"We adolescents are not only conscious of our rights but we also feel responsible for moving away from the 'me' decade in which we are living..."
Regional News

Dr. Sadik tells South Asian countries: Act now and bring adolescents into the equation

Opening ceremony of the South Asia Conference on Adolescents, organised by UNFPA in New Delhi on 21-23 July 1998. From left to right, Dr. Nafis Sadik, Executive Director, UNFPA; Mr. Wasim Zaman, UNFPA Representative, India and Ms. Imelda Henkin, Director, UNFPA Asia-Pacific Division.

"The largest challenge to us lies in the minds of people," Dr. Nafis Sadik, Executive Director of UNFPA, told delegates in her keynote address at the South Asia Conference on Adolescents.

Dr. Sadik stressed the importance of youth involvement in developing holistic programmes that address adolescent needs, particularly reproductive health.

The conference was organised by UNFPA in New Delhi on 21-23 July 1998 as part of the ICPD+5 initiative.

"For the sake of development and to promote human rights, countries must act now to bring adolescents into the equation," Dr. Sadik said. She noted that "the youth wish to take responsibility for their own lives, including their sexual and reproductive rights."

"Their active involvement in politics and programmes empowers them to make their own decisions and choices in all aspects of their lives," she added, explaining the invitation issued to adolescent representatives from each country participating in the conference. "Adolescents have complex needs that require special attention across sectors," she pointed out.

In his opening remarks, H. E. Dalit Ezhilmalai, Minister of State for Health and Family Welfare of the Government of India, reassured the conference of his country's commitment to the ICPD, particularly in relation to the youth.

"We must recognize that even as we near the end of this century, a real difference exists between the sexes. Girls enjoy far fewer rights than boys, particularly in the areas of education, nutrition and health care," Dr. Sadik said.

Calling attention to persistent unequal treatment between boys and girls, Dr. Sadik cited the trafficking of minor girls, prostitution and violence in the home.

In spite of continuing difficulties, Dr. Sadik acknowledged that much progress has been achieved in extending to adolescents their basic right to reproductive health. Ultimately, South Asia's future depends on its people, as much on adolescents as on adults, she concluded. She added that South Asia's teenage birth rate is nearly twice the regional average. Teenage mothers are the least likely to receive reproductive health counselling and services, including childbirth and post-partum care.

(Continued on page 4)
Adolescent voices from South Asia

Ugyen Dhendup (20), Bhutan :: Lasitha Jayasinghe (18), Sri Lanka ::
Susmita Nazreen (17), Bangladesh :: Nishwan Abbas (16), Maldives ::
Nayantara (16), Nepal :: Naveed Iqbal (15), Pakistan :: Maxwel Chhetry (15), India

Our pledge

We adolescents are not only conscious of our rights but we also feel responsible for moving away from the "me" decade in which we are living, to a decade when the adolescents will prove to be an important human resource for the betterment of the region. We pledge to make that a reality.

Our perspectives

- We feel neglected, so we need more attention, care, and support from all.
- We feel we do not have the right to make our own choices, after knowing all the alternative choices relating to our careers, our friends, movements and life partners.
- We greatly lack proper and correct information and guidance, especially relating to our physiological and psychological changes.
- We are not allowed to express our emotions and ourselves.
- We are treated as immature persons. We desire to share responsibilities and prove ourselves.
- We are not given ample opportunities to ascertain our individuality.
- We feel that the dreams and the aspirations of our parents should not be imposed on us.

Parents, can you hear us?

- We need you to listen to us - to our dreams, our experiences, our explanations, our insecurities, our achievements.
- Give us your time - you gave us life, now we want your time.
- Be our friends.
- Understand us.
- Don't hide things from us, especially when they are related to us.
- Give us the privacy and the space to grow.
- We prefer openness and encouragement to pressure and threats.
- Guide us, don't drive us.
- Share your problems, even financial ones, we are part of you.
- Correct and explain, don't reprimand us in public.
- We want to fight life's battles together, not as opponents.
- So what if we are boys or girls, we are yours after all.

Government and society, do our voices reach you?

- Our biggest dilemma - why are girls discriminated against? Do something.
- We are human, aren't we? Don't abuse us. Review the education system.
- Don't experiment with us and change the curricula frequently.
- Make education more relevant and interesting.
- Include co-curricular and recreational facilities for us and give us time to enjoy them.
- We're too young to be entangled in murky politics.
- Don't just make laws, enforce them.
- Law enforcement agencies should be more sensitive towards physical abuse cases.
- Provide us more counselling and career guidance centres.
- For those of us who can't go to schools, give us non-formal education.
- We want to support and join hands with you to fight the menace of drugs.
- Set up rehabilitation centres for drug addicts and sexually abused youth.

Our declaration ends here, but not our desire to do something for the millions of adolescents we represent. You've given us your support these last three days, you've given us your time and lent a patient ear. Continue to do so, please. Parents, we love you. Please understand us ... all of us.
Also speaking at the inaugural session were Ms. Brenda Gael McSweeney, UN Resident Coordinator; Mr. Saad Raheem Sheikh, Director of UNFPA, CST, Kathmandu; and Mr. Wasim Zaman, UNFPA Representative, India.

Three theme papers were presented, as follows:

"Responsible Sexual and Reproductive Health Behaviour Among Adolescents”
by Dr. Suman Mehta, Adviser on RH/FP Training, UNFPA, CST, Bangkok,

"Education and Adolescents”,
by Mr. Thirtha Bahadur Manandhar, Education Specialist of the Administrative Staff College, Kathmandu, and

"Exploitation of and Violence Against Adolescents,”
by Ms. Kushi Kabir, Coordinator of Nijera kore, Bangladesh.

Country papers were presented at Plenary Session 1, followed by issues pertinent to adolescent reproductive health behaviour at Plenary 2, the relationship between education and adolescent reproductive health at Plenary 3, violence against adolescents at Plenary 4, and perspectives of adolescents at Plenary 5.

At the Final Plenary, Prof. Jay Satia, Executive Director of ICOMP, Malaysia, presented strategies to operationalize innovative programmes to address adolescent concerns. He reviewed similarities and differences in strategies and programmes, the degree of interface between governments and NGOs in providing information and services to adolescents, and factors influencing programme implementation.

The diversity and magnitude of changes taking place in the lives of adolescents in the region were reflected in the issues, problems, constraints, and needs that emerged from the conference papers and deliberations. As conveyed by the adolescent representatives, adolescent concerns extend beyond the areas of sexuality and reproductive health. Equally important are issues relating to career opportunities, motivation, parental expectations, and lack of employment opportunities for school dropouts. Within the family and at work places, adolescents are being exploited and their rights violated.

