

## Making Motherhood Safe

Strengthening Comprehensive Referral System and Building Quality of Health Volunteers

"No Woman Should Die Giving Life" at Ban Mae Jang, Mae Hong Son, Thailand  
Bupha, an All-in-One Maternal Health Volunteer

## Youth Sexual Reproductive Health

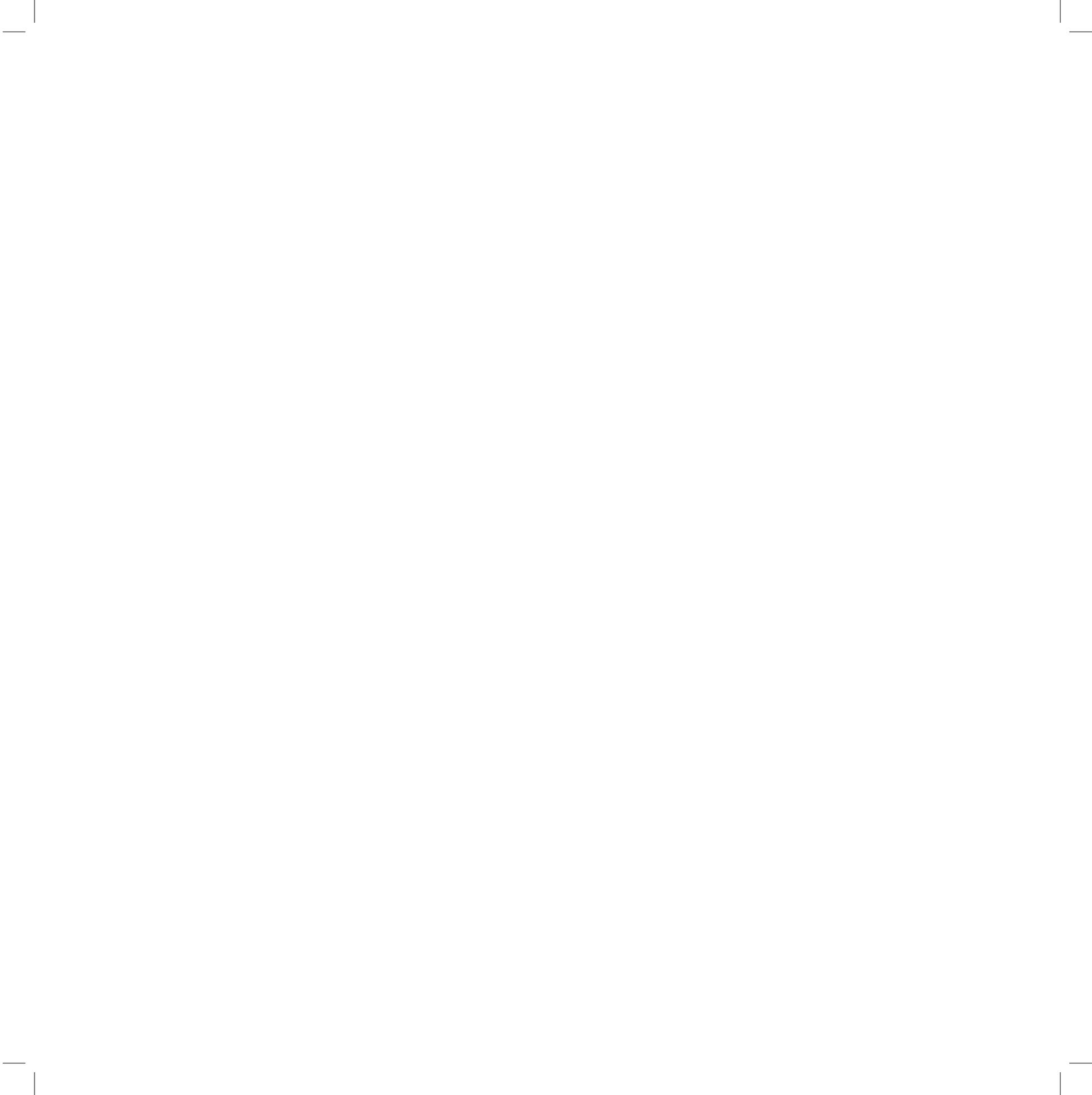
Lampang Youth-Friendly Sexual Reproductive Health We Make the System "Youth-Friendly"

The Fantastic Four Peer Educators of the Infinity Group: Inter Youth-Friendly Sexual Reproductive Health: Expanding from Ban Thung Kluay to Sri Muad Klaw Mentoring Peer Educator

## Reproductive Health for Displaced Population

UNFPA's Support to Enhance Integrated Services in Reproductive Health Displaced Population along Thai-Myanmar Border Bupha, an All-in-One Maternal Health Volunteer





# Content

## Making Motherhood Safe

- Strengthening Comprehensive Referral System and Building Quality of Health Volunteers 1
- "No Woman Should Die Giving Life" at Ban Mae Jang, Mae Hong Son, Thailand 6
- Bupha, an All-In-One Maternal Health Volunteer 20

## Youth Sexual Reproductive Health

- Lampang Youth-Friendly Sexual Reproductive Health 27
- We Make the System "Youth-Friendly" 30
- The Fantastic Four Peer Educators of the Infinity Group: Interview 41
- Youth-Friendly Sexual Reproductive Health: Expanding from Ban Thung Kluay to Sri Muad Klao 44
- Mentoring Peer Educator 50

## Reproductive Health for Displaced Population

- UNFPA's Support to Enhance Integrated Services in Reproductive Health for Displaced Population along Thai-Myanmar Border 59



# Making Motherhood Safe

Youth Sexual Reproductive Health

# Facts:

Nong Muan village (70 households, Pakayor/Karen ethnic group, population 500+) Villagers are subsistence farmers not owning means of transport. There is no electricity nor communications link as the area is outside coverage of telecommunications service of any kind including mobile phone which is the most popular means of communications in Thailand.



## **Distance from village located in the highlands to the sub-district hospital: 50 kilometres.**

An average of 1 car per day passes this community. Don't be misled by the village name – Muan means “fun” in northern Thai dialect. Getting there could on a rainy day involve a 3 hours of journey on unpaved roads hugging mountains with tortuous curves and bends, although valleys and hanging mists that could stay throughout a day made such stunning beauty to watch. For residents, getting to hospital including for child birth require massive efforts.

**Process:** Pre-natal care and hospital birth are ideal, and that's also the goal of the Thai government. Geographical and physical barriers for Nong Muan towards hospital birth require *a strong Referral System and capacity of community-based Maternal Health Volunteer* operating seamlessly to make motherhood safe.



Through Making Motherhood Safe project, UNFPA and Department of Health [2007-2010] collaborated to put in place a referral system in order to increase people's access to service. The Project recruited and trained the community's woman leader, Mrs. Paw-sathu, to work as Maternal and Child Health Volunteer.

The design and planning stages of the Project involved extensive brainstorming of stakeholders: members of community and health workers to identify needs and how to meet those needs.





***“We focused on tackling those problems. We listened to voices from communities. The Project design process is a collective, participatory exercise to come up with something that responds to what the people want. The Project wasn’t attempting something new. Rather, it’s about setting out to integrate bits and pieces being done here and there within a systematic frame to achieve the common objective of reducing maternal mortality. It also involved changing the mindset of the people,”*** said Mrs.On-anong Khamthai.



## UNFPA Thailand **R**elevance and sustainability

Mrs. On-anong worked for the Project at the time when she served as Head of Mae Sarieng District Public Health Office. In her current position as Head of Health Promotion Section, Mae Hong Son Provincial Public Health Office, she has moved from implementation of healthcare at District level to overseeing big-picture of health including maternal health across the province.

