ARROWs For Change arrow

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Giving Meaning to Youth Participation

Graphic Source: International Women's Tribune Centre (IWTC)

Ten years after governments recognised and committed to promote sexual and reproductive health and rights (SRHR) at ICPD, significant progress has been made through effective lobbying by activist groups. But the political will to implement these commitments is still lacking and SRHR issues continue to be pushed and pulled in opposite directions by progressive and conservative groups.

Nowhere is this more evident than in the area of adolescent and youth (AYSRHR). Traditional and conservative forces continue to be barriers in youth SRHR policy development and implementation. In many countries, there is still a denial of young people's sexuality, resulting in the absence of youth sexual and reproductive health information, education and services. This in turn leads to tragic consequences for young people worldwide: despite the dangers of early pregnancy, about 15 million adolescent women become pregnant every year; one out of every four women undergoing unsafe abortion is an adolescent; and one in two new persons living with HIV is a young person.

The direction SRHR takes eventually—forward, backward or standstill—depends on a number of factors. But a critical issue that cannot be overlooked is the role that young activists—the new generations of advocates—will play, in joining or carrying on the activist movement. This, and the need for young people to advocate on their own behalf, provide the basis for ensuring and fostering meaningful youth participation within the SRHR movement.

Youth participation—apart from being a right and a responsibility of young people as citizens—is crucial in ensuring the effectiveness of policies and programmes that affect them. Recognising this, ICPD Programme of Action (POA) 6.15 states: "Youth should be actively involved in the planning, implementation and evaluation of development activities that have a direct impact on their daily lives. This is especially important with respect to information, education and communication activities and services concerning reproductive and sexual health."

There is a clear challenge in achieving equal representation of young people across various social, political and economic backgrounds in decision-making processes. Language barriers; lack of resources to participate in national, regional and international-level consultations; competing responsibilities of school, family, community or paid work (activist involvement is voluntary for many young people); and poor access to communication hinder many young people from active participation in the SRHR movement.

Other Challenges

Youth-led organisations could become obsolete, if they do not have carefully thought out succession plans. Constant turnover of youth leaders and membership is inevitable because the leaders and members eventually age out. At the same time, there is a tendency for leaders to stay on even when they are no longer technically young people. Another challenge to the viability of youth organisations and networks is the lack of continuous and adequate financial resources. Youth groups face additional obstacles in securing and maintaining funding partly because they lack skills and experience in resource generation, as well as the credibility enjoyed by more established organisations. Overcoming weaknesses of youth-led organisations in the areas of infrastructure and sustainability calls attention to their need for strategic planning, and capacity and institution building.

Youth-adult collaborations are growing in strength and frequency nowadays. The challenge is for these alliances to move beyond tokenism and take on more meaning, beginning with a genuine appreciation of what younger and older activists can bring into the movement, balanced with recognition of their limitations. Adults need to go beyond simply encouraging youth activists and actually invest time, money and energy to allow for growth of critical and strategic thinking among youth. Young people, on the other hand, need to make meaningful use of spaces

(claimed or given) and treat participation not as a privilege but rather as a right that comes with corresponding responsibilities.

Recommendations[1]

To adult organisations

- Commit to making youth participation meaningful and successful. Critically examine organisational power dynamics, movement and culture. Involve young people at all levels of decision-making and mainstream this commitment across the institution.
- Guard against patronising and paternalistic attitudes. Subtle condescension toward young people in the form of stereotypes (i.e., branding them as energetic, creative, idealistic), even if meant with good intentions, hinders young people's enthusiasm to build their skills and capacities.
- Spaces for meaningful youth participation can be created even outside one's own organisation. Be an advocate of youth participation to other adult organisations. Recommend deserving young people to adult organisation's advisory and decision-making boards and committees. Look beyond the young person that you are comfortable working with and let other young activists participate as well.

To youth-led organisations

- Be strategic in establishing credibility and securing funds. Use grants creatively but ensure accountability and transparency. At the same time, remember that a group of committed people can accomplish a lot with little or no funds.
- Invest in organisation-wide skills building, guarding against focussing exclusively with existing youth leaders.
- Share, network and coordinate with other youth-led groups.
- Keep a critical perspective. Continue recruiting new members. Be wary of one's own prejudices and speaking for all young people.

To donors and international agencies

- Support South-to-South youth collaborations and the development of an economic South-youth perspective.
- Commit to funding youth-led organisations and new youth-led initiatives.
- Involve young people in the development, monitoring and evaluation of programmes, international agreements and action plans that concern them.
- Mainstream and institutionalise youth participation within organisations, at UN processes and through grantmaking protocols.
- Support explicit language on young people's SRHR, including efforts to make it more progressive.

The interpretation of meaningful youth participation should not be limited to 'passing the torch.' A more creative approach would involve 'sharing the torch.' This way, all activists, regardless of age, can share both the burden and the light.

Endnotes

[1] Adapted from the results of the Young Leaders' Dialogue, organised by the International Women's Health Coalition (IWHC) and the Youth Coalition, February 2004, Toronto, Canada.

