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Population Series

No. 108-3, September 2001

Surveying Adolescent Sexuality: The Asian Experience

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AYARR

Asian Young Adult Reproductive Risk Project

This research is a product of the East-West Center's Asian Young Adult Reproductive Risk (AYARR) project, supported by USAID through its MEASURE Evaluation Project. The AYARR project supports a research network devoted to producing an Asian regional perspective on young adult risk behaviors through secondary and cross-national comparative investigation of large-scale, household-based surveys of youth.

The project presently involves investigators and national surveys in six Asian countries. The government of **Hong Kong** (now the Hong Kong Special Administrative Region) has supported area-wide youth surveys, both household-based and in-school, in 1981, 1986, 1991, and 1996. The 1994 **Philippines'** Young Adult Fertility and Sexuality Survey (YAFS-II) was conducted by the Population Institute, University of the Philippines, with support from the UNFPA. **Thailand's** 1994 Family and Youth Survey (FAYS) was carried out by the Institute for Population and Social Research at Mahidol University, with support from the UNFPA. In **Indonesia**, the 1998 Reproduksi Remaja Sejahtera (RRS) baseline survey was funded by the World Bank and by USAID through Pathfinder International's FOCUS on Young Adults program. The RRS was carried out by the Lembaga Demografi at the University of Indonesia under the supervision of the National Family Planning Coordinating Board (BKKBN). The **Nepal** Adolescent and Young Adult (NAYA) project, which includes the 2000 NAYA youth survey, is being carried out by Family Health International and the Valley Research Group (VaRG) with support from USAID to Family Health International (FHI). The **Taiwan** Young Person Survey (TYPF) of 1994 was carried out by the Taiwan Provincial Institute of Family Planning (now the Bureau for Health Promotion, Department of Health, Taiwan) with support from the government of Taiwan.

Surveying Adolescent Sexuality: The Asian Experience

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Introduction¹

In the current effusion of commentary and analysis of adolescent sexuality and young adult reproductive health (YARH) around the world, Asia's large youth populations are not very well represented. This is especially evident in the many global comparative discussions of national YARH data.² This anomaly arises because so much of the national survey data collection, and virtually all of the cross-national comparative discussion, builds upon the preeminent existing comparative survey resource, the Demographic and Health Survey (DHS), complemented in Eastern Europe and Latin America by the Center for Disease Control (CDC) YARH surveys (Morris 1994), and also in many countries by the WHO/GPA rounds of the Partner Relations (PR) surveys and the Knowledge, Attitudes, Beliefs and Practices (KABP) surveys (Cleland and Ferry 1995; Cleland, Ferry and Crael 1995). These survey systems are characterized by tight international coordination and thus a considerable degree of standardization within each system—of questionnaires, field procedures, and the like (Xenos 1997).

Table 1 shows that there is surprisingly little national YARH data for Asia being generated by these data collection efforts. The DHS by now encompasses rounds in 58 countries, including 15 rounds in eight Asian countries.³ However, developed countries are not included, which in Asia dismisses Japan, Hong Kong, Taiwan, Singapore, Malaysia, and recently Thailand from consideration. Nor are several of Asia's anti- or non-capitalist countries—Burma, Laos, the People's Republic of China (PRC)—included. Nevertheless, the eight Asian countries that are covered in the DHS system are very important ones that encompass 58 percent of Asia's youth population and 87 percent of the

¹ An earlier version of this paper was presented at the FOCUS on Youth/CDC, YARH Measurement Meeting, September 23–25, 1999, Decatur, Georgia.

² These are almost too numerous to mention. The most carefully done include United Nations (1989), Senderowitz (1995), McDevitt et al. (1996), Population Reference Bureau (1992a, 1992b), International Center for Research on Women (1996), Yinger et al. (1992), Alan Guttmacher Institute (1995), Population Information Program (1985), Mensch, Bruce, and Greene (1998), and Pathfinder International (1999).

³ For this purpose, I am excluding Kazkstan, Kyrgyzstan, and Uzbekistan from Asia.

Asian youth population outside of the PRC. But even for these countries—Bangladesh, India, Indonesia, Nepal, Pakistan the Philippines, Sri Lanka and Thailand—the DHS rounds are not very serviceable as YARH surveys. They do cover the youth age range, but unlike the typical coverage in other world regions do so primarily for currently married females.

Most of the Asian DHS's have taken the demographic survey approach that was conventional up until a few years ago, omitting males from consideration as well as the very large single population among Asian female youth.⁴ The CDC surveys have concentrated on the Middle East and Latin America. The WHO/GPA rounds have included some Asian countries but generally do not cover national or even near-national populations (Cleland and Ferry 1995).

For these reasons, the growing concern over youth reproductive and sexuality issues across Asia has led to the implementation of a diverse set of independent national surveys. They differ somewhat in sampling schemes and they differ a great deal in questionnaire content as well as other less visible aspects of survey implementation. Nevertheless, many of these provide valuable data on societies not otherwise well covered.

This paper reviews our experience to date with such independently designed surveys and draws some lessons from them. The first author has had a degree of involvement in many of them: Hong Kong in 1986 and 1991, the Philippines and Thailand in 1994, Indonesia in 1998, and Nepal in 2000. For others than our own, we rely on survey reports and documentation. There have been very many independently designed surveys carried out in the last decade or so, and they vary widely on features of sampling design, field procedures, questionnaire content, and other aspects bearing directly on data quality and comparability. It is important to identify the principle weaknesses and strengths of these independent surveys as scientific enterprises (Abramson 1990; Jowell 1998; Kuechler 1998).

Beyond that, how broadly and how well, do the Asian surveys cover topics considered important for YARH policy-making and program design? What topics receive the greatest attention in the questionnaires? Why so? The answers to these questions reflect the process through which each survey came to be? To survey or not survey was often a decision taken in plain view of multiple sets of observers—governments, parents, international donors, technical critics—everyone, it seemed, was consulted except youth themselves. Each survey project has its own story of conception, gestation and

⁴ Across Asia as a whole about 75 percent of the female, single population ages 15–24 is single. On important features of Asian youth demography see (Xenos and Kabamalan 1998a, 1998b).

nurturing, and its own turbulent life in the real worlds of science, journalism and policy-making. Invariably there were multiple midwives, including disinterested, nervous, or unwilling ones. The interests demanding to be served were not always consonant within a country, and certainly shifted from one country to another. The result is an Asian corpus of survey research on YARH that is hugely varied with regard to quality, topical scope, and geographic coverage (Xenos 1990).

There are trade-offs everywhere. One trade off in particular is a core theme of this presentation. Standardization for the sake of cross-national comparability, a laudable goal in itself, was generally traded against setting-specific depth and relevance. The DHS and other survey systems generally favor comparability, where that can be achieved at acceptable cost, while the Asian independent surveys have favored national depth through unique questionnaire content.

This paper brings together some basic information about a large number of Asian surveys covering youth populations. The task is contained somewhat by focusing on *bona fide* YARH surveys.⁵ For the purpose at hand this is a household-based sample survey of some youth age range of persons (often ages 15–24), with a sample design that yields a representative sample of youth so defined, and with substantive content encompassing a broad range of reproductive health and sexual attitudes and behaviors and a diverse array of information about the social circumstances and institutions of youth—family, school, workplace, community. For a host of important methodological and substantive reasons, we take as a *sine qua non* of a YARH survey that it represents the entire youth cohort—everyone in the age range of both sexes and all marital statuses.