The model implemented during the Project remains in use now because outreach staff members are familiar with this referral system : community-based trained volunteer identifies and puts case of pregnant woman into the system – for hospital registration that then tracks maternity and provides package of service until delivery.



After the Project ended in 2011, and seeing the benefits of referral system as responding to people’s needs, the Thai government continues to engage Mrs Paw Sathu as Village Health Volunteer specializing in maternal and child care. This referral system (the model is applied for other types of health emergency as well) counts on a network of dedicated actors at both ends – at the community level with Village Health Volunteer Mrs. Paw Sathu at Ban Nong Muan on the lookout for maternal and child care related cases and coordinate community support including transport, and hospitals within reach as designated in the referral system. These are usually Sub-District Hospitals located either in Mae La Noi District or neighbouring Mae Jaem District in Chiang Mai depending on closest routes and community locations.



Where the trip to the hospital birth is not possible and emergency obstetrics are needed (which happened) Mrs Paw Sathu has the expertise needed for safe delivery. She herself performed three deliveries of mothers giving birth en route to hospitals. The community has a Traditional Birth Attendant, who is the mother of the Village Headman whose vehicle is one of the designated transports available for medical emergency.

This referral system has been scaled up from 15 villages during the Project duration to cover virtually every district of Mae Hong Son province now. Mrs. On-anong also played an instrumental role in ensuring that, upon end of the Project, these 15 Maternal and Child Village Health Volunteers trained are all integrated into the Thai government's system to continue working.

## Facts:

**Maternal and Child Village Health Volunteer is the UNFPA initiative to provide access to maternal health information and services.**

**After the programme cycle ended, most of Maternal and Child Village Health Volunteers were qualified and recruited as Village Health Volunteers.**

**In Thailand, many pregnant women in remote, underserved areas still have difficulties accessing maternal health information and services.**

**Ministry of Public Health of Thailand has adopted and integrated UNFPA-DOH safe motherhood models to enable pregnant women and their families in remote areas to access existing maternal health information and services.**





“No woman should die giving life”

## at Ban Mae Jang, Mae Hong Son, Thailand.

***Given its difficult access and underserved status,*** Ban Mae Jang was chosen one the sites for UNFPA/Department of Health’s Making Motherhood Safe Project. As part of the project, Village Health Volunteer Bupha Khoomkrongkij, 29, a Thai national of Karen ethnicity was recruited and trained to work as Maternal and Child Village Health Volunteer. Her tasks involved to raise awareness among stakeholders within the community, identify and ensure that pregnant cases are registered, tracked and serviced under the Reproductive Health Plus package operated by the Thai government.



The Project which put in place an Emergency Plan for safe motherhood for remote Ban Mae Jang, along with capacity for Maternal and Child Village Health Volunteer like **Bupha** – officially ended in 2010. What the Project built thereafter segued seamlessly into the formal healthcare system of the Ministry of Public Health (MOPH) which runs a quality assurance of the Millennium Development Goal 5-Maternal Health.



Results are proven alive and relevant to Ban Mae Jang today, in Bupha's sterling performance on 7 November 2014 of delivering a baby girl safely in the open air amidst rain as the mother could not make it to hospital birth.

***“There is no time for anything. The mother wanted to push. All I had was the blanket I grabbed from the house, otherwise the baby would have fallen on the ground.”*** Bupha said.



Bupha puts to full use the capacity and skills developed during her stint working for the Project. This is the third emergency baby birth she performed in a space of 6 years. Hospital birth is ideal and attempted. But who can stop birth, especially when mothers can be three hours away from the nearest hospital.

Recalling her time working under the Project, Bupha said ***“they would give us a wide range of knowledge. Everything I learnt I got to use. Before the Project I knew very little. With the knowledge, I have been able to expand my work.”***

***“This community here is really strong. We can count on it and doing our work through Bupha,”*** said Mae Hawh Sub-District Health Promotion Hospital Chief Boonying Pannaroj who also worked for the Project. Mrs. Boonying and Nurse Ginggaew Thammetha highlight the challenge of physical and geographical contexts -- transport access, remoteness despite the 16 –km. distance, clusters of communities scattered within Mae Hawh Sub-District, and case load. These factors require them to work harder than elsewhere in Thailand to achieve the quantitative, one-size-fits all targets and assessment system of Maternal Health service.



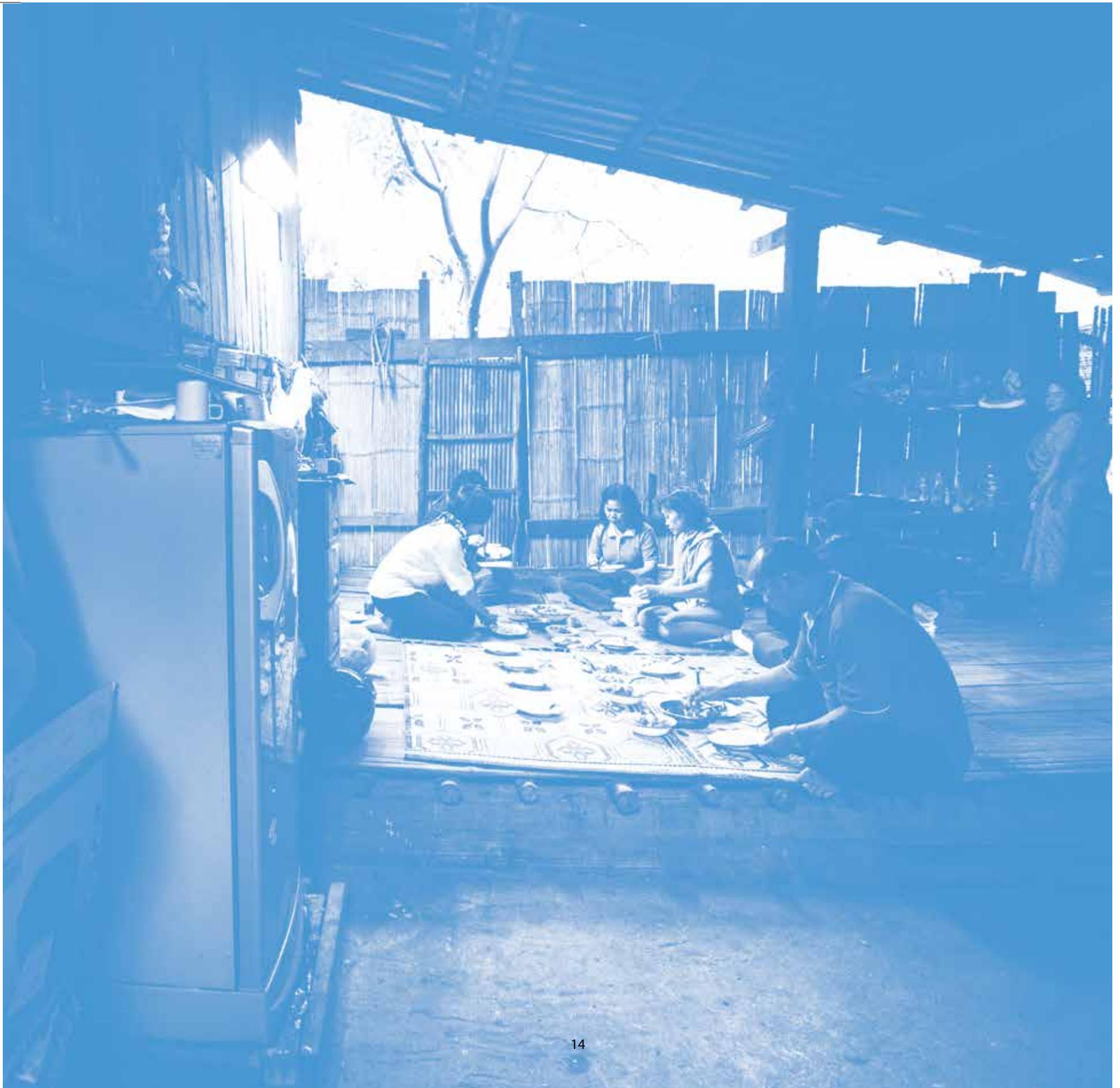
According to the Hospital's team, Bupha can liaise very well with the leadership as well as members of the community. She can do all necessary ground works such as locating cases, ensuring people's attendance and participation in integrated health care service and education that the Hospital team would bring to the ground every once in a while.