The conference contributed to a better understanding of adolescent problems and needs in the developing countries and resulted in a comprehensive framework strategizing future programmes.
CST for East and South-East Asia meeting: Promoting adolescent sexual and reproductive health involving various sectors

Statistics speak of an uphill battle in promoting adolescent sexual and reproductive health. Some figures that were presented at the CST Technical Workshop on Adolescent Reproductive Health were the following:

More than 50 per cent of the world's 1.2 billion teenagers are likely to be married or sexually active by the year 2000. Major implications are seen in the large numbers of teenage pregnancies and child births, an imminent rise in health complications, higher infant and maternal mortality, and increased incidence of abortions as well as STD and HIV infections.

Ms. Imelda J.M. Henkin, Director, UNFPA Asia and the Pacific Division, said that much of the obstacle to promoting ARH was due to continuing adherence to the belief that sex education and access to services lead to promiscuity.

Ms. Henkin said that as a result adults and parents are prevented from sharing their knowledge with adolescents. The situation has encouraged adolescents to rely on their ill-informed peers for information about reproduction, sexuality, family planning, and reproductive health. The situation is aggravated by the poor quality of adolescent reproductive health services in many countries.

Ms. Henkin conveyed the message to delegates at the CST Technical Workshop on Adolescent Reproductive Health, which was held in Bangkok on 19-22 October 1998.

In her opening remarks, Ms. Henkin noted that rapid social and cultural changes have brought about additional problems that affect adolescents.

Some of these changes are the following:

- diminution of parental authority,
- increased socio-economic mobility,
- relaxation of traditional restraints to early sexual activity and consequently,
- longer exposure to sexual activities and pre-marital sex,
- increasing risks of unwanted pregnancies and unsafe abortions, and
- exploitation of sex workers.

(Please turn the page)
In her review of post-ICPD global activities, Ms. Henkin cited recent international fora including the Braga Youth Plan of Action, the Lisbon Declaration on Youth Policies and Programmes, and the 1998 UNFPA Round Table on Adolescent Sexual and Reproductive Health. Recent UNFPA-supported ARH conferences were held for SAARC and ECO countries.

CST Director for East and South-East Asia, Mr. Ghazi Farooq said that East Asia's adolescent population will stabilize at around 210 million from the year 2015 onwards and to slightly less than 110 million in Southeast Asia by the year 2020. CSTs play an integral role in organising inter-country and national experience-sharing activities, he added. They also assist countries in designing policy interventions and ARH programmes at inter-regional, regional and national levels.

UNFPA headquarters was also represented by Ms. Uyen Luong, Chief of the East and South-East Asia Division, and Ms. Delia Barcelona, Senior Technical Officer of the Technical and Policy Division, who spoke on the opening day on a global perspective of current and future ARH.

The workshop was guided by the following objectives: to formulate specific policy and programme strategies for adolescent reproductive health in the East and South-East Asia sub-regions; to provide technical inputs to the Hague Forum on ICPD Implementation, to be held on 8-12 February 1999; and to formulate the next UNFPA Regional Programme for Asia and the Pacific (2000-2003) with respect to ARH.

Six workshop sessions were held on the following topics: ARH global and regional perspectives; ARH advocacy, information and education from a gender perspective; ARH counselling and services - best practices and lessons learned from country experiences; partnership with NGOs and private sector support to ARH; UNFPA/European Union ARH initiative in Asia: programme implementation in selected countries; and strategies and programme approaches for ARH in East and South-East Asia.

In attendance were UNFPA CST advisers for East and South-East Asia and UNFPA country representatives from Indonesia, the Philippines, Thailand and Vietnam together with resource persons from UNESCO PROAP, ESCAP, and NGOs involved with ARH.
With the declaration of the SAARC Decade of the Girl Child in 1990, governments and NGOs have embarked on a wide range of projects to reach adolescents, particularly females. The adoption of the Programme of Action of the International Conference on Population Development in 1994 signalled the further strengthening of adolescent-centred interventions. The activities described in the following section were reported at the South Asia Conference on Adolescents, held in New Delhi on 21-23 July 1998.

BANGLADESH

Recognizing adolescents as a great resource

The Health and Population Sector Programme under the five-year Health and Population Sector Strategy (HPSS) of Bangladesh has placed adolescent health high on its agenda. Among other adolescent concerns, the HPSS addresses the following issues: nutritional deficiency (especially in iron, vitamin and iodine), early and unwanted pregnancy and related maternal mortality, complications due to unsafe abortion, and RTI/STDs related to unprotected sex.

Right direction

Steps are being taken in the right direction. Married youth and soon-to-be-married adolescents are priority target groups of the HPSS. Training is being provided to field workers so they can provide health services in an adolescent-friendly atmosphere.

Unmet needs for family planning are highest among adolescent women, with only 54 per cent of the total adolescent female population using a form of family planning. The situation is not helped by the almost total absence of husband-wife communication on family planning matters.

Complementing government efforts are collaborating NGOs and agencies, many of which play key roles in helping the Government to formulate a well-planned policy for adolescent health. These agencies include UNICEF, UNFPA and WHO.

Of the country's total population, about 27 million or 23 per cent are adolescents between the ages of 10 and 19. Growing at about 4.33 per cent annually, the adolescent population is expected to rise to about 30 million by the year 2000.

Positive development

Another positive development is the on-going multi-sectoral coordination of various sectors, such as education, labour, law and justice, youth and social affairs.
Alarming statistics

The country's adolescent population (age 10 to 19), growing at about 4.33 per cent annually, currently totals about 27 million or 23 per cent of the total population. The number is expected to rise to about 30 million in the year 2000.

Up to 36 per cent of teenage women have begun childbearing. Some 21 per cent are already mothers; another five per cent are pregnant with their first child.

Fourteen per cent of women between the ages of 15 and 19 give birth each year, accounting for an adolescent fertility rate of 155 births per 1000, one of the world’s highest and a maternal mortality rate of 5.8 per 1000 live births.

Improving ARH

Improving adolescent reproductive health hinges on many factors, including the implementation of effective information, education and communication activities and strengthening the school health education programme. It also requires major changes at the societal level, including increasing the age at marriage. Creating viable social and economic options for all adolescents holds a great deal of promise.

BHUTAN

Impressive strides in health and education

Bhutan’s large investments in the social sector have paid off, as seen in impressive strides made in health and education, including the equitable distribution of services.

Salient developments

- Adolescent health has become a major focus of Bhutan’s UNFPA-supported reproductive health programme.

- Adolescents, together with adult men and women, are a primary target of the country’s reproductive health services.

- Adolescent girls, in- and out-of-school, have become the beneficiaries of a school health programme developed by the Division of Education in collaboration with the IECH of the Health Division.

- Under development by the Youth Guidance and Counselling Section of the Education Division is a comprehensive youth guidance programme to prepare adolescents as socially conscious and responsible adults.

Youth population

The emphasis placed on youth development is easy to understand. Bhutan has a relatively young population. More than 58 per cent of the total population are below 25 years of age, while over 15 per cent are younger than 15.

