

YOUNG LIVES AT RISK

Adolescents and sexual health

Never before have so many teenagers been alive at one time. There are now more than one billion adolescents aged 10-19 in the world – and 85 per cent of them live in developing countries.

For many of these young people adolescence (the period of change from childhood to adulthood) is a healthy transition period during which they learn values and skills that will benefit them as future parents, heads of households, workers, artists and contributing members to all sectors of society. But the health and lives of a large number of teenagers, now and for the coming years, are in danger.

- ✍ Each year at least 111 million new cases of curable sexually transmitted diseases (STDs) occur in young people under 25 years of age.
- ✍ More than half of all new HIV infections worldwide – over 7,000 each day – are among young people.
- ✍ Many victims of physical abuse and sexual violence are adolescents. Studies in 19 countries reported sexual abuse ranging from harassment to rape and incest among 7-34 per cent of girls and 3-29 per cent of boys. In the United Kingdom, according to another report, 50 per cent of lesbian, gay male and bisexual youths under 18 years old had been physically attacked.
- ✍ Every year up to two million girls and young women risk undergoing female genital mutilation.
- ✍ Many adolescents lack information about and access to contraceptive methods. Partly as a result of this, 10 per cent of world births are to teenage mothers. Deaths related to pregnancy and childbirth are two to five times higher among women under 18 than among those aged 20-29.
- ✍ Up to 4.4 million abortions are sought by teenagers every year, the majority of them unsafe. Globally, one third of women hospitalised for abortion-related complications are younger than 20.
- ✍ Every five minutes a young person somewhere in the world commits suicide, often because of emotional and social problems related to sexual and reproductive health. These include physical abuse, sexual violence, breakdowns of intimate relationships, alcohol and drug abuse, unwanted pregnancy and unsafe abortion, infection with STDs/HIV, and anxiety about being physically attracted to members of the same sex.

Most of these risks are preventable but many parents, opinion leaders and policy makers are afraid to act. They do not want to inform young people about sex and its consequences because they believe this will lead to teenage promiscuity and immorality. Parents might be embarrassed to bring up reproductive health with their children, opinion leaders may not speak out because they wish to avoid controversy and policy makers may do nothing because they do not perceive popular support for their measures. As a consequence our societies face unnecessary human and social costs.

The need to protect adolescents' sexual health has been recognised by governments in international treaties and agreements such as the Convention on the Rights of the Child and the Programme of Action from the International Conference on Population and Development held in Cairo in 1994. Programmes increasingly acknowledge that teenagers' health concerns cannot be separated from

either cultural attitudes and practices that influence their vulnerability or socio-economic situations that affect their access to reproductive health information and services.

NEWSPEGS

- ✂ **12 August: International Youth Day** – Designation of this day was agreed at the First World Conference of Ministers for Youth, held in Portugal in August 1998; the United Nations (UN) General Assembly will be asked to endorse this as an official UN day during their meeting in October 1999. This year's first International Youth Day will be commemorated in New York through an event organised by the Youth Division of the UN.
- ✂ **20 November: Universal Children's Day** – The UN General Assembly recommended that all countries institute such a day to promote children's welfare; observance of the day varies from country to country. 20 November marks the day on which the Declaration on the Rights of the Child (1959) and the Convention on the Rights of the Child (1989) were adopted.
- ✂ **1 December: World AIDS Day (WAD)** – In 1997 the WAD campaign highlighted the challenges facing children living in a world with HIV/AIDS, and in 1998 it focused on young people as a force for change. The 1999 WAD campaign aims to build on the activities and awareness created in preceding years by turning the world's attention more broadly to communication: 'Listen, learn, live!'
- ✂ **10 December: Human Rights Day**
- ✂ **12 December: 8th International Children's Day of Broadcasting** – UNICEF will identify children who are agents of positive change around the world so that broadcasters have a chance to profile them.

NEWSPEGS IN 2000

- ✂ **8 March: UN Day for Women's Rights and International Peace**
- ✂ **7 April: World Health Day**
- ✂ **5-9 June:** The UN General Assembly will review progress made on the Platform for Action adopted at the 4th World Conference on Women in Beijing in 1995; this review meeting is called Beijing+5.
- ✂ **August or September 2000:** The UN Youth Division and Senegalese National Youth Council have proposed the organisation of a World Youth Forum of the UN System in Dakar, Senegal, in August or September (dates to be decided around October 1999). From May 1999 onwards, the United Nations Population Fund (UNFPA) will work together with the International Federation of Medical Students and the International Federation of Red Cross and Red Crescent Societies' Youth Division to plan the health-related aspects of the Forum, which will be open to youth non-governmental organisations (NGOs) officially affiliated with the UN, as well as the media.
- ✂ **International Decade for a Culture of Peace and Non-Violence for the Children of the World:** The UN General Assembly proclaimed this decade from 2001-2010 via resolution 53/25 on 10 November 1998. This year the Secretary General will submit a draft programme of action to implement the decade.

CONTENTS

1. GLOBAL TEEN HEALTH PROFILE	1
2. ADOLESCENCE: A TIME OF CHANGE AND LEARNING	2
Body changes	
Confusion and myths (box)	
Societal expectations: controlling girls, encouraging boys	
Teenage contraception in Great Britain: controversy and concern (box)	
3. TRADITIONS AND PRACTICES THAT ENDANGER TEENAGERS	5
Son preference	
Female genital mutilation (FGM)	
Early marriage	
Now no one wants me: a young widow speaks (box)	
Sexual and gender-based violence	
4. UNACCEPTABLE RISKS FOR TEENAGERS	7
Early and unwanted pregnancy	
Unsafe abortion and lack of post-abortion care	
Prison for teenagers who abort in Nepal (box)	
Silent killers: RTIs and HIV	
5. THE DEBATE: SEX EDUCATION AND REPRODUCTIVE HEALTH SERVICES	9
Sex education	
Indian adolescents succeed where adults have failed (box)	
Access to sexual and reproductive health services	
6. EMPOWERING YOUNG PEOPLE	10
Saying no and saying yes: learning to express choices (box)	
<i>Straight Talk</i> : a newspaper for young people (box)	
7. TEEN-FRIENDLY REPRODUCTIVE HEALTH SERVICES	12
What young people want from educators and service providers: youth contributions to websites (box)	
8. WHAT WORKS	13
9. THE INFLUENCE OF THE MEDIA	15

CONTACTS

REFERENCES

KEY FACTS

- ✍ The World Health Organization (WHO) defines 'adolescence' as the life period spanning 10-19 years of age and calls those aged 15-24 years 'youth'. In this briefing the terms adolescents, teenagers, youths and young people are all used to refer to people aged 10-19 years.
- ✍ Our world currently has its largest group of teenagers ever: 1.1 billion adolescents, 85 per cent of them living in developing countries. At least half of them will have sexual intercourse by the age of 16 and most of them by the age of 20. [1]
- ✍ Of the estimated 333 million new cases of curable sexually transmitted diseases (STDs) each year, at least one third occur in young people under 25 years of age. Untreated STDs can cause infertility and make HIV infection easier; more than half of all new HIV infections – over 7,000 each day – are among young people aged 10-24. [58]
- ✍ Adolescent girls account for 10 per cent of the world's births.
- ✍ Deaths related to pregnancy and childbirth are two to five times higher among women under 18 than among those aged 20-29. [48]
- ✍ Worldwide, one third of women hospitalised for abortion-related complications are younger than 20. [53]
- ✍ Studies in 19 countries, including the Dominican Republic, Sweden and South Africa, reported sexual abuse ranging from harassment to rape and incest among 734 per cent of young women and 3-29 per cent of young men. [38] In the United Kingdom, according to another report, 50 per cent of lesbian, gay male and bisexual youths under 18 years old had been physically attacked. [39]
- ✍ Among groups in more than 30 countries of Africa, Asia, the Middle East and the industrialised world, approximately two million girls and young women each year risk undergoing female genital mutilation. [6]
- ✍ Every five minutes a young person somewhere in the world commits suicide, often because of emotional and social problems related to sexual and reproductive health. These include physical abuse, sexual violence, breakdowns of intimate relationships, alcohol and drug abuse, unwanted pregnancy and unsafe abortion, infection with STDs/HIV and anxiety about being physically attracted to members of the same sex. Suicide rates are increasing among adolescents in the Caribbean region, Africa and Asia. [7]

