USAID FROM THE AMERICAN PEOPLE

UNFPA

Family Health International

YouthNet

Strengthening

young people's

participation in the RH/HIV response in Thailand

ISBN: 974-94470-0-X

The views expressed by the name authours are solely the responsibility or those authours and do not necessarily reflect the view of FHI. The mention of specific company or products implies no endorsement and does not suggest that they are recommanded by FHI over others of similar nature that are not mentioned.

STRENGTHENING YOUNG PEOPLE'S PARTICIPATION IN THE RH/HIV RESPONSE IN THAILAND

CONTENTS

ACRONYMS

BCC	Behaviour Change Communication
CCA	Common Country Assessment
FHI	Family Health International
IEC	Information, Education and Communication
MDG	Millennium Development Goals
MOPH	Ministry of Public Health
NGO	Non-governmental organization
PAR	Participatory Action Research
PLHA	People living with HIV/AIDS
PPAT	Planned Parenthood Association of Thailand
PATH	Program for Appropriate Technology in Health
RH	Reproductive Health
STI	Sexually Transmitted Infection
TAO	Tambon (sub-district) Administrative Organisation
TB	Tuberculosis
TNP+	Thai Network of People living with HIV/AIDS
TNCA	Thai NGO Coalition on AIDS
UNDAF	United Nations Development Assistance Framework
TYAP	Thai Youth AIDS Project
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund

SUMMARY

This report is the result of collaboration between UNFPA and FHI/YouthNet to promote youth participation in national responses to reproductive health and HIV/AIDS issues. Thailand is one of three countries chosen in this pilot project. The project received financial and logistical support from UNICEF Thailand.

Nine young people were chosen from the Northern, Northeast, Southern and Central regions of Thailand to join a youth team co-ordinated by an adult mentor. Between July and November 2005 the team reviewed existing information, interviewed key informants and held focus group discussions to assess youth-oriented RH/HIV programmes and policy in Thailand.

Eight priority areas were identified:

- issues specific to youth and adolescents
- the family, young people and RH/HIV
- young people living with HIV/AIDS
- young men who have sex with men
- young women who sell sex on a freelance basis
- young women and girls
- young drug users
- young people in dormitories

This document comprises the findings and recommendations following that research.

GREAT RISK, LITTLE INFORMATION

It is clear that several factors place young people in Thailand at high risk of sexually transmitted infections, including HIV, and unwanted pregnancy. These include

- Changing sexual values and behaviour. Sex is common among young people. Casual sex, multiple sex partners and freelance sex work are practiced by some young people.
- Little use of condoms because of negative attitudes, restricted availability and lack of awareness of the impact of risk behaviour.
- Little access to appropriate information and skills. Young people mostly acquire information about reproductive health and HIV/AIDS from friends and the internet, which means they receive limited and sometimes incorrect information.
- Lack of power and skills to negotiate safer sex, particularly among teenage girls and young women, some men who have sex with men, and women and men involved in freelance sex work.
- Increasing drug use among young people, particularly those living in dormitories, men who have sex with men and sex workers.
- Lack of awareness or disclosure of their status among young people living with HIV/AIDS.
- Lack of youth-friendly services and health centres.

RECOMMENDATIONS

The young people interviewed for this assessment and the youth team which carried out the research recommended the following programmes and strategies to help reduce the problems and respond to the RH/HIV needs of young people in Thailand today.

- Youth call centres (hotline phone service) for prevention of HIV, unwanted pregnancy and care of young people living with HIV/AIDS.
- Youth-friendly health centres and clinics, particularly for young women, men who have sex with men and young people living with HIV/AIDS.
- Condom promotion including public campaigns to change attitudes of youth towards condom use, distribution of condoms, lowering the price of brand name condoms and installation of condom dispensing machines.
- Sex education in schools promoted and expanded nationwide. A more participatory curriculum, including the rights of women and awareness of men who have sex with men.
- Broader implementation of peer education.
- IEC materials developed and made available to hard-to-reach groups such as freelance sex workers.
- The role of parents in sexual and reproductive health education promoted through school meetings, family camps, call centres, websites and other forums.

In order to implement these recommendations, there must be greater public awareness, strengthening of teachers' knowledge and skills, increased understanding of the needs of HIV-positive youth, strengthened capacity of youth and youth participation at all levels, and the clearly stated support of government in the National AIDS Plan.

Most recommendations on RH/HIV policy for young people are made by adults, usually – but not always – after consultation with young people. Although this document was translated from Thai and edited by adults, from the beginning of the project its contents and form were dictated by the youth team. In short, this report comprises analysis and recommendations by, about and for young people in Thailand and has minimum adult involvement.

Strengthening young people's participation in the RH/HIV response in Thailand does not necessarily reflect the policies or recommendations of FHI, UNFPA, UNICEF, YouthNet or any of their funding agencies. However, all four organisations respect the right of young people to propose their own responses to the issues of reproductive health and HIV/AIDS. The four organisations are therefore pleased to present this report on behalf of those who wrote it for consideration by all national and international agencies working to safeguard the reproductive health of all young people in Thailand and elsewhere.

INVOLVING YOUNG PEOPLE

Young people (aged 10 – 25) across the world face particular challenges in reproductive health (RH) and HIV/AIDS. In many countries they are subject to high rates of sexually transmitted infections, including HIV, and teenage pregnancy, yet RH/HIV programmes often fail to take into account their special needs.

Family Health International, through its YouthNet Program, and the United Nations Population Fund (UNFPA) are collaborating in three countries – Botswana, Papua NewGuinea and Thailand - to increase young people's participation in policy-making around reproductive health and HIV. In each country a team of young people, with an adult mentor, has been asked to assess the RH/HIV situation and offer UN agencies, governments and nongovernmental organisations recommendations that respond directly to young people's needs. In Thailand, this activity took place in July – November 2005 and with close participation from UNICEF.

A draft report was completed in September 2005 and findings were presented that month to the United Nations Common Country Assessment / Development Assistance Framework (CCA/UNDAF). This final report is offered to UN agencies, the Ministry of Public Health, Ministry of Education and other branches of the Royal Thai Government and non-governmental organisations working in RH / HIV. Subject to funding, a separate Thai language youth-friendly document will be published and disseminated.

PROCESS

In July 2005 an advisory committee with representatives of FHI, UNFPA, UNICEF and YouthNet appointed an adult mentor with experience working with young people and RH/HIV. Together with the mentor, the advisory board invited eight young people – two each from the Northern, Northeastern, Southern and two from Central regions – with experience of RH/HIV issues to join the youth team. A ninth member joined the team in August 2005. (Team members are listed in Annex 1.) FHI Thailand provided management and logistical support and in many cases acted as comentor.

The team's first activity was an orientation and training workshop on 29-31 July 2005. In addition to reviewing RH / HIV issues in Thailand, the team studied the CCA/UNDAF process and provided initial comments which were passed to the CCA drafting team through UNFPA. (The agenda for the July meeting and the comments made on CCA/UNDAF are in Annex 2 and 3 respectively.)

In August 2005, the team had two goals: to assess the RH/HIV situation facing young people in Thailand and identify gaps in knowledge and policy, and to prepare more detailed comments that would be presented at the UNDAF meeting in late September 2005. Eight priority issues were therefore identified at the July meeting for further research. These are listed below:

The main research methods used by the team were a review of secondary sources, interviews with key informants (including non-governmental organisations, government agencies and community leaders), and focus group discussions with young people in different settings and areas. (Assessment activities are listed in Annex 4.)

Field assessments were conducted in pairs in Northern Thailand (Chiang Mai and Chiang Rai) and Southern Thailand (Yala and Songkhla) and by individuals in the central region (Bangkok, Pathumthani and Samutprakarn) and the Northeast (Khon Kaen, Nakorn Ratchasima and Srisaket).

The information gathered during August was collated in a workshop in early September. (The workshop agenda is given in Annex 5.) A preliminary assessment was submitted to UNFPA for presentation at the UNDAF meeting in late September. Comments from UNFPA and the advisory committee led to a second round of assessment in October and a final meeting in early November led to the writing and publication of this report. (The agenda for the November meeting is given in Annex 6.)

- issues specific to youth and adolescents
- the family, young people and RH/HIV
- young people living with HIV/AIDS*
- young men who have sex with men
- young women who sell sex on a freelance basis
- young women and girls
- young drug users AIDS
- young people in dormitories

* The team concluded that children affected by HIV/AIDS were adequately covered by other programmes.

