

Addressing Contextual Factors for an Adolescent Reproductive Health Project --- A Case of the Application of Participatory Learning and Action in China

Introduction

In the context of rapid behavioral and sociological changes in China, taking place during the socioeconomic reform era, adolescent sexual and reproductive health (ASRH) issue, which has long been a taboo in China, is gaining more and more attention from both the public, and the academic circle. While influences from the traditional culture, --- the Confucian idea still exist, liberalization of sexual relationships at all ages, especially for the young, is seen as an ongoing process (Hoy 2001). In such a social context, are the currently available reproductive health (RH) services sufficient enough to keep up with the changing sexual attitudes and behaviors of Chinese youth? Is the social environment for ASRH youth friendly enough? And how to make adolescent reproductive health programs work effectively and adequately address youth's needs? These challenging issues are rising for researchers, public health practitioners, as well as policy makers. Exploration of these questions is conducive to designing and implementing programs that will contribute to meeting youth's needs, and improving their RH status.

However, given the importance of the issue, those questions are not adequately answered. Amongst the scattered studies and projects attempting to address the ASRH issue, mostly limited in their scales, not many were able to adequately explore or address the social environment, or the contextual factors, which are essential to youth's development. Thus, the impacts of these projects are also limited. In terms of methods used for addressing the ASRH issue in China, it is either relying on questionnaire survey data for assessing the RH status and needs of adolescents, or still adopting the traditional lecture-oriented, didactic approach for educating youth on RH. Only in 1998, the Adolescent Reproductive Health Pilot Project, launched by the China Family Planning Association (CFPA) under the UN Population Fund Reproductive Health/Family Planning (FP) Project, adopted peer education approach and approved success in engaging stakeholders, improving community environment and exerting a resounding positive influence. However, it is only piloted in two major cities, and lacked scaling-up.

This paper, based on the practice of the China Youth Reproductive Health Project, and more specifically, the project's Participatory Learning and Action (PLA) program, aims to introduce how the PLA was applied to explore and address the contextual factors for an ASRH project, and to contribute to the project success. The use of the PLA method will be introduced, along with its findings on the contextual factors associated with ASRH, and how they shaped youth's access and utilization of RH services as well as the unmet RH needs of adolescents. Importantly, we will also discuss the impact of PLA in terms of improving those contextual factors to build up a supportive social environment for ASRH. Based on the case of one of the project sites, --- Wuhan in central China, the very application of PLA was found to have helped to improve the contextual factors at the family, school, and community levels. This intensive PLA intervention informed the project design and shifted the attitudes of many people involved in the project. The study

adds on to the limited qualitative research and in-practice intervention on ASRH in China, and sheds light to public health policy making in terms of improving RH programs.

Project background

This paper is based on the first author's internship work done for the Program for Appropriate Technology in Health (PATH) on its China Youth Reproductive Health (RH) Project. The project addresses the RH needs of adolescents, and is a partnership between PATH and CFPA. This five-year project runs from April 2000 to March 2005, and potentially targets 80 million adolescents (ages 10 to 24) in 14 project sites (12 urban and 2 rural). The project, based on the cognitive behavioral change and stage of change theories, seeks to contribute to the improvement of ASRH with the specific goals of: improving adolescents' awareness of positive gender and human rights values and safer sexual practices, increasing their access to and utilization of quality sexual and reproductive health services and counseling, and creating a safe and supportive environment for adolescent sexual and reproductive health programming at the national, community, school, and home levels. And specific behavioral goals expected to achieve on youth include: delaying sexual debut; reducing the number of partners among sexually active youth; and preventing unwanted pregnancy, sexually transmitted infections (STIs) and coercive sex.

In order to make the project more effectively address the problems and concerns that adolescents consider the most important, and to get youth involved and empowered, extensive participatory learning and action (PLA) activities were carried out in the first year to collect data for assessing youth's RH needs, as well as to understand gatekeepers' perceptions of ASRH issues. Altogether, 2,674 adolescents and 784 adult stakeholders from the 14 project sites participated in the PLA activities. The 2,674 adolescents can generally be classified into two groups: in-school youth, ages 10 to 18, including primary school, junior and senior high students, and students in vocational schools; and out-of-school youth, ages 16 to 24, including both local and migrant youth, both unemployed and working youth, especially those working in service industries. In terms of gender, the youth participants include both boys and girls, with an even sex distribution.

This paper is mostly based on PLA activities in Wuhan, the capital city of central China's Hubei Province. It is a metropolitan city that attracts migrants from around the region, and is ranked as the fourth largest city in China, in terms of population size. It is also one of the project sites that have kept the most complete and comprehensive PLA data. PLA activities in Wuhan were practiced by the local Family Planning Association of Wuchang district, which has extensive network and connections with local communities. Results of the PLA activities are extensively used for ongoing project activities in Wuhan, and contribute a lot to project design and implementation.