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YOUNG LIVES AT RISK

Adolescents and sexual health

1. GLOBAL TEEN HEALTH PROFILE

Our world currently has its largest group of teenagers ever: 1.1 billion adolescents aged 10-19 years, 85 per cent of them living in developing countries. The Joint United Nations Programme on AIDS (UNAIDS) estimates that at least half of them will have sexual intercourse by the age of 16 years and most of them by the age of 20. [1]

For many adolescents around the world the transition from childhood to adulthood is a healthy one. They learn positive values related to sexuality, relationships and parenting and within that context derive pleasure and obtain love from the sexual encounters which they eventually have.

On the other hand, a large number of young men and women also face risks to their sexual and reproductive health. Young women face particular risks because of their biology, discrimination regarding access to information and services, and because of constraints imposed by societies on their behaviour. As a result they are vulnerable to a triple threat of unwanted pregnancy, unsafe abortion and sexually transmitted diseases (STDs) that can render them infertile or kill them. Implementing measures to decrease rates of STDs/HIV, early pregnancies and unsafe abortions will not only protect adolescents' health but also reduce costs for society in the short and longer term, such as costs related to ill health, treatment and deaths.

Nevertheless, debate continues on how best to address health risks for teenagers. Some argue that the best strategy is to keep teenagers away from sex. Others point out that adolescents are sexually active in all countries, whether married or not, and that unmarried teenagers tend to have more partners than people in their mid-20s or older. [2] In their view this reality must be acknowledged by making appropriate health information and services easily accessible to adolescents.

Many adolescents are not able or do not try to reduce the risk of pregnancy or infection with STDs/HIV by practising abstinence, masturbation, alternatives to intercourse such as hugging and caressing, or using contraceptives or condoms. One consequence is that more than 50 per cent of new HIV infections and two thirds or more of STD cases diagnosed in various countries each year occur among teenagers. [3] For young women, who often have no visible symptoms, the outcome can be catastrophic, resulting in infertility or life-threatening ectopic pregnancies (in which the embryo begins to grow outside the womb).

Adolescent pregnancies, especially among younger teenagers, may endanger the health and lives of both mother and child. Adolescents suffer more pregnancy-related complications than older women due to a combination of factors: having first pregnancies, not being fully grown (incomplete development of the skeleton and pelvis) and/or not receiving adequate antenatal care. [4] Early motherhood often leads to young women ending their education and failing to obtain better-paying jobs. Societies and families can ostracise young women who become pregnant outside marriage. These reasons contribute to the high number of abortions sought by teenagers: up to 4.4 million every year, the majority of them unsafe. [5]

Studies around the world also indicate that adolescents suffer high rates of sexual and physical abuse (incest, rape, beating). In extreme instances teenagers are murdered, as in the case of honour killings and 'gay bashing' incidents. Among certain groups and communities in more than 30 countries of Africa, Asia, the Middle East and the industrialised world, approximately two million young women and female children each year risk undergoing female genital mutilation (FGM). [6] WHO notes that every five minutes a young person somewhere in the world commits suicide, often because of emotional and social problems related to sexual and reproductive health. These include physical abuse, sexual violence, breakdowns of intimate relationships, alcohol and drug abuse, unwanted pregnancy and

unsafe abortion, infection with STDs/HIV, and anxiety about being physically attracted to members of the same sex. [7]

2. ADOLESCENCE: A TIME OF CHANGE AND LEARNING

'Adolescence' is a relatively new term that has been used widely only during the past 50 years or so; it refers to the period when children are in the process of becoming adults. Young people from poor or low-income groups and who live in rural agricultural communities may already carry heavy responsibilities such as child care and contributing to household income, so for them adolescence is mainly a time of physical and emotional change. For young people who are better off economically, it is also a time of social change and experimentation that includes taking on new responsibilities, discovering ways to improve their appearance (exercise, sports, make-up, clothing), and trying new behaviours such as drinking alcohol and smoking.

This period of life can be viewed as one of both opportunity and risk. It may include problems but, as teenagers themselves say, adolescence itself is not a problem. Andrea Jones, writing for a youth website, asserts that too much emphasis is put on 'raging hormones': "Teens are having too much sex too soon, says society....As a teenager who's talked to lots of younger teens on this subject, I've found that most of us aren't jumping into bed just for sex." [8]

Researchers have only recently begun investigating adolescent sexuality in depth and their study findings may be partial, even unreliable. Sometimes researchers ask the wrong questions. Sometimes the people whom they interview understand those questions differently. Young men and women may also withhold embarrassing or sensitive information or exaggerate their experiences. The results of studies must therefore be viewed with caution.

Adolescents' experiences and problems are influenced by their situations. Teenagers who are married or parents may consider themselves adults. Youths with physical and mental disabilities, children living on the street or as refugees, teenagers struggling to help poor families survive, children who have been abused, adolescents from well-to-do families and young people in rural and urban areas may face different challenges and health risks. Some young people have a great deal of sexual experience while others have none.

Teenagers' concerns are also influenced by their age. Young men and women just reaching puberty may especially want to learn about menstruation, reproduction, masturbation, wet dreams and sexual orientation. Older adolescents may be more interested in relationships and sexual practices.

What shapes most adolescents regardless of their particular circumstances is the impact on their lives of their societies' gender-based expectations. These are widely shared ideas about characteristics, abilities and behaviours that are considered 'proper' and 'typical' for women and men and which are transmitted by families, schools, religion, laws, the media, advertising, entertainment and other institutions. Young men often learn that it is considered masculine to be strong and dominant, not to show emotions, and to exercise authority over women and children. Young women may learn that females are regarded as more emotional, only considered adults if they are married and even then expected to be submissive to men in decision making.

These gender-based stereotypes carry disadvantages. Female teenagers may harm themselves by trying to fulfil ideals of beauty that they think will make them attractive to men – for example, in industrialised countries by dieting excessively and developing eating disorders such as anorexia nervosa or bulimia. Adolescents who are physically attracted to people of their own sex may be stigmatised, rejected and even physically harmed if they openly express their sexuality because it does not conform to prevailing ideas about masculinity and femininity.