Some Asian YARH Surveys

Two of the earliest surveys of youth sexuality in Asia were conducted in Singapore and Hong Kong. The Singapore survey of 1979 (Saw and Wong 1981; Ratnam 1979) was carried out by the IPPF affiliate with no visible government encouragement.⁶ Hong Kong's 1981 Family Life Education Survey (Lui 1983) was carried out by the Hong Kong Family Planning Association (HKFPA). This is also a private organization, but government-funded and thus able to use those funds and yet take the initiative in an uncertain research and programming area. The HKFPA carried the issues of youth

⁵ I should also acknowledge that we are considering only survey enterprises. A more complete discussion of these surveys we would consider other research methodologies and the strengths and shortcomings of each. It is especially important to recognize complementarities among research methods and to seize upon ways of combining approaches into order to get the best possible overall results.

⁶ Interview in 1996 with Ms. Amy Tan, then IPPF/Singapore Executive Director.

sexuality forward when the government itself by its own reckoning could not.⁷ Another relatively early survey of this kind is the 1982 YAFS in the Philippines (Raymundo 1984), carried out by the University of the Philippines Population Institute with support from the UNFPA. These relatively early surveys were tentative in a number of respects but valuable nevertheless. The Singapore questionnaire for 1979 was limited in scope. The Hong Kong survey was a more comprehensive effort, consisting of both in-school and “living quarters” samples and designed to be representative of the in-school and household youth populations, respectively. The Family Planning Association is a service delivery agency and the survey team consisted of program staff complemented by academics reflecting, most conspicuously, the discipline of developmental psychology. The institutional caution over the topic is reflected in the “Family Life Education” rubric under which the survey was carried out. The Philippines survey of 1982 was designed and carried out by professional demographers and its design embodies both strengths and shortcomings of that perspective. The sample was representative and scientific within the budget limitations imposed, and the questionnaire covers marriage and fertility issues comprehensively. The general sociological orientation reflects the training and interests of the project team. The conspicuous shortcoming, so like demography generally, is the failure to sample males (Raymundo 1984).

In Singapore, where an authoritarian system inhibits risk-taking by bureaucrats and social scientists alike (even as risk-taking flourishes, apparently, among Singaporean youth), it has proven impossible to gain government sponsorship for another survey in the intervening two decades.⁸ The IPPF has carried out additional, privately funded survey work, but only on a small scale (Ratnam 1979; Cleland and Ferry 1995). In Hong Kong and the Philippines the initial surveys have been followed by others. Hong Kong has benefited from the firm institutional commitment of the Hong Kong Family Planning Association, which has undertaken to carry out an “Adolescent Sexuality Survey” every five years. There is now an impressive Hong Kong quinquennial series of four rounds over a period of 15 years. In each of these years (1981, 1986, 1991, 1996) there are companion in-school and living-quarters samples representing youth across all of Hong Kong. In the Philippines the goal of having a regular series of YAFS surveys was pushed aside by the tumultuous political transition of the mid-1980s, and then by austere economic conditions. But the long-awaited 1994 YAFS-II (Raymundo, Xenos, and Domingo 1999) has a strong scientific base in terms of representativeness and builds upon and expands somewhat the 1982 questionnaire. The most

⁷ Interview in 1988 with Mrs. Peggy Lam, then HKFPA Executive Director.

⁸ Interview with a high ranking government official who wishes not to be identified.

important change is that young men were included, making YAFS-II a true YARH survey according to the criteria suggested earlier. And now a YAFS-III is being planned for the year 2002.

These were the primary survey experiences on display at an Asian regional workshop on adolescent sexuality which was cosponsored by the East-West Center and the Taiwan Provincial Institute of Family Planning (TPIFP), and held in Taichung, Taiwan in 1986. The TPIFP hosts wanted to be associated with that meeting in order to provide some internal legitimacy for their own planned YARH survey efforts—that legitimacy being drawn from the work completed successfully elsewhere in the region. Subsequent to the 1986 conference in Taiwan the TPIFP has conducted a variety of young adult surveys with both government and public support.

Thailand has long stood out among Asian societies with respect to the sexual behaviors exhibited by its youth (Nelson et al. 1996; Ford and Kittisuksathin 1996), and it has also been notable for the openness of its governing institutions to scientific investigation in this area. There was a national survey as early as 1982 (Maungman 1983) though its focus was youth risk behaviors other than sexuality. Nevertheless, nearly all research in this area in Thailand has been qualitative, or survey investigation based on small samples of narrowly defined population subgroups or geographic areas. Not until 1990 was a true sexuality survey conducted, one in the WHO/GPA Partner Relations mold (Sittitrai et al. 1992). That covered the national population ages 15 through 49, with a 15–24 sample of 847 persons. In 1994 the Family and Youth Survey (FAYS) sampled 2,180 persons ages 15–24 nationwide. FAYS covered many reproductive health and sexuality issues, though its primary focus was the changing Thai family viewed from the perspective of youth (Podhisita and Pattaravanich 1995).

The Indonesian Reproduksi Remaja Sajahtera of 1998 (RRS Project Team 1999) was the first scientifically designed youth sample survey representing a very large proportion of all Indonesian youth. The survey covers youth across all of Java (but excluding metropolitan Jakarta) plus the province of Lampung in Sumatra. This survey suffered somewhat from the pull of multiple purposes and too many birth attendants, and an extraordinary degree of discomfort on the part of the BKKBN through which the project was sanctioned. The result was compromise on both sample design and content. Despite all this, however, the RRS offers a near-representative sample of most of Java, and represents all told about 85 percent of all Indonesian youth. Most important topics were included, though sometimes in an indirect or muted form.

The Nepal Adolescent and Young Adult (NAYA) survey went into the field early in 2000. This is a near-national sample of youth ages 14–22, representing all but the northernmost high mountain districts of Nepal. About 60 percent of Nepal’s youth will be represented. This survey employed a somewhat younger age range than the other Asian surveys (ages 14–22), reflecting the very early age at marriage in Nepal for both sexes but especially females (Thapa, Acharya, and Aryal 1997; Thapa 1996). Because the issues of interest had not been studied previously in any depth using survey techniques, and in particular because there was little experience of interviewing single youth to draw upon, this study began with an extensive round of focus group sessions designed to inform the NAYA questionnaire (Thapa, Dhital, and Neupane 2001).

Table 2 contains some basic information on a substantial number of Asian surveys conducted in recent years which provide some information on the youth population relating to fertility or reproductive health. Included are 46 surveys in ten Asian countries. Inclusion in this table of course reflects my somewhat uneven knowledge of the various survey projects, and also some judgments on our part about survey coverage and quality. Generally, though, we have included surveys characterized by representative coverage of a substantial geographic area, preferably an entire country, representation of a well-defined youth cohort, and inclusion of that entire cohort. For illustrative purposes some surveys are included which covered only one sex (females), or which exclude the single. Most are household-based surveys but a few are school-based or drawn from factory workers or some other population segment. Representation across countries is very uneven. There is no large-scale survey at all either for India or the People’s Republic of China.⁹ Nor is Bangladesh, Pakistan or Sri Lanka represented. There are ten surveys for Thailand and eight for Hong Kong.

These surveys all aim to represent the entire cohort as defined, though this is not an easy goal to accomplish. Having established the principle, each of the survey teams grappled with two important problems. One is the small but troubling fraction of youth living in institutions rather than households. In Hong Kong this is rare according to informed observers, and the same was thought to be true of Indonesia. But the problem is potentially significant in such countries as the Philippines and Thailand where young people may live in school or factory dorms, military barracks or religious houses. In the Thailand 1994 and the Philippines 1994 surveys plans were laid for interviewing in a sample of institutional residences, but resources did not permit completion of those efforts.

⁹ China’s Sex Civilization Survey of 1989-1990 (Liu et al. 1997) included two very large samples of youth, but is nevertheless not included because students were interviewed in group settings (thus the very high completion rates), and cases were obtained by "intentional sampling."

Among these many surveys are the six which are participating in the Asian Young Adult Reproductive Risk (AYARR) project. This on-going project is designed to produce comparative insights into youth risk behaviors across the region in a variety of economic and cultural settings. Some comments on that project and on comparative analysis of such a diverse set of surveys is discussed briefly below.