FINDINGS

From the perspective of young people themselves, there are eight priority issues which are inadequately addressed by policymakers in Thailand today. These are:

1. ISSUES SPECIFIC TO YOUTH AND ADOLESCENTS

Young people in Thailand are at very high risk of sexually transmitted infections, including HIV infection. Sex is viewed as normal. First sex occurs at a young age (on average between 14.5 and 16.7 years old) and over 50% of youth have had more than one sex partner.*

Frequent sexual activity is the result of curiosity, changing ideas about sexual values, high mobility and little access to accurate information. Less than 5% of youth access HIV/AIDS programmes and youth-friendly services.† Sex education is included in school curriculums but young people feel that it emphasizes physical changes and does not provide them with clear and sufficient information to cope with sexual and reproductive health problems, including STI prevention and treatment. Teachers are considered to be shy and to have negative attitudes towards sex, including the belief that teaching young people about sex encourages them to be sexually active. This is particularly true in Muslim areas where premarital sex is strongly stigmatised and condoms are generally unavailable outside health centres and hospitals. Such attitudes are similar to parents' way of thinking and are influenced by tradition and values and beliefs that have been taught for generations.

Unable to get accurate, relevant information from authorities such as parents and teachers, young people look to accessible sources like the internet, mass media and, very often, their friends. However, the extent to which young people seek information differs. High school students in the central region, for example, said that they were *"not interested in sexual and reproductive health issues… it's an issue quite far away from us"*. This is a very different response from vocational students in urban areas who see sexual and reproductive health issues as normal, although they may not always be accurately informed.

Most young people are more concerned about pregnancy than HIV infection and use other contraceptive methods than condoms. Many young people associate condoms with mistrust and promiscuity. Many feel condoms are less fun and *"not natural"*. And young people do not find condoms easy to access. They are not comfortable going to health centres and hospitals as some service providers have negative attitudes towards youth requesting for condoms. They are equally shy to buy condoms from convenience stores. Not surprisingly, only 20-30% of youth use condoms regularly.‡

Young people's high risk behaviour leads to sexually transmitted infections, including HIV and unwanted pregnancy. (Use of drugs, discussed below, is another factor placing young people at risk.) Young people are aware of the consequences of unwanted pregnancy, including unsafe abortion (the procedure is illegal in Thailand), other reproductive health problems, dropping out from school, depression, stigma and sometimes forced marriage.

* Interview with Chanyut Kosirinont (Director of the Women Program and Family Institute Center, Ministry of Social Development and Human Security) on 9 August 2005

† Thailand's Response to HIV/AIDS: Progress and Challenges, Thematic MDG Report, UNDP 2004

‡ Thailand's Response to HIV/AIDS: Progress and Challenges, Thematic MDG Report, UNDP 2004

Youth and adolescents: general recommendations

According to the many who participated in this assessment, young people across Thailand want their parents, teachers and society to understand their lives and their needs. They want youth-friendly services where they can go for information and support when needed. Girls want clinics which can provide them with confidential pregnancy and abortion counselling services and safe abortion when necessary. The young people who drafted this report therefore recommend:

- the establishment of youth-friendly service centres providing accurate information and sympathetic advice about sexual and reproductive health issues, including HIV/AIDS and condom use
- the establishment of youth call centres providing counselling services for young people who are unable or reluctant to visit service centres
- advocacy to persuade education authorities to use participatory sex education curriculums in schools (for example the sex education curriculum devised by PATH)
- the integration of sexual and reproductive health education into all level of activities and programmes in order to reach out to youth groups in every community
- promoting and supporting life skills activities in schools, possibly within the sex education curriculum
- condom promotion through public campaigns to change youth attitudes: *"carrying and using condom is just like wearing lipstick or powder"*
- advocacy for condom dispensing machines to be installed in convenient places accessible to young people
- the establishment of *"youth corners"*, *"youth groups"* and other peer education programmes in schools and communities
- promoting and supporting the involvement of respected religious leaders in raising public awareness and understanding about young people's sexuality and needs



2. THE ROLE OF THE FAMILY IN REPRODUCTIVE HEALTH

Thailand has a good record in reproductive health and involving the community in the fight against AIDS. However, family involvement is limited mostly to care and support for people living with HIV/AIDS and not yet in providing RH/HIV education for their children. Only 1% of youth learn about sexual and reproductive health from their parents.* Most seek help and information from their friends as they found it difficult to talk to their parents about sex.

It is important to note that young people express the need for their parents to understand their lives to be able to talk to and consult with them about RH/HIV issues. Some young people feel they should get all such information from their parents.

However, many parents do not have much time to spend with their children, many have negative attitudes towards sex and many are afraid that talking about it will encourage their children to be sexually active. Most parents have no experience in sex education as they were not taught by their parents. They have little knowledge or clear information and do not know how to provide sex education and counselling to their children. In interviews some parents said that they were not sure "what level of information" to give.

The family, young people and RH/HIV: recommendations

Young people want their parents to understand their sexual health needs. They would like parents to listen to them and to be able to provide counselling and information when needed. They therefore recommend:

- training parents to increase their knowledge, understanding and communication skills on sex, reproductive health and HIV/AIDS, and to change their attitudes towards sex education
- promoting and supporting *"parent exchange forums"* in schools to enable parents to learn and share their experiences. a curriculum should be developed and school teachers should be trained to facilitate these forums
- promoting and supporting websites on these issues for parents
- call centres for adults who want to know how to talk to their children about sex
- *"family camps"* on RH/HIV using participatory approaches, including games, communication skills and behaviour change activities
- community information centres to provide parents and communities with opportunities to better understand the needs of young people
- use of mass media (television, radio, internet) to increase society's and parents' understanding of young people's sexuality and behaviour
- advocacy to persuade the government to develop policies to promote and support parents' involvement in sexual and reproductive health issues, through
  - a *"youth assembly"* supported by members of parliament and senators; this could start at provincial or regional level
  - pilot projects with the Ministries of Education and/or Public Health
  - presentation of this report at government meetings, seminars and conferences, including the National AIDS Conference

* Interview with Chanyut Kosirinont (Director of the Women Program and Family Institute Center, Ministry of Social Development and Human Security) on 9 August 2005

3. YOUNG PEOPLE LIVING WITH HIV/AIDS

Many young people who have contracted HIV are unaware that they are living with the virus. Those young people who know they are living with HIV face two major problems: low access to services and secondary infections.

Young HIV-positive people are often reluctant to access the services they need because they do not want to disclose their HIV status. They are afraid that their families, friends and the communities could not accept and may discriminate against them. Those who have sexual partners tend not to tell partners about their infection as they are afraid that their partners will leave them or no longer have sex with them. This can lead to problems of HIV transmission and re-infection as they do not use condoms to avoid raising suspicion about their HIV status.

This reluctance by young people to be open about living with HIV means that most members of HIV-positive groups and networks are adults. Some young HIV-positive people participate in group but feel uncomfortable because of differences in age and interests. Because they do not join groups, they miss important opportunities to access appropriate information and services.

Public attitudes also affect young people who know they are living with HIV. Many would like access information and services but they are afraid that adults will stigmatise them for the *"inappropriate"* behaviour of having sex at a young age. Girls are particularly subject to this kind of discrimination.

Young people living with HIV/AIDS: recommendations

Young HIV-positive people would like more understanding, acceptance and moral support from both their families and society. They need information and services and would like youth-friendly service providers with good attitudes towards people living with HIV/AIDS. The young people who drafted this report therefore recommend:

- activities to support safe disclosure among young HIV-positive people through youth-friendly services such as counselling and home visits
- the establishment of peer support groups to provide peer education, peer counselling and home visiting
- call center or hotline services for positive youth who do not want to disclose their status
- promoting and supporting the participation of young people living with HIV/AIDS in existing groups and networks of HIV-positive people
- the establishment of coordinating centres for young HIV-positive people in every region
- increased understanding and awareness in the family and community about HIV-positive youth to reduce discrimination and promote their active involvement in care for young people living with HIV/AIDS
- enhanced understanding and attitudes of service providers towards young people living with HIV/AIDS including the rights of positive people
- promoting secondary prevention programmes, such as camps for young HIV-positive people to raise awareness about secondary infection and prevention and peer education

4. YOUNG MEN WHO HAVE SEX WITH MEN

Young men who have sex with men include men of masculine appearance and transgenders –sometimes called the *"third sex"*– who dress and live as women. Studies in Bangkok have shown that HIV infection rates among men who have sex with men have risen dramatically in recent years, from 17.3% in 2003 to 28.3% in 2005.*

Some young men say they have frequent sex with many other men because they do not have to worry about pregnancy and they are not interested in long term commitments.† They are aware of condoms but condom use is not consistent.