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PNG: Tackling Youth and HIV

By Ruby Kenny

The HIV/AIDS epidemic in Papua New Guinea (PNG)—where more than 10, 000 cases were reported in 2004 alone—affects young people disproportionately. Youth 15 to 29 years old account for almost 50% of known-age infections in 2004, with young women outnumbering young men.[1] Young people are particularly vulnerable to HIV/AIDS due to several factors, including: poverty and lack of employment opportunities (which often force young girls to go into sex work, where it is very difficult for them to practice safer sex); lack of knowledge on sexuality and reproductive health (which leads to risky sexual behaviour, such as having unprotected sex and multiple sex partners); and lack of youth-friendly services on sexual and reproductive health and rights. In addition, a host of biological and social factors (gender inequality, violence against women and children) increases the risk of HIV infection for young women.

The involvement and participation of young women and affected young persons—apart from being a way for youth to fulfil their responsibilities to society and to realise their rights as citizens—has been proven to be necessary in ensuring the effectiveness of the planning and implementation of HIV programmes. In keeping with that vision, the Special Youth Project (SYP) was launched in October 2002 as a pilot project of the National HIV/AIDS Support Project (NHASP), funded by Aus-AID with the goal to reduce vulnerability of out-of-school youth to Sexually Transmitted Infections (STIs) and HIV/AIDS in Port Moresby. SYP is being managed and implemented by four paid staff and 18 volunteers, all of whom are young people.

Intervention programmes offered under this project include awareness training programmes on gender equality, prevention of STIs and HIV/AIDS, and of drug and alcohol abuse, as well as skill building trainings—including integrating personal development into HIV/AIDS training; and empowering youth through training them to become trainers, role models and leaders. All of these trainings use the peer-to-peer approach and are conducted within the organised communities, often at the request of the young people of the concerned communities.

Other key programme strategies include: distribution of condoms and information, education and communication (IEC) materials in the office and during trainings in the communities; and establishment of community resource centres, which are managed by peer educators. These resource centres are conveniently located for young people to easily access sexual and reproductive health information from their trained peers. Furthermore, in an attempt to enhance the skills of participants to earn income, skills training on waist belt weaving, red ribbon weaving, sewing, paralegal training and bookkeeping are also offered.

Aside from its original target group of out-of-school youth, SYP has also extended its outreach programmes to young people living with HIV/AIDS (PLWHA), sex workers, men having sex with men and faith-based youth groups. A female youth desk was also created to target young females.

SYP is the only youth-managed and youth-focused organisation in PNG, which has proven to have impact with the local young people. By the end of the first year, the number of target groups increased from three to 60 youth groups in Port Moresby. The programme's success can be further measured by the following indicators: young people's views and concerns on sexual and reproductive health, especially in the area of HIV/AIDS, have been articulated at local, national and international meetings and conferences; young people in Port Moresby have better access to condoms; the programme team has developed a relationship with the youth gangs in the 'No Go' zones where the incidence of crime is high; a database on all youth groups and PLWHA involved with SYP has been developed; and the centre is now selling arts and crafts made by young people.

However, there are still many constraints facing the SYP team including: the need for ongoing and additional capacity building of the team; the lack of organisational structure; the lack of communication facilities; and most critically, the lack of ongoing technical, human and financial resources to ensure the sustainability of the project. The team is currently focusing on devising sustainability strategies as they hope this idea of youth-run centres will spread in the region.

Endnotes

[1] **National AIDS Council Secretariat and Department of Health.** September 2004. *HIV/AIDS Quarterly Report.* Papua New Guinea.

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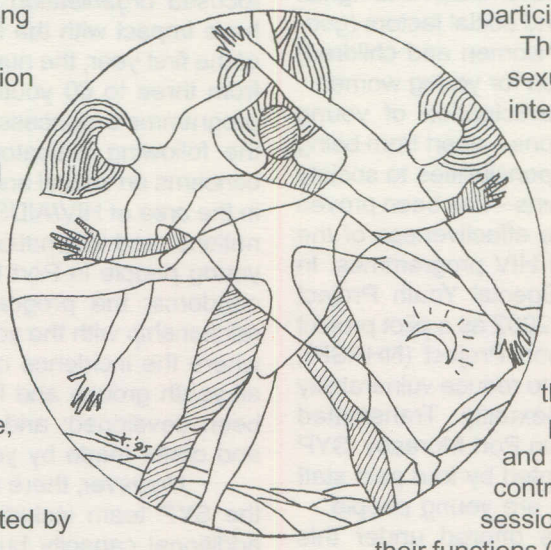
Turkey: SRHR Education Making a Difference

by Liz Ercevik Amado

Turkey has achieved major gains towards gender equality through recent legal reforms and is signatory to numerous international documents, including the ICPD Programme of Action (POA). Despite these commitments, women and youth continue to face gender-based discrimination and violence, especially in the area of sexual and reproductive health and rights (SRHR). Women for Women's Human Rights (WWHR) – New Ways, an independent women's NGO based in Istanbul, Turkey, has been promoting SRHR at the grassroots level since 1995. Its programme entitled the 'Human Rights Education Programme for Women' (HREP), is currently the most widespread and comprehensive non-formal human rights education programme in Turkey and is being implemented by social workers trained by WWHR, in collaboration with the General Directorate of Social Services.



