

are being important players who can help their students to deal with personal problems more effectively. Therefore, a better understanding on sexuality health and counselling skills are crucial instrument to increase the teachers ability to successfully help their problematic students.

Objectives To investigate the results of micro-counseling skills training on Sexuality Health.

Research Methodology: Train 48 high school teachers for 4 consecutive days and employ an in-depth interview with 15 high school teachers after one semester.

Conclusion It was found that the participating teachers have a better knowledge and understanding of sexuality health. In addition, teachers have closer relationship with their students. Likewise, these teachers can satisfactorily apply and put their knowledge into practice by effectively giving required advice to their students.

PP3-05

HOW CAN YOUTH WORK TO STOP STIS AND HIV/AIDS AROUND THE WORLD

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Introduction The Pakistani Youth, specifically those belonging to the poorer strata of society, are vulnerable to sexual exploitation and STIs/HIV/AIDS. These adolescents have little or no knowledge of matters related to Reproductive health such as puberty, virginity, menstruation, masturbation and family planning, STIs/HIV and Sexual rights. It is important that they are made aware of a variety of reproductive health and rights issues.

Project/ Objectives Our organization is a platform of the youth (12-24) in Pakistan, where they come, learn about the problems and become the advocates for the youth. By the youth, for the youth and with the youth is the mission of our organization. While, to improve sexual and reproductive health status of the youth and prevent them from HIV/AIDS through ensuring empowerment and participation is the vision.

Results Our organization has become now a role model for youth participation in Pakistan. All members are empowered with knowledge, skills and information through trainings, particularly on SRH, HIV/AIDS and Gender issues.

Lessons Learned: It was recognized by the civil society as adolescents and youth are the key agents to advocate their own issues. Considering the young peoples' voice, we have already formed a committee to develop Adolescent RH Strategy, where young representatives are members also. NEARS (Network for Ensuring Adolescent Reproductive rights and Services), a civil society also incorporated four of members to furthered its initiatives.

PP3-06

USING BULLETIN BOARD AND SCHOOL'S MAGAZINE FOR REPRODUCTIVE HEALTH AND RIGHTS

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Indonesia has ratified several International Conventions, there has not really been much progress in implementation. The sexual and reproductive health and rights for young people are still neglected. Information is restricted and no services are provided thus contributing to rising unwanted pregnancies and risks of HIV/AIDS and STIs infection. Recent amendments to the law on Population and Prosperious Family deleted sexual and reproductive rights of young and single individuals on grounds of religious and cultural values. The information and education on Reproductive health and rights are still only provided for those who are already married. Sexual education for young people have been given, but it is only limited to big cities and

private scholls, since education is still excluded in the formal education curriculum. So we dealt with students who are responsible for contents of magazine and bulletin board in one of Senior High School, Yogyakarta. The magazine is published twice a year and bulletin board is published every month. On both magazine and bulletin board, students can ask question about reproductive health and rights including HIV/AIDS to the editor staffs.

Result: Many students asked to the editor staffs and came to my office to borrow or ask books about reproductive health and rights, HIV/AIDS and discussion as well.

PP3-08

PAP SMEAR AMONG RURAL WOMEN: ACCEPTANCE AND LEVEL OF KNOWLEDGE

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Issue Cervical cancer was the second most common cancer among women in Malaysia. The utilization of Pap smear in Malaysia was very poor with only 26% of the target women ever had the test.

Description We conducted this cross-sectional study to identify the utilization of Pap smear and level of knowledge among women in rural villages of Mukim Che Latiff, Kota Bharu. This study was conducted in January 2005. We randomly selected 200 from 285 households with the response rate of 81%. Trained interviewers used structured questionnaires to interview 220 women aged 18 years old and older. The mean (SD) age was 40.7 (13.8) years with 94.1% Malays and 75.5% housewives. Only 114 (51.8%) knew about Pap smear, 112 (50.9%) knew where to have it and only 73 (33.2%) ever done it. The median (iqr) frequency was 2.0 (1.0) times and the last test done was 12.0 (44.0) months ago. Those who knew about Pap smear were significantly younger ($p<0.001$), married ($p<0.001$), had higher family income ($p=0.009$) and educational level ($p<0.001$), practiced family planning ($p<0.001$) and breast self-examination ($p<0.001$). Almost half of the women did not know all the answers of knowledge questions. Those who knew about Pap smear scored significantly higher knowledge levels (mean 11.9, SD 2.2) compared to those who did not know (mean 8.3, SD 2.3) ($p<0.001$).

Conclusions Acceptance of Pap smear in these rural villages was still low. The knowledge regarding Pap smear and cervical cancer were also very poor. Strategies are needed to increase knowledge and attract more women to participate in the screening of cervical cancer.