Adolescents also learn that either women or men are responsible for contraception, rather than being sexual partners who share decision making as a couple: "It is the man's responsibility. After all, the man controls the woman," says one 19-year-old male from Ghana; "Women are responsible because it is them who become pregnant and carry the baby for nine months," according to an 18-year-old male from Zambia. [9] Young men may come to believe that coercive sex is permissible. One study

showed that almost 32 per cent of 998 Australian males aged 14-26 surveyed in the Adelaide metropolitan area thought that men are sometimes justified in forcing women to have sex, for example when a couple has been dating a long time or the man has spent a lot of money on the woman. [10]

Teenagers are further taught that men and women are entitled to different opportunities; two adolescents from Zambia attributed this to gender roles: "Parents prefer to send a boy child to school than sending a girl child. Reasons being that a girl will get married. This is the reason why mothers spend most of their time educating girls on house chores and marital issues even at a tender age."

[11] A young woman from Morocco echoed this idea: "Man has the right to study and to have stature in the community. Woman can do housework and try to be the best at cooking and cleaning." [12]

Body changes

Improved diets and health care have been linked to earlier onset of first menstruation (menarche) in various countries, but first sexual intercourse may take place even earlier for some young women. Over half of 300 young village women interviewed in Malawi and at least one third of 1,219 schoolgirls from 62 rural and urban schools in Tanzania said they had sexual intercourse before their menstruation began. [13, 14]

The appearance of physical changes during puberty can cause emotional turmoil among young people. Many adolescents also do not understand the changes they undergo because they receive no or faulty information. A young woman participating in a US education project on AIDS commented: "I think it's sad I can't talk to my mom about it – but it's her loss. I can always go other places. I think that is a lot of the problem, because when you go 'other places', sometimes you get the wrong information." [15]

In Tajikistan 32 per cent of young men and nine per cent of young women aged 15-17 did not know what menstruation is. [16] In India up to 88 per cent of unmarried young women seeking abortions did not know that pregnancy resulted from sexual relations. [17] Lily Faas, consultant to a teenagers' hotline in Venezuela, says that about 90 per cent of callers believed pregnancy cannot result from the first time that they have sex.

Confusion and myths

When young people cannot obtain reliable information, confusion and misinformation may fill the void, leading to greater risks and unnecessary anxiety:

"Recently, I read an article in a local paper that masturbation can lead to psychological problems. As a boy who indulges in it, because of fear of catching AIDS, I would appreciate a comment from you on whether I will end up with problems because of this practice." [18]

"You only fall pregnant if you have sex at night." [19]

"Other boys look at your face and if you have pimples then they say that sperms are in your face and manifest as pimples. Therefore you try hard to get rid of them [through sex]." [20]

"So one of my friends told me that no matter if you have had sex or not, every woman has at least two STDs: most likely their mother had one that they didn't know about, and one from the toilet seat; is that true?" [21]

Adults' failure to address physical changes during puberty may contribute to teenagers' problems. The influence of high testosterone levels that increase young men's sexual drive may be ignored in sex education. [22] Many parents do not realise adolescents need extra iron to prevent vulnerability to anaemia – boys because their muscles are rapidly developing and girls because menstruation is starting. [23] In developing countries the risk of anaemia is also increased by malaria, hookworm and schistosomiasis, which affect young people disproportionately. [24]

Societal expectations: controlling girls, encouraging boys

Familial and societal expectations of young men and women can help promote healthy and responsible lives. Teaching them about values such as honesty, respect for others and the benefits of

making commitments to a better future can help them choose behaviours that are beneficial for their own and others' health (such as to avoid or stop smoking, avoid using drugs or to study hard).

On the other hand, there are some expectations that rest on common gender-based beliefs which may be prejudicial or faulty – for example, that men must have frequent sexual intercourse to prevent becoming sick, and/or that women always seduce men into having sex. These beliefs may be coupled with the view that individual and family reputations are based on honour. Male honour is traditionally related to being courageous, religious, moral and hospitable; female honour traditionally depends on premarital chastity and faithfulness in marriage. Because of such ideas young women often face increasing restrictions when they reach puberty, while young men are granted increasing freedom.

- ✍ **Limits on young women:** some cultures attempt to guard young women's 'honour' by preventing encounters between the sexes. Female teenagers who engage in sex before or outside marriage may face family and social condemnation. In some communities virginity is a condition for marriage eligibility and/or payment of bride price (male dowry). Young women may be separated from males by withdrawing them from school or only allowing them to leave home when accompanied by a chaperone. In some societies they must shield themselves from visual contacts with males by dressing in body-covering clothing, scarves and veils. If young women become involved in sexual encounters before or outside marriage – even against their will – they may bear all the negative physical and social consequences alone. In extreme cases female adolescents are physically injured or killed if families believe that they have put the family name to shame.
- ✍ **Freedom for young men:** in contrast, most adolescent males are encouraged to expand their limits and to become sexually experienced because it is expected that they will be the decision makers concerning sex. In some cultures male relatives or friends take sons to sex workers for their sexual initiation; in most cultures peer pressure to have sex is enormous. Richard Serunkuuma, a young man living with HIV in Uganda, described his treatment by friends when he was abstinent at age 17: "They felt that I didn't belong to them, started to tease me with a lot of embarrassing questions and statements like: 'You will suffer from backache because of not releasing the semen. Richard, you seem to be impotent – were you castrated?' To sum it up, they deserted me on those grounds." [25]

Teenage contraception in Great Britain: controversy and concern

British levels of teenage pregnancy are the highest in Europe: 8,000 babies are born to adolescents under 16 each year. The Office of National Statistics indicates that young women living in poorer areas more often become teenage mothers; this has led both to concern and to calls for action, some extremely controversial.

John Guillebaud, director of the Margaret Pyke Family Planning Centre, has suggested using the school medical system routinely to fit young women in areas with high teenage pregnancy rates with hormonal implants around the time they reach puberty. [26] Ann Weyman, of the Family Planning Association, comments: "It is more a question of young women having the self-confidence to take control of their lives and make responsible decisions about relationships... Contraception has to be viewed within this broader context." [27]

Various organisations, including the Royal College of Nursing, advocate making emergency contraception – the 'morning-after pill' – available to teenagers. One school in Bath has established this service for pupils. According to Ann Furedi of the British Pregnancy Advisory Service, "Emergency contraception should not be seen as a permanent solution. It is not as effective as planned contraception. But unprotected sex happens – and that is a fact of life." [28]

- ✍ **Exclusive heterosexuality:** many communities condemn same-sex relationships. They emphasise that women and men should have sex only with members of the opposite sex. People with other sexual preferences are considered abnormal; they may be attacked verbally or physically and even be punished by law. For adolescents just discovering their sexuality

who are physically attracted to members of their own sex, this can cause confusion and psychological problems, which in some cases can even lead to suicide.

- ✍ **Poverty:** poor adolescents are more vulnerable to sexual exploitation. Young women in Africa may give in to 'sugar daddies' – older men who offer them gifts or money for sex – so that they can pay school fees and buy necessities or luxuries. Youths living on the streets may sell sex to survive. Teenagers from Eastern Europe are tricked into the sex trade, accepting offers of employment in the West only to have their passports taken away when they are delivered to brothels upon arrival. Some poor families in Asia sell their daughters to the sex industry in order to supplement household income.

3. TRADITIONS AND PRACTICES THAT ENDANGER TEENAGERS

Some social traditions that are an integral part of cultures are very helpful for adolescents, and such traditions deserve support to keep them from dying out. An example is the 'institution' in some rural African communities in which older relatives are entrusted with providing adolescents with sex education. But there are also traditions and practices that actually place adolescents' health in jeopardy, especially that of young women.