Young men who sell sex to men are generally aware that they are at risk of HIV and tend to use condoms with customers but not their regular sex partners.

Sometimes, however, *"it is difficult to know whether our customers are using a condom because we cannot see"* and when customers offer to pay more for unprotected sex, many sex workers agree. Sex workers may also use drugs to reduce their embarrassment at selling sex and/or to reduce pain. Drug use may make it less likely they negotiate safer sex.

Some young men who sell sex consider that they have enough information about sexually transmitted infections and do not need to learn more. Many are afraid to ask for information and/or counselling from service providers as they do not want to disclose they have sex with men and fear discrimination. In most communities there are no clinics or hospitals which are friendly to men who have sex with men, which discourages many from seeking health services when they contract a sexually transmitted infection.

Young men who have sex with men: recommendations

Young men who have sex with men need access to information and health services that are friendly and respond to their needs. The young people who drafted this report therefore recommend:

- advocating knowledge and acceptance of men who have sex with men and transgenders among teachers, other school personnel and policymakers
- including issues about gender, sex between men and the *"third sex"* in school sex education curriculums to promote understanding and decrease negative attitudes among young people,
- promoting understanding and acceptance in families of men who have sex with men and transgenders
- promoting and supporting call centres that offer counselling to young men who have sex with men
- promoting and supporting health clinics with doctors and other health personnel who are trained to work with and are sympathetic to men who have sex with men
- providing information on sexual and reproductive health issues, including HIV/AIDS, through the media, including the internet and magazines aimed at young men who have sex with men
- promoting participation of men who have sex with men in RH/HIV awareness campaigns

* Bureau of AIDS, TB and STIs, Department of Diseases Control, Ministry of Public Health, Thailand

† Report on Problems among Homosexual and Heterosexual in a Thai Society by Network of Organizations Promoting and Protecting the Rights of Homosexual and Heterosexual, 27 July 2005; and Sexual life and life styles of men who have sex with men, the impact to their unique behaviours: health status, by Pornthep Prae-khao

5. YOUNG WOMEN WHO SELL SEX ON A FREELANCE BASIS

Many young women in Thailand sell sex on an irregular basis*. Some do so to get money to buy consumer items such as a mobile phone or fashionable clothes. Many are students who need part-time work to pay for the costs of city life. When such work is unavailable or requires too much time for the students, they may sell sex. This is usually freelance and unconnected with the widespread brothel-based sex industry in Thailand.

Freelance sex workers are often unaware of the risks that they face. They do not know which sexual behaviours carry a risk of infection, including HIV. Condom use is low, often because they do not want their customers to know they have other partners; this is particularly true of young women who are mistresses of rich men. Some would like to use condoms but do not have the skills to negotiate with their customers.

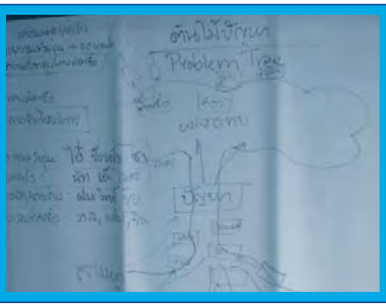
Unlike women who work in sex establishment, young women who sell sex freelance are *"moving targets"* for RH/HIV prevention programmes and are difficult to identify. Many do business through telephone calls.

As a result, the mainstream HIV programmes could hardly reach this group. It is estimated that less than 20% of indirect sex workers access to the proactive services like peer education.† Most non-brothel-based sex workers, therefore, lack knowledge and skills to protect themselves from HIV and STI. Having unsafe sex, some may get pregnant. Those who are pregnant mostly use improper abortion techniques or services which then cause other reproductive health problems.

Young women who sell sex on a freelance basis: recommendations

Programmes to reach freelance women sex workers should recognize that they seldom identify themselves. The young people who drafted this report therefore recommend:

- websites and call centres to provide information and counselling services anonymously
- distribution of condoms and IEC materials on RH/HIV and negotiation skills at entertainment places, hotels and department stores
- skills building on how to use condoms without customers' knowledge and to help customers enjoy sex with a condom
- reducing the prices of brand name condoms
- providing information on sexual and reproductive health, including contraceptive methods and the impact of abortion, through various mass media and activities
- promoting awareness of existing sexual and reproductive health services
- providing alternative part-time jobs for students



* Reproductive Health of Women in Thailand: Progress and Challenges towards Attainment of International Development Goals, UNFPA 2005

† Thailand's Response to HIV/AIDS: Progress and Challenges, Thematic MDG Report, UNDP 2004

6. YOUNG WOMEN AND GIRLS

Women in Thailand are particularly vulnerable to sexually transmitted infections. Married women have the fastest rate of growth in new HIV infections. 61% of new HIV infections among 15 to 29 year olds are women.*

Factors that make women vulnerable to HIV include lack of negotiation skills and power to protect themselves, and sexual violence by partners, friends and acquaintances. In 2000 40% of women surveyed reported physical and/or sexual violence from their partners, mostly without a condom.†

Attitudes towards sex and condoms are changing. A discussion with married women in northern Thailand revealed that some have sex outside marriage. Widows are unlikely to use condoms with new partners in order to appreciate their partner and to avoid suggesting that they are living with HIV.

Many teenage girls have sex, with their boyfriends, partners, friends or someone they have just met. Some compete with each other in the number of men they have sex with. Some girls are exploited by their boyfriends, offered as a prize in gambling or an illegal motorcycle race. Some girls are unhappy in such a situation while others enjoy it.

Where girls and young women are sexually active, their primary concern is usually pregnancy, not sexually transmitted infections such as HIV. Girls who are aware of the risks do not have the skills to negotiate safer sex or delaying sex, either because they are afraid their boyfriends will leave them or because they do not to want to give the impression they are sexually experienced. Women who carry condoms are seen as sex workers or *"loose"*.‡

Many reports reveal that girls and young women have difficulty in accessing HIV and reproductive health information and services because current services, such as family planning clinics, mostly welcome only married women. Where services are offered to single women, they often feel uncomfortable because they are stigmatised as having premarital sex. When young women and girls have reproductive health problems they frequently prefer to treat themselves by consulting friends and buying medicines from a pharmacy, which may not be appropriate for their condition.

Young women and girls: recommendations

The young people who drafted this report recommended the following strategies to help young women and girls develop awareness of RH/HIV issues and appropriate negotiation skills:

- the establishment of health centres friendly to young women and girls providing appropriate information and counselling services
- emphasis on life skills training, including negotiation skills and self-defense
- inclusion of self-defense. skills in sex education and sports curriculums
- inclusion of women's rights and awareness of violence against women in school curriculum, for both girls to become aware of their rights and boys to learn to respect the rights of women and girls
- awareness campaigns and support for pregnant women to attend ante-natal clinics to avoid transmitting HIV to unborn children

* Thailand Millennium Development Goals Report 2004, Office of the National Economic and Social Development Board, and United Nations Country Team in Thailand

† Thailand's Response to HIV/AIDS: Progress and Progress and Challenges towards Attainment of Challenges, Thematic MDG Report, UNDP 2004 International Development Goals, UNFPA 2005

‡ Reproductive Health of Women in Thailand: Progress and Challenges towards Attainment of † Thailand's Response to HIV/AIDS: Progress and International Development Goals, UNFPA 2005 Challenges, Thematic MDG Report, UNDP 2004

7. YOUNG DRUG USERS

Drug use appears to be increasing among young people; particularly those who live in urban areas away from their families (see next section). Injecting drug use was uncommon among youth participating in this project's assessment because it is considered to be complicated and painful. Common drugs used among city youth are cocaine, ecstasy, ketamine, *"ice"*, and sleeping pills. Drugs can be bought easily through the internet and friends. In rural communities, marijuana, methamphetamines and cough syrup are more common.

A study of drug users in a detoxification program at Thanyarak Hospital found that there are high rates of HIV infection among non-injecting users. The infection rates among amphetamine users increased from 1.5% in 1995 to 7.6% in 1998 before decreasing to 6.5% in 2001. In 2001, the infection rates among marijuana users and alcohol users were around 10 % and 5.7%, respectively.*

There are many reasons why drug use leads to heightened risk. The primary cause appears to be unsafe sex under the influence of drugs. Drugs are mostly used to stimulate sexual desire. Youth in the north believe that methamphetamine use prolongs sexual activity. However it also reduces the likelihood they will use condoms. Some young people report that drug use leads to group sex, which may include rape of young women.