Graphic Source: ISIS International

Field research conducted by WWHR between 1994-96[1] to assess the women's needs in the area of rights indicated that women were unaware of and lacked the skills necessary to realise their rights, including SRHR. Research in South/ Southeast Anatolia, for example, revealed that 51.9% of the respondents had faced sexual violence (marital rape) perpetrated by their husbands.[2]

Modules on Sexuality and Reproductive Rights

HREP was developed based on an overarching objective of enabling women to exercise their rights both in the private and public spheres, overcome violations of those rights, and collectively mobilise for social change. HREP addresses SRHR within the framework of the indivisibility of human rights in its 16-module programme.[3] Sexual violence and strategies against gender-based violence are addressed in the earlier modules while the three modules towards the end of the programme specifically focus on the area of sexuality and reproductive rights.

Addressing sexuality separately from both violence and reproductive health and rights serves two purposes: (1) it provides space to disassociate sexuality from coercion and oppression and provides an affirmative and empowering approach; and 2) it deconstructs the notion that women's sexuality is constructed around and limited to reproduction. By addressing sexual violence within the scope of violence against women, the former is defined as a form of violence. Participants can then devise strategies to overcome and/or prevent sexual violence. Through linking the local with the national and global context, namely, that women throughout the world face such violations and struggle collectively, a sense of awareness and solidarity develops among the participants.

The sexuality modules emphasise sexual rights and the right to bodily integrity as essential human rights, in order to underline the centrality of sexuality at individual, social and political levels. These modules strive at deconstructing misconceptions around women's sexuality and empowering women to take control over their sexuality. They include: experience-sharing of participants and trainer on how their sexuality is controlled or ignored; an information session on female sexual organs and their functions (this seemingly technical section is very beneficial to demystify sexuality and introduce the right to pleasure); and a free association exercise on phrases associated with male and female sexuality (an integral step in deconstructing misconceptions around female sexuality, especially its association with concepts such as 'duty,' 'motherhood,' 'virginity,' and 'being oppressed'). These discussions lead to the exploration of sexual rights, including the right to know one's body, the right to orgasm, the right to seek sexual experience independent of marital status, as well as the right to refuse or refrain from sexual activities.

The sexuality modules are deliberately conducted towards the end of the 16-week programme. By this time, feelings of solidarity and comfort have

developed among the participants, providing a safe and comfortable space to talk about sexuality, which for most of them remain private and, in most cases, a taboo issue. Furthermore, as participants develop a holistic perspective of human rights during the first weeks of the training, it becomes possible to integrate sexuality within that perspective. Participants cited the following obstacles in their ability to assert their right to bodily integrity: taboos around pre-marital sex, lack of information on SRHR and of a rights-based sexuality education, and patriarchal attitudes that women have to preserve their 'virginity' until marriage. Young women, already subjected to gender discrimination from society, face a heavier burden due to their age. Expected to be sexually inactive, as a group, they have even less room to express their sexuality and they face further discrimination and violations.

> "Instinctively, I have always felt that sex was a natural thing. It is good now to have all this information and to confirm what I had felt all along was right," said a HREP participant.

As detailed in the women and sexuality modules, the framework on reproductive health and rights naturally assumes a rights-based approach and is structured around a woman's right to freely make decisions. Sections of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) on reproductive health and rights are extensively used in these modules. These modules also provide discussions on reproductive health policies and how they may lead to women's human rights violations and discrimination.

Positive Outcomes

In the last decade, HREP has reached 30 provinces in all regions of the country and over 4000 women have participated in the programme. While there is no age limit for HREP participants, the majority of participants are between the ages of 20-45, and approximately half the participants are between the ages of 20-30. For younger participants, the training serves a preventive function, equipping them with information and skills to deconstruct misconceptions, to take control of and express their sexuality, deconstruct misconceptions and to make informed sexual and reproductive choices. An external independent evaluation study of HREP indicated that: 93% of the participants reported feeling more confident after attending the programme; 63% have effectively stopped further spousal violence, while 22% reported that incidences of violence at home have reduced; and 74% reported to having more decision-making power in the family.[4]

The success of HREP depended on a combination of factors including: the programme's effectiveness to change the perception of participants by the end of the programme; the programme's sustainability and expansion, which was made possible through a successful partnership with a government agency and continuous supervision and monitoring of the programme; and finally the structure of HREP.

The understanding of sexual and reproductive rights as human rights, especially for women and youth, remains a challenge in the increasingly prevalent conservative global atmosphere attempting to reinforce control over sexuality and bodily integrity. Legislative reforms, especially in criminal and civil law, the implementation of comprehensive, equitable, accessible rights-based sexual and reproductive health education and services; and the reaffirmation and/or endorsement of international documents such as CEDAW, ICPD and Beijing Platform for Action, are essential to safeguard women's and young people's sexual and reproductive rights. However, without deconstructing the taboos around sexuality and equipping young women with the right non-discriminatory information and skills, as well as the critical consciousness that sexual and reproductive rights are their human rights, it is impossible to ensure the realisation of these rights.