Content Coverage in Some Asian YARH Surveys

The proximate determinants of fertility provide an organizing framework of much demographic survey work in recent years. A comprehensive YARH survey must certainly seek to quantify the proximate determinants among youth, but a broader set of topics must be covered as well. The *sexual system* and the *reproductive system* are of obvious and central interest, but to understand these we must also have information on the *social system* in which young people's sexual and reproductive lives are imbedded. Two elements of the social system are paramount in most youth analyses, the *union formation system* and the *transition to adulthood*. These are distinct but not unrelated since an important part of the transition to adulthood centers on union formation. The union formation system is made up of the institutions and supporting cultural features including values that comprise the system by which sexuality is controlled (DeLamater 1981) and reproductive, relatively enduring couples formed in the society. These institutions and cultural themes lend legitimacy to the unions so formed. The transition to adulthood is the temporal pattern of personal events during the interval between childhood and adulthood, analysis of which encompasses the societal institutions—such as the familial and schooling institutions and labor markets—that bear in direct ways on the patterning of those events. Some of these institutions may be defined by the society at large, while others such as the prevailing youth culture may more directly reflect youth themselves.

A full picture of the prevailing sexual system must be built up from behavioral and normative evidence about premarital institutions and social controls governing sexuality, about sexual experience in the union formation process, about sexual variety within unions, and about extra-marital sexuality among those in unions. Other themes cross-cutting these include participation in commercial sex as either buyer or seller, and sexual orientations including male and female homosexuality and bisexuality. The discussion following looks at the extent to which these various kinds of information on the sexual system have been obtained in some of the Asian YARH surveys. We then focus briefly on the problem of capturing union formation in YARH surveys, and also at the aspects of socioeconomic background that a YARH survey must attempt to measure. The transition to adulthood is discussed elsewhere (Xenos 1999).

Sexual Behavior and Related Matters in the Asian Surveys

In Table 3 we have summarized the questions on sexual behavior and closely related matters for a selection of surveys—some of those involved in the Asian Youth and Reproductive Risk (AYARR) project. Detail for a much larger number of surveys is given in Appendix A (available from the first author). Table 3 shows the presence or absence of information in each of the selected surveys, distinguishing information on “Sexuality,” on “Proximate Contexts and Institutions,” and on “General Background.” This is followed by summaries of information on “Reproductive Health” and other “Risk Behaviors.”

Information on sexuality includes knowledge, attitudes and experience. Each of these topics is covered in each of the selected surveys, and a high proportion of the longer list of surveys also cover these topics. Less likely to be covered are other aspects of sexuality. Our list includes commercial sex, homosexuality, extra-marital sex, and masturbation. Masturbation is covered only in the Hong Kong surveys. Homosexuality is covered only in the Philippines and Thailand surveys. The Thailand FAYS survey does not cover commercial sex, homosexuality or extramarital sex, while the Partner Relations survey for Thailand covers all of these in considerable depth. Recall that the FAYS study was designed to look at family issues, while the Partner Relations study was focused on sexuality.

Among the proximate contexts and institutions are media exposure, sex education, aspects of family life, friendships, dating and courtship, marriage attitudes and behaviors, and residential experiences (notably, dormitory experience). These are covered in some detail by many of the surveys listed in Table 3. We can note that media exposure is a relative recent interest in Hong Kong but is covered in some depth in Indonesia and Nepal; that the Thai Partner Relations survey provides very limited depth on these topics; and, that dormitory experience is covered only in the Thailand and Philippines surveys.

Aspects of reproductive health are covered by most of the surveys. But it is worth noting that STDs emerge as an interest only in the recent surveys, obviously reflecting the attention generated by the HIV crisis. Similarly, condom issues (knowledge, attitudes, use) are recent foci of attention. The risk behaviors covered include only the most obvious and susceptible to measurement: smoking and drinking. Drug use is also covered though no survey team anticipated great success in measuring drug use. Only the Thailand Partner Relations study included questions on medical injection or blood transfusion as risks.

Returning to the measurement of aspects of the sexual system, one way to judge coverage of these issues is by comparing the questions in the selected surveys with the questions considered by a CDC workgroup to be essential for the purpose of behavioral surveillance in a general population.¹⁰ This comparison is made in Table 4. There are thirteen recommended core questions plus a large number of other questions. The Asian surveys cover the first three items on sexual behavior and condom use fairly well, but they provide only limited information on many other issues of interest for behavioral surveillance, including STDs, intravenous drug use and commercial sexual exchanges.

Further summary information is provided, though not discussed here, in Table 5 and Appendix Table B (the latter available from the first author).

Socioeconomic Background Information

There is a tendency in YARH surveys to use roughly the same questions on social background that are used for other age groups of respondents in more general demographic surveys. This is a tendency that should be challenged at every opportunity. Instead, care should be taken in youth surveys to elaborate socioeconomic information in those specific ways most effective for understanding youth behavior. The Asian surveys do not do especially well in this regard, but they do provide some concise examples of socioeconomic background information tailored to youth respondents.

One of these is concerned with measuring religion as an influence on social life. In Hong Kong the conventional religious affiliation question was asked, but this does not work very well in Chinese societies where a majority typically respond with “none” to such a question. In addition, though, respondents were asked about any changes of religious affiliation and the timing of those changes, and from this it is apparent that during the adolescent years in the Hong Kong of the mid-1980s about one in seven young people was adopting a Christian religious affiliation. This proves to have class and family correlates that contribute to an understanding of Hong Kong youth. In the Philippines, the conventional religious affiliation and religiosity questions were asked, and these

¹⁰ General populations, infected populations, and high risk populations are distinguished (Pisani et al. 1998). “The “First Tier” questions are the minimal number of questions for use in all surveys.” “The “Alternate First tier” questions include most of the First Tier questions, but allows for more detail on sexual behaviors with specific partners.” “The “Second Tier” questions include the first tier and the alternate first tier questions, as well as more detailed information about the last time the respondent had sex.” (URL: http://www.cdc.gov/nchstp/od/core_workgroup/core.htm)

generally provide useful information in that setting. In addition, though, questions were asked about change of religious affiliation and forms of religious practice. This revealed a sub-group of Filipino youth who are leaving Roman Catholicism for one of the fundamentalist protestant faiths, and others who are taking part in “born again” religious activities. This information proves useful in understanding religious differentials in what is otherwise a predominantly Roman Catholic society.

Another relates to residential mobility. In the Thailand and Philippines surveys there is a focus on homeleaving which involves independent living in a dormitory or other kind of group-living arrangement. The Philippines data in particular indicate how common this kind of experience is in the Philippines and how much it influences the likelihood of having engaged in risky behavior including sexual risks and substance-related risks.

Issues and Lessons

Our intention here is to put forward some conclusions, some lessons, drawn from the survey enterprises just described. These are presented in no particular order with the goal of stimulating discussion of these and other issues and lessons that can be drawn from the wide range of survey experience reported here.

Can sensitive questions be asked? Can we believe the answers?

Each of the Asian research teams began with some very reasonable misgivings about what could actually be asked of young people, particularly as relates to risk-taking and sexuality, especially premarital sexual experience. The issue breaks down into two. First, what kinds of questions will and will not be answered in a normal fashion without respondent (or parental) protest and disruption to the interview process? Second, what kinds of questions will and will not be answered accurately and truthfully?

The answer to the first of these questions coming from the Asian experience seems to be uniformly encouraging. In each survey the interviewing has gone more smoothly than was anticipated, or feared. About the second issue we must be less sanguine. Are respondents telling us all we want to know about all their episodes of premarital sex and other private behaviors? We can never know, but internal consistency checks and external checks where those can be employed suggest a good deal of misinformation and, perhaps, concealment.