Some young users in Bangkok make *"ink tattoo"* on their bodies since the drugs stop them feeling pain. In most cases they tattoo each other using the same sewing needle, with the risk of transmitting HIV infection.

Many addicted users become involved in selling drugs or selling sex for drugs. All drug users risk arrest and young men who are arrested risk sexual abuse in prisons.

Young drug users: recommendations

Drug users normally keep their behaviour hidden. Many want to give up drug use but current detoxification programmes and government policies do not help them to do. When they face problems their friends are usually the only people they trust and talk to. In the light of this situation, the young people who drafted this report recommend the following:

- peer education, particularly involving the leaders of gangs or groups, and other programmes to discourage young people from using drugs
- promotion of user-friendly detoxification centres where participants are not reported to or monitored by the police or other authorities
- in prisons: awareness raising of sexually transmitted infections, including HIV, and distribution of condoms
- promotion and support HIV programmes that mitigate drug-related health impact programmes
- income generation activities for young people, including students, to provide them with alternatives to sex work and drug use
- public campaigns to increase acceptance of ex-drug users to provide them with opportunities to get work and avoid relapse into drug use

* Thailand's Response to HIV/AIDS: Progress and Challenges, Thematic MDG Report, UNDP 2004

8. YOUNG PEOPLE IN DORMITORIES

Many young men and women leave their rural homes to study or work in urban areas. They share rooms in single- or mixed-sex dormitories with many others of their own age. Many report that they have the freedom to live their lives without their parents' restraining influence and they are surrounded by many temptations which are open to them in the city but which they might abstain from in their rural setting.*

With a lot of free time and fear of being alone, young people often find sexual partners, both casual and long-term. It appears that increasing numbers of living together while still at school, while others have multiple sex partners. Some respondents said that dormitories provide an environment that encourages young people to have sex.

Some young people engage in indirect sex work to make a basic living or pay for luxuries, either in establishments such as restaurants and karaoke and other bars or freelance, as described earlier.

As with other groups of young people, condom use in dormitories tends to be low. Most girls prefer to use contraceptive methods other than condoms because those methods are more convenient. Youth in dormitories find it difficult to get condoms as they are too shy to buy condoms from the convenience stores. The number of shops selling condoms near dormitories is also limited. They also consider that condoms are too expensive.

Most youth in dormitories have limited knowledge and understanding about HIV and reproductive health issues. *"We learned about some diseases in schools, some diseases learned from friends' direct experiences… they tell us how it looks like and how to treat it. Sometimes we also learn from websites. Leaflets do not tell much just advising us to use condom when having sex…that's all,"* said a group of girls in dormitories in Bangkok.

Most girls undergo an (illegal) abortion when they discover they are pregnant. They mostly consult their friends what to do and where to go. Mainstream HIV/AIDS and reproductive health programmes do not reach youth in dormitories and are not attractive to them. Therefore, most youth do not take good care of their health and lack skills to prevent themselves from HIV infection.

Young people in dormitories: recommendations

Given the lifestyle and behaviour of young people in dormitories, the young people who drafted this report recommend the following:

- promoting and supporting students and youth groups to conduct behaviour change activities with their friends residing in dormitories
- encouraging all dormitories' owners and schools to integrate reproductive health and HIV/AIDS education into orientation meetings
- advocacy to encourage schools to develop policies to conduct participatory IEC and BCC activities to increase youth's knowledge and understanding of RH/HIV issues
- advocacy to encourage the government to reduce the price of brand name condoms (because youth do not like free condoms from the government) and to find more appropriate locations to sell condoms to young people such as dormitories or local shops
- free hotline services for young people to provide information and counselling on RH/HIV issues
- training on sex education for teachers, parents and the owners of dormitories
- establishment of exchange forums on RH/HIV issues for teachers, parents and the owners of dormitories
- enhancement of the role and participation of the National Network of Students in promoting sexual and reproductive health programmes nationwide, perhaps through the Youth Network on HIV/AIDS

* Consultations with young people on HIV/AIDS 2004, Thailand Country Report, UNICEF

CONCLUSIONS

I. YOUTH ARE AT HIGH RISK

Many factors today place Thai youth at high risk of sexually transmitted infections, including HIV, and unwanted pregnancies. These include:

- **Changes in sexual values and behaviour among young people**

  Sex among young people has become very common. Most young people have sex with their lovers. Some boys and girls have multiple sex partners with the opposite or their own sex. Girls as well as boys have casual sex or share sex partners. Both girls and boys have sex for money, with some girls receiving a luxuries and a very good income from very few clients.

- **Low condom use**

  Most young people are more concerned about pregnancy than STI such as HIV. They prefer not to use condoms but other contraceptive methods. Many see HIV/AIDS as a problem that concerns adults, not youth.

  Attitudes towards condoms are negative. Young men feel that condoms decrease pleasure while young women see carrying condoms as suggesting that they are women with *"experience"*. Some girls would like to use condoms but lack the power and skills to do so.

- **Little access to appropriate information**

  Young people learn about sexual and reproductive health from their friends and other media like internet. The information provided may not be correct and may lead to improper prevention and treatment. Moreover, existing RH/HIV services seem out of reach for young people. Youth want their parents and teachers to understand them and be able to talk to them about sexual and reproductive health issues, but lack of knowledge and negative attitudes prevents parents from doing so.

- **Lack of power and negotiation skills**

  Many young women have only one sexual partner but are vulnerable to HIV because they cannot negotiate safer sex. Love and fear of losing their partner are the main causes of girls not negotiating condom use. Moreover, some girls are vulnerable to rape or abuse by their male partners. Freelance sex workers of both sexes also lack negotiation skills.

- **Drug use**

  Drug use is another leading risk behaviour among young people, particularly those who stay in dormitories and those who sell sex. Injecting drug use is not popular among young people, but non-injecting drugs such as *"Yaba"* (ATS - "amphetamine-type substances"), ecstasy, ketamine, alcohol etc. lead youth to practice high risk behaviour.

II. LOW ACCESS TO SERVICES FOR HIV-POSITIVE YOUTH

Young HIV-positive people have low access to information, counselling and other services due to the following factors.

- **Disclosure**

  When youth become HIV positive, they rarely disclose their HIV status to anybody from their friends and family to service providers.

- **Lack of youth-friendly health services and clinics**

  Young people find existing services or groups of HIV-positive people are generally adult-based. Young people living with HIV/AIDS have different needs which are not being met.

RECOMMENDATIONS

The following strategies are suggested to respond to the RH/HIV needs of young people.

I. YOUTH SPECIFIC PROGRAMMES

Youth call centres:

Call centre (hotline phone service) is the principal strategy recommended by most young people interviewed for this report. Youth feel that call centres are the most accessible and convenient means for them to get appropriate information and counselling services. They provide a safe and appropriate channel for young people who do not want to disclose themselves. Call centres should provide sexual and reproductive health information and counselling to young people from every walk of life and in every situation, including students, men who have sex with men, sex workers, drug users and people living with HIV/AIDS.

To provide the services to cover youth in different settings and areas, two approaches are suggested: A national call center/ hotline to be supported and implemented by the government and local Call centres/hotline services to be implemented by both the government agencies and civil society organisations (e.g. NGOs and Youth groups).

Youth-friendly centres or clinics, particularly for young girls and men who have sex with men

Existing health services for women mostly target adults and married women. Girl-friendly health centres would increase their access to appropriate sexual and reproductive health information and services. Similarly, the health care needs of young men who have sex with men differ from young women and other young men, girls and boys. HIV-positive youth also have less access to services and require more youth-friendly services.

Condom promotion and distribution

Condom use should be promoted to change young people's attitudes and behaviour.

Condom distribution should be expanded and brand name condoms should be sold at low prices. (Young people trust brand names, not free condoms, but find them too expensive.) Young people also sugges that condoms should be sold in more convenient locations where they do not feel shy buying them. One alternative is condom dispensing machines, which would need to be placed in locations where youth feel comfortable. For some young people, particularly drug users, free condoms are still necessary.

Sex education in schools

Young people mostly agree that one of the best channels for youth to get information about sexual and reproductive health is in school. If every school included sex education in the curriculum, young people would acquire accurate and proper knowledge to cope with the changing world ahead of them.