The relative absence of gender discrimination and segregation and the prevalence of a truly supportive environment place Bhutanese youth at a comparative advantage. In the capital, Thimpu, the Bhutan Youth Development Association channels the energy and interest of the youth to sports activities, social services for the destitute and disadvantaged, and other worthwhile endeavours.

Some problems remain however. Among them are the greater health risks faced by women compared with men due to malnourishment. The risks are aggravated by problems related to pregnancy and childbirth. STDs are most common in the age group 15-29 years. The prevalence of STDs raises the potential for the spread of HIV/AIDS.

Much is expected from the Third UNFPA Country Programme in improving the delivery of reproductive health services, reducing maternal and infant mortality, increasing primary school enrolment and continuation rates, particularly for girls, and capacity building for population and health data collection, analysis and utilization.

More than 58 per cent of Bhutan’s total population are below 25 years of age, while over 15 per cent are younger than 15.
Nationwide reproductive and child health programme

India's Reproductive and Child Health (RCH) Programme provides special interventions for the country's adolescent population, currently numbering some 150 million and accounting for one-fifth of the country's total population. One of the main objectives is to help stabilize population numbers, including adolescents, at a level consistent with the needs and goals of national development.

A committee of experts constituted in the Department of Family Welfare has been given responsibility to develop an appropriate package for adolescents, focusing on counselling and the provision of reproductive health services through the existing health care delivery system. Special projects for people living in urban slums and tribal areas have been incorporated in the RCH Programme, with a view to improving the delivery of family health care services.

The success of the RCH Programme pivots on a number of crucial factors. Among these is the development of a strong partnership between the Government and NGOs, particularly in overcoming age-old social values that prejudice against adolescent girls.

Reconceptualized population education

The education of adolescents is, of course, a special concern. India's reconceptualized population education now includes elements of adolescent reproductive health. UNFPA, together with UNICEF, UNESCO, UNDP and the ILO, provide programme support to the Government's on-going efforts.

The range of activities to promote adolescence education include the following:

- Effective integration of the post-ICPD framework of population education and adolescence education into the national curriculum framework for schools, currently being revised by the National Council of Education Research and Training.

- Advocacy to create an environment that accepts and understands adolescent education.

- Telephone and peer counselling.

- Research on adolescent needs and their socio-psychological behaviour.

Adolescents in the rural areas are particularly vulnerable. Their limited knowledge of reproductive health, compounded by the prevalence of early marriage in the rural areas, make their situation a cause for concern. In 1996, 45.6 per cent of rural girls between the ages of 15 and 19 were married, more than double the corresponding number among girls living in urban areas.

A strong partnership between the Government and NGOs, particularly in overcoming age-old social values that prejudice against adolescent girls, is crucial to the success of the RCH Programme.
**MALDIVES**

**Empowering adolescents and women**

The time is right to make Maldivian adolescents a target group for social development programmes. Statistics explain why.

Adolescents between the ages of 15 and 19 years account for some 19 per cent of the total population of Maldives. With 47 per cent of the total population under the age of 15, further increases in the adolescent population are expected in the near future.

Maldives' health policies for adolescents emphasize the intensification of IEC services, particularly special campaigns, and the creation of conditions and environments that empower women and adolescents to share the responsibility for healthy living. These are spelt out in the country's Health Master Plan (1996-2005) at the forefront of which are the long-term interests of adolescents and women.

**Integration of population education**

Similarly significant are the integration of population education in existing subjects at the primary and middle school levels and the implementation by the Non-Formal Education Centre of a population education programme, a UNFPA bilateral project supported by UNESCO since 1994. The programme is now in its third phase.

As a rule, the majority of Maldivians are married by the age of 20. In fact, 14 per cent of the adolescent population are already married.

Concerned that the special needs of adolescents were not being adequately addressed in broad programmes that pertain to maternal and child health, family planning, drug rehabilitation, and other areas, the Government, in 1980, authorized the incorporation of population education in the Islam and Dhivehi curriculum for the secondary school level. This first step reaped benefits as it helped to ensure that all adolescents are informed and made aware of sexual and reproductive health needs.

A major challenge remains: making sure that teaching and information-dissemination methodologies are appealing and attractive to the adolescent target group.

**NEPAL**

**Positive trends in ARH**

Until quite recently, adolescent reproductive health was not duly addressed in Nepal's health programme. The situation has markedly changed.

In line with the overall approach of the ICPD, the Government has adopted a new strategy that is consistent with Nepal's second long-term health plan (1997-2017). The integrated reproductive health package, emphasizing gender perspective, community participation, equitable access and intersectoral collaboration, will be delivered through the existing primary health care system.

Serious problems have hindered efforts to implement effective adolescent reproductive health programmes.

In the main these problems relate to the following:
- limited access to food and health care among adolescent girls;
- high infant and maternal mortality rate due to early and frequent pregnancies;
- low level of contraceptive use among adolescents and increasing frequency of STD cases among them; and
- low level of literacy, particularly among girls.

Nepal's adolescent reproductive health problems are largely associated with the early marriage of girls, up to 30 per cent of whom are married by the age of 15, and with the growing commercial sex trade.

Some of the appropriate interventions being pursued are the formulation of national policies, provision of counselling and sex education and information, supplying contraceptives, and delivering youth-friendly reproductive health services.
PAKISTAN

Moving ahead: NGOs pilot adolescent reproductive health projects

Adolescents represent 41 per cent of the total population of Pakistan, with adolescent girls accounting for 21 per cent of the female population. Of these 12.1 per cent are in the 10 to 14 age group, while 9.4 per cent are between the ages of 15 and 19.

A recent study focussing on the views of adolescent girls on contraception and family planning reveals that the majority of girls between the ages of 15 and 19 have no knowledge of contraceptives. Many of them favour immediate pregnancy right after marriage, with only 4.8 per cent opting to delay pregnancy and 1.5 per cent expressing a desire to gain access to family planning aids to limit the number of births.

NGO participation

While a national policy on reproductive health has yet to be implemented, NGOs have moved ahead and are now piloting some activities concerned with adolescent reproductive health. These include the following:

- the Girl Child Programme, now in its second phase, is being implemented in 200 locations with the participation of communities. It was first piloted in five urban slum areas and five rural areas, targeting girls aged 13 to 18 and providing them training in leadership qualities, health issues, nutrition, women’s rights, and so on.

- the Youth Project provides young men aged 15 to 29 with family life and reproductive health education.

- training in skills development is being provided to 60,000 women, including adolescents who are being reached through community meetings and youth clubs, and projects to combat child sexual abuse and male prostitution.

Inadequacies are seen in the National Education Policy (1998-2010), which does not address the need for family life, adolescence and population education. Again, NGOs and community-based organisations have stepped in and, through their non-formal education programmes, have initiated appropriate activities. Foremost among them is the Family Planning Association of Pakistan, particularly its Women’s Development Section which opened in 1978. Recognizing public sensitivities, family life, adolescence and population education issues have been introduced through general health programmes and a number of income-generating activities.