One of the crucial features of the Asian surveys (relative to the DHS surveys) is their coverage of males as well as females. It should bring pause to know that when male responses are added to the mix of information the female responses seem less credible. There seem to be considerable gaps between male and female responses. One example will suffice. In the 1994 YAFS-II the ratio of male to female reported premarital sexual episodes is 3-to-1 at age 20 and 2.3-to-1 at age 24. This ratio is obviously influenced by the fact that respondents are not necessarily reporting first sex episodes with persons of the same age or cohort. Nevertheless, males, generally being older than their partners, are more likely to have partners who are within the youth age range, so the high ratio of male to female reports of premarital sexual experience is all the more striking. Males may of course be reporting fictional experiences, but we are inclined to believe instead that the high ratios are due to females under-reporting their experiences. We also find that those of either sex who are in unions are far more likely to report premarital sex than are those who are still single. There is serious under-reporting among those interviewed while they are single. One very conservative conclusion from these observations must be that there ought to be far more methodological investigation of these matters than there is.¹¹

The age range of interviews

Most of the YARH surveys reviewed in this paper used 15 through 24 as the definition of the youth cohort. This is perfectly arbitrary but convenient. The Hong Kong surveys extended coverage above age 24. That fact and the quinquennial frequency of the Hong Kong surveys has permitted the analysis of cohorts as they appear in successive surveys. The Indonesia survey team seriously considered a lower age limit, but decided against this because of the kinds of questions that were to be asked. Skip patterns to keep the youngest respondents away from intrusive questions was considered but was thought too complicated for little gained. In the end a very short questionnaire was administered to a sub-sample of “young teens” (ages 10–14) found in the households of the main sample respondents. The Nepal survey includes persons ages 14-22, reflecting the distinctly early marriage pattern of Nepal. There was, again, serious thought given to inclusion of an even younger age range but ethical and practical considerations dictated against this.

¹¹ The Philippines YAFS-II reveals, mixed in with these measurement issues, a considerable ambiguity about marital status and the proper identification of a sexual experience as premarital or marital (Xenos, Raymundo, and Berja 1999).

Sexual orientation

All the studies we have reviewed presumed respondents with a heterosexual orientation, and questions are phrased in a manner consistent with that. This clearly raises important questions about how respondents with a different sexual orientation understood the questions and formulated their responses. This is another important area for methodological investigation.

Whom to Interview?

The basic issue is whether to interview one or multiple youth per sampled household. Of the surveys covered in this paper, many reports do not even discuss this issue. Where researchers deliberated the question and reported their course of action, some elected to interview one randomly selected youth per household, while others considered all youth in a sampled household to be eligible for interview. We have favored the latter approach, and this is what was done in Hong Kong, the Philippines 1994 and Thailand 1994. At a very modest cost in terms of statistical power (due to the likely clustering of characteristics among co-resident respondents) The multiple-youth strategy opens up some important kinds of analysis that would not otherwise be possible. For example, it is possible to examine whether knowledge and attitudes are associated among youth living in the same household. Analysts can distinguish youth who are siblings or other relations of one another from those who are not.

It would be of great value to obtain information from co-resident husbands and wives, for example, relating to the union formation process or premarital sexual experience, or regarding attitudes. A very useful extension of the standard cohort sample would be to include the (co-resident) union partners of all sampled youth in unions, whether those partners are themselves youth or not.

Youth living outside of households

A major shortcoming of all household-based samples is their exclusion of youth who are not resident in households, potentially a significant minority of the youth population. The Asian survey teams were aware of this problem but nowhere was the institutional youth population covered in a meaningful way.

Alternative Forms of Interviewing

Experimentation should be carried out with computer-based means of conducting interviews without face-to-face interaction, such as computer-assisted, self-interviewing or CASI. Bloom (1998) and

others report superior results with such techniques, though we will remain skeptical until such methods are tested in a variety of cultural settings.

Links with Other Data Types

It would be good value from a cost-effectiveness standpoint to plan for the collection of data at levels above the individual. In the case of YARH surveys this might include school data (facilities, institutional characteristics, individual performance measures), health clinic information, local community information on features relevant to youth (the presence of youth organizations, etc.), and local labor market information measuring job availability, the youth share of various occupations, and the extent of gender-differentials. This kind of information can be inexpensive to obtain for the surveyed localities. This line of thought leads immediately to the suggestion that other linkages be considered as well. The kinds of information linked to the main survey data files may be determined by the survey team's linkages with researchers in other disciplines or reflecting the interests of a range of sectors—health, education, labor, etc.

Concluding Comment: The Comparative Analysis of Surveys

All meaningful social analysis is perforce comparative. Throughout the 1960s and 1970s there was an outpouring of theoretical and methodological writing on comparative analysis of surveys, the overarching conclusion of which is that such research required no special methodology, though international comparisons undoubtedly will be more complex due to the different contexts being examined (Przeworski and Teune 1970). Nevertheless, comparative methodology is hotly debated still (Przeworski and Teune 1970; Bollen, Entwisle, and Alderson 1993). The field has flourished, in part because international survey data collection has flourished, abetted by technological and methodological advances. The World Fertility Survey and the Demographic and Health Survey are prime examples. They permit analysts to assemble data for many countries showing response patterns to very similar questions as obtained from survey questionnaires. Many of the most prominent comparative reviews of YARH issues are constructed around DHS-based tabulations of the same indicators for many countries (c.f. footnote 1 above). Such presentations for general audiences are valuable, but they also remind us how limited the DHS data are when one wants to look at youth reproductive health issues. The missing single youth and the exclusion of males are crucial omissions. Beyond that, the standard questionnaire may be skimming the surface in each national setting and providing only for the juxtaposition of national statistics into “league tables” (Jowell 1998).

We should consider the warning “no safety in numbers,” issued by some comparativists, such as Charles Tilly (1984) who says:

As we move toward the identification of historically specific regularities in social structures and processes, we should also move away from the habit of packing large numbers of cases into extensive statistical analyses. On the whole, comparative studies of big structures and large processes yield more intellectual return when investigators examine relatively small numbers of instances.” (76 ff.)

There may be some throwing out of baby with bath water here, but there is also a useful caution, echoed by others. Ragin (1989) has noted that cross-national comparison has often involved two or perhaps three countries, or very many countries, but far less often an intermediate number of national cases (also see Bollen, Entwisle, and Alderson 1993). The reason, they argue, is that analysts cannot explore and comprehend the subtleties of a large number of settings simultaneously. One either looks carefully at a small number of cases, or superficially at a large number of cases. As Jowell (1998) has stressed, effective cross-national comparative analysis requires cross-national collaboration—in design, development, execution, analysis and interpretation. Only this will provide for the “culture-specific adjustments” (Kuechler 1998) needed for real understanding. We believe that AYARR represents just this kind of cross-national, comparative, collaborative enterprise.

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Table 1. International Survey Systems and Their YARH Coverage, World Regions and Countries of Asia

Region and Country	DHS ^a			CDC-YARHS ^b			WHO/GPA-KABPS ^c			WHO/GPA-PRS ^d		
	Surveys Conducted			Surveys Conducted			Surveys Conducted			Surveys Conducted		
	Total	Including single	Including males	Total	Including single	Including males	Total	Including single	Including males	Total	Including single	Including males
Latin America	23	23	6^e	10	10	10				1		
Eastern Europe				1	1	1						
Africa	52	49	34^f				11^g	[ni]	[ni]	6^g	6	6
Near East (W. Asia)	5		1									
Asia	15	3	2				3	[ni]	[ni]	1	1	1
Afghanistan												
Bangladesh	2		2									
Bhutan												
Cambodia												
China												
Hong Kong										1	1	1
Japan												
India	1											
Indonesia	4											
Iran												
Laos												
Malaysia												
Mongolia												
Myanmar												
Nepal	2											
Pakistan	1						1	[ni]	[ni]			
Philippines	2	2					1	[ni]	[ni]			
Singapore												
South Korea							1	[ni]	[ni]			
Sri Lanka	1											
Taiwan												
Thailand	1											
Vietnam	1	1										

Notes:

^a Demographic & Health Surveys.

