepal, Sri Lanka and Pakistan. Data entry systems were standardized and mechanisms to ensure easy access worked out. The report on the program management section analyses the expenditure on HIV and AIDS and quality of interventions. The impact section looked at vulnerability factors and socio-economic impact and gives recommendations. The report on program management states primarily to have two uses - first it gives some important indications of the salient features of India's program management by using the existing data in ways not attempted before. Secondly, it points out the strengths and weakness of the current data availability in India and the areas which would benefit from a stepped up effort on data collection. Similarly, the impact component of the report shows that the severity of the impact is felt most at the individual and household level but the funds needed to alleviate suffering are not adequate either at household or at country level. However, unlike program management data, impact data are hard to collect as they are based on primary surveys.

Document copy available at: UNFPA CST Library,  
Kathmandu, Nepal

<b>Year of Publication</b>	2004
<b>No. of pages</b>	22
<b>Key Words</b>	STD, Contraceptives, Adolescent Pregnancy, Bangladesh, Adolescent Friendly Services, Bangladesh
<b>Teaser Text</b>	Evaluation paper of sexual and reproductive health in school interventions in rural Bangladesh.

**Summary** The evaluation states that the adolescent population in Bangladesh has a generally poor understanding of sexual and reproductive health, associated with early marriage, adolescent pregnancy, and the increasing occurrence of high risk sexual practices. The objective of the study was to determine the effectiveness of school-based intervention which combined community sensitization with the distribution of three booklets addressing puberty, fertility, family planning and STD and AIDS. The study was quasi-experimental in design - the intervention effects were measured through pre and post intervention surveys. Student were assigned to one of the three groups: A. receiving community sensitization, booklet distribution and training of providers in the clinics of Ministry of Health and Family Affairs (including making government health facility adolescent friendly); B. receiving community sensitization and booklet distribution; C. serving as controls. Using a multi-staged sampling procedure 1,870 females and 1,880 male subjects were enrolled. The pre and post intervention interviews were completed by 73 percent of the students. Based on the univariate and multivariate analysis, significant improvements in knowledge favoring students attending the intervention schools were found on family planning, STDs and ways to prevent them. However, changes in practices could not be demonstrated and suggests the need for long term follow up. The result of the study provides valuable information on the process of implementing a culturally sensitive intervention.

Document available at: UNFPA CST Library, Kathmandu,  
Nepal

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## Evaluation and Assessment Reports

### Evaluation of a School Based Sexual and Reproductive Health Education Intervention Among Adolescents in Rural Bangladesh

<b>Country/ Region</b>	Bangladesh
<b>Organization[s]</b>	ICDDR, B: Center for Health and Population Research
<b>Type of Document</b>	Evaluation Report

### Youth for Each Other Program: Rapid Impact Assessment

<b>Country/Region</b>	Nepal
<b>Organization[s]</b>	Nepal Red Cross Society, Center for Development and Population Activities (CEDPA)
<b>Type of Document</b>	Assessment Report
<b>Year of Publication</b>	2002
<b>No. of pages</b>	20

**Key Words** Adolescents, Sexual and Reproductive Health, Information, STIs, Education; CEDPA, Utilization, Health Services, Knowledge, Attitude, Behavior, Gender, Nepal

**Teaser Text** Assessment of a project and its impact on knowledge, attitudes and ability to access the health services for early treatment of STIs among youth.

**Summary** This rapid assessment was conducted in a municipality and a Village Development Committee of Bhaktapur District with an aim to document the project implementation process and to assess the results in terms of improved knowledge and attitudes of youth and their ability to access health services for early treatment of STIs. A participatory approach and youth-leadership were the prime elements of the project, which was designed to increase knowledge and improve attitudes of youth. The key findings included: increased knowledge on HIV and AIDS among youth; confidence to share the knowledge; increase in condom distribution in the area; acceptance of condom promotion activities in the community; clarifications of misconceptions, and improvement in risk behaviors to STIs and HIV. No difference was found in the utilization of formal health services pattern. The major lessons learned were: duration of project too short to accomplish project goals and decentralized planning and involvement of youth in all stages of the project cycle are some of the sustainable approaches seen in the project.