Significant changes

Inspite of the obstacles, some positive trends, however marginal, have been observed, brought about mainly by cultural and socio-economic changes. Among these are the rise in the age at marriage from 16.9 to 21 during the period 1950-1990 and a discernible career orientation of the education pursued by some women.

Positive developments have also resulted from the work being done by UNICEF, UNFPA, UNESCO and WHO, particularly in the introduction of population education in the formal system.

UNAIDS is working with commercial sex workers in four major cities, mostly through local NGOs. Some of these workers are in the age group 15 to 24.

UNESCO is dialoguing with the Ministry of Education for the inclusion of HIV/AIDS education component in the national school curriculum.
A holistic approach to reproductive health

Sri Lankan adolescents have spoken. Many focus group discussions report that adolescents find it desirable to have family planning knowledge prior to marriage. With the average age at marriage increasing to 25.5 years, Sri Lankan adolescents are more vulnerable to become sexually active before marriage.

Holistic response

An appropriate response comes from a new programme supported by UNFPA/Dutch multi-bilateral assistance. In a significant departure from the medical orientation of previous population education curricula, the new programme has adopted a holistic approach to reproductive health education. It is also piloting counselling by peers and teachers and educating parents concerning adolescent health. The programme is jointly coordinated by the Social Sciences Department of the National Institute of Education and the Department of Science and Health.

Markedly absent is an organised service delivery programme to ensure the availability and provision of contraception to adolescents.

Although recent declines in Sri Lanka's population growth rate has reduced the adolescent population, the need to provide adolescents with appropriate reproductive health information, education and services remains. Several studies on adolescents and youth reveal that their information on sexuality, reproductive physiology and health are inadequate and inaccurate. Markedly absent is an organised service delivery programme to ensure the availability and provision of contraception to adolescents.

Community involvement

As a post-ICPD initiative, the Government invited NGOs, community-based organisations, and the private sector to assist in the development of a national policy concerning reproductive and adolescent health.

A task force established in 1996 facilitated public acceptance of policy statements and implementation of programmes at the community level. Preventive strategies were initiated by the Government through the counseling centre network of the National Youth Services Council and the vocational training centres of the Vocational Training Authority.

Sri Lankan adolescents have demonstrated a positive attitude towards reproductive health education and are receptive to family planning concerns. This sets the stage for further successes in adolescent reproductive health programmes in the country.

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Instructional sex education modules for college students

Instructional sex education modules for college students in the Philippines have been developed using existing syllabi in sex education courses as basis. The development of the modules covered five phases: pre-planning and conceptualization, development of the instructional modules, writing the first draft, testing the modules among college students, and revising and finalizing the modules.

The modules' test findings indicate that the best learned ideas in the individual units are as follows:

Unit 1 – Sex education in today's changing world. (Human sexuality is a dimension of the whole person).

Unit 2 – Biological, psychological, socio-cultural and ethical aspects of sexuality. (Sex drive is a normal occurrence in every person's life).

Unit 3 – Love, courtship, and marriage. (The choice of a marriage partner is one of the most significant decisions that a person makes).

Unit 4 – Common concerns, problems and issues on sexuality. (The community has a vital role in sex education).

Targeting vulnerable youth groups

The Philippines, the world's 14th most populous country, has a population of over 75 million, of which some 7.3 million are between the ages of 15 and 19. In an effort to reach them and convey reproductive health messages, ReachOut Foundation, an NGO known for its work in HIV/AIDS prevention, launched two nationwide multi-media campaigns.
Stop child prostitution. Save the children from AIDS.

These were the messages of the first campaign against child prostitution. It was funded by USAID/PATH. The second campaign, funded by the UNFPA through a multi-bilateral agreement with the Spanish Embassy, addressed general reproductive health issues directed at adolescent boys and girls.

The message to young men:
If you don’t change your behaviour, you are vulnerable to unplanned pregnancies and STDs/AIDS.

The message to young women:
Take control: it’s your choice. It’s your life.

The message to both:
Know more about reproductive health.

The campaigns’ high ratings attest to the following:
- the effectiveness of the mass media in teaching adolescents, and the higher potential for success when media campaigns are supported by other services, police authorities, relevant NGOs, local government units, and health centres
- the usefulness of private sector contributions, and
- the benefit of pre-testing advertisements so that objectives are met and adverse reactions are prevented.

Population education – for a better quality of life

The College of Education of the University of the Philippines is offering a Master’s Program in Population Education targeted at teacher educators and educational leaders who are engaged in demography, family planning, human sexuality, and related issues. Training is also provided for personnel of agencies involved in population education.

The Master’s program includes a practicum in community organisation, and/or field visits, study tours to agencies and/or other countries with well-established national population education programmes.

On request, short-term training programmes are conducted for local, regional and international organisations.

Contact the Chairman, Dept. of Health Education, College of Education, University of the Philippines, Quezon City, Philippines.

They might be doing it, but do they know what they are doing? As cable TV, music videos and the NET casually toss Erotica right into our homes, Indian schools are finally waking up to a necessity - sex education. "If I kiss my girlfriend, will she get pregnant?" asks 12-year old Suresh Reddy, a Class VIII student in a Hyderabad school. Najma Kazi, 14 and a Class X student is a shade more tentative. "What is the right age to have sex?" she inquires.

Kazi is lucky she has someone to turn to. But in schools across the country, opposition is coming from many quarters - from squeamish teachers who think sex education is the biology instructor’s business and parents who fear that sex knowledge will lead their children astray.

Binaifer Bharucha, a counsellor with several Mumbai schools, recalls the first time she demonstrated condom use in a class in 1992. "We received an amazingly positive feedback from students but the principal and teachers were aghast."

They’re obviously out of sync with the younger generation, for as Kalindi Majumdar, former vice-principal at the Nirmala Niketan College of Social Work, points out, "We are not putting ideas into the minds of children. The ideas are already there."

Amused by their hesitant parents, many youngsters have formulated their own three-point programme: ask friends, read books, surf the Net. Fortunately, the AIDS scare of the ’90s has shaken some schools out of their stupor. Mumbai was the pioneer but other cities are joining in. Four years ago, the Brihanmumbai Municipal Corporation (BMC) began a programme with 51 schools. Today over 200 private and aided schools have been roped in, and sex education classes are likely to be made mandatory for all BMC-controlled schools.

There are a lot of questions that children need to ask. Says H. N. Pal, principal, Sir. J.J. Girls’ School in Mumbai. "The students of the 90s are very mature, with a healthy attitude towards sexuality. They can discuss pre-marital sex, unwanted pregnancies and abortion quite openly in class."

All they need then is a responsible adult who thinks it’s okay they ask.

NANDITA CHOWDHURY
ISSUES AND CONCERNS

THE BIG TASK: Ensuring that reproductive health messages fall on receptive adolescent ears

In South Asia, except for Sri Lanka, adolescents represent an increasingly large proportion of the population and will continue to do so within the next 15 to 20 years. This underscores the need to provide adolescents with quality education that will train them in necessary life skills, and to retain them in the education system at least until the end of the secondary level.