^b Center for Disease Control, Young Adult Reproductive Health Surveys.

^c World Health Organization/General Program on AIDS—Knowledge and Attitudes, Beliefs and Practices Surveys.

^d World Health Organization/General Program on AIDS—Partner Relations Surveys.

^e Two surveys include husbands only; the four others included all males.

^f Six surveys include husbands only; the remainder include all males.

^g Three countries had combined KABP and PR surveys.

[ni] = No information

Table 2. Summary of Some Asian Surveys Covering Youth and Sexuality

Country	Date of Survey	Survey Title	Type of Interview	Sampling Design				Cohort Coverage			Source/Reference
				Base	Geographic coverage	Number of Cases	Number of Youth ^a	Age Range	Sex	Other Exclusions	
SOUTHEAST ASIA											
Cambodia	7-8/1996	Young People, HIV/AIDS, STDs & Sexual Health Project: Survey of KAP	Face-to-face	HH	U&R (Phnom Penh & selected areas)	1,006	ns	11 to 20	M&F		Solim, O'Brien and Davis (1997)
Cambodia	2-8/1996	HIV/AIDS/STDs Survey	Face-to-face	HH	U&R (Phnom Penh & selected areas)	1,366	ns	13 to 40	M&F		Brown (1997)
Indonesia	1993-1994	Adult Sexual Behavior & Other Risk Behaviors in East Java	Face-to-face	HH	U&R (includes periurban)	4,219	ns	15 to 60	M&F		Kambodji, et al. (1995)
Indonesia	1993	Indonesian Family Life Survey (IFLS)	Face-to-face	HH	U&R (13 provinces)	22,327	ns	All ages ^b	M&F		Frankenberg, et al. (1995)
Indonesia	1998	Remaja (RRS)	Face-to-face	HH	4 provinces: all Java (excluding Jakarta) plus Lampung, Sumatra	10,879	10,879	10 to 24	M&F		Lembaga Demographic Project Team (1999)
Malaysia	8/1988-1/1989	Malaysian Family Life Survey (MFLS-2)	Face-to-face	HH	U&R	3,073 ^c			M&F		DaVanzo, et al. (1993)
Malaysia	1986	A Survey on Social Behaviour of Adolescents	Face-to-face with Self-administered	ns	U only	ns	Ns	ns	M&F		Questionnaire
Malaysia	1986	Survey on Psycho-social Aspects of Adolescent Sexuality in Kuala Lumpur	Face-to-face with Self-administered	HH	U only	1,181	1,181	15 to 21	M&F		Low, et al. (1986); Low and Yusof (1988)
Malaysia	1980	Human Sexuality	ns	^d	ns	3,003	1,560		M&F		Yusof, et al. (1984)
Malaysia	8/1976-8/1977	Malaysian Family Life Survey (MFLS-1)	Face-to-face	HH	U&R	1,262		< 50	M&F	Never-married	Fain and Kheong (1982)
Philippines	1998	National Demographic Survey	Face-to-face	HH	U&R	13,983	5,223	15 to 49	M&F	Never-married	NSO and Macro (1999)
Philippines	7/1995	1995 Family Planning Survey (FPS)	Self-administered or Face-to-face	HH	U&R	31,642	11,955	15 to 49	F only		National Statistics Office (1995)

Table 2. Summary of Some Asian Surveys Covering Youth and Sexuality (continued)

Country	Date of Survey	Survey Title	Type of Interview	Sampling Design				Cohort Coverage			Source/Reference
				Base	Geographic coverage	Number of Cases	Number of Youth ^a	Age Range	Sex	Other Exclusions	
Philippines	1996	1996 Family Planning Survey	Self-administered or Face-to-face	HH	U&R	47,459	17,684	15 to 49	F only		National Statistics Office (1996)
Philippines	4-11/1994	1994 Young Adult Fertility & Sexuality Study (YAFSII)	Face-to-face	HH	U&R	10,879	10,879	15 to 24	M&F		Questionnaire and Survey Documents
Philippines	5/1993	1993 National Demographic Survey (NDS) [DHS]	Face-to-face	HH	U&R	15,029	5,807	15 to 49	F only		National Statistics Office & Macro International (1994) and Questionnaire
Philippines	10-12/1993	1993 Safe Motherhood Survey (SMS)	Face-to-face	HH	U&R	8,481	1,009	15 to 49	F only	Never pregnant	National Statistics Office & Macro International (1994) and Questionnaire
Philippines	10/1982-2/1984	1982 Young Adult Fertility Study (YAFS)	Face-to-face	HH	U&R	5,204	5,204	15 to 24	F only		Raymundo (1984)
Singapore	10/1986-1/1987	A Study of Young People in Singapore	Self-administered	HH		1,423	1,423	14 to 19	M&F		SPPA (1988)
Singapore	1986(?)	Survey on Teenage Sexuality and Marriage Attitudes									Cheung (1988) [Questionnaire only]
Thailand	3-5/1994	Family and Youth Survey (FAYS)	Face-to-face with Self-administered	HH	U&R	2,180	2,180	15 to 24	M&F		Podhisita and Pattaravanich (1995)
Thailand	10/1993-2/1994	Survey of Sexual Awareness and Lifestyles (SA&L) ²	Face-to-face with Self-administered	Factory workers	U only (Bangkok & neighboring towns)	2,033	2,033	15 to 24	M&F	Ever-married	Ford and Kittisuksathit (1996)
Thailand	8-10/1993	Effectiveness of AIDS Media on Behavior and Values (MEDIA)	Face-to-face	HH	U&R	4,090	1,153	15 to 49	M&F		Thongthai and Guest (1995)
Thailand	1990	Survey of Partner Relations and Risk of HIV Infection in Thailand	Face-to-face	HH	U&R	2,801	847	15 to 49	M&F	Non-Buddhist	Sittitrai, et al. (1992)
Thailand	1988	National Survey of Adolescent Sexuality	Face-to-face with Self-administered	HH	U&R	1,018	1,018	15 to 24	M&F	Ever-married and Bangkok Metropolitan area	Xenos, et al. (1993)

Table 2. Summary of Some Asian Surveys Covering Youth and Sexuality (continued)