Document copy available at: UNFPA CST Library, Kathmandu, Nepal

**Summary** CEDPA has been implementing the Better Life Options (BLP) for adolescents in India through its partner organizations since 1989. The program uses an empowerment model that offers adolescent girls a combination of life skills: vocational training and literacy support to enter and stay in school, family life education and leadership training. A unique feature is its holistic approach integrating education, livelihoods and reproductive health. The study found significant changes in terms of positive behavior where BLP was executed. The future directions of the program included strengthening the reproductive health for girls and initiating a similar program for boys.

Document copy available at: [www.cedpa.org/files/634\\_file\\_blp\\_report.pdf](http://www.cedpa.org/files/634_file_blp_report.pdf)

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### Improving Adolescent Reproductive Health Knowledge and Outcomes through NGO Youth-Friendly Services

**Country/ Region** India

**Organization[s]** CEDPA

**Type of Document**

**Year of Publication** 2003

**No. of pages** 23

**Key Words** Life Skills; Adolescent Health; Gender Discrimination; Gender Equality, India

**Teaser Text** An assessment of the “Better Life Options” program to improve the adolescent reproductive health behaviors through NGO youth-friendly services.

**Summary** Over the past several years CEDPA has been engaged with the “Better Life Options Program (BLP)” to promote opportunities for adolescent girls and young women to make better life choices concerning their health; economic status; civil participation; education; employment and decision making abilities, and family planning. In September 2001 with financial assistance from USAID through the global ENABLE Project, CEDPA initiated a 16-month pilot project on “Adolescent -Friendly Reproductive Health Services” that was implemented from September 1, 2001 to December 31, 2002 through four non-governmental organizations in three states of India – Delhi, Haryana and Madhya Pradesh (MP). The primary aim of the study was to measure the results of the “Adolescent Friendly Reproductive Health Services Program” on knowledge and health outcomes of participating adolescents. Specifically, the study assessed changes in perception, knowledge, and attitude with respect to puberty; menstruation; gender discrimination; family planning; maternal health; HIV and AIDS

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### Adolescent Girls In India-Choose a Better Future: An Impact Assessment

**Country/ Region** India

**Organization[s]** CEDPA

**Type of Document** Assessment Report

**Year of Publication** 2003

**No. of pages** 21

**Key Words** Adolescents Girls, Better Life Options, Life Skills, Reproductive Health Behavior, Empowerment, India

**Teaser Text** An impact assessment study of the Better Life Options Program on decision making and reproductive health behavior of adolescent girls.

transmission and prevention, and conflict resolution, and to compare the effects of long-term and short-term (camp and in school) interventions on these changes. Another objective was to measure the feasibility and effectiveness of youth friendly services, e.g. effect of iron supplementation among adolescent girl participants on hemoglobin levels. Emerging trends are expected to assist CEDPA and their partners to further strengthen and expand the service component of the BLP to meet the health needs of adolescents. The study adopted a pre-post test quasi-experimental design to assess the extent of change in awareness, knowledge, opinion and attitude among participants at the time of program registration and at the point of program completion. In conclusion, program interventions have been effective in significantly improving the knowledge of adolescent girls and in providing services such as health checkups, counseling and iron supplementation. Adolescents received a wide range of services and many confidential issues were discussed with professional providers during individual counseling sessions. The approach of focusing on general adolescent health rather than on adolescent reproductive health was very effective and faced little resistance from parents, program implementers and schools.

Document copy available at: [www.cedpa.org/content/publication/detail/713](http://www.cedpa.org/content/publication/detail/713)

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## Empowering Young People for HIV and AIDS Prevention

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	Margaret Sanger International and BP Memorial Health Foundation
<b>Type of Document</b>	Endline Survey Report
<b>Year of Publication</b>	2004
<b>No. of pages</b>	40
<b>Key Words</b>	Youth Participation, Youth Friendly Services, Sexual Reproductive Health, Information, Nepal
<b>Teaser Text</b>	An endline survey of a project, entitled Empowering Young People for HIV Prevention in a District in Nepal.
<b>Summary</b>	The objective of the evaluation was to examine the effectiveness of the project. Semi-structured questionnaire, focused group discussions and interviews were held. The evaluation found that the intervention targeting youth and students focusing on issues on adolescence, sexual and reproductive health and HIV and AIDS was timely and needed. The evaluation found that the awareness and knowledge on HIV and AIDS and STD among students had increased. When asked whether or not STD should be treated, about 95