Son preference

Preference for male offspring can begin even before or immediately after birth, with abortion of female fetuses where prenatal testing is available, or killing of female infants. The United Nations Population Fund (UNFPA) estimates that at least 60 million girls who would otherwise have been alive are 'missing' in Asia for this reason. [29]

Preference for sons can also continue later in life. Some parents invest more in their sons than in their daughters for both cultural and economic reasons: sons continue the family line and are expected to contribute to parents' security in old age, while daughters are expected to leave the household. Poor families may withdraw daughters from school so as to use scarce funds to enable sons to continue their education. Some parents and teachers encourage male students to study subjects that will help them get well-paid technical jobs while they urge female pupils to study subjects that will be useful in the domestic sphere. A young woman from a slum in India put it simply: "Of course, boys are given more importance in the house. After all, a girl is like a stranger, who lives in the house only temporarily (before marriage). The boy has a right over the house. It is not the same with a girl." [30]

Mistaken beliefs can contribute to preferential treatment of sons. Many people believe that males perform more strenuous physical labour than females. Sons therefore receive more food than daughters, even though their sisters have laborious household tasks and need a good diet to prepare for later pregnancy. [31]

Female genital mutilation (FGM)

FGM is mostly practised in African countries but also by some groups living in Asian, Middle Eastern and industrialised countries. The proportion of women who have undergone FGM varies – 18 per cent in Tanzania, for example, and 98 per cent in Djibouti. The procedure is usually carried out before the age of 13, but its effects can last a lifetime. [32] Many people believe that Islam requires it, although many Muslim authorities say this is untrue.

FGM is mistakenly thought to have health benefits, for example contributing to female cleanliness, increasing women's fertility and protecting infants during childbirth. Socially, FGM is thought to strengthen communities by promoting identification with a culture or lineage group. Culturally, it is seen as a rite of passage and/or a means to ensure premarital virginity and marital faithfulness. And economically it is required to ensure marriage eligibility or guarantee women a legitimate claim to inheritance.

Often performed in unhygienic conditions, FGM may have numerous negative health effects: agonising pain when carried out without anaesthesia, bleeding, anaemia, shock, tetanus, fever and infections. In the longer term FGM can lead to painful menstruation, cysts, urinary leakage, prolonged obstructed labour with an increased risk that mother and infant will die, unnecessary Caesarean sections, sexual and psychological problems. [33]

Early marriage

Societies everywhere continually adapt to new circumstances but the pace of change differs among social groups. Their willingness to adopt new customs will depend in part on a positive answer to the following question: do the benefits of the new custom outweigh the price we pay by giving it up? Marriage ages are rising overall in many countries, for example, but early weddings for young women are still encouraged by some communities even when laws forbid them. In some places half or more of young women are married or have a steady partner by the time they are 18 years old. Males, on the other hand, tend to marry more often after their teens. Early marriages are motivated by custom, a desire to protect the girl and/or to increase family income (where dowries or bride price are paid). As one man in Côte d'Ivoire put it, "If a girl doesn't marry at an early age, she'll sleep with many men. Nobody would want to marry her later." [34]

These young-age unions may have negative effects on female teenagers. Few young wives complete or continue their education. Young brides may have partners up to 15 years older than themselves. Combined with male dominance, this age difference means that they have less decision-making power regarding sex, family planning and childbearing. Younger wives are also likely to have many children in quick succession. [35] An often ignored consequence of marriages between young women and older men is early widowhood, which can result in young widows suffering poor nutrition, ill health, violence and having to resort to sex work to survive.

Now no one wants me: a young widow speaks

The Hausa/Fulani in northern Nigeria have a tradition that helps strengthen male friendships: they give young women in marriage as a gift to older men, without the usual bride price.

Hauwa, given in marriage at the age of 10 to a man old enough to be her grandfather, is now a widow at the age of 20. "I ran away three times but my parents returned me. My old husband threatened he would cut off my legs if I tried again so I had to stay. The labour was long and hard when at 13 I gave birth to his child. The birth attendant cut me wrongly and I was very sick in the hospital. My husband died when I was 16. Now no one wants me for I never properly recovered, I suffer from the fistula. Because of this my birth family rejected me and now no other man wants me as wife." [36]

(A fistula is a hole between the vagina and bladder or rectum that leads to urinary and faecal leakage and, frequently, social stigmatisation.)

Sexual and gender-based violence

Regardless of region or culture, 40-60 per cent of sexual abuse cases involve women younger than 16. In Barbados, Canada, the Netherlands, New Zealand, Norway and the USA, 27-34 per cent of adult women surveyed said they had been sexually assaulted during childhood or adolescence. [37] Studies in 19 countries, including the Dominican Republic, Sweden and South Africa, reported sexual abuse among 7-34 per cent of young women and 3-29 per cent of young men. [38] In the United Kingdom, according to another report, 50 per cent of lesbian, gay men and bisexual youths aged under 18 years had been physically attacked. [39]

Rakesh Rajani, director of the Tanzanian children's rights organisation kuleana, notes: "Children who are regularly beaten and verbally abused end up feeling broken and worthless and cannot grow up with self-esteem and a strong sense of integrity about their body. Children who have not experienced having their feelings and thoughts matter will be ill prepared to defend themselves against sexual abuse." [40] Incest and rape may lead to unwanted pregnancies, unsafe abortions and STD/HIV infections. Fears of physical beatings and/or abandonment may prevent young women from discussing contraceptive use with their sexual partners.

A form of violence called 'honour killing' occurs in some countries, where young women are attacked if relatives believe they are endangering the family name. One Pakistani man stated, "If someone told me my sister had gone outside, I would obviously have to break her mouth and hand and everything

else. Otherwise, she would keep on doing it.” In his region 350 women aged as young as 12 had been murdered in one year. [41] Ipek Ilkcaracan of Women for Women’s Human Rights, a non-governmental organisation (NGO) in Turkey, reports that: “Members of the concerned family including father, brothers, uncles and cousins come together and decide to kill her. The task is given to an under-age boy preferably between 14 and 16 so that he can benefit from...[the mitigating] circumstances of young age. Killing takes place in public, in order to also convey a message and teach a lesson to the other young girls and women in the community.” [42]

In India young Hindu wives have been murdered by in-laws who are dissatisfied with their dowries. Some parents may help daughters afraid of dowry death but fears for family honour can prevent others. One mother pressured her daughter to return to her husband: “I could not keep a married daughter with me. There would be a stain on her honour because she has been deserted. It would mean more and more dishonour for me.” [43]

4. UNACCEPTABLE RISKS FOR TEENAGERS

Early and unwanted pregnancy

Adolescent mothers account for 10 per cent of the world’s births but not all of these pregnancies are unwanted. Married teens become pregnant because they want to start a family. In some communities young unmarried women see motherhood as a way to gain social status and recognition as an adult, and/or believe it will help them maintain a steady relationship with the father. In other societies great value is placed on fertility, and childlessness can lead husbands to abandon or divorce their wives. Some young women therefore become pregnant before marriage to prove that they are fertile, while new brides may ensure their security by conceiving a child as soon as possible after marriage.