Country	Date of Survey	Survey Title	Type of Interview	Sampling Design				Cohort Coverage			Source/Reference
				Base	Geographic coverage	Number of Cases	Number of Youth ^a	Age Range	Sex	Other Exclusions	
Thailand	11/1986-1/1987	A Study of RH in Adolescence of Secondary School Students & Teachers in Bangkok (RH Study-S)	Self-administered	School—Students, Grades 7-12	U only	4,377	ns	10 to 20	M&F		Chompootaweep, et al. (1988)
Thailand	11/1986-1/1987	A Study of RH in Adolescence of Secondary School Students & Teachers in Bangkok (RH Study-T)	Self-administered	School—Teachers	U only	454	ns	22 to 63	M&F		Chompootaweep, et al. (1988)
Thailand	6-7/1986	Research on Adolescent Fertility	Face-to-face with Self-administered (mailed in)	HH	U only (Bangkok)	508	508	15 to 22	F only	Ever-married	DEEMAR (1986)
Thailand	6-10/1982	A Nationwide Adolescent Fertility Study in Thailand	Face-to-face	School, Non-School & Factory	U&R	4,146	3,669	13 to 20	M&F		Muangman, et al. (1983)
Thailand	5-8/1978	Study of Adolescent Fertility in Thailand (AdolFert)	Face-to-face	School & Factory	U&R	1,598	1,598	15 to 20	M&F	Ever-married	Muangman (1979)
Vietnam	1993	Sociological Survey on Young Adults' Reproductive Behavior		School??	U (Hanoi & Ho Chi Minh)	1,603	1,603	17 to 24	M&F		IDS (1994) & NCPFP (1993) [Questionnaire]
Vietnam	??	KAP Survey ^f	Face-to-face	CSW, Homosexual men & other men	U only	963	ns	19 to 56	M&F		Franklin, B. (1993) [CARE International]
EAST ASIA											
Hong Kong	1996	Youth Sexuality Study—Out-of-School (YSS-096)	Face-to-face	HH	U&R	??	??	??	M&F		Draft Questionnaire
Hong Kong	1996	Youth Sexuality Study—In-School (YSS-196)	Face-to-face	School	U&R	??	??	??	M&F		
Hong Kong	7-12/1992	Knowledge, Attitude, Behaviour and Practice in Relation to AIDS (KABP-AIDS)	Face-to-face with recorded/taped questions on sensitive topics	HH	U&R	1,245	68	15 to 54	M&F	Non-Chinese speakers & those of non-Chinese origin	Lui and Kong (1992)
Hong Kong	3-8/1991	1991 Youth Sexuality Survey—In-school (YSS-091)	Face-to-face with Self-administered	HH	U&R	1,159	ns	18 to 27	M&F		FP Association of Hong Kong (1994) and Questionnaire
Hong Kong	1-??/1991	1991 Youth Sexuality Survey—In-School (YSS-191)	Supervised Self-administered	In-School, Forms 3-7	U&R	4,195	3,562	12 to 20+	M&F		FP Association of Hong Kong (1994) and Questionnaire

Table 2. Summary of Some Asian Surveys Covering Youth and Sexuality (continued)

Country	Date of Survey	Survey Title	Type of Interview	Sampling Design				Cohort Coverage			Source/Reference
				Base	Geographic coverage	Number of Cases	Number of Youth ^a	Age Range	Sex	Other Exclusions	
Hong Kong	8-11/1986 & part of 1987	Adolescent Sexuality Survey— Out-of-School/Household (ASS-HH)	Face-to-face with Self-administered	HH	ns	1,305	ns	18 to 27	M&F		FP Association of Hong Kong (1987) and Questionnaire
Hong Kong	11/1986-2/1987	Adolescent Sexuality Survey— In-School (ASS-I)	Self-administered	In-School, Forms 3-6	ns	1,544	1,282	13 to 20+	M&F		FP Association of Hong Kong (1987) and Questionnaire
Hong Kong	10-11/1981	Family Life Education Survey (FLE)	Self-administered	In-School, Forms 3-6	ns	3,917	3,186	13 to 20+	M&F		FP Association of Hong Kong (1983j)
South Korea	1991	A Survey on the Marriage and Family in Korea	Face-to-face	HH	ns	3,879	ns	18 to 34	M&F	Ever-married	Questionnaire
South Korea	1991	Korean National Fertility & Family Health Survey	Face-to-face	HH	ns	7,462	ns	15 to 49	F only	Never-married	Questionnaire
South Korea	1987	A Study of Unmarried Female Factory Workers' Sexual and Contraceptive Behaviors and Their Needs & Preferences for FP Education Services (FP EdServ)	Self-administered	Factory workers	(Industrial complexes at: Guro, Gumi and Masan)	918	ns	15 to 26	F only	Ever-married	KIPH (1982, 1984)
Taiwan	1995	1995 Survey on Sex-Related Knowledge & Attitude of College & Secondary School Students (SEX-KA)	Anonymous Self-administered	School— Students	U&R	50,150	ns	ns	M&F	ns	Chang and Lin (1997) and Questionnaire
Taiwan	5/1994	1994 Young People Survey (YPS)	Face-to-face with Self-administered	HH	U&R	3,748/3,575	??/2,192	15 to 29	M&F		Leaflet, "A Survey of Young Adults on FP & Genetic Health"; Chang, et al. (1995)
Taiwan	2-4/1984	1984 Taiwan Island-wide Younger Women Survey	Face-to-face (Standardized interview sked)	HH	U&R	3,185	ns	15 to 29	F only		Chang (1984); Leaflet, "Recent Relevant Research: Taiwan"
Taiwan	12/1983-1/1984	1983 Survey on Today's Youth's Viewpoint & Behavior About Socializing Between Females & Males	Self-administered (Anonymous written questionnaire)	School— Students, High School & Junior College	U&R	7,831	7,831	15 to 20	M&F		Lin (19__); Cernada, et al. (1990); Chang (1984); Leaflet, "Recent Relevant Research: Taiwan"
Taiwan	12/1983-1/1984	1983 Taiwan Area Factory Worker Survey	Self-administered (Written questionnaire)	Factory workers	U&R	3,731	3,731	15 to 20	M&F	Ever-married	Chang (1984); Leaflet, "Recent Relevant Research: Taiwan"

Table 2. Summary of Some Asian Surveys Covering Youth and Sexuality (continued)

Notes:

For type of interview—“Face-to-face with Self-administered” means that the questionnaire was administered mostly as a face-to-face interview; but, “sensitive” questions were self-administered, usually at the end of the interview.

^a Refers to those ages 15 to 24.

^b Refers to the total number of cases from the three groups of respondents: Children, 0-14; Adults, 15-49; and Older respondents, 50 and over.

^c Refers only to the Panel, New & Children samples. The Panel sample had 889 EMW who were interviewed in the earlier MFLS-1; Children sample had 1,096 respondents age 18 and over; and the New sample consists of 18-49 year old women and EMW younger than 18 years.

^d “A stratified sampling technique was used to incorporate people from various walks of life, which may represent the Malaysian population. The sample consists of members of the public secretaries, patients, army personnel, medical students and nurses.”

^e The study involved three phases of data collection: focus group discussions, schedule-structured survey and in-depth interviews.

^f The study had a “four-tiered design” which included structured observation, key informant interviews, quantitative research, and qualitative research (facilitated focus triads). This refers only to the quantitative part which had as respondents, Vietnamese prostitutes and clients, foreign clients, and Vietnamese and English homosexual men.

Acronyms:

ns = Not stated

HH = Household

EMW = Ever-married women

CSW = Commercial sex worker

Table 3. Topics Included in Selected Asian Surveys on Youth and Sexuality
(X indicates that one or multiple questions on the topic are asked)

TOPIC	Region	EAST ASIA				SOUTHEAST ASIA					
	Country	Hong Kong				Taiwan	Indonesia	Philippines		Thailand	
	Survey Date	ASS 1996	ASS 1991	ASS 1986	HK-FLE 1981	TYPS 1994	RRS 1998	YAFS-II 1994	YAFS-II 1982	FAYS 1994	Partner 1990
Sexuality											
Knowledge of reproductive system ¹		X	X	X	X	X	X	X	X		X
Sources of		X	X	X	X	X	X	X	X		
Attitudes (includes on virginity)		X	X	X	X	X		X	X	X	X
Experience		X	X	X	X		X	X	X	X	X
Premarital ²		X	X	X	X	X	X	X	X	X	X
Commercial sex											
Attitudes				X				X			
Pay/buy				X				X			X
Receive for pay/sell								X			X
Homosexuality											
Attitudes		X	X	X	X			X			
Behaviors		X	X	X				X			X
Extra-marital				X		X		X			X
Masturbation		X	X	X	X						
Proximate Contexts and Institutions											
Media exposure ³		X	X			X	X	X	X	X	X
Population/sex education		X		X		X	X	X	X		
Family											
Characteristics ⁴		X	X	X	X	X	X	X	X	X	
Relationships ⁵		X	X	X	X	X	X	X	X	X	
Friends											
Dating and courtship		X	X	X	X	X	X	X	X	X	
Marriage											
Attitudes		X	X	X	X	X	X	X	X	X	
Behaviors				X		X	X	X	X		X
Dormitory/boarding experience								X	X	X	
General background											
Personal characteristics ⁶		X	X	X	X	X	X	X	X	X	X
Household characteristics		X	X	X	X	X	X	X	X	X	
Women's position ⁷ (indicators)				X			X	X			