Appropriate sex education therefore should be promoted and expanded nationwide. The curriculum should include women's rights and the *"third sex"* as well as be more participatory.

However, sex education should not be limited to schools as it would not reach out-of school youth who also need information and skills. There should be a variety of activities to provide sex education to out-of school youth, such as IEC materials, websites and peer education.

Peer education

Peer education is an effective means of reaching and informing young people and should be implemented where appropriate.

Prevention of secondary infections

HIV-positive young people are at risk of secondary infections. Programmes should be initiated which help them to understand the risks and protect themselves.

IEC materials

Appropriate information materials should be developed and distributed at entertainment places and places most frequently visit by youth. This kind of outreach program would be able to contact hard to reach groups as drug users and freelance sex workers.

Promoting the role of parents in RH / HIV

Young people want their parents to be involved in RH/HIV. This could be through the school system and integrated into existing parents' meetings.

Implementation requires the support of the Ministry of Education. The Ministry could develop a sex education curriculum which also involves parents. School personnel would be trained in sex education and thus able to work with parents. Non-governmental organisations and schools with experience of sex education should collaborate on developing a curriculum pilot program. In addition, a call center could increase parents' knowledge and skills in talking about sexual and reproductive health issues with their children.

II. CREATING A SUPPORTIVE ENVIRONMENT

Public awareness raising

Implementation of the above policies and other programmes such as provision of condom dispensing machines requires public understanding and acceptance. It is therefore important to implement a public awareness campaign through various mass media and other activities.

Building capacity of personnel

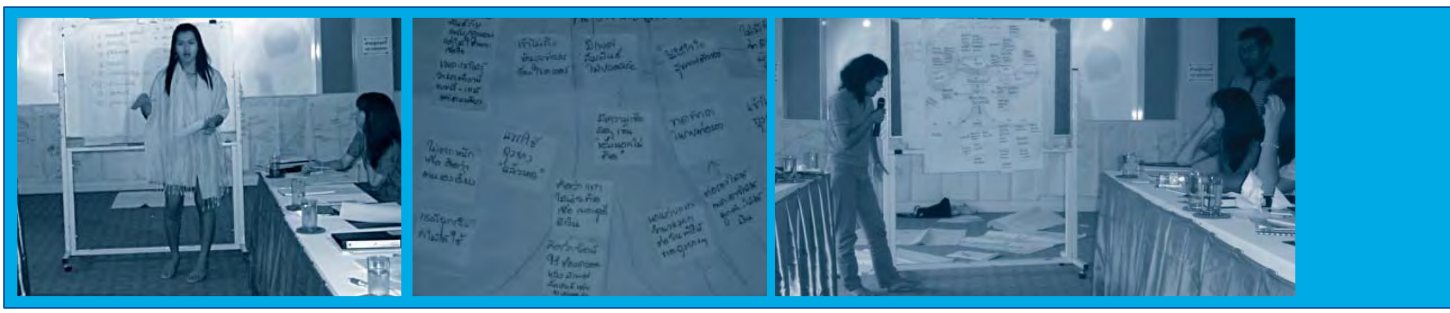
To implement the sex education curriculum, school personnel needs training to enhance their knowledge and skills and to change their attitudes towards sex education.

Strengthening youth capacity and participation

Young people should participate actively in the RH/HIV national response at all levels of society. To promote full and effective participation and avoid using youth as a "token", young people should have the opportunity to develop knowledge and skills to work with their adult partners. In addition to training workshops, youth should be supported to attend forums and conferences at all levels and to implement their own RH/HIV programmes. Moreover, to support youth participation parents' permission is crucial. Parents need clear knowledge about their children's role in RH/HIV activities.

National leadership

The government's commitment to youth and youth-friendly programmes is crucial. The government, through the National AIDS Plan, should have clear policies and plans on HIV/AIDS and youth as well as funding support for those plans.



CHALLENGES

Implementing the above proposals will not be easy. The following challenges must be met.

- Call centres should be a nationwide program that reaches out to all youth from every social background and geographical area. This requires national mapping to survey existing call centres or hotline services as a first step. The mapping would identify existing potentials and gaps. It would also identify needs for capacity building of existing services and to establish new call centres. To raise awareness of the call centres, good public relations through mass media are necessary.

- Mapping of youth-friendly health centres and clinics, followed by capacity building are essential in supporting and expanding access to services among vulnerable youth. Good referral systems and networking among service providers and with call centres would facilitate a holistic continuum of services.

- To promote and support a standard nationwide sex education and HIV/AIDS curriculum, a review of existing curricula is necessary. This requires the participation of NGOs which have developed and are implementing existing sex education curricula, as well as the schools the curricula are piloted, youth representatives and relevant government offices.

- The sex education curriculum must be developed to support the promotion of the role of parents in providing young people with sex education. School teachers need to be trained on how to use the curriculum with parents. The new curriculum should be piloted to ensure its effectiveness.

- Other programmes in addition to the sex education curriculum should be developed to meet the different needs of young people in different settings, particularly out-of school youth. These may include sex education through websites, IEC materials, mass media and peer education.

- A key challenge is achieving coverage of the 95% of youth who have not had access to mainstream programmes. To achieve this coverage, national mapping of existing services and programmes should be conducted to identify gaps and potential implementing organisations. Every sector should work together in this mapping and planning exercise.

- HIV/AIDS programmes for and by young people should be a primary focus of the government policies and plans. National AIDS Plans should have clear strategies on youth and HIV/AIDS.

In order to meet the above challenges, government institutions, international organisations including funding agencies and civil society will need to work in partnership to develop and implement joint strategic plans nationwide.

ANNEX ONE - THE YOUTH TEAM

#	Name	Background/Organisation
Youth team		
1.	Mr. Chakrit Beasa	Youth Muslim Association, Yala Religious College student, HIV/AIDS resource person, AIDS committee, Radio Broadcast
2.	Mr. Suwit Mhadadum	Youth Muslim Association, Yala Undergraduate, Student Chairman, Resource person for youth camp,
3.	Mr. Atiwut Lumbangla	Planned Parenthood Association of Thailand (PPAT), Pathumthani Secondary school, resource person on HIV/AIDS/RH, organized many youth workshops
4.	Mr. Natchanon Onket	Service Workers IN Group(SWING), Bangkok Social work, Foundation for Women providing counselling
5.	Ms. Wannisa Doasai	Secondary School Student, Srisaket Resource person on HIV/AIDS, PAR in UNICEF Right to Know Project
6.	Ms. Wasana Promsena	College student, Nakorn Ratchasima College student, drug use prevention, trafficking project, UNICEF Right to Know Project, Takop Pa Youth Group Chairperson, Outstanding youth, participated in the Kobe Conference
7.	Ms. Jiraporn Sabaengban	Ban Pang Lao Youth Group, Chiang Rai PAR in UNICEF Right to Know Project, member of the Pang Lao Youth Group
8.	Ms. Patcharin Kamchan	Center for Girls, Chiang Rai Resource person on HIV/AIDS/RH/ Trafficking , PAR in UNICEF Right to Know Project
9.	Ms.Ruamporn Pheungphooloy	PPAT Chief Volunteer, Pathumthani Undergraduate, Student Club Chairman, Student Committee, resource person for HIV/AIDS and RH, Thailand Volunteer Award in 2004
Mentors/organisation		
10.	Ms. Sirinate Piyajitpirat	Consultant
11.	Ms. Jintana Sriwongsa	FHI Thailand
12.	Mr. Martin Foreman	YouthNet
Resource persons/organisation		
13.	Dr. Somchai Sriplienchan	Country Director, FHI Thailand
14.	Dr. Scott Bamber	UNICEF Thailand
15.	Dr. Pornchai Suchitta	UNFPA Thailand
16.	Dr. Chaiyos Kunanusont	UNFPA
17.	Mr. Thitikorn Treyaporn	FHI Thailand
18.	Ms. Pattarawan Ucharatna	FHI Thailand