percent of the students responded positively. While the percentage of male students using condom did not increase from the baseline survey, the percentage of girls reporting condoms increased. On knowledge on mode of HIV transmission, the fact that it is transmitted through unsafe sexual intercourse was reported by 97.3 percent respondents. Further, 78.4 percent girls and 83.18 percent boys reported contaminated blood as another means of HIV transmission. In the baseline survey, 20 percent of boys and 21 percent of girls had responded mosquito bite as a mode of HIV transmission. However, at the time of endline, the percentage believing this mode decreased to 8.1 percent in boys and 7.63 in girls. 89.4 percent boys and 84.5 percent girls were aware of the availability of confidential testing services, which also was more than that of baseline. When asked whether or not a student with HIV should be admitted to school, 96 percent of the respondents were positive on the issue. The trend of students turning to their peers when they have sexual problems was found to increase. Some of the lessons learned from the project were: the project duration has to be carefully determined; peer education approach is effective in addressing young people's issues; coordination and collaboration with local stakeholders is important. The report concludes with the recommendations for future similar projects.

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## A Study Assessing the Effectiveness of the Adolescent Sexual Health Education Program

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	Valley Research Group and National Health, Education, Information and Communication Center and UNFPA
<b>Type of Document</b>	Assessment Report
<b>Year of Publication</b>	2002
<b>No. of pages</b>	83
<b>Key Words</b>	Adolescent Sexual Health, Education, Nepal
<b>Teaser Text</b>	Study assessing the effectiveness of adolescent sexual health education program in Nepal.
<b>Summary</b>	The National Health Education, Information and Communication Center of the Ministry of Health has been implementing the Adolescent Sexual Health Education Program (ASHEP) with technical assistance from UNFPA in 55 districts since 1998. Under this program, health service providers of the local health post and the high school students interact with each other

on the adolescent health reproductive health issues using different IEC materials developed by the NHEICC, MoH. The objective of the study was to assess the effectiveness of an adolescent sexual health education program implemented by NHEICC and MOH with technical assistance from UNFPA. The findings showed that more students in the program schools understood the physical change in them compared to non-program schools. Nearly 94 percent of the students in program and 89 percent in non-program schools had knowledge about condoms. All the students from the program schools and almost all (99.8%) in non-program schools had heard about HIV and AIDS. Very few students, however, were aware of the fact that it can prevent STI and HIV and AIDS. Almost all students were aware of the interaction sessions organized by ASHEP in their schools, and the majority reported participating in the interaction sessions organized in their schools. Most students (99.2%) found the program helpful in utilizing the services. Most teachers were aware of the ASHEP program, and felt that ASHEP has supported teaching and learning activities and the topics follow the school curricula. Similarly, all the health workers mentioned the program was interesting and useful. The evaluation concludes with a few recommendations based on the analysis of the findings.

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respondents were aware of sex education while it was only 58 percent at the time of the baseline study. The survey also showed that 17 percent of young factory workers have premarital sexual relationship. An overwhelming majority of the respondents (95%) has knowledge of STIs; about a fifth were found ever having been infected by STIs and more than 77% of those had treatment in Family Planning Association of Nepal factory clinics followed by the private clinics (12.5%). Knowledge as well as ways of prevention HIV and AIDS was found almost universal among respondents. When considered different types of ways to prevent HIV and AIDS, respondents mostly cited use of condom during sexual intercourse (95.4%) and having sex with only one partner (82%). Condom use among young respondents having at least one intercourse was reported to be 38 percent, much higher than baseline. Among those using condoms, 44 percent reported doing so regularly. All male and female respondents reported easy accessibility of condoms when needed; before the project implementation it was 42 percent. Ninety seven percent of the young respondents have knowledge about role of condoms for preventing STIs, and 95 percent are familiar with its role in preventing unwanted pregnancy. The magnitude of knowledge, attitude and behavior were clearly much higher at the time of the evaluation compared to a year earlier during baseline, making a significant impact on the target population.