Endnotes

[1] Findings of the field research conducted in Ankara, Istanbul and South/Southeast Anatolia can be found at www.wwhr.org

[2] **Ilkkaracan, Pinar.** 2000. "Exploring the Context of Women's Sexuality in Eastern Turkey," in Ilkkaracan, Pinar (ed.). *Women and Sexuality in Muslim Societies.* Istanbul: WWHR-New Ways.

[3] **Ilkkaracan, I; Ilkkaracan, P.** [et al]. 2003. *Human Rights Education for Women: A Training Manual.* Istanbul: WWHR - New Ways.

[4] **Kardam, Nuket.** 2003. *WWHR-New Ways Women's Human Rights Training Program 1995-2003: Evaluation Report.* Istanbul: WWHR - New Ways.

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INTERNATIONAL

Some 37 NGOs, UN officials and policymakers attended a technical meeting entitled *Promoting Sexual and Reproductive Health and Rights (SRHR) – Reducing Poverty and Achieving the Millennium Development Goals (MDGs)*, held from 5-6 Oct 2004, in Stockholm, Sweden. The objectives of the meeting organised by the Ministry of Foreign Affairs Sweden and UNFPA were to develop a constructive analysis of SRHR in relation to reducing poverty and achieving achieving the MDGs; to elaborate on the arguments for investing in SRHR; and to include SRHR in the MDGs. The rationale for the meeting were: 1) The ICPD Programme of Action (POA) marked a significant shift in approach, putting the rights and concerns of the individuals in focus; 2) Despite progress, many challenges still remained; and 3) MDGs include only maternal health as one of the eight goals (for reducing poverty) and do not mention SRHR.

The meeting concluded with the consensus that achievement of MDGs is not possible without achieving the ICPD goals. Good information and strategies need to be developed to push the ICPD agenda and it is necessary to determine the best strategies for the five-year review of the MDGs scheduled in 7-10 Sept 2005. A follow-up high-level roundtable meeting is scheduled to be held in April 2005 in Sweden.

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Eighty ministers, 1800 government delegates and 2600 NGOs from 130 countries attended the 49th session of the Commission on the Status of Women held from 28 Feb till 11 Mar 2005. The Commission decided to focus on two thematic issues: the review and appraisal of the BPFA and the outcome documents of the special session of the General Assembly (GA) entitled, "*Women 2000: Gender Equality, Development and Peace for the Twenty-first Century,*" and the current challenges and forward looking strategies for the advancement and empowerment of women and girls. The session consisted of high-level plenary sessions and the expanded use of interactive dialogue, with broad-based participation of governmental delegations, civil society and organisations within the United Nations system. Emphasis was given to integrating a gender perspective in the implementation and review of the Millennium Declaration, which would feed into the five-year review of the MDGs scheduled for 7-10 Sep 2005 at the GA. Governments agreed to the Bureau's (Division for the Advancement of Women) decision that the CSW review would not result in any negotiated text except for a short and concise political declaration so that governments could focus on reviewing the implementation of the BPFA and resolutions during the second week of the CSW session. The Bureau came out with a one-page proposed draft of the political declaration that reaffirmed the Beijing Platform for Action and the Beijing +5 Outcome document and a call for implementation, as well as linking the BPFA to the Millennium Summit Process in 2005. The Bureau sought the cooperation of the NGOs to not push for strengthening the weak draft, as it feared 'stronger' language would result in protracted negotiations.

The draft political declaration faced intense opposition from the US. The US tabled two amendments that was supported by the Holy See: 1) reaffirming the platform with a clause that includes 'while affirming that they do not create any new international human rights and that they do not include the right to abortion;' and 2) the US objected to the reference "on the need to ensure that the integration of a gender perspective in the outcome for High Level Plenary five-year review of the MDGs". However, by the end of the first week US bowed to global opposition and dropped its amendments and its insistence that there be a vote before tabling the declaration. At the adoption session, isolated, the US joined the consensus but still noted an explanation be appended to the declaration that it did not create "any new international human rights nor "the right to abortion".

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REGIONAL

UNESCAP held its first intergovernmental sub-committee meeting on health and development from 1-3 Dec 2004, in Bangkok, with the objectives to promote health and sustainable development initiatives in the Asia-Pacific region and to address the double burden of communicable and non-communicable diseases. Representatives from government and UN bodies and 15 regional NGOs attending this meeting gave input into the draft strategic framework developed by the UNESCAP Secretariat. ARROW, the only women's health NGO invited to the meeting, provided inputs in the areas of health sector reforms and integration of reproductive health services that address population groups including young men and women

over the course of a lifespan, with particular attention on reproductive cancers, Reproductive Tract Infections/ Sexually Transmitted Infections and HIV/AIDS. The gender dimension of the HIV/AIDS epidemic was also added into the framework. The strategic framework adopted at the end of the meeting captured five priority areas for strategic action: 1) Strengthen health systems; 2) Enhance multi-sectoral action for health; 3) Manage the health implications of globalisation; 4) Promote sustainable environmental development to improve health; and 5) Increase the effectiveness of responses to HIV/AIDS.