Unplanned teenage pregnancy results from unprotected sex, contraceptive failure or incorrect contraceptive use (sometimes due to teenagers’ being intoxicated from alcohol or drugs). In Kenya and Peru, 47 and 51 per cent respectively of pregnancies among wives aged 15-19 years were reported to be mistimed or unwanted; the comparable percentages among unmarried young women were 74 and 69 per cent. [44]

Whether wanted or not, early pregnancies in young women can endanger their health. According to WHO, the safest age for pregnancy is 20-24 years old. [45] One reason that adolescents, especially younger teenagers, are at risk is that skeletal growth is incomplete in many women until the age of 18, while the birth canal may not mature until they reach 20-21 years. [46] The complications include anaemia, severe bacterial infections, premature delivery, obstructed and prolonged labour due to small pelvic size, stillbirth and fistulae (holes between the rectum or bladder and the vagina that can lead to urinary or faecal leakage). [47] Deaths related to pregnancy and childbirth are two to five times higher among women under 18 than among those aged 20-29. [48]

A frequent social consequence of early pregnancy is expulsion of pregnant girls (but not teenage fathers) from school. School dropouts are unlikely to resume their education, so their job opportunities and earning potential are restricted. Young women may feel shame and fear, deny the pregnancy as long as possible and not seek prenatal care. Susan Rosenthal of the US Children’s Hospital Medical Center of Cincinnati says some teenagers “have such a strong need to be not pregnant that they ignore all evidence to the contrary.” [49]

Unsafe abortion and lack of post-abortion care

About 15 per cent of all pregnancies end in spontaneous miscarriage, while about 25 per cent are terminated through abortion. [50] Adolescents seek abortions for such reasons as fear, shame and desperation because they feel unable to care for a baby or do not know how they could continue their education. They are more likely than older women to have abortions at a late stage, when clinical risks are higher. In India almost 25 per cent of adolescents who had abortions after 12 weeks’ pregnancy had complications, compared to one per cent among those who had an abortion before 12 weeks. [51]

Prison for teenagers who abort in Nepal

Min Min Lama, a young woman in Nepal, was sexually abused by her sister-in-law's brother and became pregnant at the age of 13. Her abuser was charged with rape but released. Min Min was imprisoned after her family arranged for her to have an abortion, because her sister-in-law reported this to the police. Nepal's current legislation penalises all acts of abortion and Min Min was sentenced to 21 years in prison, joining the two thirds of all Nepali women in prison who are being punished for abortion.

The Family Planning Association of Nepal and International Planned Parenthood Federation (IPPF) asked His Majesty King Birendra Bir Bikram Shah Dev to grant amnesty to Min Min Lama, and IPPF reported in May 1999 that King Birendra had sent a request to Nepal's Chief Justice for the girl's release. Such royal requests are usually granted. [52]

Some young women attempt to perform an abortion themselves; others resort to unskilled practitioners who use hazardous techniques in unsanitary conditions, resulting in otherwise preventable complications. Globally, one third of women hospitalised for such complications are younger than 20; [53] hospital studies in sub-Saharan Africa show that teenagers account for 30-80 per cent of abortion complications. [54]

Unsafe abortions may occur where abortion is legal but adolescents live too far from services or cannot afford the costs. Even where abortion is legally restricted, health professionals are obliged to treat the complications of incomplete abortions. Dr Gro Harlem Brundtland, Director General of WHO, states: "Every year... one in four unsafe abortions occurs in adolescence. We have an ethical duty to do what is necessary to prevent this suffering and devastation." [55] Such post-abortion care includes emergency treatment of complications, counselling on family planning and linking post-abortion care to comprehensive reproductive health services.

Silent killers: RTIs and HIV

Both young men and women suffer from reproductive tract infections (RTIs), but the consequences are usually less serious for males. RTIs include STDs and infections of the reproductive tract caused by unsafe abortions or badly managed childbirth or insertion of intra-uterine devices. Young women in early and mid-adolescence are especially susceptible to STD/HIV infections because their vaginas and cervixes have a thinner layer of outer cells. First-time intercourse may involve bleeding, which also may increase chances of STD/HIV infection. Up to 50-80 per cent of STDs in females are treated late or not at all because the infections have no recognisable external symptoms.

During the early 1990s more than one million infants and women – many of whom acquired the infection during adolescence – died from RTI complications (excluding HIV/AIDS). [56] Infection with human papilloma virus often occurs among adolescents; it is associated with the risk of developing cervical cancer. [57]

Of the estimated 333 million new cases of curable STDs each year, at least one third are in youths younger than 25. STDs can make acquiring HIV infection easier, and more than half of all new HIV infections – over 7,000 each day – are among young people aged 10-24. [58] New diagnoses of chlamydia at STD clinics in Great Britain increased between 1995 and 1996 by 16.5 per cent among females and 17.9 per cent among males aged 16-19 years. [59] Untreated STDs such as chlamydia can cause infertility, which in turn may lead to divorce or abandonment, especially when women are thought to be the infertile partner in a couple. Pregnant adolescents with STDs have greater risks of ectopic pregnancy (in which the embryo starts to grow outside the womb), chronic pelvic pain, spontaneous abortions and stillbirths.

5. THE DEBATE: SEX EDUCATION AND REPRODUCTIVE HEALTH SERVICES

Sex education

Some adults believe that sex education for young people violates religious teaching, is insensitive to cultural traditions and encroaches on the parental domain. Opponents of sex education argue that it encourages and condones sexual intercourse before marriage; they oppose courses in schools or demand that only messages on abstinence be given. In the words of the director of Family Life for the New York City Roman Catholic Archdiocese, Monsignor John Woolsey, “We don’t say, ‘Smoke carefully.’ We say, ‘Don’t smoke.’ A huge campaign could work to stop kids from having sex. We don’t water down principles.” [60]

Those favouring education on sexuality point to research showing that it does not encourage adolescent promiscuity. In a 1997 review of 53 studies on sex education around the world, only three reports found increases in sexual behaviour after interventions. [61] Twenty-two of the studies indicated that such courses helped delay the onset of sexual activity, led to a decrease in sex or reduced pregnancy/STD rates; 27 reported no changes in sexual activity and pregnancy/STD rates among pupils.

Indian adolescents succeed where adults have failed

“Earlier, I was scared to talk to boys. Now when my parents try to stop me, I try to convince them that I am not doing anything bad. My mother used to shut me up before, but now she listens to me.” (18-year-old Krishna)

“My friends and I have stopped teasing girls. We don’t need to, we can talk to them when we want. If we tease now, maybe they will stop talking to us.” (16-year-old Ramen)

Krishna and Ramen, a sister and brother from the West Bengal village Khadibedia, have changed. And that change came about in only three days.

The two adolescents participated in a training camp organised by a voluntary organisation, Children in Need (CINI). About 30 teenagers were brought together to talk about body changes during puberty, STDs, risks of early motherhood and unwanted pregnancies, as well as common problems such as malnutrition, diarrhoea and environmental hygiene. Those three days were enough to destroy the inhibitions that they had inherited from a hundred prior generations. Now young women and men aged 14-22 years sit together regularly in the village to discuss different issues.

