Using Participatory Learning and Action to Assess Adolescents' Reproductive Health Status: A Qualitative Report on In-School and Out-of-School Youth in Wuhan, 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). Are the currently available RH services sufficient enough to keep up with the changing sexual attitudes and behaviors of Chinese youth? What is the RH status quo for youth in contemporary China? What are their unmet needs in RH? And is the social environment for ASRH youth friendly enough? These issues are rising for researchers, pubic 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. Only scattered studies attempt to address the issue, and they are usually not geared towards health promotion programs, while health intervention programs are usually not well theory-based. For either academic or program implementation research addressing the issue of ASRH in China, they are often based on questionnaire survey data, in terms of methods used, and lack follow-up checks, due to the sensitive nature of the topic in question. As for subjects under study, most of these studies only look at the in-school youth, due to the difficulty involved in locating out-of-school youth, registering them in the survey. Therefore, even less is known about the RH status of out-of-school youth, who are estimated to have more unmet needs.

This paper, using qualitative data collected from both in-school and out-of-school youth, aims to present some similarities and differences found between the two youth groups in their knowledge, attitudes, skills, behaviors, and needs regarding sexuality and RH. The data are actually collected during the Participatory Learning and Action (PLA) activities for a nation-wide ASRH project, which is still ongoing now, and what is reported here is only part of the data from one of the project sites, --- Wuhan. Since the data collected in the first phase of the project are found to serve the overall project well in terms of assessing the RH status and needs of adolescents, the PLA method is proved to be a good way to have youth's voices heard. This study adds on to the limited qualitative research on ASRH in China, and sheds light to public health policy making in terms of improving adolescent RH.

Project background

This study is based on the internship work I did 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 the China Family Planning Association (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 adolescent sexual and reproductive health (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, home, and school 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.

The data on which this paper is based are drawn from 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. Thus, subjects under study are also from the Wuchang district, which is the cultural educational center of the city. Results of the PLA activities are extensively used for ongoing project activities in Wuhan, and contribute a lot to project design and implementation.

Data and Methods

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 local project staff, as well as local ASRH practitioners' ability to conduct qualitative research, 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. Considering that there are more similarities between the two groups out-of-school youth, they are identified as a whole group for most of the discussion in this paper, though they were investigated separately in the original study.

The process of locating the participants was a combination of random sampling and purposive selection. Firstly was to locate schools, or street communities from which the subjects are to be drawn. Since the national plan was to have Wuhan investigating vocational school students, 2 schools that are considered more representative of the target population and that are more cooperative were chosen out of 15 vocational schools in the district. Then students were chosen in a random sampling process from the school enrollment roosters. For drawing out-of-school youth, four street communities were randomly selected out of 14. Then depending on the cooperativeness of the youth's work places and the suggestions of local street community committees in terms of wide coverage and representativeness of existing ASRH issues, out-of-school youth were selected in a partially random process. Distribution of participants in terms of sex was attempted to be kept even. About half of the overall participants were male and half female. A summary of the adolescent participants is shown in the table below:

Youth	Sex	Age	Number of people	Number of sessions
Vocational school students	Male	14-19	37	5
	Female	16-19	33	4
Local out-of-school youth	Male	18-24	35	3
	Female	20-24	25	2
Migrant youth	Male	18-24	23	2
	Female	16-24	36	7
Total			189	23

The data collection process took from December 2000 to January 2001. About 23 PLA sessions were conduced, 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.

Findings and discussions (to be added with quotes and qualitative data analysis in more depth and detail)

Some similarities and differences between in-school and out-of-school youth can be briefly summarized below:

Knowledge: Both the two groups have some basic knowledge on sexuality and RH, but their knowledge is fragmentary, and only stays at the level of "hearing about", instead of "knowing how". There are also some misconceptions on their understanding of HIV/AIDS and STIs. In terms of the channels for getting the RH knowledge, both the two groups mostly rely on informal channels other than formal education. Websites and porn videos are actually the main sources of their RH knowledge. In general, no substantial difference is identified between the two groups.

Attitudes: Information on adolescents' attitudes towards virginity, school dating, and pre-marital sex was collected. Generally most youth expressed that they do not really care about virginity, but it turns out that out-of-school youth showed more concern about it than school students. Since out-of-school youth that were investigated were generally older, age can explain some of the difference here. When it comes to pre-marital sex, it sort of follows the same line with the attitudes towards virginity, but a division is seen within the out-of-school youth group. Youth considered at high-risks, mostly migrant youth working in service industries, or those with broken families, tended to show less concern to pre-marital sex as an issue, or even encouraged it. And most of the youth supported dating in high school, considering it natural. Only some students pointed out the potential conflicts with study tasks.

Behaviors: Dating behavior is prevalent among out-of-school youth, while for school students, though the rate is not low, the prevalence still cannot be compared with their out-of-school counterparts. The social environment --- school and family for school students versus community for out-school youth, matters here. In terms of practice of sexual intercourse, stark difference is identified between the two groups, with the behavior being much more prevalent among the out-of-school youth, who also have more complicated reasons in terms of initiation of sexual intercourse. Again, the social environment plays an important role here.

RH needs: Given all the differences on sexual perceptions and behaviors between the two youth groups, they are also found to have some discrepancies in their RH needs. A scoring and ranking activity was practiced in which all the adolescent participants were asked to score the importance of a list of knowledge points (a 0-10 scale was used, with those considered more needed to know scored higher). The results were ranked in an order with the most-preferred-to-know point ranked the first. The result is presented in the table below. The differences in RH needs between the two groups that are shown here also reflect the influences of social environment and socioeconomic conditions.

Table: Adolescents' needs and preferences on learning sexual and reproductive health knowledge, by the three youth groups

Knowledge options	School students		Out-of-school youth (local)		Out-of-school youth (migrants)	
	Average score	Rank	Average score	Rank	Average score	Rank
Physical change in growth	7.98	8	8.38	4	9.10	2
Physiological hygiene in puberty	8.5	2	8.41	3	9.40	1
Social contacts with the opposite sex	9.22	1	8.17	5	8.76	3
Knowledge about love	8.48	3	7.62	6	8.50	6
How to handle sexual impulse	8.34	5	6.98	8	7.90	8
Sexual intercourse	8.22	7	7.28	7	8.32	7
Contraceptive use	8.24	6	8.42	2	8.60	5
Prevention of STDs	8.45	4	8.71	1	8.74	4
Knowledge on homosexuality	6.67	9	5.89	9	6.82	10
Other	6.00	10	5.42	10	7.81	9

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. 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; community mostly only provided services to married couples, with nothing offered to unmarried adolescents; and family basically did not function. These might partially explain the more unmet needs among out-of-school youth.

Conclusion:

As the findings shown above, discrepancies in RH status and needs between in-school and out-of-school youth mostly lie in their attitudes, behaviors and needs regarding sexuality and RH. Social environment, including socioeconomic conditions, is thus identified as playing an important role in shaping youth's RH status and needs, though age and gender also matter. Therefore, a youth friendly social environment, conducive to improve ASRH needs to be built up, especially for the out-of-school youth, who are at higher risk, and have been identified with more RH problems. The three key actors of the social environment, namely, family, school, and community, that were not effectively functioning, need to be mobilized in particular, for improving adolescent RH status in China. Also, due to the discrepancies in RH needs shown between the two groups, ASRH programs need to be specialized, being geared towards the different specific target populations.