**Mrs.Boonying cited improved quality of ANC services as the reason for continuity of the approach even if the project ended. *"We work with the people, not on papers. With people-centred approach, we have their hearts and minds. We can communicate effectively without going through layers of interpretation."***

*The case of Ban Mae Jang demonstrates the presence of following key factors that sustain results brought about by UNFPA/DOH Making Motherhood Safe Project:*

- *Skilled care at every birth*
- *Timely emergency obstetrics care*
- *Cultural sensitivity*
- *Targeted advocacy for service availability, access and sustainability*
- *Men involvement*
- *Community participation*





# B upha, an all-in-one maternal health volunteer

In underserved Ban Mae Jang village where there's no electricity or mobile phone signal in these days and age of Thailand, safe motherhood does require an effective referral system to transport mother to hospital, and a pair of trained hand of village health volunteer in case of emergency.

**Malinee Thamrongkwamchob, 29, pregnant with her second child, had already registered to give birth at Mae Hawh Sub-District Health Promotion Hospital. A native of Ban Mae Jang, a highland settlement populated by Thai nationals of Pakayor ethnicity like herself, Malinee and her husband attended every hospital visit required of them throughout the pregnancy. Her due date was 8 November 2014.**





**The referral system put in place for geographically challenged place like Ban Mae Jang under a UNFPA/ Department of Health's Making Motherhood Safe Project had plans that Malinee travel to the closest hospital to give birth in a pick-up truck owned and to be driven by a fellow villager. In addition to her husband Mr. Yao, Village Health Volunteer Bupha Khoomkrongkij would accompany them in the car. The 16 kilometres-journey to Mae Hawh Hospital takes nearly two hours of bouncing up and down rugged roads out of mountainous terrain onto the low land.**

That's the planned referral arrangement. But before dawn 7 November 2014, Malinee went into labour, as Mrs. Bupha woke up to the sound of commotion at Malinee's house next door to hers. The referral team got the vehicle and chauffeur ready. From her house on stilt and just a few metres to the car, Malinee could not stop the baby from being born. Bupha was there to perform Emergency Obstetrics Care. Malinee delivered her baby safely, and both mother and baby were later carried home to recuperate by the fireplace according to the folk tradition.



**Bupha** was all smile as she related how, with a blanket she grabbed from the house, wrapped the baby girl delivered by Malinee by the dirt track. Two hours later after completing her task, Bupha had to make her way out of the village to the only spot where mobile phone connection is available, to make a phone call to the visiting party that the ante-natal case she planned for us to meet just turned post-natal.



There is no mobile phone signal coverage at Ban Mae Jang, something unthinkable for those familiar with Bangkok and elsewhere across Thailand. Forget internet. The village has no electricity. Villagers use solar cell panels to harvest energy. The day we visited was the third day of incessant rain and no sunshine, hence no electricity in Bupha's house. Ban Mae Jang was one of the project sites chosen for UNFPA/ Department of Health to build the capacity for a referral system that allows residents like Malinee access to hospital service, and for health worker like Bupha to be trained so that she can deal with such emergency as Malinee's roadside birth on 7 November 2014. Making Motherhood Safe Project was implemented during 2007-2010. Both the referral system and competent hand of Bupha prove valuable assets from which the community can draw upon 4 years after the project ended.

**Bupha** is one of the 6-person team of Village Health Volunteers (VHVs) at Ban Mae Jang. VHVs are community members doing health outreach throughout Thailand supporting the formal Ministry of Public Health's service. She was a VHV when she was recruited to be a Maternal and Child Village Health Volunteer, one of the main components to build the capacity of agents of change at grassroots under UNFPA project. To equip her with specialty in maternal and child healthcare, Bupha underwent a two-week intensive course on basic knowledge and skills on Emergency Obstetrics Care and Emergency Referral Service which were offered as intensive, hands-on courses. Thereafter, every month for the entire Project duration, Bupha attended monthly refresher course.





A tiny speck on a map for urbanites who take highways for granted, the 16 kilometres' distance from Mae Hawh Hospital to Ban Mae Jang requires up to two hours travel time for an all-terrain vehicle we travelled on. Some newly paved sections of this only road to city became rough due to busy traffic of pick-up trucks laden with cabbages, the popular cash crop here. The journey gives us a glimpse of what it's like for highlanders – including pregnant Malinee, making their way to access maternal healthcare ward at Mae Hawh Hospital during wet season.

So for 5 appointments required of 12-weeks of pregnancy onwards, Mr. Yao took his wife Malinee on the back of his motorcycle to Mae Hawh Hospital. [Global standards require 4 visits during pregnancy. However, the Thai government is pursuing the MDG5 Plus goal which requires 5 visits]



## Hospital birth is ideal and attempted. But who can stop birth? Especially when mothers are two hours away from the nearest hospital

Bupha ran out of Emergency Delivery Kit. Still she managed with the skills she learnt. ***“There is no time for anything. Malinee wanted to push. All I had was the blanket I grabbed from the house, otherwise the baby would have fallen on the ground.”*** Bupha said she did not panic. Because of such difficult journey to hospitals, Bupha performed similar emergency birth before - in 2009 and 2011 as mothers gave birth en route to hospital.

Thanks to Bupha’s phone call, the visiting maternal child health team from Mae Hawh Hospital prepared necessary kits to check up the mother and new-born, as well as guidelines for the mother and family to follow during the post-natal stage.

Bupha just recently completed her senior high school degree through the Informal Education programme. She and her husband Kamjad are among 6 village health volunteers. While at work, she communicates with villagers in Pakayor/Karen language, including when interacting with Malinee. In this isolated part of Thailand, younger generation like Bupha, Malinee and Yao are bilingual. She speaks Thai to nurse supervisors and sub-district hospital director. As VHV she receives a monthly stipend of 600 baht from MOPH. “Bupha is of great help to our work,” said Mrs. Boonying Pannaroj, Director of Mae Hawh sub-District Health Promotion Hospital. Given Bupha’s role as change agent, it will be ideal if Bupha’s capacity would continue to be enhanced.



# At Ban Mae Jang, men are aware and active partners in maternal and child health



Outside the house of Malinee, many men in the community gathered. In line with traditional belief, men are not supposed to enter into a house where there's a new born. Except this time when they have to keep a distance, men in this village are active participants in health activities, as well as play the role of driving and transporting women to receive health services such as vaccination, pre-and post natal check-ups. A case in point is Malinee's father, who sought out and followed up actively with VHV Bupha and the village headman to designate a vehicle for hospital birth. He also supervised documents and birth certificate for his grandchildren.