Mita Naskar, a member of the village council and mother of a teenaged daughter, said such free mixing of female and male youths was beyond the villagers’ imagination. But it has not led to problems. Instead, incidents where young men tease girls, hurling comments or singing lines from raunchy Hindi film songs, have diminished. Where the law, police and ever-alert guardians failed, the adolescents themselves succeeded. And parents recognise that breeding fear and suspicion in the minds of young men and women towards each other only distorts their natural curiosity. Some 80 per cent of families in a neighbouring village, Dakshinbagi, are now willing to send their teenage daughters to the CINI camp for sex education.

report by Swati Bhattacharjee; excerpted from ‘No more hesitation [on] sex education: let’s open the main door’, *Ananda Bazar Patrika* (Calcutta), 26 November 1998

Dr Gro Harlem Brundtland, Director General of WHO, states: “Young people need adult assistance to deal with the thoughts, feelings and experiences that accompany physical maturity. By providing this help, we are not encouraging irresponsible lifestyles. Evidence from around the world has clearly shown that providing information and building skills on human sexuality and human relationships helps avert health problems, and creates more mature and responsible attitudes.” [62] Frances Kunreuther, Executive Director of the Hetrick-Martin Institute in New York City, a service centre for homosexual

youths, goes even further: “If you deny young people information based on your morality, you are sentencing them to death [of AIDS]. Nothing is more immoral than that.” [63]

Comprehensive sex education programmes provide teenagers with factual information about biology, aspects of sexuality such as masturbation and different sexual orientations, the consequences of pregnancy and abortion, contraceptive methods, prevention of STDs/HIV, sexual violence and gender. They also devote attention to the emotional aspects of relationships and the benefits and disadvantages of postponing sexual activity. Skills training can help adolescents learn how to use contraceptive methods, how to negotiate or insist upon safer sex when they are or become sexually active, and how to resist pressures from peers and potential partners if they do not want to be.

In Cameroon the Catholic Health Service started a programme called ‘Education for Life and Love’ because one third of female adolescents were mothers before the age of 19, abortion was the leading cause of teenage female illness and death, and adolescent STD/HIV rates were high. [64] The programme advises adolescents to assume responsibility for their health and avoid being “slaves to instinct”, while simultaneously providing them with information about symptoms, prevention and treatment of STDs.

Access to sexual and reproductive health services

Different types of barriers may hinder the provision of health services to youths, as well as their use of facilities that are available. Laws, policies and the attitudes of service providers may all restrict adolescents’ access to health services. In the Gambia only married couples and single mothers may legally obtain contraceptives. [65] Those opposing services for teenagers may even challenge legally available services: Catholic priests and anti-abortion activists in Brazil succeeded in stopping an abortion for a 10-year-old rape victim in 1998, even though abortion is permitted in cases of rape or pregnancies that may endanger a mother’s life. [66]

Others mistakenly believe that services such as treating incomplete abortions are illegal, or say that health services cannot afford youth-oriented facilities. Denial of post-abortion care and failure to ensure the safety of legal abortions contribute to maternal deaths. That is why governments agreed at the 1994 International Conference on Population and Development and the 1995 World Conference on Women that such care is essential even where abortion is illegal.

There is no evidence that appropriate youth-oriented services increase teenage sex. On the contrary, there is proof that offering such services protects health and saves lives. The Nordic countries – Denmark, Finland, Iceland, Norway and Sweden – provide sex education, confidential services and contraceptives to adolescents. [67] This has led to:

- ✍ no significant changes in age at first intercourse over the past two decades
- ✍ one of the lowest rates of teenage pregnancy in the world
- ✍ significant decreases in adolescent abortions (from 25 to 15 per 1,000 in Denmark, and from 21 to 10 per 1,000 in Finland between 1975 and 1995-97)
- ✍ low rates of STDs/HIV.

6. EMPOWERING YOUNG PEOPLE

Empowered adolescents can avoid some health risks. WHO advocates using ‘health promotion’ strategies as a framework to achieve this; these strategies include building personal skills, creating a supportive environment, strengthening community action, reorienting health and social services and instituting ‘healthy public policies’.

Basic education is part of building personal skills. In 1989 the UN adopted the International Convention on the Rights of the Child, which calls upon states to guarantee children up to 18 years old access to free primary school education and facilities for treating illness. More than 95 per cent of children live in countries where governments have ratified the Convention [68] but more than 130 million children aged 6-11– almost two thirds of them female – do not attend primary school. Educating young women especially has benefits for reproductive health. The more educated a woman

is, the more likely she will postpone marriage and childbearing; [69] moreover, in the poorest countries each year of a mother's education is associated with a 5-10 per cent decrease in child deaths. [70]

Teenagers can learn skills that help protect their sexual and reproductive health. In Moldova in Eastern Europe, women and high-school-aged girls were trained to conduct workshops with their peers on domestic violence. [71] The Group of Men Against Violence in Nicaragua helps young men analyse the effects of gender stereotypes on their behaviour. [72] A Canadian group, Men for Change, developed a violence prevention curriculum for schools, child welfare agencies, youth organisations and juvenile detention centres. Preliminary evaluations show that students learn to identify when their personal boundaries are crossed and young men become more inclined to oppose 'date rape' (when males force young women to have sex during a social encounter). [73]

Saying no and saying yes: learning to express choices

Many experts in the field of sexual and reproductive health would agree that young people should learn responsibility in relation to sexuality; this would include helping them to express choices regarding what they want. Some societies do not grant teenagers the right to say yes to sex because their norms against premarital sexual contacts are very strong. In other places teenagers may find it difficult to say no when they wish to postpone sex because their culture frowns upon open expression of disagreement or denial.

Projects in Africa have been addressing the latter problem: anti-AIDS clubs in Malawi, Zambia and Zimbabwe ask young people who become club members to pledge that they will refrain from sex until marriage and be faithful to their partners. Slogans are used to help young people think of reasons why they should wait to have sex: 'Smart guys say no to casual sex' and 'Smart girls say no to sex before marriage'. [74]

The US Centers for Disease Control found that adolescents whose mothers talked to them about condom use while they were still virgins were three times more likely to use condoms when they first had sex. [75] Efforts to create a supportive environment of parents and other adults willing to communicate with teenagers about sexuality are therefore important. In Tanzania mothers who felt embarrassed talking to their own children about sex began educating other women's children through discussion groups at schools. [76]

***Straight Talk*: a newspaper for young people**

Straight Talk, a monthly newspaper on health for secondary school students, was first published in Kampala, Uganda, in October 1993. Today 110,000 copies of each issue go to 1,400 secondary schools, 351 higher education institutions and 89 *Straight Talk* clubs as well as community groups, churches and medical institutions. Copies are also inserted in a leading newspaper, *The New Vision*.

Straight Talk has become a leading source of sexual health information for teenagers, covering topics such as virginity, abstinence, masturbation, relationships, the right to marry someone of your own choosing, condom use and living positively with HIV. Articles called 'Know your body' have addressed menstruation, erections, breasts, penis size, bodily discharges and pimples. To accommodate requests from primary school teachers, in February 1998 the *Straight Talk* Foundation began another publication for adolescents aged 10-14: *Young Talk*. The print run of 215,000 copies reaches 13,000 primary schools, 105 teacher training institutes, NGOs, community groups and medical facilities. *The New Vision* also distributes this publication which, unlike *Straight Talk*, advocates total abstinence while providing information on issues such as growing breasts, wet dreams, voice changes, menstruation, self-esteem and boy-girl relationships.

Young readers appreciate the information. One said: "*Straight Talk* has helped me understand my body more and has helped me be able to make decisions, especially when it comes to sex." Another commented that sex "must be safe, so I use the condom." In 1995 a school programme was started at the request of headmasters. Doctors and counsellors hold workshops on adolescence, sexuality and reproductive health for secondary school teachers and students. The visits usually end with counselling sessions for individuals.

The Uganda success has led to similar initiatives elsewhere. In 1995 UNICEF and the Ford Foundation supported the start of a *Straight Talk* newspaper for Kenyan youth. [77] The editorial board consists of an editor/designer, physician and a rotational team of adolescents who write for a readership estimated at 700,000 in 1998. A version in Swahili is being published in Tanzania. UNICEF and UNESCO also supported a *Straight Talk Newsletter* in Zimbabwe as part of the Zimbabwe National Family Planning Council's Youth Responsibility Project, as well as similar initiatives in Namibia and South Africa.