Getting more and more South Asian countries to recognize this need is the easier task. The real challenge is reaching 15 to 19 year olds and conveying reproductive health messages that they hopefully will heed.

There is no better time for action than NOW, according to a theme paper, "Education and Adolescents," presented at the South Asia Conference on Adolescents by Mr. Tirtha Bahadur Manandhar of the Nepal Administrative Staff College. Noting a number of innovative strategies that have come into play in the South Asian region, the paper reports on different country activities:
- pilot-testing in Bangladesh of an adolescence education project that involves parents,
- recent introduction of reproductive health education in Sri Lankan schools, and
- imminent introduction of adolescence education in the formal school curriculum in India.

The paper further reports that plans are underway in the Maldives to address the reproductive health education needs of adolescents in school and out-of-school. In Bhutan, reproductive health issues will be covered in the curriculum for Grades 11 and 12 in the general stream, as well as in the curricula for colleges and specialized institutes. Adolescent-related topics are incorporated in the curriculum for secondary level students in Nepal. Failure to get the message across could aggravate the undesirable effects of early marriage, early and unwanted pregnancy, and unsafe abortion, the paper warns. It offers a number of educational interventions to promote adolescent reproductive health and to respond to existing gaps.

1. Achieving universal primary education
   The Delhi Declaration (1993), which provided a major intervention to promote quality education within and outside the formal systems in the SAARC countries, stands to yield long-term benefits to adolescent reproductive health in South Asia. As has been proven, education is associated with lower infant/child and maternal mortality, lower fertility, delayed marriage, and improved access to contraceptive knowledge and services. Two critical indicators to determine children's access to basic education are the net (age specific) primary enrolment ratio and the primary education completion rate.

2. Quality of education and learning achievement
   To ensure the quality of education and retention of students, greater attention should be given to the following essential inputs: skilled and well-trained teachers, effective and useful learning materials, adequate infrastructure and teaching tools and equipment, and related matters.

3. Equal access to primary and secondary education
   The disparity of access to schooling by gender, geographic remoteness, cultural diversity and other factors, should be reduced.

4. Adequate funds for education
   Ideally, there should be adequate funds for both primary and secondary education. The insufficiency of facilities for secondary education should be addressed.

5. A dual approach to expand primary education and improve the retention capacity of schools on the one hand, and to target functional literacy and adult education, on the other.

6. Involvement of NGOs, the family and the community in adolescence education, to complement and support educational endeavours by government machinery.
There is no better time for action than NOW, according to Mr. Tirtha Bahadur Manandhar of the Nepal Administrative Staff College, to reach out to adolescents and convey ARH messages.

Areas where future action is a must ...

7. Multi-strategy interventions to promote a better understanding of and response to the special needs of adolescents. Educational interventions to promote ARH include:

- Ensure basic education for every child, girl or boy. Quality primary education provides a solid foundation for improving the human resources of any country.

- Provide flexible non-formal programmes for children who have no access to conventional schools and for whom the methods and timings of conventional schools may not be suited or available, as in the case of working and street children.

- Promote the retention of students till the end of secondary school.

- Support adult education and literacy programmes for youth and adults. In general, unschooled adolescents, young adults and young parents, especially adolescent mothers, are likely to be the most motivated clientele for literacy programmes.

- Develop appropriate audio-visual programmes.

- Improve the quality and relevance of education, periodically updating population education messages to respond to emerging concerns. The curricula and content of primary and secondary schooling should provide the knowledge and skills necessary so that learners can cope with the demands of daily life and can give due care to their reproductive health.

8. Educating parents on reproductive health issues. This encourages effective population education to begin at home.

9. Making appropriate use of co-curricular and extra-curricular activities. Participation in field projects, dramas, role playing, exercises, games and sports, and social service programmes has a positive impact on adolescents.

- Promote effective teaching programmes in population education, family life education, and adolescence education.

- Ensure that girls complete their schooling through the formal or non-formal system, or that they join literacy programmes. While the education of both boys and girls is important, it has been shown that girls’ education has a stronger effect on reproductive practices.

- Provide alternative approaches to reach excluded or less-served population groups and serve their learning needs. These groups include working and street children, remote or nomadic populations, disabled children, and ethnic minorities.

- Involve all sectors of society in promoting adolescence education, including the family, community, voluntary organisations, and NGOs, to help break down the barriers built by tradition, cultural practices and sometimes, religion.

- Maintain a comprehensive education database for adolescents. Net enrolment ratios for South Asian countries are generally not available at present, and data disaggregated by sex and rural/urban areas are not well maintained.

Ensuring basic education for every child is a must.
Wanted: a socio-cultural based approach to IEC

The goal: To bridge the gap between knowledge and behaviour concerning reproductive health

The incorporation of a socio-cultural approach to adolescent reproductive health programmes contributes to their appropriateness and effectiveness in meeting the needs of adolescents within their cultural specificity and context.

A background paper on "Adolescent Fertility: Socio-cultural Issues and Programme Implications" stresses the importance of knowing the cultural meanings and reasons behind adolescent pregnancies, their positive and negative connotations, as well as the factors that hinder use of contraception. It emphasizes the need to thoroughly understand the power relations between the genders and the cultural connotations of sexuality.

The paper was presented by Ms. Marcela Villarreal at the South Asia Conference on Adolescents, held on 21-23 July 1998 in New Delhi, India. Ms. Villarreal is a Senior Population Officer/TSF Specialist for the Population Programme Service of the Women and Population Division, FAO.

Most IEC interventions target knowledge, assuming that an increased amount of knowledge will lead to positive changes in reproductive behaviour. However, recent statistics on adolescent pregnancies and abortions dispute such wisdom, providing proof that successful adolescent reproductive health (ARH) programmes hinge on a pivotal factor: identifying the determinants of reproductive behaviour.

Determinants of adolescent reproductive behaviour

Age at marriage
In different cultural contexts, early marriage in fact is favoured to prevent the undesired effects of pre-marital sexual activity and pregnancy. In recent times, age at marriage is being affected by globalization, urbanization and education. While these influences are weakening traditional social controls on women's pre-marital sexuality, the absence of alternative control mechanisms has seen increases in the number of unplanned pregnancies (that are unwanted and socially not accepted), as well as in illegitimate births and abortion cases, mostly unsafe.

Impact of education
Education has been proven to have the undisputed effect of delaying the age at marriage and first union. Very importantly, it builds the girls' self esteem and self-value and should therefore be made widely available for all teenage girls.

The ethnic factor
Ethnicity is of prime importance in defining age at marriage, acceptability of sexual behaviour, initiation of sexuality, use of contraception, and the resolution of pregnancies when these occur.

Unequal expectations
Expectations of sexual experience vary along gender lines. Often, adolescent boys are likely to be motivated by peer pressure to have sex, while girls are overcome by their fear of losing their boyfriends.