Table 3. Topics Included in Selected Asian Surveys on Youth and Sexuality (continued)

TOPIC	Region Country Survey Date	EAST ASIA				SOUTHEAST ASIA					
		Hong Kong				Taiwan	Indonesia	Philippines		Thailand	
		ASS 1996	ASS 1991	ASS 1986	HK-FLE 1981	TYPS 1994	RRS 1998	YAFS-II 1994	YAFS-II 1982	FAYS 1994	Partner 1990
Reproductive health											
General		X	X	X			X	X		X	
Maternal mortality							X				
STDs & AIDS											
Knowledge		X	X			X	X	X		X	
Attitudes							X	X		X	
Experience		X					X		X	X	
Treatment/prevention							X		X	X	
FP/contraceptive methods											
Knowledge		X			X	X	X	X			
Attitudes		X	X	X		X	X	X			
Use		X	X	X		X	X	X		X	
Source of supplies						X	X	X	X		
Fertility preferences		X	X			X	X	X		X	
Condoms ^a											
Knowledge		X	X	X	X	X	X	X		X	
Attitudes							X	X	X	X	
Use							X	X		X	
Abortion											
Knowledge of (& service providers)		X		X		X					
Attitudes						X		X			
Experience		X	X	X							
Pregnancy history											
Limited information		X	X	X		X					
All events							X	X	X		
Full DHS format											
Maternal and child health											
Breastfeeding							X				
Immunization and health							X				
Risk behaviors											
Smoking		X				X	X	X	X		
Drinking							X	X	X	X	
Drug use							X	X	X	X	
Medical injection										X	
Blood transfusion										X	

Table 3. Topics Included in Selected Asian Surveys on Youth and Sexuality (continued)

NOTES:

* School-based survey; all others are household-based

+ Based on draft list of topics only

¹ May include misconceptions or myths

² Refers to explicit questions on premarital sexual experience

³ May include access to or use of newspapers, magazines, television, radio

⁴ May include characteristics of the husband/partner

⁵ May include discussion of sex-related matters with family, exchanges and support, living arrangements.

⁶ May include any of the following: age, sex, residence, marital status, no. of children, religion, race, language, education, occupation/employment

⁷ Includes domestic violence and rape.

⁸ Refers to topics directed specifically to condoms and not as part of a contraceptive or family planning methods sequence

Hong Kong (ASS); 1996: Youth Sexuality Study—Out of School/In School—FIND

Hong Kong (KAPB-AIDS); 1992: Behaviour and Practice in Relation to AIDS (Lui and Kong, 1992)

Hong Kong (ASS-HH): 1991: 1991 Youth Sexuality Survey—Out of School (Task Force, 1991)

Hong Kong (ASS-school); 1991: 1991 Youth Sexuality Survey—In School (Task Force, 1991)

Hong Kong (ASS-HH); 1986: Adolescent Sexuality Survey—Out of School/In School (Task Force, 1986)

Hong Kong (FLE); 1981: Family Life Education Survey (Family Planning Association of Hong Kong, 1987).

PRC (SexCivil); 1989: National Sex Civilization Survey (Liu et. al. 1997)

South Korea (Marr&Fam); 1991: A Survey of the Marriage and Family in Korea

South Korea (Fert&FamHealth); 1991: Korean National Fertility & Family Health Survey

South Korea (FPEdServ); 1987: A Study of Unmarried Female Factory Workers' Sexual and Contraceptive Behaviors and their Needs and Preferences for FP Education Services

Taiwan (SexKA-school); 1995: Survey on Sex-Related Knowledge and Attitude of College and Secondary School Students. (Chang and Lin, 1997)

Taiwan (TYPs); 1994: 1994 Young People Survey

Taiwan (YoungW); 1984: Taiwan Island-wide Younger Women Survey

Taiwan (Views); 1984: 1983 Survey on Today's Youth's Viewpoint & Behavior About Socializing Between Females and Males

Taiwan (FactoryW); 1984: Taiwan Area Factory Worker Survey

Cambodia (SexHealth); 1996: Young people, HIV/AIDS, STDs and sexual health project: Survey of knowledge, attitudes and practices. (Solim, O'Brien, & Davis, 1997).

Indonesia (RRS); 1998: Executive Summary (RRS Project Team, 1999)

Indonesia (Sex&Risk); 1993-4: Adult Sexual Behavior & Other Risk Behaviors in East Java (Kambodji et. al. 1995)

Malaysia (SocBehav); 1986: A Survey on Social Behaviour of Adolescents—FIND

Malaysia (Psych-soc); 1986: Survey on Psycho-social Aspects of Adolescent Sexuality in Kuala Lumpur

Malaysia (HumanSex); 1980: Human Sexuality

Philippines (FPS); 1995: Family Planning Survey

Philippines (YAFS-II); 1994: Young Adult Fertility and Sexuality Study II (Raymundo et. al. 1999)

Philippines (NDS); 1993: National Demographic Survey

Philippines (SMS); 1993: Safe Motherhood Survey

Philippines (YAFS-I); 1982: Young Adult Fertility Study (Raymundo 1984)

Singapore (SYPS); 1986: A Study of Young People in Singapore (Singapore Planned Parenthood Association, 1988)

Singapore (Teen); 1986: Survey on Teenage Sexuality and Marriage Attitudes—FIND

Thailand (FAYS); 1994: Family and Youth Survey. (Podhisita and Pattaravanich, 1995)

Thailand (S&L); 1993: Survey on Sexual Awareness and Lifestyles

Thailand (Media); 1993: Effectiveness of AIDS Media on Behavior and Values

Thailand (Partner); 1990: Survey on Partner Relations and Risk of HIV Infection in Thailand (Sittitrai et. al., 1992)

Thai (AdolSex); 1988: National Survey of Adolescent Sexuality

Thailand (RH-Stude); 1986: A Study of Reproductive Health in Adolescence in Secondary School Students & Teachers in Bangkok

Thailand (RH-Teach); 1986: A Study of Reproductive Health in Adolescence of Secondary School Students and Teachers in Bangkok

Thailand (R-AdolFert); 1986: Research on Adolescent Fertility

Thailand (N-adolFert); 1982: A Nationwide Adolescent Fertility Study in Thailand (Muangman, 1983)

Thailand (S-AdolFert); 1978: Study of Adolescent Fertility in Thailand (Muangman, 1979)

Vietnam (SocioSur); 1993: Sociological Survey on Young Adults' Reproductive Behavior

Vietnam (KAPSurvey); KAP Survey III

International (DHS-3, Model A) various years: DHS-III Basic Documentation, Number 1. (Macro International Inc., 1995).