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TURKEY

■ **Three years of** advocacy efforts to introduce a law to address gender equality and to protect sexual and bodily rights of women and girls in Turkey came to a culmination on 26 Sep 2004, when the Turkish Penal Code Draft Law was accepted into the Turkish Parliament Grand National Assembly. With more than 30 amendments tabled, this holistic law focuses on reform to change the philosophy and principles of the Penal Code in order to safeguard women's rights, and bodily and sexual autonomy. The law, which states in the first article, aims to "protect the rights and freedoms of individuals," brings progressive definitions and higher sentences for sexual crimes like marital rape and honor killings. The law has no references to patriarchal concepts like chastity, honor, morality, shame or indecent behavior; abolishes previously existing discriminations against non-virgin and unmarried women; abolishes provisions granting sentence reductions in rape and abduction cases; criminalises sexual harassment at the workplace; and considers sexual assaults by security forces as aggravated offences. Immediately after the reform of the Turkish Civil Code in 2001, Women for Women's Human Rights (WWHR) – New Ways, initiated and coordinated a Working Group on the Reform of the Penal Code from a Gender Perspective. The working group included NGO representatives, jurists from bar associations and academicians from all regions of Turkey. The group worked for one year to analyse both the Turkish Penal Code in effect and the Penal Code Draft Law. The group's analysis and recommendations, including more than 30 proposed amendments, were published as a report and disseminated to all Members of Parliament, NGOs and media representatives. Subsequently, a public campaign to ensure gender equality in the Turkish Penal Code was launched at the beginning of 2003 for the establishment of gender equality with the Turkish Penal Code reform.

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INDIA

■ **Indian-based NGOs,** —the Centre for Health Education Training and Nutrition Awareness (CHETNA), Ahmedabad, in collaboration with the Academy of Nursing Studies (ANS), Hyderabad —held a consultation as part of the final phase of a review of ICPD implementation project in four states: Andhra Pradesh, Gujarat, Karnataka and Rajasthan. In spite of various health initiatives and policies announced by the government, maternal deaths in India seem to have improved only marginally, posing serious questions about the effectiveness of the ongoing efforts in this direction. Held on 4 Jan 2005, the objective of the consultation was to share the data compiled on changes observed by different stakeholders about various aspects of health during the past decade during the post ICPD. Data was collected on maternal health and indicators like maternal deaths, age at marriage, childbirth assistance, emergency care, safe abortion services and contraception. Newborn care, neonatal deaths and infant care data were collected from programmes that focused on infant health and mortality. Data on gender equity, male participation, violence against women, nutrition, access to services, and cost and range of services were also collected to provide an overview of the existing health scenario of women in the country.

About 25 government officials, including decisionmakers from the state government, gathered to share experiences and reach a collective consensus on issues related to the framing of the Reproductive and Child Health Policy, given the current status of maternal health realities in the country. The main concerns adopted that needed to be addressed includes: Safe deliveries, emergency obstetric care, postpartum care, reviewing the role and skills of traditional birth attendants, access to safe abortions and access to basic amenities at the community level.

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Mehra, Sunil Dr. 2002. *Sexual Behaviour among Adolescents and Young People in India: Some Emerging Trends.* Working Paper Series No. 3. New Delhi: [MAMTA] Health Institute for Mother and Child 28p.

This paper discusses emerging trends among adolescents in India, where the youth population stands at 200 million. The paper contextualises youth sexuality in India, moves on to patterns of sexual behaviour among youth and discusses the factors that shape youth sexual behaviour, highlighting the effects on their health and development. Various concerns regarding sexuality are covered, including heterosexual relationships and sexual intercourse, homosexuality, and other forms of sexual expression such as masturbation and pornography. Findings on heterosexual relationships show that males are more sexually experienced, lose their virginity at a younger age, and report more sexual partners than females. The authors present a matrix of findings on premarital sex among young people based on previous studies. Media, peer groups, socialisation, parental control and level of knowledge about sex are cited as factors that influence sexual behaviour. The authors conclude that teenage sexuality is here to stay and if not properly addressed will lead to numerous consequences for youth. Because reproductive health programmes designed by the government in the past did not address these concerns, open discussions are the first step towards recognising problems like the rise in Sexually Transmitted Diseases (STDs), unwanted pregnancy and HIV/AIDS. Authors suggest that population education and instructions on safe sex and STD prevention as well as policies and programmes for the youth be implemented.

Source: MAMTA-Health Institute for Mother and Child, B-5, Greater Kailash Enclave-II, New Delhi 110048 India. Tel: +91 11 29220210 / 29220220 / 29220230 Fax: +91 11 29220575 Email mamta@ndf.vsnl.net.in

Sobritchea, Carolyn ; Ujano-Batangan, Maria Theresa D. 2004. *Communicating Reproductive Health to the Youth: Good Practices by Philippine NGOs.* Quezon City, Philippines: University of the Philippines Demographic Research and Development Foundation. 80p.