Value of virginity and gender
In many societies, a high value is placed on women's virginity juxtaposed with the common regard that masculinity revolves around sexual activity, creating an unequal situation whereby girls either counter their male peers' pressure or lose their virginity.

Economic and social consequences
Early pregnancy and childbirth can be a major setback to the economic prospects of adolescents, particularly in rural areas where both educational and work opportunities are poor. In Asia, one-fifth of current pregnancies among women less than age 20 are unintended. The unmet need for contraception in this age group remains high. The reasons are grounded in cultural norms, attitudes, myths and power relations, as well as psychological characteristics associated with adolescents. It is now recognized that a full understanding of these reasons provides a sound basis for ARH programmes and IEC interventions.
Measures to improve ARH programmes

The paper proposes a number of steps if improvements to ARH programmes are to be achieved through a socio-cultural perspective.

Identify the problem and understand its nature within its cultural context. Adolescent pregnancy, for example, is not in itself a problem, for as long as it is socially accepted, appropriate health services are available, does not interfere with educational possibilities, and so on.

Assess the socio-cultural context to obtain a clear understanding of the cultural aspects that affect adolescent sexuality and pregnancy. Look into the following factors:

- Age at marriage: legal, ideal, practised
- Conditions of initiation of sexuality for each gender
- Acceptability of teenage pregnancy
- Meaning of pregnancy among young women: source of identity, status, affirmation of entry into adulthood or obstacle to self-realization
- Pregnancy as proof of fecundity as a prerequisite to marriage
- Existence of unequal gender relations that favour early pregnancy
- Differences regarding socially expected and accepted sexual behaviour among men and women
- Extent to which men are seen as co-responsible for reproductive outcomes
- Myths and taboos regarding fertility, use of contraception and health care services
- Legal or social bans on access to health services for unmarried young women
- Consequences of adolescent pregnancy: health, social, economic, and educational
- Variations of these factors along ethnic lines.

Handling cultural biases and ensuring accuracy of information. When gathering data to set up a programme, possible cultural biases should be taken into account in the design of the instruments. To avoid this type of bias, use a combination of qualitative and quantitative methodologies complemented by participatory research techniques.

Identify the specific needs of adolescents and view their problems from their own perspective.

As key issues, study the reasons for initiation and practice of sexual activity by gender and non-use of contraception and available health services, the extent of their knowledge of pregnancy risks and consequences and their access to information on sexuality and contraception.

Incorporate a true gender approach.

Power relations between the genders are at the core of the problem, implying the need for one gender to know about the other's expectations and motivations regarding sexuality as well as the different consequences of pregnancy.

Reach out to young men.

An assessment of the socio-cultural context provides a good basis to determine the best means to reach young men.

Effectively communicate with adolescents in all stages of the programme.

The audiences and targets for different messages should be clearly identified. As well, adolescents should participate in generating the messages and expressing them. The assumption that experts know what is best for the adolescents has long been disproved. There are roles for adolescents in the planning, implementation and evaluation of ARH programmes.

Develop skills to avoid risks.

Programmes should emphasize self-esteem and elements that show how to handle social and peer pressure, control a situation to negotiate with the partner, and communicate more effectively.

Generate capacity to make informed decisions.

Adolescents should have the skills and necessary information that will enable them to observe responsible behaviour.

Develop services that are accessible to adolescents.

Services that ensure privacy and confidentiality have a higher success rate with adolescents.

Sensitize health personnel.

Health personnel should be sensitized about the specificity of adolescents' health needs, and should be taught appropriate techniques to deal with them according to the cultural context. Emphasis should be placed on interpersonal communication skills.

Develop a multi-disciplinary approach.

A holistic approach, integrating educational programmes, sports, entertainment and employment, provides a higher potential for success.

Create an appropriate environment for the programme.

By involving the support of parents, teachers, religious leaders, and local authorities, a programme enjoys a better chance of reaching its target audience.
Best practices and lessons learned - The Philippine experience

Strictly for men (young and adult) only

Male involvement in the reproductive health and family programme is a main concern of the UNFPA Fourth Country Programme of Assistance to the Philippines.

Male reproductive health is one of the ten elements of reproductive health that the Philippine Government is promoting as a response to its commitment to the ICPD Programme of Action and the Platform of Action of the Beijing Women's Conference.

The importance of male involvement arises from the need to "translate the sexual and reproductive rights of women into a socially integrated reality" by helping men to understand gender issues and to become more sensitive to them. In a departure from the traditional approach which concentrated on married men, the target males now include the unmarried, including adolescents.

There is a role for male (and youth male) in reproductive health, writes Mr. Satish Mehra, UNFPA Representative, Philippines, in his paper "Philippine Experiences in Male (and Youth Male) Participation in Reproductive Health", presented at the CST Technical Workshop on Adolescent Reproductive Health, held in Bangkok on 19-22 October 1998.

Reaching out to a broader male target: How is PSPI doing it

A pilot project, “Demonstration Project on Men’s Reproductive Health in a Peri-Urban Setting”, is revolutionizing the sharing of responsibilities between men and women on matters of family life, sexuality, and reproduction. The project was launched by the Population Services Pilipinas Inc. (PSPI) with support from the UNFPA Fourth Country Programme of Assistance.

Simply put, the project’s goal is to reach all men – married and unmarried, young and adult – and provide them with a broad range of family planning and medical services, including the distribution of contraceptives, counselling services, STD management, vasectomy and general medicine.

PSPI’s Klinika Medico, a male reproductive health centre established under the pilot project, has become a by-word among the all-male Tricycle Drivers and Operators Association (TODA). Of the 5,000 members, some 3,300 have been accessing clinic services. NGO field educators conduct educational sessions on human sexuality, condom use, STDS, HIV/AIDS, and other reproductive issues, such as violence against women, fertility management and responsible sexuality. The clinic is based in Taytay, Rizal Province, an area populated by factory workers and tricycle drivers.

The coverage of future PSPI activities is set to broaden and their pace is geared to accelerate, using funds provided by the American media magnate, Mr. Ted Turner. Counted among the plans to intensify the information and education campaigns are community events, including sports fests. Already a crowd-drawer, PSPI Klinika Medico participates in town festivals and parades, organises street plays, and sponsors fun runs. Without doubt, public response has been good.

The male motivators of Aklan

Like their female counterparts, male motivators emphasize preventive rather than causative health care, explaining, for example, the importance of family planning.

Feeling the need for health education, particularly in remote rural populations, some concerned men from different backgrounds and walks of life in Aklan Province have organised themselves into a group of motivators. They are now very important assets to a UNFPA-assisted reproductive health and family planning project. Moreover, they also serve as an inspiration to male adolescents in the area.