ANNEX TWO

CCA / UNDAF YOUTH PARTICIPATION PROJECT ORIENTATION / TRAINING WORKSHOP 28 – 31 July 2005		
Thursday 28 July 2005		
18.00	Welcome dinner	
Friday 29 July 2005		
8.30 - 9.00	Introduction	Jintana Sriwongsa, FHI
9.00 - 9.45	Expectations	Jintana Sriwongsa, FHI Sirinate Piyajitpirat, mentor
9.45 - 10.30	Overview of RH / HIV situation in Thailand	Dr Chaiyos Kunanusont, UNFPA
10.30 - 11.00	Break	
11.00 - 12.00	CCA / UNDAF process	Pornchai Suchitta, UNFPA
12.00 - 13.00	Lunch	
13.00 - 13.30	Youth participation in this workshop	Sirinate Piyajitpirat, mentor
13.30 - 14.30	Presentation of project overview	Jintana Sriwongsa, FHI
14.30 - 15.15	Review the draft CCA	Sirinate Piyajitpirat, mentor
15.15 - 15.45	Break	
15.45 - 16.30 17.00 - 20.00	Review the draft CCA (Continued) Visit to PATH	Sirinate Piyajitpirat, mentor
Saturday 30 July 2005		
9.00 - 9.30	Warm-up Review of previous day	Youth team members
9.30 - 10.30	Review the draft CCA (Continued)	Sirinate Piyajitpirat, mentor
10.30 - 10.45	Break	
10.45 - 12.00	Assessment: concepts and methodologies	Scott Bamber, UNICEF
12.00 - 13.00	lunch	
13.00 - 13.30	Warm-up	Youth team members
13.30 - 14.30	Skills needed for the assessment What skills do team members have?	Sirinate Piyajitpirat, mentor

14.30 - 15.30	Review of secondary sources Internet research	Jintana Sriwongsa, FHI Pattarawan Ucharatna FHI
15.30 - 16.00	Break	
16.00 - 17.00	Key informant interviews Focus group discussions	Sirinate Piyajitpirat, mentor
17.00-17.30	Debriefing	Jintana Sriwongsa, FHI
Sunday 30 July 2005		
9.00 - 9.30	Warm-up	Youth team members
9.30 - 10.30	Prioritising project research	Sirinate Piyajitpirat, mentor
10.30 - 11.00	Break	
11.00 - 13.00	Prioritising project research (Continued)	Sirinate Piyajitpirat, mentor
13.00 - 14.00	lunch	
14.00- 15.00	Planning and division of tasks among the team	Sirinate Piyajitpirat, mentor
15.00 - 16.00	Timetabling project: work planning in each region and as a team	Sirinate Piyajitpirat, mentor
16.00 - 16.30	Administrative issues	Jintana Sriwongsa, FHI
16.30 - 17.00	Summary of the project and the process	Sirinate Piyajitpirat, mentor
17.00 - 17.30	Evaluation Closing	Sirinate Piyajitpirat, mentor Jintana Sriwongsa, FHI

ANNEX THREE

COMMENTS ON THE FINAL DRAFT CCA HIV/AIDS THEME BY A THAI YOUTH TEAM

The Youth Team comprises of 8 youth, 2 each from the north, south, northeast and central regions of Thailand. We reviewed the draft short version of CCA HIV/AIDS Theme, at the FHI Thailand workshop in the afternoon of 30th July 2005. In general we felt that the CCA is very good and has already covered very important issues to address in the next 5 years. We have some specific comments on the CCA as follows.

Priority issues

- Under the "Active leadership and investment in a multisectoral response" issue. We would like the CCA to also stress ***the active and fully involvement of youth in the planning and implementation*** of HIV/AIDS. We would like to see that the national leaders realize the capacity and the importance of young people in the response to HIV/AIDS at all levels. To promote active youth involvement, there should be a policy and/or strategies to facilitate students to participate in the out-school activities during school days without missing classes and lessons.

- Youth and adolescents. We are happy to see that youth and adolescents are one of the priority issues of the CCA. Even though the document has stated the need to involve parents and community leaders, we felt that their involvement should be clearly stated. As young people, we would like to see ***the role of the family*** (parents) being more strengthened particularly in providing sex and reproductive health education, HIV prevention as well as counselling to the young people in the family.

  In addition, we would like to see ***sex education*** being put into the compulsory curriculum. It should provide needed information with attractive teaching methods.

- We would also suggest that the ***role and involvement of the community leaders*** should be highlighted in the CCA. They include religious leaders, traditional healers, informal leaders as well as formal leaders particularly the Tambon Administrative Organisation (TAO). As the local national budget is now administered by the TAOs, sustainable HIV/AIDS in local communities is mainly depends upon their interest in the issue.

- Women and young girls. We would only like to add that ***young boys*** should also be part of the solution. Thus, they should be aware of the gender differences and equality and get involved in the strengthening process of young girls.

  The evidence also shows us that a number of young girls undergo ***early marriage*** particularly in the ethnic communities and in southern region of Thailand, the preparation of young girls before marriage should be promoted.

- Access to care and treatment. We found that ***HIV positive youth*** have not yet been given specific attention in the mainstream care and support. Information regarding positive youth seems to be limited. This may be one of the priority areas to explore.

- Data. Youth would like to ***have more adult-youth sharing forums*** to gain more adult-youth cooperation/collaboration/working. They noticed that even though the National AIDS Seminar, focused on youth, the venue/forum still separate youth and adult. We also would like to see more data related to RH and HIV/AIDS available and easy to access.

Priority populations

- Drug and substance abusers. ***Drug users in the communities*** and those who are discharged from the "prisons or institutions" are also at high risk and thus should also be given a priority.

- Migrant, ethnic minority, refugee, and mobile populations. The emphasis should not only be given to migrant/mobile workers but also to ***young people*** who migrate to study or work elsewhere. We also felt that ***internal migrants*** is also vulnerable. Moreover, Thai workers and students who migrate ***to other countries*** may be in great need to be equipped before leaving the country.

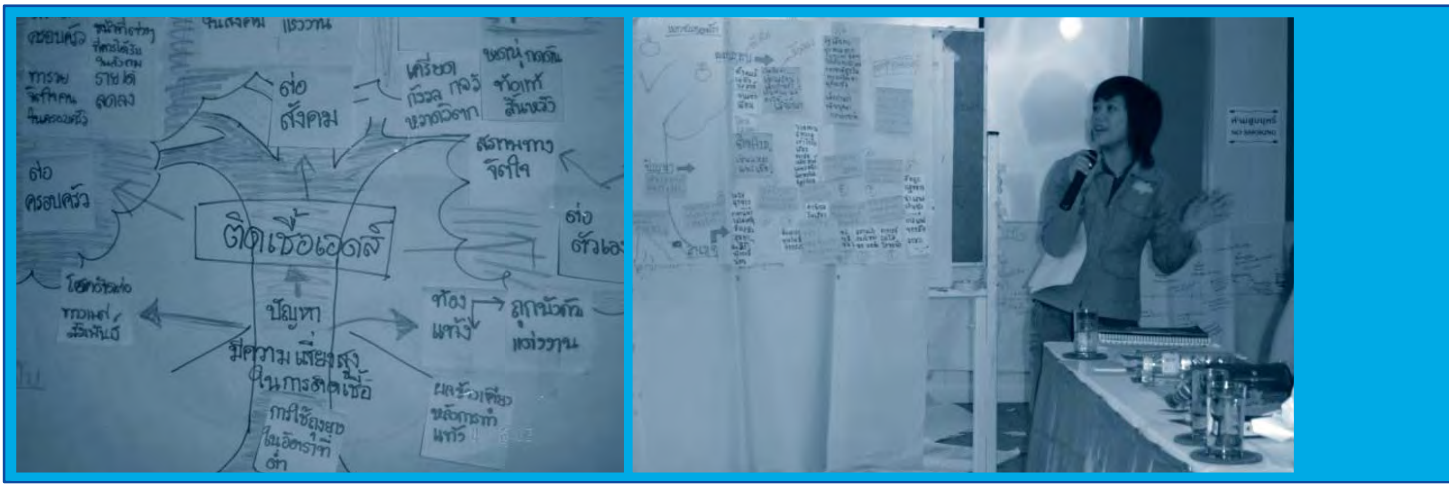
- Men who have sex with men. They should also include ***young men who Sell sex to men in schools, men who have sex with men sex workers, transgenders,*** and ***men who have sex with men in prisons/young offenders' institutes.***

- Non-brothel-based sex workers should also target the ***"clients"*** both male and female clients.

- We would also like to add two other priority groups: ***lesbians*** and ***disabled persons*** as their risks are less known.

We would like to convey our sincere thanks to UNFPA for providing us a great opportunity to participate in the CCA process.