PP3-10

UNFPA PROJECT: STRATEGIES FOR SEXUAL AND REPRODUCTIVE HEALTH(SRH) OF ADOLESCENTS AND YOUTH: A PRE AND POST INTERVENTION STUDY

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The FFPAM took part in a regional project RAS/00/P05 coordinated by JOICFP and monitored by IPPF-ESEAOR in response to the UNFPA recent emphasis on adolescent SRH to address the lack of formal channels for information and services on SRH, as well as lack of access for adolescents to SRH information, counseling and services. A 3-year study on a viable SRH program modality was developed to provide SRH information and education to young people based in an urban secondary school (13-17 years) and at an electronic factory (18-

24 years). The baseline study using a self-administered questionnaire and focus group discussion was carried to assess the knowledge level of the target focus on SRH matters, identify the sources of information and services, and to determine utilization level and client satisfaction of current RH services. The findings highlighted the need for both youth SRH educational and clinical services, judging from the low levels of SRH knowledge among the youths and a very low level of contraception or condom use amongst the sexually active. Strategies for school-based students were implemented focusing on strengthening sexual health education and enhancing life skills via the STARGATE Club. Strategies for factory-based youth via the HEY Club included SRH education and clinical services, involvement of clinic nurses, peer education and counseling. The post-intervention evaluation showed an increase in SRH knowledge, a change in attitudes on key SRH issues, improved ability in decision-making, leadership and communication skills and a positive impact of the STARGATE and the HEY Clubs as important connectivity channels on SRH. This project has empowered the youths with SRH knowledge, related life skills and supporting SRH services.

PP3-11

PROMOTING A SUPPORTIVE ENVIRONMENT FOR CONDOM USE AMONG FEMALE GARMENT FACTORY WORKERS

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Issues 170,000 Cambodian women aged 18-28 migrated from rural areas to work as garment factory workers in Phnom Penh. As they are single and live in crowded rented rooms, most of these women spent their leisure time with boyfriends and indulged in casual sexual activities outside their living quarters without adequate protection.

Methodology A total of sixty 2-hour focus group discussions (FGD) were organized in 20 garment factories, with prior approval of factory managers (each FGD comprising of 10 female factory workers). 3 FDG were held each day in each factory, with the help of trained factory peer educators. Data were collected from the FDG at the end of each session.

Results Although free condoms are readily available in the premises of most garment factories, these young women do not avail themselves of the offer, and most still prefer taking risk in their casual sexual encounters without using a condom for the prevention against HIV infection, STI or pregnancy. Women who carry condoms would be labeled bad girls by their peers. Moreover, women are not in a position to negotiate for condom use with their male sweethearts for fear of being rejected by them. Numerous instances of forced or induced abortions were performed on female factory workers, who had no other choice but to have their unwanted pregnancy terminated.

Recommendations

- Setting up condom dispensers in all ladies washrooms;
- Increasing female workers' awareness of condom use in preventing HIV infection, STI and unwanted pregnancies;
- Creating peer support groups for female factory workers;
- Encouraging female workers to talk openly about their experience in relation to condom use and reproductive health.

PP3-12

A HOLISTIC APPROACH TO RH CARE THROUGH THE USE OF THE TAUSUG LIFECYCLE FRAMEWORK: A POSTER PRESENTATION

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Issues The Province of Sulu has one of the highest MMR (320/100,000) and IMR (41/1,000) and one of the lowest CPR (14%) in the Philippines.

Description Around 90% of deliveries are done at home, attended by traditional birth attendants called pandays. Pandays also play crucial roles in prenatal and postnatal care. The care of the child including seeking immunization services and breastfeeding are the domain of the apuh babai (matriarch of the clan). On the male front, the imams or community-based Muslim religious leaders also play key roles in male involvement in pregnancy, delivery and FP practice. In order to address these multi-faceted cultural implications of RH care, EnRICH Sulu developed training modules to integrate the rich culture of the Tausug Muslims into MCH and FP programs. By utilizing the Tausug Lifecycle Framework, the training modules aim to build capacities of Barangay Health Team (BHT) members to provide culture-sensitive RH services. EnRICH Sulu has expanded membership of the BHT to include the influential persons in the life of a Tausug, namely the panday, apuh babai and imam. This poster presentation showcases pictures of the different milestones (from birth to death) in the Tausug Lifecycle where the panday, apuh babai and imam play crucial roles and where RH services can be appropriately introduced through these three key persons.

Conclusion The use of the Tausug lifecycle framework and the involvement of key persons were effective ways of mainstreaming RH services into the culture of the Tausugs. The rich tradition of the Tausugs on birth, marriage, and pregnancy among others were also mainstreamed into the formal health system through the use of culture-sensitive training modules that the natives can identify as their own.

PP3-13

THE BANGLADESH 'KNOW YOURSELF' ADOLESCENT REPRODUCTIVE HEALTH PROGRAM

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Although the HIV/AIDS prevalence rate is low in Bangladesh, there is evidence of adolescents partaking in risk behaviors – unprotected premarital sex and visiting sex workers. Research indicates an alarming lack of basic knowledge on RHS issues and a culture that discourages open discussion. Within this context, there is an urgent need to increase awareness related to reproductive and sexual health behaviors of young Bangladeshis who are about more than 30 million now.

Bangladesh Center for Communication Programs with TA from Johns Hopkins/Center for Communication Programs developed an integrated multimedia program involving adolescents in all steps of the process that is provocative yet sensitive enough to reach adolescents in their families and communities, making this initiative the first of its kind in Bangladesh.

The program produced four learning modules on: physical and emotional changes in adolescence; sexual attraction, contraception and sexual delay; preventing HIV/AIDS and STIs; and reproductive health for young people. The modules consist of entertaining videos, facilitators' guides, question-answer booklets, a companion comic book series, and the dissemination is linked to TV and radio magazine series on the same themes.

The program aims at addressing behavior change through four dimensions: provision of information, motivation, building life