This report summarises the findings of a David and Lucile Packard Foundation funded-evaluation research that looks into good practices in adolescent reproductive health (ARH) programmes of NGOs in the Philippines. The first part of the report provides an overview of the project and a summary of good practices. Among the identified elements that contributed to the effectiveness and sustainability of the ARH programmes evaluated are: generating baseline data for programme development; organising and mobilising young people as well as communities for ARH promotion; forging partnerships with local government units and youth organisations; developing innovative strategic frameworks; using results-based planning methodology; and networking and learning from other NGOs working on ARH promotion. This section also lists challenges and recommendations in the implementation of the reviewed ARH programmes. The second part, which comprises the bulk of the report, presents case studies on the ARH programmes coordinated by the following NGOs: Kabalaka Development Foundation, Inc.; Remedios AIDS Foundation; HIGALA Association; Kabalikat ng Pamilyang Pilipino; Trade Union Congress of the Philippines; Women's Health Care Foundation; the Training, Research Information for Development Specialists Foundation or Tri-Dev; Save the Children Foundation; PATH-Feed the Children Philippines; and DKT Philippines. The case studies examine the objectives of the ARH programmes and the strategies and activities—which range from community-based teen centres to school and mall-based initiatives—carried out by the organisations to achieve the desired project outcomes. They highlight the projects' strengths and good practices, as well as note their weaknesses and pinpoint challenges. This report is of use to programme developers and implementers, to funders and policymakers, and to young people who work hard to improve the health and lives of their peers.

Source: Demographic Research and Development Foundation, Palma Hall, University of the Philippines, Diliman, Quezon City 1101 Philippines.

United Nations. 1999. *Youth Participation Manual.* New York, USA: United Nations Economic and Social Commission for Asia and the Pacific. 80p.

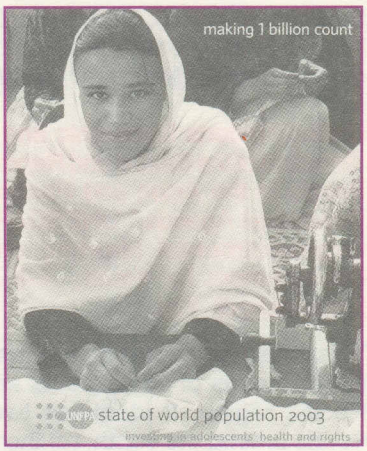
This manual, together with its counterpart, the Youth Policy Formulation Manual, provides guidelines to those involved in formulating and executing youth-related policy and programmes at all levels. It aims to promote the inclusion of young people in decision-making processes at the local, national and regional levels, thus ensuring a genuine partnership between young people and adults. It is hoped that this tool will inspire ways of improving access and benefit, and build ability to influence and develop equitable options for young people. Moreover, by proposing a set of youth participation indicators, it attempts not just to ensure youth participation but also to measure its effectiveness. The manual contains four chapters and two annexes. Chapter One introduces the framework behind the principle of youth participation and the value of youth participation indicators. Chapter Two provides

the foundation and rationale behind the importance of youth participation, which stems from the need to facilitate young persons to fulfill their responsibilities to society and to realise their rights as citizens. In Chapter Three, indicators are introduced to help measure the existence and levels of youth participation. Their value is highlighted through a case study on adolescent reproductive health. Chapter Four supplies recommendations for policymakers and programme managers at the local and national level. Two annexes which could be very useful to programme managers and policymakers are included. Annex One provides examples of best practices in the Asia-Pacific region in promoting youth participation, whereas Annex Two provides references for further study, including suggested publications and websites.

Source: Health & Development Section, Emerging Social Issues Division, UNESCAP, UN Building, Rajadamnern Nok Avenue, Bangkok 10200 Thailand. Tel: + 662 288-1502 Fax : +662 288-3031 Email: escap-healthdev@un.org.

United Nations Population Fund (UNFPA). 2003. *State of the World Population 2003: Making 1 Billion Count, Investing in Adolescents' Health and Rights.* New York, USA: UNFPA. 84p.

This report focuses on the challenges and risks that the world's 1.2 billion adolescents face. Revealing that their needs continue to be neglected, the report provides evidence why investing in young people's health and rights should be an urgent development priority. The first Chapter provides an overview on adolescent life, examines the links between adolescent reproductive health, poverty and globalisation; and summarises the rationale for investing in adolescent reproductive health and rights. The subsequent chapters detail the major issues involved in ensuring young people's rights and meeting their sexual and reproductive health needs. Chapter Two examines gender inequality in relation to early marriage, premarital sexual activity and violence against women and girls. Chapter Three looks at HIV/AIDS and its impact on the young. Chapter Four highlights efforts to influence adolescents' behaviour by giving them information about sexual and reproductive health, whereas Chapter Five discusses the provision of youth-friendly reproductive health services. Chapter Six cites examples of comprehensive programmes addressing adolescents' needs for information, services and skills training. Finally, Chapter Seven outlines necessary policy changes and the benefits of investing in adolescents, including their sexual and reproductive health. Throughout the book, examples of effective strategies from around the world are presented as a starting point for reflection, adaptation and improvement. Researchers and policymakers will also find useful a list of indicators on monitoring the goals of the ICPD Programme of Action, as well as on demographic, social and economic indicators, which is located at the end of the book.