Village Headman, Siam Kongkitmunlert, and the entire Ban Mae Jang's Village Committee are also active supporters of health work. Mr. Siam, 44, himself used to volunteer driving his own pick-up truck to bring children for vaccination and women on contraceptive injection trips to Hospital in the past when very few fellow villagers own means of transport. These days he said he did not do this any longer as more villagers own vehicles, and someone somewhere would be willing to lend a hand for hospital emergency trips or appointments. Mr. Siam says he trusts his army of young Village Health Volunteers. ***"I let them do their good work. I just give them whatever support they need."***



Meanwhile, Mr. Yao, 39, Malinee's husband, accompanied his wife to all pre-natal appointments at Mae Hawh Hospital as the pair made the trip using his motorcycle. As a result, he got tested and received male parenting information while at hospital. Both were married before, each with a child from their previous marriage and this is their first child together. Asked what he would do now that his wife gave birth, he said: ***"I would wash clothes, find food and bananas for my wife and our baby."***

We asked Mr. Yao to be with his wife and baby rested by the fireplace in a separate section of the house according to local tradition for a photo shoot.

# Village health volunteers are change agents,

## bridging health needs of underserved population with the service.

As VHV specializing in maternal and child health care, Bupha's job is to locate women in reproductive age who do not menstruate, encouraging them to go to hospital for pregnancy test, and check-up if found pregnant, then to register with the hospital upon 12 weeks. After registration, she and the hospital would make sure that the women and their partners attend 5 pre-natal visits that also include blood test of parents, men-as-partner-in-maternal health education. These are nation-wide goals with performance indicators of the Ministry of Public Health which require inputs of strong actor at the grassroots like Bupha to contribute to the success of safe motherhoods in real life.

According to the Hospital's team, Bupha can liaise very well with the leadership (village headman and Village Committee) and with members of the community. She can do all necessary ground works such as locating cases, ensuring people's attendance and participation in integrated health care service and education that the Hospital team would bring to the ground every once in a while.



On Sundays, Bupha would conduct home visits around the community. Her children, aged 12 and 8, often ask to go with her on those visits. Recalling her time working **under the UNFPA-DOH Making Motherhood Safe Project**, Bupha said *“they would give us a wide range of knowledge. Everything I learnt I got to use. Before the Project I knew very little. With the knowledge, I have been able to expand my work.”*



UNFPA Thailand

## A ctive community participation, key to sustainability

### of making motherhood safe project

*“This community is really strong. We can count on them and doing our work through Bupha,”* said Mae Hawh Sub-District Health Promotion Hospital Chief Boonying. Together with nurse Ginggaew Thammetha who’s in charge of maternal health, they highlight the challenge of physical and geographical contexts -- transport access, remoteness despite the 16 –km. distance, clusters of communities scattered within Mae Hawh Sub-District, and case load. These factors require them to work harder to achieve the numerical, one-size-fits all targets and assessment system of the existing maternal health care and service.

Mrs.Boonying worked for the UNFPA-DOH initiated Project. She cited improved quality of ANC services as the reason for continuity of the approach even if the UNFPA supported project itself ended. ***“We work with the people, not by the letters. With people-centred approach, we have their hearts and minds. We can communicate effectively without going through layers of interpretation.”***





Making Motherhood Safe

Youth Sexual Reproductive Health

# ampung youth-friendly sexual reproductive health

*Case study of Ban Thung Kluay and Sri Muad Klao Sub-District, Lampang*



Youth Sexual Reproductive Health activity conducted by trained peer educator

## What is it?

In 2007, Lampang Provincial Public Health Office and United Nations Population Fund initiated a five-year project to improve access to reproductive health information and services including HIV prevention for young people. At the heart of the programme is the strategy to make information on sex and reproductive health accessible and appealing to young people, while putting in place a comprehensive referral system from schools to health centers and hospitals.

Peer educators were recruited and trained as the primary source of information on SRH, HIV, and referral services for school students and other young people outside schools. At the same time, a network of young people was formed to ensure and advocate youth's participation and involvement in YSRH services and programmes. Health service providers and secondary-school teachers were trained on Sexuality Education and impacts of teenage pregnancy so they can counsel students. Crucial to the success was encouraging participation of young people, local authorities, primary and secondary schools in the process.

From Lampang where the project originated, this youth-friendly model has subsequently been duplicated in other provinces in the Northern Region of Thailand including Chiang Mai, Phayao, Mae Hong Son and Lamphoon. Apart from technical and financial support from UNFPA, Lampang Provincial Public Health Office raised local resources to continue the initiative, ensuring that youth sexual reproductive agenda is part of the provincial strategic plan.

## Making it “our plan”

### **Incorporating Youth Sexual Reproductive Health (YSRH) as part of Lampang provincial strategic plan**

#### **The programme's key strategies:**

- Making sexual and reproductive health information available for young people at the grass-roots;
- Developing comprehensive, youth-friendly referral system from schools to health centers and hospitals;
- Management capacity development of health personnel so that they understand the community situation and conditions of YSRH



Community leaders participated in community planning on YSRH



## What made this model a success in Lamphang?

- The use of peer leaders and Training of Trainers approach had effectively ensured smooth and comprehensive knowledge transfer on safe sex to targeted youth and their peers.
- Youth participation is fundamental and essential for YSRH programme to ensure that needs and interests of young people are taken in to account. To make this happen, appropriate capacity development is required to bring about meaningful youth participation and youth-led initiatives.
- Evidence-based information is extremely important and essential in order to convince and influence local authorities for any youth-related services and programmes.
- Participatory programming whereby community leaders, families and young people themselves participate throughout the process from designing stage until implementation

# What's changed?

- Parents and teachers have opened up and become more willing to participate in issues related to youth sexuality
- All high schools and vocational colleges in Lampang are now teaching sex education, which is not the case in other provinces.
- Young people in the project produced a series of short films on teenage pregnancies, one of which was awarded top prize from a national competition.
- Lampang Provincial Public Health Office includes YSRH and the project-practices in its regular plan and policy.

**Results and practices** from this project are well recognised at national level. The youth friendly referral-model is adopted by Bureau of Health.



Trained peer educators talk about safe sex practices with their friends at the Youth Friendly Corner, Ban Thung Kluay Sub-district Health Centre.

# Key results:

- 1) Youth Friendly Service is available in all hospitals and health centres in two districts of Lampang
- 2) Establishment of School-Health Center-Community referral system
- 3) Health & Education network on Teenage Pregnancy
- 4) YSRH IEC and BCC activities in schools
- 5) Regular budget allocation from local authorities





NO GLOVE, NO LOVE

## What have we learned?

- Lampang Provincial Public Health Office conducted annual surveys of 750 youth between 2008 and 2011 to determine their reproductive health knowledge and practices.

**Survey results indicate that after participating in this project, youth say they have better knowledge** about best methods of preventing unwanted pregnancies, the right way in taking emergency contraceptive pills and sexual myths. Condom use rate among youth's last sexual intercourse increased from 47.5% in 2008 to 62.4% in 2011. They fared better than youth in Lampang who did not participate in the project, as indicated by Department of Disease Control survey in 2011 which showed condom use rate at last sexual intercourse by these youths of 45.1%.

- Social attitudes and norms among young people, community leaders and teachers about talking about sex had changed. **Adults involved in this project were able to talk about sexual life, safer sex practices and condom usage with children.**

## Facts about teenage pregnancy in Lampang:

**Even with channels to access information and service, 42% of young people in the sampling size (181) said they have sexual experience, and 52.5% of this group said they did not use condom. (Lampang YSRH 2010 survey-1100 respondents)**

**Total of illegal abortion among young people aged 10-19 in Lampang in 2007 is 72 cases**

**From interview in 2014 with health personnel at Thoen District Hospital, there is increasing use of misoprostol (cytotec) among girls for self-abortion. Cytotec can easily be bought online for 500 THB (USD 17). Many users reported use of cytotec as ineffective.**

**At least two schools in Muang and Thoen District allow pregnant students continue their education in schools. However less than 20% returned to study.**

**Babies of teenage parents are either brought up living with their grandparents or are adopted by others.**



# We make the system “youth-friendly”

## *At Ban Thung Kluay, Sri Muad Klao Sub-District and Thoen District of Lampang, Lampang, Northern Thailand*

Ban Thung Kluay Health Center hosts a Youth Friendly Corner on its second floor. This comfortable space has wireless internet connection for teen students and adolescents in the community to meet, interact, counsel with their peer educators on safe sex and reproductive health issues. Parents trust if their children spend time here under supervision of “Auntie Doctor” - Mrs. Kasemsri Koiratakosol, Chief of Ban Thung Kluay Health Centre and one of the key actors in Youth-Friendly Sexual and Reproductive Health Project.