Strengthening community action has been successful in combating female genital mutilation (FGM). The Sabinu Elders Association in Uganda was formed in 1992 to educate people about the dangers of FGM; they instituted a symbolic ritual that declares adolescent girls to be women in order to preserve that aspect of their culture. Accepting the 1998 United Nations Population Award, Association chairman William Cheborion announced: "1997 was the first ever circumcision-free year in the history of Kapchorwa District." A Sabinu project staff member, Jackson Chekweko, added: "The award gives us a lot of courage, a lot of acceptability among the elders who are key change agents in the society." [78]

Reorienting health and social services may entail introducing new interventions into existing programmes. The Mwanza Regional Education Office in Tanzania began a guardian programme in primary schools. Female teachers are trained as counsellors to whom schoolgirls can turn with problems of sexual harassment and abuse; the teachers arrange for follow-up and action against perpetrators. [79] In Trinidad and Tobago an employment and training project called Servol found that adolescents needed to learn life skills to function successfully in the workplace and society. They integrated topics such as parenting, nutrition, health and sex education, drug abuse prevention, basic literacy, social studies and community service into their programme. [80]

WHO's 'healthy public policies' include measures in sectors such as employment and the legal system that promote health and help empower young people. The Convention on Consent to Marriage, Minimum Age for Marriage, and Registration of Marriage obliges governments to pass legislation on minimum marriage age. Such laws should be gender-sensitive, making minimum ages equal for young men and women, and be enforced without exceptions such as parental consent. NGOs can be key in bringing about policy changes. The African Association for the Promotion of Adolescent Health successfully advocated the removal of age restrictions from Kenya's family planning guidelines in 1997; thanks to the success of a young mothers' centre established by NGOs and the Jamaican government, pregnant schoolgirls can continue their education. [81] A project in India recognised that daughters were married later if their older brothers also postponed their marriages; to help reduce early pregnancies indirectly, the project therefore promoted continued education and later weddings for young men. [82]

7. TEEN-FRIENDLY REPRODUCTIVE HEALTH SERVICES

Policies for adolescents often focus on problems where teenagers are obvious victims, such as female genital mutilation and sex trafficking. Provision of broader services has lagged behind. In some places economic crises have prevented this due to a perception that such services are very expensive.

WHO has pointed out that there are also factors which prevent teenagers from using services that are available. These include:

- ✍ judgemental attitudes by health care providers who withhold services from people below a certain age even when laws and regulations permit them to provide such services
- ✍ provision of services at times of the day when young people cannot get away from work or study
- ✍ lack of money to pay for services
- ✍ reluctance by adolescents to use services because they do not want to draw attention to themselves or their concerns, such as sexual activity.

Youths from 115 countries gathered in February 1999 to review progress on implementing the Programme of Action from the 1994 International Conference on Population and Development.

Besides mandatory sex education in all schools, they agreed that services for adolescents should be accessible, proactive, non-judgemental and confidential. They emphasised that young people should help design, implement and evaluate programmes.

Special services for adolescents may involve extra costs, but these can be reduced if they are integrated into existing programmes, for example by establishing special hours for adolescents at out-patient clinics. Moreover, deaths, ill health and treatment costs decrease when rates of HIV, STDs and other reproductive tract infections (RTIs) decline and early pregnancies and unsafe abortions are prevented.

WHO has defined elements of youth-friendly health centres, including: convenient locations and working hours, short waiting times, privacy, confidentiality and no requirements of parental consent, staff stability and community support.

What young people want from educators and service providers: youth contributions to websites [83-85]

"I would like to be guaranteed privacy and confidentiality. Of course, I would also like to be told all the truth." (boy aged 19, Lesotho)

"I would like them to treat me with respect. They should respect my opinion and my problems. They should not neglect or underestimate any problem that might seem trivial to them." (woman aged 21, Iraq)

"Wish that they were more like friends that I could confide in." (girl aged 19, Sri Lanka)

"Giving sex education doesn't mean exposing us to sex earlier, asking us to use condoms doesn't mean encouraging us to have sex any earlier also!" (adolescent girl, Malaysia)

"Instead of so much focus on abstinence as the only safe sex, adults and educators need to present alternatives to intercourse." (teenage girl, rural Maine, USA)

Services should include counselling about STD/HIV prevention as well as access to male and female condoms and contraceptives including emergency contraception. Pregnant adolescents need counselling on safe motherhood that pays extra attention to the needs of teenagers who may already be HIV-positive. A referral system is needed for adolescents dealing with abuse. Establishing out-patient treatment of abortion complications can help reduce costs and make post-abortion care more youth-friendly. International NGOs like Ipas state that integrating birth control counselling into post-abortion care and making legal abortion safe and accessible also help meet teenagers' needs.

8. WHAT WORKS

Dr V Chandramouli of WHO's Department of Child and Adolescent Health and Development points out that WHO calls for the application of a comprehensive package of actions that could be carried out in a variety of settings by a range of 'players', including adolescents themselves. Linking interventions in the fields of information provision, skills building, counselling and health services can help translate piecemeal approaches into multifaceted programmes that are tailored to meet adolescents' needs.

Integrating reproductive health information and activities into existing health services and social programmes such as vocational training can also make sex education and access to services an integral part of preparing young people for adult life. Youth-oriented services need tailor-made approaches for teenagers with special needs, such as young homosexual women and men, adolescents with physical and mental disabilities or indigenous youths who do not speak a country's official language(s).

Telephone hotlines link counsellors with adolescents wherever they are. Concerned that 120,000 adolescents (80,000 under 15) become pregnant each year, a family planning NGO in Venezuela called Prosalud opened a free nationwide hotline on teenage pregnancy, Linea 800 Precoz, in early 1999. The hotline offers information on sexuality, contraceptives and ways to postpone sex for those who want to say no. A referral system includes doctors nationwide who provide confidential, free first-time consultations and information on job and study programmes for pregnant teenagers who are

expelled from school. Lily Faas, consultant to the hotline, comments: "Technology has made the free hotline one of the few interventions that can be implemented nationwide. In our first month some 80 per cent of the 1,000 calls came from teens in rural areas, showing that we are able to reach the group that has had the least access to services."