Source: Media Services Branch, IERD, UNFPA 220 East 42nd St. New York, NY 10017 USA. Email: martinez@unfpa.org or publications@unfpa.org Website:www.unfpa.org

International Women's Health Coalition (IWHC) and Youth Coalition (YC). "A Dialogue with Young Leaders: Building Capacity and Fostering Participation: A Summary Report," *14-17 February 2004, Toronto, Canada.*

Hostile global realities have drawn attention to young people's need for sexual and reproductive health information and services and have also compelled young people to organise and assert their right to lead healthy sexual and reproductive lives. At the same time, adult organisations working on young people's sexual and reproductive health and rights (SRHR) are realising the need to involve young people to ensure programme efficacy.In response to these global developments, IWHC, in cooperation with YC, convened a group of young advocates working on SRHR from around the world in order to inform IWHC and its colleagues about critical needs, opportunities and better practices to strengthen the role of young people in SRHR advocacy and programmes. This summary report documents that meeting, providing an overview of its background, agenda and processes and a summary of the key issues discussed. More importantly, the report provides a synthesis—as well as a more detailed appendix—of various recommendations on how to foster meaningful youth participation and build young people's capacity in organisations and networks.

Also valuable is a compilation of definitions of terms and concepts, and two presentations included in the appendices. The first is on the challenges and lessons learned in managing youth-led organisations and networks, and the other on critical issues surrounding youth participation in youth-serving organisations.

Source: IWHC, 333, 7th Avenue, 6/F New York, NY 10001. Tel:+212 979 8500. Fax: +212 979 9009 Email: communications@iwhc.org Website: www.iwhc.org

United Nations Economic and Social Council. 2001. "Situation of the Sexual and Reproductive Health of Young People in the Asian and Pacific Region: Item 5 of the Provisional Agenda." UNESCAP, Third Asia-Pacific Intergovernmental Meeting on Human Resources Development for Youth, 4-8 June 2001, Bangkok. [unpublished]. 13p.

This paper presents sexual and reproductive health (SRH) issues of adolescents and youth in the Asian - Pacific region. It identifies two major demographic trends among the youth: (a) the widening gap between sexual maturity and the age of marriage, which results in premarital sexual activities among young people; and (b) the continuing prevalence of adolescent marriage and the low use of contraception among adolescents, resulting in a high rate of adolescent fertility. It also lists socio-economic factors—such as inadequate access to correct information, the availability of and access to youth-friendly health services, peer pressure, economic constraints, and the gender power imbalance—that influence sexual behavior among young people.

The paper then reviews government perspectives and policies concerning sexual and reproductive health in the region, finding that while many governments have recognised the need for programmes on SRH for young people, these programmes are at an early developmental stage. Furthermore, some countries continue to view adolescent SRH as a "non-issue." The paper ends with policy recommendations, among them: the promotion of youth participation; the strengthening of the data collection system; the promotion of gender equality and life-skills development among the youth; the improvement of access to information for young people; the provision of quality gender-sensitive services; the sensitisation of adults; and the promotion of partnership modalities in programmes and multi-sectoral collaboration.

Source: United Nations Economic and Social Commission for Asia and the Pacific, UN Building, Rajadamnern Nok Avenue, Bangkok 10200 Thailand. Telephone: +662 288-1234 Fax: +662 288-1000. Website: www.unescap.org

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■ *Price: US$10.00 plus US$3.00 postal charges.*

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■ *Price: US$10.00 plus US$3.00 postal charges.*

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■ *Price: US$10.00 plus US$3.00 postal charges.*

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■ *Price: US$10.00 plus US$3.00 postal charges.*

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■ *Price: US$15.00 plus US$5.00 postal charges.*

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■ *Price: US$10.00 plus US$3.00 postal charges.*

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■ *Price: US$10.00 plus US$3.00 postal charges.*

Note: Payments accepted in bank draft form.

Adolescents, Youth and Young People

Definitions that are commonly used in different demographic, policy and social contexts are as follows: Adolescents: 10-19 years of age, Youth: 15-24 years of age, and Young People: 10-24 years of age. National programmes and policies however often make different distinctions and there is considerable variation in the official definitions of youth in the Asia Pacific region. For example, in the Philippines, youth are defined as those between 15-30 years of age, in Malaysia—15-40, in Papua New Guinea—12-35 and in Korea—9-24. The Network of Asia Pacific Youth defines young people from the ages 15-30 years.

Meaningful Youth Participation

Youth participation is the process through which youth influence and share control over initiatives and the decisions and resources that affect them. Youth activists are insistent on distinguishing meaningful youth participation from just youth participation. Youth participation becomes meaningful when it is undertaken not for the sake of its political correctness but out of respect for young people's right to participate as well as out of the genuine belief in what young people can contribute to processes.