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### Final Evaluation of 'Developing and Testing Comprehensive Approaches to Increase Access and Use of Condoms Among Sexually Active Highly Vulnerable Young Factory Workers'

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	Center for Population Research and Training (CPRT), Tribhuvan University and Family Planning Association of Nepal
<b>Type of Document</b>	Evaluation Report
<b>Year of Publication</b>	2004
<b>No. of pages</b>	96
<b>Key Words</b>	Factory Workers, STIs, Condom Use, Sexual Behavior, Health Services, Nepal
<b>Teaser Text</b>	Evaluation of a project among sexually active highly vulnerable young factory workers in two districts of Nepal.
<b>Summary</b>	The project aimed to create an enabling environment through consultation with factory owners and other key stakeholders. The end-line survey showed that 88 percent of young factory worker

### A Report on Final Evaluation of Adolescents Reproductive Sexual Health Program, Save the Children US 1999-2002

<b>Country/ Region</b>	Nepal
<b>Organization[s]</b>	Nepal Red Cross Society (NRCS) and Save the Children US
<b>Type of Document</b>	Evaluation Report
<b>Year of Publication</b>	2002
<b>No. of pages</b>	38
<b>Key Words</b>	Adolescent Reproductive Health, Youth Friendly Services, Counseling, Nepal
<b>Teaser Text</b>	Evaluation of an Adolescent Reproductive Sexual Health Program in Nepal.
<b>Summary</b>	A pilot program on Evaluation of an Adolescent Reproductive Sexual Health Program (ARSH) was initiated in 1999 in two districts of Nepal, namely Kathmandu and Kailali by NRCS. The program was reportedly the first program to address the special needs of adolescents and youth, creating awareness and

establishing youth friendly service centers (YFSC). The methodologies used for the evaluation were focused group discussions and semi-structured interviews among young people, service providers, parents, teachers, and program staff. The results showed that peer educators selected for the program were well accepted and respected, were good at communication, had a sound knowledge of adolescent health problems, and were charismatic. The peers gained a lot of information on topics like changes during adolescents; menstrual hygiene; family planning; life saving skills and STDs including HIV and AIDS. Adolescents in all the focused group discussions had excellent knowledge on ARSH issues. However, some confusion prevailed regarding STDs in Kailali. Participants felt comfortable discussing issues like sexuality with their peers, and trusted them. The participants also identified a need for more youth friendly service centers. After the program, school authorities and faculties realized the special needs and concerns of adolescents, and feel more comfortable discussing adolescent problems. A sense of awareness and ease in discussing problems with their children was shared by some parents. However, the majority were not comfortable discussing sexuality related topics with their adolescents. The evaluation report concludes that the program has managed to improve young people's reproductive health knowledge, as well as increase and facilitate a supportive social context and policy environment for adolescent sexual and reproductive health, however, youth friendly services have not been fully established in a really youth friendly manner.

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### Thematic Evaluation of Adolescent Reproductive Health Needs and Services in Sri Lanka

<b>Country/ Region</b>	Sri Lanka
<b>Organization[s]</b>	Pramilla Senanayake, Kalinga T. Silva
<b>Type of Document</b>	Evaluation
<b>Year of Publication</b>	2005
<b>No. of pages</b>	31
<b>Key Words</b>	Adolescent Reproductive Health, Youth Participation, Sri Lanka
<b>Teaser Text</b>	Thematic evaluation of reproductive health needs and services in Sri Lanka.
<b>Summary</b>	The evaluation sought to identify strengths and weakness of the current programs, and explore the possible strategic reorientation of policies and programs. The evaluation was based on desk review, key

informant interviews, focused group discussions and field visits in selected areas. The report states that programmatically important adolescent reproductive health issues in the country included unwanted pregnancies; unsafe abortions; STDs including HIV and AIDS; sexual abuse, and emerging RH problems in war and Tsunami affected areas. The available adolescent reproductive health services in the country involve multiple agencies that utilize varied approaches and cater to both school going and out-of-school young people. The available evidence however, does not indicate that the programs have had much success in addressing the issues at hand. Lack of evidence based programming, lack of youth participation in program development and implementation, insufficient male participation in many of the ongoing programs, resistance from officials and parents in some instances and above all, insufficient attention on affirming and ensuring the rights of adolescents and youth, are among the key gaps and weaknesses identified in the various programs. The evaluation points key strategic policy and programmatic shifts needed in order to address the unmet RH needs: increased incorporation of rights based programming in view of the need to empower the young people, and involvement of youth and adolescents in all stages of the project cycle from planning stage onwards; and advocacy to evolve more effective policies, legislations and programs.