International (CDC) various years:

Table 4. Comparison of Center for Disease Control Behavioral Surveillance Workgroup Recommended Core Questions with Selected Major Asian Surveys on Sexuality

CDC Core Questions for HIV/STD Behavioral Surveillance	Asian Surveys						
	Philippines	Thailand	Indonesia	Hong Kong [I]	Taiwan		
	YAFS-II 1994	FAYS 1994	RRS 1998	AAS (HH) 1986	TYPS 1994 Unmarried	TYPS 1994 Married	TYPS 1994 Student
1. During the past 12 months, have you had sex?	X [4,1]	X [6,1]	X [1,13]	X [14,1]	X [II:1]	X [1;II:1]	X [1]
2. During the past 12 months, with how many people have you had sex?	X [2; 4,1]			X [4,1]	X [II:17,1]	X [II:17,1]	X [1]
3. During the past 12 months, have you had sex with both males and females?	X [3,M]				X [II:18,1]	X [II:18,1]	X [1]
4. Now, thinking back about the last time you had sex, did you or your partner use a condom?	X [1,M; 11]	X [9]	X [11,1]	X [4,11,1]	X [II:11,1]	X [11,1; II:11,1]	
5. I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one.							
* You have used intravenous drugs in the past year	X [1]	X [10,1]	X [12,1]				
* You have been treated for a sexually transmitted disease or venereal disease in the past year		X [8]					
* You tested positive for having HIV, the virus that causes AIDS							
* You have had more than one sex partner in the past year	X [2]				X [II:17,1]	X [II:17,1]	X [1]
* During the past 12 months you have given or received money or drugs in exchange for sex	X [5,M]			X [1,M]			
Do any of these situations apply to you?							
Question 5 may be skipped if Questions 6-10 are included							

Table 4. Comparison of Center for Disease Control Behavioral Surveillance Workgroup Recommended Core Questions with Selected Major Asian Surveys on Sexuality (continued)

CDC Core Questions for HIV/STD Behavioral Surveillance	Asian Surveys						
	Philippines	Thailand	Indonesia	Hong Kong [I]	Taiwan		
	YAFS-II 1994	FAYS 1994	RRS 1998	AAS (HH) 1986	TYPS 1994 Unmarried	TYPS 1994 Married	TYPS 1994 Student
6. <i>During the past 12 months, have you used a needle to inject a drug that was not prescribed for you or that you took only for the experience it caused?</i>	X [6,1]	X [10,1]					
7. <i>During the past 12 months, has a doctor or other health professional told you that you had a sexually transmitted disease, or STD, for example, herpes, gonorrhea, chlamydia, genital warts?</i>	X [7]	X [8]					
8. <i>Have you ever been told by a doctor of other health professional that you were infected with HIV or that you have AIDS?</i>							
9. <i>During the past 12 months, have you given drugs in exchange for sex or received drugs in exchange for sex ? By sex we mean vaginal, oral, or anal sex.</i>							X [4,1,M]
10 <i>During the past 12 months, have you given money in exchange for sex or received money in exchange for sex? By sex we mean vaginal, oral, or anal sex.</i>	X [5]						X [4,1,M]
11 <i>In the past 12 months have you had sex with someone who you consider to be your main sex partner, that is a partner who you feel committed to above anyone else?</i>							
12 <i>Is this person a man or a woman?</i>							

Table 4. Comparison of Center for Disease Control Behavioral Surveillance Workgroup Recommended Core Questions with Selected Major Asian Surveys on Sexuality (continued)

CDC Core Questions for HIV/STD Behavioral Surveillance	Asian Surveys						
	Philippines	Thailand	Indonesia	Hong Kong [1]	Taiwan		
	YAFS-II 1994	FAYS 1994	RRS 1998	AAS (HH) 1986	TYPS 1994 Unmarried	TYPS 1994 Married	TYPS 1994 Student
<p>13 Now, thinking back about the last time you had sex, did you or your partner use a condom? ***Question 13 may be skipped if the following more specific questions are included***</p> <p>The following are abbreviated versions of the succeeding core CDC question numbers 14-66. The questions are separately asked of the respondents in relation to their main partner's and other partner's gender. Additionally and where appropriate, use of condom or barrier (dental dam, plastic wrap, etc.) was asked after each type of sex question.</p> <p>The last time you had sex with your (main) partner, did you have vaginal sex?</p> <p>The last time you had sex with your (main) partner, did you have oral sex?</p> <p>The last time you had sex with your (main) partner, did you have anal sex?</p>							
					X [11:16,1]	X [11:16,1]	X [16,1]

Table 4. Comparison of Center for Disease Control Behavioral Surveillance Workgroup Recommended Core Questions with Selected Major Asian Surveys on Sexuality (continued)

Notes:

"*Second-tier*" questions are in italics, while the rest are for the "first-tier".

Unless otherwise indicated, the questions were asked of both the male and female respondents: **M**-male; **F**-female

Definitions of the various sex types between partners in the CDC core questions:

Vaginal Sex is when the penis enters the vagina

Oral Sex is when the mouth touches the vagina or the penis enters the mouth

Anal Sex is when the penis enters the anus (butt)

- [1] No time reference
- [2] Number of people paid for sex in the last year
- [3] Asked in the context of being paid for sex; no time reference; also asked in the context of general sexual experience
- [4] Refers to premarital sex
- [5] (Money exchange only;) no time reference for receiving money for sex
- [6] Asked in sealed envelope questionnaire
- [7] Asked if the respondent experienced genital warts only
- [8] Ever had venereal disease; follow-up questions asked for specific V.D. type and how long ago the respondent had it (within the last 10 years).
- [9] Only asked if first sex was protected (with condom) or not
- [10] The question included both "smoking, injecting marijuana"
- [11] Asked in the context of using contraceptives, condom being a contraceptive
- [12] Injection is one of the possible responses to the question of how the respondent uses drugs.
- [13] Time reference is past month
- [14] Refers to sex with prostitute only
- [15] Asked about timing of pregnancy in relation to engagement
- [16] Refers to "love touch" in the genitalia, with a person of the opposite sex
- [17] Asked only if the respondent ever had sexual relationship with someone else other than the spouse
- [18] Specifically asked of the opposite sex experience

As shown in the table, the Asian surveys summarized here include very few questions that exactly match the CDC recommended core questions for HIV/AIDS Behavioral Surveillance. A few are essentially the same but with different time references. However, this does not mean that the Asian surveys did not ask questions related to sexual experience and protection, and HIV/AIDS experience. Most of the surveys that did include questions related to these are mostly assessing knowledge and attitudes rather than behavior which is the emphasis of the CDC surveillance project.

[I] Hong Kong's AAS 1986 also covers In-School respondents but their questionnaire do not carry parallel/similar questions

[II] Taiwan: refers to self-administered questionnaire

Table 5. Summary of Information in Selected Asian Surveys on Aspects of the Sexual System

Country	Date of Survey	Survey Title	Premarital Sex		Homosexuality		Commercial Sex		HIV/AIDS			Condom Use	
			Attitude	Behavior	Attitude	Behavior	Attitude	Behavior	Knowledge	Attitude/ Perception	Behavior	Attitude	Behavior
Southeast Asia													
Indonesia	1998	Reproduksi Remaja Rajahtera	X	X					X	X		X	X
Philippines	1994	1994 Young Adult Fertility & Sexuality Study (YAFS-II)	Virginity; Acceptability	X		X		Buy or sell sex	Transmission; Symptoms; Prevention; "Curability"	X	(See commercial sex column)	Embarrassed to buy a condom?	Ever use + part of contraceptive method
Philippines	1982	1982 Young Adult Fertility Study (YAFS-I)	Virginity; Acceptability	X									Q part of contraceptive method used
Thailand	1994	Family and Youth Survey (FAYS)	Virginity	X		X	1q	Partner at 1 st sex	Prevention; Tests; Transmission	"At risk?"			1 st sex
Thailand	1990	Survey of Partner Relations and risk of HIV Infection in Thailand	Virginity; Acceptability	X		X		X	Transmission, Symptoms	At risk?	Afraid of infection?; behavior change	X	Use & consistency of use with different partners
East Asia													
Hong Kong	1996	Youth Sexuality Study—Out-of-School	X	X	X	# of partners	X	X	Transmission	"Only homosexuals can get AIDS"			Q part of contraceptive method used
Hong Kong	1991	1991 Youth Sexuality Survey—Out-of-School	X	X	X	X		X	Transmission	"Only homosexuals can get AIDS"			Q part of contraceptive method used
Hong Kong	1986	Adolescent Sexuality Survey—Out-of-School/Household	Acceptability	X	X	X	X	X					Q part of contraceptive method used
Hong Kong	1981	Family Life Education Survey (FLE)	X	X	X								
Taiwan	1995	1995 Survey on Sex—Related Knowledge &... (SEX-KA)	X	X					Transmission				