Source: Network of Asia Pacific Youth (NAPY). Januar 2005.

Sex and Sexuality Education

Sex education pertains to basic education about reproductive processes, puberty, sexual behaviour, contraception, protection from sexually transmitted infections and parenthood. Sexuality is education about all matters relating to sexuality and its expression and covers the same topics as sex education but also includes issues such as relationships, attitudes towards sexuality, sexual roles, gender relations and the social pressures to be sexually active, and it provides information about sexual and reproductive health services. It may also include training in communication and decision-making skills.

Source: International Planned Parenthood Federation. 2005. *Glossary of Sexual and Reproductive Health Terms.* Available at http:// glossary.ippf.org/GlossaryBrowser.aspx

Family Life Education

Family Life Education differs from sex or sexuality education. Its focus includes issues like traditional family relations, housework, parenthood and marriage preparations.

Source: Bergman, Ylva. 2004. B*reaking Through: A Guide to Sexual and Reproductive Health and Rights.* Stockholm: The Swedish Association for Sexuality Education (RFSU). 64 p.

Indivisibility of Human Rights

The indivisibility of human rights means all rights are equally important and more specifically, are inter-related. The idea of indivisibility has provided women with a common framework through which to emphasise the complexity of the challenges they face, and to highlight the necessity of including women and gender perspectives in the development and implementation of policy.

Source: Charlotte Bunch and Samantha Frost. 2000. *"Women's Human Rights: An Introduction"* in Routledge International Encyclopedia of Women: Global Women's Issues and Knowledge. New York. Center For Global Leadership.

Youth-Friendly

Policies, programmes, resources, services or activities that attract young people, meet their sexual and reproductive health needs and are acceptable and accessible to diverse groups of young people.

Source: International Planned Parenthood Federation. 2005. *Glossary of Sexual and Reproductive Health Terms.* Available at http:// glossary.ippf.org/GlossaryBrowser.aspx

Factfile

Policy and Programme Context for Youth Reproductive Health

Since ICPD and Beijing, countries have become more aware that adolescents and young people need complete and quality sexual and reproductive health and rights (SRHR) information, education and services to empower them to make responsible sexual and reproductive decisions and actions. Translating this awareness to action, through policies and programmes, however, remains a challenge.

The table summarises the legal and programmatic environment for adolescent and youth reproductive health in 11 countries in Asia Pacific. All of the countries, except Cambodia, have policy statements on adolescent health. However, only India, China, Nepal and Philippines have specific policies on adolescent and youth reproductive health (AYRH). The degree to which the policies address adolescents' and young people's SRHR and how they are implemented, varies by country. The same is true when it comes to AYRH at the programme level. Although all of the countries have reproductive health education and information programmes for young people, a number of these (those in India, Indonesia, Pakistan, and Nepal) are limited in coverage. Often the interventions are introduced primarily at schools through family life education without any focus on sexuality and reproductive health education, and with little effort to target out-of-school youth. Policies and programmes of most countries do not provide services to unmarried youth. Worse still, there is anecdotal evidence of service providers withholding family planning or reproductive health services to young married women until they have had at least one child.

Existence of policies and programmes do not guarantee their quality or comprehensiveness and effective implementation. Continuous review, monitoring and strengthening of these policies and programmes, with the full participation of young people, is necessary to guarantee their effectiveness and relevance. Beyond policies and programmes, laws respecting, promoting and fulfilling young people's SRHR must be created or enhanced.

■ By Rodelyn Marte, **NAPY Co-Coordinator. Email rd_marte@yahoo.com**

Youth Reproductive Health Policies and Programmes (Asia Pacific)

COUNTRY	POLICIES[1,2]			PROGRAMMES			
	With youth health policy statements (part of national health or population policy)		With specific youth RH policies	Education[2]	Information[2]	FP Services for Youth[1]	
	Focusses on general youth health	Addresses youth SRH				For married youth	For un-married youth
Bangladesh	✓			✓ (NGO-driven)	✓		
Cambodia				✓ (new)	✓	✓	✓
China	✓	✓	✓(but focused on HIV/AIDS prevention)	✓	✓	✓	✓
India	✓	✓	✓	limited	limited	✓	
Indonesia	✓			limited	limited	✓	
Malaysia	✓			N.A★	N.A★	✓	
Pakistan	✓			✓ (FLE-focused*)	very limited	✓	
Nepal	✓	✓		✓ (FLE-focused*)	limited	✓	
Philippines	✓	✓	✓	✓	limited	✓	
Sri Lanka	✓			✓	limited		
Vietnam	✓			✓	limited		

✳ FLE – school-based Family Life Education
★ N.A – not available

Sources:

[1]**ARROW.** *Monitoring ICPD Ten Years on.* Kuala Lumpur: ARROW. [Unpublished] Website: www.arrow.org.my
[2] **Policy Project.** 2003. *Adolescent and Youth Reproductive Health in the Asia/Near East Region.* http:www.policyproject.com