The Youth Team
31 July 2005



ANNEX FOUR

THE ASSESSMENT ACTIVITIES

Based upon the assessment work plan and process developed during the orientation workshop, the individual youth team members had the whole month of August 2005 to gather the information on the 8 selected priority issues. The 3 main assessment methodologies used in their data collection were the use of secondary sources (e.g. secondary documents, reports and website), key informant interviews with those who have particular knowledge on the issues, interviews and focus group discussions with respective target youth groups. And, further interviews of key informant and focus group discussions were conducted a couple of weeks in October after receiving comments from UNFPA.

I. Review Secondary Sources:

All the youth team members were involved in the desk review which include the review of secondary information from existing documents and reports and website. The details of individual youth team members' activities could be summarized as follows.

Assessment area	Methodologies used	Youth team member	Date
Youth and adolescents	Search website research reports of the Northern So Ko Wor at Chiang Rai Ratchapat University	Jiraporn	3-4 August 2005
	Review secondary information from FHI, TNCA-Northeast	Wasana	1-3, 16 August 2005
	Website search	Wasana	6, 8-14 August 2005
	Search at library	Wasana	14 August 2005
	Review secondary information	Patcharin	9 August 2005
	Website search	Patcharin	16 August 2005
	Website search	Ruamporn	26-27 August 2005
Role of the family	Website search	Patcharin	16 August 2005
	Website search	Atiwut	1-5 August 2005
	Website search	Ruamporn	24 August 2005
	Review secondary information	Wasana	17-19 August 2005
	Website search	Wasana	19-21 August 2005
HIV positive youth	Website search	Wasana	1-3, 6-7, 11-14, 19-21 August 2005
	Review documents from TNP+	Wasana	25 August 2005
	Website search	Jiraporn	13-14 August 2005
Men who have sex with men	Research at Thammasart University's library	Natchanon	2-3, 5 August 2005
	Website search	Natchanon	6-7, 15 August 2005

Assessment area	Methodologies used	Youth team member	Date
	Attend the seminar on men who have sex with men at the MOPH	Natchanon	17, 24 August 2005
	Review secondary materials suggested by MPlus	Jiraporn	13-14 August 2005
Non-brothel based sex workers	Secondary materials at EMPOWER	Natchanon	18 August 2005
	Search for secondary information at the Thammasart University Library	Natchanon	13 August 2005
	Review secondary documents	Natchanon	15-21 August 2005
	Website search	Natchanon	8-9, 15 August 2005
Women and young girls	Review secondary information	Wasana	1-3, 15-16 August 2005
	Review secondary information	Jiraporn	3-4 August 2005
	Website search	Wasana	6-7, 8-14, 19 August 2005
Drug and substance users	Desk review-secondary documents received from the orientation workshop Search from website	Suwit and Chakrit	1, 3-4, 8-9 August 2005
Migrant and mobile populations	Search from website Key informant interview (Tambon Administrative Organisation)	Wannisa	11-12 August 2005

II. Learning from Key Informants

The youth team also conducted number of interviews with key informants, mostly NGOs and government officers working on the issues to get the overview of the current situation and s on that particular issue during August – October 2005. The involvement of youth team members on the 8 assessment areas is summarized in the below table.

Assessment area	Methodologies used	Youth team member	Date
Youth and adolescents	Key informant interview – TYAP and Northern Youth Network in Chiang Mai	Patcharin and Jiraporn	5 August 2005
	Interview the coordinator of the Pang Lao Youth Group in Chiang Rai re general situation	Jiraporn	8 August 2005
	Interview Thailand Plan International Chiang Rai	Jiraporn	15 August 2005
	Telephone interview Ms. Suthisa Sributwong of AIDSNet	Wasana	4-5 August 2005

Assessment area	Methodologies used	Youth team member	Date
	Northeast, director of Thai Youth AIDS Project Chiang Mai, Ms. Jarawee Kampaeng of TNCA-Northeast, coordinator of Youth Network-Northeast, coordinator of Youth Network-North and coordinator of Youth Network-South		
Role of the family	Talk with PPAT Bangkok with regard to the situation of the role of the family in HIV/AIDS	Atiwut	13 August 2005
	Interview Khun Usasinee of PATH Thailand	Natchanon	10 October 2005
HIV positive youth	Interview Chiang Rai Public Health Office	Jiraporn	6 August 2005
	Interview ACCESS Foundation Chiang Rai	Jiraporn	6 August 2005
	Interview Nakornrat Chasima Public Health Officer	Wasana	20 August 2005
	Telephone interview with coordinator of TNP+ Northeast	Wasana	4 August 2005
	Interview coordinator of TNP+ Nakonrat Chasima	Wasana	21 August 2005
	Telephone interview Ms. Chutima Saisaengchan	Wasana	10 August 2005
Men who have sex with men	Interview MPlus Chiang Mai on general situation	Patcharin and Jiraporn	5 August 2005
	Interview SWING Director	Natchanon	12 August 2005
Non-brothel based sex workers	Discuss with Khun Thitikorn Treyaporn, FHI Thailand	Natchanon	19 August 2005
	Interview SWING Director	Natchanon	12 August 2005
Women and young girls	Interview EMPOWER Chiang Rai	Patcharin and Jiraporn	5 August 2005
	Interview Centre for Girls Mae Sai, Chiang Rai	Jiraporn	12 August 2005
	Interview coordinator of TNCA-Northeast	Wasana	4 August 2005
	Interview coordinator of TNCA Bangkok	Wasana	August 2005
	Interview Centre for Girls Director	Patcharin	October 2005
Drug and substance users	Key informants interviews: − Yala Drug Treatment Centre − Yala Public Health Office − Southern Office of the Narcotics Control in Songkla	Suwit and Chakrit	5 August 2005, 12 August 2005, 24 August 2005

Assessment area	Methodologies used	Youth team member	Date
Migrant and mobile populations	Interview a member of the Tambon Administrative Organisation	Wannisa	11-12 August 2005
	Interview members of Friends Find on the Street Project in Mae Sai, Chiang Rai	Jiraporn	12 August 2005
	Interview staff of Hill Area Development Foundation	Patcharin	10 August 2005
	Interview staff of Hill Area Development Foundation	Jiraporn and Patcharin	15 August 2005

III. Conducting Focus Group and Interviews with target youth

The interviews and focus group discussions with target youths were conducted either by a pair of youth team members or individuals. The northern and southern teams were paired up to conduct focus group discussions as the team lived in the same province while the central and northeastern teams conducted the focus group individually.

As shown in the below table, the focus group could not be done with sensitive issues like the indirect sex workers. Therefore, the youth team used telephone interview with indirect sex workers as most of them did not want to identify themselves.

The youth team used the key questions developed by the youth mentor. The key questions were basically developed in accordance with the general situation reports written by responsible youth. As the situation reports were mostly finished in the second week of August, the youth team had only 2 weeks to do the interviews and focus group discussions.

With the limited time availability, the youth team members could not conduct as many interviews and/or focus group discussions as they wanted. The number of interview and focus group discussions with relevant youth is summarized as follows.

* Youth and adolescents & women and young girls	7 focus groups and 1 interview
* Women and young girls	2 focus groups and 1 interview
* Young People Living with HIV/AIDS	2 focus groups and 2 interviews
* Men who have sex with men:	4 focus groups and 1 interview
* Indirect sex workers:	8 telephone interviews and 1 focus group
* Young drug users:	6 focus groups
* Youth in dormitories:	5 focus groups

The detailed involvement of each youth team members in the interview and focus group discussions with target youth is presented in the below table.