On the day when the UNFPA team visited, the four peer educators who are Grade 11 students of Ban Pong Luang Wittaya Secondary School demonstrated a session on HIV, STIs and family planning for a group of 20 Grade 10 students at the Youth Friendly Corner of Ban Thung Kluay Health Center. Deployed in four sections of the room were Nontawat Thi-keng,16, Nitiporn Sitimom,16, Kanthika Dawan,16, and Waranya Nantakul 17. The four are peer educators worked as a team to tend to the whole class, keeping eye on exercise cards and on the look-out for questions, reactions. One section of the wall is used to display posters on Sexually Transmitted Infections, variety of contraceptive devices and information.



Further along the wall is the Dentist Clinic, where Sirintrakorn Khanpingpud, 34, officially works. In real life, Sirintrakorn – from the first batch of peer educators trained under the Project – devotes most of his time as trainer and mentor of peer educators. Sirintrakorn would usually sit and work from a desk with a sign “peer counselor” to the back of the activity zone.



The room was abuzz with students chatting and occasionally shooting questions at their peer educators. They were given a booklet to read, and then do self-assessment on risk of HIV infection. ***“There’s such thing as female condom? How does it work?”*** one of them asked the peer educators, who proceeded to the wall board to explain about female condom. After completing that form, the class then proceeded to watch segments of video and held class discussion

***Variations of activities like these are regular features at Pong Luang Wittya Secondary School.***

Like any Thai school, there is a “Home Room” schedule which is a one-hour segment on Wednesdays where students from Grade7- Grade 12 assemble for different types of activities, observed by their teachers. Trained peer educators such as these four can plan their activities in advance and request a Home Room slot to offer information on sexual reproductive health in the way and language that appeal to people of their generation.

This system of peer educators is firmly in place and at work all the time.

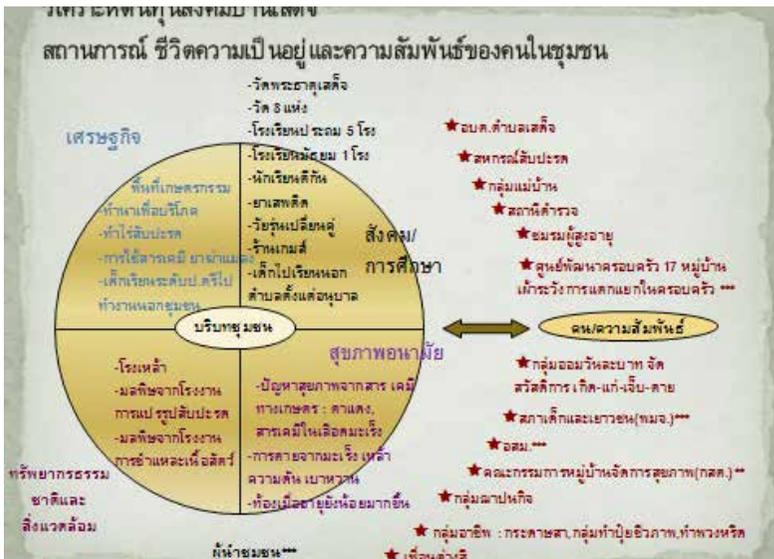
**Ban Thung Kluay Health Centre was one of the sites of UNFPA Youth Sexual Reproductive Health Project targeting the municipal zone of Lampang.**



# How did it work?

The Project started with a series of community mapping exercises in 2009, stakeholders' consultation and focus group discussions were held to identify problems and propose solutions.

In addition to HIV AIDS, unwanted pregnancy was another pressing concern here among Thailand's school age population. Peer educators, it emerged, seemed the most effective way to engage with youth in school and community on sex and reproductive health which according to norms are not to be brought up with adults. As a result, young peer educators in community and school were recruited, trained, and equipped with what they need for them to reach out to their peers.



## ***Ban Thung Kluay Health Centre is working with 20 peer educators who call themselves “the Infinity Group.”***

Jointly with the school, the health centre is the key partner to raise capacity of the peer educators. Apart from providing face-to-face consultation, peer educators communicate with their targets and counsel one another using Facebook group and mobile phone. Recently, they were sent to a training course of short film production, after which they produced 4 short films titled “Encore,” “Love Hurts in Schooling Age,” “True Love Can Wait,” and “Dad, I am Sorry.” The Ministry of Culture has bought rights to distribute “True Love Can Wait,” whereas “Dad I am Sorry,” is about transgender, a population group that is facing lots of perception challenge within the community. These short films are used by peer educators themselves in interactive sessions at school and community.



The Community lends full support to the work of peer educators in spreading knowledge on comprehensive sexuality education. There is an institutional structure to support the work in the form of a Youth Empowerment Committee which brings together both adults and young members of the community. The Committee deals with all subjects challenging youth including narcotics and teen pregnancies.

**Innovative solution to deal with teen pregnancy At Ban Thung Kluay,** cases of pregnant teens – most typically those studying at vocational schools – would be brought into a consultation that involves parents, community committee, with ultimately the girls making their own decision. If the case chooses to keep the baby, she can drop out of school to give birth, and return to study subsequently. Or should she decide to terminate the pregnancy, she would go through clinical counseling before referral to safe abortion.

Just last year, the previous batch of 11 peer educators graduated from the high school and successfully made their way to further university education. **“All of them have done well academically. Their parents have been supportive of what they do,” said Mrs. Kasemsri.**



**The fact that the students volunteered to work as peer educators and could still continue to study is important in the context of suspicion and concerns expressed by some parents or community members that working as peer educators may make youth go astray.**

After four years of implementation, the peer educator model for youth reproductive health here is replicated in Ban Si Muad Klao, a sub-district close to Lampang town centre which hosts large concentration of college students living and cohabiting in apartments near campuses.



# The Fantastic Four Peer Educators

## of the Infinity Group: Interview



*"We volunteer, because as peer educators we have opportunities to learn and share what we learnt with our friends." **The Fantastic Four peer educators at Ban Thung Kluay from left: Ms. Waranya Nantakul, 17; Ms. Nitiporn Sititom, 16; Ms. Kanthika Dawan, 17; and Mr. Nontawat Thi-keng 16.***

# How did you start as peer educator?



During weekends, or when we have free time, we come here (Youth Friendly Corner of Ban Thung Kluay Health Centre) to help Auntie Doctor (Kasemsri) organize display boards or filing and other activities.

**Nontawat:** A peer educator who's in senior year approached me. He asked if I might be interested in being a peer educator like him. And then he took me to observe one of the peer educators sessions. It was fun and very interesting. So I decided to join.

**Nitiporn,** pointing to Nontawat: "He recruited me, and us [Kanthika and Waranya]. I thought about it a lot. I delayed my answer for quite some time, because I was shy to become a peer educator. After agreeing, I found out that I learnt so much, and I have new friends.