Having undergone appropriate training in reproductive health and family planning, the male motivators were instrumental in the organisation and training of male peer counsellors, many of whom are in-school and out-of-school youth. The training included peer counselling and seminars on reproductive health sexuality, responsible parenthood, life planning and STD/AIDS. Creative promotional activities have been conducted on a regular basis. These include poster-making, slogan contests to convey the reproductive health messages, symposia on youth concerns, and other related activities.
Male reproductive health is also our concern, says Likhaan, a women's NGO

When Likhaan, which stands for Linangan ng Kababaihan, Inc., expanded its services, the target was not the poor and marginalized women in economically depressed urban areas in Manila.

A three-module manual initially produced by Likhaan on Core Messages for Adolescent Health focused on adolescent women.

Module I - Adolescence
(definition and characteristics, such as somatic growth, sexual matura-
tion, psychological development, major social influences and common problems and issues

Module II - Adolescent women and their health: facts and figures
(adolescents in general, comparative data among young women and men, KAP survey and fertility data)

Module III - Sexuality and the adolescent woman: implications on health
(sexuality definition, sexuality in different cultural settings, dominant influences, findings of researches on sexuality, sexuality experiences of adolescents, sexuality myths, sexuality problems and issues).

Recognizing that male adolescents have needs that are unique to them, Likhaan entered male territory. A discussion group between young men and women was formed to clarify their self-perceptions and their definition of adolescence. Appropriate community IEC campaigns were conducted.

The exercises yielded interesting findings. Firstly, the youth wish to be involved in the planning of activities of which they are the primary target. Secondly, males between the ages of 12 and 15 do not have a grasp of sharply defined gender roles and are more receptive to gender resocialization. However, gender differentiation becomes more pronounced among 16-24 year old males.

Lessons learned

Although limited, the Philippines' experience in reaching the needs of male youths offers significant lessons. These include:

- Adopting a holistic approach to sexuality and reproductive health in relation to male adolescents.
- Defining age-specific problems by first undertaking an age differentiation exercise among male adolescents.
- Developing proper attitudes towards sexuality and reproductive health among adolescents by verifying information obtained from such sources as the media and their peers and checking them for correctness against information provided by parents, schools, health service providers, and trained peer counsellors.
- Popularizing gender role critiquing as a means to ensure gender sensitivity and awareness and the sharing of responsibilities between the sexes. Involve young people in guided, joint activities that will expose them to gender-specific activities and ways of thinking, while developing their individuality and self-respect.
- Involving adult males as facilitators and active partners in the adolescent programme.
- Involving male adolescents in the formulation and design of their own programmes, as they are the best sources of information about their needs and how these can be appropriately addressed.
- Providing venues and creating promotional activities to channel youthful energies to productive pursuits, while increasing community awareness and gaining its support.
Where lies the difference...

Current trends in reproductive and sexual health education in East and South-East Asia were reported in a paper, "Adolescent Reproductive Sexual Health Education in the School Curricula: Gaps and Opportunities for East and South-East Asia," presented by Ms. Carmelita L. Villanueva, Chief, UNESCO Regional Clearing House on Population Education, at the CST Technical Workshop on Adolescent Reproductive Health. The workshop was held in Bangkok on 19-22 October 1998. She shares her observations in this article.

Inspite of considerable opposition, school-based reproductive and sexual health education is gradually gaining ground. Its coverage has expanded to include adolescent and sexual health in addition to less controversial topics, such as demography, inter-relationships between population growth and quality of life, family life education, family planning and the biological aspects of human sexuality.

The constraints to school-based reproductive and sexual health education run the gamut from strong religious and political biases to the teachers' lack of skills and appropriate character traits to teach the subject effectively. Nevertheless, positive changes indicate that steps in the right direction have been taken.

Positive trends and evident changes

1. Systematic and deliberate incorporation of adolescent reproductive and sexual health issues in the school curriculum in countries that have UNFPA-funded population programmes, including Cambodia, Lao PDR, the Philippines and Viet Nam. New topics dealing with adolescents, reproductive health, sexuality education, gender equity and STD/HIV/AIDS have been incorporated.

In China, Thailand and Malaysia, however, the curriculum content is still focused on demographic issues, population and development, family education, and related topics, due perhaps to the absence of UNFPA interventions.

2. Inclusion of reproductive and sexual health issues in different subjects, thus paving the way for their incorporation in the curriculum.

In countries where there are no UNFPA-funded education programmes, health education subjects and HIV/AIDS education provide the best chance for students to learn about reproductive and sexual health matters (as in Thailand, South Korea and Malaysia). Other means are provided by NGO interventions in the form of teacher training and development of teaching materials, as in Malaysia and Indonesia.

3. Continuing improvements in the delivery, content, methodologies and activities of population education.

- Inclusion of topics concerned with reproductive and sexual health: human sexuality and sexual development, human reproduction and anatomy, conception and pregnancy, changes during puberty,
Factors that ensure success

Greater attention given to behavioural and skills development by including lessons on self-awareness and self-esteem; handling peer and sexual pressure and being assertive; goal setting and decision-making; values clarification; problem solving; communication skills; and career and life planning.

4. Growing NGO involvement in providing reproductive and sexual health education and training.

The Planned Parenthood Association of Thailand has assisted the Ministry of Education in training around 9,360 secondary school teachers on family life and sex education.

The Planned Parenthood Federation of South Korea has organised training for teachers and student leaders. Training activities have been undertaken by the Federation of Family Planning Associations of Malaysia. In addition, it has organised talks on family life and related topics. Similar collaborative activities are being carried out in the Philippines and Indonesia.

Through an extensive literature review, the paper reveals that effective programmes are those that

- use social learning theory and cognitive behavioural theory as their basis
- provide clear statements about behavioural aims and clearly delineate the risks of unprotected sex and the methods to avoid them
- allow practical exercises in open communications and negotiation skills
- equip young people with skills that will enable them to clarify values and decode messages and their underlying assumptions and ideologies
- deploy a range of interactive activities, such as role playing and brainstorming, enabling the participants to personalize the risks and to be actively involved in developing strategies
- provide effective training for those leading the interventions
- are offered at the onset of sexual activity when patterns of behaviour are easier to change
- are narrowly focussed on specific topics, particularly reducing risk-taking behaviour, rather than a comprehensive approach
- are conducted in a supportive environment outside the classroom, involving for example liaising with health centres and incorporating sexual health messages in community activities
Existing gaps continue to hinder school-based programmes. These include the following:

- Incomplete coverage and superficial treatment of reproductive and sexual health issues in textbooks.

- Inadequate attention given to the core area of reproductive health. The conceptual and macro-oriented definition of reproductive health and its scope need to be translated into practical teaching and learning activities. At the same time, the immediate, day-to-day concerns of teenagers need to be addressed at a more personal level.

- Absence of safe sex as an item in the curriculum and undue emphasis given to the biological aspect, such as human reproduction, instead of social concerns affecting sexuality.

- Strong religious, moralistic and ideological bias feature in lessons concerning reproductive and sexual health. Such biases tend to create shame, fear and guilt, while also leading to confusion and inconsistencies on the part of both teachers and students.