Assessment area	Methodologies used	Youth team member	Date
Youth and adolescents & women and young girls & role of the family	Focus group with 2 youth groups	Suwit	13, 31 August
	Focus group with 6 high school students from different schools in Prachin Buri province who participated in the student camp	Natchanon	20-21 August
	Interview with university students at the student camp	Natchanon	22 August
	Focus group discussion with 8 youth	Wannisa	28 August
	Focus group with youth leaders of Pang Lao Youth Group	Jiraporn	20 August
	Focus group with youth leaders of Takob Pa Group	Wasana	27 August 2005
	Interview Mr. Attapon Rodsanthia of Takob Pa Group	Wasana	29 August 2005
Women and young girls	Focus group discussion with 6 housewives	Jiraporn	4 October 2005
	Focus group discussion with 4 young girls	Jiraporn	6 October 2005
	In-depth interview a housewife who is HIV positive	Patcharin	9 October 2005
HIV positive youth	Interview HIV positive persons at Mercy House	Natchanon	26 August 2005
	Focus group with PLHA	Wasana	26 August 2005
	Focus group with PLHA at ACCESS Foundation	Patcharin and Jiraporn	31 August 2005
	Interview 2 PLHA (one male one female) at Mercy Centre	Ruamporn	29 August 2005
Men who have sex with men	Interview one men who have sex with men	Wannisa	29 August 2005
	Focus group with 5 men who have sex with men (sex workers) at SWING	Natchanon	24 August 2005
	Focus group with 4 men who have sex with men(university students) at Thammasart University	Natchanon	27 August 2005
	Focus group with 4 men who have sex with men	Patcharin	14 August 2005

Assessment area	Methodologies used	Youth team member	Date
	Focus group with one men who have sex with men	Patcharin	17 August 2005
	Focus group with 6 men who have sex with men sex workers	Natchanon	7 October 2005
Freelance sex workers	Telephone interview with 5 female indirect sex workers	Ruamporn	24 August 2005
	Telephone interview with 3 female indirect sex workers	Atiwut	26 August 2005
	Focus group discussion with 4 female indirect sex workers	Atiwut	6 October 2005
Drug and substance users	Focus group with student ex drug users	Suwit and Chakrit	27 August 2005
	Focus group with 10 young drug users at Darul Iman Centre	Suwit and Chakrit	29 August 2005
	Focus group with 8 current and ex drug users	Ruamporn and Atiwut	24 August 2005
	Focus group with 25 young drug users attending the detoxification program at Samutprakarn hospital	Natchanon	5 October 2005
	Focus group with 4 young drug users and ex-users	Ruamporn	6 October 2005
	Focus group with 5 young drug users	Ruamporn	8 October 2005
Youth residing in dormitories	Focus group with youth in dormitory	Suwit and Chakrit	26 August 2005
	Focus group with friends in dormitory	Wasana	28 August 2005
	Focus group with 5 youth (2 males 3 females) in dormitories	Ruamporn	31 August 2005
	Focus group with 5 youth residing in in-campus dormitories	Suwit and Chakrit	14 October 2005
	Focus group with youth 5 residing in out-campus dormitories	Suwit and Chakrit	15 October 2005

ANNEX FIVE

DATA ANALYSIS WORKSHOP
1-4 September 2005
Chom View Hotel, Hua Hin

Workshop Objectives

- To analyze information collected from the assessment
- To identify information gaps for further assessment
- To develop work plan for the next period

Expected Outputs

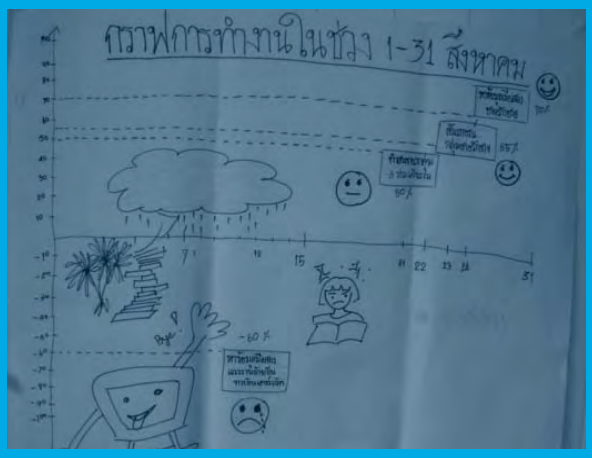
- Draft assessment report
- Action plan for completion of the report

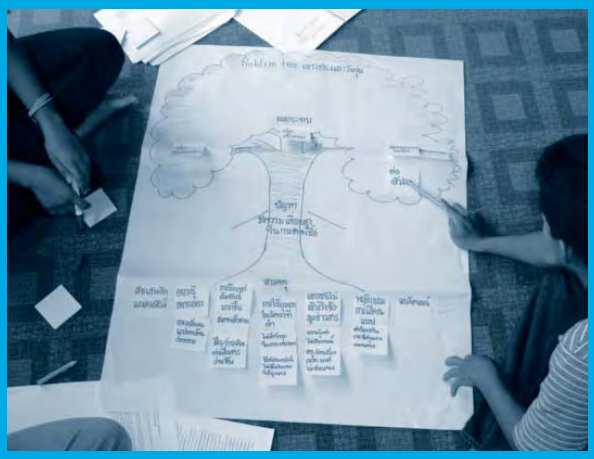
Thursday 1st September 2005	
10.30-16.00	Leave Bangkok for Hua Hin
16.00-17.00	check in at Chom View Hotel
17.00-19.00	Workshop introduction and objective Participant introduction Sharing of experiences and lessons learned from the assessment
19.00-20.00	Dinner
Friday 2nd September 2005	
9.00-9.15	Greetings
9.15-9.30	Review of the assessment areas and process
9.30-10.30	Presentation of the general situation of individual assessment areas • Youth and Adolescents — Wasana • Indirect Sex Workers — Natchanon • HIV Positive Youth — Patcharin • Migrant and Mobile Populations — Wannisa
10.30-10.45	Break
10.45-12.00	Presentation of the general situation (continued)
12.00-13.00	Lunch
13.00-13.30	Data analysis framework
13.30-16.00	Small group work to analyze problem and needs and identify possible strategies for individual assessment areas • Youth and Adolescents — Wannisa, Chakrit, Jiraporn & Sirinate • Indirect Sex Workers — Natchanon, Atiwuth & Sirinate • HIV Positive Youth — Patcharin, Wasana & Jintana • Mobile Youth — Ruamporn, Suwit & Pattarawan

16.00-17.00	Presentation of group works
17.00-18.00	Free time
18.00-20.00	Sharing of experiences on RH/HIV of youth team members
Saturday 3rd September 2005	
8.30-10.00	Presentation of group works (continued)
10.00-10.30	Break
10.30-12.00	Presentation of general situation on the following assessment areas • Men who have sex with men — Natchanon • Women and young girls — Jiraporn • Young drug users — Suwit • Role of the family — Ruamporn
12.00-13.00	Lunch
13.00-16.00	Small group work to analyze the problems and needs and identify possible strategies of each assessment areas • Men who have sex with men — Natchanon & Thitikorn • Women and young girls — Jiraporn, Patcharin & Jintana • Young drug users — Atiwuth, Suwit, Chakrit & Sirinate • Role of the family — Wasana, Wannisa, Pattarawan & Dr Somchai
16.00-17.00	Presentation of group works
17.00-18.30	Energizer on the beach
19.00-20.00	Dinner
Sunday 4th September 2005	
8.30-10.00	Presentation of group works (continued)
10.00-10.30	Break
10.30-11.30	Q&A on R/H and HIV/AIDS by Dr. Somchai
11.30-12.30	Dissemination of the assessment report (brainstorming)
12.30-13.30	Lunch
13.30-15.00	Assessment reporting format and responsibility Identify information gaps for further assessment Work planning
15.00-16.30	Administrative issues
16.30	Closing

ANNEX SIX

Workshop to Finalise the Assessment Report 7 November 2005 Cabbages & Condoms Hotel, Pakchong, Nakornrat Chasima	
8.30 - 9.00	Welcome and workshop introduction
9.00 - 10.00	Review of the past activities
10.00 - 12.00	Presentation of the draft report Review and comments by youth team
12.00 - 13.00	Lunch
13.00 - 14.30	Small group work to identify the programming activities (what and who) for individual recommendation *Group 1* 1. Call center 2. Youth-friendly services/clinics 3. Sex education *Group 2* 1. Condom promotion 2. The parents' role 3. Secondary prevention *Group 3* 1. Public awareness campaign 2. Capacity building of personnel 3. Strengthening capacity and role of youth in the national response 4. Policy development
14.30 - 14.45	Coffee break
14.45 - 16.00	Presentation and discussion of group works
16.00 - 17.00	• Discussion of the dissemination plans • Development of key messages and identify means for public campaign at the World AIDS Day • Division of roles among youth team members in different dissemination activities
17.00 - 17.30	Closing with presentation of certificates to the youth team
19.00 - 22.00	Thank you party


กราฟการทำงานในช่วง 1-31 สิงหาคม



STRENGTHENING YOUNG PEOPLE'S

PARTICIPATION IN THE RH/HIV RESPONSE IN THAILAND

"Most recommendations on RH/HIV policy for young people are made by adults, usually – but not always – after consultation with young people. Although this document was translated from Thai and edited by adults, from the beginning of the project its contents and form were dictated by the youth team. In short, this report comprises analysis and recommendations by, about and for young people in Thailand and has minimum adult involvement."