**Kantika:** "I hesitated a lot initially because I live quite a distance away (Bankha Sub District.) But after joining, I learnt many new things and I have been able to help lots of friends and also help the work of Auntie Doctor." (Mrs.Kasemsri)

**Waranya:** "I am very keen to obtain knowledge, knowledge that we can share."

***As peer educators, do you get any incentive such as extra marks at school for your extra work at school and community?***

No, No, not at all. We volunteer, because as peer educators we have opportunities to learn and share what we learnt with our friends.

***What are the questions your friends most often ask you at school?***

They ask and confide in us about their boyfriend, girlfriend, whether they should experiment having sex with boyfriend/ girlfriend. Most of the times, they are curious, they want to try.

***What advice do you give?***

That they should wait. And find other activities to do such as sports. If they insist, we advise them on protection. In most cases we come across, the issue is about wanting to experience it. We can also give them condom if they really are going to try.

### ***As peer educators, you have condoms handy to give to your friends?***

Yes. We get supply from our Health Education Teacher.

### ***How do you work at School?***

There are 12 peer educators at school. We divide into teams of 4. Each team would rotate doing Home Room, other activities, and counseling.

### ***Any pregnancy or STI case you came across?***

No. We have not come across pregnancy or STI case since we started working. We heard of one pregnant student of the Grade 12 who's in our senior year.

### ***What do your parents say about your work as peer educators?***

They trust us. As long as we told them that we are with Auntie Doctor (Kasemsri) our parents are ok.

### ***You will all graduate in a year or two from now. What would you like to study?***

**Nontawat** sets sight on studying English language at Mae Fah Luang University in Chiang Rai province; whereas the three girls aim to study at Nursing College in Payao.

### ***Who would do your work when you move out of Lampang?***

**“And yes, we have already started looking for students in junior years to replace us as peer educators. The same way as my senior year friends recruited me before they went to university.”**





# Which houses a large population of out-of-town students

From the pilot site at Ban Thung Kluay Health Centre, 30 kms. outside the city of Lampang, the Youth-Friendly Sexual and Reproductive Health Service model was extended to Sri Muad Klao where glaring needs exist. The process started community mapping exercise and focus group consultations to identify problems and propose solutions.



Because sexual education and reproductive health are taboo subjects at schools and at homes according to Thai tradition, it is identified that peer educators would be the effective channel to deliver information and service. Peer educators were thus identified and trained in aspects ranging from leadership skills, team building, negotiation, and contents including HIV, reproductive health, family planning, sexually transmitted infections. The whole process drew upon partnership and trust-building between the community and the local health centre that serves it. The Health Centre also sets aside space for peers to meet, do activities and seek services.



Sri Muad Klao Sub-District houses large population of youth in reproductive age who are students at universities and vocational colleges located in municipal Lamphang.

Because the majority of students in higher education level are from out of towns and other provinces, they live in rented apartment buildings that provide affordable accommodations. ***“It is trendy for many youngsters either to cohabit or known among their peers to have sexual encounters. Being virgin is so very untrendy, according to our informants. Our peer educators from vocational colleges estimate that there might be 2-3 virgins out of 40 plus students in one class,” said Mrs. Chamnian Wannarak, director of Sri Muad Klao Sub-District Health Promotion Hospital.***

Mrs. Chamnian also shared statistics: hospital births by school-age mums in Sri Muad Klao account for over 20% of new borns each year. The rate is 12% at Ban Thung Kluay. Thailand’s national average is 18%. Unaccounted for in local statistics are those from better-off families that would arrange for child birth in more discreet settings in neighbouring Chiang Mai. Another probable explanation for high figures is that some students who gave birth at Sri Muad Klao are from other localities or provinces but they gave birth here so the figures show up here instead of at their home province.

Before implementation, rounds of community consultations were held to solicit inputs from stakeholders on situation, propose solutions and draw up a plan of action in 2009-2010. ***“At these meetings, adults said they found youngsters to be aggressive, disobedient, materialistic, inclined to band together to do bad things. In so doing, kids these days do not show their love to the community.” Mrs. Chamnian also recalled youth reaction to adults’ observation on their behaviour. “The young people said they acknowledge most of what older people said about them as true. But what they cannot accept is that they do not love their community. They are adamant that it’s not true that they have no love for the community, the kids said.”***

## How did it work?



Photo: Auntie Chamnian, chief of Sri Muad Klao Sub-District Health Promotion Hospital

From community mapping, youth sought to prove their point about their love for the community. Miss Sangdao Chantob, a 20 something active leader who also serves as chair of Sri Muad Klao Village Health Volunteer, approached Mrs. Chamnian. [Village Health Volunteers are recognized and paid a monthly stipend of 600 baht by the Ministry of Public Health to do health outreach at community level in support of formal health system]

*“Sangdao asked me if our sub-district hospital would be interested in working with youth if she could mobilize young community members.”* On 8 August 2010, **the “Pink Network” kicked off with 50 young peer educators** who completed a two day crash course on HIV AIDS, sexually transmitted Infections, family planning, safe sex negotiation skills, gender sensitivity, leadership and team building skills.

Pink Network’s peer educators are constantly accessible, either via their Facebook group or on mobile phone – just like their adult mentors Mrs. Chamnian, or lead peer educator Kru Ek from Ban Thung Kluay. Both Chamnian and her counterpart at Ban Thung Kluay Kasemsri Koiratakosol always carry with them supply of morning-after pills because they sometimes get calls late night for such emergency as pills are hard to access for youth. There are also times when the pregnant one or one at risk of unsafe sex practices are peer educators themselves seeking help from Chamnian.

## Folk culture as entry point

Similar to Ban Thung Kluay, Sri Muad Klao Health Centre provides youth-friendly corner within its facility. At Sri Muad Klao, youngsters themselves initiated cultural activities done in temple ground as a way to get their peers together. The young people here formed two groups: northern traditional dance and drumming. It is in settings like these when they tactfully insert sexual and reproductive health information to their peers.

“Klong Tok Seng” is a set of ceremonial drums and percussion instruments usually kept in storage, to be wheeled out for performance on rare occasions. This northern tradition was facing serious threat of extinction at one point as very few senior citizens who know how to beat them in orchestration gradually died. So the youth said they wanted to practise this type of drumming to keep the tradition alive.



Both the dance group (girls) and drumming activities (boys) practice at the community temple ground, where the elderly and others do their activities in close proximity. They would rendez-vous to rehearse for various occasions or in competitive gigs locally or elsewhere. Peer educators are either part of these groups or active spectators at any gathering. Through these activities, peer educators bond, interact and share reproductive health knowledge with the young population. Reproductive health cannot be a stand-alone theme – it has to be part of broader package like this one here.



# Challenges: parents' skepticism

Mrs. Chamnian said she and the team encountered *“lots of frictions and resistance”* in the process of implementation. Many parents are skeptical of peer educator approach because they see giving information about sex is as good as “encouraging” youngsters to be curious and leading to them experimenting sex. Some parents were extremely wary about the “too close” proximity between girls in the Dance Group and boys in the Drumming Group at the temple ground.

At a broader level, some members of community said young people should focus on schooling and not spending too much time on group activities such as these. Mrs. Chamnian, her team and Sangdao have been working hard to prove that such concerns and skepticism are unfounded.

But at the end of the day, the commitment and performance of the peer educators themselves that are key factors in generating trust, as well as in recruiting their replacements should they have to go elsewhere to work or study.

*“The momentum will be sustained because the peer educators themselves are eager to work. Even if we don’t do it, they will continue to find new colleagues to carry on,”* said Mrs. Chamnian.





# Mentoring peer educator

## Sirintrakorn Khanpingud, 34, trainer and mentor of peer educators

Better known among youth population as **“Khru Ek (teacher Ek)”** Sirintrakorn is one of the first generation peer educators trained under the UNFPA/Lampang Provincial Public Health Office Project on Youth Friendly Reproductive Health Service. After a stint of working for a local NGO and teacher, he’s back to doing what he does best – training and coaching peer educators, and successors to replace those who graduated from local high schools going to universities elsewhere.



education, consulting peer educators, as well as counseling adolescents who do not go to school.