- Inconsistent treatment of gender and sex roles in the curricula.

- Inconsistent use of the participatory and life skills approaches in place of the chalk- and-talk methodology.

- Insufficient knowledge and skills on the part of teachers to teach reproductive and sexual health education.

- Minimal use of research-based information in developing lessons and activities due to the inadequacy of socio-cultural research in this field.

Recommended strategies

The paper recommends use of the factors mentioned in the preceding page, in combination with experiences unique to individual countries, as basis for the adoption of strategies to develop new school-based reproductive and sexual health programmes and/or to revise existing programmes.

As an appropriate starting point, gauge the current level and scope of knowledge among young people and their involvement in activities related to the dissemination of reproductive and sexual health information and access to services. Socio-cultural research pertaining to curriculum and textbook development is an ideal reference in determining educational objectives, content, methodologies, and the range of activities to be conducted.

Deploy theoretical grounding, including social learning theories that require the following elements to ensure behavioural change.

- An understanding of what must be done (knowledge)
- A belief in the expected benefits (motivation)
- A belief in the effectiveness of specific skills or methods of protection (outcome expectancy), and
- A belief in the effectiveness of the skills learned and the methods of protection used.

Achieve a balance between cognitive and affective behavioural components, that is, the emphasis of the curriculum should be on developing knowledge as well as on promoting critical thinking and analysis.

Adopt two approaches to teaching life skills techniques. First, teach generic skills, such as forward planning and forming positive relationships. Second, teach skills to avoid high-risk behaviour.

Provide instruction on social influences, including activities that create social pressures and barriers, and involve students in generating, obtaining or sharing information by visiting family planning clinics, and so on.

Reinforce individual values and group norms against unprotected sex.

Complement the development of knowledge with increased access to services.

Target boys and girls, providing information on the male and female anatomy and insights into sensitive issues including masturbation, pornography, homosexuality, contraception, shared reproductive responsibilities, and so on.

Avoid moralizing and incorporating religious overtones as these could create unnecessary fear and unfounded guilt.

Involve the youth in the development of the curriculum and teaching/learning materials.

Ensure that the teachers are well trained, qualified and well-versed in sexuality matters and issues relevant to adolescence.
The Centre for Development and Population Activities (CEDPA)  
http://www.cedpa.org  
Address: 1400 16th Street NW, Washington D.C. 20036, USA.  
E-mail: cmail@cedpa.org

This website is basically aimed at empowering women at all levels of society to be full partners in development. Under the section on Youth Development and Reproductive Health, it addresses the needs of adolescent women, emphasizing family life education, reproductive health, girls' education, and vocational skills training. It includes such programmes as "Better Life Options for Girls and Young Women," which is a global initiative to empower girls and young women to set goals, build skills and improve self-esteem; "Partnership Projects for Girls and Young Women and the Youth Leadership Project," which focuses on community projects conducted by Egyptian NGOs to help girls strengthen their vocational and literacy skills and increase their understanding of family issues, and the "Adolescent and Gender Project" in Sub-Saharan Africa, which is an initiative to protect and promote the rights of adolescents to reproductive health information and services, with shared responsibility among youth women and young men.

Focus on Young Adults, Pathfinder International  
http://www.pathfind.org/focus.htm  
Address: 1201 Connecticut Avenue NW, Suite 501, Washington, D.C., 20036, USA.  
Phone/Fax: 202-835-0818, 202-835-0282

The FOCUS on Young Adults Program strives to improve the health and well-being of young adults in developing countries through the creation and strengthening of effective reproductive health initiatives. The web site includes information on new materials, publications, program materials, FAQ, an overview of FOCUS activities around the world, e-mail and address information.  
E-mail: focus@pathfind.org

Family Planning Association of New Zealand  
http://www.theword.org.nz/the/words/  
Address: National Office, P.O. Box 111 515, Wellington, New Zealand  
Phone/Fax: 04 384 4349/04 382 8356

The Family Planning Association (FPA) is a non-profit health promotion organisation specializing in sexual and reproductive health. It provides clinical, education, counselling, and professional training services from 31 centres throughout New Zealand. FPA works to promote a positive view of sexuality and to enable people to make informed choices about their sexual and reproductive health. The web site called "The Word" includes online resources for adolescents, teachers and parents, an online bookshop as well as a link to the FPA page.

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E-mail: focus@pathfind.org

CPS is a grassroots direct-action volunteer group formed by high school students, members of ACTUP and other groups. Although it responds to the health crisis among Chicago teenagers, its web resources are useful for safer sex information in general and for other countries as well. The web site is written in language understandable to teenagers and emphasizes a positive attitude about sexuality. It includes information on respect, safe sex, pregnancy, HIV testing, STDs, and a glossary of terms.  
E-mail: cps@positive.org

ADOL:  
Adolescence Directory On-Line  
http://www.education.indiana.edu/cas/adol/adol.html  
Bloomington, IN, USA

The Center for Adolescent Studies focusses on meeting the social and emotional growth and development needs of adolescents through providing support to adults working with youth, investigating current sex issues and providing tools for teens to learn and practice new, healthy behaviours. The Center is based in the School of Education at Indiana University in Bloomington, Indiana. Adolescence Directory On-Line (ADOL) is an electronic guide to information on adolescent issues. It is a service of the Center for Adolescent Studies at Indiana University. Educators, counsellors, parents, researchers, health practitioners, and teens can use ADOL to find Web resources on conflict and violence, mental health, health.  
E-mail: adol@indiana.edu

Use ADOL to find resources for Teens Only

Departments:  
Teen Zines: fiction and non-fiction written by and for teens  
Past Times: check out what's on TV, at the movies, or on the radio  
Magazines: places to have fun on the web  
Organisations: see how you can make a difference  
Real World: find books and info to help you survive school and the real world


The Adolescence Education newsletter is published twice a year (June and December) by the Regional Clearing House on Population Education and Communication of UNESCO Principal Regional Office for Asia and the Pacific, Bangkok, with funding provided by UNFPA, under Project RAS/96/P02. Editors: Carmelita L. Villanueva and Teresita M. Padilla.

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We acknowledge the following sources for the photos used in this issue: UNESCO Office, Bangladesh; UNFPA Country Support Team for East and South-East Asia, Bangkok; UNFPA Country Support Team for Central and South Asia, Kathmandu; and Population Education Programme, Curriculum Development Centre, Thailand.

Your comments, suggestions and contributions are welcome. Please address your correspondence to the Regional Clearing House on Population Education and Communication, (RECHPEC) UNESCO, PROAP, P. O. Box 967, Prakanong Post Office, Bangkok 10110, Thailand. RECHPEC URL: http://www.education.unesco.org/proap/new/rechpec/home.htm Tel. (66-2) 391-0577 Fax. (66-2) 391-0866 E-mail address: rechpec@ksc7.th.com