Methods: Participatory Learning and Action (PLA)

PLA is defined as a "growing family of methods and approaches that enable local

people to analyze, share and enhance their knowledge of life and its conditions, and to plan, prioritize, act, monitor and evaluate based on this knowledge.” (Care, 1999) The application of PLA in ASRH programs involves the use of several different participatory techniques, including focus group discussions, mapping exercises, listing and ranking exercises to gather information from youth and various community stakeholders. It is not only a research tool to collect data, learning about young people’s RH needs, but also serves as a project intervention to enhance the knowledge and increase the awareness of adolescents in terms of RH issues, improving their RH status. The PLA activities for the China Youth RH Project is also meant to be a way to enhance the interactions between youth and adult stakeholders, and to improve the social environment by increasing the local project staff, as well as local ASRH practitioners’ ability to work with youth, and to provide youth friendly services.

The PLA activities in Wuhan involved 189 young participants, ages 14 to 24. Of them, 70 were students from two vocational schools, 119 were out-of-school youth, about half of which were local youth, either being unemployed, or working in service industries and factories, and 59 were out-of-school migrants, working in hotels, restaurants, or privately-owned beauty salons. In addition, 77 adults also participated in PLA activities as the secondary target population, or stakeholders—including parents of students, high school teachers, and community workers or workplace administrators.

The data collection process took from December 2000 to January 2001. About 23 PLA sessions were conducted, including a couple of individual interviews and follow-up discussions. In addition, some in-depth interviews were also conducted individually. Each session was generally held among a group of 10 to 12 people, male and female separated. PLA tools used for gathering information included: group discussion and the group process, free listing, body mapping, Venn diagrams, causal impact analysis (flow diagrams), and ranking and scoring (to be introduced in more detail).

PLA findings on social environment (to be added with quotes from program staff and qualitative data on adolescents in more depth and detail)

In looking into the social environment that shapes ASRH, including adolescents’ access and utilization of RH services, it is found that neither family, nor school, nor community provided sufficient support in ASRH.

Family: Hardly any parents talked about sexual and reproductive health issue with their children, nor offered their teenage children any RH knowledge. Communication between parents and their children was generally rare. In the initial stage of the project, some parents even forbade their children to participate in project activities. It is also identified that parents and adolescents hold different perceptions regarding ASRH issue, especially in terms of the RH education and services needed for youth.

School: Among the three key social environment actors, only school weakly functioned in terms of providing basic RH knowledge, and disciplining students, but was not well and effectively functioning. Students complained that the RH knowledge covered in

physiology class was either too shallow, or too dry. The class was not offered in a youth-friendly way, and many schools simply skipped the chapter on RH knowledge for the physiology class. School teachers and school system usually tried to discipline students' dating behaviors, but often times resulted in tension between school and students.

Community: There was basically no community participation in ASRH issue. Local family planning agencies mostly only provided services to married couples, with nothing offered to unmarried adolescents. Youth-friendly RH services were not available in communities, and there was lack of community attention and support to ASRH programs.

Applying PLA to improve social environment

Implementation of PLA activities itself acted as an intervention to improve supportive social environment for the youth RH project. PLA activities held for adult stakeholders made parents, teachers, and community workers in regards see the unmet needs of adolescents and the imperativeness to improve access and utilization of RH services for youth. Particularly, the attitude change of parents made them become more aware of youth's needs and encouraged parents' communication with their children; and attitude change among project staff brought respect of youth, willingness to learn from youth, attention to youth's problems and understanding of at-risk youth, which also improved project staff's skills of working with youth.

Use of PLA findings is also represented in designing project interventions, making the project more adequately address the contextual factors.

- At the family level: in recognition of the lack of parent support, parent training was incorporated into the program, where parents were reported PLA findings on ASRH status and were offered RH knowledge, also in a participatory approach. In fact, an evaluation from the project site in Tianjing city showed that parent training is significantly associated with improvement of adolescents' RH knowledge and their sexual behaviors.
- At the school level: with the positive effects of PLA activities, Wuhan project staff were able to expand the life-planning skill curriculum to more schools, and to change the school teaching style from didactic to participatory approach. Cooperating with local education bureau, local FPA in Wuhan is also working towards the institutionalization of sexual and RH education, making sex education being incorporated into school curriculum.
- At the community level: in response to youth's needs of RH services as identified in PLA findings, youth RH centers are being built up in communities. Community workers were trained and sexual and RH education was offered in communities, specifically targeting the out-of-school youth, who were not normally incorporated into the school system.
- And at the sociopolitical level, political advocacy was also incorporated into project interventions, institutionalization and legalization of RH services for youth were actively sought. With the positive effects of PLA activities, leaders began to show more attention to ASRH issue, and local FPA in Wuhan was successful in gaining matching funds from the local government for sustaining the project. The innovative PLA activities also

garnered media attention. Through media coverage, the ASRH issue began to win more public awareness and the traditional taboo against talking about sex was relaxed.

Conclusion:

Being a good way to have youth's voices heard, the PLA needs assessment research conducted at the early stage of the project articulates the importance of social environment in shaping youth's RH status and needs, and helped to mobilize the three key actors of the social environment, namely, family, school, and community. A youth friendly social environment was being built up for improving adolescent RH status in China. Experience of improving supportive social environment with the application of PLA from the China Youth RH Project has great implications to RH programs aiming at improving adolescent RH status.