Khru Ek has been volunteering to help Mrs. Kasemsri Koiratakosol, director of the Health Centre in engaging youth in schools and communities on sexual reproductive health matters. Mrs. Kasemsri hired Sirintrakorn, a native of this community, when there’s opening for dentist assistant position. He works two days a week in the dentist clinic and the rest dealing with comprehensive sexuality

There are many different types of youth. Even in school settings, there are those around or whom peer educators can reach out to, and there are those who are outside the peer educators' orbit. The latter group tends to be nervous and reluctant to communicate. There are also the partying types – the riskiest group -- who hang out outside, and who are also outside the schooling system. But one thing all these youngsters have in common is they all use Facebook. For anyone at all, Ek has his mobile phone on 24/7. Getting phone calls in the middle of the night asking questions or advice is something he's used to. For the at-risk ones, Ek said he prefers to meet them face to face.

***“It’s about treating them as friend, convincing them that we speak the same language. The moment you start acting like a teacher, lecturing them, they stop listening. Often they read about this and that about sex from internet, and then they’d ask me questions.”*** And that’s the entry point for Ek to impart knowledge.

To date, 12 batches of peer educators have come and left, since his time. Peer educators would start off as shy initially, he observed. After undergoing training and getting to work in real settings be it schools or communities, they become more open, more confident and forthcoming in engaging with either their own peers or adults.

Khru Ek said his challenges include the demanding workload as well as continuity – the constant efforts of having to recruit new peer educators to replace those who graduate to study elsewhere, like the four we met at Ban Thung Kluay.





# Refugee: Reproductive Health Project at Mae La Camp

# UNFPA's support to enhance integrated services in reproductive health for displaced population along Thai-Myanmar border

*Project partner Planned Parenthood Association of Thailand (PPAT) will continue to operate much-scaled down service inside Mae La Camp, the largest of 7 camps housing displaced population from Myanmar.*







Camp residents had many doubts and misgivings about family planning, and most women were too shy about coming forth for reproductive health service. In the past, the average family size among displaced people here would be 6-7 children. The majority of them – Karen people fleeing strife and hardships in Myanmar – believed that they should have many children to help fight for their cause. Once arriving at the Camp, having many children also translates into more food rations for the family.

Many of them initially viewed family planning as a conspiracy between the Thai government and Myanmar to weaken their ethnic population base, according to Mrs. Pranee. That aside, there's the religious angle to family planning. *“The Christians and Muslims view children as gift from god, and so family planning is a sin. We explained to them that if you have too many children, and you could not feed or educate them well, that's also a sin, and that's not good for maternal health.”*



Nurse Pranee and her team held countless small group discussions to dispel many myths and provide information on birth spacing and reproductive health. At the start of the Project, Mrs. Pranee and her husband Mr. Prayuth who worked as Project Coordinator approached and informed the Camp Committee of the Project while seeking their cooperation in ensuring attendance of targeted participants at those information sessions. The team also coordinated with community leaders in various sections across the Camp. The Project subsequently held a series of “small group discussions,” with audiences organised into groups of men, women and youth. There are about 1,400 youngsters registered as students living in Boarding House inside the camp.

Just as family planning is totally new to most of them, the burden of family seemed also to rest squarely on the women. It’s in those sessions that some men who wanted many children and were not aware of family planning being a shared responsibility between spouses were exposed to activities such as watching video of woman giving birth. Or in another example, Mrs. Pranee asked men to put a coconut on the stomach and hold it there walking around. *“I told them that pregnant women would have to go around with a coconut inside her stomach like that for months.”* These awareness raising sessions were conducted on the basis of a curriculum translated into Karen language. In addition, there were peer educators to deliver key messages about family planning and reproductive health.



In those sessions, one of the key messages is birth spacing is good for mother and child health. As a result of these sessions, and upon target group's own realization of benefits of birth spacing, the clinics have seen increasing traffic of clients. Another component of this Project is home visit. The Project seeks the list of women who just give birth from another NGO working the camp that operates maternal ward. Assistant Nurse would visit these mothers, to advise them and service on birth spacing.

We joined one the home visits where we met Su Su, 23, whose second child is nearly two months old. Su Su and her husband are relatively newcomers to the camp as both have been here for 3 years, fleeing hardships from Myanmar. Now they have two daughters. An assistant nurse from the Project conducted house visit to give information on how to tend to mother and child health, and then advising on family planning options. In most cases, the preferred option is injection as pills may cause drying up of lactating mother.



**In the past, women in the Camp were too shy to seek help at the clinic on reproductive health. “They would not come forth when there’re complications like vaginal discharge. They would resort to self-medication. But now they are more open and willing to come to us, for vaginal examination, pap smear or breast examination,” said Nurse Pranee.**



Meet Tihima, 23, Muslim, here for family planning service

JNFPA Thailand

## What's changed?

Mr. Nai Oo, 55, Chairman of the Camp Committee cited his own case to demonstrate what's changed in light of family planning. *“Where we came from family planning did not exist. We moved from place to place to flee fighting with many children in the tow. Now we know about family planning. My wife is a client of this clinic. We have 4 children. Without planning, we would have had more.”* He has lived in Mae La for 18 years. With evidence that family planning improves people's livelihoods in the camp, he would like to see the Project continue. *“Especially so that women can continue to receive family planning service at the service. clinic. Because many people here are unlikely to be resettled soon, nor would they return to Myanmar.”* The Camp Committee will raise this issue of what it can do to sustain the service.

This Section of the Camp houses sizeable group of Muslim displaced people from Myanmar. We met Tihima, 23, who visited the clinic to request birth control pills. Unlike most other clients that morning who communicate with the Assistant Nurse staff in Karen language, Tihima speaks Burmese.

Tihima has been living in the camp for 8 years now. She knows about the clinic because her mother came seeking service here before and she accompanied her mother. Tihima now has two children – 4-year-old son and a nine-month old daughter. *“Yes, family planning is against the Islamic faith... But I need this because we have to make a living. If we don't do birth spacing, we will not be able to work to earn money.”* Both Tihima and her husband do day jobs outside – as hired hand in rice field or soybean plantations outside the camp. After receiving her pills and advice on how to take them, Tihima inserted coins into the donation box.



Project coordinator Prayuth said with attitude change, service seeking behavior also changed. The Clinic saw increasing numbers of Muslim women living in C4 section visiting, many of whom accompanied by their husbands.



Mrs. Naw Kuluwa, Vice Chair of the Karen Women's Organisation in the Camp said the work by the Project contributed to raising awareness about the need for birth spacing and about the fact that family planning is a shared responsibility between man and woman. *"The people arrived here, displaced from war zone, conflict areas. They had many children and women bore heavy burden as a result of that. They had no knowledge about family planning. Here, we learnt about family planning and maternal health. We brought people here to the clinics not just for family planning, but for other services like breast exam for lumps, as well as for hospital referral service."*

## Challenges in the course of two years implementing the project include:

- Continuity. Ideally, Nurse Pranee would like Refugee Assistant Nurse to work at least one year with what's invested in training them. Yet many of them left after several months, either moving out of the Camp or changing jobs.
- Transient population means those who are aware of family planning and reproductive health leave and new comers arrive at the Camp.
- Operating on tight budget means limited options of family planning commodities.