- ✍ **Websites permit youths with access to the Internet to exchange information, express their views and request information.** Adolescents worldwide are logging on to talk about children's rights, pregnancy, STDs/HIV, abuse, contraception and abstinence. Examples include UNICEF's Voices of Youth (www.unicef.org/voy), IPPF's Mezzo Forum (www.ippf.org/mezzo) and the TeenAIDS Peer Corps site (www.teenaids-peercorps.com).
- ✍ **Walk-in clinics exclusively for youth are valued.** A network of 150 clinics throughout Sweden allows teenagers to see social workers for general counselling and a gynaecologist, midwife or general practitioner for check-ups; they can obtain contraceptives and undergo STD testing and treatment. Evaluations show that adolescents appreciate being able to meet health and counselling professionals in one place; the policy of confidentiality and free services also encourages clinic use. Parental response has been positive. [86] In Colombia 14 adolescent centres run by the family planning organisation Profamilia provide about 250,000 young people each year with medical, psychological, legal and social services, as well as outreach in communities and schools. [87] The Palestinian Family Planning and Protection Association established a Cultural Youth Centre in Gaza that has benefited more than 1,300 young men and women with information materials, awareness-raising meetings and a counselling hotline. [88] In Asmara, Eritrea, the Youth Counselling Centre encourages adolescents to practise abstinence, teaches male teenagers about responsible behaviour and builds up female teenagers' skills on how to say no. The centre shows weekly videos, distributes a sex education booklet and places condoms in open boxes in toilets. [89]
- ✍ **Services for adolescents from minorities are essential.** In Ecuador the Centro Médico de Orientación y Planificación Familiar (CEMOPLAF) worked with indigenous youths to make a reproductive health clinic more attractive by helping them negotiate with local officials to construct a recreation centre next door. Indigenous leaders and mixed-race students provide education and contraceptives to the teenagers. [90] Peruvian NGO Vía Libre organised workshops for young men who are physically attracted to men to help them explore their sexuality in a positive manner that reinforces their self-esteem.
- ✍ **Peer education: adolescents often communicate more easily with people their own age.** A programme for young women working in textile factories in Chiang Mai, Thailand, compared HIV/AIDS education offered by peer educators and public health department staff. Overall the peer educator approach was most effective, leading to improvements in the young women's belief in their own abilities, self-esteem, self-efficacy, communication skills, social concern and commitment to preventing HIV infection. [91] In New York City a group of high school students upset by a lack of abortion rights information for young women formed the Teen Outreach Reproductive Challenge (TORCH) programme in collaboration with the National Abortion and Reproductive Rights Action League. They offer sex education classes, talk to teenagers one-on-one and distribute over 1,000 condoms with safer sex brochures each month. More than 150 community-based organisations requested information on a recent training course and over 100 teenagers applied for 17 peer leadership positions. [92]

In the Marshall Islands the Youth to Youth in Health (YTYIH) Programme was initially supported by the United Nations Population Fund (UNFPA) and the Ministry of Health but eventually became an NGO that is run mainly by young people themselves. YTYIH is credited with contributing to a decrease in total adolescent births from 21 to 14 per cent of all births. [93]

- ✍ **Programmes supporting parents and adult youth intermediaries:** teenagers continue to need the support of adults who act as 'youth intermediaries'. **Programmes that work with parents, guardians and teachers can sensitise them to adolescents' needs and desires.** One foster parent in Canada who participated in a course on effective dialogue with children in care commented: "Now, thanks to the course, I am able to discuss sexuality with them more easily because I am better informed and therefore braver!" [94] Parents and guardians in a

New York City neighbourhood characterised by drug selling, sex work and a high rate of HIV infection were trained to use exercises and pictures to discuss HIV/AIDS with their children. One man raising his niece commented: "I gained a lot... My niece is doing great. She talks with her friends a lot about HIV now. We have a more open relationship." [95]

9. THE INFLUENCE OF THE MEDIA

The media have been shown to have a major influence – for good and bad – on sexual and reproductive health behaviours and attitudes. Adolescents in almost all places have some access to radio, TV, films, videos and print media. Magnified through media programmes and advertising, the pop stars, athletes, TV and film actors they see are often considered role models. Because the media may reinforce or challenge gender-based stereotypes of men and women, increasing efforts are being made to use TV, radio and the print media positively.

Research has shown that such media can be linked with different types of reproductive health behaviours. In Kenya 53 per cent of rural married women who were regularly exposed to radio, TV and print media were using contraception when studied, as opposed to only 22 per cent of women who had no such access to the media. In Namibia 61 per cent of married women with exposure to the same kinds of media used contraceptives, versus only 12 per cent of women who were not exposed to them. [96]

The researchers who analysed these data theorised that it is the 'modernising' influence of mass media that can account for such differences. This influence consists of ideas and concepts that challenge traditional norms concerning marriage and childbearing, such as consumer culture, women's autonomy, the costs of children and the value of education. And this effect appears to be consistent, irrespective of media audiences' income levels, educational status or age.

Following the success of a BBC World Service radio programme called *Sharir O Shamparka* (Bodies and Relationships), the Family Planning Association of Bangladesh (FPAB) convinced Bangladesh Television to broadcast a TV talk show *Mithoskriya* (Interaction) for adolescents and adults where they can exchange views about sexuality. The teenagers have become skilled in discussing sensitive topics without mentioning taboo words such as menstruation. [97] FPAB also supports a touring street theatre production *Jibon* (Life), which addresses the adverse impact of child marriages. Audience responses are positive; in the words of one male secondary school student: "I enjoyed the play. I really liked the part that taught me about my body and how to take care of it. The show also helped me understand why premature marriages are not wise." [98]

In Mexico, radio spots in Spanish and indigenous languages target influential family members like husbands and mothers-in-law with information about recognising miscarriage, the dangers of unsafe abortion, where to obtain treatment and how to prevent unwanted pregnancy. [99] A very popular multi-media programme called *Soul City* in South Africa used a soap opera format to raise topics such as safe motherhood, breastfeeding, infant nutrition, child abuse and female empowerment. The weekly TV drama and daily radio serial were accompanied by a public relations campaign that included editorials, competitions, advertisements and a booklet distributed through newspapers, clinics and petrol stations. The TV drama was later broadcast in other Southern African countries. [100] The Teen Aware Project in the US state of Washington helps students in 174 schools research and develop media campaigns to promote adolescent sexual abstinence using slogans such as: "Wait...become a high school grad before you become a quality dad!" [101]

While media programmes alone cannot reduce adolescent health problems, their impact on individuals has been recognised and valued:

- ✍ Emamul Haque, initiator of the Bengali TV programme, reports that young people have written to the show: "They expressed high hopes that once issues like this came out for discussion in the open, the benefits would invariably help to better their relationships with their parents."
- ✍ A listener to the South African *Soul City* programme commented: "I have a daughter who is 12 years old and she was the one who started listening to the story before I knew about it. She said, 'Mama, I feel sorry for Kenilwe,' and I asked her, 'Who is Kenilwe?' 'She is a girl who is

afraid of her father because he is doing silly things to her.' That is when we all started listening... I discussed this story with my daughter... her father also told her that if somebody does silly things to her she must come and tell him. I realized that her father was also concerned." [102]

✍ A writer to the Teen Aware Project's 'Dear Abby' website column commented: "Being a teen parent I'm fully aware of the consequences of sexual activity but now, when I'm pressured with the questions of 'can we' or 'when will we' I simply say that the commitment I have to my daughter is all I can handle. I'm just not ready to devote my life to raising any more children or to devote my life to you and that's what choosing secondary abstinence means, right? Choosing no one until I'm ready?" [103]

Many of the most successful media initiatives of this kind have tended to illustrate and inform people's choices and to stimulate a dialogue among young people rather than to persuade them explicitly to adopt one particular form of behaviour over another.

The media are a powerful force in shaping a framework for advocacy, policy development and decision making at the individual, community and state levels. In short, the media can help translate the rhetoric of commitment to adolescent sexual and reproductive health into concrete action so that teenagers do not remain an underprivileged and underserved group. Julia Taft, Assistant Secretary of the US State Department, says: "The largest generation ever of young people... are in or about to enter their childbearing years. To a large degree our ability to meet their reproductive health and development needs will determine the world's success or failure." [104] As a group of West African youth reminded an international meeting sponsored by UNFPA in 1996, "We are a dynamic force and we have a lot to offer. We need all the support and assistance we can get." [105]

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