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### A Survey Report on Information Needs Assessment on ARH in Selected Countries in Asia and the Pacific

<b>Country/ Region</b>	Asia and the Pacific
<b>Organization[s]</b>	UNFPA and UNESCO
<b>Type of Document</b>	Survey Report
<b>Year of Publication</b>	2004
<b>No. of pages</b>	27
<b>Key Words</b>	Adolescents, Advocacy, Reproductive Health, Information, HIV, Asia and the Pacific
<b>Teaser Text</b>	Survey report on adolescent reproductive health information needs in Asia and the Pacific.

**Summary** The project was an expansion of the joint ESCAP-UNESCO regional project, implemented during 2000-2003 to compile, package and disseminate population information for advocacy. Eighty six organizations participated in the survey that included South Asia (35), South East Asia (36), East Asia (10), Pacific Island Countries (4) and others (1). The survey

found that the most frequently quoted activity was adolescent reproductive health training, mentioned by 75 percent of the respondents. Another two third of the respondents cited promotional activities, followed by development of materials and curricula, including behavior change and communication and IEC materials. The five most frequently quoted responses on adolescent reproductive health topics were communication strategies and materials on adolescent reproductive health (59%), reproductive health and sexuality education programs (52%) and strategies, needs assessment, monitoring and evaluation, advocacy strategies on adolescent reproductive health (43%), and counseling (40%). The three most useful materials to support adolescent reproductive health activities were responded as training materials (61%), manuals (40%) and CD ROMs (34%). The preferred format of information materials by the majority was printed materials; followed by electronic, internet and CD ROM. Nearly four fifths (79%) of the respondents had produced teaching and learning materials on adolescent reproductive health. The majority of the respondents (88%) indicated that they had access to the internet. The report concludes with recommendations based on the survey results for further considerations.

Document available at : [http://www.unescobkk.org/fileadmin/user\\_upload/arsh/OurPubs\\_Other/Final\\_Survey\\_Report\\_Integrated\\_Rev\\_28\\_June\\_05.pdf](http://www.unescobkk.org/fileadmin/user_upload/arsh/OurPubs_Other/Final_Survey_Report_Integrated_Rev_28_June_05.pdf)

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## Assessment Report on Adolescent Reproductive Health Project, Maldives

<b>Country/ Region</b>	Maldives
<b>Organization[s]</b>	UNFPA CST
<b>Type of Document</b>	Assessment Report
<b>Year of Publication</b>	2005
<b>No. of pages</b>	25
<b>Key Words</b>	Youth Friendly Services, Youth Participation, Reproductive Health, Maldives
<b>Teaser Text</b>	Assessment Report on Adolescent Reproductive Health Project of Maldives

**Summary** The integrated Adolescent Sexual Reproductive Health and Life Skills Project aims for promoting adolescent sexual and reproductive health through a three pronged approach of creating an enabling environment; improving knowledge, attitudes and behaviors, and increasing utilization of adolescent sexual and reproductive health services. The main purpose of the review was to undertake an assessment of the progress made by the project through a brief mission and to recommend future directions for the remaining period. The assessment shows that the project has been able to make a modest contribution towards its output on life skills training initiation in the country. It, however, states that the contributions towards increasing access to information, skills and services for young people should be evaluated and validated through testing and new approaches. The report in conclusion provides recommendations in the sections discussing various components of the project for the east of reference to the contextual discussions.

Document copy available at: UNFPA CST Library, Nepal

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# ANNEX 1

## HIV and AIDS & RH of Young People in South Asia Format for Annotated Inventory Documents UNFPA CST Kathmandu

Title

### Location

Name of Country  
Regional and Sub Regional

### Organisation[s]

[Name of agencies developing, supporting and publication]  
Name  
Address

### Location of Doc

Website address

### Category

- Policy and Strategy
- Capacity Building
- Research, Reviews, Discussion Papers
- Monitoring and Evaluation
- Program Experience

### Type of document

- Training Manual
- Research
- Behavior studiesq
- Project report
- Project proposal
- Others
- Evaluation report
- Lessons learned doc
- Baseline studies
- Policy and Strategy docs

### Year of Publication

### No of pages

### Key Words

5-6 words

### Teaser Text

2-3 sentences

### Summary

[upto 200 words]



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