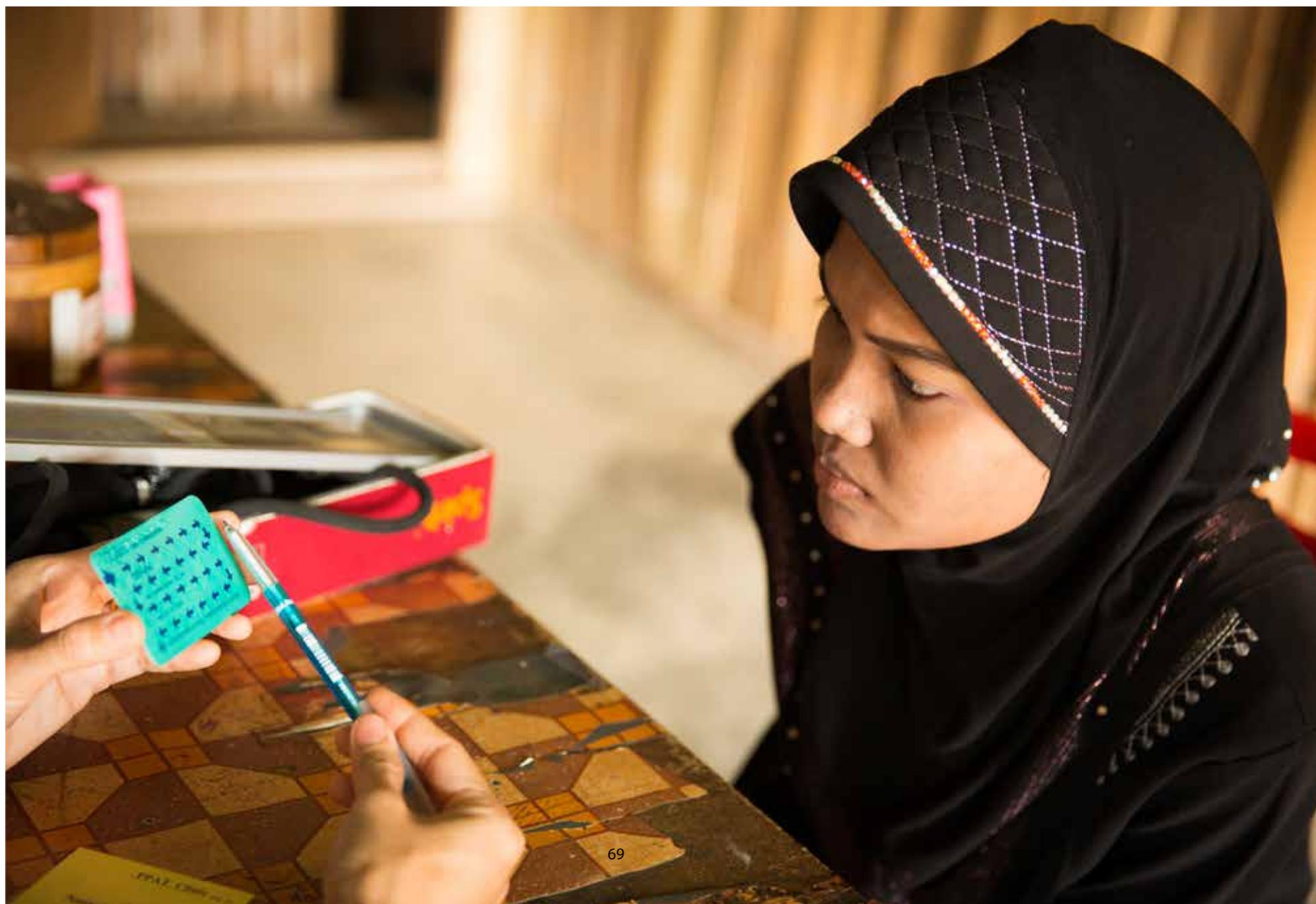
UNFPA Thailand

Teenage pregnancy and youth reproductive health –  
new challenge of unmet needs



Teenage pregnancy has emerged a visible challenge. In one of the recent cases Camp Committee Chairman Nai Oo intervene, an unwed girl was found to be eight-month pregnant with *“a boy who could not be found because he already left to work in Bangkok.”* In his rounds of security patrol around the camp, he often comes across *“young people hanging out as couple.”*

Amid the setting that is meant to be temporary shelter, youngsters here don't have much to do in the camp. Now everyone has or wants to have a mobile phone, uses Facebook. There are some who managed to get work outside the camp. *“When you tell them they're supposed to be home at night, the youngsters under 18 say they have the right, and it's their right to do what they want to do,”* Nai Oo intervened.



Among the Camp's young population, pre-marital sex is now norm rather than exception, a reversal of their traditional belief that one should get married before having sexual relation.

Project Nurse Pranee recalled apprehension when the Project initially informed the Camp administration that in addition to married women and men, it wished to organize sessions on sexuality and reproductive health for youth. *“Critics said then that would be like encouraging youth to have sex. I explained that we have to do it as there are young people who hang out or go to work outside the camp. They have to know safe sex practice, at least know how to use condom.”*

With the end of the Project on UNFPA's part, Planned Parenthood Association of Thailand (PPAT) will still continue to operate much-scaled down service in the Camp.



## The UNFPA and PPAT Refugee Assistant Nurse:

“Work to improve quality of life of my refugee women fellows”



Refugee Assistant Nurse Paw Nue, 29, is married with two children. She arrived at Mae La aged 15, from a village called Thae Bue in Myanmar which is three days walk from the Camp. Her childhood has been about fleeing fighting.

She used to seek service at the clinic and when there's vacancy she applied and has been working here since 2011. Her day as an assistant nurse started with mornings at the clinic tending to clients who visit for family planning commodities including IUDs. Afternoons are spent on home visits for new mums to advise them on family planning.

Regarding challenges in doing her job, she said due to limited budget there are limited options available for clients, she has a lot of explaining to do to the clients. *“For injection, the clinic offers the 3-month long type while some clients would like the once-a-month dose which we don't have. Or some said IUDs for 5 years are too long when they want only 3 years. There are also complaints about condoms, the size and colours and stuff. Or sometimes we have to explain to convince clients that the husband should use condom because the wife has high blood pressure that is not suitable for oral contraceptive.”*

We asked Paw Nue to share feed backs from clients regarding the service they receive from the clinic. *“We’ve heard only from the women. They say birth spacing does help make them healthier. Also with family planning, they have less children and more time to work and earn a living.”*



How does she see the future after the project ends in relations to family planning and reproductive health needs? *“The Project has improved the quality of life of many people living in the camp. There will be problems to women who seek family planning services from us, as they themselves would not know where to go buy oral contraceptives. If they buy it from somewhere, they might not get the right advice on how to take them. Some may not know where to go to get the contraceptive injection.”*

Paw Nue says she has no plans for her future. It’s probably looking for other jobs inside the camp. But for certain, she intends not to go back to Myanmar if she has a choice.

## Facts:

- Mae La camp was established in 1984, with the population dominantly Karens. The Karen insurgency is known as one of the world's longest running conflicts. The government of Myanmar signed a ceasefire agreement with Karen National Union in January 2012.
- UNFPA provides commodities for Enhancing Integrated Reproductive Health Service to displaced population along the Thai-Myanmar Border during 2012-2014.
- Planned Parenthood Association of Thailand, the Project partner, operates 5 clinics within Mae La Camp in Tha Song Yang District, Tak Province. Total population at the camp as of December 2014 numbered at 43,292, of which 18,253 are female.
- Services at these clinics include family planning, reproductive health, and referral to hospital for vasectomy and female sterilization, as well as awareness raising.
- At the start of the project, average family size is 6-7 children per family, compared with 4-5 at present
- Residents at Mae La Camp do not have refugee status. They are expected to stay temporarily pending either resettlement or repatriation.



